



Annual report on whistleblowing 2025–26

Outcome requested:	Audit and Risk Committee is asked to consider a summary of disclosures received or investigated under the Whistleblowing Policy in 2025–26.
Executive Summary:	This paper provides a summary of disclosures received or investigated under the Whistleblowing Policy in 2025–26 and institutional learning from investigating the disclosures.
QMUL Strategy:	The effective management of the Queen Mary's governance arrangements underpins the ability to achieve the strategic aims.
Internal/External regulatory/statutory reference points:	Whistleblowing Procedure Public Interest Disclosure Act 1998
Strategic Risks:	Compliance and reputation
Equality Impact Assessment:	Not required
Subject to prior and onward consideration by:	Considered by the Committee only
Confidential paper under FOIA/DPA	No
Timing:	Annual report
Author:	Jonathan Morgan, University Secretary
Date:	3 September 2026
Senior Management Sponsor:	Jonathan Morgan, University Secretary

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1. The following table summarises whistleblowing disclosures and investigations over the past three years. Numbers in parentheses relate to disclosures made under the Whistleblowing Policy but referred for investigation under other, more suitable procedures.

	Health and Safety	Employee Relations	Academic Malpractice	Professional Malpractice	Total
2023–24	1	1 (2)	0 (1)	0	5
2024–25	1	1	2	2	6
2025–26	1	1 (3)	1	2	8

2. The following disclosures in 2025–26 have been reported to the Committee previously.

- [a] Concerns were raised about the management of an academic programme in the Barts Cancer Institute. The allegations related to: failure by the programme director (a senior clinician) to carry out their leadership role and teaching duties; inappropriate use of WhatsApp for work-related communications; use of students and former staff for unpaid and unsupervised teaching and marking; retaliation by the programme director against students and staff in response to feedback; and failure by the institute leadership to respond appropriately when the concerns were raised previously. The investigation focused on the actions of the institute leadership when the allegations were first raised and led to broader learning, which was shared with the faculty leadership, about the working culture of clinicians compared with the expectations of students in a university environment.
- [b] A member of staff in IT Services who was at risk of redundancy sent an open letter to the President and Principal making allegations about: recruitment practices; sexual harassment; exclusion from meetings; nepotism; and failure to make reasonable adjustments in relation to their disability. The allegations relating to the individual's employment were investigated under the Redundancy Procedure. The Director of Human Resources also carried out a review of employee relations data in the area (grievances, exit interviews, harassment reporting, staff turnover and staff surveys), which identified a localised issue over perceptions of nepotism. A detailed review was carried out of recruitment practices in the area over the previous 12 months. This showed that procedures had been followed appropriately.
- [c] A concern was raised by a member of the public about an individual, thought to be member of staff, who had posted racist materials on social media. It was established that the individual was a contractor who was never directly employed by the University. Appropriate action was taken to report the issue.
- [d] Concerns were raised about a PhD student and one of their supervisors in the Faculty of Medicine and Dentistry. The disclosure included general research integrity concerns relating to the student from before their enrolment at the University but without supporting evidence. The whistleblower was directed to the University's procedures and guidance on raising concerns about research integrity. The disclosure also contained a specific concern pointing to the fact that the student's supervisor had recently become a non-executive director at a company where the student was an executive director. The investigation established that the conflict of interest was reported and managed appropriately by the supervisor and their manager at the time: the supervisor was part of a larger supervisory team and was in the process of stepping away from the supervisory relationship. The investigation also identified

broader learning for the Doctoral College to clarify expectations for managing conflicts of interests in academic supervisory arrangements in relevant policies and guidance.

- [e] A concern was raised by a previous member of staff in the Faculty of Medicine and Dentistry showing that their previous line manager at the University withheld an employment reference on the basis that the manager believed the individual had left the University's employment with work outstanding. The matter was referred for consideration under the Disciplinary Policy and Procedure, and the individual was provided with support.
- [f] Concerns were raised about asbestos management and an external consultant with specialist technical and compliance expertise in asbestos management, control and related regulatory requirements was engaged to investigate. The investigation found no evidence that the health and safety of individuals had been put at risk, but highlighted issues in relation to risk management, record-keeping, contractor engagement and regulatory compliance which have been addressed with relevant individuals through the Disciplinary Policy and Procedure. Broader work to improve record keeping and contractor management in operational health and safety and the underlying systems and operating model has been progressed.
- [g] A previous staff member raised concerns about clinical trainees going into clinical environments. Further information was requested, noting that it was necessary for trainees to develop skills and experience in clinical environments provided this was in line with the relevant Trust policy. The individual did not respond.
- [h] A member of staff on a fixed-term contract tied to a research grant that was coming to an end raised concerns about unfair dismissal and potential research misconduct by the line manager. Considering that this was an individual employment matter and dedicated policies were in place for investigating the concerns, the decision was made not to treat the concerns as whistleblowing. The individual later challenged the decision at an Employment Tribunal, which endorsed the conclusion that the concerns did not amount to whistleblowing.

3. The Whistleblowing Policy was updated in November 2024 following a review of investigation outcomes, external guidance and a benchmarking exercise looking at policies at other Russell Group institutions. No further updates are currently proposed ahead of the next planned review in November 2027.

Jonathan Morgan
University Secretary
03 September 2026