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Document Title: Visits to Trust Premises by Company Commercial Representatives		Version Number: 1.1	
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Scope: Trust Wide		Classification: Organisational	
Author / Title: Paul Dowell, Deputy Head of Procurement & Supplies		Responsibility: Procurement	
Replaces: Version 1, Visits To Trust Premises By Company Commercial Representatives, Corp/Pol/085		Head of Department: Jim Collins, Head of Procurement & Supplies	
Validated By: Health & Safety Committee		Date: 31/03/2016	
Ratified By: Procedural Documents and Information Leaflet Group		Date: 20/07/2016	
Review dates may alter if any significant changes are made		Review Date: 01/06/2019	
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 6,7		Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 7	
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes			
Document for Public Display: Yes			
Reference check N/A, Joanne Shawcross, 16.6.16			
To be completed by Library and Knowledge Services Staff			

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

University Hospitals of Morecambe Bay NHS Foundation Trust is committed to ensuring that only pre-arranged visits from commercial representatives are encouraged and by consequence, unannounced visits (i.e.) 'cold calling' are eliminated.

It is anticipated that by reducing the level of 'cold calling' to an absolute minimum, we will be better placed to free up time and resources for better patient care.

2. PURPOSE

The aim of this policy is to ensure that the relationship between the Trust and its suppliers is based upon a sound and professional footing and to provide suppliers and their commercial representatives with clear guidelines on how they are expected to behave whilst visiting the Trust.

This policy has been approved and endorsed by the Trust Board and Trust Supplies Group.

3. SCOPE

All clinical and non-clinical members of staff receiving visits from commercial representatives.

4. POLICY

4.1 Appointments

4.1.1 Cold Calling

Commercial Representatives are not to be permitted access to ANY ward or clinical areas without a prior appointment.

Commercial Representatives visiting Trust sites without prior appointment should be asked to leave Trust premises. Making appointments (*cold calling*) on arrival at the Trust should not be permitted by clinical and non-clinical staff.

Commercial Representatives appointments and visits to wards and departments should only be made with the appropriate Department/Clinical Senior Manager or Procurement.

Trust staff should issue the Commercial Representative with an information slip which provides the visitor with contact details.

4.1.2 Pre-Arranged Appointments

All Commercial Representatives must report to the relevant reception area or the appropriate Senior Manager in charge and ensure that they follow any local access control process in operation (e.g.) Signing In book, if such a local process is in place. All such representatives that enter a clinical, staff or secure area must firstly obtain a Visitors Badge, if one is issued, or otherwise clearly display a visible form of identity. Identification must be clearly displayed at all times.

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Upon leaving the premises, the any badge provided by the Trust must be returned to the point of issue and the Commercial Representative should ensure that he/she signs out where required to do so.

4.2 Samples

Under no circumstances should *free* samples be left in clinical or non-clinical areas for use, trial or evaluation.

The provision of samples and arrangements for trials for bona fide projects must only be co-ordinated with the relevant Senior Manager or Procurement and in turn reviewed via the Trust's Nursing Supplies Group or relevant Theatre Supplies Group. Upon receipt of any such samples, contact Procurement on either ext. 46628 or 46631.

Note that this policy does not include potential changes to clinical practice or therapies. Any such changes must be processed via the Trust's Quality Committee.

Under no circumstances should any electrical equipment be delivered or used on wards or in departments without the prior knowledge of the Medical Devices department so that the appropriate testing, indemnity and insurance procedures can be followed.

Staff should also be aware of the Trust standards regarding the acceptance of inducements as outlined in Trust Policy CORP-POL-018 Anti-Fraud, Bribery & Corruption.

4.3 Trust Ward, Department Responsibilities

Whilst on Trust premises, the member of staff receiving the commercial representative is responsible for ensuring their adherence to the following requirements:

- Maintain strict confidentiality regarding observations made and/or documentation read.
- Not use mobile phones whilst within the ward and clinical areas of the Hospital.
- Not enter any unauthorised areas without appropriate Senior Manager or Procurement authority or without being accompanied by a Trust manager or supervisor.
- Maintain high levels of hygiene and cleanliness, ensuring that hand gel is used appropriately when entering and leaving clinical areas.
- Conduct themselves in an orderly and respectful manner, giving due sensitivity to patients and their visitors.
- Fully co-operate with the Trust on all safety related matters.
- Not misuse or interfere with any equipment or items in such a way that renders them unsafe to use.

4.4 Non-Compliance

The Trust reserves the right to ask any representative that fails to adhere to the policy to leave the premises immediately and not to return. Should such an incident occur then a letter of confirmation explaining the full details will be sent to the relevant company headquarters.

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5. ATTACHMENTS	
Number	Title
1	Equality and Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Pol/002	Control of Contractors http://uhmb/cs/tpdl/Documents/CORP-POL-002.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	
2	
3	

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS	
Enter the names and job titles of staff and stakeholders that have contributed to the document	
Name	Job Title
Anna Smith	Health & Safety Manager
Karen Davies	Deputy Governance Lead

10. DISTRIBUTION PLAN	
Dissemination lead:	Paul Dowell
Previous document already being used?	No
If yes, in what format and where?	
Proposed action to retrieve out-of-date copies of the document:	
To be disseminated to:	
Document Library	
Proposed actions to communicate the document contents to staff:	Include in the UHMB Weekly News – New documents uploaded to the Document Library

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11. TRAINING		
Is training required to be given due to the introduction of this policy? No		
Action by	Action required	Implementation Date

12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	06/10/2017	Page 3	BSF page added	01/06/2019

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Appendix 1: EQUALITY & DIVERSITY IMPACT ASSESSMENT TOOL

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Age	NO	
	• Disability	NO	
	• Race	NO	
	• Sex	NO	
	• Religious belief – including no belief	NO	
	• Sexual Orientation	NO	
	• Gender reassignment	NO	
	• Marriage and civil partnership	NO	
	• Pregnancy and maternity	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination are there any exceptions - valid, legal and/or justifiable?	NO	
4.	Is the impact of the policy/guidance likely to be negative?	NO	
4a	If so can the impact be avoided?	NO	
4b	What alternative are there to achieving the policy/guidance without the impact?	NO	
4c	Can we reduce the impact by taking different action?	NO	

For advice in respect of answering the above questions, and / or if you have identified a potential discriminatory impact of this procedural document, please contact the relevant person (see below), together with any suggestions as to the action required to avoid/reduce this impact.

For Service related procedural documents: Lynne Wyre, Deputy Chief Nurse & Lead for Service Inclusion and Diversity

For Workforce related procedural documents: Karmini McCann, Workforce Business Partner & Lead for Workforce Inclusion and Diversity.

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