

## **1. PURPOSE AND COMMITMENT**

- 1.1. The University's Board of Governors and the University Executive Team are committed to ensuring that colleagues can raise genuine concerns about possible wrongdoings in the areas set out in this policy and to provide assurance that where any such concerns are within the scope of this policy that they will be independently and thoroughly investigated.
- 1.2. This policy is designed to:
- Provide colleagues with a means to raise genuine concerns about possible wrongdoing in the areas listed at section 2.2 below, at the earliest opportunity and in an appropriate way;
  - ensure that colleagues can raise such genuine concerns without fear of possible repercussion or retaliation, even if they turn out to be mistaken;
  - provide a transparent and confidential process for dealing with those concerns;
  - encourage colleagues to report concerns as soon as possible, in the knowledge that they will be taken seriously and their concerns investigated as appropriate; and
  - balance the need to protect individuals who raise genuine concerns against the need to protect members of staff and the university against false allegations that are made maliciously and can cause serious difficulties for innocent individuals.

This policy does not form part of a contract of employment, and the University may seek to amend it at any time.

## **2. SCOPE**

- 2.1. This policy applies to all employees of the University together with other categories of workers at the University such as agency workers, consultants, contractors, casual and freelance workers. It also applies to volunteers and members of the Board of Governors.
- 2.2. This policy covers the following categories of activity referred to as Qualifying Disclosures:
- financial reporting, accounting or auditing concerns;
  - fraud, failure to prevent fraud or other financial irregularity concerns or offences;
  - corruption, bribery or blackmail;
  - criminal offences;
  - failure to comply with a legal or regulatory obligation;
  - failure to properly safeguard assets;
  - miscarriage of justice;
  - damage to the environment;
  - evidence of academic or professional malpractice;
  - endangering the health and safety of an individual;
  - \*disclosures relating to reports of sexual harassment; and

- concealment of any of the above.

\*with effect from April 2026 and the implementation of the Employment Rights Act 2025

- 2.3. This policy does not cover matters for which specific policies already exist, including:
- Employment-related grievances;
  - Academic Appeals;
  - Student Discipline and Academic Complaints;
  - Research Misconduct; and
  - Academic Integrity Regulations.

For such matters, the relevant policy must be followed.

- 2.4. The policy is not designed to allow individuals to question the financial, business or managerial decisions taken by the University. Nor should this policy be used to reconsider any matters that have already been addressed or should be addressed under the grievance or disciplinary procedures. In the event that it is determined that an alternative policy must be followed confidentiality under the initial disclosure under this policy will be protected.

### **3. PRINCIPLES**

- 3.1. All concerns raised will be treated fairly and properly.
- 3.2. Any individual who reports a Qualifying Disclosure will be made aware of who is responsible for dealing with the concern.
- 3.3. For the purposes of this policy, the person raising a concern is hereafter referred to as the "Discloser".
- 3.4. For the purposes of this policy, the person dealing with the concern is hereafter referred to as the "Designated Assessor".
- 3.5. A Discloser will not have their identity disclosed without prior consent, except:
- where there is a legal obligation to do so;
  - where the information is already in the public domain;
  - on a strictly confidential basis to a professionally qualified lawyer for the purpose of obtaining legal advice;
  - if disclosure is necessary to complete due diligence in the investigation; and
  - where the discloser's identity cannot be deducted from the information provided.
- 3.6. Where a Qualifying Disclosure cannot be progressed without revealing the identity of the Discloser (for example, if the Discloser is required to attend a formal disciplinary or court hearing), the person dealing with the reported concern will discuss with the Discloser as to whether and how the matter can proceed.
- 3.7. Colleagues are not encouraged to make disclosures anonymously, as proper investigation may be hindered or made impossible if further information is needed. In addition, it is more difficult to establish whether any allegations are credible. Colleagues who are concerned about possible repercussions if their identity is revealed should come forward to one of the contact points listed at 4.1.1, 4.1.3 or 4.1.5 and appropriate measures can then be taken to preserve confidentiality.

