



Whistleblowing Policy

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Whistleblowing Policy

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Whistleblowing Policy

1 Introduction

- 1.1 The University of Hull (“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.
- 1.2 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, illegality and/or dangers as outlined in this policy. It is a fundamental principle of employment that an employee should not disclose their employer’s information. However, in some circumstances, sometimes in conjunction with third parties who are external to the organisation (such as suppliers or contractors), disclosure should be made without fear of retaliation. This type of disclosure is commonly referred to as whistleblowing.
- 1.3 The Public Interest Disclosure Act 1998 gives legal protection to staff (including those provided via employment agencies and those undertaking work experience) against being dismissed or penalised (“retaliation”) by their employers in such circumstances.
- 1.4 An individual making a disclosure in good faith, without malice, and in accordance with this policy will not be penalised for doing so.

2 Definitions

- 2.1 Whistleblowing is the exposure of information or activity that is deemed illegal (i.e. criminal), unethical or incorrect within an organisation that is either private or public. Information on alleged wrongdoing can be wide-ranging such as breaches of organisational policy and may include: fraud, corruption, theft, misappropriation, abuse of position, issues of safety, environment and threat to public interest.
- 2.2 A whistleblower can bring information or allegations to the surface either internally or externally using a variety of channels.

3 Objectives

- 3.1 The objectives of this policy and its procedures include:
 - Promoting an environment and culture in the University where individuals can feel safe in the knowledge that raising serious concerns 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-based, genuine and legitimate concerns and (b) their investigation and resolution.
 - Helping prevent all forms of dishonesty and wrongdoing.
 - Promoting accountability throughout the University’s activities and operations, irrespective of location.

4 Scope

A Outline

- 4.1 This policy and its procedures provide guidance to all staff, students, agency workers, work experience staff, employees, consultants, contractors and third parties on the procedure for the disclosure of information which, in an individual's reasonable belief, is in the public interest and indicates malpractice, impropriety and/or danger. Whilst members of the public can use the University's whistleblowing channels, the primary route for such disclosures and issues is through the University's external complaints procedure.
- 4.2 The scope of the policy is restricted to handling whistleblowing allegations only. Allegations out of scope would include those that are better handled under the procedures listed in 4.3 below.

B Procedures

- 4.3 Whistleblowing enables disclosures within the University to be made independently of line management, if that is the preference of the individual. However, before using the whistleblower channels, individuals should consider whether there are more appropriate, relevant and/or direct procedures. These include the University's:
- Disciplinary process
 - Discrimination procedure (includes bullying and harassment)
 - Research misconduct procedure
 - Grievance procedure
 - Student complaint and grievance procedure
 - Anti-Money Laundering policy and procedure

C Practical operation

- 4.4 This policy is directly linked to many of the procedures outlined in 4.2. When an individual discloses information, it may - at least initially - be investigated under the auspices of this policy. However, any such investigations may subsequently lead to the invocation of any, and all, of the policies and procedures listed above. The chart, below, indicates how this operates in practice.

Complainant	Allegation	Channel	Investigation
Member of staff	Dishonesty of immediate colleague	Supervisor or Head of School/Department	Disciplinary process
Member of staff	Abuse of position/authority by line manager or equivalent	Head of School/Department or Chief People Officer	Grievance or disciplinary process, depending on nature of abuse
Member of staff	Financial malpractice at senior level	Chief Finance Officer, or Vice-Chancellor	Whistleblowing and then disciplinary process, if case found

Senior member of staff	Behaviour of university leadership staff	Vice-Chancellor	Whistleblowing and then disciplinary process, if case found
Any	Malpractice of any kind by Vice-Chancellor	Chair of Council or Chair of Audit and Risk Committee	Whistleblowing

5 Types of whistleblowing issues

5.1 To be a whistleblower issue and therefore dealt with under this policy, the disclosure of information (in the reasonable belief of the individual making it) is most likely to be related - but not restricted - to:

