Frimley Health NHS Foundation Trust

Trust Policy

Company Representative Policy

Key Points

- Introduction of new product can place unplanned pressures on budgets and may impact patient care. It is therefore important that the relationship between companies and the Trust is transparent and well managed
- Company Representatives may not enter the hospital without an appointment.
- Appointments are made via the Medical Industry Accredited Service (https://www.miaweb.co.uk/)
- Quotations for goods or services must only be submitted to the Procurement Department and not directly to departments or Trust personnel
- Commitment to purchase goods and/or services is only entered into by the raising of an official Trust Purchase Order
- Any goods or services received without an official Purchase Order will be accepted on the basis of “Free of Charge Goods”

Version:	1.2
Date Issued:	14 September 2021
Review Date:	June 2024
Target Audience:	All Staff and Company Representatives
Key Words & Phrases:	Company Representative, Product Evaluations & Trials, Quotations

Contents

1. INTRODUCTION

1.1 Frimley Health NHS Foundation Trust ("the Trust") appreciates the role that Healthcare companies play in assisting health practitioners to provide safe, effective and economic products and services to the patients in their care.

1.2 The Trust recognises the need for an appropriate balance between clinical care, innovation, value for money and patient safety and fully supports the need to engage with Company Representatives and to consider new products and services.

1.3 It is important though, that liaison between suppliers and staff is carried out with the minimum of disruption to both patients and staff. Representatives should respect their position as visitors to the Trust and recognise that the interest and priorities of the Trust may differ from their own.

1.4 It is recognised that, in addition to providing information to health practitioners, the prime function of Company Representatives is to promote and sell their products and services. This function should be carried out in a proper and ethical manner and must not contravene Frimley Health or government policies.

1.5 The introduction of new product can place unplanned pressures on budgets and may impact patient care. It is therefore important that the relationship between companies and the Trust is transparent and well managed.

1.6 Frimley Health NHS Foundation Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.

2. SCOPE OF THE POLICY

2.1 The policy covers all areas of the Trust and all employees working within the Trust.

2.2 The policy covers all suppliers of goods and services relating to medical and non-medical equipment and consumables. This applies but is not limited to: Sales Representatives, Clinical Educators, Technical or Service Support Engineers and Company Trainers.

3. DEFINITIONS

3.1 A Company Representative is an individual working with the Trust on behalf of a Business. It includes any individual that visits the Trust to provide professional or technical support, including but not limited to: Sales Representatives, Clinical Educators, Technical or Service Support Engineers and Company Trainers.

3.2 Purchase Order (PO) means a document containing a request for goods sent by the Trust to the Supplier as required by the Trust's Standing Financial Instructions.

3.3 Caldicott refers to the Caldicott Report which identifies 7 key principles of data protection and confidentiality.

3.4 Disclosure and Barring Service (DBS) replaced the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). It is a process to request a criminal record check to help, which is used to decide whether it is appropriate for a person to be granted access to the Trust.

3.5 Rep Credentialing is the process or system for ensuring that any Company representative that visits the Trust is adequately trained and fully compliant with the hospitals regulations and protocols.

3.6 "Medical Industry Accredited" is a Rep Credentialing provider, which the Trust has chosen to partner with to provide this service.

3.7 Theatre Access Course is a course tailored specifically for Company Representatives to understand theatre etiquette, correct protocol and the roles and responsibilities of those within theatres.

3.8 Master Indemnity Policy is an agreement between NHS organisations in England and Suppliers that provide equipment free of charge, either on loan or on a permanent basis.

3.9 Master Indemnity Agreement (MIA) / MIA Call Off Agreement refers to the process that both Suppliers and the Trust must follow to access the Department of Health's Master Indemnity Agreement and Policy.

3.10 Association of British Pharmaceutical Industry (ABPI) is the trade association of companies in the UK producing prescription medicines.

3.11 Association of British Healthcare Products Industry (ABHI) is the industry association for the medical technology sector in the UK.

4. PURPOSE OF THE POLICY

4.1 The aim of this policy is to create a professional relationship between Frimley Health NHS Foundation Trust and its Suppliers.

