

Whistleblowing Policy

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Policy Version Tracker

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V2	12.03.26	Policy updated to reorder some elements, take account of freedom of speech updates and updating to accommodate the Employment Rights Act 2026.	Valerie De Saegher, Claire Kane, Julie Crofts (for CK)	Approved by ARC 27.03.26

Whistleblowing Policy

SECTION ONE: POLICY

1. Public Interest Disclosure and Regent's University London

- 1.1. Regent's University London ('the University') is committed to promoting an environment where the highest standards of accountability, honesty, integrity and openness exist.
- 1.2. The loyalty of an employee to their employer is an implied condition of service, and employees cannot disclose confidential information about the employer's affairs. However, where an individual discovers apparent evidence and information that they believe reveals malpractice, impropriety or wrongdoing within the organisation, then this information should be disclosed without fear of reprisal and the disclosure made independently of line management.
- 1.3. The Public Interest Disclosure Act 1998 gives legal protection to employees against being dismissed or penalised by their employers as a result of publicly disclosing serious concerns and information which is considered to be in the public interest. Regent's University London has introduced this procedure to enable you to raise your concerns about such malpractice at an early stage and in an appropriate manner.

2. Aims and Principles

- 2.1. Although the Public Interest Disclosure Act limits protection to employees, agency workers and self-employed workers, the University's policy extends protection to cover all of the following groups:
 - a. Academics
 - b. Employees
 - c. Agency workers
 - d. Self-employed contractors
 - e. Students
 - f. Members of the Board
- 2.2. The policy seeks to:
 - a. encourage and enable members of the university to raise genuine and legitimate concerns internally without fear of reprisal;
 - b. provide an opportunity for those concerns to be investigated and for appropriate action to be taken to ensure that the matter is resolved quickly and effectively within the university wherever possible;

- c. deter serious malpractice;
 - d. promote openness and accountability throughout Regent's University London.
- 2.3. The Public Interest Disclosure Act 1998 gives legal protection to employees against being dismissed or penalised by their employers as a result of publicly disclosing serious concerns and information which is considered to be in the public interest. The University has introduced this procedure to enable you to raise your concerns about such malpractice at an early stage and in an appropriate manner. The identity of the person making a public interest disclosure under the procedures outlined below will be protected in accordance with the provisions of the Public Disclosure Act 1998. Paragraph 8 'Safeguards and Protection' and Paragraph 9 'Confidentiality' below outline how the University will seek to protect someone making a disclosure ('the Discloser').
- 2.4. The identity of a person who is the subject of a public interest disclosure under this procedure will be protected as far as possible. If the case against them is heard under this procedure, their rights to respond to the accusation or to remain silent and to have representation will be the same as under the relevant disciplinary procedure. If a person chooses to remain silent, the University reserves the right to investigate the disclosure by any means at its disposal.
- 2.5. The policy is not intended to cover complaints for which the University has other existing procedures, such as grievance or disciplinaries, pay and reward issues, diversity, discrimination and/or harassment and bullying issues, and student grievances, and cannot be used to reconsider any matters which have already been the subject of any of the aforementioned procedures. It is designed to assist individuals who believe they have discovered malpractice or impropriety. In addition, the procedure is not intended to query strategic, academic or financial decisions taken by the University; nor may it be used to reconsider any matters that have already been the subject of a formal harassment/bullying at work, grievance or disciplinary procedure.

3. Key Definitions

- 3.1. Public interest disclosure for the purpose of this policy is defined as the disclosure of information to the effect that university business has been, is being, or is likely to be the subject of malpractice. The legislation relates to "any disclosure of information which, in the reasonable belief of the worker making the disclosure, tends to show one or more of the following:
- a. that a criminal offence has been committed, is being committed or is likely to be committed;
 - b. that a person has failed, is failing or is likely to fail to comply with any legal obligation to which he is subject;
 - c. that a miscarriage of justice has occurred, is occurring or is likely to occur
 - d. that the health or safety of any individual has been, is being or is likely to be endangered;
 - e. that the environment has been, is being or is likely to be damaged; or

f. that information tending to show any matter falling within any one of the preceding paragraphs has been, is being or is likely to be deliberately concealed.”

3.2. Malpractice indicates wrongdoing including illegality. However, the University’s policy goes beyond the Public Interest Disclosure Act in also extending to conduct which could be considered unethical. Concerns within the University that might prompt disclosure could include the following:

- a. failure to comply with a legal obligation;
- b. Serious failure to comply with the university’s Code of Conduct;
- c. endangering of health and safety or damage to the environment;
- d. criminal activity;
- e. academic or professional malpractice;
- f. improper conduct or unethical behaviour, including sexual harassment;
- g. abuse of authority for illegal or unethical purposes;
- h. serious conflict of interest without disclosure;
- i. concerns regarding fundraising practice;
- j. wilful disregard for OfS Conditions of Registration placed upon the University;
- k. attempts to conceal any of the above.

