

WHISTLEBLOWING PROCEDURE

1. INTRODUCTION

- 1.1. This Whistleblowing Procedure outlines the University's process for handling allegations concerning malpractice or impropriety in the administration and governance of the University by all members of the University as defined by University Statute 2. It also applies to consultants, contractors, volunteers, interns, and casual and agency workers. References to students shall also be deemed to include apprentices. This Procedure supports, and therefore should be read in conjunction with, the University's [Whistleblowing Policy](#).
- 1.2. Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers at work. This may include:
- a) criminal activity
 - b) failure to comply with any legal or professional obligation or regulatory requirements
 - c) miscarriages of justice
 - d) danger to health and safety
 - e) damage to the environment
 - f) bribery under our Anti-Bribery Policy
 - g) financial or non-financial maladministration or malpractice
 - h) research misconduct under our Research Ethics Policy
 - i) breach of our internal policies and procedures
 - j) conduct likely to damage our reputation or financial wellbeing
 - k) unauthorised disclosure of confidential information
 - l) negligence
 - m) the deliberate concealment of any of the above matters
 - n) Sexual harassment

2. MAKING AN ALLEGATION

2.1. In the first instance, concerns should be raised with;

- a) in the case of an employee, their line manager;
- b) in the case of a student (including apprentices), their academic mentor or Programme Director;
- c) in the case of contractors, agency workers, volunteers, etc., their University point of contact.

In many cases, these points of contact (a-c) will be able to deal with the issue raised more quickly. If this is not the case, whistleblowers or the point of contact may refer the matter to the Whistleblowing Officer. Annex A provides a flowchart for this process.

2.2. It is not appropriate to use this Whistleblowing Procedure in circumstances already covered by other relevant University approved policies or procedures, for example staff and student grievance, harassment, disciplinary, and health and safety, and bribery, fraud and financial irregularity policies and procedures. Details of the relevant procedures may be obtained from the University's [website](#). In many circumstances, these procedures will also prove sufficient for the investigation of alleged malpractice. If uncertain whether something is within the scope of the Whistleblowing Policy, individuals should seek advice from the Whistleblowing Officer (Secretary to Council), or the

Director of Legal & Information Compliance.

- 2.3. There are two ways in which allegations not covered by other University policies and procedures can be raised in a confidential manner under the Whistleblowing Policy:
 - a) Allegations about an individual's financial conduct should normally be made in writing as outlined in the [University's Fraud Response Procedure](#). If believed that the matter goes beyond the stipulations of the Fraud and Financial Irregularity Policy, an allegation should be made either verbally or in writing (email is acceptable), clearly stating that the concern is being raised under the Whistleblowing Policy. The correspondence should set out the full detail of the concern, along with any supporting evidence/documentation;
 - b) Allegations about other issues should be made in the first instance to the individual's point of contact. If the matter is felt to be more serious, or if the individual feels the point of contact has not addressed their concerns, they should contact the Whistleblowing Officer, or the Governance Secretariat Manager. Again, the correspondence should clearly state that the concern is being raised under the Whistleblowing Policy and set out the full detail of the concern, along with any supporting evidence/documentation.
- 2.4. In any case where an allegation has been made, the person to whom the allegation is made should make a record of its receipt and of subsequent action taken, including the individual appointed as the investigating officer, where relevant.
- 2.5. Anonymous allegations are not recommended as it is difficult to effectively investigate these types of allegations. Measures will be taken to preserve confidentiality, but if individuals have concerns about disclosing whistleblowing activity, advice can be sought from the Whistleblowing Officer, or Protect (independent whistleblowing charity with a confidential helpline – *formerly Public Concern at Work*), (contact details are provided at the end of this document) or from your Trade Union representative or ASK in the Students' Union.
- 2.6. Concerns about fundraising practice are also covered within the scope of this Procedure and individuals are encouraged to pursue through this internal Procedure. As the University is registered with the Fundraising Regulator, complaints can also be referred to the regulator – contact details are provided at the end of this document.

3. INVESTIGATION

- 3.1. Any allegation made under this Procedure to the Whistleblowing Officer will normally be the subject of an initial assessment either by the Whistleblowing Officer or an appointed investigating officer (respectful of any conflict of interest). As part of this initial assessment, the investigating officer may wish to meet with the person making the allegation to further discuss their concerns and where possible obtain evidence; and following the meeting, will provide them with an agreed written summary of the concern. The investigating officer should provide an indication of how they will deal with the matter.
- 3.2. Further meetings with the person making the allegation may be required throughout the investigation. Individuals may attend these meetings accompanied by a colleague/friend (normally a member of the University as outlined under Statute 2) or a union representative. The companion must respect the confidentiality of the disclosure and any subsequent investigation.
- 3.3. A decision as to whether a formal investigation will be carried out should be made within ten working days of the allegation being received, and if this is not possible, the individual making the allegation should receive an explanation of the delay. The investigating officer is responsible for ensuring that the investigation is completed as expeditiously as possible. Annex A provides a flowchart for this process.