- 3.8. This policy is consistent with the Public Interest Disclosure Act 1998, as amended by the Enterprise and Regulatory Reform Act 2013 which provides certain protections for employees when they make a Qualifying Disclosure that is in the public interest. The University will not tolerate the harassment or victimisation of anyone on the grounds that they have raised a genuine concern. No one will be at risk of suffering some form of victimisation as a result of raising a genuine concern, even if they are mistaken.
- 3.9. The assurance at 3.8 above does not extend to someone who maliciously raises a matter they know to be untrue. For the avoidance of doubt mistaken disclosure of a matter that should have been dealt with under another policy will not be treated as malicious and the confidentiality of the report will be protected even if the disclosure is not treated as a Qualifying Disclosure.
- 3.10. Equality and Diversity - This policy has undergone appropriate equality analysis, to comply with the University's legal and regulatory obligations.
- 3.11. Colleagues must not threaten those who raise genuine concerns which are in the public interest under this policy. Anyone involved in such conduct will be subject to disciplinary action.
- 3.12. Where the University has reasonable grounds to believe that a false allegation has been made by a Discloser without reasonable belief in its truth disciplinary action may be taken, up to and including dismissal.
- 3.13. Workers who make a protected disclosure about sexual harassment (who reasonably believe the disclosure is in the public interest) will benefit from the same legal safeguards as other whistleblowers. Complaints of this nature should be investigated under this Policy rather than the standard grievance procedure. The investigation must prioritise confidentiality, sensitivity and protection against retaliation. It may be necessary for the University to separate the investigation of the Disclosure, if this alleges a toxic culture or a systemic issue is in place, from the personal complaint/grievance of the individual concerned.

## **4. PROCEDURES**

### **4.1. Procedure for reporting alleged wrongdoing (raising a concern)**

- 4.1.1. If an individual believes reasonably that wrongdoing within the scope of this policy exists in the workplace, this should be reported without delay as follows:
  - Colleagues in Professional Services departments should report concerns to their Director/Head of Service; and
  - Academic colleagues should report concerns to their Executive Dean of School.
- 4.1.2. Concerns can be reported orally or in writing. Where raised orally, the Discloser will be provided with a written summary of the concern in accordance with the procedure set out in section 5.2 below.
- 4.1.3. If the Discloser feels unable, or is reluctant, to report the matter as set out in 5.1.1 above, this can be reported directly to one of the following individuals:
  - University Secretary; or
  - Chief Financial Officer.

Contact details are provided at the end of this policy.

- 4.1.4. Suspected fraud or theft should normally be reported to the Chief Financial Officer.
- 4.1.5. In certain circumstances, if for instance the concern is regarding the University Secretary and/or the Chief Financial Officer, then the Discloser may feel that it is appropriate to notify the Chair of the Board of Governors of their concerns. On receipt of any such report the Chair of the Board of Governors will consider if there are valid reasons for by-passing the internal reporting process set out above and consider whether an independent external review should be undertaken.
- 4.1.6. In the event that the concern is regarding the Chair of the Board of Governors then the Discloser may feel it is appropriate to notify the Senior Independent Governor at the University of their concerns. On receipt of any such report the Senior Independent Governor will consider whether an independent external review should be undertaken.
- 4.1.7. Contact details for the Chair of the Board of Governors are provided at the end of this policy. Contact details for the Senior Independent Governor are available on the governance pages of the University website.
- 4.1.8. The Discloser must not disclose the matter to any external person or body until the procedures described below have been exhausted, except where the Discloser has reasonable grounds to believe that all of the persons to whom the matter could have been referred under this Policy were involved in the alleged wrongdoing.

