



Whistleblowing Policy

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1. Introduction

This policy applies to all Companies and Divisions of On Line Group Limited, including On Line Design & Engineering Limited, On Line Support Personnel Limited, On Line People Limited, Media Excel Limited and BPE Design & Support Limited hereafter referred to as “OLG” in this policy.

This policy applies to all individuals working at all levels and grades, including shareholders, directors, senior managers, officers, employees, consultants, contractors, trainees, home workers part-time and fixed term employees, casual and agency staff hereafter referred to as “employees” in this policy.

This procedure does not form part of any employee’s contract of employment. It may be amended at any time and we may depart from it depending on the circumstances of any case.

All organisations face the risk of things going wrong or of unknowingly harbouring malpractice. By promoting a culture of openness withing OLG, employees, partners and other stakeholders are encouraged to raise issues which are of concern at work. By knowing about malpractice at an early stage, steps can be taken to safeguard the interests of all staff and prevent fraud and corruption before it happens.

Employees should not hesitate to “speak up” or “blow the whistle” if they believe malpractice may be occurring.

2. Aim

The aim of this policy is to help employees raise any concerns they may have about colleagues or OLG with, in confidence and without having to worry about being victimised or disadvantaged in any way as a result.

The policy will ensure everyone is aware of what to do and the appropriate person to notify in the event of concerns around serious malpractice, breaches of regulations or criminal offences and will allow for investigation of matters where there is ‘reasonable belief’ that malpractice is or may be occurring. It will also advise on the protection they will receive from OLG offered under the Public Interest Disclosure Act 1998 (PIDA).

It should be noted that the whistleblowing procedures should not be used in relation to employee grievances concerning individual terms and conditions of employment or other aspects of the working relationship which are handled under the OLG Grievance Policy.

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3. What is Whistleblowing?

Whistleblowing is the reporting of suspected wrongdoing or dangers in relation to our activities. This includes bribery, fraud or other criminal activity, miscarriages of justice, health and safety risks, damage to the environment and any breach of legal or professional obligations.

Sometimes we may have concerns about events that are taking place at work. Generally, these concerns are resolved through the provision of information and informal discussions with the Line Manager or other senior people. When an individual feels that the informal route is not appropriate, they make a formal disclosure.

The term 'Whistleblowing' is used to describe a formal disclosure of alleged corruption, malpractice or wrongdoing made to the appropriate person in authority. In the case of OLG this disclosure might be based on a colleagues conduct during the course of employment or about OLG systems, procedures or custom and practice.

4. Protection of the whistle-blower

OLG is committed to the **Whistleblowing Policy** and individuals are encouraged to raise concerns about malpractice in the context of the policy. Concerns will be treated seriously, and actions taken in accordance with this policy.

Individuals may be anxious that, by reporting genuine whistleblowing concerns their actions may leave them vulnerable. It is important to emphasise that OLG will not tolerate the victimisation, intimidation or penalisation of anyone raising a genuine concern, anyone involved in the subsequent investigation or anyone acting as a witness.

Anyone responsible for any such action against individuals making genuine disclosures will be the subject of disciplinary action.

Whistle-blowers receive protection under the PIDA Act. Further information can be found at the end of the policy under Appendix 1.

5. Reporting your concern informally

5.1. Employees may informally raise their concern with their Line Manager first. This may be a verbal discussion or in writing. The issue will be treated in confidence. If the Line Manager cannot deal with it they should take it to their Director or the next most senior person within OLG.

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- 5.2. If the employee feels the Line Manager is an inappropriate person to talk to, they may take their concern to their Director. If the concern involves a Managing Director, the employee or manager/appropriate Director may talk to the Chief Operating Officer (COO).
- 5.3. Any concerns regarding the COO should be directed towards the Chairman who will investigate and take the necessary action.
- 5.4. Where the individual is not comfortable speaking with the managers and remains unsure whether to use this procedure or to begin whistleblowing action, then they can obtain independent advice by contacting the charity **Protect** on **020 3117 2520** or via their website <https://protect-advice.org.uk/>.
- 5.5. All concerns will be investigated and dealt with as appropriate. The Manager involved will ensure that the COO is informed and involved as appropriate (unless the COO themselves is implicated, in which case the Chairman). The staff member who raised the concern or issue will be informed of the outcome of the investigation and what, if any, action has been taken.
- 5.6. If the staff member is unhappy about the speed, conduct or outcome of the investigation, they should put their concerns in writing to the COO. They should write to the Chairman if the COO is personally involved or to a Shareholder if it is inappropriate to involve the Chairman. The COO (or Chairman / Shareholder) will investigate the complaint, and report back to the member of staff with their findings and what, if any, action has been or will be taken.

6. Reporting your concern formally

- 6.1. Upon reaching a decision to carry out a formal disclosure employees and associated persons should be reminded of their duty of confidentiality to both OLG and its clients, partners and suppliers. All formal concerns **must** be raised in writing (in a letter or in an email) to the COO or Chairman, or another OLG Director if it is inappropriate to involve the COO / Chairman, who will handle the disclosure to the agreed procedures in place. The person receiving the disclosure is referred to throughout this policy as the Appropriate Person, and will remain consistent throughout the process.
- 6.2. Importantly, and to guarantee protection under the regulations, a whistleblower must meet **specified criteria** so that their disclosure can be considered a qualifying disclosure under the PIDA Act. These are as follows:
- The disclosure **must** be made to an appropriate person.

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- The person making the claim must have reasonable belief that wrongdoing is being or is about to be committed.
- The disclosure must reasonably believe it to be substantially true and that the disclosure is in the public interest.
- The person making the claim should not collect the information to support the allegations improperly.

7. Malicious Whistleblowing

7.1. Where it is found that the whistle-blower makes an allegations maliciously, and:

- Does not act in the public interest;
- Makes an allegation without having reasonable grounds for believing it to be substantially true;
- Collects the information to support the allegations improperly; or
- Makes an allegation for personal or third-party gain.

7.2. They will be subject to formal disciplinary action, up to and including dismissal and in some cases may be subject to criminal investigation where illegality has occurred in order to achieve those aims.

7.3. Additionally where this criterion is met or the employee engages in improper conduct in relation to whistleblowing, they are unlikely to be protected as a whistle-blower under the PIDA Act.

8. Reporting by non-employees

8.1. Whilst the majority of disclosures will be made by employees, there is scope within the legislation for non-employees and those associated with OLG to raise whistleblowing concerns. This may include customers, partners, suppliers or other persons with an association to OLG. Members of the public may also feel they wish to pursue a matter they feel is in the public interest.

8.2. The procedure will not differ from that of an employee.

8.3. It is worthy of mention that non-employees may not follow the procedure as prescribed and may take other routes to disclosure; as such it is important to be vigilant when considering or taking into account any complaint made by individuals who are not directly employed by or associated with OLG.

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9. Handling the disclosure

- 9.1. Upon receipt of the disclosure, a meeting to discuss the concerns will be offered and held within a reasonable period. The meeting will be held in a confidential and private location and the following persons will be present, the employee raising the concern and the Appropriate Person to whom the concern has been raised (COO, Chairman or Shareholder – as set out in 6.1, above).
- 9.2. This meeting will be of an exploratory nature depending on the nature of the concern and the employee can bring along someone to accompany them should they wish to. The individual will have the opportunity to detail the reasons for their disclosure and will use the meeting to share concerns; and share any supporting facts with the Appropriate Person chairing the meeting.
- 9.3. The appropriate person will make a formal note of the meeting, which is shared with the whistleblower within an agreed timeframe. The Appropriate Person will then notify the Chairman and COO (unless one or both is implicated) that a whistleblowing disclosure has been made, and conduct the investigation. The identity of the whistle-blower will be protected throughout this process.
- 9.4. The appropriate person will, having taken into account all the information presented, then agree with the individual the likely course of action in terms of next steps or remedying the situation; and agree timescales for action. The appropriate person will ask for any supporting proof presented at the meeting to be submitted as part of the process.
- 9.5. Once the meeting has taken place the appropriate person to whom the disclosure was made will consider the information and decide whether there is a case to answer or whether an investigation should be conducted to establish the facts, who will undertake the investigation and what form it should take.
- 9.6. If the disclosure falls more properly within other procedures (e.g. Disciplinary or Grievance) then they will advise you of this.
- 9.7. The appropriate person to whom the employee initially makes the disclosure will, unless the employee is advised otherwise, act as the main point of contact in the matter and will be responsible for keeping the employee up-to-date on the outcome of investigations carried out and any actions taken as a result of the investigation.
- 9.8. However where this impacts on the duty the organisation has to the confidentiality and safety of others, they may confirm the limits to the information that can be provided.
- 9.9. If, following the meeting, the appropriate person to whom the disclosure is made decides not to proceed with an investigation, this decision will be explained as fully as possible to the complainant.

