SUPPLIER REPRESENTATIVES'

NGH-PO-800

Ratified By:	Procedural Documents Group
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Responsibility for Review:	Head of Procurement
Contributors:	Head of Procurement

POLICY

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Version Control Summary

Version	Date	Author	Status	Comment
1	November 2013	Allan Rivan	Head of Procurement	Ratified
1.1	April 2015	Allan Rivan	Head of Procurement	Ratified by Chair Approval

SUMMARY

This policy has been developed to support Trust Staff in adopting a more consistent protocol to follow when dealing with supplier visits. Current variations in practice across the Trust have led to risks being identified. Just some examples are given below;

- Supplier representatives arriving on site unannounced and taking up staff time.
- Products being canvassed that have not been through the approved procurement process.
- Products being let for trial/evaluation that have not been approved nor time taken for staff to be trained.

Northampton General Hospital NHS Trust ("the Trust") appreciates the role that Healthcare companies play in assisting health practitioners to provide safe, effective and economical products and services to the patients in their care.

At present the Trust has an active database of over 3,000 suppliers, providing goods and services to the organisation.

1. INTRODUCTION

Northampton General Hospital NHS Trust ("the Trust") appreciates the role that Healthcare companies play in assisting health practitioners to provide safe, effective and economical products and services to the patients in their care.

At present the Trust has an active database of over 3,000 suppliers, providing goods and services to the organisation. The aim of this policy is to put the relationship between the Trust and its suppliers on a sound and professional basis in accordance with best practice, and to provide suppliers and their commercial representatives with information on how they are expected to behave throughout the supply chain and what behaviour they can expect from the Trust's staff, clinical and non clinical; safeguarding patients from the inappropriate use of commercially supplied Medicines and equipment.

- Suppliers may leave unsolicited goods/equipment for use, without appropriate indemnities having been secured. This may expose patients to risk and the Trust to negligence claims in the event of product faults.

- Untrained staff may carry out negotiations with suppliers. This may pre-empt and weaken formal procurement processes, resulting in poor value for money being obtained by the Trust.

- Trust staff may unknowingly commit the organisation to a contractual obligation through accidental acceptance of supplier offers.

- Supplier representatives do not always carry identification causing potential security risks to the site.

- Supplier representatives may waste Trust staff time through 'cold calling'.

2. PURPOSE

The purpose of this policy is to provide guidelines to Trust staff in their dealings with suppliers, with particular regard to reducing the risks caused by unnecessary and unsolicited visits to hospital departments. The policy also includes a set of guidelines for issuing to suppliers prior to visits (see appendix 1).

The aim of this policy is to put the relationship between the Trust and its suppliers on a sound and professional basis in accordance with best practice, and to provide suppliers and their commercial representatives with information on how they are expected to behave throughout the supply chain and what behaviour they can expect from the Trust's staff, clinical and non clinical; safeguarding patients from the inappropriate use of commercially supplied Medicines and equipment.

3. SCOPE

The policy applies to all Trust staff who meet or engage with Supplier representatives.

This includes anyone who meets with Supplier representatives, and all supplier representatives visiting the Trust, including clinical research personnel.

4. COMPLIANCE STATEMENTS

Equality & Diversity

This document has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact Assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with current equality legislation and to uphold the implementation of Equality and Human Rights in practice.

NHS Constitution

The contents of this document incorporates the NHS Constitution and sets out the rights, to which, where applicable, patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with the responsibilities which, where applicable, public, patients and staff owe to one another. The foundation of this document is based on the Principals and Values of the NHS along with the Vision and Values of Northampton General Hospital NHS Trust

5. DEFINITIONS

Procurement	the acquisition of goods, services or works from an external source
Cold Calling	Unsolicited visit from a suppliers representative
NHS Master Indemnity Agreement	umbrella agreement to encompass the requirements of NHS bodies in respect of equipment and other goods supplied: • On loan for trial and testing • On loan not for trial and testing • Free issues
ABPI	Association of the British Pharmaceutical Industry Guidelines

6. ROLES & RESPONSIBILITIES

ROLE	RESPONSIBILITY
Chief Executive and the Trust Board	Chief Executive and Trust Board have ultimate accountability for actions and inactions in relation to this policy
Line Managers	Line Managers have responsibility for ensuring that this policy is implemented within their area of responsibility. Managers/Department Heads should identify a limited number of Trust personnel who are designated for this purpose. All staff should be made aware of the appropriate contact within their department
Head of Procurement	The procurement department is responsible for monitoring and reviewing and implementing this policy.
Chief Pharmacist	In relation to Pharmacy responsible for monitoring and reviewing and implementing this policy.

