Supplier Representative Policy	
Summary statement: How does the document support patient care?	To ensure the Trust procures product and equipment of high quality that supports best patient care.
Staff/stakeholders involved in development:	Clinical Procurement Specialist / Commercial Director
Division:	Chief Financial Officer – Commercial Directorate/Clinical Procurement Specialist
Department:	Procurement
Responsible Person:	Clinical Procurement Specialist
Author:	Clinical Procurement Specialist
For use by:	ALL STAFF
Purpose:	*To provide staff with clear, understandable guidelines on the processes to follow when dealing with suppliers and manufacturers.* *To ensure that where Supplier Representatives attempt to promote and sell their products and services, this is carried out in a proper and ethical manner and does not contravene relevant legislation and Trust, NHS or Government policies.*
This document supports:	*Standards and legislation*
Key related documents:	Medical Equipment and Product Trials (UHSFN010) Receipt of Hospitality, Gifts and Inducements Policy (UHSTW004), Managing Conflicts of Interest Policy (UHSTW003) Anti-fraud, bribery & corruption policy (UHSFN008) Bribery Act 2010 Declaration of Interests, Gifts and Sponsorship documents Loans and Consignment Stock documents,
Approved by:	Procurement Senior Management Team
Approval date:	July 2023
Ratified by Board of Directors/ Committee of the Board of Directors	TMC
Ratification Date:	July 2023
Review date:	July 2026

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	April 2021	Clinical Procurement Specialist	Archived	Reviewed and up-dated for ratification.
2.0	April 2023	Clinical Procurement Specialist	LIVE	Reviewed, up-dated and ready for ratification.
3.0				
4.0				

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Summary of this Policy

This Policy applies to all suppliers' products and services and this page summarises the actions required by this policy but does not negate the need to be aware of and to follow the further detail provided in this policy.

It is recognised that, in addition to providing information to health professionals to improve patient care, the prime function of representatives is to promote and sell their products and services. This function must be carried out in a proper and ethical manner and must not contravene relevant legislation and Trust, NHS and Government policies.

The Trust works closely with its suppliers to deliver high quality healthcare services. This Policy operates to ensure that an effective partnership exists between all parties. If this policy is breached, Representatives may be removed or barred from site or, reported to company, commercial / professional organisations if codes of practice are breached, i.e. ABPI for Pharmaceutical and ABHI for other Suppliers as relevant. Representatives visiting hospitals and clinics within the NHS are expected to observe the Code of Practice for the Pharmaceutical Industry drawn up by the ABPI and ABHI for other goods and services.

Golden Rules of this Policy

- The Trust Procurement Team is the first point of contact both for current, new and potential suppliers seeking to develop new or additional business with the Trust.
- Whilst on-site, all supplier representatives must wear a photo ID badge with their name and company details clearly visible.
- Where Trust staff have issues or queries relating to an approach from a Supplier, they should seek advice and support from the Trust's Procurement Team.
- Visiting wards/departments by supplier representatives without permission or an appointment 'COLD CALLING' is strictly prohibited.
- Orders for goods or services must not be solicited from Trust staff. The only approved route is an official Trust Purchase Order.
- Pricing and commercial discussions can only be conducted in the presence of a member of the Procurement Team.
- No equipment / consumables for loan or trial should be provided that hasn't be approved in accordance with the Trust Medical Equipment and Product Trials policy (UHSFN010).
- Leaflets and posters produced by Suppliers may not be distributed or displayed in clinical areas unless approved in writing by the Procurement Team.
- Representatives are to ensure professionalism and courtesy are shown and this should be reciprocated at all times by Trust staff.

1 Introduction

1.1 University Hospitals Sussex NHS Foundation Trust (UHSussex) recognises the role that suppliers play in supporting health practitioners and other staff members in providing safe, effective and economic products and services for our patients.

1.2 It is also recognised that representatives of clinical suppliers will need to visit Trust premises to present, promote and sell their products and services. This function should not contravene Trust, NHS or Government policies and should be carried out in a proper and ethical manner.

1.3 This policy provides instruction for both Trust staff and suppliers to ensure that there is no suggestion of impropriety in the Trust's dealings with suppliers, and that no unfair advantage is granted to one competitor over another.

1.4 This policy excludes Pharmaceutical representatives.

2 Purpose of Policy

2.1 To provide UHSussex 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 can expect from the Trust's staff.

2.3 To ensure sound and professional working relationships between UHSussex and its current and potential suppliers.

2.4 To ensure the Trust's indemnity procedure is adhered to.

3 Scope

3.1 This policy is for all Trust staff that meet and deal with supplier representatives 'during the term of their employment in 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 the relationship between the supplier and 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 Definitions

ABHI - Association of British Healthcare Industries

CE – Conformite Europeenne

DBS – Disclosure and Barring Service

NICE – National Institute for Health and Care Excellence

UKCA – United Kingdom Conformity Assessment

UHSussex – University Hospitals Sussex NHS Foundation Trust

5 Responsibilities, Accountabilities and Duties

5.1 Responsibilities of the Trust

To comply with any relevant local, national procurement and clinical policies and guidelines.

5.2 Responsibilities of Divisional Management Teams

5.2.1 It is the responsibility of Divisional Management Teams and Clinical Leads to ensure they and their colleagues are familiar with the contents of this policy and that identified persons within the directorate have lead responsibility for ensuring that this policy is accessible and adhered to at all the times.

5.3 Responsibilities of Ward Managers, Heads of Nursing and Directorate 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 accessible.

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

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. There will be occasions when end-users/stakeholders will be required to contact suppliers in support of this policy such asking for training, supporting a tender process via the Procurement Department, obtaining clinical or technical support. Under no circumstance should commercial negotiation take place with suppliers without the involvement of the Procurement Department.

5.5 Responsibilities of UHSussex Procurement Department.

5.5.1 To monitor compliance with this policy

5.5.2 To provide guidance to Trust staff and suppliers on the application of this policy.

5.6 Responsibilities of Supplier Representatives

5.6.1 To comply with this policy in all circumstances

6 Policy

6.1 Representatives must register all visits to the Trust in advance through the Medical Industry Accredited (MIA) database.

6.2 In the rare circumstances where the Trust has requested an urgent visit that prevents the pre-registration on MIA, the representative(s) must register their visit retrospectively within 24 hours of their visit.

6.3 Representatives should respect their position as a visitor to the Trust and comply with the Trust security regulations whilst on-site including formal signing into a department where applicable.

6.4 Representatives must wear company photo identification at all times while on site.

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

6.6 When on Trust premises Company representative must comply with all Trusts policies, including but not limited to:

- Data Protection and Confidentiality
- Infection Prevention and Control
- Risk Management

6.7 Representatives must be accompanied at all times by a member of the Trust's clinical staff from the area being visited when in clinical areas.

6.8 To reduce disruption to the Trust, representatives may not enter any clinical or non- clinical areas (including wards and outpatients' departments) or visit any of the procurement teams without prior appointment. **COLD CALLING IS NOT PERMITTED** and must be actively discouraged in the Trust. Members of staff are requested, to notify the Clinical Procurement Specialists of the supplier representatives who persist in cold calling via email uhsussex.clinical.procurement.specialists@nhs.net giving the supplier representative's name and company details.

6.9 Representatives are not allowed to tour the Trust looking for staff.

6.10 Representatives 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.

6.11 Representatives must sign in via Medical Industry Accredited (MIA) database including the purpose of any meeting between representatives and Trust staff should be identified.

6.12 Suppliers and their representatives must not attempt to influence business decision making by offering hospitality to Trust staff (Managing Conflicts of interest Policy UHSTW004).

6.13 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.

6.14 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.

6.15 Representatives must not add or remove any goods or equipment from the Trust without the permission of the relevant Trust Procurement lead.

6.16 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 /UKCA marked or equivalent.

6.17 Samples will only 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 UHSFN010).

6.18 **NO DRUG SAMPLES** are permitted under any circumstances.

6.19 Under no circumstances should medical equipment be delivered directly to a ward without prior knowledge and agreement of the Procurement Department and Clinical Engineering.

6.20 Where the equipment being delivered is not the subject of a contract or purchase order agreed by the Trust Procurement Department, 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 UHSFN010).

6.21 Supplier representatives must ensure that any trials or evaluations have been approved by the Trust's 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.

6.22 Patient information is strictly 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 their consent.

6.23 Representatives that are unwell and may be infectious must not visit clinical areas.

6.23.1 If a representative 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.

6.23.2 Representatives with coughs and colds must not visit clinical areas until they are well and symptoms have resolved.

6.24 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 by emailing uhsussex.infection.prevention@nhs.net.

6.25 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.

6.26 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.

6.27 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 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 Specialists 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 Due Regard Assessment Screening

University Hospitals Sussex NHS Foundation Trust has a statutory duty to assess and consult on whether planning, policies and processes impact service users, staff and other stakeholders with regard to age, disability, gender (sex), gender identity, marriage or civil partnership, pregnancy and maternity, race (ethnicity, nationality, colour), religion or belief and sexual orientation. It recognises that some people may face multiple discrimination based on their identity. A review of the assessed impact of this policy against these criteria can be seen (Appendix 1).

9 Links to other Trust Policies

- Anti-fraud, Bribery and Corruption Policy
- Disciplinary Policy
- Freedom to Speak Up: Raising Concerns (Whistleblowing) Policy and Procedure
- Managing Conflicts of Interest Policy
- Medical Equipment and Clinical Product Trials Policy
- Receipt of Hospitality, Gifts and Inducements Policy
- Declaration of Interests, Gifts and Sponsorship documents

10 Associated Documentation

10.1 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 (Data Protection Act 2018 (legislation.gov.uk) and the Nursing and Midwifery Council (NMC) Guidelines for the administration of medicines and record keeping.

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

11 References

- 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
- DH (2013). NHS Standards of Procurement: version 2. www.gov.uk/dh
- The Nolan Principles -The Seven Principles of Public Life (gov.uk)

  https://www.legislation.gov.uk/ukpga/2018/12/contents/enacted
- Data Protection 2018: https://www.gov.uk/data-protection

12 Appendix 1 - Due Regard Assessment Tool

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	**Does the document/guidance affect one group less or more favourably than another on the basis of:**		
	• Age	No	
	• Disability	No	
	• Gender (Sex)	No	
	• Gender Identity	No	
	• Marriage and civil partnership	No	
	• Pregnancy and maternity	No	
	• Race (ethnicity, nationality, colour)	No	
	• Religion or Belief	No	
	• Sexual orientation, including lesbian, gay and bisexual people	No	
2.	**Is there any evidence that some groups are affected differently and what is/are the evidence source(s)?**	No	
3.	**If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?**	No	
4.	**Is the impact of the document likely to be negative?**	No	
5.	**If so, can the impact be avoided?**	n/a	
6.	**What alternative is there to achieving the intent of the document without the impact?**	n/a	
7.	**Can we reduce the impact by taking different action and, if not, what, if any, are the reasons why the policy should continue in its current form?**	n/a	
8.	**Has the document been assessed to ensure service users, staff and other stakeholders are treated in line with Human Rights FREDA principles (fairness, respect, equality, dignity and autonomy)?**	n/a	

If you have identified a potential discriminatory impact of this policy, please refer it to **[Insert Name]**, together with any suggestions as to the action required to avoid/reduce this impact. For advice in respect of answering the above questions, please contact **uhsussex.equality@nhs.net (01273 664685).**

Dissemination, Implementation and Access Plan

To be completed and attached to any policy when submitted to Corporate Governance for consideration and TMB approval.

	Dissemination Plan	Comments
1.	**Identify:**	
	Which members of staff or staff groups will be affected by this policy?	All staff likely to come into contact with Supplier Representatives
	How will you confirm that they have received the policy and understood its implications?	Clinical Procurement Specialists will engage with clinical leads
	How have you linked the dissemination of the policy with induction training, continuous professional development and clinical supervision as appropriate?	Policy will be promoted through the CPS regular contacts with clinical leads and will be promoted through the Trust intranet
2.	**How and where will staff access the document (at operational level)?**	Policy will be accessible via the Trust Intranet and directly through the CPS

		Yes/No	Comments
3.	**Have you made any plans to remove old versions of the policy or related documents from circulation?**	Yes	Will be removed as part of the establishment of the new intranet page(s)
4.	**Have you ensured staff are aware the document is logged on the organisation's register?**	Yes	