

Dear Sir/Madam

Thank you for your Freedom of Information request concerning Whistle-blowers.

The Trust can provide the following information:

1. Please state the number of reported whistleblowing cases involving staff of the Trust for 2011, 2012, 2013 and 2014 to date.

2

2. Please break down the number of cases in each calendar year.

2011-0

2012-0

2013-1

2014-1

3. In each case, please state whether wrong doing was found against the staff and what actions were taken, including but not limited to: dismissed for gross misconduct, fraud, theft, a final written warning, a verbal warning, referred to the Standards and Ethics Board etc.

No formal action taken against any individual

4. Please state the number of reported whistleblowing cases involving elected members for 2011, 2012, 2013 and 2014 to date.

0

5. Please break down the number of cases in each year.

N/A

6. In each case, please state whether wrong doing was found against the elected member and what actions were taken, including but not limited to: dismissed for gross misconduct, fraud, theft, a final written warning, a verbal warning, referred to the Standards and Ethics Board etc.

N/A

7. In 2011, 2012, 2013 and 2014 how many staff have been investigated for allegations of fraud, corruption, misappropriation of funds, acceptance of bribes or gifts contrary to the Bribery Act 2010 or theft?

Please break this data down by calendar year.

2011-1

2014-1

8. In each case, what were the outcomes of any such investigations?

2011- Dismissal

2014- Written warning

9. Please supply a copy of both your Whistleblowing Policy and your Anti Bribery Policy.

Please see below

If you have any queries about this response please contact the information governance manager at foi@homerton.nhs.uk , in the first instance. If, following that, you still have any concerns, you may contact the Information Commissioner either by letter, FOI/EIR Complaints resolution, Wycliffe House, Water Lane, Wilmslow, Cheshire SM9 5AF, or by email www.informationcommissioner.gov.uk to take them further.

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Yours sincerely

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Information Governance Administrator

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Information Governance Manager/Deputy Calidcott Guardian

Incorporating hospital and community health services, teaching and research

Raising Concerns at Work (Whistleblowing) Policy & Procedure

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1. INTRODUCTION

- 1.1. The Trust is committed to encouraging a climate of openness, honesty and continuous improvement. Key to achieving this aim is the creation of an environment that enables employees to safely raise concerns about health care, and other service related matters, in a reasonable and responsible way, without fear of victimisation or reprisal. This is also in line with what has been recommended in the Francis Report.
- 1.2. This policy is to be used where a worker must have a reasonable belief that their disclosure is “in the public interest”.
- 1.3. Staff are encouraged to raise concerns about health service issues, financial malpractice, unlawful conduct or dangers to the public or environment. Most of these concerns can be dealt with through the existing procedures, e.g. complaints, harassment and bullying, grievance procedures. However, the Trust recognises that there may be occasions when staff will want to express concerns of a confidential nature outside of existing reporting structures and seek anonymity or at least some degree of confidentiality when doing so.
- 1.4. In accordance with the ‘NHS Executive Health Service Circular – HSC 1999/198’ and ‘Clinical Governance Guidance March 1999, the Trust is required to put in place arrangements to ensure that employees are supported in their duty to report any concerns at work including colleagues’ professional conduct and/or performance.
- 1.5. Under the Public Interest Disclosure Act 1998, employees who have an honest and reasonable suspicion that corruption and malpractice has occurred and/or is likely to occur at work, and speak out against it, have statutory protection against victimisation, disciplinary action and dismissal.
- 1.6. Individual members of staff, therefore, have both a right and a duty to raise, with their Employer, any matters of concern they may have.
- 1.7. The policy is intended to complement professional and ethical guidelines of bodies such as the NMC, HCPC and GMC as well as professional organisations.
- 1.8. The Public Interest Disclosure Act 1998 came into force on 2 July 1999. The purpose of the Act is to provide a framework of legal protection for individuals who disclose information which exposes malpractice and matters of similar concern. This policy seeks to implement and support these legal rights.
- 1.9. All concerns, when raised responsibly and with due respect to confidentiality, will be taken seriously, investigated and staff informed of the outcomes. All staff raising concerns under the policy will be protected from victimisation.

2. SUMMARY & PURPOSE

2.1. The purpose of this policy is to encourage and provide the means for all employees, trainees, agency staff and contractors to raise and discuss genuine concerns they have about wrongdoing, corruption, malpractice and danger which relate to:

- Risks to patients
- Maltreatment of patients (including all forms of discrimination)
- Risks to relatives
- Risks to staff
- Fraud, corruption and financial malpractice – including inappropriate hospitality (refer to the Trust's Hospitality Policy)
- A criminal act
- A failure to comply with a legal obligation (including negligence, breach of contract, breach of administrative law)
- A failure to comply with a professional obligation (i.e. professional codes of conduct)
- Concerns about an individual's fitness to practice
- A miscarriage of justice
- A risk to health and safety
- Damage to the environment
- Any attempt to intentionally withhold information/mislead regarding any of the above

2.2. The above list is not exhaustive and there may be areas of concern not covered above, about which it would also be appropriate to raise under the policy.

2.3. This procedure excludes issues covered by separate procedures, including the:

- **Grievance Procedure**

To be used when members of staff feel unfairly treated within the workplace by managers or colleagues.

- **Harassment and Bullying Procedure**

To be used when staff perceive they are being bullied or harassed by managers or colleagues.

- **Incident and Accident Reporting Procedure**

To be used when actual or potential ("near misses") accidents or incidents occur in the workplace.

- 2.4. The Public Interest Disclosure Act 1998 came into effect in July 1999. Under this Act, all staff who have an honest and reasonable suspicion that corruption, malpractice or failure to comply with a legal or regulatory obligation, are able to raise these concerns confidentially and without fear of victimisation, recrimination or harassment.
- 2.5. The trust acknowledges it is not easy to report a concern, particularly one that relates to financial misconduct, poor practise, fraud, corruption, abuse and other aspects of misconduct or criminal behaviour. However, the Trust is committed to encouraging staff or others with serious concerns to take responsibility and report such concerns with confidence and trust.
- 2.6. The aim of this procedure is to enable staff to raise your concerns at an early stage and in the best way. The Trust would rather that the matter be raised when it is just a concern, rather than it be ignored.
- 2.7. If the Trust discovers that this confidential reporting process has been abused and that allegations have been raised maliciously or in bad faith or without reasonable belief, the Trust will treat this as a serious disciplinary matter. No one who comes forward in good faith and/or with a reasonable belief has anything to fear even if it turns out that his or her concerns were unfounded.

3. SCOPE

This policy applies to all employees present and pas of this trust in all locations including the Non Executive Directors, Temporary Employees, Locums and contractor staff.

