

Whistleblowing policy

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Author: Emma Ball

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Document Owner:	Emma Ball		
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Version	Date	Author	Change Description	Approved by	Date approved
1	May 2015	Head of HR	Reviewed	Head of HR	May 2015
2	May 2018	Head of HR	Reviewed	Head of HR	May 2018
3	November 2019	Head of HR	Updated the Company's internal auditors contact details (3.6). Updated the Regulator (3.9).	Head of HR	November 2019
4	April 2022	AD People & Culture	Reviewed and updated job titles	AD People & Culture	April 2022
5	September 2026	AD Governance	Triennial review -		

TWO RIVERS HOUSING

Whistleblowing policy

1 POLICY PURPOSE

1.1 Two Rivers Housing (TRH) is committed to high standards of probity, openness and accountability. As part of that commitment TRH wants to ensure that staff who have serious concerns about any aspect of its work, feel confident enough to come forward and express those concerns.

1.2 The Whistleblowing policy provides a framework for employees, contractors, agency staff and partners to report genuine concerns about wrongdoing with the organisation. It aims to:

- Encourage early reporting of concerns
- Protect individuals who raise concerns in good faith
- Ensure allegations are taken seriously and investigated appropriately
- Promote a culture of openness, integrity and accountability

1.3 The definition of Whistleblowing is:-

“The act of reporting concerns about wrongdoing, risk, or misconduct that is in the public interest, typically within an organisation. It involves raising concerns about issues such as unlawful behaviour, breaches of regulatory requirements, dangers to health and safety, safeguarding failures, misuse of public funds, or attempts to conceal such matters”.

1.4 The purpose of this policy is to ensure that serious concerns about issues of malpractice in the company can be raised in confidence and the property addressed. The term ‘malpractice’ covers crime, civil offences (including negligence and breach of contract), dangers to health and safety or the environment and the covering up of any of these matters. It applies whether or not the issue is confidential. The policy explains what can be done if there are such concerns and gives internal and external contact with whom these concerns can be raised.

2 POLICY SCOPE

2.1 This policy applies to anyone working for or on behalf of the organisation including:

- Employees
- Agency workers
- Contractors and suppliers
- Volunteers
- Board and Committee members

2.2 It covers any concerns about:

- Criminal activity
- Breaches of legal obligations
- Safeguarding risks
- Mismanagement or misuse of public funds
- Health and safety dangers
- Environmental damage
- Bribery, corruption or fraud
- Any attempt to cover up wrongdoing

2.3 This policy applies to the whole TRH Group, including any subsidiaries. Training and induction processes are in place to ensure that staff and Board members understand their responsibilities and how to recognise things that might be reported as a whistleblowing concern.

2.4 The policy has been written in order to ensure our compliance with the Public Interest Disclosure Act 1998 (PIDA). The PIDA is the UK's primary whistleblowing protection law designed to protect works who raise concerns about wrongdoing in the public interest. The PIDA aims to:-

- Encourage workers to speak up about wrongdoing
- Protect them from being dismissed, victimised, or otherwise treated detrimentally for making a disclosure

2.5 This policy should be used to report serious malpractice in the workplace. It should not be used where existing procedures are more appropriate or where there is no need for special confidentiality.

3 WHISTLEBLOWING PROCESS

3.1 The key principles which underpin the whistleblowing policy are:

- Confidentiality – reports will be handled sensitively and confidentially
- Protection from detriment – Whistleblowers acting in good faith will not suffer dismissal, disciplinary action or victimisation
- Fair investigation – concerns will be assessed promptly, impartially and consistently
- No tolerance for retaliation – any retaliation will be treated as misconduct

3.2 In many cases concerns or complaints can be dealt with through TRH's normal procedures, such as the mechanisms for dealing with grievances and disciplinary matters. Whistleblowing should be used as a last resort when other procedures do not, or could not work.

- 3.3 If an individual has a whistleblowing concern they wish to raise, this should be done initially via their line manager. If due to the nature of the concern, it is not possible to discuss it with the line manager or the individual feels unable to raise it with them, it should be escalated through the management structure as appropriate. Where it is not possible to raise the concern through the management structure, concerns can be reported to the Chair of Audit, Risk and Assurance Committee.
- 3.4 Should it not be possible or appropriate for the concern to be raised through internal processes, it can be raised with an external agency. Circumstances which might fall into this category are where concerns involve senior members of staff or Board members; or where the complainant fears they might be victimised if the concern were reported internally. Examples of external agencies might include:
- The Health and Safety Executive (HSE)
 - The Information Commissioner's Office (ICO)
 - The Police
 - Internal/External Auditors
- 3.5 If confidential, independent advice is required, Protect UK (Whistleblowing charity) can be approached. They are a national organisation who can give impartial, practical advice to employees concerned about malpractice of any kind. They can be contacted on 020 3117 2520 or in writing to The Green House, 244-254 Cambridge Health Road, London, E2 9DA. More information about the support they can provide can be found on their website at protect-advice.org.uk.
- 3.6 Our internal auditors, Bishop Fleming, can also be contacted by telephoning 0117 9100256.
- 3.7 **Investigation process.** There is a clear investigation process in place which will be followed on receipt of a whistleblowing concern as follows:-
- A formal acknowledgment of the concern will be provided within 5 working days of receipt.
 - An appropriate investigation manager will be appointed to complete a thorough investigation. This may be a member of the Management Team, Assistant Director or Executive Management Teams, the Board or our internal auditors. This will be established by the Company Secretary and Chief Executive based on the nature and seriousness of the concern and level within the organisation it relates to.
 - Full details of the concern or allegation should be obtained and recorded, including the background and reason behind the concern, whether the concern has been raised with anyone else and the response and any relevant dates.