4. Accountability and Responsibilities

4.1. *The Audit and Risk Committee*, as commissioned by the Board, has overall accountability for ensuring the effective implementation of this policy, including providing a framework for individuals to make protected disclosures confidentially in order to resolve concerns.

4.2. *The Chief People Officer* is designated by the Audit and Risk Committee as the accountable officer for considering disclosures and allegations in the case of employees. The Chief People Officer is responsible for reporting the results of all investigations (academic and/or employees) to the Audit and Risk Committee and is responsible for sharing the outcome of Whistleblowing reports and investigation outcomes with the Audit and Risk Committee.

4.3. *The Chief Finance Officer* is designated by Audit and Risk Committee as the accountable officer for considering disclosures and allegations in the case of financial irregularity or fraud.

4.4. The Chief People Officer and Chief Finance Officer are jointly responsible for leading on the development and monitoring of this Policy and for recommending changes to the Audit and Risk Committee that reflect best practice and legal requirements. This will include:

- a. consultation with employees;
- b. advising members of the university on all aspects of the policy and ensuring that the appropriate training is provided;
- c. monitoring the effectiveness of the policy with employees, including the provision of relevant information.

SECTION TWO: PROCEDURES

5. Step One: how to make a disclosure

- 5.1. Any disclosures should initially be made to the Chief People Officer (in the case of **employees or board members**) or the Chief Finance Officer (in the case of **financial or fraud-related matters**), who will immediately inform the Vice Chancellor and CEO. If the matter is judged sufficiently serious, the Chair of Audit & Risk Committee will also be immediately notified by the Vice Chancellor and CEO. The person to whom a disclosure is made and who will handle the matter is described as the 'Reporting Officer'.
- 5.2. If the disclosure implicates the Chief People Officer or the Chief Finance Officer, then the disclosure should be made to the Vice Chancellor & CEO.
- 5.3. If the disclosure implicates the Vice Chancellor & CEO, the disclosure should be made to the Chair of the Audit & Risk Committee.
- 5.4. The Discloser may make the disclosure either in writing to, or by an informal meeting with, the appropriate officer. The disclosure will be recorded and notes of all meetings will be taken.
- 5.5. Disclosers are encouraged to give their name, nevertheless, the university has introduced an anonymous reporting mechanism (Report & Support) which provides an alternative means to disclose concerns on an anonymous basis. It is the responsibility of the Director of Governance, Legal & Strategic Projects to carry out an initial assessment reports made using the [Report & Support tool](#) and to ensure that they are dealt with in accordance with the guidance below concerning anonymous reporting.
- 5.6. A disclosure will usually be acknowledged within 24 hours of its receipt, if not provided in person. The Discloser will usually be notified within five working days of the person acting as Reporting Officer for the matter.

6. Step Two: the investigation

- 6.1. The Reporting Officer will commission an internal investigation. The nature of the disclosure will determine whether the initial investigation is most appropriately conducted by the Chief People Officer, the Chief Finance Officer, or another member of the executive team.
- 6.2. Where the matter has been raised with the Chair of the Audit & Risk Committee (when disclosures concern the Vice-Chancellor and CEO), the Chair of ARC, with the agreement of the Chair of the Board, has the power to commission an external investigation. This can include appointing an appropriate person (drawn from VCET, if there is no perceived conflict of interest) to act as Reporting Officer and support the external investigation process. This person will report on this matter directly to the Chair of Audit & Risk Committee as will the external investigator.

- 6.3. The purpose of the investigation will be to establish all of the facts surrounding the disclosure and to decide what appropriate action is required. The depth and scope of the investigation will depend on the nature of the allegation.
- 6.4. All investigations will be independent and objective, respecting the rights of all concerned to be appropriately heard and represented. In this light, the Discloser and the person against whom the disclosure has been made ('the Named Person') will be entitled to be accompanied by a representative of their choice.
- 6.5. The internal investigation will be conducted as sensitively and promptly as possible, concluding with a report outlining findings to the Reporting Officer (if they have commissioned someone else to conduct the investigation).
- 6.6. In some circumstances, an allegation may need to be referred to an external body for advice and/or action. The Reporting Officer will consult the Discloser as part of the process of identifying an external body appropriate in the circumstances of the particular case.
- 6.7. Possible external bodies may include:
 - a. The Police
 - b. The Office for Students (OfS)
 - c. The National Audit Office (NAO)
 - d. The Department for Education (DfE)
 - e. Internal and/or external auditors
- 6.8. Every effort will be made to reach a prompt conclusion and the Reporting Officer will provide updates to the Discloser on the process of the investigation. It may not be possible to provide an exact timeframe in which an outcome is anticipated, depending on the circumstances and serious of the matter being investigated. In general, the Discloser should receive an update concerning the status of the matter every fifteen working days.

