



**PEAKS & PLAINS**  
Housing Trust

---

# The Trust

---

## Whistleblowing Policy

---

Version number: 5

---

Effective Date:  
26<sup>th</sup> March 2025

---

---

## TABLE OF CONTENTS

<b>1. INTRODUCTION.....</b>	<b>1</b>
<b>2. SCOPE .....</b>	<b>1</b>
<b>3. LEGAL &amp; REGULATORY REQUIREMENTS.....</b>	<b>2</b>
<b>4. DEFINITIONS .....</b>	<b>2</b>
<b>5. SAFEGUARDS .....</b>	<b>2</b>
Protection.....	2
Confidentiality .....	3
Anonymous Allegations .....	3
Untrue allegations.....	3
<b>6. HOW TO RAISE A CONCERN.....</b>	<b>3</b>
<b>7. PROCEDURE – HOW WOULD THE MATTER BE DEALT WITH.....</b>	<b>4</b>
<b>8. IF THE WHISTLEBLOWER IS DISSATISFIED.....</b>	<b>5</b>
<b>9. EQUALITY, DIVERSITY &amp; INCLUSION.....</b>	<b>5</b>
<b>10. RESPONSIBILITIES.....</b>	<b>5</b>
<b>11. MONITORING AND REPORTING .....</b>	<b>6</b>
<b>12. CONSULTATION.....</b>	<b>6</b>
<b>13. REVIEW .....</b>	<b>6</b>
<b>14. ASSOCIATED DOCUMENTS.....</b>	<b>7</b>
<b>15. POLICY INFORMATION .....</b>	<b>7</b>



## 1. INTRODUCTION

- 1.1 Peaks and Plains Housing Trust ("PPHT" or "Trust") is committed to the highest possible standards of openness, probity, and accountability, and will not tolerate malpractice or wrongdoing.
- 1.2 The Trust is therefore committed to a Whistleblowing Policy that puts in place a mechanism to enable staff and other associates of PPHT to raise concerns in a responsible and effective manner without fear of disadvantage, reprisal or victimisation.
- 1.3 This Whistleblowing Policy is intended to assist individuals who believe they have discovered malpractice or impropriety and wish to report their concerns. It is not designed to question legitimate financial or business decisions taken by the Trust, nor should it be used to raise a personal grievance or reconsider any matters that have already been addressed under disciplinary, grievance or other procedures.
- 1.4 This policy does not form part of any employee's contract of employment and PPHT may amend it at any time.

## 2. SCOPE

- 2.1 This policy is designed to enable PPHT employees, Board & Committee members, contractors, consultants, suppliers, partners, volunteers including involved tenants to raise concerns internally and to disclose information that the individual believes demonstrates malpractice or impropriety.
- 2.2 All disclosures may initially be investigated separately but may then lead to other procedures being invoked, for example disciplinary procedures.
- 2.3 Concerns that may be covered by this Policy are:-
  - financial irregularities, unauthorised use of the Trust's assets or resources, impropriety, bribery and fraud;
  - failure to comply with a legal obligation or statute;
  - dangers to Health & Safety;
  - breaches of confidentiality or unauthorised disclosure of information;
  - criminal activity;
  - improper conduct or unethical behaviour;
  - damage to the environment;
  - miscarriage of justice;
  - attempts to conceal any of these.(NB this list is not exhaustive)
- 2.4 Examples of concerns which are covered by other policies and are not covered by this Policy are:
  - Staff complaints about their employment;
  - Customer complaints about the service received;
  - Allegations of bullying or harassment which are not related to raising concerns in line with the Whistleblowing Policy.

### 3. LEGAL & REGULATORY REQUIREMENTS

- 3.1 The policy and procedure help to ensure that the Trust meets the requirements of employment legislation and recognised good practice in the management of issues raised via the Whistleblowing Policy.
- 3.2 This Policy is in line with the Public Interest Disclosure Act 1998 (which protects employees making disclosures about certain matters of concern, where those disclosures are made in accordance with the Act's provisions), and the Enterprise and Regulatory Reform Act 2013.
- 3.3 The Regulator of Social Housing's Governance and Financial Viability Standard requires all Registered Providers, such as the Trust, to have governance arrangements which "ensure appropriate probity arrangements are in place". This policy helps to meet that requirement.