4.2 The policy informs Suppliers and their Commercial Representatives the requirements and expectations on how they are expected to behave and interact with the Trust (for those individuals whose business involves Pharmacy, separate guidelines are available on request).

4.3 In order to establish and maintain a good working relationship the following guidelines must be followed. Adherence to this policy is mandatory.

4.4 The Trust reserves the right to refuse entry to any Company Representatives not complying with this policy.

4.5 If this policy is breached, Representatives may be removed or barred from all of the Trust's sites and/or reported to their company and commercial/professional organisations if codes of practice are breached, e.g., Association of British

Pharmaceutical Industry (ABPI), Association of British Healthcare Products Industry (ABHI) and/or Life Science Industry Register.

4.6 The Trust will not accept any financial or non-financial responsibility or liability as a result of the non-compliance of this policy by either Company Representatives or Trust employees.

5. THE POLICY

5.1 Appointments

5.1.1 Company Representatives may not enter any Clinical areas (including but not limited to: wards, laboratories, pharmacies, theatres, cardiology, endoscopy and radiology) or visit any Non-Clinical departments without an appointment. The Trust operates a zero-tolerance policy on cold calling; any Company Representative visiting without an appointment will be turned away.

5.1.2 Representatives visiting the hospital for the first time must liaise with Procurement before contacting any other member of staff. Once agreed by Procurement the Company Representative may then be granted permission to book appointments with other departments.

5.1.3 If the purpose of the visit is to discuss new products or changes to existing products then the Procurement Department must be notified first of the intention to make an appointment with end users, detailing who they intend to meet and the reason for the appointment and the new products/changes to be discussed.

5.1.4 If the purpose of the visit is to provide ‘emergency supplies’ of currently purchased product then the Trust will allow suppliers to respond directly to requests from clinical staff in order to prevent any disruption to patient care. This is especially applicable during non-office hours.

5.1.5 Access to clinical areas will only be granted if agreed by a senior member of staff responsible for that specific department. Appointments to meet Consultants may only be made through the relevant medical secretary and relevant department.

5.1.6 Appointments are made by the Company Representatives with a specific area or department via the Medical Industry Accredited appointment system (https://www.miaweb.co.uk/). The Company Representative is not permitted to enter any other department than the department that has been agreed. Visits to multiple locations at the Hospital require appointments in each location to be approved. As an example; being granted an approved appointment to visit Ward 1 does not permit the Company Representative to visit Ward 2; if access is tested then the Company Representative will be in breach of adherence to this policy for cold calling / accessing a department without an appointment.

5.1.7 Company Representatives must report to the Ward/Department’s reception to ensure they do not enter specialist areas, where patient care and/or dignity might be compromised, without supervision.

5.1.8 Whilst on Trust property, any Company Representatives must conduct themselves in a professional manner at all times and be aware of the Health and Safety at Work Act and relevant Trust Policies, e.g., (but not limited to) Hand Hygiene Policy, Bare below the Elbows Policy, Management of Medical Equipment and Devices Policy and Information Governance, i.e., Caldicott.

5.1.9 Representatives are to park in the public car park and are not to use the staff car parking areas. Access into the hospital is by the main entrance only. Representatives are not allowed free access to any patient or staff area / office / restrooms without a specific invitation or appointment by a member of staff. Failure to acknowledge this requirement could ultimately result in access being denied on a permanent basis.

5.1.10 All Company Representatives, including Engineers, will be expected to carry a photographic form of identity (Identity Badge).

5.1.11 Representatives will be required to wear a hospital visitor ID badge. Temporary Visitor ID Badges can be issued via Estates, Procurement and certain departments.

5.1.12 Any concerns with where to obtain an ID badge or the areas that you have been authorised to visit can be addressed by Procurement. It is the Company Representative's responsibility to ensure they fully understand the policy and have been issued with the correct documentation / ID badge for their visit.

5.1.13 Use of the hospital telephone/bleep system is not allowed.

5.2 Access Criteria

5.2.1 Frimley Health NHS Foundation Trust will identify standards to ensure that the well-being, interests and dignity of patients and staff are promoted and safeguarded at all times.

