

DO NOT USE THIS SOP IN PRINTED FORM WITHOUT FIRST CHECKING IT IS THE LATEST VERSION.

Current versions of all SOPs are available online (noting that some may have restricted access to end users only). If you are reading this document in printed form, please check that the printed version number and date match the latest version online.

STANDARD OPERATING PROCEDURE

Whistleblowing

Secretary to Council’s Office

SOP Version*	2.1	Effective from:	14/06/2024	Next review due on or before:	February 2027
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This Standard Operating Procedure (SOP) supports the implementation of the [Whistleblowing Policy](#) and provides step by step guidance on how to raise a whistleblowing concern and the subsequent investigation process.

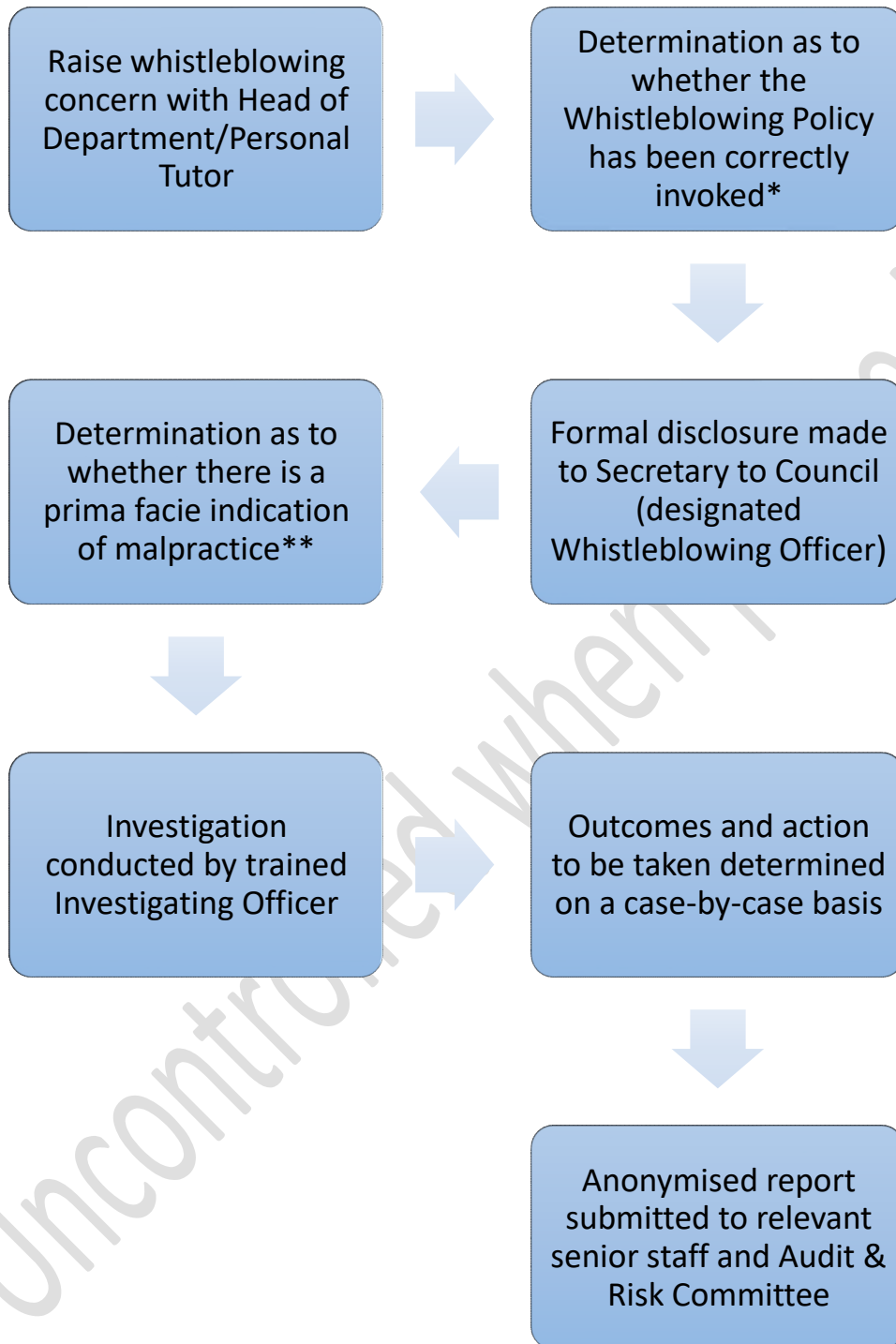
This SOP applies to and must be followed by all those listed in [Section 3 \(RACI table and summary of duties by role\)](#).