### 4. DEFINITIONS

- 4.1 **Whistleblowing** – where an individual(s) raises a concern with someone in authority – internally and/or externally about wrongdoing, risk or malpractice that affects others

### 5. SAFEGUARDS

#### 5.1 Protection

- 5.1.1 The Trust aims to encourage openness and will support those who raise genuine concerns under this policy, even if they turn out to be mistaken. This Policy offers protection to those employees of the Trust who disclose such concerns provided the disclosure is made:
- in the reasonable belief of the individual making the disclosure that it is contrary to the standard the Trust subscribes to or the Trust's Code of Conduct.
  - in the best interests of the Trust
  - to an appropriate person (as stated below).
- 5.1.2 Employees will not suffer any detriment as a result of raising a genuine concern. If a whistle-blower believes they have suffered any such treatment, they should inform their line manager immediately.
- 5.1.3 Staff must not threaten or retaliate against whistle-blowers in any way. Anyone involved in such conduct may be subject to disciplinary action. However, if allegations made are proved to be malicious, management action may be taken against the individuals raising the complaint.

## 5.2 Confidentiality

- 5.2.1 The Trust will treat all disclosures in a confidential and sensitive manner. The identity of the individual making the allegations will be kept confidential, on request, so long as it does not hinder or frustrate any investigation. The investigation process may, however, reveal the source of the information, and the individual making the disclosure may need to provide a statement as part of the evidence. If it is necessary to disclose the complainant's identity the Trust will discuss this with them.

## 5.3 Anonymous Allegations

- 5.3.1 This Policy encourages individuals to put their name to any disclosures they make. Proper investigation of the concerns expressed anonymously may be more difficult if the Trust cannot obtain further information from the complainant. However anonymous allegations may be considered at the discretion of the Trust.
- 5.3.2 In exercising this discretion, the factors taken into account shall include:
- the seriousness of the issues raised;
  - the credibility of the concern;
  - the likelihood of confirming the allegation from attributable sources.

## 5.4 Untrue allegations

- 5.4.1 If an individual makes an allegation which they reasonably believe is true and in the public interest, which is not confirmed by subsequent investigation, no action will be taken against that individual. In making a disclosure the individual should exercise due care to ensure the accuracy of the information. If, however, an individual makes malicious or vexatious allegations, and particularly if he or she persists with making them, disciplinary action may be invoked against that individual.

## 6. HOW TO RAISE A CONCERN

- 6.1 In the first instance, the complainant should raise their concern by telephone, in writing or in person with their Line Manager. However, if the complainant feels this is not appropriate, they should raise their concern with their Head of Service or Assistant Director or an Executive Director (or with the Chief Executive if the concern relates to an Executive Director).
- 6.2 The aim of the policy is to provide an internal mechanism for reporting and remedying any wrongdoing in the workplace. However, should the complainant feel that an internal disclosure is inappropriate or the person raising the concern is not an employee, the complainant has the option of raising their concern with the Board Chair ([j.mccall@peaksplains.org](mailto:j.mccall@peaksplains.org)) or Chair of the Governance Committee ([a.hadden@peaksplains.org](mailto:a.hadden@peaksplains.org)). If the complaint relates to the Chief Executive this route should be followed.

- 6.3 If for some reason anyone feels reticent about raising a concern to someone within the Trust or would welcome some confidential advice before doing so, the employee concerned should speak to, the internal auditors.

Lisa Randall

Partner

RSM Risk Assurance Services LLP

14th Floor, 20 Chapel Street, Liverpool, L3 9AG

Tel 0151 600 2600

- 6.4 If, notwithstanding these arrangements, an employee is still unsure about whether or how to raise a concern or wants confidential advice, the employee can contact the independent charity **Protect**. Their lawyers can provide free confidential advice on how to raise a concern about serious malpractice at work. The contact details for Protect are as follows:

The Green House

244-254 Cambridge Heath Road, London E2 9DA

Advice Line: 020 3117 2520

e-mail [whistle@protect-advice.org.uk](mailto:whistle@protect-advice.org.uk)

## 7. PROCEDURE – HOW WOULD THE MATTER BE DEALT WITH

- 7.1 The Trust will carry out an initial enquiry to decide whether further investigation would be appropriate, and if so, what form it should take. If the concern(s) or allegation(s) fall within the scope of a specific procedure (for example: disciplinary or grievances procedure), the matter will be referred for consideration under those procedures.
- 7.2 In exceptional circumstances this may involve referring the matter or sharing information with external parties for example; the Police.
- 7.3 The individual expressing a concern (if they have put their name to their disclosure) will be sent an initial acknowledgement of receipt and then a formal acknowledgement within a reasonable period following receipt of the concern. The acknowledgement will indicate:
- how the Trust proposes to deal with the matter;
  - any initial enquiries that may have been carried out;
  - whether further investigation will take place and if not, why not.
- 7.4 If further investigation is required, an Investigating Officer will be appointed. The Investigating Officer will be someone with sufficient independence and who will not be subject to undue influence from anyone who is the subject of the whistleblowing.
- 7.5 The format of the investigation will depend on who makes the complaint and who the complaint is against. If appropriate the matter may be independently investigated, either by auditors or solicitors. If appropriate the matter will be referred directly to the Police or other agency for investigation.

