Public Interest Disclosure Policy
(Whistleblowing Policy)

Originator name: Sarah Litchfield
Department: 
Implementation date: 1 October 2011
Date of next review: 1 September 2019
Related policies: Ethical Conduct Policy

Version History

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<td>Andrew Browning</td>
<td>Update to reflect any changes in legislation and new case law</td>
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<td>John Plant</td>
<td>Update to reflect any changes in legislation and new case law and recommended “good practice”</td>
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Sign Off History

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## 1 Introduction

### 1.1 Purpose

**1.1.1** The University is committed to conducting its business with honesty and integrity. We expect all staff to maintain high standards consistent with this principle. However, all organisations face the risk of things going wrong from time to time, or unknowingly harbouring illegal or unethical conduct. A culture of openness and accountability is essential in order to help prevent such situations occurring or to address them when they do.

**1.1.2** All staff are encouraged to raise genuine concerns about possible illegal or dishonest behaviour or similar improprieties at the earliest opportunity through an established process.

**1.1.3** The aims of this policy are to:

- reflect the University’s values
- encourage staff to report reasonable suspicions of wrongdoing as soon as possible, in the knowledge that their concerns will be taken seriously and investigated as appropriate, and that their confidentiality will be respected.
- provide staff with guidance as to how to raise those concerns, and
- reassure staff that they should be able to raise genuine concerns without fear of reprisals, even if they turn out to be mistaken.

**1.1.4** Whistleblowing is the disclosure of information which relates to suspected wrongdoing or dangers at work. This may include, but is not limited to, the following:

- possible improprieties in matters of financial reporting
- bribery
- fraud
- financial mismanagement
- corruption or blackmail
- criminal offences
- failure to comply with a legal or regulatory obligation
- miscarriage of justice
- endangering the health and safety of an individual
- negligence
- unauthorised disclosure of confidential information
- the existence of modern slavery practices in our supply chain, and/or
- deliberate concealment of any of the above.

**1.1.5** If staff have a genuine concern related to suspected wrongdoing or danger affecting any of our activities they should report it under this policy. The disclosures covered by this policy are those which would be in the “public interest”, as will be reasonably determined by the University. Staff who are in any doubt as to whether a disclosure is covered by this policy should refer to section 1.2.3 below.

### 1.2 Scope

**1.2.1** This policy applies to our staff members, by which we mean all workers of the University at all levels. This includes senior management, employees, officers, contractors, casual workers and agency workers. It does not apply to volunteers and self-employed individuals; however we would encourage such persons nonetheless to raise genuine concerns in a manner consistent with the provisions
of this policy. In this policy, we refer to those to whom this policy applies as “staff” and “staff members”.

1.2.2 This policy does not form part of any employee’s or other staff’s contract and may be amended at any time at the discretion of the University.

1.2.3 If a member of staff is uncertain as to whether a concern is within the scope of this policy, they should seek advice from the University Secretary and Legal Counsel (USLC) or Vice-President Human Resources (VPHR). The USLC or VPHR shall advise whether the concern should be addressed under this policy or another University policy.

1.2.4 This policy will not usually be appropriate to address complaints relating to an employee’s own personal circumstances or contract. These should be raised under the Grievance Policy and Procedure in the first instance.

2. Policy

2.1 Confidentiality & anonymity

2.1.1 The University hopes that staff will feel able to voice concerns about wrongdoing openly under this policy. The identity of a staff member who makes a whistleblowing disclosure will not be disclosed further than is reasonably necessary for the purposes of investigating the concerns, addressing any outcomes of those investigations or as may otherwise be required to comply with our legal obligations. If a staff member has genuine concerns about their identity being disclosed (e.g. for fear of reprisal), they should raise this with one of the contacts listed in section 2.6 below.

2.1.2 The University does not encourage staff to make disclosures anonymously. This is because proper investigation may be more difficult, or impossible, if the University is unable to obtain further information from the staff member. It is also more difficult to verify the accuracy of the allegations and to establish whether they are credible.

2.2 Raising a concern

2.2.1 Any staff member who reasonably suspects wrongdoing (see sections 1.1.4 and 1.1.5 above) should report their concerns immediately to their Departmental Head (HoD). The University encourages staff to notify the University as early as possible - as soon as they have a reasonable suspicion of the wrongdoing.

2.2.2 The staff member may tell the HoD in person or put the matter in writing if the staff member prefers. The staff member does not need to bring evidence in order to raise a concern although if they have any such evidence they are strongly encouraged to provide it to support their concern and any subsequent investigation.

2.2.3 The HoD may be in a position to resolve the staff member’s concern quickly and effectively (where necessary in discussion with the staff member). However, regardless of whether the HoD can resolve the concern, the HoD will also notify one or both of the following about the staff member’s concern:

- University Secretary and Legal Counsel (USLC); or
- The Vice-President Human Resources (VPHR).

2.2.4 In circumstances where the concern is of a serious nature, the staff member is for any reason reluctant to report their concern to the HoD, the concern relates directly
to the HoD or the staff member is unsatisfied with the way in which the HoD handled the concern, the staff member should report their concern directly to:

- The USLC; or
- The VPHR.

2.2.5 If the staff member feels that the concern is so serious that it cannot be discussed with the HoD, USLC or VPHR they should contact the Chair of the Audit Committee (CAC).

2.2.6 Unless the matter has been resolved by the HoD (per section 2.2.3 above) the USLC or VPHR (or, in the circumstances described in section 2.2.5 above, the CAC) will arrange an initial investigation meeting with the staff member as soon as possible to discuss the concern. This may be with an appropriate person, nominated as investigator by the USLC, VPHR or CAC, who is independent of the matter. The staff member may be accompanied by a colleague or trade union representative to this and any other meetings under this policy. The companion must respect the confidentiality of the staff member’s disclosure, the matters discussed in the meeting and any subsequent investigation.

2.2.7 A written summary of the concern, based on the initial investigation meeting, will be made and the staff member will be provided with a copy after the meeting. Depending on the outcome of the meeting, the staff member may also be required to attend additional meetings or answer follow-up questions by email in order to provide further information.

2.2.8 The staff member will normally be advised as to how the University proposes to deal with the matter following the initial investigation meeting (e.g. further investigation). If the University decides that the staff member’s concern would be dealt with more appropriately under another procedure (such as the University’s Grievance Policy and Procedure), the staff member will be notified and that procedure will be followed.

2.3 Investigation, outcome & reporting

2.3.1 In some cases the University may appoint an investigator or team of investigators to look into the matter further after the initial investigation meeting. The investigator is likely to be, or the team of investigators may include, the investigator nominated for the initial investigation meeting. One or more investigators may be appointed from outside the University in appropriate circumstances. As part of the outcome of any investigation, the investigator(s) may make recommendations for change to enable the University to minimise the risk of future wrongdoing identified.

2.3.2 Without breaching any duty of confidentiality or privacy that the University may owe to third parties (including other staff), the University will seek to notify the staff member of the outcome of any investigation. This will normally confirm whether the investigation upheld the staff member’s concern and the fact that measures are being implemented to address recommendations arising from an investigation. Often, the need for confidentiality will prevent the University giving the staff member specific details of the investigation, the outcome, specific measures implemented or any disciplinary action taken against staff members found to be culpable. In any event, the staff member must treat any information about the investigation as confidential.

2.3.3 While the University cannot always guarantee any outcome the staff member is seeking, it will aim to deal with concerns fairly and in an appropriate way. By
following the procedure set out in this policy, staff will help the University to achieve this.

2.3.4 If the staff member is not happy with the way in which their concern has been handled, the staff member may raise it with one of the other key contacts listed at section 2.6. The handling of the concern will then be reviewed by an appropriate person, and the staff member will be informed of the outcome of this review. The review shall not be a “rehearing” and shall normally be considered on the basis of the paperwork that has already been prepared and the investigations that have previously been carried out.

