



<b>Corporate</b>	<b>ICBP033 - Procurement Policy</b>
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<b>Version Number</b>	<b>Date Issued</b>	<b>Review Date</b>
V3	March 2024	April 2025

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<b>Consultation Process:</b>	Chief Procurement and Contracting Officer Executive Committee
<b>Formally Approved:</b>	14 May 2024
<b>Approved By:</b>	Executive Committee

#### **EQUALITY IMPACT ASSESSMENT**

<b>Date</b>	<b>Issues</b>
Step 1 – March 2024	None

#### **POLICY VALIDITY STATEMENT**

This policy is due for review on the latest date shown above. After this date, policy and process documents may become invalid.

#### **ACCESSIBLE INFORMATION STANDARDS**

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [necsu.comms@nhs.net](mailto:necsu.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1	July 2022	Emma Dinning – Procurement and Market Development Manager	Not applicable
2	June 2023	Emma Dinning – Procurement and Market Development Manager	Reviewed and updated within first year of establishment
3	January 2024	Emma Dinning – Procurement and Market Development Manager	Updated to include the NHS Healthcare Services (Provider Selection Regime) 2023 Regulations – implemented on 1 January 2024

## Approval

Role	Name	Date
Approver	Board	July 2022
Approver	Executive Committee	June 2023
Approver	Executive Committee	May 2024

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## 1. Policy Statement

This Policy is intended for the use of NHS North East and North Cumbria Integrated Care Board to inform the commissioning of Healthcare and Non-Healthcare services.

For the purposes of this policy NHS North East and North Cumbria Integrated Care Board 'NHS NENC ICB' procurement activity will be compliant with the prevailing regulatory framework relating to procurement and competition and will be used to support delivery of ICB priorities.

This Policy is in line with the current legislation applicable to NHS North East and North Cumbria Integrated Care Board.

The NHS Provider Selection Regime 2023 (PSR) came into force on 1 January 2024, it takes the arrangements between NHS commissioners and providers out from the scope of the Public Contract Regulations 2015 (as amended) (PCR) for services classed as Healthcare Services; revokes Section 75 of the Health and Social Care Act 2012 and removes underlying regulations (the National Health Service (Procurement, Patient Choice, and Competition Regulations 2013) (No 2).

It should also be noted that new legislation for Public Procurement as implemented by the Procurement Bill, is due to come into force in 2024, and may be aligned to the Provider Selection Regime in terms of managing a competitive process. The current Public Contracts Regulations 2015 (as amended) shall remain in place for non-healthcare goods and services until such time as the new Procurement Bill regulations come into force.

This policy should be read in conjunction with other key NHS NENC ICB documents, NHS national policy and UK Regulations, including but not exclusively:

- ICB Standards of Business Conduct and Declarations of Interest Policy
- ICB Anti-Fraud, Bribery and Corruption Policy
- ICB Constitution
- ICB Safeguarding Children Policy
- ICB Safeguarding Adults Policy
- ICB Scheme of Reservation and Delegation, Standing Orders, Standing Financial Instructions and Financial Limits. These documents are available in the Governance Handbook on NHS NENC ICB's website
- NHS Standard Contracts
- Public Contracts Regulations 2015 (as amended)<sup>1</sup>
- Healthcare Services (Provider Selection Regime) Regulations 2023<sup>2</sup>

## 2. Introduction

NHS NENC ICB aspires to the highest standards of corporate behaviour and clinical competence, to ensure that safe, fair and equitable procedures are applied to all organisational transactions, including relationships with patients, their carers, public, staff, stakeholders and the use of public resources. To provide clear and consistent guidance, NHS NENC ICB will develop documents to fulfil all statutory, organisational and best practice requirements and support the principles of equal opportunity for all.

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<sup>1</sup> <https://www.legislation.gov.uk/ukxi/2015/102/contents/made>

<sup>2</sup> <https://www.england.nhs.uk/commissioning/how-commissioning-is-changing/nhs-provider-selection-regime/>

NHS NENC ICB has a responsibility to secure services that meet the health needs of the local population and that deliver the best combination of quality to patients and value for taxpayers. When undertaking procurement activities to secure services NHS NENC ICB is required to comply with legislation, internal governance rules and professional and ethical standards to ensure delivery of identified outcomes through efficient and effective procurement processes.

NHS NENC ICB's role, as a commissioner, is to secure services that meet the health needs of the local population and that deliver the best combination of quality to patients and value for taxpayers. When undertaking procurement activities to secure new contracts NHS NENC ICB is required to comply with the relevant legislation, internal governance rules and professional and ethical standards to ensure delivery of identified outcomes through efficient and effective procurement processes.