## **8. IF THE WHISTLEBLOWER IS DISSATISFIED**

- 8.1 If the individual raising the concern is not satisfied that their concern is being properly dealt with by the Investigating Officer, they have the right to raise it in confidence with an Executive Director. If the Investigating Officer is an Executive Director, the complainant may raise the matter with the Chief Executive or the Chair of the Board, or Chair of Governance Committee as appropriate.

## **9. EQUALITY, DIVERSITY & INCLUSION**

- 9.1 An Equality Impact Assessment has been carried out for this policy. It identified no specific impacts on individuals who have protected characteristics.
- 9.2 Any investigations which need to be carried out as a result of whistleblowing reports will be conducted fairly and without discrimination.
- 9.3 The Trust will ensure that the Whistleblowing Policy is accessible to its stakeholders.
- 9.4 The Trust has a responsibility to serve the needs and promote the interests of its entire staff and all its customers / service users. The Trust works towards developing services, facilities and working practices, which are equally accessible and non-discriminatory for all its stakeholders irrespective of their gender, age, race, sexuality, disability, religion, marital status/civil partnerships, pregnancy/maternity and economic status, and in line with the nine protected characteristics as part of the legislation under Equality Act 2010.

## **10. RESPONSIBILITIES**

- 10.1 It is the responsibility of staff, Board Members and involved tenants to act with integrity and in line with our code of conduct, standing orders & financial regulations and policies. It is their responsibility to report concerns they may have (i.e. not look the other way)
- 10.2 It is the responsibility of line managers and the Executive Management Team to act on whistleblowing reports in line with this policy and address any weaknesses in systems highlighted by whistleblowing reports.
- 10.3 It is the ultimate responsibility of the Human Resources Team to ensure fair application of the Whistleblowing Policy across the Trust and that the Policy is adhered to at all time. HR will ensure all staff are trained and there is awareness of this policy.
- 10.4 The Executive Director of Resources (or in their absence, the Chief Executive) is responsible for overseeing the implementation of the Trust's Whistleblowing Policy.
- 10.5 All instances of whistleblowing and the associated investigation will be properly recorded and documented by the Trust. It will be the responsibility of the Governance Manager to maintain these records.
- 10.6 The Board is responsible for the periodic review and final approval of this policy, following consideration by the Governance Committee.

- 10.7 The Governance Committee is responsible for periodic review of this policy and of recommending it to the Board for approval. It is also responsible for reviewing follow-up action taken, where applicable.

## **11. MONITORING AND REPORTING**

- 11.1 Relevant details of whistleblowing and any associated investigation will be reported to the Executive Management Team, either if approval for action is required; or as part of regular reporting.
- 11.2 Updates will be provided to the Governance Committee at each meeting outlining whether any whistleblowing reports have been received and, where applicable, action being taken in response to them.

## **12. CONSULTATION**

- 12.1 The employee consultative group, and the Challenge Group have been consulted on this policy and will be consulted in any subsequent policy reviews.
- 12.2 The Trust will ensure the Whistleblowing Policy is accessible to all staff and stakeholders (through the Trust's Intranet, team meetings and website)

## **13. REVIEW**

- 13.1 The policy will be reviewed as and when any changes in legislation (or other factors) impact on the Policy and at least every 3 years.



#### 14. ASSOCIATED DOCUMENTS

- Anti-Fraud, Bribery and Corruption Policy
- Anti-Money Laundering Policy
- Disciplinary Policy and procedures
- Complaints policy
- Harassment & Bullying Policy
- Staff Code of conduct
- Board & Committee Member Code of Conduct
- Board Disputes and Grievance Policy

#### POLICY INFORMATION

Policy Name:	Whistleblowing Policy
Status:	Final/Approved
Approved by:	PPHT Board
Drafted By:	HR & OD Manager/Governance Manager
Date approved:	25 <sup>th</sup> March 2025
Next Review Date:	March 2028