- 3.4. Where the allegation relates to fraud or financial irregularity, the allegation will normally be investigated using the provisions of the University's Fraud Response Procedure.
- 3.5. Where an allegation relating to other areas of malpractice is made, and an investigation carried out, the person or persons against whom the allegation is made must be told of the allegation, the evidence supporting it, and be allowed to comment before the investigation is concluded and a report made. Any investigation would be undertaken without unreasonable delay.
- 3.6. At any stage in the investigation, if the investigating officer concludes that the matter warrants report to an external body or government agency, such as a regulator or the police, this should be undertaken by the Whistleblowing Officer (or nominee); with the Vice-Chancellor, Chair of Council and Chair of Audit & Risk Committee being informed, as appropriate. This Procedure should also be read in conjunction with the University's Reportable Events Procedure.
- 3.7. The investigating officer may decide that an investigation would be inappropriate because there is no substantive case or that normal formal channels should be used to raise the issue. Where no investigation is carried out, and the allegation is effectively dismissed, the person making the allegations shall be informed.
- 3.8. Where the investigation confirms that malpractice has occurred by any party, which may include the individual making the allegation, if malicious, appropriate University procedures will be enacted promptly.
- 3.9. Where the investigation confirms that there is no malpractice to answer, the allegation is effectively dismissed and no further action will be taken. The person making the allegation shall be informed.
- 3.10. Once an investigation has been concluded, if it is felt that the allegation has been handled unsatisfactorily, the person making the allegation may contact the Whistleblowing Officer, the Director of Legal & Information Compliance or the Chair of Audit & Risk Committee. An individual may wish to seek advice from Protect (an independent whistleblowing charity) either before, during or after completion of the whistleblowing process.

4. RIGHTS AND RESPONSIBILITIES OF WHISTLEBLOWERS

- 4.1. Any person making an allegation under this Procedure is guaranteed that the allegation shall be regarded as confidential until a formal investigation is initiated. Thereafter, the identity of the person making the allegation may be kept confidential, if requested, unless this is incompatible with a fair investigation, or if there is an overriding reason for disclosure (for example, if police involvement is required). A similar duty of confidentiality lies on the person making the allegation.
- 4.2. Provided the allegation has been made lawfully, without malice, and in the public interest, the individual should not be disadvantaged for reasons of making the allegation. Harassment or victimisation of individuals, who have raised concerns, including informal pressures, will not be tolerated and will be treated as a serious disciplinary offence, which will be dealt with under the relevant disciplinary procedures. If an individual who raises a concern feels that they have been disadvantaged as a result of their disclosure, they should contact the Whistleblowing Officer immediately. If harassment continues after intervention by the Whistleblowing Officer, individuals should engage with the Grievance Procedure.
- 4.3. If an allegation is made in good faith, but is not confirmed by the investigation, no action will be taken against the person making the allegation. If, however, an allegation is established to have been made maliciously or for personal gain, disciplinary action may be taken against the person, in accordance with the University's disciplinary procedures.

4.4. It will be very rarely appropriate to make allegations publicly, or to an external body, including the media, without going through internal channels in the first instance. It is strongly recommended that advice is sought from the Whistleblowing Officer before any allegation is made to an external body. The independent whistleblowing charity, Protect, operates a confidential helpline. They also have a list of prescribed regulators for reporting certain types of concern. Their contact details are below.

5. OWNERSHIP, REVIEW & APPROVAL OF THE WHISTLEBLOWING PROCEDURE

5.1. This Procedure shall be reviewed at least every three years, alongside the Whistleblowing Policy, led by the Whistleblowing Officer. Any proposed amendments and future versions of the Policy or Procedure will be authorised in line with the University's Policy Framework. The Audit & Risk Committee has overall responsibility for the Policy and whistleblowing arrangements.

6. CONTACTS

Whistleblowing Officer (Secretary to Council)	Fiona Dumbelton 01782 733373 f.dumbelton@keele.ac.uk
Governance Secretariat Manager	Anne-Marie Long 01782 734497 a.long@keele.ac.uk
Staff Counselling Service Accessed via Occupational Health	Occupational Health 01782 733733 occupationalhealth.enquiries@keele.ac.uk
Student Services	01782 734481 student.services@keele.ac.uk
Chair of the Audit & Risk Committee	Contact via the Secretary to Council, marking correspondence as FAO - Chair of the Audit & Risk Committee.
Protect (Independent whistleblowing charity – <i>formerly Public Concern at Work</i>)	Helpline: (020) 3117 2520 E-mail: via their online form Website: https://protect-advice.org.uk/
Fundraising Regulator (<i>concerns relating to fundraising practice may be referred to the UK regulator</i>)	Complaint Helpline: 0300 999 3407 Website: https://www.fundraisingregulator.org.uk/complaints

7. DOCUMENT CONTROL INFORMATION

Document Name	Whistleblowing Procedure
Owner	Secretary to Council (<i>Whistleblowing Officer</i>)
Version Number	2.0
Equality Analysis Decision and Date	TBC
Approval Date	28/05/2024
Approved By	University Executive Committee
Date of Commencement	09 February 2021
Date of Last Review	28 May 2024
Date for Next Review	28 May 2027
Related University Policy Documents	Whistleblowing Policy; Fraud Response Procedure; Anti-Bribery Policy; Grievance Procedures; Reportable Events Procedure; Incident and Business Continuity Management Policy; Research Integrity Policy; Freedom of Expression Code of Practice, Sexual Violence and Misconduct Policy; Sexual Violence and Misconduct Procedure (Staff).
Administrative Updates (approved by Director)	03/03/2022 – To include reference to apprentices at 2.1; update logo. 09/03/2022 – Protect contact details updated, website links updated 13/04/2026 – To include Sexual Harassment under the scope of the Procedure and the related policy documents as required by the Employment Rights Act 2025 and to update contact details.
<i>For Office Use – Keywords</i>	

ANNEX A: FLOWCHART OF THE WHISTLEBLOWING PROCESS

