



### Whistleblowing policy

<b>Outcome requested:</b>	Audit and Risk Committee is asked to <b>recommend to Council</b> the revised Whistleblowing Policy.
<b>Executive Summary:</b>	<p>A planned review of the Whistleblowing Policy has been carried out drawing on guidance issued by independent whistleblowing charity Protect as well as a benchmarking exercise looking at policies at other Russell Group institutions. The most noteworthy changes are:</p> <ul style="list-style-type: none"> <li>• improvements to the language and flow of the policy to make it more accessible and reassuring for potential whistleblowers;</li> <li>• improved hand-offs to other policies, which reflects learning from whistleblowing investigations in recent years;</li> <li>• responsibility to consider appeals is moved from the Chair of Audit and Risk Committee to the President and Principal, except where this is inappropriate, so that the Chair can maintain their governance role while still receiving reports on all disclosures and appeals.</li> </ul>
<b>QMUL Strategy: strategic aim reference and sub-strategies</b>	The effective management of the Queen Mary's governance arrangements underpins the ability to achieve the strategic aims.
<b>Internal/External regulatory/statutory reference points:</b>	Public Interest Disclosure Act 1998 OfS Regulatory Framework for Higher Education in England CUC Higher Education Audit Committees Code of Practice
<b>Strategic Risks:</b>	N/A
<b>Equality Impact Assessment:</b>	The policy does not present equality impacts on the basis that reasonable adjustments can be made to the process as required.
<b>Subject to prior and onward consideration by:</b>	Audit and Risk Committee is asked to recommend the policy to Council for approval. It was previously considered by the Policy Scrutiny Group.
<b>Confidential under FOIA/DPA paper</b>	No
<b>Timing:</b>	Triennial review
<b>Author:</b>	Jonathan Morgan, Chief Governance Officer and University Secretary
<b>Date:</b>	25 October 2024
<b>Senior Management/External Sponsor:</b>	Jonathan Morgan, Chief Governance Officer and University Secretary

# Whistleblowing Policy

## 1. Introduction

- 1.1. Queen Mary University of London (the ‘University’) is committed to the highest standards of openness, probity and accountability and seeks to conduct its affairs in a responsible manner considering the requirements of regulators and funding bodies and the standards of public life.
- 1.2. Whistleblowing is the act of raising a concern where an individual (a ‘whistleblower’) has a reasonable belief of malpractice or wrongdoing that is in the interest of the public or the University to be investigated.
- 1.3. The University encourages any individual who discovers information which they have a reasonable belief shows malpractice or wrongdoing within the University to raise a concern without fear of reprisal.

## 2. Purpose

- 2.1. This Policy sets out how whistleblowers may raise concerns in the correct way and how their concerns will be considered by the University.

## 3. Legislative context

- 3.1. Whistleblowers who are workers or employees have protection under the Public Interest Disclosure Act 1998 if they raise concerns in the correct way. This is to ensure they do not suffer any detrimental treatment, including dismissal, disciplinary action, threats or other unfavourable treatment resulting from, or connected with, raising a concern.
- 3.2. This Policy is designed to give University workers and employees the opportunity to raise concerns in the correct way, independently of line management and in accordance with an established procedure, thereby providing appropriate protection.

## 4. Scope

- 4.1. This Policy applies to all members of the University community, including

workers, employees, contractors, students, visiting and honorary academics and researchers, fellows, volunteers and members of Council and its standing committees.

