Countess of Chester Hospital NHS
NHS Foundation Trust

Policy for Management of Persons not directly employed by the Trust. Supplier or Contractor Representatives

Document Properties	
Version:	2
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Name of Originator/Author:	Jim Kennett Clinical Procurement Specialist Nurse (Commodity Advisor)
Name of Approval Committee:	Medical Devices Group
Date Approved:	28/08/24
Executive Sponsor:	Clinical Director
Date Issued:	28/08/24
Review Date:	27/08/25

VERSION CONTROL, REVIEW AND AMENDMENT LOGS

Version Control Table			
Record of changes made to POLICY TITLE – Version 1			
Section Number	**Page Number**	**Change/s made**	**Reason for change**
	2	Reference to yellow lanyards and ESR training logs removed	Practice no longer happens
	3	Pharmacy reference amended	Current lead is leaving trust
	5	Names changed to generic positions held	Future proofing (if named individuals leave trust)

QUICK REFERENCE GUIDE – POLICY FOR MANAGEMENT OF PERSONS NOT DIRECTLY EMPLOYED BY THE TRUST. SUPPLIER OR CONTRACTOR REPRESENTATIVES

<add summary of key points or flowchart, if appropriate>

Contents

<The Contents Section above will update automatically in line with the section headings. To update, right click over the section above and click 'Update Field'>

INTRODUCTION

< The aim of this policy is to protect patients and staff by ensuring that confidentiality, privacy and dignity are not compromised by the lack of robust systems for co-ordinating both the activity of Representatives* regarding the purchase, trialling, maintenance of equipment, consumables or observation of new procedures/techniques.

Representatives* should be well informed about the products they are promoting or maintaining. The Trust is obliged to know what is being promoted, the basis for the promotion and the specific role that the product is expected to have in the management of patients or the service provided.>

DEFINITIONS

< Note: * The term Representatives refers to commercial visitors either internal or external to the NHS (including contractors).>

DUTIES

<Include duties for job roles and/or committees that policy applies to>

ADD SECTION TITLES FOR RELEVANT POLICY CONTENT>

< **Purpose and Scope**

This policy applies to all departments where commercial visitors not employed by the Trust might attempt to gain access to clinical areas or trust staff.

Adherence to the policy ensures that patient confidentiality is maintained and that commercial activity is conducted safely and in line with the Trust's Purchasing Regulations (Standing Financial Instructions). For medicines, adherence to the Policy ensures that medicines are introduced into the Trust in a managed fashion, following processes agreed locally and across the Cheshire and Merseyside ICB footprint.

Security and Appointments

To reduce any disruption within wards or departments, all suppliers or Representatives* must adhere to the following:

- make an appointment in advance with hospital staff
- not to tour the hospital looking for staff and are **NOT** allowed to enter wards or departments without a prior appointment with the Clinical Procurement Specialist

Nurse, Clinical Consultant, Head of Nursing, Senior Member of staff or authorisation from the Trust's EBME/ESTATES and Pharmacy departments.

- **COLD CALLING IS NOT PERMITTED AND MUST BE ACTIVELY DISCOURAGED WITHIN THE TRUST.** Any Representatives* who persist with cold calling must have their name and that of the company notified to the Clinical Procurement Specialist Nurse.
  ❒

If an appointment has been arranged for any teaching or commercial promotional activity, please inform the Clinical Procurement Specialist Nurse Service by e-mail to coch.clinicalprocurementspecialistnurse@nhs.net

Access to Areas

Representatives* visiting the Trust c/o Estates, EBME or Pharmacy departments must report to these departments to be signed in.

Representatives* entering operating theatres must report to Main Theatres reception. The representative must provide proof of company identification together with a driving licence or passport which includes a photograph.

At Main Theatres Reception the Representative* will be asked to sign the Representative* Register and will be issued a numbered security pass with a yellow coloured Lanyard (neck strap) to denote they are Representatives*. This should be returned signed on completion of duties by the member of staff at the Reception Area **(Appendix A)**

Teaching or Promotional Activity

Representatives* should inform the Procurement Department, via the Clinical Procurement Specialist Nurse, in advance of any teaching or promotional activity which is undertaken in a ward or department.

Medicines and Pharmaceutical Products

For medicines and pharmaceutical products, please ensure that the Associate Director of Pharmacy – Medicines Optimisation is contacted regarding promotional activity.

Trials, Testing or Monitoring

No product trials should be carried out without the prior authorisation of the Procurement Team (following submission of the “request to trial a product” form to the Clinical Procurement Specialist Nurse).

Any trials undertaken must be in compliance with the Trust's "Procedure for the trial of New Products / Medical Devices."

No modification to any equipment should be carried out perioperatively unless permission is gained from the clinicians directly involved with the patient’s care.

Medicines and Pharmaceutical Products

Product trials must only be undertaken and samples of medicines must only be used in line with the direction set out in the Medicines Policy and with the full knowledge of the Associate Director of Pharmacy – Medicines Optimisation.

Commerce

No commercial negotiation, other than obtaining indicative costs for budgeting purposes, should be undertaken without the involvement of the Procurement or Estates Departments.

Medicines and Pharmaceutical Products

No commercial negotiation, other than obtaining indicative costs for budgeting purposes, should be undertaken without the involvement of the Pharmacy Department. Contact the Associate Director of Pharmacy – Medicines Optimisation

Patient Consent

If the Representative* as part of trialling or maintenance will have direct patient contact then verbal consent must be obtained by the patient’s Consultant or member of that team and this should be recorded within the patient’s health record.

Patient Confidentiality

Patient information is generally held under legal and ethical obligations of confidentiality. Information provided in confidence should not be used or disclosed in a form that might identify a patient without his or her consent. There are a number of important exceptions to this rule but it applies in most circumstances. A duty of confidence arises when one person discloses information to another (e.g. patient to clinician) in circumstances where it is reasonable to expect that the information will be held in confidence. It –

- is a legal obligation that is derived from case law;
- is a requirement established with professional codes of conduct; and
- must be included within NHS employment contracts as a specific requirement linked to disciplinary procedures.

Patients allow the Countess of Chester NHS Foundation Trust Hospital to gather sensitive information relating to their health and other matters as part of their treatment.

They do so in confidence and they have the legitimate expectation that staff will respect this trust. Patients may be unconscious during their treatment, but this does not diminish the duty of confidence.

It is essential, if the legal requirements are to be met and the trust of patients is to be retained, that the Countess of Chester Hospital NHS Foundation Trust provides and is seen to provide, a confidential service.

Conclusion

By following this policy the association between the Countess of Chester NHS Foundation Trust and commercial visitors will be managed in a safe and effective manner and will not compromise patient confidentiality.

Acknowledgements

- Clinical Procurement Specialist Nurse
- Head of Clinical Engineering
- Director of Pharmacy
- Matron Operating Theatres
- Head of Security>

>

MONITORING

The approval / ratification committees have ongoing responsibility to agree the monitoring arrangements for the policy. This may be assured via the committee reporting schedule or other agreed mechanism.

Include details of the monitoring that will be conducted (e.g., audit of process, review of incidents etc), who is responsible for ensuring that this monitoring is completed and how often. Also include how the monitoring will be reported to provide appropriate assurance.

Monitoring	Lead Responsible	Frequency	Responsible Committee
Annual Review	Jim Kennett	Annual	Medical Devices Group

FURTHER INFORMATION

< *The NHS Confidentiality Code of Practice, November 2003*

Department of Health, Consent to Treatment, November 2001

NHS Caldicott Guardians 1997

Countess of Chester Hospital, NHS Foundation Trust, Consent to Treatment Policy, February 2006.>

APPENDICES

<Add relevant appendices

Countess of Chester Hospital NHS
NHS Foundation Trust

Appendix A – <REGISTER FORM>

This form should be used as a record of entry and departure for all representatives on site.*

Persons not employed by CoCH, Visitor/Company Representative/Contractor Register

Date/ Month	Name of Rep/Contractor (PRINT)	Name of Company	To See	Time In	Time Out	Card Number	Card Returned

CHECKLIST FOR APPROVAL OF POLICIES

		Yes/No/ Unsure	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear that the document is a Trust policy?	Yes	
2.	**Rationale**		
	Are reasons for development of the policy stated?	Yes	
3.	**Development Process**		
	Is the method described in brief?	Yes	
	Are individuals involved in the development identified?	Yes	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Yes	

		Yes/No/ Unsure	Comments
	Is there evidence of consultation with stakeholders and users?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are the references cited in full?	No	
	Are local/organisational supporting documents referenced?	Yes	
6.	**Approval**		
	Does the document identify which	Yes	

		Yes/No/ Unsure	Comments
	committee/group will approve it?		
	If appropriate, have the joint Human Resources/staff side committee (or equivalent) approved the document?	n/a	
7.	**Dissemination and Implementation**		
	Is there an outline/plan to identify how this will be done?	Yes	Already on Internet/Intranet
	Does the plan include the necessary training/support to ensure compliance?	n/a	
8.	**Document Control**		
	Does the document include version history and identify key changes since the last approved version?	Yes	
9.	**Process for Monitoring Compliance**		
	Are there measurable standards or KPIs to support monitoring compliance of the document?	No	
	Is there a plan to review or audit	Yes	Annual

		Yes/No/ Unsure	Comments
	compliance with the document?		
10.	**Review Date**		
	Is the review date identified?	Yes	
	Is the frequency of review identified? If so, is it acceptable (Default is 3 years)?	Yes	Annual
11.	**Overall Responsibility for the Document**		
	Is it clear who will be responsible for coordinating the dissemination, implementation, and review of the documentation?	Yes	

The policy author is responsible for completing the above checklist prior to submission for approval.

EQUALITY ANALYSIS

Equality Analysis (EA) for Policies
The Public Sector Equality Duty (section 149 of the Equality Act 2010) requires public authorities to have due regard for the for need to achieve the following objectives in

conducting their functions:

a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.
b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Please refer to Equality Analysis Step-Wise Guide for Policies when completing this form

Policy Name	Policy for Management of Persons not directly employed by the Trust. Supplier or Contractor Representatives	
Policy Overview	Policy for Management of Persons not directly employed by the Trust. Supplier or Contractor Representatives	
Relevant Changes (if any)	n/a	
Equality Relevance Select LOW, MEDIUM, or HIGH	LOW	
If the policy is LOW relevance, you **MUST** state the reasons here.	Policy refers to expected conduct/protocol of external supplier representatives whilst on site and is not relevant to any perceived equality issues.	
Form completed on:	Date: 28/08/2024	
Form completed by:	Name: Jim Kennett	Job Title: Clinical Procurement Specialist Nurse (Commodity Advisor)

If LOW relevance, proceed to Approval and Ratification Section. No further information

required

If MEDIUM or HIGH Equality Relevance, complete all sections		
Equality Indicators Identify the equality indicators which will or could potentially be impacted by the policy and include details of how they may be impacted. (Use **Equality Relevance** to assess the impact on each protected characteristic)	Protected Characteristic	Mitigation
	Age ☐ How: Click here to enter text.	Click here to enter text.
	Disability ☐ How: Click here to enter text.	Click here to enter text.
	Gender reassignment ☐ How: Click here to enter text.	Click here to enter text.
	Marriage & Civil Partnership ☐ How: Click here to enter text.	Click here to enter text.
	Pregnancy or Maternity ☐ How: Click here to enter text.	Click here to enter text.
	Race ☐ How: Click here to enter text.	Click here to enter text.
	Religion or Belief ☐ How: Click here to enter text.	Click here to enter text.
	Sex ☐ How: Click here to enter text.	Click here to enter text.

	Sexual Orientation ☐ How: Click here to enter text.	Click here to enter text.
	Human Rights (FREDA principles) ☐ How: Click here to enter text.	Click here to enter text.
Equality Information & Gaps What equality information is available for protected groups affected by the policy? If nonavailable, include steps to be taken to fill gaps.	Click here to enter text.	
Stakeholder Engagement What stakeholders are engaged to help understand the potential effects on protected groups? See **Gunning Principles** for public consultation requirements. **How has consultation influenced the policy?**	Click here to enter text.	
Interdependency	Click here to enter text.	

How will this affect other policies, projects, schemes from an equality perspective?		
Public Sector Equality Duty Include a summary of how each of the PSED requirements have been considered in order to demonstrate compliance with the Act.	a) Eliminate discrimination, harassment, victimisation etc Click here to enter text.	
	b) Advance equality of opportunity Click here to enter text.	
	c) Foster good relations Click here to enter text.	
	Has the Public Sector Equality Duty been met? Yes ☐ No ☐	
Monitoring Include details of how the equality impact will be monitored.	Click here to enter text.	
Review of Equality Analysis (If indicated)	Rationale for review: Click here to enter text.	
	Changes made: Click here to enter text.	Reason for change: Click here to enter text.

If **MEDIUM** or **HIGH r**elevance, the EA should be reviewed annually. Complete Approval and Ratification Section.

Approval & Ratification of Equality Analysis		
Policy Author:	Name: Jim Kennett	Job title: Clinical Procurement Specialist Nurse (Commodit Advisor)
Approval Committee:	Medical Devices group	Date approved: 28/08/2024
Ratification Committee:	n/a	Date ratified: n/a
Person to Review Equality Analysis:	Name: n/a	Review Date: n/a
Comments:	Click here to enter text.	