

9. PUBLIC INTEREST DISCLOSURE (WHISTLEBLOWING) POLICY

9.1. PURPOSE AND OVERVIEW

- 9.1.1. This Regulation 9: Public Interest Disclosure (Whistleblowing) Policy (“Policy”) sets out the University's approach to handling workers' concerns pursuant to the Public Interest Disclosure Act 1998 (“PIDA”). It ensures that individuals can raise concerns about serious wrongdoing in good faith and without fear of reprisal or detriment, and that such concerns are assessed and, where appropriate, investigated in a fair and proportionate manner.
- 9.1.2. The University is committed to the highest standards of integrity, accountability, and transparency. This Policy supports those aims by providing a clear route for raising concerns that fall within the scope of PIDA, and is informed by the Seven Principles of Public Life (Nolan Principles): Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, and Leadership.

9.2. SCOPE

- 9.2.1. This Policy applies to disclosures made by individuals who fall within the definition of “worker” under PIDA, including employees, contractors, trainees, and agency staff.
- 9.2.2. A “qualifying disclosure” under PIDA must relate to matters that are in the public interest and which the discloser reasonably believes shows one or more of the following:
- 9.2.2.1. A criminal offence;
 - 9.2.2.2. Breach of a legal obligation;
 - 9.2.2.3. Miscarriage of justice;
 - 9.2.2.4. Endangerment of health or safety;
 - 9.2.2.5. Environmental damage;
 - 9.2.2.6. Sexual harassment;
 - 9.2.2.7. Deliberate concealment of any of the above.
- 9.2.3. Other members of the University community (including students, volunteers, and self employed individuals) are encouraged to raise concerns, but are not covered by the statutory protections afforded by PIDA. Therefore, where a concern is raised outside of PIDA requirements or does not fall within the scope of this Policy, the University reserves the right to redirect it to the appropriate procedure to ensure it is considered in the most suitable and effective manner. These include (but are not limited to):
- Staff Resolution Policy and Grievance Procedure – for concerns about personal treatment or working conditions.
 - Staff Disciplinary Policy – for allegations of misconduct by staff members.
 - Staff Sexual Misconduct Policy – for allegations of sexual misconduct by staff members.
 - Student Complaints Procedure – for dissatisfaction with academic or administrative services.
 - Student Disciplinary Procedure – for allegations of student misconduct, including breaches of the Student Code of Conduct.

- Academic Appeals Procedure – for requests to reconsider decisions made by Boards of Examiners or Mitigating Circumstances Panels, on limited procedural grounds.
- Research Misconduct Policy – for concerns about the integrity or ethics of research activities.
- Conflict of Interest Policy – for concerns about undeclared or improperly managed conflicts affecting decision-making or research.
- Regulation 8: Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption & Irregularities – for financial or ethical misconduct.
- Freedom of Speech Complaints Procedure – for concerns relating to the exercise or restriction of lawful freedom of speech.
- Safeguarding Policy – for concerns about the welfare or safety of students, volunteers, or vulnerable individuals.
- Raising a Concern procedure – for concerns about bribery, fraud, financial coercion, or coercive decision-making for matters outside the scope of Regulations 8 and 9.

9.2.4. Concerns may also be raised via the University’s [Report and Support tool](#) or through other formal procedures. Whistleblowing disclosures should follow Regulation of Council 9. Where the concern involves the President or Provost, Regulation of Council 13 applies. The Report and Support tool may be used to initiate concerns, which will be triaged and directed to the appropriate process.

9.2.5. This Policy operates alongside the University’s duties under the Higher Education (Freedom of Speech) Act 2023 and other applicable legislation. Where a concern relates to interference with lawful free speech or academic freedom, the University will consider its obligations under that legislation and may refer the matter to appropriate internal or external processes.

9.3. RESPONSIBILITIES

9.3.1. Designated Person

9.3.1.1. The “Designated Person” is the individual responsible for receiving and managing disclosures under this Policy. This will normally be the Registrar & University Secretary.

9.3.1.2. Where a disclosure concerns the Registrar & University Secretary, the matter should be referred to the President. If the President is also conflicted, the disclosure may be made to the Chair of Council or the Chair of the Audit and Risk Committee.