5.2.2 Companies with Representatives visiting health care premises must ensure their employees do not provide risk to vulnerable adults/children or staff. The hospital requires companies to provide any relevant information upon request.

5.2.3 Different standards will be identified based on the environment that the Representative wishes to visit.

5.2.4 Representatives visiting a non-clinical setting will require confirmation and acceptance of the Trust policies.

5.2.5 Representatives visiting a low-risk/non-invasive clinical setting (such as a ward) will require: confirmation and acceptance of the Trust policies, DBS Check and Routine Immunisations.

5.2.6 Representatives visiting a high risk/invasive clinical setting (such as Theatres or ICU) will require: confirmation and acceptance of the Trust policies, DBS Check, Routine Immunisations, HEP B and Theatres / Critical Care Access course accreditation.

5.2.7 Entry requirements will be reviewed regularly and will remain in line with national guidance and the tier system identified by the Life Sciences Industry. Further information can be found: https://lifescienceindustry.co.uk/wp-content/uploads/2018/11/LSI-Tier-Clarification-Guidance.pdf

5.3 Promotional Activity

5.3.1 Representatives must be well informed about the products they are promoting. As well as the standard technical, clinical data and information on comparative efficiency, the supplier should be able to provide information regarding what product is being promoted, why, and its impact on patient care. The emphasis in such meetings must be educational and not exclusively promotional.

5.3.2 Representatives visiting the hospital wishing to sell a specific product must leave copies of all relevant product information with Procurement.

5.3.3 Where any teaching and/or promotional activity is planned, Representatives must advise the Department Manager and Procurement. The intent of any meeting must not be to misrepresent or to contravene existing hospital policies.

5.3.4 Leaflets and posters produced by suppliers may only be distributed or displayed in clinical areas when approved by the Matron/Manager in that area and by Procurement.

5.4 Quotations

5.4.1 Quotations for goods or services must only be submitted to the Procurement Department and not directly to departments or Trust personnel, with the following exceptions:

- Medicines, which should be forwarded to the Pharmacy Department.
- Building and engineering goods or services, which should be forwarded to the Estates Department.

5.5 Purchase Orders

5.5.1 Commitment to purchase goods and/or services is only entered into by the raising of an official Trust Purchase Order (following an appropriate requisition detailing the specification required), authorised by an approved budget holder – an item may not be procured or requested without a PO.

5.5.2 It should be noted that only certain members of staff are authorised to approve Purchase Orders or commit to any financial agreement on behalf of the Trust.

5.5.3 Suppliers must not deliver goods or provide a service without first receiving an official Trust Purchase Order in writing.

5.5.4 The Trust will not be liable for payment (or use or return) of any goods and/or services provided without an official order.

5.5.5 In the event of your company being asked to supply goods or services without an official order, you are asked to contact the Procurement Department immediately.

5.5.6 Any goods or services received without an official Purchase Order will be accepted on the basis of “Free of Charge Goods”.

5.5.7 Any invoices received, which have not been suitably approved, will be returned to sender unpaid.

5.5.8 All goods (donated or otherwise) and services offered to the Trust will be procured against the standard NHS Conditions of Contract and any supplementary conditions that may be agreed between the parties.

5.6 Sample / Trial Stock

5.6.1 Under no circumstances should any free samples be left in clinical or non-clinical areas for use, trial or evaluation without prior consent from the Procurement Department. The decision to purchase new products can only be made by the Procurement Department after the completion of an appropriate evaluation by clinical staff.

5.6.2 If the Procurement Department authorises samples to be left in a department then the products must be clearly marked up as a sample. If a clinical product is provided, non-sterile, and/or not for patient use then this must be clearly identified on all outer and inner packaging.

5.6.3 Suppliers holding a master indemnity policy must complete the MIA Call Off Agreement. Companies not on the DH Master Indemnity Register will need to provide evidence that they hold a £5 million indemnity policy before products can be accepted for use.