- Criminal activity – past, present and future (i.e., that has been committed, is being committed or is likely to be committed)
- Disciplinary issues
- Management malpractice
- Conflicts of interest
- Legal or other obligation(s) - past, present and future
- Failure to comply with University statutory obligation(s)
- Miscarriage of justice
- Danger to health and/or safety
- Environmental damage
- Academic or professional malpractice
- Sexual harassment and third-party harassment.
- Deliberate concealment (“perverting”) of any of the above

5.2 Specific examples of disclosures that may fall under these headings and hence be covered by this policy include: financial malpractice, theft, fraud, bribery, corruption, police matters, and falsification of data, research and/or results.

5.3 It should be recognised that this 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 and where other University procedures exist to properly and appropriately address them as outlined in (4), above. As a typical example, this would include individual pay awards.

6 Protection of whistleblowers

6.1 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.

- 6.2 However, it should be noted that a disclosure will not necessarily qualify for protection if the individual making the disclosure commits an offence in making it, for example, by breaching the Official Secrets Act, or if legal professional privilege applies in respect of information contained in the disclosure.
- 6.3 This policy provides for whistleblowers to request that they be supported, advised, accompanied or represented by another nominated individual such as a colleague or union official.
- 6.4 The University has clear “no retaliation” policy and will take all reasonable steps to protect whistleblowers from retaliation, including bullying, harassment, reprisals, victimisation and/or deterring/preventing reporting - in both the short- and long-term, committed by colleagues et al.
- 6.5 Any retaliation will be treated as a Serious Offence under the University’s disciplinary processes. Equally, however, abuse of process by reporting malicious allegations will also be regarded as a disciplinary issue.
- 6.6 Any contravention of the no-retaliation policy should be reported through the dedicated process contained in Appendix 1.

7 Confidentiality

- 7.1 The University will treat any and 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 consent in writing, or,
 - There are ground for believing that the individual(s) have acted maliciously, 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.
- 7.2 The University’s commitment to confidentiality is extensive and includes documentation handling and controls. 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.
- 7.3 In the event that the individual(s) avail themselves of their right under this policy to be supported, advised, accompanied and/or represented by another nominated individual - such as a workplace colleague (employee) or union official - then the companion will be asked to respect the confidentiality of the disclosure and any subsequent investigation.
- 7.4 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.

8 Anonymous reporting

- 8.1 Individuals making disclosures under this policy are always encouraged to give their names and contact details. Comparable commercial experience shows that, where the whistleblower reporting system supports it, many reports start as anonymous, but then subsequently change for a variety of reasons.
- 8.2 Anonymous disclosures are not as strong and may prove difficult to investigate. It is also difficult to deter misuse of the whistleblower process. 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.

9 Malicious/vexatious and/or untrue allegations

- 9.1 If an individual discloses information under this policy - in good faith and without malice - that is not then confirmed by subsequent investigation, no action will be taken against that individual.
- 9.2 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 process.
- 9.3 For the purpose of this Policy, malicious or vexatious allegations may be defined as having no serious purpose, for example:
- We have considered the same allegation previously, and we have decided not to reopen or review.
 - The allegation is about something which a fair-minded person would consider to be trivial.
 - The individual is pursuing the complaint in a way that is having a negative effect on our staff or our work.
 - The allegation is designed to cause disruption or annoyance.
 - The individual is asking for a remedy which lacks any serious purpose or value.

10 Procedure for raising a whistleblower issue

- 10.1 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.
- 10.2 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.
- 10.3 The procedure for making a disclosure is as follows:
- a. The individual should make the disclosure orally, in writing, or by e-mail to the appropriate person. A list of the University’s designated appropriate persons and

their contact details is contained in Appendix 1 to this policy. The primary appropriate person (the University's Whistleblowing Officer) is the University Secretary, Registrar and Chief Compliance Officer (USRCCO) - to whom all disclosures should be made in the first instance. The USRCCO will then immediately inform the Vice-Chancellor and an appropriate professional chief officer. A very restricted number of university leadership staff will be informed only if that course of action is deemed absolutely necessary.

