



# WHISTLEBLOWING POLICY

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**Approved by:**

**Executive Board**

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This Procedure is available in accessible formats on request from the team.

Please contact:

# Whistleblowing Policy and Procedure



## 1. Introduction and purpose

The Public Interest Disclosure Act 1998 amended the Employment Rights Act 1996 to give legal protection to workers from being dismissed, subjected to other detriment or victimised by their employer for making “qualifying disclosures” (as detailed in section 5 of this Policy and Procedure).

This document sets out the University’s procedures for instances of an employee or worker making a protected disclosure.

## 2. Scope

This Policy applies to all employees and officers of the University. Third party individuals performing functions in relation to the organisation, such as agency workers and contractors, can also use this Policy if they want to disclose information. This is not solely for the use of employees

This Policy and Procedure provides guidance on the disclosure of information which, in an individual’s reasonable belief, is in the public interest and indicates suspected wrongdoing.

Whistleblowing enables disclosures within the University to be made independently of line-management, if that is the preference of the individual. However, before using this Policy, staff, students, agency workers, work experience staff, employees, consultants, contractors and third-parties should consider whether there are more appropriate, relevant and/or direct procedures.

These include, but are not limited to, the University’s Student Complaints Procedure and Counter Fraud Policy, Research Misconduct Policy and Response Plan

This Procedure is for disclosures about matters other than an employee’s own contract of employment. If an employee is concerned that their contract has been, or is likely to be broken, or if they have concerns about how someone has behaved towards them during their employment, they should use the organisation’s Grievance Policy and Procedure or Dignity at Work Policy and Procedure which have been written to cover those types of situations.

## 3. Policy statement

The University is committed to the highest levels of governance and seeks to demonstrate responsibility in all of its affairs and activities, recognising the guidance and legislation on standards in public life - particularly with regard to probity, openness, accountability and the requirements of both public and private funding.

A key element of this commitment is to provide the facility to disclose information which, in an individual's reasonable belief, is in the public interest and indicates malpractice, impropriety and/or risks as outlined in this policy. It is a fundamental principle of the employment relationship that an employee should not disclose their employer's confidential information. However, types of disclosures known as "qualifying disclosures" can be made without fear of reprisal. These types of disclosures are commonly referred to as Whistleblowing.

### 3.1 Definitions

Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers at work including:

- criminal offences.
- breaches of a legal obligation.
- miscarriages of justice.
- danger to health and safety.
- damage to the environment.
- deliberate concealment of any of the above.
- financial malpractice
- Theft
- Bribery
- Corruption
- criminal activity
- falsification of data, research and/or results

A disclosure as above can be made in the public interest under this Policy if there is a reasonable belief a breach is being committed, has been committed or is likely to be committed. A reasonable belief is sufficient for making a disclosure to the University under this Policy.

A **Whistleblower** is a person who raises a genuine concern relating to any of the above.

It should be recognised that the Whistleblowing Policy is not intended to facilitate the review of properly undertaken and legitimate business and/or financial decisions taken by the University under authorised procedures. It is also not intended to be used to facilitate the consideration (or reconsideration) of issues where the individual making the report has a personal or private interest in the matter and/or where other University procedures exist to properly and appropriately address them as outlined above.

### 3.2 Whistleblowing Policy and Procedure - Objectives

The objectives of the Whistleblowing Policy and Procedures include:

- Promoting an environment and culture in the University where individuals can feel safe in the knowledge that raising concerns about malpractice will not result in any form of direct, indirect, or "soft" retaliation, such as being seen as a "troublemaker".
- Promoting the use of existing internal processes - both informal and more formal - which would help resolve an issue earlier, without external disclosure and likely attendant adverse publicity.
- Facilitating (a) the disclosure of reasonably held, genuine and legitimate concerns

and (b) their investigation and where applicable, resolution.

- Helping prevent all forms of dishonesty and wrongdoing in the workplace.
- Promoting accountability throughout the University's activities and operations, irrespective of location.

#### **4. Whistleblower protections**

- 4.1 A key element of this Policy is the protections that the University will provide to whistleblowers who reasonably disclose information that meets the criteria previously identified. The individual will be protected if they make such a disclosure as set out in the following paragraphs, however, it should be noted that a disclosure will not necessarily qualify for protection if the person making the disclosure commits an offence in making it.
- 4.2 The Whistleblower Policy provides for whistleblowers to request that they be supported. Staff should contact their Line Manager (as appropriate) or a HR Business Partner for further advice.
- 4.3 The University will take all possible steps to protect whistleblowers in ensuring they are not subject to any form of reprisal as a result of reporting a concern. Persons making protected disclosures have a right not to be dismissed, subjected to any detriment or victimised because they have made a disclosure.
- 4.4 Victimisation of whistleblowers will not be tolerated. Any reprisal will be treated as a serious offence and will be dealt with in line with the University's Dignity at Work Policy and/or Grievance Policy and Procedure.

