Whistleblowing Policy

Grace and Compassion Benedictines CIO

Whistleblowing is part of the organisation's *duty to protect children, adults, staff, volunteers, and visitors*

Document Title	Whistleblowing Policy
Prepared For	Grace and Compassion Benedictines CIO
Version	2
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CSSA Alignment	Standard 4

1.0 Policy

1.1 It is the Trustees' policy to encourage a culture of openness within the organisation to minimise the risk of malpractice and to safeguard individuals in our care.

1.2 This policy sets out the values, principles and practices associated with the Trustees' approach to the disclosure of information.

1.3 This policy enables staff and other persons to voice concerns in a responsible and effective manner, without fear of reprisal in accordance with the Public Interest Disclosure Act 1998 ["PIDA"]. The Trustees have endorsed the provisions to ensure that no staff member or person feels at a disadvantage in raising legitimate concerns.

1.4 It should be emphasised that this policy is intended to assist individuals who believe they have discovered malpractice, impropriety or abuse that fail to protect people from harm. It is not designed to question financial or business decisions, nor should it be used to reconsider any matters which have already been addressed under harassment, complaint, disciplinary or other procedures.

2.0 Responsibilities

2.1 The delegate or person having an issue reported to them has an absolute duty to ensure that the matter raised is dealt with seriously and promptly and that the employee raising the issue is supported and enabled throughout the process.

2.2 All staff and volunteers with the wellbeing of individuals and the good of the organisation in mind have a responsibility to inform of any serious malpractice or issues that cause concern.

2.3 The internal channel for reporting is as follows:

- Sr Thaya Moses in the first instance; thereafter
- Sr Rosaline Raju (cover to be Sr Kathy Yeeles, Prioress General)
- Sr Carmel Murtagh (Safeguarding Trustee with direct access to the Chairs of Trustees)

2.4 The Core Prescribed Persons are as follows:

- CSSA – Catholic Safeguarding Standards Agency
- RLSS - Religious Life Safeguarding Standards
- Charity Commission – governance, safeguarding failures, financial misconduct
- Ofsted – children's social care, residential schools
- CQC – adult social care
- Local Authority Safeguarding – immediate child/adult protection
- HSE – health & safety
- HMRC – tax irregularities
- Police / IOPC / NCA / SFO – criminal matters
- ICO – Information Commissioner's Office

3.0 Interface with Safeguarding Policy

3.1 Safeguarding route to be used for direct disclosures.

3.2 Whistleblowing to be used where a matter is concealed if you fear retaliation.

4.0 Procedure

4.1 Employees are encouraged to raise issues of genuine concern that affect Sisters or other staff members regarding any qualifying disclosure per PIDA's six categories, and any of the following:

- Breach of the Employment Rights Act 1996
- Any form of malpractice, negligence, abuse, neglect, or lack of care.

- Suspected crime — inside or outside work if staff or persons associated with the organisation are involved.
- Breach of statutory obligations or duties.
- Financial irregularities or corruption.
- Danger to Health & Safety.
- Corruption of the Trustees procedures and regulations.
- Concealment of information relating to the above

4.2 A person may bypass the normal stages of the grievance procedures if it is genuinely believed that any such disclosure of information is in the public interest. The Whistleblowing helpline (tel: 0800 160 1787) is a route through which a person may raise a concern.

4.3 Where a staff member considers that any of the above issues pertain and would cause harm to Sisters or staff, the staff member may initiate this procedure.

4.4 The person would normally first raise the issue with the Delegate.

4.5 Where, for any reason, the person is unable to raise the issue with the Delegate, the Trustees should be informed.

4.6 In any case, a person has a right to take the matter straight to Trustees.

4.7 Issues raised under the Disclosure of Information procedure may be reported verbally to the appropriate manager. Alternatively, the details may be reported giving all appropriate information in writing.

4.8 On receipt of a complaint of malpractice, the member of staff who receives and takes note of the complaint, must pass this information as soon as is reasonably possible, to the appropriate designated investigating officer.

4.9 If there is evidence of criminal activity, then the investigating officer should inform the police. The Trustees will ensure that any internal investigation does not hinder a formal police investigation.

4.10 The investigating officer, should as soon as practically possible, send a written acknowledgement to the individual who has raised the concern and thereafter report back to them in writing the outcome of the investigation and on the action that is proposed.

4.11 If the investigation is a prolonged one, the investigating officer should keep the complainant informed, in writing, as to the progress of the investigation and as to when it is likely to be concluded.

4.12 All responses to the complainant should be in writing and sent to their home address.

4.13 If the complainant is not satisfied that their concern is being properly dealt with by the investigating officer, they have the right to raise this in confidence with a more senior person, or with the Trustees.

4.14 If the investigation finds the allegations unsubstantiated and all internal procedures have been exhausted, but the complainant is not satisfied with the outcome of the investigation, the Trustees recognise the lawful right of employees and ex-employees to make disclosures to prescribed persons such as the Health and Safety Executive, or where justified, elsewhere.

5.0 Timescales

5.1Where the Whistleblowing helpline is contacted and advised that an individual is immediately at risk, the 'on call' Manager will respond to the call within 5 working days (initial assessment within 10 working days). Where there is no immediate risk, the Delegate will respond to the caller by the next working day.

5.2 Due to the varied nature of these sorts of complaints, which may involve internal investigations and/or the police, it is not possible to lay down precise timescales for such investigations. The investigating officer should ensure that the investigations are undertaken as quickly as possible without affecting the quality and depth of those investigations.

6.0 Protection

6.1 Staff members are assured that no action will be taken against them for raising any issues by using the whistleblowing procedure provided, if the matter is raised in good faith, is true and is not raised for the purpose of personal gain or of any form of malice.

6.2 Matters raised and investigations are confidential but if a matter is raised the Trustees are duty bound to take appropriate action. Anonymity of the "whistle blower" is not guaranteed if, for example, evidence is required before a hearing.

6.3 Failure to follow the appropriate route for raising such concerns or where allegations prove to be malicious, such conduct may constitute a disciplinary offence.

7.0 Whistleblowing Register

7.1 A whistleblowing register will be maintained for trend analysis purposes.

8.0 Support for whistleblower and respondent

8.1 Requests for support from either party will be directed to the Prioress General for consideration.

9.0 Anonymous Allegations

9.1 This policy encourages individuals to put their names to any disclosure they make. Concerns expressed anonymously are much less credible, but they may be considered at the discretion of the Trustees.

9.2 In exercising this discretion, the factors to be taken into account will include:

• The seriousness of the issue raised
• The credibility of the concern
• The likelihood of confirming the allegation from attributable sources

10.0 Untrue Allegations

10.1 If an individual makes an allegation in good faith, which is not confirmed/substantiated by subsequent investigation, no action will be taken against that individual

8.2 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 taken against that individual.

Approval and Sign-off

This Policy is adopted by Grace and Compassion Benedictines and approved by the Board of Trustees.

Role	Name	Signature	Date
Congregational Leader / Prioress General	Sr Kathy Yeeles	*Sr Kathy Yeeles*	July 2026
Designated Safeguarding Lead (DSL)	Sr Thaya Moses	*Sr Thaya Moses*	July 2026
Safeguarding Trustee (on behalf of the Board)	Sr Carmel Murtagh	*Sr Carmel Murtagh*	July 2026

Version History

Version	Date	Summary of Changes	Approved By
Version 1	October 2025	Grace and Compassion Benedictines CIO	General Councillors