- b. If the disclosure is about the USRCCO, then it should be made directly to the Vice-Chancellor. See the list of the University's designated appropriate persons in Appendix 1 to this policy.
- c. If the disclosure is about the Vice-Chancellor, then it should be made directly to the Chair of Council or to the Chair of the Audit and Risk Committee (if the issue falls within the purview of that Committee). The Chair of Council and the Chair of the Audit and Risk Committee are senior lay members of Council, the University's overall governing body.

10.4 The University Human Resources and Organisational Development Directorate has in place a number of relevant Policies and Procedures to clarify processes and to provide support when needed.

10.5 The procedure outlined above will be utilised in every case unless the individual reporting requests otherwise, or if the Chair of Council is likely to be involved at any subsequent appeal stage.

11 Initial consideration

11.1 The appropriate person, in consultation with the Chair of Council, will consider the information made available, assess the extent to which the nature of the disclosure falls within the scope of this policy, as defined in this document, and will then decide on the form of action/investigation to be undertaken. This may be to:

- a. Investigate the issue under the terms of this policy (below);
- b. Investigate the issue under the terms of other more appropriate University policies, such as those covering grievance and disciplinary matters (see (4), above), in which case the processes described in the other policy shall apply.

11.2 The appropriate person will inform the individual making the disclosure (unless it was made anonymously) of the nature of the investigation to be undertaken within 14 days of receiving the disclosure.

12 Investigation of disclosures made within the scope of the whistleblowing policy

12.1 If it is decided by the appropriate person that the disclosure falls within the scope of this policy and is to be investigated under its terms, then it is the responsibility of the appropriate person to decide on the form of investigation to be undertaken. The forms of investigation include:

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

12.2 If the decision is that investigations should be conducted by more than one of these

means, the appropriate person must be satisfied that such a course of action is warranted by the nature of the issue, and the information available.

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

- Who should, and will, undertake 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).

13 Investigation phase

- 13.1 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.
- 13.2 An independent person within the University, with appropriate experience and qualifications, may be appointed to conduct the investigation. “Independent” in this context means a person with demonstrably no relevant connection to the disclosure and individual(s) making the report. The University has established a panel of senior officers who have completed core training in conducting investigations and, wherever possible, the independent person will be taken from that panel, although the potential diversity and timing of disclosures may mean that this is not practicable in every case.
- 13.3 Where the appropriate person decides on this course of action, then the investigation may be undertaken by a person who is external to, and independent of, the University.
- 13.4 It is conceivable that a suitable independent person within the University is not 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.
- 13.5 Most importantly, investigations will not normally be carried out by the person who will have to reach a decision on the matter, such as disciplinary action. The investigation and its conclusions will normally be reported to another independent person for them to make a decision.
- 13.6 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.
- 13.7 When a disclosure is made, the person(s) against whom the disclosure has been made will be told of it after the initial investigation has been undertaken. They will be advised of the evidence supporting the disclosure, and will be allowed to comment before the investigation is concluded or further action is taken. This comment may, or may not, be gathered by way of interview.

13.8 Where the initial investigation provides reasonable grounds for suspecting a member or members of staff of involvement in any of the activities listed in (5.1), 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 person(s) under suspicion. Any such suspension must be undertaken in accordance with the University's disciplinary process. It may be necessary to plan the timing of suspension to prevent the destruction or removal of evidence that may be needed to support disciplinary and/or criminal action.

13.9 As a result of this investigation, other internal procedures may then be invoked, such as the University's grievance policy and/or disciplinary process. Exceptionally, the matter may also warrant a further special investigation on the basis that investigations should "go where the evidence leads". In some instances, it may be necessary to refer the matter externally for further investigation at this stage.

