



St George Housing

**CONFIDENTIAL REPORTING
& WHISTLEBLOWING POLICY**
AUGUST 2023

Contents

1. INTRODUCTION	3
2. POLICY STATEMENT.....	3
3. DEFINITION.....	4
4. LEGAL FRAMEWORK	4
5. SCOPE AND OBJECTIVES	4
6. HOW TO RAISE A CONCERN	5
7. ALLEGATION MANAGEMENT	6
8. ESCALATION PROCESS.....	7
9. PERFORMANCE AND MONITORING	8
10. CONFIDENTIALITY.....	8
11. ROLES AND REPSONSIBILTIES	8
12. EQUALITY IMPACT ASSESSMENT	9
13. RELATED INTERNAL POLICIES	9
14. CONSULTATION	9
15. REVIEW AND APPROVAL	9

CONFIDENTIAL (WHISTLEBLOWING) REPORTING POLICY

1. INTRODUCTION

- 1.1 This policy sets out St George Housing's (SGH) approach to managing the confidential reporting of concerns (whistleblowing) raised about the conduct of our business operations, staff and/or other key stakeholders.

- 1.2 We are committed to tackle any fraud, abuse or malpractice whether the perpetrators are from outside or inside the organisation. We will do this by:
 - encouraging staff, contractors, volunteers or Board members to raise concerns
 - not tolerating reckless, inappropriate or illegal acts
 - taking seriously any genuine concerns raised in good faith and investigating them in accordance with this policy
 - treating people fairly and respecting confidentiality
 - supporting and protecting the person who has raised a genuine concern from reprisals or victimisation
 - not tolerating malicious allegations
 - learning lessons

2. POLICY STATEMENT

- 2.1 SGH is committed to conducting its business with the highest standards of integrity and honesty. It expects all staff and Board members to maintain the same standards in everything they do.

- 2.2 As part of this commitment, SGH actively encourages and takes extremely seriously, any member of staff who wishes to raise concerns or suspicions about any aspect of our business activities. This includes concerns or suspicions about individual staff, managers, contractors, partners or working practices.

- 2.3 The Public Interest Disclosure Act 1998 gives protection to individuals, casual workers, agency workers and contractors who make a 'qualifying disclosure'. A qualifying disclosure means any disclosure of information that, in the reasonable belief of the worker, is made in the public interest.

- 2.4 Our pledge is that we will ensure that staff and others who raise concerns receive a response and are informed about how their concerns are being dealt with.

3. DEFINITION

- 3.1 Whistleblowing is when an individual knows, or suspects, that there is some wrongdoing occurring within the organisation and alerts SGH, or the relevant authority/regulatory body accordingly. Some examples of concerns raised can include, but are not limited to:

- An act constituting a criminal offense
- Acts of corruption or bribery
- Inappropriate use of public funds
- Failure to comply with regulatory obligations
- Risk to an individual's health and safety
- Exploitation of a vulnerable person
- Violation of the Data Protection Act
- Incidents involving slavery or human trafficking
- Intentional concealment of any of the aforementioned matters

4. LEGAL FRAMEWORK

- 4.1 The legal framework that underpins this policy has taken into account the following legislation, regulation and codes of practice:

- Public Interest Disclosure Act 1998 (PIDA):
- Equality Act 2010:
- Data Protection Act 2018 (DPA):
- Health and Safety at Work Act 1974:
- Employment Rights Act 1996
- Company Directors Disqualification Act 1986
- Bribery Act 2010:
- Modern Slavery Act 2015:
- Protection of Freedoms Act 2012
- NHF Governance Code 2020

- 4.2 This policy complies with Regulator of Social Housing (RSH) Standards.

5. SCOPE AND OBJECTIVES

- 5.1 This policy applies to all staff including volunteers and Board members. It also covers contractors working for the Association under partnership agreements as well as suppliers and those providing services under a contract with the Association in their own premises.

5.2 The aim of this policy is to encourage and enable staff to raise serious concerns within SGH, rather than overlooking a problem or blowing the whistle externally. The objectives of the policy are to:

- provide a structured approach to assist staff when raising a concern and to feedback to staff on any action taken
- ensure that staff receive a response to their concerns and that they are aware of how to pursue them if they are not satisfied
- encourage Staff to raise concerns when they occur
- encourage staff to feel confident in raising serious concerns and to question and act upon concerns about practice
- provide avenues for staff to raise those concerns and receive feedback on any action taken
- reassure staff that they will be protected from possible reprisals or victimisation if they have made a whistle-blowing allegation whilst acting with reasonable belief and in good faith
- make a commitment to investigating concerns thoroughly

6. HOW TO RAISE A CONCERN

6.1 As a first step, staff, contractors or suppliers should normally raise concerns with any member of the Senior Leadership Team (SLT). This may depend, however, upon the seriousness and sensitivity of the issues raised and who is thought to be involved.

6.2 Concerns can be raised to any of the following officers

- Chief Executive Officer
- Director of Finance
- Head of Business Development
- Director of governance
- Company Secretary
- Chair of the Board

6.3 Concerns or suspicions can be raised verbally, in writing or anonymously. If having raised the issue to one of officers listed above, and being updated on how it has been progressed, a staff member is still concerned that it has not been properly dealt with, then they may raise the matter directly to the Chair of the Board of Directors.

6.4 Where the concerns raised concern a member of the SLT or the Board, then that member will not be part of the management, or investigation of the allegation.

6.5 While staff members are not required to provide proof of their accusation or conduct investigations themselves, they should be prepared to demonstrate there are sufficient grounds for their concern and that their allegation has been made in good faith.

