University Hospitals Sussex
NHS Foundation Trust

Supplier Representative Policy	
Summary statement: How does the document support patient care?	
Staff/stakeholders involved in development: *Job titles only*	Clinical Procurement Manager / Assistant Director of Finance
Division:	Enter Division
Department:	Enter department
Responsible Person:	Clinical Procurement Manager
Author:	Clinical Procurement Manager
For use by:	ALL STAFF
Purpose:	*To provide staff with clear, understandable guidelines on the processes to follow when dealing with suppliers and manufacturers*
This document supports: *Standards and legislation*	
Key related documents:	
Approved by: *Divisional Governance/Management Group*	Executive Management Board
Approval date:	20th January 2019
Ratified by Board of Directors/ Committee of the Board of Directors	For completion by the Compliance Team.
Ratification Date:	For completion by the Compliance Team.
Expiry Date:	
Review date:	
If you require this document in another format such as Braille, large print, audio or another language please contact the Trust's Communications Team	
Reference Number:	**UHSFN011**

Version	date	Author	Status	Comment
1.0				
2.0				
3.0				
4.0				

CONTENTS

(Suggested minimum list- please ensure all paragraphs are numbered and referenced)

1.0 Introduction

1.1 University Hospitals Sussex NHS Foundation 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 andshould 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 Drugs and Therapeutics Policy).

2.0 Purpose

2.1 To provide UHSFT 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 USHFT and its current and potential suppliers

2.4 To ensure the Trusts' indemnity procedure is adhered to.

3.0 Scope

3.1 This policy is for all trust staff that 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. Association of British Healthcare Industries (ABHI).

3.4 Failure of Trust staff to comply with this policy may result in a disciplinary action.

4.0 Definitions

UHSFT – University Hospitals Sussex NHS Foundation Trust

ABHI - Association of British Healthcare Industries

CE – Conformite Europeenne

EBME – Electro Biomedical Engineering

DBS – Disclosure and Barring Service

NICE – National Institute for Health and Care Excellence

5.0 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. National Institute for Health for Health and Care Excellence (NICE), USHFT 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 the 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 USHFT staff/locum and agency staff working in USHFT.

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.

6.0 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 at all times while on site. This must include a photograph. If the representative is unaccompanied, they must have a letter of authorisation from procurement allowing them to be in that area. Where applicable, representatives are required to sign in at the desk of departments and wear a Trust visitor identification badge.

6.2 Representatives must conduct themselves in a professional manner al at all times when on the Trust premises.

6.3 When on Trust premises Company representative must comply with all Trusts policies, but the following are especially relevant:

- Hand Hygiene
- Confidentiality
- Data Protection
- Risk Management
- Smoke free

6.4 Disclosure and Barring Service checks

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

(a) Be accompanied at all times by a member of the Trust's clinical staff when in clinical areas and

(b) Provide a written confirmation of adequate Disclosure and Barring Service (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.

6.5 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 teams without prior appointment. Appointments should be made in normal working hours: 08.30 - 16.30 hours, Monday to Friday.

To make an appointment, please contact the relevant procurement individual 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.**

6.6 **COLD CALLING IS NOT PERMITTED** and must be actively discouraged in the Trust. Members of staff are requested, to notify the Clinical Procurement Manager of the supplier representatives who persist in cold calling on ext. 67000, giving the supplier representative's name and company details.

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

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

6.9 Suppliers must not attempt to influence business decision making by offering hospitality to Trust staff (Managing Conflicts of interest Policy).

6.10 Representatives must not enter any clinical or storage areas unless they are accompanied by Trust staff or have a letter of authorisation from the Trust Procurement office.

6.11 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.

6.12 Representatives must not add or remove any goods or equipment from the Trust without the permission of the Trust.

6.13 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.

6.14 Samples should be accepted by Trust staff to inspect a product to determine 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 FIN008).

6.15 NO DRUG SAMPLES are permitted under any circumstances.

6.16 Under no circumstances should medical equipment be delivered directly to a ward without prior knowledge of the Procurement Department and Electro Biomedical Engineering (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 FIN008).

6.17 Supplier representatives must ensure that any trials or evaluations have been approved by the Product Selection Group prior to commencement. All appropriate trial supply arrangements and indemnities should be co-ordinated via the Purchasing Department who will inform all relevant parties.

6.18 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.

6.19 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.

6.20 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.

6.21 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.

Any representative found not to be complying with the policy may be asked not to return to the Trust premises and will be reported to their company

7.0 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.

8.0 Links to other Trust Policies

- Managing Conflicts of Interest Policy
- Anti-fraud, Bribery and Corruption Policy
- Medical Equipment and Clinical Product Trials Policy
- Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy and Procedure
- Disciplinary Policy

9.0 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 Nursing and Midwifery Council (NMC) Guidelines for the administration of medicines and record keeping.