5.6.4 Companies providing loan or trial of free equipment must also be covered by the MIA Call Off Agreement, which ensures that the company is responsible for any adverse events that may occur as a result of the equipment's use while on hospital property.

5.6.5 Electromechanical Equipment must comply with safety regulations and be UKCA marked (or CE Marked). Before use the equipment must be inspected by a member of the Trust’s EME department for safety testing.

5.6.6 All medical samples must be UKCA marked (or CE marked).

5.7 Free on Loan / Free of Charge Goods

5.7.1 Approval to leave free on loan or free of charge goods must be sought in writing from Procurement or the Head of Electro Medical Engineering (EME). This includes equipment that is provided on loan by suppliers whilst the Trust’s equipment is being repaired / serviced.

5.7.2 Under no circumstances should medical equipment be delivered direct to the wards or departments without the prior knowledge of the EME Department.

5.7.3 Suppliers must indemnify the Trust for all goods provided free on loan or free of charge. Indemnity forms for suppliers not on the DH Master Indemnity Register are available from Procurement. In addition, a Pre-Acquisition Questionnaire may be required to be completed before a device can be left at one of the Trust's sites.

5.7.4 The Master Indemnity Agreement (MIA) provides protection to a Trust when it is in receipt of equipment or goods from a supplier. If a supplier is registered on the Department of Health MIA then they will only need to complete the MIA Call Off Agreement. This must be completed each time goods or equipment are delivered to the Trust.

5.7.5 If the Supplier is not registered on the MIA then the Supplier should register with the DH to enter into an Overarching Master Indemnity Agreement before completing the Trust level MIA Call Off Agreement.

5.7.6 In exceptional circumstances, (such as for reasons of urgency) the MIA Call Off Agreement should be completed and evidence of insurances held provided to the Procurement Department.

5.8 Code of Ethics

5.8.1 The Trust expects that all staff will abide by the highest standards of business conduct and ensure at all times that they do not abuse their official position for personal gain or to benefit their family or friends

5.8.2 Casual gifts offered by contractors, Pharmaceutical Companies or "others", e.g., at Christmas time should be politely but firmly declined. Articles of low intrinsic value such as diaries and calendars and pens or small tokens of gratitude from patients or their relatives need not necessarily be declined. In cases of doubt, staff should either consult their line manager for authorisation or politely decline acceptance. Under no circumstances should monetary gifts of cash be accepted.

5.8.3 Modest hospitality, provided it is normal and reasonable (not exceeding the threshold currently set at £35.00 per occasion), may be accepted, e.g., lunches in the course of working visits are acceptable; it should however be similar to the scale of hospitality which the NHS as an employer would be likely to offer. Where a gift above £35 is offered, permission must be sought from a Director regarding whether it may be kept.

5.8.4 Acceptance of monetary gifts on a personal basis is not allowed.

5.8.5 Under no circumstances should any gift or hospitality be accepted where it would be in breach of an individual's professional code of conduct.

5.8.6 Further information is available in the Trust's Standards of Business Conduct Policy.

5.8.7 Suppliers must not attempt to influence business decision-making by offering hospitality to Trust Staff.

5.8.8 A breach of this policy may result in serious disciplinary action against the member of staff and the Representative (and his/her company) being denied access on a permanent basis.

5.9 Commercial Sponsorship

5.9.1 Sponsorship relating to courses or conferences is only acceptable if it forms part of an educational or training course, approved by a Director in the hospital.

5.9.2 Sponsorship for travelling and accommodation for courses can only be accepted with prior consent from a Director. A letter stipulating what financial sponsorship is being offered must be received before any offers can be accepted.

5.9.3 Under no circumstances may the above be accepted if a tender process is taking place and the company offering sponsorship has an interest in that tender. Staff must declare in advance any interests with regard a relationship with a company that may lead to the hospital being compromised.

5.9.4 Procurement sponsorship (travel, accommodation expenses) for visits to suppliers in connection with any proposed purchase/contract will be paid for by the Trust. Any acceptance of offers to cover the expenses must be approved in writing by the staff member's senior manager and recorded in the Trust's Declaration of Interest file.