#### **5. Confidentiality**

- 5.1 The University will treat all disclosures of information made under this Policy in a confidential and sensitive manner. The name or names of the individual(s) making a disclosure will not be revealed without their consent during this procedure, except where:
- The University is under a legal obligation to do so; or,
  - The individual(s) making the disclosure consents in writing; or,
  - The individual(s) has (have) acted maliciously or is making continual unremitting disclosures without grounds; or,
  - The information is already in the public domain; or,
  - It is considered essential to do so in order to enable the disclosure to be dealt with; this would include disclosing the name(s) to a professionally qualified lawyer in order to obtain legal advice.
- 5.2 As far as practically possible, documents related to a disclosure will only be available to a designated University appropriate person and their immediate office. Similarly, as far as practicable, any documentation prepared in relation to the disclosure will not reveal the identity of the individual(s) making the disclosure under this Policy.
- 5.3 All parties involved will be asked to respect the confidentiality of the disclosure and any subsequent investigation.
- 5.4 Where the individual(s) participate in any investigation, e.g. by providing a witness statement or by assisting in the gathering of evidence, that participation will usually be required to be on an open rather than a confidential basis, although the role of the individual in the original disclosure of information will still remain confidential.

## 6. Anonymous reporting

Individuals making disclosures under this Policy are always encouraged to give their names and contact details. Anonymous disclosures may prove difficult or impossible to investigate and feedback cannot be provided to the discloser. It is also difficult to deter misuse of the Whistleblowing Policy and Procedure. However, where an anonymous report is received, the information will be assessed and then considered at the discretion of the University, based on factors such as the seriousness of the issue raised, credibility of the information disclosed, likelihood of confirming the information, and what supporting evidence is / could be available from other sources.

## 7. Malicious and/or vexatious allegations

If an individual discloses information under this Policy that is not then confirmed by subsequent investigation, no action will be taken against that individual; a worker does not have to prove that the facts or allegations disclosed are true, just that they have a reasonable belief that a breach has occurred.

If, however, an individual is found to have made malicious or vexatious allegations with a view to personal gain, and particularly if they persist with making them, then action may be taken under the University Disciplinary Policy and Procedure.

## 8. Procedure for raising a concern

### 8.1 Initial step

It is important that individuals disclose information in accordance with this Policy at the earliest opportunity. It is not necessary to provide, or wait for, "proof" of the particular type of malpractice. The disclosure should contain as much detail as possible of the grounds for concern, including the names of individuals and significant dates, locations or events, where applicable.

Where two or more individuals are aware that they have knowledge of the same information that is covered by this Policy, they should preferably each make a separate and individual disclosure to the University and should not discuss the matter further between themselves. Submission of joint disclosures may lead to counter-allegations of collusion or of manufactured information.

The procedure for making a disclosure is as follows:

- a. The individual should make the disclosure in writing, or by e-mail to the appropriate person. A list of the University's designated appropriate persons and their contact details is provided at the end of this Policy. The primary appropriate person is the University Secretary who will arrange for the matter to be investigated in the most appropriate manner. A very restricted number of other senior officers will be informed only if that course of action is deemed absolutely necessary.
- b. If the disclosure is about the University Secretary, or regarding work/relationships the Secretary is directly involved in, only then should it be made to the Vice Chancellor and Principal.
- c. If the disclosure is about the Vice Chancellor and Principal, , or regarding

work/relationships the Secretary is directly involved in, only then should it be made to the Chair of the Audit, Risk and Compliance Committee.

Individuals should usually bring information or allegations to the surface internally, but the law recognises that disclosures may be made externally, for example to regulators, in certain circumstances. 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 at the end of this Policy.

## **8.2 Investigation of disclosures made within the scope of the Whistleblowing Policy**

All allegations will be recorded in writing. It is the responsibility of the University designated appropriate person to decide on the form of investigation to be undertaken. The forms of investigation could include:

- a. Internal investigation / inquiry led within the University.
- b. External (independent) investigation / inquiry led outside the University (as appropriate).
- c. Referral to the police (as appropriate).

If the decision is that investigations should be conducted by more than one of these means, the University designated appropriate person must be satisfied that such a course of action is warranted by the nature of the issue, and the information available.

Where the issue is to be the subject of an internal investigation, the University designated appropriate person will then consider how that investigation should be conducted. This consideration will include determining:

- Who should and who will undertake and conduct the investigation.
- The procedure to be followed.
- The point in the investigation when the person(s) implicated in the disclosure (e.g. the person(s) against whom the disclosure has been made) will be informed as to the nature of the disclosure, and that an investigation has been initiated.
- The potential scope of the final investigation report (i.e. scope and terms of reference).

## **8.3 Investigation phase**

The investigation may be undertaken internally by the University or externally. As previously highlighted, the nature of some disclosures may warrant a combination of both internal and external approaches.

An independent person within the University, with appropriate experience and of an appropriate level of seniority, may be appointed to conduct the investigation. "Independent" in this context means a person with no relevant connection to the disclosure and individual(s) reporting the disclosure.