7. Step Three: outcomes and action

- 7.1. On receiving the investigation report, the Reporting Officer will consider the next steps. They will decide if there is a case to answer, and inform the person making a disclosure what action, if any, will be taken.
- 7.2. If the Reporting Officer decides that no action should be taken (because they consider there is no prima facie case to be investigated), the Discloser will be informed of the reason and allowed a second and final opportunity to re-make the disclosure to the Chair of the Audit and Risk Committee (subject to 7.3 below). The Chair of the Audit and Risk Committee will have absolute discretion to decide on any appropriate form of action (including no further action) based on the circumstances of the case so far.
- 7.3. Where the Chair of the Audit and Risk Committee acted as Reporting Officer, a final opportunity to re-make the disclosure will be to the Chair of the Board of Directors. In such circumstances the Chair of the Board will have absolute discretion to decide on

any appropriate form of action (including no further action) based on the circumstances of the case so far.

- 7.4. The Chief People Officer will maintain a record of all disclosures and of any subsequent action for a period of six years. A report on the outcome of any investigation will be provided to the Audit and Risk Committee as a means of allowing the Committee to monitor the effectiveness of the procedure.

8. Safeguards and Protection

- 8.1. Protection is provided under the code of practice provided that:

- a. The disclosure is made in good faith and in the reasonable belief of the person making the disclosure that the information made available tends to show malpractice; and
- b. The disclosure is made to an appropriate person or body (as defined in section 4).
- c. The individual making the disclosure will:
 - be protected from reprisal or unfair treatment attributable to the making of the disclosure;
 - be kept informed at all stages of the procedure;
 - be assured that any malpractice will be thoroughly but quickly investigated.

- 8.2. *Named individuals.* Wherever an allegation is made as part of this procedure against a named individual, that person will be informed of the allegation and of the evidence supporting it, and will be allowed to respond before any investigation or further action is concluded. The point at which the individual is informed will depend on the nature of the case.

- 8.3. *Anonymous allegations.* Individuals are encouraged to put their name to any disclosures they make, on the understanding that great care will be taken to protect their identity and in the interest of promoting an open and safe environment. Concerns expressed anonymously are much less powerful and far more difficult to address, however they will be considered with discretion taking into account:

- a. the seriousness of the issues raised;
- b. the credibility of the concern;
- c. the likelihood of confirming the allegations from alternative credible sources.

- 8.4. *Malicious/vexatious allegations.* If an individual makes an allegation in good faith, which is not confirmed by subsequent investigation, no action will be taken against that individual. An individual making malicious or vexatious allegations may however face disciplinary action; particularly if he or she persists in making them when they have been declared after due process to be without foundation. A disclosure may be declared malicious or vexatious at any stage of the procedure.

9. Confidentiality

- 9.1. As far as is practicable, the University will treat all disclosures in a confidential and sensitive manner. The identity of the individual making the allegation will be kept confidential by the university except where it is no longer possible to do so because of procedural or legal reasons (for example, during the course of an investigation where the source of information may need to be revealed).
- 9.2. If an individual chooses to disclose to an external body, this procedure will afford protection if they:
 - a. reasonably believe that the information tends to show malpractice;
 - b. act in good faith;
 - c. are not making the disclosure for personal gain or with malicious intent;
 - d. reasonably believe that the information is substantially true.
- 9.3. The Discloser should not reveal any part of their disclosure outside the University until all steps in this procedure have been completed; except to an appropriate external body (as defined in section 6) or to a professionally qualified lawyer for the purpose of taking legal advice.

10. Monitoring

- 10.1. The University is committed to ensuring the effectiveness of this policy through efficient monitoring in accordance, where appropriate, with statutory requirements.
- 10.2. The results of monitoring will be reviewed by the Audit and Risk Committee to determine the effectiveness of the policy.

11. Training

- 11.1. Regent's University London will ensure that all relevant employees receive appropriate training to increase their awareness of this policy, and in particular, will seek to ensure that those with managerial responsibilities fully understand what is expected of them in terms of appropriate action.

12. Policy Review

- 12.1. This policy will be reviewed for fitness of purpose at least every two years or after each use, should any issue with the procedures be identified as part of implementing the policy. Any need for change will be reported to the Audit and Risk Committee for approval.