14 Final conclusions

14.1 Following the investigation, the appointed person will, as far as possible taking into account any need for confidentiality, inform the individual who made the disclosure of the outcome of the investigation and what action, if any, has been taken.

14.2 If no action has been (or is to be) taken, then the individual concerned will be informed of the reason for this and allowed the opportunity to invoke the University's review process whereby the disclosure is made again to another appropriate person.

14.3 Reasons for recommending that no further action should be taken by the University are as follows:

- That the individual has not demonstrated a reasonable case that wrong-doing within the meaning of this procedure has occurred, is occurring or is a likely to occur.
- That the issue concerned is already the subject of legal proceedings and/or an appropriate external referral.
- That the issue is already (or has already been) the subject of proceedings under one of the University's other procedures relating to staff or students.
- There is no evidence that wrongdoing has occurred, or is likely to occur.

14.4 It may be that, if the initial disclosure was made to an officer of the University then, as part of the review process, the subsequent disclosure should be made to the Chair of Council or the Chair of the Audit and Risk Committee.

14.5 This further appropriate person will consider all the information presented, the procedures followed and the reasons for not taking any further action. The outcome of this process will be either to confirm that no further action is required or to require a further investigation.

15 Reporting of the outcome

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

15.2 This overall record will be based on a record of all disclosures and any subsequent action(s) taken by the appropriate person, who will retain such material for a period of

not less than three years.

- 15.3 In all cases, a report of the outcomes of any investigation will be made to the Audit and Risk Committee, in detail where the issue falls within its purview, and in summary in other cases. This allows the Committee to monitor the effectiveness of the procedure. Additionally, the Audit and Risk Committee will receive an annual overall summary report on whistleblowing.

16 Appeals – Independent review

- 16.1 If the individual making the disclosure is still dissatisfied after all the internal procedures have been exhausted, that person may request an independent review. This review will be carried out by a nominated, recognised and qualified person external to the University. The nomination process will be managed independently by the USRCCO in consultation with the Chair of Council.
- 16.2 The purpose of the review will be to rule on whether the University's internal investigation has been adequately handled, and if it was adequately handled then to rule on whether the response to the disclosure was reasonable in all the circumstances. The outcome of an independent review will, in all but the most exceptional circumstances, be to:
- a. Order a further internal investigation.
 - b. Order the University to reconsider its investigation findings.
 - c. Make non-binding comments relating to the substantive report for the University to consider.
 - d. Rule, where appropriate, that the person making the disclosure was motivated by malice, or some other improper motive (and may therefore be subject to the University's internal disciplinary process).
 - e. Rule that the disclosure was without substance or merit.
- 16.3 The independent review process will not include evidence gathering through oral hearings, but the reviewer will have the power to interview the person making the disclosure, and any and all other persons the reviewer deems appropriate. New evidence or additional relevant material will also be considered at the discretion of the reviewer.
- 16.4 The report of any independent review will be submitted to the Chair of Council, Vice-Chancellor, the Audit and Risk Committee and full Council.

17 External disclosure

- 17.1 In most cases, it should not be necessary to alert anyone externally. The University strongly advises against taking this approach. If, having followed this procedure, the individual is not satisfied with the conclusion, including the review, the individual may then raise the issue on a confidential basis directly with an external organisation, including the Office for Students (OfS).
- 17.2 The individual may also raise the matter externally if:
- The individual has reasonable grounds to believe that all of the available appropriate persons are, or were, involved in the alleged wrongdoing, or that the individual will be retaliated against as a result of making the disclosure under

this procedure, and,

- It is not reasonably practical for the individual, in such circumstances, to make the disclosure to the Vice-Chancellor or to the Chair of Council.

- 17.3 The individual may be required to demonstrate to the external body why the outcome of this policy and procedure was not satisfactory, or why it is not appropriate to invoke this procedure. The Public Interest Disclosure Act only affords protection to whistleblowers in prescribed circumstances.
- 17.4 It is rarely appropriate to contact the media, and the individual may lose their protections in such circumstances. An individual making an external disclosure in good faith to any prescribed body or person after exhausting the University's procedure will be protected against retaliation.
- 17.5 The individual may, at any time, disclose the matter on a confidential basis to a professionally qualified lawyer for the purpose of taking legal advice.