- 4.2. Members of the public are also encouraged to follow this Policy if they discover information which they have a reasonable belief shows malpractice or wrongdoing within the University.
- 4.3. In this Policy, 'malpractice or wrongdoing' usually means that one or more of the following has happened in the past, is happening now or is likely to happen in the near future:
  - a) a criminal offence, such as financial malpractice, impropriety or fraud;
  - b) a tax evasion offence by any individual who provides services for or on behalf of the University;
  - c) the breach of a legal obligation;
  - d) a failure to comply with the University's Charter, Ordinances, Codes of Practice, Policies or Regulations;
  - e) a miscarriage of justice;
  - f) a danger to the health and safety of any individual;
  - g) damage or potential damage to the environment;
  - h) academic or professional malpractice, improper conduct or unethical behaviour;
  - i) deliberate concealment of information relating to any of the above.
- 4.4. The University reserves the right to deal with concerns raised under this Policy under a more suitable policy or procedure within the University.
- 4.5. This Policy cannot be used to reconsider concerns that have already been dealt with under another policy or procedure.

## **5. Principles**

- 5.1. *No detriment.* Whistleblowers must not suffer any detrimental treatment for raising concerns in good faith under this Policy. Any such detrimental treatment will be treated as a disciplinary offence. Whistleblowers are encouraged to raise concerns about detrimental treatment with the Director of Human Resources if they are a worker or employee, or with the

designated officer.

- 5.2. *Public interest:* This Policy is to be used for concerns that are in the interest of the public to be investigated, such as concerns that have wider impact or where the whistleblower has been a witness to wrongdoing affecting others. Concerns relating to private matters, such as an individual's employment, studies or research at the University, will usually be dealt with under a more suitable policy or procedure within the University.
- 5.3. *Confidentiality.* The University expects whistleblowers and all others involved in investigations connected with whistleblowing to observe strict confidentiality in relation to the concerns raised, the identities of those involved and any other information relating to the investigation. It may be necessary, however, for the University to reveal the identity of a whistleblower to facilitate thorough investigation of their concerns, to uphold the rights of others involved in the investigation or if their concerns are referred to the police. In such cases, or where the whistleblower's identity is likely to become apparent from the concerns they raised, the University will first discuss this with the whistleblower and provide appropriate protection.
- 5.4. *Anonymous allegations.* The University encourages whistleblowers to raise concerns openly under this Policy to facilitate thorough investigation. The University reserves the right not to investigate concerns that are raised anonymously where there is insufficient information or limited potential to investigate using attributable sources.
- 5.5. *Vexatious allegations.* Any use of this Policy to make malicious, vexatious or knowingly untrue allegations about others, including where it is found on the balance of probabilities that the allegations are motivated by personal gain or the desire to cause harm or damage to the reputation of others, will be treated as a disciplinary offence. This does not apply to those who raise concerns with a reasonable belief of wrongdoing, even where concerns are not found to be true.
- 5.6. *Conflicts of interest.* Any conflicts of interest around concerns raised under this Policy will be dealt with in accordance with the Conflict of Interest Policy. The University reserves the right to adjust the procedures in this Policy as necessary to avoid any conflict that could undermine thorough investigation of potential malpractice or wrongdoing or weaken public confidence in the University's handling of whistleblowing.

## **6. Roles and responsibilities**

- 6.1. The Council is responsible for the approval of this Policy.

- 6.2. The Audit and Risk Committee is responsible for seeking assurance on the effective operation of this Policy and for considering reports on disclosures and investigations connected with whistleblowing.
- 6.3. The Chief Governance Officer and University Secretary is responsible for receiving and considering disclosures, commissioning investigations and providing reports to Audit and Risk Committee connected with whistleblowing. If a concern is raised under this Policy in relation to the Chief Governance Officer and University Secretary, these responsibilities will be carried out by the President and Principal.
- 6.4. All members of the University community, including, workers, employees, contractors, students, visiting and honorary academics and researchers, fellows, volunteers and members of Council and its standing committees, are responsible for complying with this Policy if they wish to raise a concern or are involved in an investigation connected with whistleblowing.