If you are an end-user of this SOP and would like to provide feedback, please refer to [Section 4 \(Continuous Improvement\)](#).

*Please refer to [Section 6 \(Revision chronology, storage and archiving\)](#) for version control table documenting any changes made over time.

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1. Flow Chart (SOP in visual format)



**If it is determined that the Whistleblowing Policy has not been correctly invoked, the procedures under this SOP will cease and the matter will be resolved locally or via an alternative University Policy or Procedure.*

*** If it is determined that there is not a prima facie indication of malpractice, further information will be requested or the procedures under this SOP will cease and the matter will be resolved locally or via an alternative University Policy or Procedure.*

2. Written SOP

Raising a Whistleblowing Concern

- 2.1 The University encourages students to raise any of the concerns listed under 2.3 of the [Whistleblowing Policy](#) with either their Personal Tutor or Head of Department in the first instance. Staff should contact their Head of Department in the first instance. The individual raising the concern is referred to as the 'reporter' and the Head of Department/Personal Tutor is referred to the 'receiver' in this SOP.
- 2.2 The receiver of the allegation determines if a genuine report has been made and that the [Whistleblowing Policy](#) has been correctly invoked (the Decision Tree in Appendix 1 of the [Whistleblowing Policy](#) can assist in making this assessment). It may be that the issue can be resolved at a local level. The receiver can speak in general terms (maintaining the anonymity of the reporter) and ask for advice from any of the following to make this determination:
- Secretary to Council
 - Registrar
 - Group Finance Director (particularly in cases of fraud)
 - Director of Legal & Compliance Services
 - HR Director
 - Head of Internal Audit (particularly in cases of fraud)
 - Dean of Students
 - Head of Governance Services
 - Head of Faculty concerned
 - Head of Department concerned
- 2.3 If the receiver decides that they are not best placed to determine the validity of the report then the consent of the reporter will be obtained to share the information with another more appropriate individual within the University (usually the Secretary to Council).
- 2.4 If it is determined that the report is not credible under the Whistleblowing Policy then this will be communicated to the reporter, alongside details of any alternative action that is being undertaken to resolve the matter.
- 2.5 If it is determined that a genuine report has been made, then the [Whistleblowing Policy](#) will be formally invoked and a disclosure will be made (by the reporter and/or receiver) in writing via the dedicated [web report form](#) to the Secretary to Council (the designated 'Whistleblowing Officer'). Any related queries can be directed to the dedicated email resource: whistleblowing@warwick.ac.uk. At this stage, the identity of the reporter will be made known to the Secretary to Council but will remain confidential as far as possible otherwise.
- 2.6 Designated alternatives to the Secretary to Council are available as follows:
- If a disclosure involves or implicates the Secretary to Council, the disclosure should be addressed to the Vice-Chancellor (via VC@warwick.ac.uk).
 - If a disclosure involves or implicates the Vice-Chancellor, the disclosure should be addressed to the [Chair of the Audit & Risk Committee](#).
- 2.7 A reporter **must** be informed before their identity is shared with other University personnel. The reporter should also maintain confidentiality throughout the entire process in order not to compromise a possible future investigation.

Note 1: *Raising an anonymous concern will make subsequent investigation more difficult, however, all anonymised reports should still be referred to the Secretary to Council via the [web report form](#). Please see Section 5 of the [Whistleblowing Policy](#).*

Note 2: *All vexatious claims made under the [Whistleblowing Policy and SOP](#) will be treated as a disciplinary matter.*

- 2.8 Once the concern has been raised, the Whistleblowing Officer (or designated alternative) will carry out an initial assessment, within ten working days, to determine whether there is prima facie indication of malpractice. This assessment may result in several outcomes:
- It may be determined that the disclosure is more appropriately dealt with under another University Policy. The reporter will be informed of this outcome and directed to the appropriate individual responsible for managing the alternative Policy.
 - The allegation may be too vague and therefore no further investigation will take place. The reporter will be informed of this and the reasons behind the decision. This may prompt them to provide the Secretary to Council with further information that may demonstrate that the allegation has basis, in which case the assessment can be reevaluated.
 - The allegation may seem plausible however without further concrete evidence it will be impossible to prove. The reporter will be informed of this and the reasons behind the decision. This may prompt them to provide the Secretary to Council with further information, in which case the assessment can be reevaluated.
 - A prima facie indication of malpractice is determined, and an investigating process will commence as outlined in 2.10 – 2.18 of this SOP and a trained investigator will be appointed.
- 2.9 Throughout the assessment process the Whistleblowing Officer (or designated alternative) will keep the reporter informed and maintain their confidentiality as far as possible, obtaining their consent if it is necessary to share their identity with other University personnel as part of the assessment process.

Investigation Process

- 2.10 If there is prima facie indication of malpractice, the Whistleblowing Officer (or designated alternative) will pursue the most appropriate form of investigation and appoint an 'Investigating Officer' who may be:
- A senior member(s) of University staff
 - An Internal Auditor(s)
 - An External Auditor(s)
 - Another individual(s) suitably trained in investigating practice
- In exceptional instances, the case may be referred directly for external investigation by an appropriate body.
- 2.11 The Investigating Officer **must** be trained and/or have sufficient experience and expertise in undertaking these exercises (details of training and/or experience will be provided to the Audit & Risk Committee as part of the Annual Whistleblowing Report) and will be briefed by the Whistleblowing Officer (or designated alternative) on conflicts of interest and the importance of maintaining their objectivity and independence.
- 2.12 Upon commencement of an investigation, the Whistleblowing Officer will brief the reporter on:
- Likely timescales.

- How information may be shared during the course of the investigation.
 - How the conclusions will be relayed to the reporter.
- 2.13 Upon commencement of an investigation, the Investigating Officer will:
- Establish the remit of any investigation and contact individuals connected to the allegation who might be able to provide vital information. The reporter may be required to attend additional meetings to provide further information in this regard. They may bring a colleague or union representative to any meetings convened under the [Whistleblowing Policy and SOP](#). Their companion must respect the confidentiality of the disclosure and any subsequent investigation. The Investigating Officer may also decide that external assistance is required, for e.g. audit or legal advice.
 - Inform any named individuals to provide them with an opportunity to respond. It may be decided that for any investigation to be able to gather as much appropriate/credible evidence as possible, the named individual is not informed so that it is not possible for them to hide, change or destroy evidence. In such cases the reasons for doing this will be documented as this will be important should criminal proceedings or legal action be necessary. The Investigating Officer may wish to engage with Legal & Compliance Services on these matters and seek advice from HR to ensure their rights are represented (whilst maintaining the confidentiality of the case).
 - Keep all information gathered confidentially and confined to the least number of people possible (in line with the University's [Information Security Policy](#)).
- 2.14 During the investigation, the reporter, receiver, Whistleblowing Officer and Investigating Officer must preserve all relevant evidence available e.g. phone records (where applicable), e-mail correspondence, social media snap shots, screen shots as well as hard copy documents, electronic devices (hard drives, ipads etc), and any other electronic documents.
- 2.15 The Investigating Officer will develop a Whistleblowing Report (template available on request via governance@warwick.ac.uk) throughout the investigation. This is a 'restricted' document (as per the University's [Information Classification Policy](#)) and its confidentiality will be rigorously upheld.
- 2.16 Once the investigation has concluded, the Whistleblowing Report will be finalised, detailing the outcomes. The action to be taken at this stage will be dictated by the findings of any investigation. Examples are provided below, but this list is not exhaustive and matters will be dealt with on a case-by-case basis:
- Give the named individual(s) an opportunity to read the final report and challenge any factual information and permit them to set out any justification for their actions. This may not be possible should the matter be passed to the police or if criminal proceedings take place.
 - Invocation of formal internal disciplinary action or other related procedures.
 - Reporting of the incident to the police.
 - Commencement of legal action.
- 2.17 On completion of the investigation the Investing Officer will have a discussion with the reporter/receiver and 'take stock' of the situation. The outcome of the investigation may be relayed if appropriate, but this may not be fully possible in some circumstances, for e.g. if criminal offences are involved.
- 2.18 A fully anonymised, analysis of the situation encountered **must** be provided to the relevant member of senior staff (usually the Registrar, Secretary to Council or Head of Internal Audit)