2.3.5 If a staff member believes that they have suffered unfavourable treatment as a consequence of raising a concern of wrongdoing (see sections 1.1.4 and 1.1.5 above), they should inform the USLC or the VPHR immediately. If the concern in relation to unfavourable treatment is not remedied at that stage then the staff member should submit a formal grievance using the University’s Grievance Policy and Procedure.

2.3.6 All cases brought under this policy shall be reported quarterly to the audit committee.

2.3.7 Contact details of the key contacts (USLC, VPHR and CAC) referred to in this policy are listed in section 2.6 of this policy.

2.4 External Disclosures

2.4.1 The aim of this policy is to provide an internal mechanism for reporting, investigating and remedying wrongdoing in the workplace. In most cases staff members should not find it necessary to alert anyone outside the University.

2.4.2 The law recognises that in some circumstances it may be appropriate for a staff member to report their concerns to an external body such as a regulator. It will rarely ever be appropriate to alert the media. The University strongly encourages any staff member to seek advice before reporting a concern to anyone external to the University.

2.4.3 The independent whistleblowing charity ‘Public Concern at Work, operates a confidential helpline on 020 7404 6609 ([http://www.whistleblowing.org.uk](http://www.whistleblowing.org.uk)). They provide free confidential advice at any stage.

2.4.4 The Advisory, Conciliation and Arbitration Service (Acas) also provides useful guidance on whistleblowing and grievances ([http://www.acas.org.uk/index.aspx?articleid=1919](http://www.acas.org.uk/index.aspx?articleid=1919)).

2.4.5 Whistleblowing concerns relevant to the University would usually relate to the University’s practices or the conduct of its staff, but they may sometimes relate to the actions of a third party, such as a University customer, supplier or service provider. In some circumstances, the law will protect you if you raise the matter with the third party directly. However, we encourage you to report such concerns internally first. It is recommended that the staff member contacts the HoD or one of the other key contacts set out in section 2.6 in the first instance.

2.5 Protection and support for staff

2.5.1 The University understands that staff who raise a concern may be worried about possible repercussions. However the University wishes to offer reassurance in
2.5.2 The University aims to encourage openness and will support staff who raise genuine concerns under this policy, even if they turn out to be mistaken. Staff must not suffer any detrimental treatment as a result of raising such a concern. Detrimental treatment includes dismissal, disciplinary action, threats or other unfavourable treatment connected with raising a concern. If the staff member believes they have suffered any such treatment, they should inform one of the key contacts immediately. If the matter is not remedied to the staff member’s satisfaction, they should raise a formal grievance using the University Grievance Policy and Procedure.

2.5.3 The University does not extend this assurance to someone who has made false allegations maliciously or with a view to personal gain. Such conduct may be dealt with as a disciplinary matter.

2.5.4 Staff must not harass, victimise, threaten or retaliate against whistleblowers in any way. Staff involved in such conduct may be subject to disciplinary action.

2.6 Contact Details

University Secretary & Legal Counsel:
Sarah Litchfield
University of Surrey
Senate House
Guildford
Surrey GU2 7XH
s.litchfield@surrey.ac.uk
Tel: 01483 683764
07 SE 08

Vice President Human Resources:
Paul Stephenson
University of Surrey
Senate House
Guildford
Surrey GU2 7XH
Paul.Stephenson@surrey.ac.uk
Tel: 01483 682032
13 SE 07

Chair of Audit Committee:
Dr Mike Goodfellow
University of Surrey
Guildford
Surrey GU2 7XH
m.goodfellow@surrey.ac.uk

Public Concern at Work Helpline:
020 7404 6609
http://www.whistleblowing.org.uk/
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<tr>
<td><strong>3.1.1</strong> The Executive Board has overall responsibility for the Policy.</td>
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<td><strong>3.1.2</strong> The University Secretary &amp; Legal Counsel has responsibility for implementing the Policy, monitoring compliance and ensuring the Policy is regularly reviewed and updated as appropriate as well as having day to day responsibility for the policy.</td>
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<td><strong>3.1.3</strong> All staff are responsible for the success of this policy and should ensure that they use it to disclose any reasonable suspicions of danger or wrongdoing.</td>
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<td><strong>3.2 Supporting documentation</strong></td>
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