

## Public Interest Disclosure (Whistleblowing) Procedure

<b>Enabling Policy Statement; Executive Owner; Approval Route:</b>	Our Colleagues - Chief People Officer - Operations Committee
<b>Associated Policy Statements:</b>	N/A
<b>Authorised Owner:</b>	University Secretary and General Counsel
<b>Authorised Co-ordinator:</b>	Director of HR
<b>Effective date:</b>	12 May 2022
<b>Due date for full review:</b>	12 May 2025
<b>Sub documentation:</b>	n/a

### Approval History

Version	Reason for review	Approval Route	Date
1.0	Update implementing points from 2021 Fraud Risk Management Audit and move to new template	Operations Committee	12 May 2022

## 1. Purpose

- 1.1. This Procedure supports Objective 2.1 of the Our Colleagues Policy Statement in terms of ensuring compliance with relevant laws.
- 1.2. 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.
- 1.3. 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.
- 1.4. The aims of this Procedure are to:
  - reflect the University's values;
  - encourage staff to report reasonable belief of wrongdoing or dangers at work 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.
- 1.5 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;
  - corruption, fraud or bribery, the University's zero tolerance approach to which is set out in the University's Ethical Conduct Procedure;
  - financial mismanagement;
  - facilitation of tax evasion;
  - 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;
  - damage to the environment;
  - the existence of modern slavery practices in our supply chain; and/or
  - deliberate concealment of any of the above.
- 1.6 Whistleblowing has to be in the public interest for a member of staff to be afforded legal protection. Public Interest includes one or more of the following matters that are either happening, have happened, or are likely to happen in the future:
  - A criminal offence;
  - The breach of a legal obligation;
  - A miscarriage of justice;

- A danger to the health and safety of any individual;
- Damage to the environment; and
- A deliberate attempt to conceal any of the above.

1.7 If staff have a genuine concern related to suspected wrongdoing or danger affecting any of our activities, they should report it under this Procedure. Staff who are in any doubt as to whether a disclosure is covered by this Procedure should refer to section 1.2.3 below.

## **2. Scope and Exceptions to the Procedure**

2.1 This Procedure 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 Procedure. In this Procedure, we refer to those to whom this Procedure applies as “staff” and “staff members”.

2.2 This Procedure 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.

2.3 If a member of staff is uncertain as to whether a concern is within the scope of this Procedure, they should seek advice from the University Secretary and General Counsel (‘USGC’) or Chief People Officer (‘CPO’). The USGC or CPO shall advise whether the concern should be addressed under this Procedure or another University Procedure.

2.4 This Procedure 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 Procedure in the first instance.

## **3. Definitions and Terminology**

‘CAAC’ means the Chair of the Audit and Assurance Committee;

‘CPO’ means the Chief People Officer;

‘HoD’ the head of a staff member’s department; and

‘USGC’ means the University Secretary and General Counsel.

## **4. Procedural Principles**

4.1 The University hopes that staff will feel able to voice concerns about wrongdoing openly under this Procedure. 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.

4.2 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.

- 4.3 The staff member may be accompanied by a colleague or trade union representative to any meetings under this Procedure. The companion must respect the confidentiality of the staff member's disclosure, the matters discussed in any meetings including investigation meetings.

#### **4.4 Raising a concern and informal resolution**

- 4.4.1 Any staff member who reasonably suspects wrongdoing or dangers (see sections 1.1.4 and 1.1.5 above) should report their concerns immediately to the HoD. The University encourages staff to notify the University as early as possible as soon as they have a reasonable belief there has been wrongdoing or is a danger.
- 4.4.2 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 inform any subsequent investigation.
- 4.4.3 On receipt of a staff member's concern the HoD will notify one or both of the following about the concern:
- The USGC; and / or
  - The CPO.
- 4.4.4 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 USGC; or
  - The CPO.
- 4.4.5 If the staff member feels that the concern is so serious that it cannot be discussed with the HoD, USGC or CPO they should contact the CAAC.
- 4.4.6 The HoD, USGC, CPO or CAAC (as appropriate) may be in a position to resolve the staff member's concern quickly and effectively (where necessary in discussion with the staff member).

#### **4.5 Assessment and investigation of the of the complaint; including outcome, reporting and review**

##### *Initial assessment*

- 4.5.1 Unless the matter has been resolved by the HoD (per section 2.2.6 above) the USGC or CPO (or, in the circumstances described in section 2.2.5 above, the CAAC) will arrange an initial assessment 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 USGC, CPO or CAAC, who is independent of the matter.
- 4.5.2 A written summary of the concern, based on the initial assessment 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.

- 4.5.3 The staff member will normally be advised as to how the University proposes to deal with the matter following the initial assessment 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 Procedure), the staff member will be notified and invited to use that procedure.

#### *Investigation*

- 4.5.4 In some cases the University may appoint an investigator or team of investigators to look into the matter further after the initial assessment meeting. The investigator is likely to be, or the team of investigators may include, the investigator nominated for the initial assessment 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 that the wrongdoing or danger which has been identified will occur again in the future.

#### *Outcome and reporting*

- 4.5.5 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.
- 4.5.6 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 Procedure, staff will help the University to achieve this.