as well as the Audit & Risk Committee. A redacted version of the Whistleblowing Report can be used for these purposes. Any recommendations for change to processes or procedures to minimise re-occurrence will be highlighted.

Right of Review

- 2.19 If a reporter believes that the University's handling of the disclosure was flawed on the ground(s) noted below, there will be a Right of Review only to the [Chair of Council](#).
- The procedures have not been followed properly; and/or
 - There is evidence of prejudice or bias in the handling of the case; and/or
 - There is further evidence of alleged malpractice that was not available at the time of the original disclosure.
- 2.20 The request for review **must** be made within ten working days of the reporter being sent details of the outcome of the investigation, to the Secretary to Council via whistleblowing@warwick.ac.uk (or designated alternative). The Chair of Council will determine if the request for review meets the ground(s) as set out above. If any ground for review is not found, the Chair of Council will inform the reporter in writing of this decision, with the reasons, within ten working days of making the decision. This decision shall be final and shall be reported to the Vice-Chancellor, Chair of the Audit & Risk Committee, and to the Council.
- 2.21 If there is ground(s) for a review, the Chair of Council will appoint an independent member of the Council, who has had no previous involvement in the case, to undertake the review. A report of the outcome of the review, with any recommendations, shall be sent to the reporting individual, the Vice-Chancellor, the Chair of the Audit & Risk Committee, and to the Council. The Council shall decide what further action, if any, shall be taken in response to such recommendations. The Council's decision in this respect shall be final.

3. RACI table and summary of duties by role

RACI		
Responsible	<i>Secretary To Council</i>	Responsible for ensuring SOP is fit for purpose (i.e. meets any external regulatory/legislative requirements and internal regulation/policy) and is reviewed for effectiveness together with end-users at stipulated intervals. Provides assurance reporting to 'Accountable' person at agreed intervals.
Accountable	<i>Audit & Risk Committee</i>	Accountable for ensuring this SOP is implemented effectively. Receives assurance reporting from 'Responsible' person to inform required action (if any).
Consult	<i>Policy Oversight Group > University Executive Board</i>	To be consulted when SOP is reviewed (in conjunction with Whistleblowing Policy).
Inform	<i>All students and employees</i>	To be informed of the process they must follow and any changes to this over time.