NHS NENC ICB aims to drive wider benefits through procurement, including efficiencies and improved system-wide outcomes by working in collaboration with other organisations such as other Integrated Care Boards (ICBs) and Local Authorities and partnerships that may be formed through Integrated Care Systems (ICS) and Integrated Care Partnerships (ICPs).

Procurement is an integral part of the Commissioning Cycle (see Appendix A) used to ensure delivery of *Better Health and Wellbeing for All* – a strategy for the North East and North Cumbria.

### **3. Status**

This policy is a corporate policy.

### **4. Purpose and Scope**

This policy covers the procurement of healthcare services only and non-pay goods and services.

The purpose of this policy is to provide clear and effective guidance to all NENC ICB officers when undertaking procurement activities and to ensure that when commissioning healthcare services.

NHS NENC ICB:

- acts with a view to meeting the needs of its local population and to improve the quality and efficiency of healthcare services
- complies with the applicable regulatory framework, including all relevant legislation and guidance
- acts in a way which treats providers fairly and equally
- acts with transparency and proportionality
- seeks to achieve value for money
- does not act anti-competitively, unless this is in the interests of patients/ service users and where this is permitted within legislation and guidance
- acts with a view to improving the economic, social and environmental well-being of the local area
- acts to ensure that modern slavery and human trafficking is not taking place in any part of NHS NENC ICB's business and supply chains.

The policy has been developed in line with key applicable legislation which includes:

- Healthcare Services (Provider Selection Regime) Regulation 2023<sup>3</sup> (PSR), applicable to ICBs as defined Relevant Authorities in England for commissioning of Healthcare Services.
- Public Contracts Regulations 2015 (as amended)<sup>4</sup> (PCR), which apply to the award of contracts by public bodies in England for Goods and Services (non-healthcare).

NHS NENC ICB must also continue to comply with other legal obligations including but not limited to:

- 2006 Act
- Local government and Public Involvement in Health Act 2007
- Equality Act 2012
- Modern Slavery Act 2015
- Subsidy Control Act
- Transfer of Undertakings (Protection of Employment) Regulations 2006

The objective of this policy is to provide a framework to ensure all contract awards meet the overarching obligations of procurement law, namely, transparency, proportionality, non-discriminatory and equality of treatment. In addition, the framework is designed to ensure that procurements, processes and decisions are evidence based; deliver key business objectives; services are innovative, affordable and viable; clinically safe and effective; set stretched targets to improve health outcomes and the quality of patient experience.

## 5. Definitions

*Commissioning* is the process of putting in place health services that effectively meet the needs of the population and includes assessing the needs of the population, prioritising health outcomes, specifying requirements and monitoring quality of services.

*CPV Codes* are Common Procurement Vocabulary Categories.

*Procurement* is the process of securing or purchasing those services.

*Healthcare Services* are all forms of healthcare provided for individuals, whether relating to physical or mental health'. A relevant healthcare service must be fall within one or more of the CPV codes specified within Schedule 1 of the PSR Regulations.

*Non-Healthcare Goods and Services* are all other goods and services that are not in scope of PSR as defined by the CPV codes.

## 6. National Policy Context

NHS NENC ICB aims to address issues of health inequality, variations in access and to improve the health outcomes of the population. To support this, investment will need to be delivered via robust procurement and investment planning. NHS NENC ICB will need to determine which changes will occur to service delivery of existing services and where there

<sup>3</sup> <https://www.legislation.gov.uk/uksi/2023/1348/contents/made>

<sup>4</sup> <http://www.legislation.gov.uk/uksi/2015/102/contents/made>

will be benefit to patients in terms of access, choice and patient experience by identifying new providers into the market.

Where NHS NENC ICB chooses to use commissioning support to carry out activities on its behalf, it will remain accountable for all decisions. As a public body, NHS NENC ICB will adhere to legislation that governs the award of contracts by public bodies and will not delegate responsibility for decisions.

## 7. **Procurement Planning / Contract Award**

A plan will be maintained that will list current and future contracts against procurement / contract award process aligned to the relevant legislation which must be agreed prior to the start of the new financial year. The plan will be reviewed on a regular basis considering NHS NENC ICB commissioning intentions and national and local priorities.

As detailed within the NHS Long Term Plan, January 2019<sup>5</sup> (LTP), NHS NENC ICB will seek to work collaboratively with other organisations such as other ICBs and Local Authorities, and through Integrated Care Systems where possible and appropriate in support of improved efficiencies and outcomes of care.