5.9.5 Gifts, promotional material and sponsorships must not be used to unfairly influence any commercial or clinical decisions.

5.10 Product Evaluations and Trials

5.10.1 The introduction of new products requires the approval of the Product Selection Group or Theatres Product Selection Group.

5.10.2 Requests for product trials may be initiated by end users; via clinical/departmental Representatives.

5.10.3 In any event, before any trial or loan of equipment is commenced, Hospital MIA Call Off Agreements are to be completed and approved by an authorised member of staff.

5.10.4 The Departmental Manager will be responsible for ensuring that training needs are identified for new products and the users of the products have the knowledge and skills for their safe use.

5.10.5 Clear instructions supporting the products use will be provided by the supplier.

5.10.6 Training will be provided by the supplier in a timely and effective manner – supported by peer-led training where appropriate for rollout more widely across the Trust.

5.10.7 Trials will only be sanctioned if they meet the following criteria:

- Trials are carried out in accordance with Frimley Health guidelines and Standing Financial Instructions

- Trials are carried out on a controlled basis
- The product in question meets the appropriate safety standards
- Trials are not duplicated
- There is a protocol to return unused products following the trial period
- Trial will be co-ordinated by Procurement and have a clinical sponsor.

5.10.8 In any product trial, the following points will be considered and recorded:

- How the trial will be administered
- How the trial will be financed
- How samples are to be provided
- How long the trials will last
- Whether technical staff need to be involved
- Current safety regulations and quality standards will be considered within the trial assessment process.
- Whether other criteria (e.g., packaging) need to be taken into account
- Whether the supplier should be involved
- The implications for existing contracts and purchasing agreements
- How the results of the trial will be disseminated

5.10.9 On completion of the product trial all recorded information and any associated evaluation sheets must be returned to Frimley Health. Any additional information held by the supplier must be destroyed. Suppliers are not authorised to retain any recorded information unless agreed in writing by a senior member of the Procurement department.

5.11 Company Representatives and the Operating Theatres Department

5.11.1 The aim of the Operating Theatres Department and staff is to provide and maintain high standards of patient care during surgical procedures. Company Representatives must appreciate and recognise this as a priority. This policy is an effective risk management tool, which will control the access of Company Representatives to the Operating Theatres Department.

5.11.2 To gain access to the Operating Theatres Department, Company Representatives are required to book appointments in line with this Trust policy, which requires the Company Representatives to book their appointment via the Medical Industry Accredited appointment system (https://www.miaweb.co.uk/). Authorisation will be granted by the Theatre Manager, Matron or Team Leaders.

5.11.3 On arrival at the Operating Theatres Department, Company Representatives will report to the Theatre Receptionist, stating who they are. The appointment will be checked against the Medical Industry Accredited system and checked-in if their credentials are in order and the appointment has been approved.

5.11.4 Company Representatives must sign-in and out via the Medical Industry Accredited system in order to comply with fire safety regulations.

5.11.5 Company Representatives will be provided with the appropriate theatre attire and instructed on how it should be worn. Representatives must not wear their own theatre attire for infection control reasons.

5.11.6 Company Representatives will be supervised by a named member of the Theatre staff throughout their visit to the theatre department.

5.11.7 Company Representatives are reminded that all procedures within the Operating Theatre Department are confidential in nature and that any information, discussions, technical details or documentation must be treated as such. (They will only enter the theatre room once the patient is asleep and draped, in order to maintain the patient's dignity).

5.11.8 Company Representatives are not permitted to scrub.

5.11.9 Whilst in Theatre, Company Representatives must seek permission to speak to the surgeon via the scrub nurse. Noise levels, including communication should otherwise be kept to a minimum. All medical products must be handed to the scrub nurse and not directly to the surgeon.

5.11.10 In the event of surgical emergency, the Company Representative will be asked to leave the Theatre.

5.11.11 The supervising member of the Theatre staff will ensure that the Company Representative does not act or move in such a way to contaminate the sterile field.