## **7. Procedures for raising and investigating concerns**

- 7.1. Concerns must be raised in writing to the Chief Governance Officer and University Secretary (the 'designated officer'). If the concern relates to the Chief Governance Officer and University Secretary, however, or if it would be inappropriate to raise the concern with them for any other reason, the concern must be raised in writing to the President and Principal, who will act as the designated officer for the purposes of this Policy.
- 7.2. The designated officer will consider the concern raised and decide on a course of action. The course of action will be communicated to the whistleblower normally within 10 working days and must include one or more of the following:
  - a) to refer the concern to be dealt with under a more suitable policy or procedure within the University;
  - b) to commission an internal or external investigation;
  - c) to refer the matter to the police;
  - d) to request further information from the whistleblower to support the decision over a course of action;
  - e) not to proceed where there is insufficient information or limited potential to investigate using attributable sources, or where the concern otherwise lacks validity, substance or a reasonable basis for consideration, or where the concern has already been dealt with under this or another policy or

procedure.

- 7.3. The designated officer must report the concern and course of action at the next meeting of the Audit and Risk Committee, and to the following individuals when the course of action is communicated to the whistleblower:
- a) the Director of Human Resources, only if the whistleblower is a worker or employee;
  - b) the Chief Financial Officer, only if the concern relates to financial malpractice, impropriety or fraud;
  - c) the Director of Student Experience, only if the concern relates to safeguarding or the Prevent Duty;
  - d) the Chair of Council, only if the concern relates to the Chief Governance Officer and University Secretary, the President and Principal or another member of Council or one of its standing committees.
- 7.4. When commissioning an investigation, the designated officer will determine who should undertake the investigation, the procedure to be followed and the scope of the concluding report, subject to the following requirements:
- a) the investigator must not be responsible for or substantially connected to the concern raised, or conflicted in any other respect;
  - b) the investigator must be adequately experienced or knowledgeable about conducting investigations of this nature;
  - c) the investigator must be able and willing to conduct the investigation and report their findings to the designated officer in a timely way, normally within 20 working days;
  - d) where an individual or individuals are potentially implicated by the concern, they must be given the opportunity to respond and comment on any relevant supporting evidence as part of the investigation;
  - e) an appropriate member of staff must be nominated to keep the whistleblower, any individuals who are potentially implicated by the concern and others who are involved in the investigation advised of progress and likely timescales.
- 7.5. Where there is a reasonable belief that an individual who is potentially implicated by the concern could jeopardise the progress of an investigation, or could cause the whistleblower to suffer detrimental treatment, the designated

officer may decide as a neutral act to place the individual on precautionary suspension or exclude them from certain activities or parts of the University. Any such precautionary suspension or exclusion will align with relevant provisions in the Discipline Policy and Procedure for workers and employees, or in the Student Discipline Policy for students.

- 7.6. The designated officer will consider the findings of the investigation and decide on any course of action. The decision will be communicated to the whistleblower and any individuals who are potentially implicated by the concern, subject to any requirement for confidentiality, normally within five working days. The decision and a summary of the findings must also be reported to the President and Principal and at the next meeting of the Audit and Risk Committee.
- 7.7. Where the designated officer determines on the balance of probabilities that the investigation has revealed evidence of misconduct, including evidence that the whistleblower has made a vexatious allegation, the designated officer may make directions for the misconduct to be dealt with under the relevant policy or procedure (see Section 9). In most cases the whistleblowing investigation and findings will be used as the formal investigation stage of that policy or procedure to avoid going back over matters that have already been investigated and decided under this Policy, subject to ensuring that the individual who is implicated has had an adequate opportunity to respond and comment on any relevant supporting evidence. In such cases the relevant panel or decision maker will be tasked with determining any appropriate action based on the whistleblowing investigation and findings.
- 7.8. Records of all disclosures and investigations under this Policy must be retained for six years.

## **8. Reviews of how concerns have been dealt with**

- 8.1. A whistleblower may request a review of how their concerns have been dealt with under this Policy, within 10 working days of being notified of the outcome by the designated officer, on one or more of the following grounds:
  - a) there is evidence that the procedures in this Policy were not followed in a way that calls into question the action taken by the designated officer;
  - b) there is evidence of prejudice or bias by the investigator or the designated officer;
  - c) there is reason to conclude that the action taken by the designated officer was inappropriate in the circumstances.

- 8.2. Requests must be made in writing to the President and Principal, unless the President and Principal was the designated officer or it would be inappropriate to make the request to them for any other reason, in which case the request must be made in writing to the Chair of Audit and Risk Committee.
- 8.3. The President and Principal, or the Chair of Audit and Risk Committee where appropriate, will consider the request and either:
  - a) confirm or amend the course of action taken by the designated officer; or
  - b) commission a further investigation with a different designated officer following the procedures in Section 7 of this Policy but with appropriate modifications recognising that this is a review.
- 8.4. Following any review under this Policy, the whistleblower will not have access to further University policies or procedures for the continued pursuance of the same matter.

## **9. Related policies and sources of advice**

- 9.1. Potential whistleblowers can seek advice from Protect, the independent whistleblowing charity, who offer a confidential helpline: [www.protect-advice.org.uk](http://www.protect-advice.org.uk).
- 9.2. Potential whistleblowers are encouraged to review the following policies on the University intranet, as there may be another more suitable policy or procedure to deal with their concerns.

Academic Integrity and Misconduct Policy  
Admissions Appeals and Complaints Policy  
Anti-Bribery and Corruption Policy  
Anti-Money Laundering and Criminal Finances Act Policy  
Code of Practice on Free Speech  
Conflict of Interest Policy  
Disciplinary Policy and Procedure  
Financial Regulations  
Fraud and Corruption Policy  
Grievance Resolution Policy and Procedure  
Ordinance 4 (concerns about members of Council and its standing committees)  
Ordinance 11 (concerns about Fellows and recipients of Honorary Degrees)  
Professional Capability and Fitness to Practise Regulations  
Research Misconduct Policy  
Safeguarding Policy  
Standards of Business Conduct

## Student Complaints Policy

- 9.3. Concerns relating to bullying, harassment, sexual violence, hate incidents or gender-based violence can be raised via Report + Support: <https://reportandsupport.qmul.ac.uk>.
- 9.4. Staff can access support from the Employee Assistance Programme: <https://www.qmul.ac.uk/staff-wellbeing/wellbeing-at-work-/employee-assistance-programme>.
- 9.5. Concerns about individuals or University events expressing extremist views that risk drawing people into terrorism or are shared by terrorist groups should be raised with the University's Prevent Duty Lead, the Director of Student Experience.
- 9.6. Safeguarding concerns should be raised with one of the University's Lead, Deputy or Local Safeguarding Officers: [www.qmul.ac.uk/student-experience/safeguarding](http://www.qmul.ac.uk/student-experience/safeguarding).

## 10. Review of this Policy

- 10.1. This Policy will be reviewed at least every three years by the Council.
- 10.2. Minor updates to this Policy that do not affect the established rules, principles or intent may be approved by the Chief Governance Officer and University Secretary on behalf of the Council.
- 10.3. This Policy does not form part of any employee's contract of employment and the University may amend it at any time.

## Policy Information and Document Control

<b>Policy title</b>	Whistleblowing Policy
<b>Version number</b>	Version 1
<b>Related policies and procedures</b>	See Section 9 of this Policy.
<b>Superseded policies</b>	This policy replaces the previous 'Whistleblowing Procedure' adopted by the Council on 18 November 2021.
<b>Approval level</b>	Council on the recommendation of the Audit and Risk Committee
<b>Approval date</b>	[DATE]
<b>Effective date</b>	[DATE]
<b>Next review due</b>	[DATE]
<b>Policy owner</b>	Chief Governance Officer and University Secretary
<b>Policy contacts</b>	Jonathan Morgan, Chief Governance Officer and University Secretary Jane Pallant, Director of Governance and Legal Services Danny Hassell, Policy and Governance Lead

## Version Control

Version	Date	Reason for updates/Summary of key changes
1	29/09/2024	Triennial review - JM