NHS NENC ICB will in each procurement / contract award process:

Consistently ensure its obligations under the relevant statutory regulations and applicable Community law, ascertain whether it is necessary, desirable or appropriate to invite competition when purchasing in order to ensure it will incur only budgeted, approved and necessary spending in each competition process and in line with new Government Legislation as from 1 January 2021, explicitly evaluate a minimum of 10% social value proportionate to the contract, utilising the Social Value Model so that social benefits and Net Zero targets can be achieved in the delivery of the contract(s)

Ensure each award or competition processes is compliant with applicable NHS guidance when procuring jointly with Local Authorities

Seek value for money for all services by reference to the optimum combination of whole life cost and quality

Ensure consistently with the relevant law for the competition and award procedure, exclude companies which have been convicted of offences, or whose director(s) or any other person or company who has powers of representation, decision or control of the company has or have been convicted of offences in the conduct of their business or committed an act of grave professional misconduct in the conduct of their business, such as breaches of employment, equal opportunities or environmental legislation. However, any corrective/remedial action taken by the company in response to such an offence will be considered in determining its suitability to be awarded a contract

Ensure consistently with relevant UK and international law competition and award process, contractual provisions, procurement procedures and selection and

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<sup>5</sup> <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

[\\*online publishing must be on a publicly available website accessible free of charge](#)



award criteria prohibit or restrict contractors' use of offshore jurisdictions and/or improper tax avoidance schemes or arrangements and/or exclude companies which use such jurisdictions and/or such schemes or arrangements.

Ensure compliance with legal requirements and contractual provisions, procurement procedures and selection and award criteria are designed to ensure that providers are compliant with mandatory employers' legislation, as well as mandatory and discretionary exclusions within the selection criteria under Regulation 20 PSR 2023 which is aligned to Regulation 57 of the PCR 2015 (as amended).

Will adopt procurement processes for non-healthcare and healthcare services which are proportionate to the value, complexity, level of benefit and risk, to both the service and patients, in compliance with the relevant legislation.

Will publish the relevant transparency notices in line with the applicable Regulations for each award process.

Will maintain an auditable documentation trail of all key decisions which provide accountability in line with the applicable Regulations.

Will uphold robust management of conflicts of interest and perceived conflicts of interest in an auditable documentation trail of all key decisions, including a publication of a register of procurement decisions on the NHS NENC ICB website.

Will undertake the financial and quality checks for potential providers by undertaking an assessment of which is proportionate to the contract and the process adopted.

There must be a service specification setting out its requirements for the service and therefore may consider premarket engagement exercises to inform its scope and deliverability.

All competition documentation will identify objective evaluation criteria and weightings that provider responses will be evaluated against, which must evidence a fair and transparent process. No provider will be given preference over another.

NHS NENC ICB will provide all information in good time ensuring the relevant process and potential providers can sufficiently assess the service provision, and whether they wish to express an interest in providing that service.

NHS NENC ICB will not favour or advantage a provider from any sector (Public, Private, Third etc.) or nationality/geographical background. This will ensure that the successful provider is selected in relation to their compliance with the evaluation criteria and not with regard to the type of organisation.

NHS NENC ICB will provide all potential providers the same information about the competition process at the same time.

The specification and award process will not discriminate against or favour any particular provider or group of providers. Specifications will be written in generic terms and avoid the use of trade names.

Will ensure that all potential providers and sectors are treated equally and have equal opportunity to compete where appropriate; that financial and due diligence

checks apply equally and are proportionate and that pricing and payment regimes are fair.

Will be transparent and responsible for making its commissioning intent clear to the market and adhere to the transparency requirements of each competition or award process.

Will promote diversity of provision and acceptable choices for local service users in accordance with the Equality Act 2010.

Will comply with internal governance and the appropriate legal requirements.

Will, ensure compliance with government legislation (PPN 05/21) to publish the ICBs procurement pipeline and contract awards.

## 8. NHS Healthcare Services (Provider Selection Regime) Regulations 2023

Healthcare Services (Provider Selection Regime) Regulations 2023 came into force on 1st January 2024 and extends to England and Wales only.

The Regime is applicable to: Integrated Care Boards. or the purposes of applying these rules are referred to as the 'Relevant Authority' who wish to contract with a provider for the provision of relevant Healthcare Services.

This regime is applicable to all contract values, there are no exceptions and as such there is no single tender wavier process for services that fall under PSR.