4. CONFIDENTIALITY ISSUES WHEN RAISING CONCERNS

- 4.1. Employees have a duty of confidentiality to patients and clients. Unauthorised disclosure of patient or client identifiable information to third parties outside of the Trust which is not provided for in the Policy will be regarded as an extremely serious matter which may potentially warrant disciplinary action. This Policy encourages staff to raise concerns internally (Section 5). However, the Trust recognises that appropriate regulatory bodies may sometimes be used (Section 7). In this case advice should be sought from independent bodies (Section 6) before any patient or client identifiable information is disclosed.

- 4.2. Employees also have an implied duty of confidentiality and loyalty to the Trust. Employees are reminded that disclosure of information obtained by them in the course of their employment will always be regarded as a most serious matter warranting disciplinary action unless the disclosure is specifically:
- Authorised by the Trust
 - Consistent with this procedure
 - Justifiable under the terms of the Public Interest Disclosure Act 1998
- 4.3. An employee will be protected under this procedure and the Public Interest Disclosure Act 1998 if they have an honest and reasonable suspicion that malpractice has occurred and/or is occurring or is likely to occur.
- 4.4. The Trust will not tolerate the harassment or victimisation of anyone raising a concern. However, it is recognised that employees may nonetheless want to raise a concern in confidence under this policy. If employees ask that their identity be protected and confidentiality be respected, it will not be disclosed without full consent.
- 4.5. The exception is when the Trust may be obliged to reveal an employees identity, based on legal advice, where investigation of serious allegations leads to the establishment of an external enquiry, police action against individuals, or potential dismissal of employees. If it becomes clear that any of these may apply, a discussion will take place with the employee regarding how the trust proceeds, prior to any disclosure of an employee's identity being made.
- 4.6. Deliberate abuse of this policy through the raising of concerns falsely and maliciously could result in disciplinary action.

5. DISCLOSURE OF CONCERNS TO THE MEDIA

- 5.1. Disclosure of concerns to the media should only be considered when all other channels outlined in this policy have been exhausted. Despite an increasing trend everywhere to air issues in the media, it is essential that members of staff pursue their concerns internally first and seek to achieve a satisfactory resolution. This ensures that patient and other confidentiality can be maintained and issues are dealt with constructively. Should the Trust's internal efforts fail to address legitimate concerns properly raised then recourse to the media may become an appropriate course of action if the member of staff has a genuine belief in the wrongdoing and it is in the wider public interest to contact the media. However, this action must not compromise patient confidentiality.

- 5.2. The Public Interest Disclosure Act directs the worker toward raising the matter internally in the first place and, where there is an internal whistleblowing procedure, to use it. However the Act will protect workers where they make external disclosures in a range of circumstances. If a worker chooses to disclose information in a way that is not covered by the Act, s/he will lose its protection.

6. STAFF RIGHTS, SUPPORT AND DUTIES

- 6.1. The Trust will take seriously any concerns raised by an employee, in good faith, and aim to investigate the concern in the shortest time possible.
- 6.2. The employee raising concerns will be protected from potential reprisals or victimisation. This may require temporary relocation of either the member of staff raising the concern or a member of staff being investigated. Any evidence that harassment or victimisation is occurring will be considered a serious disciplinary offence and will be dealt with under the Trust's Disciplinary Procedure.
- 6.3. However, malicious allegations can be extremely destructive both within and outside the Trust. Any allegations found to be malicious in nature will be dealt with under the Trust's Disciplinary Policy and may result in dismissal.
- 6.4. The employee raising the concern will be made aware of the arrangements for the investigation. They will be provided with support, as appropriate (i.e. counselling, 1:1 time with appropriate managers); will be kept regularly updated of progress and, wherever possible will be informed of the resolution.
- 6.5. Any employees participating in the investigation may be accompanied or represented by his or her trade union representative, or work colleague employed by the trust, at any stage during this process. It will be the employee's responsibility to contact their representative and ensure their attendance at interviews.
- 6.6. Employees participating in the investigation will be expected to maintain confidentiality regarding the investigation.
- 6.7. In extreme circumstances (e.g. ongoing fraud) the Trust reserves the right not to inform the employee/s being investigated until absolutely necessary.

7. HOW TO RAISE A CONCERN

7.1. Using the Informal Procedure

- 7.1.1. Ideally staff should wherever possible discuss their concerns with their immediate line manager. The manager with whom you raise the concern is responsible for either dealing with the matter directly or nominating an investigating manager, who will ensure that the concerns are appropriately investigated.

7.1.2. If the staff member feels that the issue is sensitive and/or serious or that the manager is personally involved or implicated in the issue of concern then the approach should be as for the formal procedure (see below).

7.1.3. If the issue is one of fraud or corruption then it should be raised with the Director of Finance and/or the Trust's Local Counter Fraud Specialist, An issue of fraud or corruption should not be reported directly to a manager.

7.2. Using The Formal Procedure

7.2.1. The formal procedure should be used if:

- On raising the issue with the Line Manager, no satisfactory action is taken
- The employee believes the manager is involved in the issue being raised
- The issue is of a sensitive or serious nature, e.g. patient safety, neglect
- The person raising the concern is not directly employed by the Homerton (e.g. contractors, agency staff, locums, students attached to the Trust.)

7.2.2. To report an issue of concern under the formal procedure members of staff should contact the "Designated Manager" (Associate Workforce Director or Head of Employee Relations) using one of the following methods:

- By Telephone
- By letter:

Raising Concerns at Work – Confidential

Associate Director of Workforce or Head of Employee Relations
Human Resources Department
Homerton Hospital
Homerton Row
London, E9 6SR

If the matter cannot be raised with the Associate Director of Workforce / Head of Employee Relations, staff should contact the Chief Executive.

If your concern is about the most senior person in the Trust, you can raise your concern with the Chair of the Board, who will decide on how the matter should be taken forward.

If employees wish to raise the matter in confidence they will need to indicate this at the outset so that appropriate arrangements can be made.

8. RAISING CONCERNS IN CONFIDENCE

- 8.1. Staff who raise a concern under this policy may not want their identity to be disclosed. If the Trust is not able to deal with the concern unless the staff member's identity is revealed, this will be discussed and disclosure would only take place with the explicit consent of the individual raising the concern.
- 8.2. If staff want to raise a concern anonymously they can do, however, through not revealing their identity this then makes it difficult to investigate concerns raised in this way.

9. INDEPENDENT ADVICE AND SUPPORT

Staff who are unsure whether to use this procedure or who want independent advice at any stage, may contact:

- Their Trade Union/ Regulatory Bodies;
- National whistleblowing helpline on 08000 724 725 or send your enquiries to enquiries@wbhelpline.org.uk or you can visit their website for more information: <http://wbhelpline.org.uk/>
- Visit NHS Employers website for further information;
- Staff can also contact the Care First which is a free and confidential Counselling Service on 0800 174 319;
- Local Counter Fraud Specialist on 020 3132866 or 07795 685 402
email: macks.robertson@parkhill.org.uk

10. RAISING CONCERNS WITH EXTERNAL BODIES

While the Trust hopes this policy gives staff the reassurance they need to raise such matters internally, the Trust would rather staff raised a matter with an appropriate regulator or body than not at all. Provided staff are acting in good faith and have evidence to back up their concern, they can also contact:

Health & Social Service Matters	Care Quality Commission	03000 616161
Health & Safety matters	Health & Safety Executive	0845 300 99 23
Fraud and Corruption	Local Counter Fraud Specialist	020 33132866 or 07795 685 402
Financial matters	Audit Commission	0844 798 1212
Abuse of older people	Action on Elder Abuse	0800 731 4141
Issues of concern for patients/public	Patient Advice and Liaison Service	020 8510 5144
	Health and Care Professionals Council	0116 254 9568
	General Dental Council	0845 300 6184
	General Medical Council	0845 222 4141
	Royal College of Speech & Language Therapists	0161 923 6277
	Royal Pharmaceutical Society	020 7378 3012
	Nursing & Midwifery Council	845 2570

11. INVESTIGATION UNDER THE INFORMAL PROCEDURE

11.1. Should a line manager receive an issue of concern from a member of staff under the informal procedure of this policy, they are required to:

- Acknowledge receipt of the concern raised through meeting with the member of staff to communicate the Trust’s commitment to tackling issues of concern and gain additional information if required. This should be followed up in writing, normally within 7 calendar days.

- Investigate the issue of concern in a timely, sensitive, confidential and thorough manner.
 - Seek advice from experts where appropriate (e.g. relevant health care professionals, finance staff, the Clinical Governance Team).
- 11.2. Report back to the member of staff who raised the issue of concern, detailing the findings of the investigation and what action will be taken, if any.
- 11.3. If the member of staff raising the concern feels that the issue has not been investigated thoroughly enough or the action taken following the investigation does not adequately address the issue raised then they should follow the formal procedure.
- 11.4. If the manager feels that they are unable carry out the investigation they should contact the “Designated Manager” (Associate Director of Human Resources or Head of Employee Relations) as soon as is practicable.
- 11.5. All staff involved in the investigation will be required to maintain confidentiality in relation to the issues being raised.
- 11.6. At all stages written records of the investigation process and any communication (written or verbal) relating to it should be kept. Managers receiving concerns about external organisations e.g. Mental Health Trust, Acute Trust, General Practices, Education, Social Services etc. should consult with the Designated Manager (Associate Director of Human Resources or Head of Employee Relations) regarding the action to be taken.

In cases of suspected fraud or corruption, the Trust’s nominated specialist for Fraud and Corruption, the Local Counter Fraud Specialist, must be contacted to ensure that the investigation complies with the provisions.

Local Counter Fraud Specialist: Macks Robertson

Office Number: 020 33132866; **Mobile Number:** 07795 685 402

Email Address: macks.robertson@parkhill.org.uk

Address: 2nd Floor South Admin Block, Hammersmith Hospital, Du Cane Road, W12 0HS

12. INVESTIGATION UNDER THE FORMAL PROCEDURE

- 12.1. The “Designated Manager” (Associate Director of Human Resources or Head of Employee Relations) will arrange for any allegations that have been brought formally to be investigated appropriately.

- 12.2. Receipt of the concerns raised, will be responded to, in writing, within 7 calendar days.
- 12.3. The “Designated Manager” (Associate Director of Human Resources or Head of Employee Relations), should inform the Local Counter Fraud Specialist of any allegations that concern improper or unauthorised use of public or other funds, fraud, corruption or financial irregularity to ensure that the investigation is undertaken in line with the provisions of NHS Protect.
- 12.4. The “Designated Manager” (Associate Director of Human Resources or Head of Employee Relation) will inform the Medical Director or Director of Nursing of any allegations that concern professional conduct.
- 12.5. The “Designated Manager” (Associate Director of Human Resources or Head of Employee Relations) will inform any other relevant Director’s if necessary.
- 12.6. At the outset of the investigation an investigating officer, at the appropriate level, who is from a different Directorate from the area being investigated, will be appointed and made known to the person raising the issue. The investigating officer will be nominated by the Executive Director from the Directorate the allegation(s) lie within.
- 12.7. This Investigating Officer will be responsible for conducting any investigation under this policy in an appropriate, timely and sensitive manner. The officer will also be required to be impartial and capable of taking an independent view.
- 12.8. Throughout the process robust written records of the investigation process and any communication (written or verbal) relating to it will be made.
- 12.9. The Investigating Officer will meet with the individual raising the concern, in private, as soon as possible. The purpose of the meeting will be to communicate that the Trust takes all such issues seriously and recognises that raising concerns can be a difficult experience for members of staff and to explore further the concern raised.
- 12.10. Depending on the nature of the issue raised expert advice may be needed. This could for example involve members of professional bodies or experts in specialist fields from other NHS organisations.
- 12.11. As a guideline staff who have raised a concern should receive a written response within 20 calendar days outlining the action taken. This written response should be followed up by a meeting between the Investigating Officer and the member of staff raising the concern to ensure the action taken is understood and acceptable. Staff raising concerns, are at all times, entitled to be accompanied by a friend or trade union representative.

- 12.12. If for any reason the time-scales outlined are proving difficult to achieve, the member of staff raising the concern should be informed of this in writing.
- 12.13. On completion of all preliminary interviews the investigating officer will send the final draft report to the “Designated Manager” (Associate Director of Human Resources or Head of Employee Relations)
- 12.14. On completion of the investigation, the “Designated Manager” Associate Director of Human Resources or Head of Employee Relations will consider the investigating officer’s report. Action that could be considered following this may include:
- Education/Development interventions
 - Disciplinary action, where there is sufficient evidence to support such action
 - Clinical Audit
 - Risk assessment
 - Where there is evidence of criminal activity, the police will normally be informed following consultation with the Local Counter Fraud Specialist, where appropriate.

13. ROLE OF THE DESIGNATED MANAGER

The role of the Designated Manager (Associate Director of Human Resources or Head of Employee Relations) will be to:

- Act as a point of contact for employees seeking advice and support in relation to raising concerns under this procedure and be impartial and capable of taking an independent view of the concern raised;
- Oversee the operation of this procedure;
- Maintain records of any complaints brought under this procedure;
- Monitor any trends;
- Ensure recommendations are implemented and carried through;
- Make judgements as to the involvement of external bodies, e.g. Health Commission/Counter Fraud/Audit Commission/Health and Safety Executive/National Clinical Advisory Authority, where necessary;
- Ensure that staff raising concerns are protected from possible reprisals or victimisation. This may require temporary relocation of either the member of staff raising the concern or a member of staff being investigated;
- Advise Managers on how to take forward concerns that involve other organisations (e.g. Social Services, Local Trusts, GPs, Schools, etc). This will entail gathering documentary evidence and contacting appropriate officers within other organisations to ensure concerns raised are dealt with effectively;

- Provide reports to the Board on the general uptake and application of the policy;
- Co-ordinate investigations under the formal part of the policy;
- Keep the Chief Executive informed of investigations conducted under this policy.

14. APPEALS

If the member of staff who raised a formal concern is unhappy with the Trust’s response, appeals may be made to the Chief Executive.

15. REFERENCE TO OTHER POLICIES

Other Trust policies that operate in tandem with the Whistleblowing Policy and Procedure are the Trusts’ Grievance; Counter Fraud and Corruption and Hospitality Policies.

16. REVIEW

This policy & procedure needs to be reviewed on a regular basis to ensure that it works effectively and meets the needs of staff and the organisation.

17. MONITORING & AUDIT

Measurable Policy Objective	Monitoring /Audit	Frequency of monitoring	Responsibility for performing the monitoring	Monitoring reported to which groups/committees, inc responsibility for reviewing action plans
Staff awareness of Policy	As part of staff survey	Annually	Chief Nurse	Governance & Risk Committee
	No. of reported incidences	Qly	Director of Finance	Audit Committee
Policy KPIs adhered to	Reporting on KPI’s	Annually	Chief Nurse/Director of Finance	Audit Committee & Risk committee

The Public Interest Disclosure Act 1998 (PIDA) encourages employees to raise concerns about malpractice in the workplace. The Act applies to genuine concerns about crime, civil offences (including negligence, breach of contract, breach of administrative law), danger to health and safety or the environment and the cover up of any of them. It applies whether or not the information is deemed confidential.

In addition to employees, it covers trainees, agency staff, contractor's home workers, and every professional within the NHS.

The Act confirms that workers may safely seek legal advice on any concerns they have about malpractice. This includes seeking advice from Public Concern at Work (see page 8).

A disclosure in good faith to a manager or employer will be protected if the whistleblower has a reasonable suspicion that the malpractice has occurred, is occurring or is likely to occur.

The Act protects disclosures made in good faith to 'prescribed bodies' where the whistleblower reasonably believes that the information or any allegation is substantially true.

Prescribed bodies relevant to NHS employees include:

- **The Audit Commission for England and Wales**

1 Vincent Square
London, SW1P 2PN
Tel: 0844 7981212

- **Health and Safety Executive**

Rose Court
2 Southwark Bridge
London, SE1 9HS
Tel: 0845 3009923

- **Information Commissioner**

Wycliffe House
Water Lane
Wilmslow, Cheshire
SK9 5AP
Tel: 01625 545 745

Appendix 1 Public Interest Disclosure Act

- **Care Quality Commission (CQC)**

National Customer Service Centre
Citygate
Gallowgate
Newcastle – upon – Tyne
NE1 4PA
Tel: 03000 616161
www.cqc.org.uk
enquires@cqx.org.uk

- **Monitor**

4 Matthew Parker Street
London
SW1H 9NP
Tel: 020 7340 2400 (switchboard)
www.Monitor-nhsft.gov.uk
enquiries@monitor.gov.uk

- **HMRC**

www.hmrc.gov.uk

Whistleblowing:

Wider disclosures (e.g. to the police, media, MPs and non-prescribed regulators) are protected if, in addition to the tests for regulatory disclosures, they are reasonable in all circumstances and they meet one of three conditions. These are:

The whistleblower believed s/he would be victimised if s/he raised the matter internally or with the prescribed regulator.

Reasonably believed a cover-up would be likely and there was no prescribed regulator or had already raised the matter internally or with a prescribed regulator.

The whistleblower should also have not made the disclosure for personal gain and must be made good faith.

Appendix 1 Public Interest Disclosure Act

Whistleblowers: The Legal Test

To qualify for protection under the Public Interest Disclosure Act 1998 (PIDA) the information disclosed must, in the reasonable belief of the worker, tend to show that the following has occurred, or is likely to occur.

- A Criminal offence
- Breach of any legal obligation
- Miscarriage of Justice
- Danger to the health and safety of any individual
- Damage to the environment
- The deliberate concealing of information about any of the above.

Disclosures:

- Wider disclosures (e.g. to the police, media, MPs and non prescribed regulators) employees will only be protected in limited circumstances, e.g. where grounds to believe employer may conceal; evidence if disclosure is made to them. The disclosure must be made to the employer, or to a third party such as Monitor or the CQC.

There is no one type of fraud – there is in fact an enormous variation in the types of fraud that are committed, as there are in the people who commit them. Among more recurrent frauds are (of which this list is not an exhaustive list):

- Timesheet fraud (e.g. staff and professionals claiming money for shifts that they have not worked, claiming for sessions that they have not carried out)
- False expense claims (e.g. falsified travel or subsistence claims)
- Fraudulent job applications (e.g. false qualifications or immigration status)
- Working whilst sick (e.g. usually working for another organisation without informing the organisation)
- Excess study leave
- Advertising scams (e.g. false invoices for placing advertisements in publications)
- Patient fraud (e.g. false travel claims, fraudulently claiming exemptions from pharmaceutical charges)
- Misappropriation of assets (e.g. falsely ordering goods for own use or to sell)
- Procurement Fraud (e.g. the ordering and contracting of goods or services)
- Fraud by professionals (i.e. Pharmacists – constitutes specific types of fraud such as false claims for treatment, unauthorised use of NHS facilities/equipment)
- Pharmaceutical fraud by companies (e.g. overcharging for drugs, supplying inferior or reduced quantities of drugs etc)

Corruption

Corruption was defined (in the context of the Prevention of Corruption Acts) as the offering, giving, soliciting or acceptance of an inducement or reward which may influence the action of any person. Bribery, a form of corruption, is an act implying money or gift giving that alters the behavior of the recipient.

The Bribery Act 2010 replaces the fragmented and complex offences at common law and in the Prevention of Corruption Acts 1889-1916.

Bribery

There is no specific definition within the Bribery Act 2010 of this term. The Act however does set out four offences of bribery from which a definition can be inferred as a financial or other type of advantage that is offered or requested intending to induce another person to perform improperly one of their functions in their position of trust or responsibility, or as a reward for improper performance.

In essence, bribery is offering an incentive or reward to someone to do/for doing something that they would not normally do.

There are four offences of bribery within the Bribery Act 2010:

- Two general offences covering the offering, promising or giving of an advantage, and the requesting, agreeing to receive or accepting of an advantage
- A discrete offence of bribery of a foreign public official to obtain or retain business or an advantage in the conduct of business
- A new offence of failure by a commercial organisation to prevent a bribe being paid for or on its behalf

A legal defence within the Bribery Act 2010 requires organisations to demonstrate that they have “adequate procedures” in place to prevent any bribery from occurring: To demonstrate that the PCT has sufficient and adequate procedures in place and to demonstrate openness and transparency all individuals working for the Trust are required to comply with the requirements of this policy.