Duties by role	
Role	Duties:
<i>All students and employees</i>	<ul style="list-style-type: none"> ➤ Familiarising themselves with the Whistleblowing Policy and Standard Operating Procedure. ➤ Raising whistleblowing concerns in accordance with 2.3 of the Whistleblowing Policy.
<i>Heads of Department/ Personal Tutors</i>	<ul style="list-style-type: none"> ➤ Supporting their students and employees in raising whistleblowing concerns. ➤ Facilitating the procedure outlined in the Whistleblowing Standard Operating Procedure.
<i>Appointed Investigating Officer</i>	<ul style="list-style-type: none"> ➤ Conducting investigation of any prima facie indication of malpractice, including production of a Whistleblowing Report.
<i>Secretary to Council</i>	<ul style="list-style-type: none"> ➤ Duties commensurate to their role as the Designated Whistleblowing Officer. ➤ Scheduling SOP review sessions on/by anticipated review date. ➤ Enacting any required changes to the SOP over time. ➤ Informing end-users when a new version of the SOP has been issued. ➤ Ensuring document control and archiving outdated versions of the SOP as per Section 6 (Revision chronology, storage and archiving).
<i>Audit & Risk Committee (under the ultimate oversight of the University Council)</i>	<ul style="list-style-type: none"> ➤ Oversight of the Whistleblowing Policy, Procedures and Disclosures as per the Scheme of Delegation.

4. Continuous Improvement

- 4.1 This SOP will be reviewed at least every three years by the Secretary to Council or a member of their team.

- 4.2 If end users would like to report that something within the process is not working effectively or would like to put forward suggestions for how they think the process could be made more efficient please contact whistleblowing@warwick.ac.uk
- 4.3 New versions of the SOP may be created before a scheduled review date due to regulatory or legislative change, end user feedback or due to assurance reporting generated via internal controls revealing that something is not working effectively.
- 4.4 Responsibility for scheduling review sessions, enacting any required changes to the SOP over time, informing end-users when a new version of the SOP has been issued, ensuring document control and archiving any outdated versions is noted in [Section 3 \(RACI table and summary of duties by role\)](#).

5. Background and Referenced Documents

Background

- 5.1 The University has a responsibility to manage itself legally, efficiently and fairly in the wider public interest and for the benefit of its staff, students, customers and collaborators. This requires a free flow of information about any potential wrongdoing in any of its activities so that appropriate action can be taken.
- 5.2 [The Public Interest Disclosure Act \(PIDA\)](#) 1998 exists to provide protection to individuals who make certain disclosures about wrongdoing or safety in the workplace where it is in the public interest to do so. It provides protection from dismissal or detriment as long as any disclosures are made in good faith. It is therefore important that any receiver makes this known to the reporter and also informs the reporter that if their allegations are found to be malicious then disciplinary action may be taken.
- 5.3 The PIDA does not extend to students and other non-employees, however the University is committed to the protection of all bona fide whistle blowers whatever their status and will regard any subsequent victimisation as a disciplinary offence.

Referenced Documents

- [Whistleblowing Policy](#)
- [Information Security Policy](#)
- [Information Classification Policy](#)
- [Whistleblowing Web Report Form](#)
- [The Public Interest Disclosure Act \(PIDA\)](#)

6. Revision Chronology, Storage and Archiving

- 6.1 A PDF version of this SOP is available to all those who need to follow it via the [Whistleblowing webpages](#) on the University website.
- 6.2 All original word version SOPs are saved in an electronic folder (with restricted access) within the Institutional Governance Team. The Secretary to Council is ultimately responsible for managing version control, archiving old versions and updating the 'live' PDF version as required (although they may delegate these duties to a member of their team).
- 6.3 Before making any changes to the SOP, a copy of the existing version must first be saved to the agreed archive location documented in the table below.
- 6.4 Each time a new version of the SOP is created, the version number, effective date and anticipated review date must be updated on the [SOP cover page](#).

6.5 Revision chronology information (version number, effective date, a brief summary of the change and who authorised any changes) should be documented in the table below for future reference.

Document Control			
Version Number	Effective date	Authorised by (Name, role title, date)	Reason for change:
v1.0	01/07/2019	Lara McCarthy, Head of Governance	Initial version of document.
v2.0	01/02/2024	Chris Twine, Secretary to Council	General review.
v2.1	14/06/2024	Emma Tew, Assistant Registrar (Governance)	Updated in line with internal audit recommendations and transferred into new SOP template.
Secure location: M:\DR\Governance\Whistleblowing			
Published location: https://warwick.ac.uk/services/gov/whistleblowing/			
Archive location: M:\DR\Governance\Whistleblowing\SOP\Archive			

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