## **4.2. Procedure for dealing with the disclosure**

- 4.2.1. Upon receipt of a disclosure under 4.1.1 above, colleagues should refer the matter to either the University Secretary or the Chief Financial Officer to progress. In the event that the disclosure concerns either or both of these colleagues the matter should be referred to the Chair of the Board of Governors in accordance with 4.1.5. (Together referred to as the "Designated Assessor".)
- 4.2.2. The Designated Assessor will decide what action is necessary to progress the matter. This may include a confidential interview with the Discloser, and/or the carrying out (or commissioning) of a further investigation. Such further investigation may be carried out directly by the Designated Assessor, or by someone they nominate, which may include (subject to the University's consent) an external agency such as a firm of accountants or solicitors.
- 4.2.3. In the event that the concern was reported orally by the Discloser the Designated Assessor will provide a written summary of the concern to the Discloser to ensure this is accurately recorded.
- 4.2.4. The Designated Assessor shall have the right to consult confidentially on the matter with other senior colleagues as required.
- 4.2.5. The Discloser will be informed of the contact details of the Designated Assessor and what further action/input (if any) is necessary by the Discloser.
- 4.2.6. The Discloser must treat any information about the reported concern as confidential.

## **4.3. Outcomes**

- 4.3.1. Following any necessary investigation, the Designated Assessor may decide to do any of the following:

- Take no further action other than to provide feedback to the Discloser of that decision and the reasons for it;
- Advise the Discloser that the matter cannot be considered any further under this Policy, on the grounds that it would be more appropriate for it to be dealt with under other formal policies or procedures within the University;
- Refer the matter to the Vice-Chancellor or other appropriate member of the University's Executive Team, with a recommendation for specific action or further investigation as appropriate;
- Refer the matter to the University's Internal Audit service for investigation/action;
- Refer the matter to the Audit and Risk Management Committee and/or Governing Body of the University;
- Refer the matter to the Office for Students, the National Audit Office, the central Government department responsible for Higher Education, or other appropriate public body; and/or
- Refer the matter to the Police.

4.3.2. Following any necessary investigation the Designated Assessor may indicate whether in their opinion the disclosure was without reasonable belief by the Discloser that the report had substance or merit or was made for malicious or other improper reasons. Should this be the case the matter will be referred to the Chief People Officer for consideration of whether any disciplinary action is appropriate.

4.3.3. Following any necessary investigation the University will undertake a review of the findings to ensure that lessons are learned from the outcomes and any changes to practice are implemented as required.

#### **4.4. Timescales**

4.4.1. The procedures set out within this policy will be carried out expeditiously, taking account of the nature and complexity of the matter and the extent to which further investigation is required.

4.4.2. Where the Designated Assessor decides to take no further action in relation to the reported concern, the Discloser will be notified of that decision and the reasons for it, within ten working days of the decision being made.

4.4.3. Where the Designated Assessor decides to refer the matter on for action by other persons or bodies, they will advise the Discloser of the referral within ten working days of it being made, and shall take steps to ensure that the Discloser is kept informed of the progress of that referral and is notified of its outcome within a reasonable period (usually not more than twenty working days).

#### **4.5. Independent review**

4.5.1. If, after exhausting the procedures described in this policy, the Discloser is not satisfied with the outcome, they shall have the right to request that the decision be referred for independent review.

4.5.2. Any request under 4.5.1 above will be considered by the Chair of the Audit and Risk Management Committee. If the request is granted, the review shall be conducted by a person or persons independent of University management, appointed by the Chair of Audit and Risk Management Committee as appropriate.

- 4.5.3. The independent review will not involve oral hearings, but the reviewer may interview the Discloser and any other persons connected with the handling of the reported concern. New evidence or material relevant to the reported concern can be considered at the discretion of the reviewer, but would only normally be admitted if it could not have been made available at an earlier stage in the procedure.
- 4.5.4. The purpose of the independent review will be:
- To consider whether the reporting and handling procedures were properly and fairly implemented in accordance with this policy; and
  - Where the reviewer considers that the procedures were properly and fairly implemented, to determine whether the response to the reported concern was reasonable in all the circumstances.
- 4.5.5. The person(s) conducting the independent review may decide to:
- Recommend a further internal or external investigation;
  - Recommend that the University reconsiders the findings of the investigation;
  - Make other non-binding observations and recommendations, in connection with the complaint, for the University to consider; or
  - Indicate whether the disclosure was without substance or merit or was made for malicious or other improper reasons. If malicious or other improper reasons, whether the Discloser should be subject to disciplinary action.
- 4.5.6. The decision of the independent reviewer shall be reported to the Chair of the Audit and Risk Management Committee. This shall represent the completion of procedures available under this policy.