In Scope Services:

In scope services are define by CPV codes, these relate to a health service such as hospital, community, mental health, primary care, palliative care, ambulance, patient transport services (where CQC registration is required), preventative public health services (delivered to an individual that are designed to secure improvement in the physical and mental health illness).

**Table 1 Examples of Healthcare Services**

Healthcare Services	
GP services / eye care services / community pharmacy / out of hours provision/ general dental / intermediate minor oral surgery / community dental services / orthodontics / specialist dental / mental health services	Urgent care services / falls service / termination of pregnancy /speech and language therapy / end of life care / MSK / podiatry services

These Regulations cannot be applied to the purchase of: Non-healthcare goods and services or specific services which fall under 'the Light Touch Regime' (LTR) for which the Public Contracts Regulations 2015 (as amended) (PCR) must be applied, unless there are grounds for applying PSR for a Mixed Procurement, in such cases advice should be sought from the NHS NENC ICB's procurement advisors.

NHS NENC ICB will follow the compliant award route to secure the delivery of healthcare services via PSR. No financial thresholds apply to applicable healthcare contracts under this regime, all contracting spend will need to follow PSR.

NHS NENC ICB will monitor its compliance to the PSR and be accountable for it by publishing an online\* annual report of the contracts awarded. In the case of non-compliance, NHS NENC ICB will detail how this will be managed within its report.

When arranging relevant healthcare services NHS NENC ICB must consider where applicable, how each of the 5 key criteria has been considered when applying some of the PSR processes (Direct Award Process C, Most Suitable Provider and Competitive Process), and their relevant importance must be recorded, NHS NENC ICB are expected to be aware of wider requirements or duties when arranging healthcare services.

NHS NENC ICB must balance key criteria which includes the wider requirements and duties for example, to ensure value for money, and NHS England's commitment to Net Zero ambitions, which is also included within the 10% minimum requirement towards its social value commitment.

**Table 2 Key Criteria**

Key Criteria	
<b>Quality and Innovation</b>	Must consider the quality of the services to be provided (by a provider) including: safe, effective, experience, well-led, sustainability resourced and equitable
<b>Value</b>	Must consider and ensure good value in terms of cost, overall benefits and financial implications of an arrangement over the contract term
<b>Integration and Collaboration</b>	Consider the extent which the services can be provided in an integrated and collaborative way including with other health services, health-related services or social care services and their providers that improves care consistent with local and national plans
<b>Improving Access, Reducing Health Inequalities and facilitating choice</b>	Consider the extent a provider furthers the rights and pledges set out in the NHS Constitution in relation to patient and public rights
<b>Social Value</b>	Ensure that providers provide services that are aimed at maximising social value by contributing to improvements in Social, Economic and Environmental conditions.

## 8.1 PSR Provider Landscape

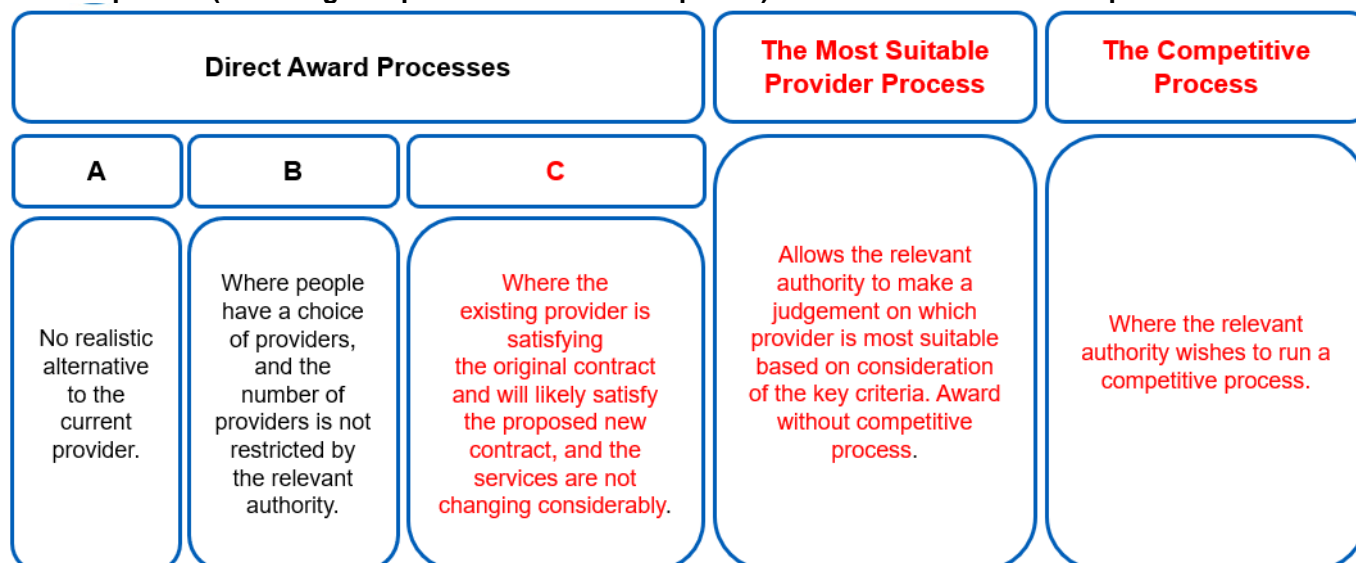
NHS NENC ICB in order to inform and evidence their decision making on which appropriate provider selection process to apply to the procurement of healthcare services should develop and maintain sufficiently detailed knowledge of relevant providers to deliver services to the population. Without this knowledge NHS NENC ICB may not have enough evidence to confirm the decision to undertake a particular provider selection process. A service area should ensure market landscape information is collated as ongoing process in the commissioning cycle and not just an activity undertaken prior to contract award.