Examples of Bribery

The Bribery Act 2010 outlines the offences of bribery as the receipt or acceptance of a bribe, or the offer to, promise or giving of a bribe, which assists in obtaining/ retaining business or financial advantage, or the inducement or reward of someone for the “improper performance” of a relevant function. There is however no set types of bribery and there is huge variation in the types of scenarios and circumstances where bribery could occur. A non exhaustive list of examples of where bribery could take place is as follows:

Offering a bribe

- You offer a potential client tickets to a major sporting event, but only if they agree to do business with the Trust.

Receiving a bribe

- A supplier gives your nephew a job but makes it clear that in return they expect you to use your influence in the Trust to ensure that it continues to do business with them
- Someone responsible for awarding an employment contract is offered gifts and/or hospitality by one of the candidates or someone linked to them to ensure they get the job
- Someone responsible for booking bank or agency staff is offered lavish gifts and/or hospitality, by an agency, to ensure their agency staff are booked by the Trust
- Someone responsible for choosing suppliers (medical or non-medical) or awarding business contracts is offered gifts and/or hospitality by an existing/new supplier, contractor or business to ensure they are selected as a supplier

- Someone associated with the purchasing of drugs and/or the selection of approved drugs to the Trust Formulary is offered gifts, hospitality and/or paid expenses by a medical representative or Drugs Firm to ensure their drugs are purchased and/or added to the Trust Formulary for prescribing by the Trust
- Someone associated with the prescribing of drugs is offered gifts and/or hospitality by a medical representative or Drugs Firms to ensure they prescribe their drugs
- Someone associated with the provision of training is offered gifts and/or hospitality by an external training company to ensure they are selected to provide training at the Trust

Policy/Service Name:	Raising Concerns at Work (Whistleblowing) Policy & Procedure
Author:	Hana Quttaineh
Role:	Human Resources Manager
Directorate:	HR
Date:	8 July 2013

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the Trusts overall aims?			To encourage a climate of openness, honesty and continuous improvement. Enables employees to safely raise concerns about health care, and other service related matters, in a reasonable and responsible way, without fear of victimisation or reprisal. This is also in line with what has been recommended in the Francis Report.
2. How will the policy/service be implemented?			The policy will be agreed with staff side and then launched. The policy will be available on the intranet.
3. What outcomes are intended by implementing the policy/delivering the service?			To ensure an open culture in order to ensure continuous improvement. To provide clear guidance on how issues raised should be dealt with.
4. How will the above outcomes be measured?			Where concerns are raised these are dealt with appropriately.
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Audit Committee, Counter Fraud and Staff Side will be consulted with.
6. Does this policy/service impact on other policies or services and is that impact understood?	x		It is an all staff policy so is universal in its application, the impact is understood.
7. Does this policy/service impact on other agencies and is that impact understood?	x		Yes, other agencies are named to which staff can report concerns to. The impact is understood.
8. Is there any data on the policy or service that will help inform the EqIA?	x		Yes, as it has been in operation for some time there is data on how often the policy has been used.
9. Are there are information gaps, and how will they be addressed/what additional information is required?		x	No.

Equalities Impact Assessment Question	Yes	No	Comment
10. Does the policy or service development have an adverse impact on any particular group?		x	None anticipated.
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		x	None anticipated.
12. Where an adverse impact has been identified can changes be made to minimise it?			N/A
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		x	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		x	

1		Details of policy
1.1	Title of Policy:	Raising Concerns at Work (Whistleblowing) Policy & Procedure
1.2	Lead Executive Director	Sheila Adam, Chief Nurse and Director of Governance
1.3	Author/Title	Hana Quttaineh, HR Manager
1.4	Lead Sub Committee	Audit Committee
1.5	Reason for Policy	So staff can raise concerns safely.
1.6	Who does policy affect?	All staff, temporary staff, locums & contractors
1.7	Are national guidelines/codes of practice incorporated?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2		Information Collation
2.1	Where was Policy information obtained from?	A variety of sources including Audit Commission, NHS Employers, Capsticks Solicitors, HCC (CQC), Employment Legislation, Counter Fraud colleagues.
3		Policy Management
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	
3.3	If NO explain why	This is a review of the existing policy.
4		Consultation Process
4.1	Was there internal/external consultation?	Yes, with Counter Fraud
4.2	List groups/Persons involved	Counter Fraud Audit Committee JSCC
4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	19 September 2013
4.5	Signature of Sub committee chair	Iain Patterson

5	Implementation	
5.1	How and to whom will the policy be distributed?	On the Intranet
5.2	If there are implementation requirements such as training please detail?	See policy
5.3	What is the cost of implementation and how will this be funded?	None
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	See policy
6.2	How will this be monitored and/or audited?	See monitoring section
6.3	Frequency of monitoring/audit	See monitoring section

Date policy approved by Trust Policy Group:

29-10-13

Signature of Trust Board Group chair:

Paula K. Odum

Trust Policy

Bribery Policy

Author(s)	Assistant Director of Finance
Version	1.0
Version Date	May 2011
Implementation/approval Date	June 2011
Review Date	May 2014
Review Body	Audit Committee
Policy Reference Number	308\tw\o\b

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1. Introduction & Summary

- 1.1. This document sets out Homerton University Hospital NHS Foundation Trust's policy and advice to employees in dealing with bribery or suspected bribery. This policy details the arrangements made in the Trust for such concerns to be raised by employees or members of the public.
- 1.2. The Bribery Act 2010 introduces a new, clearer regime for tackling bribery that will apply to all businesses based or operating in the UK. It covers all sorts of bribery, the offering and receiving of a bribe, directly or indirectly, whether or not it involves a public official, in the UK or abroad. There are offences by individuals (and a corporate offence for corporates and partnerships), and penalties for non-compliance are serious.
- 1.3. Bribery is a criminal offence for both individuals and commercial organisations and can be punished with imprisonment of up to 10 years or unlimited fines. If any employee was accused of bribery, Homerton's reputation might be damaged considerably, and subsequent enforcement action will be time-consuming and hinder the Trust from focussing on its core business and service delivery.
- 1.4. It therefore is the policy of Homerton to prohibit any form of bribery covered by the Bribery Act 2010. The policy applies to the Trust and all its employees, independent of their grade and position, and shall be respected at all times.
- 1.5. This document sets out the Trust's policy for dealing with detected or suspected bribery and corruption.

2. Scope

- 2.1. This policy relates to all forms of bribery and is intended to provide direction and help to employees who may identify suspected bribery. The overall aims of this policy are to:
 - improve the knowledge and understanding of everyone in the Trust, irrespective of their position, about the risk of bribery within the organisation and its unacceptability;
 - assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly;
 - set out the Trust's responsibilities in terms of the deterrence, prevention, detection and investigation of bribery and corruption; and
 - ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 - Criminal prosecution
 - civil prosecution
 - internal/external disciplinary action (including professional/regulatory bodies)
- 2.2. This policy applies to all employees of Homerton, regardless of position held, as well as consultants, vendors, contractors, and/or any other parties who have a business relationship with the Trust. It will be brought to the attention of all employees and form part of the induction process for new staff. It is incumbent on all of the above to report any concerns they may have concerning bribery.

2.3. In implementing this policy, managers must ensure that all staff are treated fairly and within the provisions and spirit of the Trust's Equal Opportunities Policy. Special attention should be paid to ensuring the policy is understood where there may be barriers to understanding caused by the individual's circumstances, where the individual's literacy or use of English is weak, or where the individual has little experience of working life.

3. Roles & responsibilities

3.1. The board

3.1.1. The Board has a duty to ensure that it provides a secure environment in which to work, and one where people are confident to raise concerns without worrying that it will reflect badly on them. This extends to ensuring that staff feel protected when carrying out their official duties and are not placed in a vulnerable position. If staff have concerns about any procedures or processes that they are asked to be involved in, the Trust has a duty to ensure that those concerns are listened to and addressed.

3.1.2. The Board and/or the Director of Finance will be liable to be called to account for failing to prevent bribery. Homerton therefore has a duty to ensure employees receive adequate training and support in order to carry out their responsibilities. Therefore, the Director of Finance will monitor and ensure compliance with this policy.

3.2. Employees

3.2.1. For the purposes of this policy, 'Employees' include all Trust staff. It is expected that:

- Board members and staff at all levels will lead by example in acting with the utmost integrity and ensuring adherence to all relevant regulations, policies and procedures.
- Employees must act in accordance with the Trust's Standards of Business Conduct, Hospitality and Declaration of Interest policies which include guidance on the receipt of gifts or hospitality.
- Employees who are involved in receiving offers of sponsorship, funding or gifts from outside agencies also should comply with their own professional codes of practice e.g. Nursing and Midwifery Council, General Medical Council, professional, legal, accounting and other bodies.

3.3. Managers

3.3.1. Line managers at all levels have a responsibility to ensure that an adequate system of internal control exists within their areas of responsibility and that controls operate effectively. The responsibility for the prevention and detection of bribery therefore primarily rests with managers but requires the co-operation of all employees.

3.3.2. As part of that responsibility, line managers need to:

- Inform staff of Homerton's code of business conduct, hospitality, declaration of interest and counter fraud and anti bribery policies as part of

their induction process, paying particular attention to the need for accurate completion of personal records and forms;

- ensure that all employees for whom they are accountable are made aware of the requirements of this policy;
- assess the types of risk involved in the operations for which they are responsible;
- ensure that adequate control measures are put in place to minimise the risks. This must include clear roles and responsibilities, supervisory checks, staff rotation (particularly in key posts), separation of duties wherever possible so that control of a key function is not invested in one individual, and regular reviews, reconciliations and test checks to ensure that control measures continue to operate effectively;
- be aware of Homerton's anti bribery policy;
- identify sensitive/at-risk posts;
- ensure that controls are being complied with; and
- contribute to their Director's assessment of the risks and controls within their business area, which feeds into Homerton's and the Department of Health Accounting Officer's overall statements of accountability and internal control.

3.3.3 All instances of actual or suspected bribery, which come to the attention of a manager, must be reported immediately. It is appreciated that some employees will initially raise concerns with their manager, however, in such cases managers must not attempt to investigate the allegation themselves, and they have the clear responsibility to refer the concerns to the Director of Finance and/or the Local Counter Fraud Specialist as soon as possible.

4. Public service values

4.1. High standards of corporate and personal conduct, based on the recognition that patients come first, have been a requirement throughout the NHS since its inception. The three fundamental public service values are:

Accountability Everything done by those who work in the Trust must be able to stand the tests of parliamentary scrutiny, public judgements on property and professional codes of conduct.

Probity Absolute honesty and integrity should be exercised in dealing with NHS patients, assets, employees, suppliers and customers.

Openness The Trust's actions should be sufficiently public and transparent to promote confidence between the Trust and its patients, our employees and the public.

In addition, all those who work for or are in contract with the Trust should exercise the following when undertaking their duties:

Selflessness ...should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family or their friends

<i>Integrity</i>	...should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties
<i>Objectivity</i>	... should, in carrying out public business, (including making public appointments , awarding contracts, or recommending individuals for rewards and benefits), make choices on merit
<i>Accountability</i>	...are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office
<i>Openness</i>	...should be as open as possible about all the decisions and actions that they take. They should give reasons for their decisions and restrict information only when the wider public interest demands
<i>Honesty</i>	...have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest
<i>Leadership</i>	...should promote and support these principles by leadership and example

5. Policy

- 5.1. All employees have a personal responsibility to protect Homerton from bribery or corruption.
- 5.2. Homerton is absolutely committed to maintaining an honest, open and well-intentioned atmosphere within the Trust, so as to best fulfil the objectives of the Trust and of the NHS. It is, therefore, also committed to the elimination of bribery within the Trust, to the rigorous investigation of any such allegations and to taking appropriate action against wrong doers, including possible criminal prosecution.
- 5.3. Off-the-book accounts and false or deceptive booking entries are strictly prohibited. All gifts, payments or any other contribution made under the Bribery Policy and these guidelines, whether in cash or in kind, shall be documented, regularly reviewed, and properly accounted for on the books of Homerton. Record retention and archival policy must be consistent with the Trust's accounting standards, tax and other applicable laws and regulations.
- 5.4. Homerton procures goods and services ethically and transparently with the quality, price and value for money determining the successful supplier/contractor, not by receiving (or offering) improper benefits. The Trust will not engage in any form of bribery, neither in the UK nor abroad. The Trust and all employees, independent of their grade and position, shall at all times comply with the Bribery Act 2010 and with this policy.
- 5.5. Homerton employees will not request or receive a bribe from anybody, nor imply that such an act might be considered. This means that you will not agree to receive or accept a financial or other advantage from a former, current or future client, business partner, contractor or supplier or any other person as an incentive or reward to perform improperly your function or activities.

- 5.6. Bribing anybody is absolutely prohibited. Homerton employees will not pay a bribe to anybody. This means that you will not offer, promise, reward in any way or give a financial or other advantage to any person in order to induce that person to perform his/her function or activities improperly. It does not matter whether the other person is a UK or foreign public official, political candidate, party official, private individual, private or public sector employee or any other person (including creating the appearance of an effort to improperly influence another person).
- 5.7. Homerton may, in certain circumstances, be held responsible for acts of bribery committed by intermediaries acting on its behalf such as subsidiaries, clients, business partners, contractors, suppliers, agents, advisors, consultants or other third parties. The use of intermediaries for the purpose of committing acts of bribery is prohibited.
- 5.8. All intermediaries shall be selected with care, and all agreements with intermediaries shall be concluded under terms that are in line with this policy. Homerton will contractually require its agents and other intermediaries to comply with the Anti Bribery Policy and to keep proper books and records available for inspection by the Trust, auditors or investigating authorities. Agreements with agents and other intermediaries shall at all times provide for the necessary contractual mechanisms to enforce compliance with the anti bribery regime. Homerton will monitor performance and, in case of non-compliance, require the correction of deficiencies, apply sanctions, or eventually terminate the agreement even if this may result in a loss of business.
- 5.9. All employees should be aware that bribery will normally, dependant upon the circumstances of the case, be regarded as gross misconduct thus warranting summary dismissal without previous warnings. However, no such action will be taken before a proper investigation and a disciplinary hearing have taken place. Such actions may be in addition to the possibility of criminal prosecution.
- 5.10. It is a common law offence of corruption to bribe the holder of a public office and it is similarly an offence for the office holder to accept a bribe.
- 5.11. The Trust has procedures in place that reduce the likelihood of bribery occurring. These include Standing Orders, Standing Financial Instructions, documented procedures, a system of internal control (including Internal and External Audit) and a system of risk assessment. In addition, the Trust seeks to ensure that a comprehensive anti bribery culture exists throughout the Trust via the appointment of a dedicated Senior Compliance Officer and Local Counter Fraud Specialist

6. Facilitation payments

- 6.1 Facilitation payments are small payments made to secure or expedite the performance of a routine action by a government official or agency (e.g. issuing licenses or permits, installation of a telephone line, processing goods through customs, etc.) to which the payer (or the company) has legal or other entitlement.
- 6.2 Facilitation payments are prohibited under the Bribery Act like any other form of bribe. They shall not be given by Homerton or Homerton employees in the UK or any other country.

7. Gifts and hospitality

- 7.1 Courtesy gifts and hospitality must not be given or received in return for services provided or to obtain or retain business but shall be handled openly and

unconditionally as a gesture of esteem and goodwill only. Gifts and hospitality shall always be of symbolic value, appropriate and proportionate in the circumstances, and consistent with local customs and practices. They shall **not be made in cash**. Please refer to the Trust's Gifts and Hospitality policy and register for more guidance.

8. Political & charitable contributions

- 8.1 Homerton does not make any contributions to politicians, political parties or election campaigns.
- 8.2 As a responsible member of society, Homerton may make charitable donations. However, these payments shall not be provided to any organisation upon suggestion of any person of the public or private sector in order to induce that person to perform improperly the function or activities which he or she is expected to perform in good faith, impartially or in a position of trust or to reward that person for the improper performance of such function or activities..
- 8.3 Any donations and contributions must be ethical and transparent. The recipient's identity and planned use of the donation must be clear, and the reason and purpose for the donation must be justifiable and documented. All charitable donations will be publicly disclosed.
- 8.4 Donations to individuals and for-profit organisations and donations paid to private accounts are incompatible with Homerton's ethical standards and are prohibited.

9. Sponsoring

- 9.1 Sponsoring means any contribution in money or in kind by Homerton towards an event organised by a third party in return for the opportunity raise the Trust's profile. All sponsoring contributions must be transparent, pursuant to a written agreement, for legitimate business purposes, and proportionate to the consideration offered by the event host. They may not be made towards events organised by individuals or organisations that have goals incompatible with Homerton's ethical standards or that would damage Homerton's reputation. All sponsorships will be publicly disclosed.
- 9.2 Where commercial sponsorship is used to fund Trust training events, training materials and general meetings, the sponsorship must be transparent, pursuant to a written agreement, for legitimate business purposes, and proportionate to the occasion. Where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published minutes/proceedings.
- 9.3 Where sponsorship links to the development of guidelines and advice, this should be carried out in consultation with the Senior Compliance Officer in conjunction with the appropriate Trust working group independent of the sponsors. While it is recognised that consultation with the industry may be necessary when developing a guideline, the overall decision on what is included should lie with the Trust working group.

10. Definitions

10.1. Definitions for bribery and corruption vary. Some common definitions are:

- 10.1.1. **Bribery** - "Inducement for an action which is illegal, unethical or a breach of trust. Inducements can take the form of gifts, loans, fees, rewards or other advantages". Appendix 1 sets out examples offences under the Bribery Act.

10.1.2. **Corruption** - This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind which may influence the action of any person. Corruption does not always result in a loss. The corrupt person may not benefit directly from their deeds; however, they may be unreasonably using their position to give some advantage to another.

11. Raising concerns

11.1. The Trust wishes to encourage anyone having reasonable suspicions of bribery to report them. The Trust's policy, which will be rigorously enforced, is that no individual will suffer any detrimental treatment as a result of reporting reasonably held suspicions. The Public Interest Disclosure Act 1998 came into force in July 1999 and gives statutory protection, within defined parameters, to staff who make disclosures about a range of subjects, including bribery and corruption, which they believe to be happening within the Trust employing them. Within this context, 'reasonably held' means suspicions other than those which are raised maliciously and are subsequently found to be groundless.

11.2. Any unfounded or malicious allegations will be subject to a full investigation and appropriate disciplinary action.

11.3. The Trust expects anyone having reasonable suspicions of bribery to report them to the Director of Finance and/or Local Counter Fraud Specialist who will then ensure that procedures are followed. Concerns can also be raised through the Trust's whistleblowing policy.

12. External communications

12.1 Individuals (be they employees, agency staff, locums, contractors or suppliers) must not communicate with any member of the press, media or another third party about a suspected act of bribery as this may seriously damage the investigation and any subsequent actions to be taken. Anyone who wishes to raise such issues should discuss the matter with either the Director of Finance or the Chief Executive.

13. Training and awareness

13.1. Homerton will provide anti bribery training to all employees on induction to make them aware of our Anti Bribery Policy and guidelines, in particular of possible types of bribery, the risks of engaging in bribery activity, and how employees may report suspicion of bribery.

14. Review

14.1. This policy will be reviewed in 3 years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

15. Sources of Evidence; References / Bibliography

Bribery Act 2010

16. Related Policies

- Hospitality policy
- Declaration of Interests policy
- Standing Financial Instructions and Standing Orders

- Tendering and contracting policies and procedures
- Anti-fraud and corruption policy
- Whistleblowing policy
- Disciplinary policy
- Standards of Business Conduct

Appendix 1 - Offences under the Bribery Act 2010

Offences under the Bribery Act 2010

The following business practices constitute criminal offences under the Bribery Act 2010 and are therefore prohibited:

Offences of bribing another person

Case 1 is where a Homerton employee offers, promises or gives a financial or other advantage to another person and intends the advantage (i) to induce that or another person to perform improperly a relevant function or activity, or (ii) to reward that or another person for the improper performance of such a function or activity.

Case 2 is where a Homerton employee offers, promises or gives a financial or other advantage to another person and knows or believes that the acceptance of the advantage would itself constitute the improper performance of a relevant function or activity by that person.

The bribery must relate to (i) a function of a public nature, (ii) an activity connected with a business, (iii) an activity performed in the course of a person's employment, or (iv) an activity performed by or on behalf of a body of persons (whether corporate or unincorporate). The person performing the function or activity must be expected to perform it in good faith, impartially or in a position of trust. It does not matter whether the function or activity is performed inside or outside the UK, whether the other person(s) involved is/are in the public or private sector and whether the advantage is offered, promised or given directly by the Homerton employee or through a third party, e.g. an agent or other intermediary.