7. ALLEGATION MANAGEMENT

7.1 The action taken will depend entirely upon the nature of the allegations reported. The matters raised may:

- Be investigated internally by an appointed Investigating Officer or externally by an independent third party
- Be referred to the Police
- Form the subject of an independent inquiry
- Be referred to the RSH
- Charity Commission
- Financial Conduct Authority
- The Health and Safety Executive
- Information Commissioner Office

7.2 Within seven working days of a concern or suspicion being received, the individual who raised the concern will be contacted in writing to:

- Acknowledge that the report has been received
- Indicate how we proposes to deal with the matter
- Give an estimate of how long it will take to provide a final response
- Advise if any initial enquiries have been made stating whether any further investigations will take place and, if not, why not

7.3 The frequency of interaction between the Appointed Investigating Officer assessing the concern and the staff member or contractor will vary based on the nature of the matters raised, the intricacies involved, and the clarity of information supplied. If deemed necessary, additional information will be requested from the individual who initially raised the concern.

7.4 Whenever meetings are arranged, Staff have the option to be accompanied by a representative or a friend. Those who raise concerns will receive support and assistance throughout the process.

7.5 Every possible measure will be taken to mitigate any challenges that staff might encounter due to raising a concern. For instance, if a staff member is obliged to provide evidence in criminal or disciplinary proceedings, appropriate support will be provided by the Director of Governance or another member of the Senior Leadership Team member.

- 7.6 In the event the investigation reveals the need to hold any specific staff accountable, the SGH Disciplinary Procedure, Constitutional rules or relevant provisions within the Scheme of Delegations will be applied, as appropriate.
- 7.7 Regarding Board Members, any inquiry or action will be instigated by the SGH Board Chair. Subsequent steps will be determined in accordance with the Scheme of Delegations or constitutional rules. If the concern involves the SGH Board Chair, then the remaining independent Board members will decide on appropriate actions.
- 7.8 Should the suspected fraud or irregularity potentially involve any member of Executive staff listed in section 6.2, the individual who becomes aware of the potential discrepancy can liaise with the Chair who will take suitable actions as appropriate.
- 7.9 Where the suspected irregularity is deemed to be a 'serious crime', SGH will, as soon as it is possible submit a Suspicious Activity Report (SAR) to the National Crime Agency e.g. potential offences that fall under the Serious Crime Act 2015.

8. ESCALATION PROCESS

- 8.1 If a staff member is not satisfied following compliance with this policy and feels it is right to take the matter outside of SGH, the following are possible contact points:
- Relevant professional bodies or regulatory organisations, including the RSH
 - The Police
 - SGH's appointed Internal Auditors (where applicable)
 - HMRC (for tax evasion offences)
 - Charity Commission
 - Financial Conduct Authority
 - Health and Safety Executive
 - Information Commissioners Office
- 8.2 Staff can also contact 'Protect' (formerly the Public Concern at Work Agency) to receive confidential and independent advice. The address is:

The Green House
244-254 Cambridge Heath Road
London E2 9DA
Advice Line Tel: - 020 3117 2520 (* option 1)
Email: whistle@protect-advice.org.uk

- 8.3 Should staff wish to refer their concern outside of SGH then they must ensure that they do not disclose any confidential or privileged information as per the SGH Data Protection Policy.

9. PERFORMANCE AND MONITORING

- 9.1 The SGH Board will receive a regular update on any actions taken to investigate concerns of fraud or corruption including those that are raised via way of confidential reporting.
- 9.2 All instances of fraud will be recorded in the SGH fraud register and maintained by the company secretary.

10. CONFIDENTIALITY

- 10.1 SGH conducts whistleblowing investigations confidentially, whenever possible.
- 10.2 Raising concerns openly is the preferred approach, as it facilitates initial assessments, investigation planning, and information gathering. While whistleblowers can opt for anonymity, it is important to note that legal requirements might require disclosure. In cases of proceedings, the whistleblower's role as a witness could be crucial.
- 10.3 The whistleblower can seek updates on the progress and outcomes of the investigation, but certain data protection and policy compliance limitations might restrict information sharing by SGH.

11. ROLES AND RESPONSIBILITIES

- 11.1 **The Board** is responsible for ensuring the Association adheres to the policy and monitors the policy objectives to ensure they are met.
- 11.2 Overall responsibility for the effectiveness and efficiency of this policy rests with the **Director of Governance**, to whom all incidents of confidential reporting and whistleblowing should normally be reported.
- 11.3 The **Senior Leadership Team** are responsible for ensuring the policy is implemented.
- 11.4 The **Company Secretary** will be responsible for maintaining and updating the fraud register.
- 11.5 For guidance of confidential reporting processes where the allegation concerns an officer listed above please see paragraph 7.7 and 7.8.

12. EQUALITY IMPACT ASSESSMENT

- 12.1 In writing this policy we have carried out an assessment to ensure that we are considering, equality, diversity and inclusion. Our assessments did not indicate that any group had been adversely impacted by our approach in managing confidential reporting.
- 12.2 We have also carried out a privacy impact assessment as information regarding applicants is sensitive. However, an individuals right to privacy is a qualified right in the context of raising concerns of impropriety, fraud and corruption.
- 12.3 To request copies of these assessments, please contact Info@stgeorgehousing.co.uk

13. RELATED INTERNAL POLICIES

- Anti Bribery Policy
- Fraud Policy
- Procurement Policy
- Scheme of Delegations
- Conflicts of Interest Policy
- Allocations and Letting Policy

14. CONSULTATION

- 14.1 This policy will be reviewed in consultation with staff other key stakeholders

15. REVIEW AND APPROVAL\

- 15.1 This policy will be reviewed at least every two years or as required to take into account changes in legislation.

Responsible officer: Company Secretary

Policy Author: Director of Governance

Policy version: V1

Date of Board Approval: August 2023

Date the next review is due: August 2025