Trust Policy

University Hospitals Plymouth NHS Trust

Supplier Representatives Policy

Issue Date	Review Date	Version
September 2021	September 2024	2

Purpose

To provide clear and understandable guidelines on the processes to follow, relating to contact between Trust staff, Trust Suppliers and Supplier Representatives.

Who should read this document?

This policy applies to **all personnel** employed by University Hospitals Plymouth NHS Trust (UHP), Trust suppliers and visiting company representatives whilst on business within the Trust. Every member of UHP has responsibility to ensure compliance with this policy.

Key messages

This policy has been written to describe the roles and responsibilities of Trust suppliers and visitors to the Trust, and also the responsibilities of Trust Staff in relation to their engagement with them.

It is important for UHP staff and the Trust's suppliers to understand their roles and responsibilities with regard to preventing fraud, bribery and corruption in the procurement of goods and services.

This policy should be shared with all Trust suppliers to ensure that they are aware of what is expected from them when engaging with the NHS.

It is essential that suppliers do not gain special favour by bypassing the normal commercial processes. This will help prevent:

- commercial bias
- fraud, bribery and/or corruption
- the possibility of UHP employees being inadvertently compromised

Accountabilities

Production	Chief Procurement Officer
Review and approval	Senior Procurement Managers Group
Ratification	Director of Finance
Dissemination	Trust wide and all suppliers
Compliance	Programme Board

Links to other policies and procedures

TRW.COR.STA.567.1 Standards of Business Conduct Policy
TRW.COR.POL.564.1 Standing Financial Instructions
TRW.CGV.POL.258.11 Local Counter Fraud, Bribery and Corruption Policy
Raising Concerns Policy
Speaking Up leaflet (Raising Concerns Policy)

Version History		
1	December 2013	Initial Document
2	September 2021	Reviewed and Updated

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents. Larger text, Braille and Audio versions can be made available upon request.

1 Introduction

University Hospitals Plymouth NHS Trust (UHP) is aware of the role that healthcare companies have in assisting healthcare practitioners to provide safe, cost effective products and services.

The aim of this policy is to promote a professional, but effective and consistent relationship with all UHP suppliers and their representatives. Compliance with this policy ensures best procurement practice is maintained.

2 Purpose

This policy has been written to describe the roles and responsibilities of Trust suppliers and visitors to the Trust, and also the responsibilities of Trust staff in relation to their engagement with them.

3 Definitions

Supplier - any current and prospective external organisation providing goods and/or services to the Trust.

4 Duties

This policy applies to all personnel employed by UHP and supplier representatives whilst on business within the Trust. All UHP personnel have responsibility to ensure compliance with the requirements of this policy.

Breaches to this and associated policies could lead to the matter being reported and/or investigated by either the Trust, NHS Counter Fraud Authority, police or Professional bodies.

The NHS expects suppliers to be vigilant and proactively look for fraud, including the risk of fraud in their own business.

5 Suppliers Code of conduct

Due to the seriousness of the potential consequences for the Trust and the individuals involved, all supplier representatives are required to register the details of any proposed visit in advance with the Procurement and Supply Chain Management Department, who will manage and monitor the visits via an appointment register. This can be obtained by contacting the Procurement helpdesk:

Telephone: 01752 439628

Email: plh-tr.plymouthprocurement@nhs.net

- The Trust Procurement and Supply Chain Management Department is the first point of contact for all new suppliers. The Procurement and Supply Chain Management Department must also be the first point of contact for current suppliers who wish to introduce new products or change existing contractual arrangements.
- Any Supplier Representative attempting to visit a Trust designated contact, without having made a prior appointment, will be politely but firmly refused.

- All supplier/company staff whilst on site must wear an ID badge with their name and company clearly visible.

- Suppliers' representatives are required to comply with all applicable Trust policies e.g. Infection Control, Health and Safety, smoking, parking, Equality, Diversity and Human Rights and mobile phone usage etc. These are clearly displayed within the hospital or are available on request from the Procurement and Supply Chain Management Department. Should any emergency situation arise whilst on a hospital site, all external representatives must obey instructions given to them by Trust Staff.

- Purchase Orders – Suppliers or their representatives should be aware that any order or commercial agreement made (verbal, telephone, written) will not be valid or binding unless accompanied by an official purchase order. The Trust will not make payment for unauthorised purchases which fail to comply with this agreement.