9.3.2. Investigating Officer

9.3.2.1. The “Investigating Officer” is the person appointed by the Designated Person to conduct an investigation into the disclosure. The Investigating Officer will be supported by the Institutional Compliance and Risk Management team.

9.3.2.2. This may be a member of staff or, where appropriate, an external or independent party with relevant expertise (such as where the

Designated Person is either the Chair of the Council or the Chair of the Audit and Risk Committee and the allegation concerns senior members of the University).

- 9.3.2.3. The Investigating Officer must not be involved in determining the outcome of the investigation, to ensure procedural fairness and maintain the integrity of the process.

9.4. POLICY (AND PROCEDURE)

STEP 1: MAKING A DISCLOSURE*

Disclosures should be made in writing (either by email or post) to the Designated Person.*

The University will take reasonable steps to protect the identity of the whistleblower, where requested, and to prevent any form of retaliation or detriment (disadvantage or harm suffered as a result of making a qualifying disclosure). Any victimisation of a whistleblower will be treated as a disciplinary matter.

Anonymous disclosures may be considered, but the University's ability to investigate may be limited.

The University will not use non-disclosure agreements to prevent individuals from raising concerns under this Policy or from seeking appropriate support or redress.



STEP 2: INITIAL ASSESSMENT

The Designated Person will assess whether the disclosure falls within the scope of this Policy and whether there is a prima facie case to answer. They will determine whether to:

- Commission an internal investigation;
- Refer the matter to an alternative internal procedure;
- Refer the matter to an external authority (e.g. police, HSE, GMC);
- Take no further action.



STEP 3: INVESTIGATION

Where an investigation is warranted, an Investigating Officer will be appointed. The investigation will be conducted promptly and proportionately, and findings will be reported to the Designated Person.



STEP 4: OUTCOME

Upon completion of the investigation by the Investigation Officer, the Designated Person will determine what, if any, further action is required. This may include:

- Management action;
- Referral to disciplinary or other internal procedures;
- Referral to an external body.

The whistleblower will be informed of the outcome, subject to legal and confidentiality constraints.

***STEP 1: CONTACT DETAILS:**

Registrar & University Secretary	university.secretary@imperial.ac.uk FAO Registrar & University Secretary Level 1 MediaWorks 191 Wood Ln London W12 7FP
President	president@imperial.ac.uk FAO President Level 4 Faculty Building South Kensington Campus London SW7 2AZ
Chair of Council	FAO Chair of Council Level 4 Faculty Building South Kensington Campus London SW7 2AZ
Chair of Audit and Risk Committee	FAO Chair of Audit and Risk Committee Level 4 Faculty Building South Kensington Campus London SW7 2AZ

- 9.5. The University will maintain a confidential record of disclosures and outcomes. An anonymised summary will be reported annually to the Audit and Risk Committee to monitor effectiveness and compliance.

POLICY AND DOCUMENT CONTROL	
Policy title:	University Regulation 9: Public Interest Disclosure (Whistleblowing) Policy
Date approved:	28 November 2025
Approving body:	Council
Last review date(s):	March 2026 November 2025 September 2018 February 2014 September 2008 July 2007 March 2007
Revision history:	Version 7: March 2026 Version 6: November 2025 Version 5: 14 September 2018 Version 4: 7 February 2014 Version 3: 19 September 2008 Version 2: 8 July 2007 Version 1: 23 March 2007
Next review date:	November 2027 (or following any significant legal or regulatory change)
Related internal policies, procedures, guidance:	<ul style="list-style-type: none"> • Conflict of Interest Policy • Gifts and Hospitality Policy • Preventing Harassment and Sexual Misconduct (students) • Protect (formerly Public Concern at Work) (external) • Regulation 13: Complaints against the President and Provost • Regulation 8: Policy and Response Plan for the Treatment of Fraud, Bribery, Corruption & Irregularities • Resolution Policy (for non-academic staff) • Code of Conduct for Staff • Sexual Misconduct Policy (staff) • Staff Harassment and Bullying Policy • Student Code of Conduct • Student Complaints, Appeals and Discipline • Freedom of Speech Code of Practice • Relationships Policy
Division / Department / Function:	Division of the University Secretary on behalf of Council
Policy owner:	Registrar & University Secretary
Point of contact(s):	Division of the University Secretary (university.secretary@imperial.ac.uk)