#### *Review*

- 4.5.7 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.
- 4.5.8 All cases brought under this Procedure shall be reported quarterly to the audit committee.
- 4.5.9 Contact details of the key contacts (USGC, CPO and CAAC) referred to in this Procedure are listed in section 2.6 of this Procedure.

#### **4.6 External disclosures**

- 4.6.1 The aim of this Procedure 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.
- 4.6.2 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.
- 4.6.3 The independent whistleblowing charity Protect, operates a confidential helpline on 020 3117 2520 (<https://protect-advice.org.uk/contact-protect-advice-line/>). Protect provide free expert advice to whistleblowers, helping them decide how best to raise concerns, and advising on what protection they are entitled to.
- 4.6.4 The Advisory, Conciliation and Arbitration Service (ACAS) also provides useful guidance on whistleblowing and grievances (<http://www.acas.org.uk/index.aspx?articleid=1919>).
- 4.6.5 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.

#### **4.7 Protection and support for staff**

- 4.7.1 The University understands that staff who raise a concern may be worried about possible repercussions. However, the University wishes to offer reassurance in this regard.
- 4.7.2 The University aims to encourage openness and will support staff who raise genuine concerns under this Procedure, even if they turn out to be mistaken.
- 4.7.3 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.
- 4.7.4 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 a staff member believes that they have suffered unfavourable treatment as a consequence of raising a concern of wrongdoing, or danger (see sections 1.1.4 and 1.1.5 above), they should inform the USGC or the CPO 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 Procedure.
- 4.7.5 Staff must not harass, victimise, threaten or retaliate against whistleblowers in any way. Staff involved in such conduct may be subject to disciplinary action.

#### **4.8 External Disclosures**

- 4.8.1 Staff are reminded that if their health is affected by a whistleblowing process, confidential help is

available via the University's wellbeing service ([centreforwellbeing@surrey.ac.uk](mailto:centreforwellbeing@surrey.ac.uk), 01483 68949).

#### **4.9 Contact Details**

University Secretary & General Counsel:

Sarah Litchfield

University of Surrey Senate

House Guildford

Surrey GU2 7XH

[s.litchfield@surrey.ac.uk](mailto:s.litchfield@surrey.ac.uk)

Tel: 01483 683764

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Chief People Officer:

Will Davies

University of Surrey

Duke of Kent Building

Guildford

Surrey GU2 7XH

[w.davies@surrey.ac.uk](mailto:w.davies@surrey.ac.uk)

Tel: 01483 68 5503

Chair of Audit and Assurance Committee:

Mr Nigel Jones

University of Surrey

Guildford

Surrey GU2 7XH

The CAAC can be contacted by emailing the Governance and Risk Assurance email ([secretariat@surrey.ac.uk](mailto:secretariat@surrey.ac.uk)).

### **5. Governance Requirements**

#### **5.1. Implementation: Communication Plan**

##### **5.1.1 Communicated by:**

- Leader's alert.
- Publication on appropriate Procedure pages.
- Final copy to be provided to HR Policy Group for information.

#### **5.2. Implementation: Training Plan**

This section should specify any training needs resulting from this Procedure, or from significant amendments to this Procedure, and detail how and when they will be met. Will new staff require any specific training when they first join the University?

The Authorised Co-ordinator has responsibility for ensuring that the Training Plan is enacted.

5.2.1. Whistleblowing will remain featured in suggested training for all staff.

### 5.3. Review

5.3.1. To be reviewed every three years.

5.3.2. Changes to incorporate legislative developments to be carried out from time to time.

### 5.4. Legislative Context and Higher Education Sector Guidance or Requirements

- Public Interest Disclosure Act 1998;
- Equality Act 2010;
- Employment Rights Act 1996;
- Criminal Finances Act 2017; and
- Employment Relations Act 1999.

### 5.5. Sustainability

This section should detail what, if any, environmental impact this Procedure will have. Include details of any impact on energy consumption and/or associated carbon emissions.

5.5.1. There is no environmental impact, or energy consumption issue specific to this policy. The reporting and investigation of whistleblowing complaints will use the University's existing office infrastructure.

## 6. Stakeholder Engagement and Equality Impact Assessment

This section should detail the consultation and engagement that has taken place: what, when and with whom.

It is mandatory to:

- complete an Equality Impact Assessment, and
- to receive sign off from the following stakeholders:
  - Governance, contactable via [secretariat@surrey.ac.uk](mailto:secretariat@surrey.ac.uk) .
  - Health and Safety (H&S).
  - Each Executive Owner of any associated Policy Statements.

6.1. The reviewer was satisfied that the changes made, which were predominantly added descriptions about the legal framework, did not create any adverse equality impact.

6.2. Stakeholder Consultation was completed, as follows:

Stakeholder	Nature of Engagement	Date	Name of Contact
Governance	Discussion with stakeholders in relation to the update generally, and the transfer to the new	Throughout review, and up until May 2022	Ros Allen and Sarah Litchfield
H&S	Health and safety implications have been considered during the drafting and are incorporated (where necessary) into this procedure.	6 May 2022	Matt Purcell