7. SUBSTANTIVE CONTENT

7.1 Meetings

Trust staff should ensure that 'cold-calling' by suppliers is discouraged at all times. Any representatives found to be adopting this approach should be reported to the Head of Procurement so that the issue can be raised formally with the supplier concerned.

Meetings should be by prior appointment only, with subjects for discussion having been identified in advance.

Bleep numbers of Trust staff should not be given to representatives unless permission to do so has been given expressly by the member of staff concerned.

Identification must be worn by suppliers at all times whilst on the hospital site. Any representative not showing identification should be challenged and asked to produce evidence as to their identity.

Wherever practical, representative meetings should take place in a designated area. Particular care should always be taken with regard to the security of patient-related and commercially confidential information. The requirements of the Trust's Information Security Policy should be followed at all times.

Where it is essential that Trust staff have contact with suppliers, Managers/Department Heads should identify a limited number of Trust personnel who are designated for this purpose. All staff should be made aware of the appropriate contact within their department.

7.2. SUBJECTS FOR DISCUSSION

Discussions with suppliers should be limited to obtaining information on product/service suitability and any 'value-added' services available.

All issues connected with pricing and contractual terms should be referred to the Head of Procurement or for medicinal products referred to the Chief Pharmacist.

Staff should ensure that suppliers are not given any guarantees as to future contracts. A verbal acceptance of a supplier's offer may legally be construed as a contract acceptance by the Trust whether or not the agreement was made in writing, or the member of staff was an authorised officer.

Any documentation that suppliers propose for signing should be referred to the Supplies Department for assessment without being signed.

7.3. LOAN OF EQUIPMENT/SAMPLES

Equipment or consumables provided free of charge and intended for patient treatment or diagnostic purposes should not be used in the Trust without the supplier signing a Form of Indemnity (*see Equipment donation and loan Policy*), or confirming that their organisation is listed under the NHS Master Indemnity Agreement. The Electronics department must also be made aware of, and approve, any proposed loan of electro-medical equipment before it is operative on Trust premises. In all circumstances, a dated delivery note should accompany the item(s) with a full description, including quantities.

Failure to follow the above may weaken the Trust's legal position in the event of a clinical incident attributable to defective equipment or consumables.

Any proposals to introduce new medical consumable products should be referred to the Head of Procurement prior to use. The introduction of new products will then be considered in light of existing contractual arrangements and usage requirements across all Trust areas. Formal approval to trial products must be given by the Head of Procurement prior to products being used.

For Pharmacy specific items any proposed trials of medicinal products must be referred to the Chief Pharmacist. Clinical trial material and medicinal samples may only be left with the Pharmacy and not with individual wards and departments. The Association of the British Pharmaceutical Industry Guidelines should be followed at all times.

Non-educational promotional material shall not be displayed, or left, in patient areas.

7.4. ETHICAL CONDUCT

All members of staff must comply with Bribery Act 2010 and the Trust policy on *Standards of Business Conduct for Trust Staff*.

The Bribery Act 2010 has been created to tackle bribery and corruption in both the public and private sector. Before accepting any gift Trust Staff must consider the Act and if in doubt seek guidance from their line manager.

In general Trust staff may accept small "desk top" gifts such as diaries, pens and calendars. Records of any other gifts offered, whether or not they were accepted, must be kept. It is a disciplinary matter for Trust staff to accept gifts or consideration as an inducement or reward for:

- Doing or refraining from doing something
- Showing favour or disfavour to any person or organisation

Whenever a member of staff may have a personal or financial interest in a contract through a connection with a supplier via a family member, partner or friend, they should play no part in any contract discussions, negotiations or evaluations and should declare their interest in writing to the Director of Finance.

Trust staff may not conduct private business with suppliers to the Trust, other than through normal commercial consumer channels. Staff should not seek to gain any advantageous terms from such suppliers as a consequence of any business that may be conducted by the Trust with that supplier.

8. IMPLEMENTATION & TRAINING

The Head of Procurement will take responsibility for creating awareness and monitoring this policy along with implementation across the Trust through regular procurement and supplier meetings.

9. MONITORING & REVIEW

This policy should be reviewed and updated every three years. Purchasing and Supplies will continually monitor internal processes and report to various groups including Internal Audit and Medical Devices Committee. P&S will also consider legislative changes and as necessary may update this policy prior to the intended review date.

