

Brighton and Sussex University Hospitals

Supplier Representative Policy

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Supplier Representative Policy

1. Introduction

- 1.1 Brighton and Sussex University Hospitals NHS Trust recognises the role that suppliers play in supporting health practitioners and other staff members in providing safe, effective and economic products and services for our patients.
- 1.2 It is also recognised that representatives of clinical suppliers will need to visit Trust premises to present, promote and sell their products and services. This function should not contravene Trust, NHS or Government policies and should be carried out in a proper and ethical manner.
- 1.3 This policy provides instruction for both Trust staff and suppliers to ensure that there is no suggestion of impropriety in the Trusts' dealings with suppliers, and that no unfair advantage is granted to one competitor over another.
- 1.4 This policy excludes Pharmaceutical representatives (Guidance for this can be found in The Dugs and Therapeutics Policy)

2. Purpose

- 2.1 To provide BSUH staff with clear, understandable guidelines on the processes to follow when dealing with suppliers and manufacturers
- 2.2 To supply information on how the Trust expects company representatives to behave and the behaviour they expect from the Trusts' staff
- 2.3 To ensure sound and professional working relationships between BSUH and its current and potential suppliers
- 2.4 To ensure the Trusts' indemnity procedure is adhered to.

3. Scope

- 3.1 This policy is for all trust staff who meet and deal with supplier representatives in the course of carrying out their duties to the Trust.
- 3.2 The policy applies to all suppliers of clinical products and services (except for pharmaceutical products)
- 3.3 Failure of company representatives to comply with this policy will result in a written complaint and may impact on the relationship and level of business maintained at the Trust. Company representatives may be barred from the site, reported to the company, commercial/professional organisations if codes of practice are breached i.e. ABHI.
- 3.4 Failure of Trust staff to comply with this policy may result in a disciplinary action.

4. Definitions

BSUH – Brighton and Sussex University Hospitals NHS Trust

ABHI - Association of British Healthcare Industries

CE – Conformance Europeene

EBME – Electro Biomedical Engineering

DBS – Disclosure and Barring

5. Responsibilities, accountabilities and duties

5.1 Responsibilities of the Trust

To comply with any local, national procurement and clinical policies and guidelines which exist e.g. NICE, BSUH Procurement Strategy 2013. Whilst ultimate responsibility is vested in the Trust Board, executive responsibility is delegated to the Chief Executive for managing health and safety. The Chief Executive has overall responsibility for ensuring that effective systems are in place for learning from poor implementation of national guidelines.

5.2 Responsibilities of Directorate Management Teams

5.2.1 It is the responsibility of the Clinical Directors, Lead Nurses and Directorate Managers to ensure they are familiar with the contents of this policy and that identified persons within the directorate have lead responsibility for ensuring that this policy is available and adhered to at all time.

5.3 Responsibilities of Ward Managers, Department Managers and Consultant Managers

5.3.1 To ensure any company representatives who are visiting their department have an appointment to do so and have informed Procurement that they are visiting the Trust.

5.3.2 To ensure that a copy of this policy is available in their department.

5.3.3. To monitor compliance to this policy.

5.4 Responsibilities of BSUH staff/locum and agency staff working in BSUH.

5.4.1 All staff who are responsible for product/service selection are to familiarise themselves with the contents of this policy and practice within the confines of the policy at all times.

6. Policy

6.1 Representatives should respect their position as a visitor to the Trust and comply with the Trust security regulations by wearing their company identification badge. This must include a photograph. Where applicable and representatives are required to sign in at the desk of departments and wear a Trust identification badge.

6.2 Disclosure and Barring (DBS) checks

Any representatives who wish to attend Trust clinical or staff premises must:

(a) be accompanied at all times by clinical staff when in clinical areas; and

(b) provide written confirmation of adequate DBS clearance prior to any visit. Standard Disclosure is required as a minimum. Enhanced Disclosure is required where the visit could involve access to children or vulnerable adults.

6.3 To reduce disruption to the Trust, representatives may not enter any clinical or non- clinical areas (including wards and out patients' departments) or visit any of the procurement team without a prior appointment. Appointments should be made in normal working hours. I.e. 08.30-16.30 hours, Monday to Friday.

To make an appointment, please contact the relevant procurement buyer by telephone through the Trust switchboard or by email.

For clinical and non- clinical areas, please contact departmental secretaries and/or senior clinical staff to make an appointment. **Representatives are not allowed to tour the Trust looking for staff.**

6.4 **COLD CALLING IS NOT PERMITTED** and must be actively discouraged in the Trust. Staff are asked to notify the Clinical Procurement Manager of the supplier representatives who persist in cold calling on ext. 7000 or via email to deborah.bolton@bsuh.nhs.uk., giving the supplier representatives name and company details

6.5 A representative arriving for an appointment must be met by their respective host and accompanied by Trust staff at all times when on Trust premises.