5.11.12 Should a Company Representative feel unwell, they should immediately inform a member of the Theatre who will take the appropriate form of action.

5.11.13 Company Representatives should behave professionally at all times. If their behaviour is deemed unprofessional by the nurse in charge, at any time, they will be asked to leave the Theatre department.

5.12 Infection Control Guidelines

5.12.1 Company Representatives must maintain personal hygiene and hand decontamination standards when visiting the hospital. The hospital operates a 'bare below the elbows' policy in clinical areas and this must be strictly observed by all visitors.

5.12.2 If any equipment is brought into the hospital there is a risk of cross infection and the hospital must be advised that a suitable decontamination procedure has been carried out. It is the responsibility of the Company Representative to ensure equipment is decontaminated between patients and hospitals.

5.12.3 The potential exists for Company Representatives to come into contact with blood and body fluids. The Representatives should be familiar with potential risk and take responsibility for their own immunisation.

5.13 Non Compliance

5.13.1 In the event of non-compliance to this Policy by Company Representatives, the Head of Procurement, Head of Estates or Head of Pharmacy will confirm all details in writing to the Company's Sales Director and the Company Representative / Engineer will be banned with immediate effect from all Frimley Health NHS Foundation sites. Disciplinary action may also be taken by the Trust.

5.14 Queries and Contact Names (For Representative use)

5.14.1 Any queries on the contents of this policy should be made to Vanessa Jinks, Associate Director of Procurement in the first instance.

5.14.2 Key contacts for Representative use:

Name	Role	Email
Vanessa Jinks	Associate Director of Procurement	vanessa.jinks@nhs.net
Chris Lawrence	Head of Clinical Procurement	chris.lawrence@nhs.net
Gemma Broadbent	Head of Non-Clinical Procurement	gemma.broadbent@nhs.net
John Luffman	Deputy Procurement Manager	john.luffman@nhs.net
Richard Cadman	Supply Chain Manager	richard.cadman@nhs.net
Paul Kirkby	Head of EME Service	paul.kirkby1@nhs.net
Paul Hill	EME Manager - Wexham	paul.hill5@nhs.net

6. DUTIES / ORGANISATIONAL STRUCTURE

6.1 The Chief Executive is ultimately accountable for this policy document.

6.2 The nominated Executive Director is the Director of Finance and has lead responsibility for the implementation of the policy.

6.2.1 The Executive Director may, where appropriate, delegate responsibility for a policy to an Implementation Lead or Authorised Individual. The Implementation Lead / Authorised Individual for this policy is Head of Clinical Procurement.

6.2.2 The Committee responsible for approving and oversight of compliance / monitoring of this policy is the Finance Investment Committee.

6.3 Medical Director

6.3.1 The Trust has a legal obligation to our patients to ensure duty of care. Every year the Trust is visited by hundreds of Commercial Visitors, i.e., Company Representatives, who contribute to healthcare delivery by providing our clinical teams with information, training and specialist support. Company Representatives often have access, not only to staff areas but also high risk clinical settings, e.g., Theatres, Cardiac Labs, Intensive Care and Paediatric Wards.

6.3.2 The Medical Director is responsible for policy compliance across Clinical Staff to ensure the system is used to improve safeguarding through its ability to ensure visitors are adequately trained to engage with healthcare professionals, enter clinical areas safely and are fully compliant with the Trust's regulations and protocols.

6.4 Procurement Staff

6.4.1 The Head of Procurement is the Trust's designated lead for matters arising with Company Representatives.

6.4.2 The Head of Procurement will respond accordingly to any complaints or issues with Company Representatives not complying with this policy.

6.4.3 The Procurement Team will manage the Company Representative system, monitoring compliance and provide support as required for checking-in Representatives. The Procurement team will not make appointments via the system for Trust staff; this will be the responsibility of General Managers, Clinical Managers and Heads of Department to identify the procedure for their department.

6.4.4 The Procurement Team will ensure adherence to this policy and the Standing Financial Instructions with respect to UK and EU Law.