In cases where a suitable independent person within the University is not appropriate or available, then the investigation would, of necessity, have to be undertaken by a person who is external to, and independent of, the University. There may be more than one person involved in the investigation if this is deemed necessary.

Importantly, investigations will not be carried out by the same person who will have to reach a decision on the matter. The investigation and its conclusions will be reported to the recipient of the Whistleblowing Complaint (usually the University Secretary) for a decision on the outcome and any next steps.

Any investigation will be conducted as sensitively and speedily as possible, but having proper regard to the need for thoroughness and with no presumption of guilt. A written record will be kept of all investigations including interviews, evidence gathered, documents obtained, etc. The investigation should also retain evidence that may be needed to support any subsequent disciplinary and/or criminal investigation, before there is opportunity for the destruction or removal of said evidence.

When a disclosure is made, the person(s) against whom the disclosure has been made will usually be informed after the initial investigation has been undertaken.

Where the initial investigation provides reasonable grounds for suspecting a member or members of staff of involvement in any of the activities listed above, the investigating officer will advise the University as soon as practically possible on how to prevent any further loss, danger or damage. This may warrant the suspension, on full pay, of the persons under suspicion. Any such suspension must only be undertaken in accordance with the University's Disciplinary Policy and Procedure and not without direct advice from Human Resources.

As a result of the investigation, other internal procedures may then be invoked, such as the University's Disciplinary Policy and Procedure. Exceptionally, the matter as such may also warrant further investigation. In some instances, it may be necessary to refer the matter externally for further investigation at this stage.

An investigation will not be instigated and the individual raising the concern will be informed as such when the following circumstances apply:

- Where the issue concerned is already the subject of legal proceedings and / or an appropriate external referral.
- Where the issue is already (or has already been) the subject of proceedings under this Policy or one of the University's other procedures relating to staff or students, and the disclosure does not raise any additional concerns which were not investigated in these initial proceedings.

#### **8.4 Conclusion and feedback phase**

Following the investigation, the University designated appropriate person will, as far as possible taking into account any need for confidentiality, inform the individual(s) who made the disclosure of the outcome of the investigation and what action, if any, will be taken next.

Should it be found that there is no or insufficient evidence that wrongdoing within the meaning of this Procedure has occurred, is occurring, or is likely to occur, then it will be recommended that no further action should be taken by the University.

There is no right of appeal against the outcome of a whistleblowing investigation.

### **9 Reporting of the outcome**

The University, as part of its governance processes, will maintain a record of all whistleblowing disclosures and reports together with subsequent investigations, conclusions and actions.

7 In all cases, a report of the outcomes of any investigation will be made to the Audit, Risk

and Compliance Committee. This allows the Committee to monitor the effectiveness of the procedure. Additionally, the Audit, Risk and Compliance Committee will receive an annual overall summary report on whistleblowing.

**10. External support for whistleblowers**

The independent charity [Protect](#) offers free, confidential advice to people concerned about crime, danger or wrongdoing in the workplace.

Similarly, [Whistleblowers UK](#) is run “by whistleblowers for whistleblowers” with the mission to provide advice and support for those who are considering acting on their conscience. **11. Roles and responsibilities**

University Secretary	Andrew Boggs	Andrew.boggs@rhul.ac.uk
Vice Chancellor and Principal	Julie Sanders	Julie.Sanders@rhul.ac.uk
Chair of Audit, Risk and Compliance Committee	Balram Veliath	balram.veliath@bbc.co.uk

**12. Related documents**

Financial Regulations  
 Counter-Fraud Policy and Procedures  
 Anti-Bribery Policy  
 Anti-Money Laundering Policy  
 Criminal Finances Act Policy  
 Research Misconduct Policy  
 Conflicts of Interest Policy  
<https://intranet.royalholloway.ac.uk/staff/our-strategy/policies-hub/the-policies-hub.aspx>

Dignity at work policy  
 Disciplinary policy and procedure  
 Grievance policy and procedure  
<https://intranet.royalholloway.ac.uk/staff/your-employment/human-resources/policies-procedures-and-forms/policies/hr-policies-and-procedures.aspx>

Student Complaints Procedure  
<https://intranet.royalholloway.ac.uk/students/study/complaints/complaints/student-complaints.aspx>

**13. Monitoring and compliance**

This Policy and related procedures will be reviewed and updated by Legal and Compliance as a minimum every 2 years.

**14. Document control information**

Policy Owner	University Secretary
Operational Owner	Nicola Hargreaves Head of Legal Services

Final approving Body	Executive Board	
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Reviewed By	EDI Ethics Committee Sustainability	
To be reviewed before	November 2026	
Version history		
Version (newest to oldest)	Date of approval	Summary of changes
Version 3	EB 10 December 2024 PRC 25 November 2024	Change in name to Uni Para 4 greater clarity over applicable policies Para 8 clarity of who to complain to EDI changes and approval
Version 2	ARCC June 2022 Council October 2022 (TBC)	Changes to v1 accepted: Update to roles Update to format No major changes
Version 1	May 2019	