9.2 This policy can be accessed on the procurement website (see Teams and Departments).

10.0 References

- DH (2013). NHS Standards of Procurement: version 2. www.gov.uk/dh
- The Nolan Principles -The Seven Principles of Public Life (gov.uk)
- Clauss, Thomas & Tangpong, Chanchai (2018): In search for impregnable exchange relationships with buyers: Exploratory insights for suppliers. Industrial Marketing Management: Vol. 75 (pages 1-16). https://www.sciencedirect.com/science/article/abs/pii/S001985011830186X

EQUALITY IMPACT ASSESSMENT (EIA)

PURPOSE OF EQUALITY IMPACT ASSESSMENT

The EIA should:

- Inform the Trust if any groups are, or could be, disadvantaged by a policy, service change or reconfiguration and if so clarify / propose action to mitigate that impact
- Enable the Trust to identify where policy changes may be needed to actively promote equality / inclusivity and eliminate inequality
- Remind all involved in delivering services of the determination to promote equality
- If advice is required in completing the EIA please contact an HR Advisor

Section 1 – About the Policy, Service, Function, Proposal, Strategy or Consultation

1.1 Name of Policy, Service, Function, Proposal, Strategy or Consultation	**Supplier Representative Policy**
1.2 Name of person completing this assessment (and role / department)	Clinical Procurement Manager
1.3 Brief description of the aims of the policy, service, function, proposal, strategy or consultation? **(include details of who is affected by, involved in and / or benefits from it)**	
1.4 Which department owns the policy, service, function, proposal, strategy or consultation?	
1.5 Is responsibility for implementation of this policy, service, function, proposal, strategy or consultation shared with another agency / department?	**No** **(If yes describe their involvement in this process, if a partner has conducted an EIA, please attach this information)**

1.6 Does the policy, service, function, proposal, strategy or consultation have direct consequences or implications for service users and / or staff?	**<u>Yes</u>** **(If no then it is not relevant to Equality Duties. Please complete statement in section 3 and send the completed form for approval to the Care Group Manager / Head of Service to sign off as shown. If yes, please also complete section 2)**

Section 2 – Equality Impacts

2.1 Have you made sure that the views of stakeholders, including key people likely to face exclusion have been influential in the development of the policy, service, function, proposal, strategy? (please indicate which)

External		Partners		Internal	
Service user interviews		Care Quality Commission		Staff event	
Focus Groups		Multi Agency event		Staff interviews	
Public events		Joint Working group		Staff workshop/focus groups	
Patient experience surveys		Regional Minority network		Management Board	
Voluntary organizations		Regional equality forum		Trust Executive Committee	
Minority group events/forums		GP Practice groups		Diversity Matters Group	
Carer Forum		Local/County Council		Staff side reps	
LINks		Equality and Human Rights Commission (EHRC)		Staff minority forums (e.g disability, BME, sexual orientation, religion/beliefs) (please state)	
HOSC		Other NHS Trust (please identify below)		Trust Board	
On line forums				Staff survey results	
Local media				Annual General Meeting	
Published research into minority needs				Other (please state)	
Census data or other external demographic reports					

Comments:

Section 3 – Equality Analysis Template

To be used to analyse the effect of your policy or service on the protected groups in equality law, resulting in either:

1. *removing or minimizing disadvantages suffered by people due to their protected group characteristics (i.e. age, race/ethnicity, disability, gender reassignment, sex, sexual orientation, marriage & civil partnership, pregnancy, maternity/paternity, religion/ belief, human rights)*
2. *taking steps to meet the needs of people from protected groups where these are different from the needs of other people*
3. *no further action required*

Equality law protects people on the following grounds:	Is your policy or service relevant to this area of equality or human rights?		If relevant, is the effect positive or negative		Evidence of the effect (e.g. statistics, research, surveys, results of engagement, etc)	Is further action required?	
	Yes	No	Positive effect	Negative effect		*Yes	No
Age		No					
Race / Ethnicity		No					
Disability		Yes	N/a	N/a	Support may be obtained from Action Deafness, Learning Disabled Liaison Team.		No
Gender Reassignment		No					
Sex		No					
Sexual orientation		No					
Marriage and Civil Partnership		No					
Pregnancy, Maternity / Paternity		No					
Religion / Belief		No					
Human Rights		No					

* Complete the following Equality Analysis Action Plan only for the equality grounds marked: *Yes further action required.

Equality Analysis Action Plan								
Equality grounds ticked *yes requiring further action:	**Does your policy or service:**			**Any action taken to date**	**Action to be taken**	**Target date**	**Responsible Person(s)**	**Expected Outcome (including monitoring arrangements)**
	Discriminate?	**Eliminate discrimination or promote equality?**	**Promote good relations between groups?**					
Age	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Race / Ethnicity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Disability	**NO**	**No**	**Yes**	**No**	**No**	**N/A**	**N/A**	**Support may be obtained from Action Deafness, Learning Disabled Liaison Team.**
Gender Reassignment	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Sex	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Sexual orientation	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Marriage and Civil Partnership	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Pregnancy, Maternity/Paternity	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Religion / Belief	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**
Human Rights	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	**N/A**

Equality Analysis: Care Group Manager / Head of Service to sign off								
Signed					**Date**			