

ANTI - BRIBERY POLICY

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1 Introduction

The Bribery Act of 2010 replaced fragmented and complex offences at common law and in the Prevention and Corruption Acts 1889 -1916. The Bribery Act comes into force from 1st July 2011.

Bribery is the offering, giving, receiving, or soliciting of something of value (financial or otherwise) for the purpose of influencing the action of an official in the discharge of his or her public or legal duties. Bribery can take many forms and the damage caused by bribery to brand and market valuation and the publicity of criminal investigation can also cause serious reputational damage to the businesses concerned.

2 Purpose

The following is a statement of policy of NHS SBS on bribery, including giving and accepting gifts and gratuities. It has been adopted by the NHS SBS Board and is the core of the actions taken by NHS SBS to comply with the Bribery Act 2010.

3 Responsibilities

3.1 Finance Director

The Finance Director has a legal responsibility to make sure fraud and corruption are prevented, detected and investigated. Combating fraud and corruption including bribery requires an understanding of how and why it happens, the ways in which it can be minimised and how to professionally investigate it; therefore the Finance and Commercial Director will rely on the Steria Group Legal Department and Steria Group Head of Audit & Internal Control if required.

3.2 Audit Committee

A purpose of the Audit Committee is to provide an independent check on the financial management of NHS SBS. The Committee meets, receives and considers reports by the internal and external auditors on all aspects of financial processes and procedures. The Finance Director attends the Committee and presents Progress Reports on the Bribery prevention and investigation work undertaken. The Audit Committee can question and ask for further explanation in relation to any aspects of this work.

3.3 All Staff

The NHS SBS Board, all staff, contractors and agency staff are individually responsible for conforming to the rules and regulations contained in NHS SBS's Policies & Procedures.

NHS SBS staff and members of the NHS SBS Board are also required to follow any Code of Conduct related to their personal professional qualifications.

Any offers of gifts or hospitality, which are in any way related to their NHS SBS duties, must be discussed by the member of staff with their line manager and acceptance of offers of gifts or hospitality may be required to be registered in line with NHS SBS policy.

The NHS SBS Board and all NHS SBS staff must declare any possible conflicts of interest which they may have in contracts entered into by NHS SBS and these must be noted in a register maintained for that purpose.

When a member of staff suspects that there has been fraud, corruption or bribery, they must report the matter to the Finance Director.

Any member of the NHS SBS Board or member of staff in breach of these regulations may be liable to disciplinary action.

4 Scope / Aim of the Policy

This policy applies to all members of the NHS SBS Board and all NHS SBS staff. It is also applicable to all agency staff and contractors.

All members of staff have a personal responsibility to protect the assets of NHS SBS, including all buildings, equipment and monies from fraud, theft, corruption (including bribery) or any other irregularity.

5 Definitions

Term	Description of Term
Fraud	Any person who dishonestly makes a false representation to make a gain for himself or another or cause a loss to another or expose another to the risk of a loss is guilty of a fraud.
Bribery	The offering, giving, receiving, or soliciting of something of value for the purpose of influencing the action of an official in the discharge of his or her public or legal duties.
Corruption	Where someone is influenced by bribery, payment or benefit-in-kind to unreasonably use their position to give some advantage to another.
Irregularity	An irregularity may be any significant matter or issue, other than fraud or corruption, which may warrant consideration or investigation.
Facilitation payment	Monies paid to speed up the performance of a function or activity to which the payer is legally entitled

6 Policy

NHS SBS is committed to tackling fraud and corruption. When fraud or corruption is discovered there is a need for clear, prompt and appropriate action. The response will be effective and organised and will rely on the principles contained within this section.

6.1 General principles

- It is central to the values of NHS SBS that all its activities are conducted honestly and in accordance with the law and good business practice. All corrupt business activity is therefore contrary to NHS SBS values and will not be tolerated.
- The law of bribery in the United Kingdom is governed by the Bribery Act 2010. NHS SBS is resolved to comply with both the letter and the spirit of this Act. This document sets out the NHS SBS policy on complying with the Bribery Act. It is obligatory for all officers, members of staff, contractors and others acting in the name of NHS SBS, whether in the UK or abroad.
- An individual who commits an offence of bribery may be punished by a 10 year prison sentence and/or an unlimited fine. This includes senior managers who consent to or connive with a bribery offence by their company. A company which commits an act of bribery faces an unlimited fine. It may also be disbarred from tendering for public sector contracts; and public contracting authorities will have grounds for instant termination of contracts if a bribery offence is committed.

- Failure to comply with this policy will be regarded as a serious disciplinary offence capable of leading to summary dismissal.
- NHS SBS will not support or compensate any person convicted of an offence under the Bribery Act.