## **5. ACCESS TO INDEPENDENT ADVICE AND FURTHER REPORTING**

- 5.1. The Discloser can access independent advice via external organisations and/or Trades' Unions bodies. The Protect Charity can also offer free confidential whistleblowing advice.
- 5.2. The Discloser can also report a complaint to the University's Regulator, the Office for Students.

## **6. OTHER RELEVANT POLICIES, REGULATIONS AND INFORMATION**

- 6.1. The University has a number of related policies and regulations which may interact with this Policy. These are:
- Purchasing Policy
  - Conflicts of Interest Policy
  - Gifts and Hospitality Policy
  - Appointment of Agents and Intermediaries Policy
  - Facilitation Payments Policy
  - Anti-Facilitation of Tax Evasion Policy
  - Anti Money Laundering and Counter Terrorist Financing Policy
  - Anti Bribery Policy
  - Counter Fraud Policy
  - Financial Regulations.

**7. RESPONSIBILITIES**

- 7.1. The **Board of Governors** has overall responsibility for ensuring this Policy complies with the University’s legal obligations, and that all those under its control comply with it.
- 7.2. The **Audit and Risk Management Committee** has delegated authority from the Board of Governors for approving this Policy, monitoring its use and effectiveness, and receiving reports as required.

**8. DOCUMENT GOVERNANCE, MONITORING AND REPORTING**

**8.1. Responsibility**

<b>Policy Owner</b>	Chief Operating Officer and Registrar.
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**8.2. Version Control and Change History**

<b>Version</b>	<b>Approval Date</b>	<b>Approved by</b>	<b>Amendment</b>
1.0	10 May 1999	Board of Governors	New policy
1.1	2 March 2009	Board of Governors	Procedural update
1.2	14 November 2011	Board of Governors	Reference to Bribery Act
1.3	tbc	Board of Governors	Reference to Enterprise and Regulatory Reform Act 2013, and other updated policies.
1.4	21 November 2016	Board of Governors	Amendments re staffing changes and general additional information throughout.
1.5	28 November 2017	Board of Governors	Amendments to involve the Chair of the Board of Governors in this process.
1.6	26 November 2019	Board of Governors	Amendments to reflect additional information and clarity throughout
1.7	7 November 2023	Audit and Risk Management Committee	Minor revisions to drafting and formal review.
1.8	5 November 2024	Audit and Risk Management Committee	Small addition to scope of Policy.
1.9	10 March 2026	Audit and Risk Management Committee	Minor revisions to address nomenclature changes and to reflect the provisions of the Economic Crime and Corporate Transparency Act 2023 and the Employment Rights Act.

### **8.3. Monitoring and Reporting**

- 8.3.1. This policy will be reviewed annually by the University Secretary in response to statutory changes, changes in University procedures or structures or as a result of the monitoring of the application of the policy. Any changes will be presented to the Audit and Risk Management Committee for approval at its next available meeting.

The Audit and Risk Management Committee will also receive opportunity to consider the policy formally on a review cycle of every three years.

- 8.3.2. The University Secretary will keep a confidential record of all disclosures and any subsequent actions taken and will retain the record for five years. The information will be used to report to the Audit and Risk Management Committee on the outcomes of any investigation, in detail where the issue falls within its terms of reference and in summary in other cases, as a means of allowing the Committee to review the effectiveness of the policy.

## **9. CONTACT DETAILS**

### **9.1. Senior Managers**

University Secretary - Rebecca Jenkyn  
0115 848 8764  
[rebecca.jenkyn@ntu.ac.uk](mailto:rebecca.jenkyn@ntu.ac.uk)

Chief Financial Officer - James Lacey  
0115 848 8701  
[james.lacey@ntu.ac.uk](mailto:james.lacey@ntu.ac.uk)

### **9.2. Chair of Board of Governors**

Communications should be marked "confidential" and sent to [chair@ntu.ac.uk](mailto:chair@ntu.ac.uk).