- The manager dealing with the matter, will arrange a meeting with the individual to discuss the concern. The seriousness/urgency of the matter will dictate how quickly this needs to happen but in all cases the meeting should be held within 5 working days of acknowledgment.
- If the allegation is against a member of staff, the investigating manager should advise them as soon as is practicably possible. They should be informed of their right to be accompanied by another representative or other representative, if an interview or hearing is held as a result of the allegation.
- Dependent on the nature of the concern, the involvement of the police and/or company internal auditors should be considered. The Company Secretary, Chief Executive and Board chair should be consulted.
- The person who made the allegation or raised the concern should be kept informed of progress with the investigation in writing to their home address.

3.8 Outcome of investigation. Following the investigation process a judgement concerning the concern or allegation should be made in the form of a written report, which should include:-

- The allegation(s) investigated – a short overview of the allegations investigated, how and when the report was received, why the matter qualifies as a whistleblowing complaint and the scope of the investigation/
- Outline of the investigation approach – steps followed (evidence collection, interviews, analysis). The procedures followed through the investigation and how confidentiality was preserved.
- Summary of the evidence collected – to include documentary evidence reviewed (emails, records, logs etc), notes or transcripts from witness interviews, a timeline of key events and any expert advice gained through the investigation process.
- Key findings - Include the credibility and reliability of evidence, whether each allegation is substantiated, partially substantiated or unsubstantiated. Outline any relevant policy or legal breaches.
- Final outcome/conclusion – This should outline conclusions drawn from the review of evidence, any organisational or policy failures and any systemic failures.
- Recommendations – to include corrective or disciplinary actions to be taken, improvements to processes, controls or culture, any training needs requirements and step to prevent recurrence.

3.9 Actions following investigation. The investigation outcome report should be provided to the Company Secretary, CEO or Board chair (dependent on seriousness of the allegation) so a decision can be made about the action to be taken. If the concern has been substantiated or partially substantiated, then they should invoke

the disciplinary procedure and/or other appropriate company procedure. The following actions should be taken:-

- The person who raised the concern or made the allegation should be advised in writing of the formal outcome in writing to their home address
- If it is appropriate, a copy of the outcome report should be passed to the Company internal auditors to enable a review of relevant policies and procedures.
- The outcome of the investigation should be reported to the Chair of Audit, Risk and Assurance Committee.
- If the person who raised the concern or made the allegation is not satisfied that the issue is being properly dealt with by the investigating manager, they have the right to raise it in confidence with the Chief Executive or Board Chair (assuming no previous involvement). If this approach is not appropriate advice can be sought through an external agency such as Protect UK.
- If, as a result of the investigation, the concern or allegation is not substantiated and all of the internal procedures have been exhausted, but the person who raised the concern or made the allegation is not satisfied with the outcome, the TRH recognises the lawful right of the person to contact the prescribed authority, such as the Health and Safety Executive, the Police or Regulator of Social Housing.
- Should the concern or allegation be substantiated and it is considered to be a material issue that relates to non-compliance or potential non-compliance with the consumer or economic standards, it is a requirement for the matter to be reported to the Regulator of social Housing. It is not a requirement to report where concerns are minor, isolated or clearly not a breach of regulatory standards; the matter is being handled appropriately internally or the issue doesn't indicate a risk to tenants, our viability or compliance with standards.
- The outcome of the investigation should be noted on the secure log to ensure secure and central record of all concerns is kept, including how they were managed and what the outcomes were.

4 SAFEGUARDS AND PROTECTION

- 4.1 Protection from detriment;** TRH will support staff who raise concerns and protect them from harassment or victimisations. No whistleblower will suffer dismissal, disciplinary action, or victimisation for raising a concern in good faith. The organisation recognises its responsibility to prevent colleagues from victimising whistleblowers.

- 4.2 **Confidentiality;** Where requested, confidentiality will be maintained as far as reasonably possible. Anonymous concerns will also be considered but may limited the ability to investigate fully.
- 4.3 **Good faith and malicious allegations;** Concerns raised must be honest and in the public interest. Deliberate false or malicious reports may result in disciplinary action.

5 MONITORING AND REVIEW OF THIS POLICY

- 5.1 The organisation will maintain a secure log of Whistleblowing cases detailing the following:-
- Number and nature of concerns raised
 - Themes and trends
 - Actions taken
 - Lessons learned and improvements made
- 5.2 Audit, Risk and Assurance Committee will received an annual report providing anonymised information relating to any Whistleblowing cases raised.
- 5.3 Compliance with this policy shall be monitored by the Assistant Director of Governance and Assurance reviewing, at least triennially.