Offences relating to being bribed

Case 3 is where a Homerton employee requests, agrees to receive or accepts a financial or other advantage intending that, in consequence, a relevant function or activity should be performed improperly (whether by him-/herself or another person).

Case 4 is where a Homerton employee requests, agrees to receive or accepts a financial or other advantage, and the request, agreement or acceptance itself constitutes the improper performance by him-/herself of a relevant function or activity.

Case 5 is where a Homerton employee requests, agrees to receive or accepts a financial or other advantage as a reward for the improper performance (whether by him-/herself or another person) of a relevant function or activity.

Case 6 is where, in anticipation of or in consequence of a Homerton employee requesting, agreeing to receive or accepting a financial or other advantage, a relevant function or activity is performed improperly (i) by that Homerton employee, or (ii) by another person at his/her request or with his/her assent or acquiescence.

Again, the bribery must relate to (i) a function of a public nature, (ii) an activity connected with a business, (iii) an activity performed in the course of a person's employment, or (iv) an activity performed by or on behalf of a body of persons (whether corporate or unincorporate). The person performing the function or activity must be expected to perform it in good faith, impartially or in a position of trust.

It does not matter whether the function or activity is performed inside or outside the UK, whether the other person(s) involved is/are in the public or private sector, whether the Homerton employee requests, agrees to receive or accepts the advantage directly or through a third party, e.g. an agent or other intermediary, and whether the advantage is for the benefit of a Homerton employee or another person.

In Cases 4 to 6, it does not matter whether the Homerton employee knows or believes that the performance of the function or activity is improper.

Bribery of foreign public officials

Case 7 is where a Homerton employee bribes a foreign public official and intends (i) to influence that official in his/her capacity as a foreign public official and (ii) to obtain or retain a business or an advantage in the conduct of business. A foreign public official is someone who holds a legislative, administrative or judicial position of any kind or exercises a public function of a country outside the UK, or is an official or agent of a public international organisation.

The following paragraph will apply if any part of the organisation is considered as a 'commercial' one.

Failure of commercial organisations to prevent bribery (applicable only to corporates and partnerships - included for information)

A corporate or partnership is guilty of a corporate bribery offence if an employee, agent, subsidiary or any other person acting on its behalf bribes another person intending to obtain or retain business or an advantage in the conduct of business for the corporate or partnership. For a definition of bribery, please refer to Cases 1, 2 and 7 above.

It should be the policy of a corporate or partnership not to tolerate any bribery on its behalf, even if this might result in a loss of business for it. Criminal liability must be prevented at all times.

Appendix 2 - Equalities Impact Assessment

This checklist should be completed for all new Corporate Policies and procedures to understand their potential impact on equalities and assure equality in service delivery and employment.

Policy/Service Name:	Bribery Policy
Author:	Fiona l'Anson
Role:	Assistant Director of Finance
Directorate:	Finance
Date	24/05/2011

Equalities Impact Assessment Question	Yes	No	Comment
1. How does the attached policy/service fit into the trusts overall aims?			Meets statutory requirements required under the act
2. How will the policy/service be implemented?			All staff will be made aware of the policy
3. What outcomes are intended by implementing the policy/delivering the service?			Promotion of a Bribery aware organisation
4. How will the above outcomes be measured?			Number of instances off reported bribery
5. Who are they key stakeholders in respect of this policy/service and how have they been involved?			Audit Committee and CFSMS consulted and assisted with drafting of policy
6. Does this policy/service impact on other policies or services and is that impact understood?		No	
7. Does this policy/service impact on other agencies and is that impact understood?		No	
8. Is there any data on the policy or service that will help inform the EqIA?		No	
9. Are there are information gaps, and how will they be addressed/what additional information is required?		No	

Equalities Impact Assessment Question	Yes	No	Comment
10. Does the policy or service development have an adverse impact on any particular group?		No	
11. Could the way the policy is carried out have an adverse impact on equality of opportunity or good relations between different groups?		No	
12. Where an adverse impact has been identified can changes be made to minimise it?		N/A	
13. Is the policy directly or indirectly discriminatory, and can the latter be justified?		No	
14. Is the policy intended to increase equality of opportunity by permitting Positive Action or Reasonable Adjustment? If so is this lawful?		No N/A	

EQUALITIES IMPACT ASSESSMENT FOR POLICIES AND PROCEDURES

2. If any of the questions are answered 'yes', then the proposed policy is likely to be relevant to the Trust's responsibilities under the equalities duties. Please provide the ratifying committee with information on why 'yes' answers were given and whether or not this is justifiable for clinical reasons. The author should consult with the Director of HR & Environment to develop a more detailed assessment of the Policy's impact and, where appropriate, design monitoring and reporting systems if there is any uncertainty.

3. A copy of the completed form should be submitted to the ratifying committee when submitting the document for ratification. The Committee will inform you if they perceive the Impact to be sufficient that a more detailed assessment is required. In this instance, the result of this impact assessment and any further work should be summarised in the body of the Policy and support will be given to ensure that the policy promotes equality.

Appendix 3- Policy Submission Form

To be completed and attached to any policy or procedure submitted to the Trust Policy Group

1 Details of policy		
1.1	Title of Policy:	Bribery Policy
1.2	Lead Executive Director	Director of Finance
1.3	Author/Title	Assistant Director of Finance
1.4	Lead Sub Committee	Audit Committee
1.5	Reason for Policy	To meet statutory requirements
1.6	Who does policy affect?	All relevant staff
1.7	Are national guidelines/codes of practice incorporated?	Yes
1.8	Has an Equality Impact Assessment been carried out?	Yes
2 Information Collation		
2.1	Where was Policy information obtained from?	External advice from and initial draft from LCFSMS
3 Policy Management		
3.1	Is there a requirement for a new or revised management structure if the policy is implemented?	No
3.2	If YES attach a copy to this form	
3.3	If NO explain why	Fits into existing management structure
4 Consultation Process		
4.1	Was there internal/external consultation?	Yes
4.2	List groups/Persons involved	Audit Committee Clinical Board Procurement Department

4.3	Have internal/external comments been duly considered?	Yes
4.4	Date approved by relevant Sub-committee	
4.5	Signature of Sub committee chair	Stephen Hay Non- Executive Director
5	Implementation	
5.1	How and to whom will the policy be distributed?	All staff via Trust intranet and team briefing
5.2	If there are implementation requirements such as training please detail?	Training/awareness on induction
5.3	What is the cost of implementation and how will this be funded?	No
6	Monitoring	
6.1	List the key performance indicators e.g. core standards	
6.2	How will this be monitored and/or audited?	
6.3	Frequency of monitoring/audit	

Date policy approved by Trust Policy Group:

27/6/2011

Signature of Trust Policy Group chair:

