

## Speak Up Policy

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**Service area:** Business Assurance

**Owner:** Director (Business Assurance)

Scope		Entity		Business Stream	
Customers	✓	Progress Housing Group Limited (Parent)	✓	Progress Homes	✓
Colleagues	✓	Progress Housing Association Limited (PHA)	✓	RWP	✓
Non-Executive Directors / Trustees	✓	Reside Housing Association Limited (RHA)	✓	Progress Lifeline	✓
Third parties*	✓	Key Unlocking Futures Limited (Key)	✓	Progress Living	✓
		Concert Living Limited	✓		
*Other: Any external stakeholders					
Exclusions:					

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## **Section 1: Purpose and Policy Statement**

### **1. Purpose**

- 1.1 This policy confirms the Group's commitment to act with the highest standards of governance, openness, accountability and integrity at all times.
- 1.2 It provides mechanisms for internal and external stakeholders to raise concerns in relation to illegal, improper or unethical conduct without fear of retribution (whistleblowing).
- 1.3 It encourages a "speak up" culture where individuals are encouraged to report concerns about the integrity of other's behaviours or actions.

### **2. Policy statement**

- 2.1 The Group will
  - treat all concerns in a fair and consistent manner, undertaking investigations in a timely and professional way
  - keep individuals reporting concerns informed of the action being taken and relevant outcomes
  - maintain the confidentiality of the individual raising the concern where requested (unless disclosing or not doing so is required by law)
  - comply with all relevant legal and regulatory requirements.
- 2.2 The Group will not
  - disregard concerns being reported
  - discriminate or accept any victimisation against individuals raising concerns.

## Section 2: Policy Guidance

### 3. Direction

#### Overview

- 3.1 By having a Speak Up Policy, the Group aims to develop a culture of openness; therefore, it is fundamental that any concerns that employees or other stakeholders have about suspected malpractice within the Group are aired through the appropriate route. It is clearly in all our interests to ensure that any malpractice does not occur; therefore, the Group has adopted a positive approach towards disclosures to protect the Group and employees, suppliers and customers by:
- increasing the likelihood that any issue will be raised in time to prevent any serious damage or loss
  - reducing the amount of time and resources that would have been required had the issue reached crisis point
  - reduce the incidence of employees feeling the need to take their concerns to the media, or other third parties
  - deterring employees, contractors, suppliers and any other third parties from engaging in malpractice by increasing the likelihood of being caught
  - addressing issues quickly to implement positive changes
  - allowing any trends and underlying problems to be identified with the opportunity to pre-empt further problems.

#### Public Interest Disclosure Act (PIDA) 1998

- 3.2 PIDA introduced specific protections to enable individuals to disclose information to third parties about alleged wrongdoing and to disclose these concerns without fear of recrimination. Employers are required to take reasonable steps to ensure that any individual who makes a disclosure is not victimised. In order to qualify for protection under the Act, any disclosure made must be a qualifying disclosure. A qualifying disclosure must be made in good faith and the individual making this disclosure must have reasonable belief that one or more of the following has, or is likely to occur:
- A criminal offence
  - A failure to comply with any legal obligation
  - A miscarriage of justice
  - Danger to health and safety of an individual
  - Damage to the environment
  - Deliberate concealment of information relating to any of the above.
- 3.3 A qualifying disclosure under the PIDA is one in which the reasonable belief of the individual making the disclosure that one or more the above has been committed, is being committed, or is likely to be committed.

- 3.4 PIDA provides statutory protection for qualifying disclosures, protecting individuals against dismissal, employer reprisals short of dismissal and victimisation as a result of making a disclosure. These rights are day one rights i.e. the whistleblower does not need two years' service as for other employment rights. Provided that a concern is raised in accordance with the law, in good faith and with a reasonable belief that it is true, no action will be taken against anyone reporting a genuine concern even if subsequent investigations do not confirm the concern. If it is found that a concern was raised maliciously and/or to seek personal gain and that the allegations were deliberately false then disciplinary action may be taken against the person making the false allegations, in accordance with the Group's policy.
- 3.5 Whilst the act only applies to qualifying disclosures, the Group promotes a compliance culture in which individuals are able to report any failure to meet expected standards. This policy therefore also encourages disclosure by individuals relating to other matters and requires these, as far as possible, to be regarded and handled in the same way as qualifying disclosures.
- 3.6 The Group will take all reasonable steps to try and ensure that individuals that make disclosures are not victimised, bullied, or otherwise disadvantaged as a result of the disclosure. The Group requires management to be open to concerns regarding allegations of malpractice. Victimising, bullying or any other action by an individual/s intending to deter an employee from making a disclosure, or by way of revenge following a disclosure will be regarded as serious disciplinary offences.

### How to Speak Up

- 3.7 In the first instance, and if appropriate, employees should speak to their own line manager with regards to their concerns. The line manager should then report these concerns to the Director (Business Assurance) immediately. In circumstances where the employee feels that it would be inappropriate to report the concern to the line manager due to their line manager's involvement in, or relationship to, the incident being reported or because the line manager has failed to take the appropriate action when the concern was raised, then it is appropriate for the employee to go directly to the Director (Business Assurance).
- 3.8 Any stakeholder can raise a concern confidentially, using one of the following methods:
  - Email - [internalaudit@progressgroup.org.uk](mailto:internalaudit@progressgroup.org.uk)
  - Phone - 01772 450624
  - Online form - [Whistleblowing | Progress Housing Group](#)
- 3.9 Employees who have serious concerns that cannot be raised through the usual channels can raise these with the Chair of the Group Audit and Risk Committee or the Group Chair (details can be found using the search

function on the intranet). A proportionate and independent investigation will then be undertaken.

- 3.10 If a Governance Member has concerns about the board or the Group that cannot be resolved, these concerns will be shared with the board and formally recorded.
- 3.11 Should any employee or stakeholder feel that they would like to seek some independent advice whilst they are considering making a disclosure the following charity may be able to help. Protect does not investigate concerns but provides free, confidential whistleblowing advice for anyone who is considering or who has raised a concern within their own organisation. Protect's aim is to make the process of whistleblowing work for individuals, organisations and society.

Protect (formerly Public Concern at Work)  
The Green House  
244-254 Cambridge Heath Road  
London  
E2 9DA  
Telephone: 020 3117 2520 (general enquiries and helpline)  
Web: <https://www.protect-advice.org.uk/>

#### The Group's response to concerns raised

- 3.12 All concerns raised will be logged centrally (and on the Group's fraud register if relevant) and will be carefully considered as to the appropriate response and investigation route to be undertaken. The Group's Fraud Response Plan will be followed where appropriate.
- 3.13 The Group will aim to acknowledge all concerns raised within two working days. This acknowledgement will confirm that the concern has been received and that a more detailed contact will be made by the appointed investigating officer within five working days. The length of time taken to complete an investigation will vary according to the concern and its complexity however every effort will be made to reach a timely conclusion without unnecessary delays.
- 3.14 An appropriate person will be identified as the investigator and the person selected will depend on the nature of the concern e.g. an employment related issue may be investigated by the People Team whilst a safety concern may be investigated by Health and Safety.
- 3.15 The level of communication between the investigator and the person raising the concern will depend on the nature of the allegations and the information provided. It is likely that the investigator will need to contact the person raising the concern (unless anonymous) to request more detail and clarification. If the investigator meets with the person raising the concern then the latter has the right to be accompanied by a colleague, friend or other representative.

- 3.16 If the person raising the concern is required to give evidence in subsequent disciplinary or even criminal proceedings, the Group will provide the appropriate advice and support. Wherever possible, the Group will provide feedback to the person raising the concern although the level of detail that can be provided may be restricted for data protection or other legal reasons.
- 3.17 All concerns will be treated in confidence and every effort will be made not to reveal the identity of the employee or stakeholder making the disclosure. If an individual requests that the disclosure is dealt with anonymously, every effort will be made to protect an individual's anonymity; however, the individual should be made aware that if anonymity is preserved, this may inhibit the proper investigation of the alleged malpractice and, in particular, where the individual/s may be required as witnesses to take the investigation further. Individuals must therefore be aware that the Group will make every effort to protect an individual or group, but this may not be possible in all circumstances, particularly when third party agencies are involved in investigating or taking further action with regards to the alleged malpractice. In such circumstances, the individual will be asked to consent to their identity being revealed and this consent must not be unreasonably withheld, as the Group will do everything possible to protect the individual/s interest.
- 3.18 Where a concern has been reported anonymously, the allegation will still be investigated but the ability to investigate the concern or provide feedback as to the investigation's progress will be reduced if there is no one to contact for more information. Whilst the Group prefers that employees and stakeholders disclose their names when raising a concern, anonymous reports of genuine concerns are better than not raising them at all.
- 3.19 If a concern has been reported via this Policy but the person reporting the concern is not satisfied that the Group's response has addressed or investigated the issues raised then, depending on the nature of the concern, there are alternative contacts including the Group's external auditors or relevant professional bodies including the Information Commissioner's Office and the Health and Safety Executive. Disclosure of a concern to a non prescribed body e.g. a newspaper or social media is not covered by whistleblowing legislation therefore it is recommended that appropriate advice is sought prior to raising a concern in this way.

## **4. Roles and responsibilities**

### **The board**

- 4.1 The Group Audit and Risk Committee is responsible for approving this policy.
- 4.2 All Governance Members have the same responsibility as employees in terms of raising suspected concerns.
- 4.3 There could be instances where Governance Members are approached directly by someone wanting to report a concern. Governance Members

should encourage the individual to report their concern using the channels noted above. However, if the individual does not want to or is unable to do this, the Governance Member should make a record of the conversation held and escalate the concern to the Director (Business Assurance) at the earliest opportunity, confirming with that individual whether their details can be shared to enable a full and proper investigation to be undertaken.

#### Internal Audit

- 4.4 The Director (Business Assurance) has overall responsibility for ensuring that this policy remains up to date and that methods of reporting concerns are available and easily accessible.
- 4.5 The Director (Business Assurance) will also ensure that the Fraud Response Plan is followed where relevant, that investigations are undertaken in accordance with it, and in line with the Group's disciplinary policy.
- 4.6 Where relevant, the Director (Business Assurance) will escalate concerns raised to appropriate teams (e.g. People Team, Health and Safety etc.) and will work with these teams to ensure that a full investigation is undertaken.

#### SLT/OLT/Manager responsibilities

- 4.7 In instances where managers are informed by a member of their team of wrongdoing by employees or external organisations they should escalate such concerns to their Director and/or Internal Audit.

#### Colleague responsibilities

- 4.8 All employees have a duty to report suspected concerns, including where they have been received from third parties (e.g. HMRC).
- 4.9 Employees should not investigate concerns themselves, and should take care to avoid doing anything that might prejudice the case against the suspected fraudster.
- 4.10 When requested, all employees should provide assistance to those investigating the concerns.

#### Customer responsibilities

- 4.11 Customers can also report suspected concerns using the same channels available to employees.

#### Stakeholder responsibilities

- 4.12 There may be instances where other stakeholders (e.g. suppliers/contractors) want to report suspected concerns. The same channels noted above are available to stakeholders to do so.



## **5. Training**

- 5.1 All employees and Governance Members will be made aware of this policy as part of their induction.
- 5.2 A fraud awareness e-learning programme is mandatory for all employees to complete every three years.
- 5.3 This policy will be published on the Group's websites.

## Section 3: Legal and regulatory

### 6. Legislation

- Public Interest Disclosure Act 1998

### 7. References

- Any data held or collated within the scope of this policy will be handled in accordance with the Data Protection Act 2018 and the Group's Data Protection Policy.

### 8. Definitions

The Group	Progress Housing Group Limited (and subsidiary companies specified within the entities section)
Progress Homes	The brand name the Group uses when referencing general needs and independent living homes
RWP	The brand name the Group uses when referencing supported living homes
Governance Member	An individual with a service agreement who serves one or more of the Group's boards or committees

### 9. Associated policies and procedures

Document reference	Name of document
GRPOLBA03eia	Equality impact assessment
GRPOLBA03dpia	Data Protection Impact Assessment
GRPOLBA01	Business Integrity Policy
GRPROBA03	Fraud Response Plan

### 10. Equality impact assessment

- 10.1 An Equality Impact Assessment has been undertaken and the outcome deemed to be of low risk to individuals within protected characteristic groups. No actions were identified as a result of the assessment.

## **11. Data protection**

- 11.1 Due to the potential sensitive nature of data that could be collated during fraud investigations, a full Data Protection Impact Assessment (DPIA) has been undertaken.

## **12. Customer Voice and influence**

- 12.1 A Tenant Talk session was held to obtain feedback from tenants on the contents of this policy. Tenants welcomed the various methods in which suspected concerns could be raised.

## **13. Monitoring and review**

- 13.1 This policy will be reviewed every 3 years unless an earlier review is prompted by an external or internal change.