Minimum policy requirement to be monitored	Process for monitoring	Responsible individual/ group/ committee	Frequency of monitoring	Responsible individual/ group/ committee for review of results	Responsible individual/ group/ committee for development of action plan	Responsible individual/ group/ committee for monitoring of action plan
Purchasing & Supplies will monitor	regular review meetings with Suppliers and Trust Staff	Head of Procurement	As necessary	Head of Procurement	Head of Procurement	Head of Procurement

10. REFERENCES

Association of the British Pharmaceutical Industry: Prescription Medicines Code of Practice Authority (2015) *Code of practice for the pharmaceutical industry 2014.* [online]. London: APBI. Available from: http://www.pmcpa.org.uk/thecode/Pages/default.aspx [Accessed 27th March 2015]

Bribery Act 2010. (ch.23). London: HMSO

Code of practice for the pharmaceutical industry 2014

Department of Health (2010) *Master Indemnity Agreement (MIA).* [online]. London: DH. Available from: https://www.gov.uk/government/publications/master-indemnity-agreement-mia [Accessed 27th March 2015]

Northampton General Hospital Trust (2014) *Information security.* NGH-PO-011 Northampton: NGHT

Northampton General Hospital Trust (2013) *Standards of business conduct for trust staff (declarations of interest, gifts and hospitality and commercial sponsorship).* NGH-ST-123. Northampton: NGHT

Northampton General Hospital Trust (2012) *Medical equipment management.* NGH-PO-353 Northampton: NGHT

APPENDICES

APPENDIX 1 GUIDELINES FOR SUPPLIER REPRESENTATIVE VISITS

Appendix 1

GUIDELINES FOR SUPPLIER REPRESENTATIVE VISITS

Supplier representatives visiting the Trust site should wear identification at all times detailing their name, position and the company whom they represent. An identification card, including photograph, must be carried at all times for security verification purposes.

1 Representatives must make prior appointments for all visits; subjects for discussion should be identified and agreed when making the appointment.

2 Representatives may not enter any non-clinical or clinical areas, including wards, theatres, pharmacy and out-patient areas, or visit any of the Procurement/Supplies Team without an appointment.

3 Representatives should not contact medical staff via the hospital bleep system unless a prior arrangement has been made.

4 Non-educational promotional materials must not be displayed, or left, in patient areas.

5 The Trust operates Clinical Products Groups to review the profile of medical consumables used in the Trust. These groups are responsible for authorising trials of new products. Any samples left with departments cannot be evaluated or used without the express authorisation of one of these Groups. Each Trust directorate has a practice development nurse who sits on a group and, wherever possible, suppliers should consult with this person when wishing to discuss new products.

6 Any equipment that is for use in patient treatment or diagnosis may not be left for use in departments without prior discussion with the Trust Electronics department. A Form of Indemnity (available from the Supplies Department) must be completed prior to equipment being used. Suppliers who are listed on the national Master Indemnity Agreement (MIA) must still complete a schedule detailing the nature of the equipment, period of loan etc.

7 Pharmaceutical representatives must comply with the ABPI code of practice.

8 Representatives must not undertake any activities, or promote any practices, that are in conflict with, or undermine, the work of the Drugs and Therapeutic Committee.

9 The Trust Chief Pharmacist must be informed in advance of any proposed trials or studies involving medicinal products. Such products and clinical trial material must be left with the Pharmacy and not with individual departments.

8 The Trust operates a formal competitive bid policy which requires various processes to be applied, dependent on the levels of expenditure involved. Suppliers should contact the Head of Procurement to discuss the process to be followed before offering quotations to Trust departments.

10 Trust staff are not allowed to except gifts other than those of very small intrinsic value such as calendars and pens. Any other offer of gifts will be considered an inducement to purchase and will preclude the Trust from conducting any further business with the supplier concerned. The frequency and scale of hospitality offered to Trust staff should be managed openly and with care and should not be greater than the Trust would normally be able to reciprocate.

11 When on site all representatives must comply with any instructions given to them by an authorised member of staff in the event of an emergency situation arising- e.g. a fire or major incident

12 When on site all representatives would be expected to comply with the data protection policies, the car parking policy and any other such policies, procedure or guidance as would be relevant at the time Northampton General Hospital is a smoke free site and supplier representatives will be expected to respect and abide by this policy.

Supplier Representatives
#NGH-PO-800

Area of Work
Facilities

Person Responsible
Clare Topping

Created
12th May, 2015

Last Review
12th May, 2015

Status
Complete

Next Review
12th May, 2018

Screening Data

What is the name, job title and department of the lead for this procedural document?

Allan Rivans
Head of Procurement
Procurement Department

What are the main aims, objectives or purpose of this procedural document?