- Price/Commercial discussions can only be conducted in conjunction with the Procurement and Supply Chain Management Department. External organisations must not sell, offer or gift equipment to the Trust and/or Trust staff without the prior agreement of the Procurement and Supply Chain Management Department.

- Trust staff must not be offered samples of products unless by prior agreement with the Procurement and Supply Chain Management Department.

- Business gifts (other than items of very small intrinsic value such as diaries or calendars) must not be offered and will not be accepted by Trust Staff. Further information around gifts and hospitality can be found in the Trust's Standards of Business Conduct policy.

- Prior to loaning Medical Equipment suppliers must comply with Trust Medical Equipment Management procedures. Please contact the Procurement and Supply Chain Management Department on plh-tr.plymouthprocurement@nhs.net or your nominated procurement contact who will provide guidance and support.

- Ensure professionalism, respect and courtesy are shown. Should this not be reciprocated by Trust staff please report to the Procurement and Supply Chain Department.

6 Commercial Information

6.1 Trust Staff and Suppliers are reminded that commercial information is confidential. Pricing information should not be discussed or shared with rival organisations in relation to alternative products.

6.2 All purchasing, pricing and Contract related enquiries should be directed to the Procurement and Supply Chain Management Department. The Procurement and Supply Chain Management Department can provide accurate usage reports to carry out price comparisons.

6.3 All financial information will be managed in accordance with the Trust Standing Financial Instructions TRW.COR.POL.564.1.

7 Consignment Stock

7.1 Consignment stock agreements shall not be implemented without the involvement and approval of the Procurement and Supply Chain Management Department.

7.2 Consignment stock agreements are to be signed by the department manager to accept that the stock is correct and counter signed by the Chief Procurement Officer.

8 Product and Equipment Evaluation

8.1 Prior to commencement of any product/equipment evaluation, approval must be sought from the Procurement and Supply Chain Management Department. Evaluations will not be authorised until full financial consideration in relation to the evaluation and future expenditure is known.

8.2 Equipment evaluations – All electrical items must comply with safety regulations and be CE marked and approved. Before use, equipment must be assessed by the Medical Equipment Management Service (MEMS) Department for Safety Testing and entered onto the Trust's Asset Register.

8.3 Companies or suppliers not holding master indemnity with the Department of Health and Social Care will need to provide evidence that they hold an appropriate indemnity policy before products can be accepted for use.

8.4 A Master Indemnity call-off order must be completed and submitted in accordance with Department of Health and Social Care Guidance prior to commencement of any new equipment evaluation.

8.5 Medical and Nursing staff who request samples of medical/surgical products for evaluation are responsible for their usage. Any samples that are required for evaluation must be indemnified and carry the CE mark.

8.6 Prior to any request/offer and receipt of samples, approval must be sought from the Procurement and Supply Chain Management Department.

9 Supplier Led Training

9.1 Training should be organised on a virtual first elearning basis where this is possible.

9.2 Face to face training to be co-ordinated through clinical leads, education departments and the Procurement and Supply Chain Management Department.

9.3 Training should be undertaken initially in non-clinical environment. Any subsequent training required to be undertaken in clinical areas, consent from patients and clinical leads is required.

10 Fraud Act 2006

10.1 Fraud involves acting with dishonest intent and can occur at any point during the procurement lifecycle and is defined by the Fraud Act 2206, which outlines three different ways of committing the offence:

- Fraud by false representation
- Fraud by failing to disclose information
- Fraud by abuse of position

10.2 The following are examples of fraud that can occur during the procurement process:

- **Provision of inaccurate information**: this is done by the supplier or an individual to secure a contract eg falsifying qualifications or past performance references, including false certifications and defective pricing (failure to disclose accurate, current and complete pricing data).
- **Provisions of an intentionally low bid**: this may be done by suppliers with the intention to add costs, post award.
- **Cyber-fraud:** hacking into systems to obtain confidential and commercially sensitive information

11 Bribery Act 2010

11.1 The Bribery Act 2010 defines bribery as the "offering, giving, soliciting or acceptance of an inducement or reward, which may influence a person to act against the interest of the organisation".

11.2 The Bribery Act 2010 makes it an offence to give, promise or offer a bribe and to request, agree or receive or accept a bribe. The Act also introduces a corporate offence of failing to prevent bribery by an organisation. An organisation may avoid conviction if it can show that it had procedures/protocols in place to prevent bribery. NHS organisations are liable under this Act.

11.3 UHP adheres to this and the NHS England's Managing Conflict of Interest in the NHS guidance with the Trust Standards of Business Conduct Policy. This policy details the Trust's expectation for all staff to act within the law, to adhere to the highest standards of business conduct, probity, and accountability in order not to give the impression that actions have been influenced by outside interests, and thus to demonstrate best practice and transparency in the conduct of Trust business.

11.4 Procurement staff are classified as "decision making" staff as per the NHS England's Managing Conflicts of Interest in the NHS guidance and are required to make an annual declaration (positive or negative) of any interests they may have.

11.5 The following are examples of how bribery can occur during the procurement process:

- **Bribery or kickbacks for awarding a contract**: a bribe is given to an employee to secure the award of a contract. A kickback is a form of "negotiated bribery" where a portion of the value of the contract is

demanded by an official as a bribe for services rendered, for example securing the contract itself. For the purposes of the Bribery Act 2010 a kickback is equivalent to a bribe. The kickback might be said to vary from other kinds of bribes in that there is implied collusion between the two parties, rather than one party extorting the bribe from the other.

- **Bribery for disclosing confidential information**: a bribe is given to an employee to secure the disclosure of confidential and commercially sensitive information, such as the content of competing bids.

12 Corruption

12.1 Corruption is defined as dishonest or fraudulent conduct by those in power, this typically involves bribery to induce those individuals to abuse their position of power. The following are examples of how corruption can occur during the procurement process:

- **Bid rigging**: suppliers collude to ensure a particular bidder wins the contract, by reaching an agreement on the bids submitted. Bid rigging can involve:
    - **Price fixing:** suppliers who collude to fix “what price to charge”
    - **Bid rotation:** collusion by suppliers to rotate contracts between themselves, ensuring that a pre-selectred bidder wins on a rotating basis.
    - **Market sharing:** collusion by suppliers to divide the market (geographically or otherwise) and agree not to bid against each other.
    - **Bid suppression:** collusion by suppliers to voluntarily reduce the number of bidders or use of coercive means to prevent others submitting bids.
    - **Complementary bidding:** bidders submitting bids with no intention of winning, for example by submitting high costs bids.
    - **Cover pricing:** submission of inflated bids by suppliers who have no intention of winning the contract, to assist the “winning” bidder.
- **Manipulation of specifications:** specifications manipulated to favour a particular bidder or specifications not fully developed before the contract is awarded. This can result from inappropriate involvement in the shaping of the requirement during preliminary marker consultations.
- **Manipulation of procurement procedures:** This occurs when the procurement process is manipulated to ensure a particular bidder is successful.

13 Hospitality and Gifts

13.1 Only inexpensive gifts such as pens, mugs, diaries and calendars etc., which are relevant to work, may be offered to or accepted by Trust Staff.

13.2 Hospitality may be accepted and declared when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

13.3 Hospitality under the value of £25 may be accepted and need not be declared. Those of a value between £25 and £75 may be accepted and declared as in line with the Standards of Business Conduct policy. Anything over the value of £75 should be refused unless (in exceptional circumstances) senior management approval is given. A clear reason should be given in writing why it was permissible to accept and recorded in the Trust's register of interest.

13.4 Staff should not accept gifts and/or hospitality that may affect, or be seen or perceived to affect, their professional judgement.

13.5 Additional information can be found in the Trust Standards of Business Conduct policy and declarations must be made by email to plh-tr.hospitality@nhs.net..

13.6 NHS suppliers are required to comply with UHP's Standard of Business Conduct policy.

14 Conflicts of Interest/abuse of authority

14.1 A conflict of interest can arise at any stage of the procurement process and exists where an individual has an economic or personal interest in a transaction. A conflict of interest can also occur when an employee does not disclose a pecuniary or other personal interest in a contract. This might be perceived to compromise their impartiality and independence in the context of the procurement or contract management process.

14.2 Possible conflicts of interest include individuals having:

- A direct financial interest
- An indirect financial interest
- A non-financial or personal interest
- A conflict of loyalites

14.3 All suppliers are required to declare any personal or family relations with UHP at the pre- contract stage.

14.4 Suppliers will be asked to complete a non-collusion declaration and non-canvassing declaration as part of the tendering process

14.5 Positive or nil return declarations need to be made, and will be routinely sought from suppliers throughout the tendering process, at both the commencement and conclusion of the process.

14.6 All disclosures should be in full and include the business interests of the family and close friends of those involved in the procurement process. Any changes to conflicts of interests that may arise during the procurement lifecycle must be declared.

15 Fair Competition

15.1 The NHS is committed to ensuring that all procurement activity is conducted in an open and transparent manner with both parties displaying the utmost honesty and integrity. The NHS does not tolerate any form of fraudulent or corrupt practices

15.2 The NHS expects a comparable commitment from all suppliers, who should be fully aware of UK fraud, bribery and corruption legislation and sign a declaration confirming this when submitting quotes and tenders.

15.3 Suppliers must adhere to all Public Contracts Regulations and NHS policies and procedures when participating in any NHS tender exercise.

15.4 Suppliers should have their own robust processes in place to ensure that the subcontractors in their supply chain are also fully compliant.

15.5 Suppliers should not share specifications and detailed costs, and they should report any concerns if it is suspected that other suppliers are working together.

15.6 Suppliers should be made aware in writing of the NHS organisation's Fraud, Corruption and Bribery and Standards of Business Conduct policies. They should sign a declaration when submitting quotes and tenders that they understand these policies

16 Commercial Sponsorship

16.1 Commercial sponsorship can only be accepted if they comply with the requirements of the Trust's Standards of Business Conduct Policy.

16.2 Trust Staff must seek permission from the Chief Procurement Officer in advance of Commercial Sponsorship, who must be satisfied that acceptance will not compromise purchasing decisions in any way.

16.3 Sponsorship of the whole or part of any post must receive prior approval from the Director of Finance.

16.4 Trust Staff must not accept commercial sponsorship of any posts where sponsorship is linked to the purchase of particular products or supply from a particular source.

16.5 Trust Staff must declare any interest or position of responsibility for themselves, family and close friends which they hold in organisations outside the Trust by emailing: plh-tr.interests@nhs.net.

16.6 Under no circumstances may Commercial Sponsorship be accepted if a tender process is taking place and the company offering sponsorship has an interest in and/or is bidding for the Tender.

17 Clinical / Theatre Suppliers

17.1 Any Supplier representative wishing to visit a clinical area must register the visit by emailing plh-tr.plymouthprocurement@nhs.net. Approval for the visit relates to the individual department/theatre only, it is not general agreement for access across other clinical departments, theatres or stores.

17.2 Supplier representatives must not be left unattended at any time. If direct patient contact is required, patient consent must be obtained and documented first, to ensure that the clinician involved has confirmed this with the patient.

17.3 Supplier representatives should not be present at any meetings whilst patient details are being discussed. If supplier representative input is required, this must be within a confined part of the meeting.

17.4 Supplier representatives should limit their visits to the Trust premises to a reasonable number of visits and is restricted to clinical support and training.

17.5 If this is not the case, Trust staff can contact the Procurement and Supply Chain Management Department, who may ask the sales representative to refrain from conducting business for a defined period of time. In extreme cases, the Trust may take the decision to cease trading with that supplier entirely.

17.6 Supplier representatives cannot seek appointments with junior members of the clinical staff, but may hold open meetings with staff in a group e.g. product presentations or training sessions. The emphasis in such meetings must be educational and not used to promote new products unless pre-agreed with the Procurement and Supply Chain Management Department.

18 Pharmaceuticals Suppliers

18.1 All representatives must work within the ABPI (Association of British Pharmaceutical Industry) code of practice – even if they are not ABPI members, and comply with all UHP local policies. Detailed guidance is available from the Pharmacy Department.

18.2 The Trust has a policy for the introduction of new drugs onto the formulary. Representatives can clarify the current status of a drug with the lead pharmacist responsible for formulary development. Representatives must not complete the new drug application documentation on behalf of a Trust Consultant.

18.3 Representatives wishing to discuss non-formulary drugs must only discuss this with Trust Consultant Staff or lead pharmacy staff responsible for formulary development.

18.4 UHP does NOT undertake unstructured “trials” or product evaluations. Representatives must not supply pharmaceutical samples to ANY Trust staff.

19 Works Contractors / Service Engineers

19.1 All works contractors undertaking any installations, inspections or works on the ‘Estate’ are to report to the Site Services Department to undertake the site induction. The induction is undertaken on the ‘Sky Visitor’ e-portal, via a touch screen in the reception area.

19.2 Please ensure that Construction Skills Certification Scheme (CSCS) membership details are available. Once the information has been input into the system and has been checked, a visitor's pass will be issued along with any permits or access details required.

19.3 All service engineers will need to sign in at the Healthcare Science and Technology (HCST) department on every visit. There will be an initial induction where a card will be issued providing approval to be on site for a 12 month period. Once the 12 months have expired, refresher training must be attended for an extension to be provided.

20 Infection Control Guidelines

20.1 Supplier Representatives must be aware that all personnel who visit clinical areas have the potential to introduce or transmit micro organisms. The following guidance should be followed when visiting UHP.

Personal responsibility

20.2 Representatives should not visit the Trust if they are suffering from, or may be incubating, any infectious diseases including an unexplained rash, or are suffering from colds and flu. If representatives have been suffering from or exposed to diarrhoea and/or vomiting they must not visit the Trust until they are 48hours following last symptoms.

20.3 The representative should inform the Infection Prevention and Control team plh-tr.IPCT-Admin@nhs.net if following their visit they have subsequently been diagnosed with a notifiable infectious disease and that the infectious period may have exposed patients or staff.

20.4 Representatives should not visit clinical areas that are closed due to infection by the Trust Infection Prevention and Control team.

Covid-19 restrictions

20.5 Supplier representatives must follow the latest ABHI guidance for 'Interactions with NHS staff by Industry Healthtech Professionals' and any additional restrictions included in this Policy.

Representatives:

- must provide evidence of a negative Lateral flow Covid test result within 24 hours of visit
- Tracking and tracing for the 72 hours before entering the trust
- Full details for communication especially with procurement
- not go straight to the department
- Will not be allowed access to clinical areas if the patients is identified as red

Dress code

20.6 When visiting any clinical areas representatives are required to be 'Bare Below the Elbow' and remove all wrist and hand jewellery, with the exception of a plain wedding band.

Hand Hygiene

20.7 Representatives are expected to use the alcohol sanitiser on entering and exiting all clinical areas. If hands are visibly soiled the representative is to decontaminate hands with water and soap.

Personal Protective Equipment (PPE)

20.8 Representatives are required to use PPE appropriate to the activity e.g theatre scrubs, gloves, aprons, face protection, and correctly dispose of PPE as clinical waste. Any requirement for FFP3 protection must be provided by the supplier representative as fit test services will not be provided.

Equipment Decontamination

20.9 Equipment used for training purposes or clinical care should be accompanied with a valid decontamination certificate appropriate for the purpose and level of decontamination required. If the equipment is for direct patient care a documented audit trail may be requested

20.10 The equipment should be accompanied with the manufactures instruction manual including cleaning and decontamination methods for the specific piece of equipment.

21 Disclosure and Barring Service (DBS)

21.1 Companies with representatives visiting health care premises, where patient contact is likely, must ensure their employees do not provide risk to vulnerable adults/children or staff. The Trust requires companies to comply with DBS regulations.

22 Raising concerns

22.1 A supplier should always consider:

- Is it legal?
- Does it feel right and fair?
- Am I comfortable with it?
- Is it something that may be portrayed negatively in the media?
- If my actions were made public would they be represented in a positive way?

22.2 For any supplier delivering a service through the procurement process to the NHS, compliance with the legal framework is compulsory and breaching this could impair their status as a suitable NHS supplier.

22.3 If you suspect that fraud, bribery or corruption is or has occurred, immediate action is crucial, Suppliers must act immediately by alerting the NHS organisations involved or contacting the NHS Counter Fraud Authority (NHSCFA) . Suppliers and their staff should also ensure that they comply with their own organisation's whistleblowing policies

22.4 Any suspicions of fraud, bribery and corruption can be made either:

- To the NHSCFA https://cfs.nhs.uk/reportfraud
- NHS Fraud & Corruption Reporting line 0800 028 4060 (24/7 powered by Crimestoppers)
- UHP's Local Counter Fraud Specialist tracy.wheeler2@nhs.net or 0778 986 8568

22.5 Complying with this policy promotes the public service values which underpin the work of the NHS and reflect its core values and behaviours. Suppliers play an important role in the delivery of goods and services necessary for patient care; preventing any potential fraud ensures that precious NHS resources can continue to be used for their intended purpose patient care.

23 Overall Responsibility for the Document

The Chief Procurement Officer, Procurement and Supply Chain Management Department, Ground Floor, NU Building, 1 Brest Road, Derriford, Plymouth, PL6 5YE.

plh-tr.plymouthprocurement@nhs.net

24 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Programme Board and ratified by the Director of Finance.

Non-significant amendments to this document may be made, under delegated authority from the Director of Finance, by the nominated author. These must be ratified by the Director of Finance and should be reported, retrospectively, to the Programme Board.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes.

25 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

This document will also be made available to suppliers as part of any Trust quote and tendering process.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Finance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

26 References and Associated Documentation

- Ministry of Justice Bribery Act 2010 Guidance
- NHS England Managing Conflicts of Interests in the NHS Guidance
- Department of Health and Social Care, guidance notes for Master Indemnity Agreements 2018
- ABPI (Association of British Pharmaceutical Industries) and Disclosure UK
- ABPI (Association of British Pharmaceutical Industries) Code of practice for the Pharmaceutical Industry 2019
- ABHI guidance for 'Interactions with NHS staff by Industry Healthtech Professionals'
- https://cfa.nhs.uk/fraud-prevention/fraud-guidance

27 Monitoring Compliance and Effectiveness

27.1 Periodic review of the appointments register will identify supplier visits to the Trust. This will provide assurance that equal opportunity is available to suppliers in accordance with this policy.

27.2 Failure of suppliers or their representatives to comply with this Policy will result in individual representatives being barred from University Hospitals Plymouth NHS Trust and have the potential for complaints being made to the ABPI or equivalent governing body.

Dissemination Plan | Appendix 1

Core Information	
Document Title	Supplier Representatives Policy
Date Finalised	September 2021
Dissemination Lead	Chief Procurement Officer
Previous Documents	
Previous document in use?	No
Action to retrieve old copies.	N/a

Dissemination Plan

Recipient(s)	When	How	Responsibility	Progress update
All staff		Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
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
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & 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
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Donna Ellis
Directorate	Procurement
Date	September 2021
Title	Supplier Representatives Policy
What are the aims, objectives & projected outcomes?	The aim of this policy is to promote a professional, but effective and consistent relationship with all UHP suppliers and their representatives. Compliance with this policy ensures best procurement practice is maintained.

Scope of the assessment
This EIA will consider all protected characteristics. The policy applies to all UHP suppliers and their representatives. Assessment undertaken with the support of the Equality & Diversity Leads.

Collecting data	
Race	There is no evidence to suggest there is a disproportionate impact on race. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Religion	There is no evidence to suggest there is a disproportionate impact on religion. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Disability	There is no evidence to suggest there is a disproportionate impact on disability. However, data will be monitored via Datix (incidents and complaints) and feedback from staff. Reasonable adjustments will be made available upon request.
Sex	There is no evidence to suggest there is a disproportionate impact on sex. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Gender Identity	There is currently no data collected for this area; However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Sexual Orientation	There is no evidence to suggest there is a disproportionate impact on sexual orientation. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Age	There is no evidence to suggest there is a disproportionate impact on age. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Socio-Economic	There is currently no data collected for this area; However, data will be monitored via Datix (incidents and complaints) and feedback from staff.
Human Rights	There is no evidence to suggest there is a disproportionate impact on Human Rights. However, data will be monitored via Datix (incidents and complaints) and feedback from staff.

What are the overall trends/patterns in the above data?	No patterns or trends identified
Specific issues and data gaps that may need to be addressed through consultation or further research	There is no data currently collected for gender identity or socio-economic
Involving and consulting stakeholders	
Internal involvement and consultation	Programme Board Lead Nurse, Infection Control Organisational Development Deputy Director of Pharmacy Information Governance Director of Finance Local Counter Fraud Specialist (LCFS)
External involvement and consultation	
Impact Assessment	
Overall assessment and analysis of the evidence	Reasonable adjustments will be made available upon request.

Action Plan

Action	Owner	Risks	Completion Date	Progress update
Review of complaints and incidents relating to suppliers	Procurement		Ongoing	