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It is then open to the complainant to appeal against the outcome to the Shareholders. The details of which will be provided to the employee making the disclosure by return.

9.10. Whistleblowing incidents will be recorded on a central register by the Appropriate Person which outlines the date of the incident and who the Appropriate Person is. On the occasion that the Appropriate Person leaves, stands down from the board, their records must be shared with another person, usually the COO or the Chairman unless exceptional circumstances apply.

10. External disclosure

10.1. It is hoped that this procedure will provide employees with the assurance they need to raise whistleblowing issues with OLG internally. However, we accept that there may be circumstances where employees feel it is more appropriate to make the disclosure to an external body. This is known as a 'Public Disclosure'.

10.2. An external body may be non-regulatory; such as an MP or the police. Or, alternatively may be regulated, in which case, the disclosure can be made to 'prescribed' persons should the malpractice fall within that body's regulatory remit. These can include (but not limited to):

- HM Revenue and Customs
- The Health and Safety Executive
- The Commissioners of Customs and Excise
- The Environment Agency
- The Information Commissioner
- The Financial Conduct Authority, or
- The Serious Fraud Office.

10.3. The disclosure will be protected under the legislation in the same way as a disclosure made internally as long as it meets the same satisfying conditions.

10.4. In this instance it is pragmatic to seek independent advice on this course of action prior to making this move which can be found by contacting the charity **Protect** on **020 3117 2520** or via their website <https://protect-advice.org.uk/>. Protect will be able to advise individuals whether in their opinion, the disclosure to an outside body is advisable, would be appropriate, and under what circumstances they should consider contacting an outside body and how.

10.5. A full list of prescribed persons and bodies can be found in the schedule to the Public Interest Disclosure (Prescribed Persons) Order 1999 (SI 1999/1549).

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10.6. In the event of an external disclosure the relevant regulatory or non-regulatory body will carry out investigations as necessary and to the procedures and processes set out by them.

11. Anonymous disclosure

11.1. The identity of the individual raising the disclosure will be kept confidential, if so requested, for as long as possible, provided that this is compatible with a proper investigation.

11.2. In view of the protection afforded to an individual raising a genuine concern, it is considered desirable that they disclose their name. However, there may be special or unusual circumstances where an individual considers it necessary to make an anonymous disclosure.

11.3. Where an anonymous disclosure occurs the disclosure will be accepted and treated equally with those bearing a name. Anonymous claims can at times be more difficult to investigate as there is not the option to seek further information during investigation, and claimants cannot be contacted to discuss the outcome, however this should not act as a barrier to making an anonymous disclosure if the individual feels that this is the best course of action for them.

12. Disclosure to the media

12.1. It is advised that internal procedures surrounding whistleblowing should be followed before any disclosures to the media are made. External disclosures made that have not first followed internal procedures may be considered an unreasonable action under PIDA (see Appendix 1) and can potentially lead to disciplinary proceedings.

12.2. If you feel that your concern is not being dealt with properly through OLG's Whistleblowing Policy and internal procedures, we recommend seeking legal advice before making any further disclosures as PIDA only affords protection to whistle blowers in certain circumstances.

13. Link to anti-bribery

13.1. OLG recognises that bribery and corruption are both serious matters and may be the subject of whistleblowing activity.

14. Policy Maintenance

Supporting standards, guidelines and procedures will be issued on an ongoing basis by OLG. Users will be informed of any subsequent changes or updated versions of such standards, guidelines and procedures by way of e-mail or other relevant communication media. Users shall then have the obligation to obtain the

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current information systems policies from the Staff Portal or other relevant communication media on an ongoing basis and accept the terms and conditions contained therein.

15. Deviations from Policy

Unless specifically approved, any deviation from this policy is strictly prohibited. Any deviation from or non-compliance with this policy shall be reported to the Policy Owner.

16. Policy Review

This policy will be reviewed as it is deemed appropriate, but no less frequently than every 24 months.

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Revision Control

Policy Author:	S A Laird
Policy Owner:	Corporate Governance
Approval Date:	20/09/2021
Approved By:	OLG Board of Directors

Revision History

Rev. Nº	Date	Description of Change
0	30/05/2019	First Issue (previously only located in Staff Handbook)
1	20/09/2021	Policy rewritten
2		
3		
4		
5		

Referenced Documents

OLGSP 0009	Disciplinary Procedure
OLGSP 0015	Grievance Policy