18 Additional whistleblowing challenges to be considered by universities

- 18.1 If someone is going to make contact with the University as a whistleblower, it is often a major personal and professional step. It is therefore imperative that any whistleblowing policy, procedure and practice helps, and not hinders, their confidence. As a consequence, some additional whistleblowing challenges include:

A Suppliers and third-parties

- 18.2 The University should formally consider whether to extend whistleblower access beyond staff, students, agency workers, work experience staff, employees, consultants and contractors to formally include the full range of suppliers/third-parties. Such a decision hinges on a number of legal, practical, relationship and communications issues. Experience shows that suppliers et al. often do raise very important procurement, payment, operational and other irregularities that had not been identified internally.

B Exposure

- 18.3 Where a campus, office or operation is small, it can be relatively easy to identify an individual making a whistleblower report by a simple process of elimination, once the issue is investigated locally. This then destroys all the best intentions of not revealing an individual's identity, and is often why few reports are forthcoming from small locations that are often high-risk. As a consequence, the University will need to recognise this issue and, if necessary, put in place special processes.

C Access to appropriate persons

- 18.4 Where a University overseas has locations, the practicalities of making an oral disclosure to an appropriate person, face-to-face or by phone, must be considered. This may involve the appointment of local appropriate persons and deputies and/or provision of telephony that supports whistleblower reporting; this could include selective international access and/or local free-to-call whistleblower numbers, which has the added advantage of allowing calls to be made from home or non-University locations thus facilitating privacy.

19 Whistleblowing access

- 19.1 Recognised best practice requires the University to ensure that whistleblower reporting phone numbers and e-mail addresses are widely publicised and easily available, and

not just confined to a policy document or online access. Incorporating whistleblower contact details into staff and student ID cards is one example. Linked to this, the University should also consider not relying on the personal inboxes of appropriate persons but instead publishing a secure and confidential whistleblowing e-mail address, managed by the University's designated Whistleblowing Officer.

20 External support for whistleblowers

- 20.1 The independent charity Protect (protect-advice.org.uk) offers free, confidential advice to people concerned about crime, danger or wrongdoing in the workplace.
- 20.2 Similarly, WhistleblowersUK (wbuk.org) is run by “whistleblowers for whistleblowers” with the mission to provide advice and support for those who are considering acting on their conscience.

21 Version control

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1-05	Governance Officer	02/07/2025 [†]	5.1
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1-04	Governance Manager		Amended following feedback from ARC.
1-03	Governance Manager		Amended following feedback from ULT.
1-02	Governance Manager		New version based on BUFDG template.

[†] Denotes document was approved via Chair's action

22 Appendix A: University list of appropriate persons and how to contact them

Appropriate Person	Name	Phone	E-mail	Postal Address
1. USRCCO	Dr Chris Ince	01482 463715	university-secretary@hull.ac.uk	c/o Governance Office University of Hull Cottingham Road Hull HU6 7RX
2. Vice-Chancellor	Prof Dave Petley	01482 465131	vc@hull.ac.uk	VCs Office University of Hull Cottingham Road Hull HU6 7RX
3. Chair of Council	George Garlick		councilchair@hull.ac.uk	c/o Governance Office University of Hull Cottingham Road Hull HU6 7RX
4. Chair of Audit and Risk Committee	Rosalyn Schofield		Rosalyn.Schofield@hull.ac.uk	c/o Governance Office University of Hull Cottingham Road Hull HU6 7RX

Any contravention of the University's protection of whistleblowers policy should be reported directly to the Chair of Council or Chair of the Audit and Risk Committee under the process dedicated to this type of issue.

23 Appendix B: Flowchart