6.5 General and Clinical Managers / Heads of Department

6.5.1 It is the responsibility of General Managers, Clinical Managers and Heads of Department to ensure adequate and compliant procedures are developed to handle the appointments of Company Representatives. These procedures may vary from department to department and across disciplines in terms of who is responsible for booking Company Representatives appointments and checking them in.

6.5.2 General Managers, Clinical Managers and Heads of Department may delegate the day to day running of operational procedures but may not delegate overall responsibility for the management of Company Representatives within their departments.

7. RAISING AWARENESS / IMPLEMENTATION / TRAINING

7.1 Briefing documents will be distributed to all Chief of Services to disseminate to their teams.

7.2 Briefing documents will be distributed to all Associate Directors to disseminate to their teams.

7.3 Theatres staff will be informed through working groups with Heads of Theatres, Matrons and Team Leaders, including the Theatre Management Group, Theatre Product Selection Group and Heads of Department Meetings. Theatre team leaders will disseminate to their teams.

7.4 Wards and all other clinical areas will be sent Briefing documents via the Ward Managers and PD Leads as well as be provided with the information at the Product Selection Groups. Ward Managers will disseminate to their teams.

7.5 All of the Trust Suppliers will be contacted by Medical Industry Accredited on behalf of the Trust. The Trust Suppliers will be identified through transactional reports through the Finance and Procurement systems.

7.6 Further communication will be achieved through uploading information on the Trust intranet, communication via Global emails and the Procurement Newsletter and preparing posters.

8. MONITORING COMPLIANCE OF POLICY

8.1 Procurement will monitor Company Representatives through the reporting system included within the Medical Industry Accredited Credentialing System.

8.2 Company Representatives are required to read and accept compliance to this policy as a mandatory requirement when signing up to the system. Without their acceptance they will not be granted access to visit any department within the Trust.

8.3 The Medical Industry Accredited system will provide a day pass for Company Representatives whose visit has been authorised. Any member of the Trust's staff that sees a Company Representative without a day pass should challenge their visit, informing them to report to Procurement to sign-in. The member of staff should also report the rep to Procurement to ensure future compliance.

9. REFERENCES

- Data Protection Act (1998)
- The Department of Health Master Indemnity Agreement (2016)
- Lord Carter Operational Productivity and Performance in English NHS Acute Hospitals: Unwarranted Variations (2016)

FULL VERSION CONTROL

Version:	1.2
Role of Policy Lead(s):	Head of Clinical Procurement
Role of Executive Lead:	Director of Finance
Date Approved by Executive Lead:	6th September 2021
Name of Professional Approving Group:	Finance Assurance Committee
Date Approved by Professional Approving Group:	June 2021
Date Approved by Policy Review Group:	May 2017
Date Ratified by Senior Leadership Committee:	6th September 2021
Date Issued:	14 September 2021
Review Date:	June 2024
Pharmaceutical dosing advice and formulary compliance checked by:	N/A
Library evidence/reference check completed:	N/A
Target Audience:	All Staff and Company Representatives
Key Words & Phrases:	Company Representative, Product Evaluations & Trials, Quotations

Version History

Version	Date	Policy Lead(s)	Status	Comment
1.0	25/05/2017	Policy Officer	Final	Ratified at HEB
1.1	20/03/2019	Head of Clinical Procurement	Interim	Updated Rep Credentialing System details and Trust Contacts Addition of 5.2.7 (clarification of points 5.2.4 to 5.2.6)
1.2	11/06/2021	Head of Clinical Procurement	Interim	UKCA marking referenced (5.6.5 and 5.6.5) alongside CE Marking, which can be used until 1 January 2022. Key contacts updated (5.14.2)

Document Location

Document Type	Location
Electronic	Trust Intranet – in Procurement folder at https://ourplace.xfph-tr.nhs.uk/our-trust/trust-policies

Related Documents

Document Type	Document Name
Trust Policy	Hand Hygiene Policy
Trust Policy	Bare below the Elbows Policy
Trust Policy	Management of Medical Equipment and Devices Policy
Trust Policy	Information Governance Policy
Trust Policy	Standards of Business Conduct Policy