Trust Policy

Plymouth Hospitals NHS
NHS Trust

Supplier Representatives Policy

Date	Version
December 2013	1

Purpose

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

Who should read this document?

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

Key messages

This policy has been written to describe the roles and responsibilities of external visitors to the Trust, and also the responsibilities of Trust Staff in relation to these visits.

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 PHNT employees being inadvertently compromised

Accountabilities

Production	Chief Procurement Officer
Review and approval	Programme Board
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 Guidance
TRW.COR.POL.564.1 Standing Financial Instructions

Version History

1	December 2013	Initial Document

Last Approval	Due for Review
December 2013	December 2018

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

Plymouth Hospitals NHS Trust (PHNT) 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 PHNT 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 external visitors to the Trust, and also the responsibilities of Trust staff in relation to these visits.

3 Definitions

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

4 Duties

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

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 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 Department is the first point of contact for all current, new and potential suppliers.
- “Cold Calling” or making appointments to visit Wards/Departments is strictly prohibited. All appointments must be made through the Procurement Department.
- 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 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 Department.
- Trust staff must not be offered samples of products unless by prior agreement with the Procurement 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.
- Prior to loaning Medical Equipment suppliers must comply with Trust Medical Equipment Management procedures. Please contact the Capital Procurement Team on 01752 432660 who will provide guidance and support.
- Ensure professionalism, respect and courtesy are shown and reciprocated at all times.

6 Commercial Information

- 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.
- All purchasing, pricing and Contract related enquiries should be directed to the Procurement Department. The Procurement Department can provide accurate usage reports to carry out price comparisons.
- All financial information will be managed in accordance with the Trust Standing Financial Instructions TRW.COR.POL.564.1.

7 Consignment Stock

- Consignment stock agreements shall not be implemented without the involvement and approval of the Procurement Department.
- 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 Trials

- Prior to commencement of any trial, approval must be sought from the Procurement Department. Trials will not be authorised until full financial consideration in relation to the trial and future expenditure is known.
- Equipment Trials – 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.

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

- 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.

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

9 Bribery Act 2010

- Bribery/Corruption is defined 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".

- 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.

- Further information on expected conduct of all NHS staff can be found in the Trust's Standard of Business Conduct Guidance. Concerns/suspicions about bribery/corruption can be reported in confidence either to plh-tr.reportinconfidence@nhs.net or to Tracy Wheeler, Local Counter Fraud Specialist on 01752 431378.

10 Hospitality and Gifts

- 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, in accordance with the Trust Hospitality Policy TRW.COR.STA.567.1 Standards of Business Conduct Guidance.

- Any hospitality received, other than working lunches/meals must be declared according to Trust policy on Standards of Business Conduct Guidance for Trust employees TRW.COR.STA.567.1. This should be recorded in the hospitality register either by email plh-tr.hospitality@nhs.net or by making a personal entry in the hospitality register located with the Board Secretary.

11 Commercial Sponsorship

- Any Commercial sponsorship accepted must comply with the requirements of the Trust Policy on Standards of Business Conduct Guidance for Trust employees TRW.COR.STA.567.1.

- 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.

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

- 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.

- 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

- 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.

12 Pharmaceuticals Suppliers

- 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 PHNT local policies. Detailed guidance is available from the Pharmacy Department.

- 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.

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

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

13 Estates / Works Contractors

All suppliers undertaking installations or works on the ‘Estate’ are to report to Site Services Department to undertake a site induction. Inductions are run every weekday at 08:30; any enquiries should be directed to the Site Services Helpdesk on 01752 431300.

14 Infection Control Guidelines

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 PHNT.

Personal responsibility

- Representatives should not visit the Trust if they are suffering from, or may be incubating, any infectious diseases, e.g chicken pox, 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.

- The representative should inform the Infection Prevention and Control team 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.

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

Dress code

- 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

- 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)

- 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.

Equipment Decontamination

- 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.

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

15 Disclosure and Barring Service (DBS)

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.

16 Overall Responsibility for the Document

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

email: plh-tr.plymouthprocurement@nhs.net.

17 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.

18 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, currently the 'Vital Signs' electronic newsletter.

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

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.

19 References and Associated Documentation

- PHNT Counter Fraud Policy
- Ministry of Justice Bribery Act 2010 Guidance
- ABPI

20 Monitoring Compliance and Effectiveness

- 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.
- **Failure of suppliers or their representatives to comply with this Policy will result in individual representatives being barred from Plymouth Hospitals 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	December 2013
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 Pavey
Directorate	Procurement
Date	29th November 2013
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 PHNT 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 PHNT 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
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	