6.6 The purpose of any meeting between representatives and Trust staff should be identified when an appointment is made.

6.7 Suppliers must not attempt to influence business decision making by offering hospitality to Trust staff. (Please refer to the Gifts, Hospitality and sponsorship Policy.)

6.8 Representatives must not enter any clinical or storage areas unless they are accompanied by Trust staff

- 6.9 Representatives should be well informed about the products they are promoting. In addition to standard technical and clinical data, including information on comparative efficiency, the Trust will wish to know, what is being promoted, the basis of the promotion and the specific place that the product is expected to have in therapy.
- 6.10 Representatives must not add or remove any goods or equipment from the Trust without the permission of the Trust.
- 6.11 Approval to leave (free) samples or on loan goods must be sought from the Procurement Department. Samples must not be left with clinical staff or clinical units without prior approval from Procurement. All samples must be CE marked.
- 6.12 Samples should be accepted by Trust staff to inspect a product and get a feel for quality and potential capability. Under no circumstances should samples be used on patients or as part of a clinical procedure other than as part of a formal trial. (Please refer to Medical Equipment and Product Trials policy)
- 6.13 **NO DRUG SAMPLES** are permitted under any circumstances.
- 6.14 Under no circumstances should medical equipment be delivered directly to a ward without prior knowledge of the Procurement Department and EBME. The department using the equipment must be in receipt of a completed and signed indemnity form. This ensures that the supplier is responsible for the equipment and use on patients whilst it is on Trust premises. (Please refer to Medical Equipment and Product Trials Policy)
- 6.15 Patient information is generally held under legal and ethical obligations of confidentiality. Information must not be disclosed to supplier representatives in a form that might identify a patient without his or her consent
- 6.16 Visitors/suppliers who are unwell and who may be infectious should not visit clinical areas. If a visitor/supplier has had symptoms of diarrhoea and vomiting, they must not visit clinical areas until at least 48 hours after they have become well and symptoms have resolved. Visitors with coughs and colds may visit clinical areas once they are well and symptoms have resolved. Hand hygiene should be performed by visitors before and after visiting clinical areas using the alcohol gel provided, or alternatively with soap and water. Further advice can be sought from the Infection Prevention and Control Team on extension 4595 if visitors/suppliers have additional concerns.
- 6.17 Should an emergency situation arise whilst on a hospital site, e.g. fire alarm, major incident, representatives must obey any instructions given to them by Trust staff.
- 6.18 The potential exists for a representative to come into contact with blood and body fluids. It is their responsibility to ensure that they have adequate immunisation.

7. Training implications

- 7.1 Any teaching in clinical areas must be planned with the Procurement department and relevant department managers.
- 7.2 Representatives should inform the Procurement department, via the Clinical Procurement Manager of any teaching activity that is undertaken in any ward or department. It is important that all training is captured for the Trusts' records.
- 7.3 Leaflets and posters produced by suppliers should not be displayed or distributed without the prior approval of procurement and clinical staff.

8. Links to other Trust policies

TW020 Supporting Staff and Patients' Language and Communication Needs

TW009 Gifts, Hospitality and sponsorship policy

Medical equipment and clinical product trials policy

9. Associated Documentation

- 9.1 Where there is reference made to patient information documentation on charts, this includes electronic charts and signatures in areas where they are used. This conforms to the Data Protection Act and the NMC Guidelines for the administration of medicines and record keeping.
- 9.2 This policy can be accessed on the procurement web site (see teams and departments)

10. References

DH 2013. *NHS Standards of Procurement: version 2*. www.gov.uk/dh

BSUH 2013 Procurement strategy.

Appendix 1 Due Regard Assessment

		Yes/No	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	Yes	Where possible an interpreter should be available
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Gender Identity	No	
	• Marriage and Civil Partnership Status	No	
	• Pregnancy and Maternity status	No	
	• Disability - learning disabilities, physical disability, sensory impairment and mental health problems	Yes	Support may be obtained from Action Deafness, Learning Disabled Liaison Team.
2.	Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?	No	
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?		

If you have identified a potential discriminatory impact of this policy, please refer it to Clinical Procurement Manager, together with any suggestions as to the action required to avoid/reduce this impact.

Appendix 2 - Plan for Dissemination of Policies

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

Title of document:	Supplier Representative Policy		
Date finalised:	January 2015	Dissemination lead: Print name and contact details	Deborah Bolton Clinical Procurement Manager
Previous document already being used?	No		
If yes, in what format and where?	Not applicable		
Proposed action to retrieve out of date copies of the document:	Not applicable		
To be disseminated to:	How will it be disseminated, who will do it and when?	Format (i.e. paper or electronic)	Comments:
Trust staff	Info-mail – January 2015	Electronic	
Trust supplier	Clinical Procurement Manager	Electronic	

Dissemination Record - to be used once document is approved

Date put on register / library of policies:		Date due to be reviewed:	
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Disseminated to: (either directly or via meetings, etc.)	Format (i.e. paper or electronic)	Date disseminated:	No. of copies sent:	Contact details / comments: