RMP 41

Northumbria Healthcare NHS Foundation Trust

Supplier Representative Interface Policy (Non Pharmaceutical)

Date Approved by Sub Committee	Date Ratified by Assurance Committee	Version	Issue Date	Review Date	Policy Author/ Contact Details
Procurement Group 06/05/2010		1			Helen Lisle, Head of Procurement & Commercial Services Ext 1500

This Policy has been Impact Assessed against the Race Relations Act in June 2010
http://www.northumbria.nhs.uk/page.asp?id=265393

History of previous versions of this document:

Date Approved by Sub Committee	Date Ratified by Assurance Committee	Version	Issue Date	Review Date	Policy Author/ Contact Details
Procurement Group 06/05/2010		1			Helen Lisle, Head of Procurement & Commercial Services Ext 1500

Statement of changes made from version *

Version	Date	Description

Contents

1. Operational Summary

Policy Aim

This policy has been developed:

- To provide clear and concise guidance to supplier representatives in respect of their sales activities within the Trust and its hospitals.
- To ensure that Trust staff act with consistency and probity in working with supplier representatives.

This policy does not provide a framework for the management of contracts already in place.

Policy Summary

This policy provides a structure for Trust staff when working with supplier representatives. It also provides a clear structure for supplier representatives regarding access and standards of behaviour expected whilst engaging with the Trust and its employees.

What it means for staff

Policy authors – are required to follow this policy when developing new or updating existing (ie revising) Trustwide policies ensuring the relevant content is provided in their own documents before being ratified by the Trustwide Governance Committee (Assurance Committee).

General Managers/Ward and Department Managers – are responsible for ensuring adequate dissemination and implementation of the policy and to support staff whilst undertaking their duties to ensure compliance with this policy. A signed copy of Appendix Three must be kept on staff personal files.

All Trust Employees – are responsible for reading and adhering to this policy and to maintain current awareness of changes which impact on their roles. Staff must also ensure they sign and return Appendix Three to their Line Manager to agree they have read and understood the content.

2 Introduction

2.1 Northumbria Healthcare NHS Foundation Trust (NHCFT) has a statutory duty to have in place appropriate organisation-wide policies/procedural documents to comply with legislation, Care Quality Commission Quality and Safety Standards and NHSLA Risk Management Standards to enable staff to fulfil the requirements of their role safely and competently.

2.2 It is important that the Trust provides a transparent process to develop and maintain a structured, professional relationship with its external suppliers and their representatives.

3 Purpose

3.1 This policy has been written to provide support and guidance to those healthcare professionals within Northumbria Healthcare NHS Foundation Trust who are involved in working with supplier representatives. The policy also provides a framework for supplier representatives on the standards of behaviour expected whilst engaging with the Trust and its employees.

3.2 This policy does not apply to the purchase and control of pharmaceutical products, due to the specialist nature of pharmaceutical industry this area is covered by its own distinct policy. MM24 Dealing with Representatives from the Pharmaceutical Industry.

4 Duties

4.1 **Chief Executive/Trust Board** – jointly have overall responsibility for the strategic and operational management of the Trust, including ensuring that Trust policies comply with all legal, statutory and good practice requirements.

4.2 **Trust Board –** has designated approval authority for all policies (except the Risk Management Strategy/Policy RMP 01) to a sub committee, i.e. the Assurance Committee.

4.3 **Trustwide Governance Committee** - Has responsibility for setting the strategic context in which organisational policies are developed and for the formal review and approval of Corporate Polices.

4.4 **General Managers/Ward and Department Managers** - Are responsible for ensuring adequate dissemination and implementation of policies.

4.5 **Policy Author** – Is responsible for ensuring the policy is kept up to date, generally every 2/3 years (although some policies require annual updates eg, RMP 01 Risk Management Strategy/Policy) reflecting changes in legislation where necessary. The author must also ensure the policy has been screened to establish if it requires a full Impact Assessment against the Race Relations Amendment Act to ensure no minority group is discriminated

against within the document and that it complies with copyright legislation and the NHS copyright License (for guidance please refer to IG 95 Copyright Policy)

4.6 **All Trust employees** - Are responsible for co-operating with the development and implementation of Trust policies as part of their normal duties and responsibilities. They are responsible for ensuring that they maintain up to date awareness of corporate and local policies with regard to their own and their staff roles and responsibilities and also for signing that they have read and understood new/revised polices following distribution.

4.7 **The Trust Corporate Governance Officer** - Is responsible for co-ordinating the process of dissemination, implementation, review and documentation control.

5 Definitions of Terms Used

5.1 The terms used in this document are defined throughout to ensure clarity.

6 Values

6.1 In line with the NHS Code of Conduct three public service values underpin the work of the NHS:

- accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgments of propriety and professional codes of conduct;
- probity – there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties; and
- openness – there should be sufficient transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public

6.2 Where Trust staff have dealings with the supplier representatives, their conduct should also adhere to the Trusts Standing Financial Instructions (SFI's); the Trusts Management of Medical Equipment and Reusable Medical Devices Policy (RMP 12); the Trusts Standards of Business Conduct (PP 18); the Trusts Fraud Policy and Response Plan (PP 17) and the EU Public Contracts Regulations 2006.

7 Training and Support

7.1 All Managers and Directors involved in policy development will be aware of the contents of this policy document. Support and advice will be available from the Trust Corporate Governance Officer to those managers requiring assistance.

8 Monitoring and Audit

8.1 Both the adherence and application of this policy must be audited on an annual basis, this will be incorporated into future audits of Supplies.

8.2 Responsibility for audit lies with the Head of Procurement and Commercial Services.

9 Access Approval Process

9.1 Supplier Representative Visits are 'strictly' by appointment only.

9.2 Appointments can only be afforded to Supplier Representatives who have been provided 'access' approval.

9.3 Suppliers Representatives who wish to discuss their business (products; promotions; commercial propositions; innovative working & trials etc) with Trust staff must complete the 'Access Approval Form' held on the Trust's website and email the completed form to supplier.access@northumbria-healthcare.nhs.uk

9.4 The 'Access Approval Form' will be received by the Trust's Procurement Team, where current contract details and other relevant data will be added and the form will then be forwarded to the appropriate Business Unit's OSM and copied to the Medical Electronic Department. Where a decision will be taken to approve or decline access.

9.5 Where the Business Unit provides access approval, an appointment will be arranged for the supplier representative to meet appropriate staff. The Business Unit will ensure the Procurement Team are made aware of the appointment, where appropriate a Procurement Officer will attend and support the meeting. The Business Unit will ensure the 'Supplier Representative Meeting Form' is completed with a brief overview of the discussion, list of any samples left (free of charge) and next steps. Please note, Trust staff must not enter into any arrangements with a financial bearing on the Trust without prior discussion with their General Manager and the advice of the Trust's Procurement Team. Trust staff may incur personal liability for contracts made in contravention to this policy and the Trust's SFI's. Please note: 'Access Approval' is required each time a supplier representative wishes to discuss a new business proposition. Access Approval is based on each individual supplier representative request.

9.6 Where the Business unit declines access approval, the supplier representative will be contacted in writing by the Trust's Procurement.

10 Onsite Etiquette

10.1 All supplier representatives should report to the hospitals / trust buildings main reception where they will sign in and be issued with a temporary visitors pass. The pass must be worn throughout their visit to the hospital / Trust building.

10.2 Supplier Representatives must not enter wards, other clinical areas or departments without a member of the Trusts staff.

10.3 When on-site Supplier Representatives must adhere to Trust policies such as, the Trust's Hand Hygiene Policy (IC02 V6).

10.4 Any samples of consumable products provided for evaluation purposes to wards, other clinical areas or departments, must meet all appropriate international, national or NHS standards (e.g. CE marking) and be provided 'free of charge' and with full user-instructions and training as necessary. Suppliers should be included in the indemnity agreement list. Appropriate indemnity forms (i.e. A or B) and delivery note should be provided to the Trust staff member at the point of delivery (the delivery note should be attached to the Supplier Representative Meeting Form).

10.5 Any electro-medical equipment provided for evaluation purposes to wards, other clinical areas or departments, must meet all appropriate international, national or NHS standards as detailed in the NHS Pre-Purchase Questionnaire (e.g. CE marking) and be provided free of charge and with full user-instructions, full maintenance history and training as necessary. Such equipment must be delivered inline with RMP12, into the Trust via the hospitals 'Medical Electronic Department'. All equipment being received into the Trust requires full testing prior to use by the Medical Electronics Department, to ensure equipment is tested and ready for use in a timely manner, appointments for testing will be required. Suppliers should be included in the indemnity agreement list. Appropriate indemnity forms (i.e. A or B) and delivery note should be attached to the Supplier Representative Meeting Form.

10.6 Any mechanical medical equipment provided for evaluation purposes to wards, other clinical areas or departments, must meet all appropriate international, national or NHS standards as detailed in the NHS Pre-Purchase Questionnaire (e.g. CE marking) and be provided free of charge and with full user-instructions, full maintenance history and training as necessary. Such equipment must be delivered into the Trust via the hospitals 'Estates Department'. Suppliers should be included in the indemnity agreement list. Appropriate indemnity forms (i.e. A or B) and delivery note should be attached to the Supplier Representative Meeting Form.

10.7 Any samples of consumable products provided for evaluation purposes to wards, other clinical areas or departments, must be recorded by the appropriate Business Unit on the Supplier Representative Meeting Form along with a clear understanding of product price if the Trust was to considering ordering replacement products in the future.

10.8 Where a product is included in an existing Trust formulary, contract or agreement, supplier representatives are permitted to promote and provide training in respect of that product, to Medical, Nursing, Departmental and Supplies staff.

10.9 Where a product has been excluded from an existing Trust formulary, contract or agreement for such products, supplier representatives are not permitted to promote the product to Medical, Nursing or Departmental staff and should seek advice from Supplies Department Senior Buyers.

10.10 If the Trust wishes to purchase a product, inline with the Trust's SFI's, an appropriate procurement process must be carried out in conjunction with the Trust's Supplies Department.

10.11 The Trust has a 'No Purchase Order, No Payment' policy. Suppliers and their representatives must not provide the Trust with any product / service without being in receipt of a purchase order.

11 References

Northumbria Healthcare NHS Foundation Trusts Standing Financial Instructions (SFIs)
EU Public Procurement Regulations 2006

12 List of Associated Documents

RMP 12 – Maintenance of Medical Equipment and Reusable Medical Devices
PP 18 - Standards of Business Conduct
PP 17 – Fraud Policy and Response Plan
MM24 - Dealing with Representatives from the Pharmaceutical Industry
IC02 V6 – Hand Hygiene Policy
Northumbria Healthcare NHS Foundation Trusts Standing Financial Instructions (SFIs)
EU Public Procurement Regulations 2006

(Appendix One) Supplier Representative 'Access Approval' Form

Section One – External Information

To be completed by the External Organisation

Organisation Details	
Organisation Name	
Address	
Website address	

National Contract / Framework Information		
Does your organisation appear on any National Framework / Contract (OGC Buying Solutions; NHS SC etc)?		
National Framework	**Contract / Framework Title**	**Contract / Framework Code**
Example: OGC Buying Solutions	Supply of Stationery	Example001

Representatives Details	
Name	
Designation	
Contact Telephone Number	
Email Address	

Meeting Objectives
Please provide a brief overview of the subject matter you wish to discuss:

Trust Staff	
If there is a particular staff member you wish to meet, please provide details.	

Section Two – Internal Information

To be completed by the Trust

Trust's Current Contract Status
To be completed by the Trust's Supplies Department
Please list equivalent products currently used in the Trust or state 'new procedure/requirement'

Business Unit (Access Approved / Rejected)	
Access Approved	Access Denied
☐	☐
If access denied, please provide a brief overview of decision.	

General Manager's Signature	
Date	

cc Ken Hooker

(Appendix Two) - Supplier Representative Meeting Form

Organisation Details	
Organisation	
Representatives Name	
Representative Designation	

Trust Meeting Attendees	
Name, Title, Business Unit / Dept.	

Meeting Overview

List of any samples left ***(NB: any samples must be left 'free of charge')***		
Brief description of product / equipment	**Product / Equipment Code**	**Product Price (if bought)**

Detail any follow up arrangements

Signature:	
Date:	

(Appendix Three) – Staff Read Policy Sheet

Please list the names of all your members of staff below, and ask them to sign in the space provided when they have read this above policy.

Ward / Unit / Department: ……

Name (please print)	Job Title	Date	Signature