6.2 Specific Rules

- Whenever a member of the NHS SBS Board or an NHS SBS member of staff deals with a supplier, customer or government agency on behalf of NHS SBS, he or she has an obligation to act solely in the best interest of NHS SBS. This obligation includes not only those acts formalised by written contracts but also covers everyday business relationships with suppliers, customers, government officials and government employees. Every NHS SBS Board member or member of staff shall treat with the utmost caution any offer of gift, payment, favour or hospitality that is made to him or her personally and should recognise that he or she will be held personally responsible for all decisions connected with the acceptance or offer of gifts or hospitality and for avoiding the risk of damage to public confidence in NHS SBS.
- No member of the NHS SBS Board or member of staff shall ask for, solicit or accept (directly or indirectly) a financial advantage from any person with the intent that a public or business function should be improperly performed.
- No member of the NHS SBS Board or member of staff shall offer or give (directly or indirectly) a financial advantage to any person with the intent that a public or business function should be improperly performed.
- The rules above apply
 - worldwide – that is to say, wherever the bribe is offered, requested or given;
 - whether or not the person requesting or receiving the bribe is responsible for performing the relevant business or public function – indirect bribes are forbidden;
 - whether or not the bribe is actually paid or received; and
 - whether or not the performance of the relevant business or public function is actually affected.
- A financial advantage is to be interpreted widely. It need not involve the payment of money or giving of gifts. Extravagant, unusual or unexplained hospitality will be included. For further guidance on acceptable gifts and hospitality and specific rules please refer to the Gifts and Hospitality Policy Sections 5 and 6.2. Acceptance or giving of gifts or hospitality must be limited to incidental items or activities which are
 - demonstrably and wholly of an advertising or promotional nature;
 - of insignificant intrinsic value;
 - generally recognised as not likely to cause any reasonable person to believe that the recipient or any other person might be influenced by such gift or hospitality and
 - of such a nature that NHS SBS is unlikely to be embarrassed or obligated.
- Cash payments are never acceptable.

- Payments, gifts or hospitality which are properly regarded as a financial advantage must be promptly returned. If return of a gift is not practicable because of its nature, it may be given to a charitable institution and the supplier informed of its disposition. This must be reported in writing to the NHS SBS staff member's line manager and to the Finance and Commercial Director.
- Facilitation payments are specifically outlawed by the Bribery Act. Where managers do make facilitation payments they and / or their company will be liable to prosecution.

Examples of scenario's regarding what is and is not an acceptable gift or hospitality are described in appendix A

6.3 Contracts

All third party contacts and contracts with Clients should include an assessment of the risk of Bribery and / or Corruption and should be subject to due diligence in this area.

6.4 If Bribery is suspected

If you discover or suspect a colleague or other person of committing an offence under the Bribery Act:

- Immediately tell the Finance and Commercial Director or his nominated deputy
- Secure records in your possession
- Record details of relevant events and report using the Incident Management procedure
- Await further advice (the nominated officers will decide on the next course of action and advise you accordingly).

If the concern or query involves an Executive Director, the matter should be reported to the Chair of the Audit Committee.

Time may be of the utmost importance to prevent further loss to NHS SBS. Staff/contractors should report their first suspicions and not undertake lengthy consideration of alternative explanations – be assured that any subsequent investigation will be of the highest professional standard.

In addition, everything reported to the Finance and Commercial Director is treated in the strictest confidence and a member of staff can request to remain anonymous. Well-intentioned staff making a referral will be protected from any unacceptable behaviour from the subject of the referral or anyone else. For further information see the Business Integrity (Whistle Blower) Policy.

No member of staff will suffer demotion, penalty or other adverse consequences for refusing to pay bribes even if such refusal may result in NHS SBS losing business.

6.5 Interpretation

In case of doubt, an action should be considered to constitute a bribe unless the contrary can be shown. Advice on interpretation of and compliance with this policy should be taken from the Finance and Commercial Director who will consult the Steria Group Legal Department and Steria Group Head of Audit & Internal Control if required.

7 Implementation and monitoring

7.1 Implementation

This Policy will be published on the NHS SBS internet. Staff will be made aware of this Policy through Staff Communications and Training.

7.2 Process for monitoring implementation & effectiveness

For this policy, the following monitoring processes are in place.

Standard	Monitoring process
Frequency of monitoring/audit	Annual report.

8 Dissemination of and access to the policy

8.1 Dissemination of and access to the policy

This document will be available on the NHS SBS Internet.

8.2 Review, Updating & Archiving

The Information Governance Support Officer will maintain an archive of all policy documents; this can be accessed through the Head of Audit & Records. This policy will be reviewed annually unless there are any legislative changes prior to this.

9 References

- Policy for the Development and Management of Policies and Procedures, 2009, NHS SBS.
- Fraud Act 2006
- Public Interest Disclosure Act 1998
- Business Integrity Policy (Whistle Blowing Policy)
- Gifts and Hospitality Policy
- Entertainment Policy
- Incident Management Policy

Appendix A – Examples

A potential Client asks to view our operations in India prior to agreeing to outsource their business to us. We agree to pay for the visit.

This is acceptable if the travel and hotel expenses are directly and only related to the viewing of NHS SBS's facilities in India providing the potential service. Paying for extending the stay to allow time for sightseeing or paying for a partner to accompany him could be considered an inducement.

A supplier sends a case of wine for your team for Christmas and you accept this and share it amongst the team.

This is also acceptable provided there is no intention by the supplier to retain business or secure any other improper advantage. The value of the gift must however be within the £100 limit stated in the Gifts and Hospitality Policy.

An improvement to the security system in the India office is taking time to implement due to legal issues. An official agrees to speed up the process for a payment of R6000.

This is a facilitation payment and is not permitted under the Bribery Act 2010

A supplier invites you to a corporate event – a day at the races.

It is accepted that any form of corporate hospitality is offered with the hope of building relationships and winning work at some future date. An offence will be committed if it is the intent of the host to influence the activities of the guest through the specific act of hospitality so if the event was lavish and timed close to the renewal date of a lucrative contract then this could constitute a bribe. Reference should be made to the Gifts and Hospitality Policy and Entertainment Policy.

Appendix B - Equality Impact Assessment Tool

To be completed and attached to any policy and procedural document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Gender	No	
	• Culture	No	India staff are required to comply with this policy as part of the contractual agreements
	• Religion or belief	No	
	• Sexual orientation (including lesbian, gay and bisexual people)	No	
	• Age	No	
	• Disability – (learning disabilities, physical disability, sensory impairment and mental health problems)	No	Available in a variety of formats
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	Yes	India staff have to follow this format as they are engaged in the business of NHS SBS for UK based clients
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

If you require support in completing this form or have identified a potential discriminatory impact of this policy or procedure, please contact the Communications Director.

Appendix C – Policy Approval Form

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

	Title of document being reviewed:	Yes/No/Unsure	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Is the method described in brief?	Yes	
	Are people involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	All IG leads are included to represent all business units within the company
	Is there evidence of consultation with stakeholders and users?	Yes	Version control shows consultation
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	Yes	
	Are supporting documents referenced?	Yes	
6.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	N/A	

	Title of document being reviewed:	Yes/No/Unsure	Comments
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Yes	Dissemination is planned for all sites
	Does the plan include the necessary training/support to ensure compliance?	Yes	Training needs contained within the policy
8.	Document Control		
	Does the document identify where it will be held?	Yes	Held by Head of Audit & Records and on intranet
	Have archiving arrangements for superseded documents been addressed?	Yes	Version control included in policy
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes	
	Is there a plan to review or audit compliance with the document?	Yes	Annual plan
10.	Review Date		
	Is the review date identified?	Yes	2 years from issue
	Is the frequency of review identified? If so is it acceptable?	Yes	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes	Head of Audit & Records

NHS SBS Board Approval

If you are happy to approve this document, please sign and date it and forward to the chair of the committee/group where it will receive final approval.

Name		Date	
Signature (Chair)			

IGAF Board Approval

If the committee is happy to approve this document, please sign and date it and forward copies to the person with responsibility for disseminating and implementing the document and the person who is responsible for maintaining the organisation's database of approved documents.

Name		Date	
Signature (chair)			

Appendix D - Version Control Sheet

If revising a policy/procedure summarise the key changes made in the comments column.

Where a policy/procedure replaces a previous version, the old version will be archived in accordance with the Policy for the Development and Management of Policies and Procedures.

Version	Date	Author(s)	Status	Comment
0.1	May 2011	Evelyn Thomas	Head of Audit	Initial Draft
0.2	May 2011	Alan Whitfield	Legal Director Steria	Minor amendments
0.3	May 2011	Evelyn Thomas	Head of Audit	Minor amendments
0.4	May 2011	Evelyn Thomas	Head of Audit	Minor amendments
0.5	June 2011	Evelyn Thomas	Head of Audit	Amendments following audit review
0.6	June 2011	Evelyn Thomas	Head of Audit	Amendments to include BDO recommendations
0.7	June 2011	Evelyn Thomas	Head of Audit	Minor amendments
0.8	Aug 2011	Evelyn Thomas	Head of Audit	Board Amendments
0.9	Aug 2011	Chris Ashburn	Finance & commercial Director	Final Review