The purpose of this policy is to provide guidelines to Trust staff in their dealings with suppliers, with particular regard to reducing the risks caused by unnecessary and unsolicited visits to hospital departments.Â The policy also includes a set of guidelines for issuing to suppliers prior to visits.
The aim of this policy is to put the relationship between the Trust and its suppliers on a sound and professional basis in accordance with best practice, and to provide suppliers and their commercial representatives with information on how they are expected to behave throughout the supply chain and what behaviour they can expect from the Trustâ€™s staff, clinical and non clinical; safeguarding patients from the inappropriate use of commercially supplied Medicines and equipment.

Who is intended to benefit from this procedural document?

All members of staff and the Trust as a whole

Is this a Trustwide, Directorate only or Department only procedural document?

Trustwide

Is there potential for, or evidence that, this procedural document will not promote equality of opportunity for all or promote good relations between different groups?

No

Is there potential for, or evidence that, this proposed procedural document will affect different protected groups/characteristics differently (including possibly discriminating against certain groups/protected characteristics - see below)?

Age

Disability

Gender Reassignment

Marriage & Civil Partnership

Pregnancy & Maternity

Race

Religion or Belief

Sex

Sexual Orientation

No

If the answer to one or both of the questions above is 'yes', the full Equality Analysis process must be undertaken.

If the answer to both of the questions above is 'no' then the full Equality Analysis process is not required and the Organisational Sign-Off can be now be completed.

Based on the answers given, to the questions above, is a full Equality Analysis required?

No

Recommend this EA for Full Analysis?

No

Rate this EA

Low

Organisation Sign-off Data

Do you have any recommended actions?

No

If you have made any recommended actions have you advised the procedural document lead of these?

No

Next Review Date

2018-05-12

Outstanding Actions

No outstanding actions

Northampton General Hospital NHS
NHS Trust

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.	
DOCUMENT DETAILS	
Document Name:	Supplier Representatives' Policy
Is the document new?	Yes
If yes a new number will be allocated by Governance	NGH-PO-800
If No - quote old Document Reference Number	N/A
This Version Number:	**Version 1.1**
Date originally ratified:	N/A
Date reviewed:	April 2015
Date of next review: a 3 year date will be given unless you specify different	**April 2018 (3 Years)**
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Yes
DETAILS OF NOMINATED LEAD	
Full Name:	Allan Rivans
Job Title:	**Head of Procurement**
Directorate:	Facilities
Email Address:	Allan.rivans@ngh.nhs.uk
Ext No:	4506
DOCUMENT IDENTIFICATION	
Keywords: **please give up to 10** – to assist a search on intranet	Procurement; Purchasing; Supplies; Suppliers; Representatives

GROUPS WHO THIS DOCUMENT WILL AFFECT?
(please highlight the Directorates below who will need to take note of this updated / new policy)

Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		**Trust wide**

TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:

Where	When	Who

Northampton General Hospital NHS
NHS Trust

FORM 2 - RATIFICATION FORM to be completed by the document lead

Please Note: Document will not be uploaded onto the intranet without completion of this form

CONSULTATION PROCESS

NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify

Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?	Amendments Made - Comments
Chief Pharmacist	23/08/12	Minor Amendments	Policy updated
Principle Pharmacists	24/08/12	One minor amendment	Policy updated
All General Managers	28/09/12	None	
All Department Heads	28/09/12	None	
All Service Managers	28/09/12	None	

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY) **Read in conjunction with FORM 2**			
Document Name:	**Suppliers Representatives Policy**	**Document No:**	**NGH-PO-900**
Overall Comments from PDG	**NO changes to the document from previous version**		

	YES / NO / NA	**Recommendations**	**Recommendations completed**
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	**YES**		
Title -Is the title clear and unambiguous?	**YES**		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	**YES**		
Summary Is it brief and to the point?	**YES**		
Introduction Is it brief and to the point?	**YES**		
Purpose Is the purpose for the development of the document clearly stated?	**YES**		
Scope -Is the target audience clear and unambiguous?	**YES**		
Compliance statements – Is it the latest version?	**YES**		
Definitions –is it clear what definitions have been used in the	**YES**		
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	**YES**		
Substantive Content is the Information presented clear/concise and sufficient?	**YES**		
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	**YES**		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	**YES**		
References & Associated Documentation / **Appendices**- are these up to date and in Harvard Format? Does the information provide provide a clear evidence base?	**YES**		
Are the keywords relevant	**YES**		

Name of Ratification Group: **Chair Approval**	**Ratified Yes** **Comments:**	**Date of Meeting:** **April 2015**