



Annual report on whistleblowing 2024–25

Outcome requested:	Audit and Risk Committee is asked to consider a summary of disclosures received or investigated under the Whistleblowing Policy in 2024–25, including details of two new disclosures since the last meeting of the Committee.
Executive Summary:	This paper provides a summary of disclosures received or investigated under the Whistleblowing Policy in 2024–25 and institutional learning from investigating the disclosures.
QMUL Strategy:	The effective management of the Queen Mary’s governance arrangements underpins the ability to achieve the strategic aims.
Internal/External regulatory/statutory reference points:	Whistleblowing Procedure Public Interest Disclosure Act 1998
Strategic Risks:	Compliance and reputation
Equality Impact Assessment:	Not required
Subject to prior and onward consideration by:	Considered by the Committee only
Confidential paper under FOIA/DPA	No
Timing:	Annual report
Author:	Jonathan Morgan, Chief Governance Officer and University Secretary
Date:	9 September 2024
Senior Management/External Sponsor:	Jonathan Morgan, Chief Governance Officer and University Secretary

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1. The following table summarises whistleblowing disclosures and investigations in 2023–24 and 2024–25. Numbers in parentheses are disclosures investigated under a different procedure.

	Health and Safety	Employee Relations	Academic Malpractice	Professional Malpractice	Total
2023–24	1	1 (2)	0 (1)	0	5
2024–25	1	1	2	2	6

2. The following disclosures and investigations have been reported to the Committee previously.

- [a] A concern was raised that a member of staff altered evidence collected from a student's room during a wellbeing visit that would feed into a process to assess whether the student was fit to remain at the University. It was alleged that the member of staff altered the evidence after being targeted by the student. The investigation concluded that the evidence had not been materially altered, but the failure by management to remove the member of staff from the process after they were targeted allowed a perception of wrongdoing to arise. In response, guidance and templates for personal risk assessments when individuals at the University are targeted have been reviewed, and guidance is being developed on gathering evidence for student and staff casework processes.
- [b] A concern was raised about the management of a contractor providing planned preventative maintenance to the University's fire safety systems. The investigation found examples of contractor incompetence and failures by members of staff to raise and address concerns formally through contractor management meetings. The investigation also concluded that ineffective working relationships within Estates and Facilities were a contributing factor. It was the intention following this to retender the contract; instead, the contract has been extended to support the transition of records into a new integrated workplace management system. Contract meetings are now attended by a representative from the Health and Safety Directorate, and an audit of fire safety compliance service records has been completed, with actions being taken forward and monitored. The Organisational and Professional Development team has been working with leaders in Estates and Facilities to improve working dynamics across the team.
- [c] A concern was raised that a stipend payment process was being used inappropriately to pay international students for undertaking work. The investigation found nine examples of failure to follow due process for making payments for work. This resulted in controls for ensuring compliance with tax and visa requirements being bypassed, but no actual breaches of compliance. It also permitted a lack of clarity over how the hourly rate of pay was determined. The investigation concluded that the use of a non-standard process for initiating stipend payments, although compliant in respect of its intended purpose, was a contributing factor. In response, all stipend payments will be managed through a standard process and controls in future.
- [d] Concerns were raised about the process followed in appointing an academic programme director, together with parallel concerns about the approval of marks given to students on the programme and an alleged failure to follow relevant approval processes when making changes to the programme. The investigation concluded that relevant procedures had been followed but identified an opportunity, which has been taken forward, to improve the guidance for Heads of Schools and Directors of

Institutes on assigning programme directors roles. Since this matter was reported to the Committee, the whistleblower requested a review of the investigation outcome by the President and Principal. The substance of the request was that the investigation did not consider personal matters in the disclosure relating to the whistleblower's employment. The review concluded that these matters had been appropriately referred for investigation in parallel under the Grievance Resolution Policy and Procedure.

3. There have been two further disclosures since the last Committee meeting.

[a] Concerns have been raised about the management of an academic programme in the Barts Cancer Institute. The allegations relate to: failure by the programme director to carry out their leadership role and teaching duties; inappropriate use of WhatsApp for work-related communications; use of students and former staff for unpaid and unsupervised teaching and marking; retaliation by the programme director against students and staff in response to feedback; and failure by the institute leadership to respond appropriately when the concerns were raised previously. An investigation into the concerns under the Whistleblowing Policy is under way.

[b] A member of staff in IT Services who is at risk of redundancy sent an open letter to the President and Principal raising concerns and allegations about: recruitment practices; sexual harassment; exclusion from meetings; nepotism; and failure to make reasonable adjustments in relation to their disability. The allegations relating to the individual's own employment are being investigated in the context of the Redundancy Procedure. The Director of Human Resources was also asked to carry out a review of employee relations data in the area (grievances, exit interviews, harassment reporting, staff turnover and staff surveys) to establish whether any wider issues might warrant investigation under the Whistleblowing Procedure. This identified a localised issue over perceptions of nepotism, and it has therefore been decided to carry out a formal investigation into recruitment practices in the relevant area of IT Services.

4. The Whistleblowing Policy was updated in November 2024 following a review of investigation outcomes, external guidance and a benchmarking exercise looking at policies at other Russell Group institutions. No further updates are currently proposed ahead of the next planned review in November 2027.

Jonathan Morgan
Chief Governance Officer and University Secretary
09 September 2025