

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