THE UNIVERSITY OF LEEDS

# Whistleblowing Policy and Procedure

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| Policy Function Owner | Governance and Compliance Directorate |
| Approving Body | Council |
| Effective Date | March 2026 |
| Review Date | Every 3 years, unless circumstances require an earlier review |
| Version | 1 |

## A. Policy

### Statement and overview

1. The University of Leeds is committed to conducting its affairs in accordance with the highest possible standards of integrity, and to maintaining governance arrangements which are efficient, effective and economic, expeditious and timely, open and transparent, and collegial; which meet relevant legal requirements and obligations; which provide for proper accountability; and which promote integrity and objectivity in the conduct of University business. It also expects all staff and students to be responsible for contributing to an equitable and inclusive environment in which everyone is free of discrimination and harassment, and can contribute and flourish based upon their merits, abilities and potential.

2. In this context, the University is committed to ensuring that it has procedures in place to help to expose any malpractice, misconduct, corruption, maladministration or other impropriety.

3. The University recognises that, from time to time, individuals may have genuine concerns about an actual or potential danger, fraud or other illegal or unethical conduct.

4. This policy seeks to encourage individuals to raise such concerns in a responsible way without fear of detriment and to provide a clear procedure for doing so.

5. The University is committed to investigating disclosures **fully, fairly, quickly** (whilst having regard to the nature and complexity of the disclosure), **sensitively** and (as far as is practicable) **confidentially**, and to protect those making allegations from detrimental treatment, including victimisation. The University will take all reasonable steps to ensure that the identity of those raising allegations, and of those against whom such allegations are made, will be kept confidential except insofar as disclosure is judged appropriate for the purpose of carrying out a full and fair investigation (or for taking appropriate action against anyone found to have acted improperly).

6. This policy incorporates the requirements of the Public Interest Disclosure Act 1998. The Act sets out a framework for an individual to make disclosures about various categories of suspected wrongdoing, provided that they reasonably believe it to be in the public interest to do so. In the University context, this includes:
   - ◊ criminal offence
   - ◊ financial or non-financial misconduct or mismanagement, fraud, or other impropriety
   - ◊ failure to comply with legal obligations, or with those of the University's constitution
   - ◊ danger to health, safety and the environment
   - ◊ professional malpractice
   - ◊ improper conduct or unethical behaviour
   - ◊ sexual harassment
   - ◊ miscarriages of justice
   - ◊ abuse or misuse of University property
   - ◊ attempts to conceal any of the above.

   The purpose of the legislation is to encourage individuals to raise their concerns through appropriate channels rather than, for example, publishing them in the media.

7. The Act provides legal protection to prevent individuals from suffering any detriment (including dismissal, disciplinary action, threats, unfavourable treatment or victimisation) for having made a 'protected disclosure' of information. The protection provided by the Act is not subject to any qualifying period of employment and so is referred to as a 'day one' right in employment law. Dismissal for making a protected disclosure will automatically be unfair. Any person found to be victimising the individual who has raised concerns under this policy will be subject to disciplinary action.

8. In the context of whistleblowing, 'public interest' refers to the reasonable belief that the information disclosed concerns wrongdoing that affects others beyond the individual making the disclosure. The public interest test is intended to distinguish disclosures about serious organisational concerns from personal grievances. When assessing whether a disclosure meets this requirement, factors such as the number of people affected, the seriousness of the issue, and the nature of the interests affected will be considered.

**Scope**

9. This policy applies to all members of the University, as defined in Article XIV of the University Charter: "The members of the University shall be the Chancellor, the Pro-Chancellor, the Vice-Chancellor, the members of the University Council, all employees of the University, members of the Faculties, the wardens or other chief officers of halls of residence licensed by the University, fellows, graduates and diplomates; postgraduate students and undergraduate students of the University and such other classes of students as the Council may from time to time determine; emeritus professors and life fellows and other persons as the Council, on the recommendation of the Senate, may from time to time determine."

10. It also applies to retired and honorary staff, apprentices, interns, casual and temporary staff, agency workers, self-employed workers, contractors and suppliers, work placements and visiting (but unpaid) researchers, and to staff employed by subsidiary companies of the University.

11. Council as the governing body of the University is the approving body for this policy and:
    - seeks assurance from Audit and Risk Committee (which in turn takes such assurance from University Executive Group (UEG) via the University Secretary and Registrar) that the policy is effectively communicated and enforced; an annual report is also made to the Audit and Risk Committee on cases dealt with under this policy;
    - specific lessons learned, systemic control weaknesses or litigation or court action which arise from concerns raised under this policy will be reviewed by UEG to give assurance to the Audit and Risk Committee and, where required, the internal auditors or the OfS or other external regulator or authority.

12. This policy and associated procedure are distinct from other internal policies and procedures specifically for dealing with complaints by staff connected with their terms of employment or any other aspect of their working relationships. The University has existing policies to deal with these matters including the Policy on Prevention of Bullying, Harassment and Sexual Misconduct; the grievance procedure for relevant staff set out under Statute VII; and the Support Staff Procedure Agreement.

13. The purpose of this policy and procedure is to assist individuals who believe they have discovered serious wrongdoing in the University. It is not intended to be used to re-open or review a matter already dealt with under other policies or procedures or to question or reconsider financial or business decisions taken by the University.

14. This policy and associated procedure does not cover allegations of research misconduct, which is dealt with specifically under the University's policy for investigating allegations of research misconduct.

15. If the disclosure relates to suspected financial misconduct (including any fraudulent act by a third party from which the University could derive a benefit), it will be investigated under the procedures set out in relevant policy of the University's Financial Procedures.

16. An individual should first seek to resolve any issues of concern informally by bringing these to the attention of their line manager or another senior colleague either within or outside their school or service to enable swift, appropriate action as part of the day-to-day good practice of the University. Alternatively, an individual may seek to resolve an issue of concern by raising this with the Human Resources team. Any concerns should be raised promptly so that they may be resolved as soon as possible. The University would generally expect individuals to initially consider whether an informal route would be sufficient to deal with any concerns. However, it is recognised that this is not always possible or appropriate and seeking informal resolution is not a pre-condition of invoking the policy.

**Support and advice**

17. Within the University, advice and guidance to those contemplating making a disclosure is available from staff unions and Leeds University Union as appropriate. Personal support may also be available from the Staff Counselling and Psychological Support Service.

18. Individuals may also wish to seek independent external advice, before raising concerns, particularly as they may be additional requirements to be met to qualify for the protections provided under the Public Interest Disclosure Act. The independent whistleblowing charity, Protect, operates a confidential helpline. Their contact details are found on the Protect website. A list of the prescribed people and bodies to whom a disclosure can be made is available on the Government website.

## B. Procedure

**Raising concerns**

19. A disclosure should be made in writing to the University Secretary and Registrar.

20. If the individual (hereafter referred to as the 'whistleblower') wishes to avoid making a disclosure to the University Secretary and Registrar, the whistleblower can raise it with the Chair of Audit and Risk Committee who will take the steps described in 24 below.

21. In the case of a disclosure about the University Secretary and Registrar, the process described below will be dealt with by the Chair of Audit and Risk Committee, who may appoint an appropriate officer of the University or panel to investigate the qualifying disclosures. The nominee or panel will make all necessary reports to the Chair.

**Anonymous disclosures**

22. There may be occasions when individuals feel that the circumstances of any allegation of malpractice or impropriety are such that they can only make a disclosure anonymously. Unfortunately, it can be difficult to investigate anonymous disclosures properly and there may be instances in which, having taken all the information available into account, the University might not be able, or may consider that it is inappropriate, to pursue anonymous allegations.

23. An anonymous disclosure should be made in writing. So far as possible, the steps described in 24 below will be followed to determine whether further information or clarification is required to progress an investigation. It is important to note that the ability to provide relevant feedback and protect against victimisation will depend on the University knowing the identity of the individual making a disclosure.

**What action will be taken following receipt of a disclosure?**

24. Upon receipt of the disclosure, and having regard to the principles of confidentiality, an initial assessment will be carried out by the Governance and Compliance Directorate to

determine whether the disclosure falls within the scope of this policy ('qualifying disclosure') or if it should be directed to another relevant internal process for determination. The Directorate is free to seek confidential advice from persons with relevant expertise, both within the University and outside it.

25. The University Secretary and Registrar will normally appoint an appropriate officer of the University or a panel to undertake a confidential investigation of the qualifying disclosure. The whistleblower may be invited to articulate their concerns to the individual investigating the case to enable the investigator to establish the basis of the concerns; where appropriate the whistleblower may also invite their trade union representative or other supporter to such meetings. A confidential written record will be kept of each stage of the procedure.

26. The investigator will undertake such other enquiries as they consider necessary to determine whether or not there are *prima facie* grounds (that is, on the face of the information provided) for considering that the concern is well-founded. The investigator will submit their conclusion to the University Secretary and Registrar. The Chair of the Audit and Risk Committee will also be advised of the conclusions. If the conclusion is reached that there are such *prima facie* grounds, the University Secretary and Registrar may:

    (a) refer the matter to an external authority, for example the Police or;

    (b) initiate an investigation through the University itself.

27. If, on the other hand, the conclusion is reached that there are no *prima facie* grounds for considering that the concerns are well-founded, the whistleblower and the Chair of the Audit and Risk Committee will be advised accordingly. Where appropriate, the whistleblower may be directed to another relevant internal process to address their concerns.

*Full University investigation*

28. Any investigation under 26 (b) will be carried out in accordance with the principles of confidentiality, natural justice, and with due regard to the statutory rights of all individuals involved in the case. The University will take all reasonable measures to ensure that an investigation is concluded as quickly as possible (whilst having regard to the nature and complexity of the disclosure), and that it is impartial. The University will aim to provide a reasoned judgement within 30 working days of the date when the investigator(s) is/are appointed, as detailed below; however, complex cases may take longer to investigate with due care and thoroughness. The whistleblower will, in any event, be kept informed of the progress of the investigation.

29. Although the form of an investigation under 26 (b) will vary depending on the nature of the allegations, the University will normally involve people independent of the University's management in the investigation. The default will be for the University Secretary and Registrar to appoint, as appropriate, an individual or a panel to hear the evidence and prepare a report with recommendations as appropriate.

30. On completion of an investigation, a formal report will be submitted to the University Secretary and Registrar, with a copy made available to the whistleblower. The University Secretary and Registrar may make copies available to others at their discretion, but will in all cases provide one for the Chair of Audit and Risk Committee. The University Secretary and Registrar and the Chair of Audit and Risk Committee will review the report and the actions taken to resolve the issue, and may request further actions or require a further report to satisfy themselves that the matter has been fully resolved. In particular, and in collaboration with other officers as appropriate, the University Secretary and Registrar will ensure that appropriate action is taken if the investigation finds that the whistleblower's concern has substance. This may include action under the University's disciplinary procedures.

31. However, if the conclusion is reached that the allegation is malicious or vexatious, the case may be referred for further action under the University's relevant disciplinary procedures.

*Appealing a decision*

32. If the whistleblower is not satisfied with the investigation outcome either at the *prima facie* stage or under 26 (b), they may appeal to the Chair of Council[1]. They must do so within 20 working days of the date of the decision. Appeals should be made in writing, stating the grounds for the appeal and providing supporting evidence. Appeals can only be made on the following grounds:
    - ◊ There is evidence of significant procedural irregularity in the investigation process that would affect the decision made, and/or
    - ◊ There is further evidence that was not available at the time the original disclosure was made.

33. Upon receipt of the appeal, the Chair of Council will appoint an appropriate senior member of the University to undertake the review. The reviewer will aim to reach a decision within 20 working days of their appointment, which will be the final decision of the University. The reviewer's judgement will be submitted to the Chair of Council, and a copy will be provided to the whistleblower and Chair of Audit and Risk Committee.

**Data retention**

34. All concerns raised and action taken in response to qualifying disclosures will be recorded, and a confidential written record will be kept of each stage of the procedure.

35. Reports on all disclosures and investigations will be retained by the University for 6 years as a confidential central record to support monitoring and reporting requirements.

36. The University will process any personal data collected in accordance with its data protection policy. Data collected from the point at which the whistleblower makes the report will be held securely and accessed by, and disclosed to, individuals only for the purposes of dealing with the disclosure.

**Contact information**

The University Secretary and Registrar: university-secretary@leeds.ac.uk

The Chair of Audit and Risk Committee and Chair of Council: governance@leeds.ac.uk

General advice about the Whistleblowing policy and process can be obtained from the Deputy University Secretary or Head of Corporate Governance: governance@leeds.ac.uk

**Governance Record**

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| **Policy Owner** | University Secretary and Registrar |
| **Function Lead** | Head of Corporate Governance, Governance and Compliance Directorate |
| **Approved by** | The Council |
| **Approval date** | 26 March 2026 |
| **Review date** | March 2029 |
| **Equality Impact Assessment** | July 2025; updated March 2026 |

[1] The Chair of Council plays a key role in the business of the University, chairing the University's governing body while remaining outside the day-to-day executive management of the organisation.