## 8.2 PSR Selection Processes

Each available provider selection processes is detailed below, useful selection process flow charts are located at Appendix B.

**Fig 1. Provider Selection Processes Overview**

**Note: Direct Award Process C, Most Suitable Provider and Competitive Process have been highlighted below as requirements to ensure evidence of the 5 Key Criteria and Regulation 20 compliance (including compliance to a standstill period) are within each of these 3 processes**



**8.3 PSR Direct Award Process A:**

Must be used when there is an existing provider for the healthcare services and when there is no realistic alternative to that existing provider due to the nature of the healthcare service.

This process cannot be used to conclude a framework.

**8.4 PSR Direct Award Process B:**

Must be used when NHS NENC ICB offers a contract to all eligible providers, and the number of providers is not restricted. Where the NHS NENC ICB are required to offer a choice to patients under Regulation 39 of the National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, they cannot restrict the number of providers therefore direct award process B must be followed.

This process cannot be used to conclude a framework agreement.

For elective referrals under patient choice please refer to NHS NENC ICB Standard Operating Procedure.

**8.5 PSR Direct Award Process C:**

May be used when there is an existing provider for the healthcare services and their contract is coming to an end, the contract is not changing considerably [see considerable change to a contract Appendix D], there are no contract or performance issues and NHS NENC ICB are of the view that the existing provider will likely satisfy the proposed contract to a sufficient standard. There are specific thresholds which may prevent proceeding to award under this process:

- *lifetime value of a new contract must not be £500,000 or over the total value of the original contract and / or not over 25% from the total value of the original contract.*

Advice should be sought from NHS NENC ICBs procurement team if guidance is required.

This process cannot be used to conclude a framework agreement.

NHS NENC ICB must consider all key criteria, knowledge and experience when using this provider selection process and must be able to justify and record its evidence of decision.

#### **8.6 PSR Most Suitable Provider Process:**

May be used when NHS NENC ICB cannot use direct award process A, B or C and wants to award a new service contract and/or award to a new provider. NHS NENC ICB should have a good understanding of the provider landscape when evidencing its decision to apply the most suitable provider process, taking into account likely providers and all relevant information available to the relevant authority at the time, that it is likely to be able to identify the most suitable provider. NHS NENC ICB must consider all key criteria, knowledge and experience when using this provider selection process and must be able to justify and record its evidence of decision.

This process cannot be used to conclude a framework or to award a contract based on a framework agreement.

#### **8.7 PSR Competitive Process:**

May be used when NHS NENC ICB cannot use direct award process A or B and NHS NENC ICB cannot or does not wish to follow direct award process C or the most suitable provider process.

This provider selection process must be used when concluding a framework agreement and may be used when awarding a contract based on a framework agreement in accordance with the framework agreement terms and conditions.

NHS NENC ICB must consider the basic selection criteria, the 5 key criteria when using this provider selection process and must be able to justify and record its decision.

Market engagement can prove effective when arranging healthcare services. One of NHS NENC ICB roles is to identify current weaknesses in provision against the strategic aims and to assess where weaknesses in existing markets may be a contributing factor. Market analysis and engagement can be undertaken to assess the existing position and determine strategies for improvement where proportionate to the service requirement.

#### **8.8 PSR Framework Agreements:**

NHS NENC ICB may establish framework agreements under PSR 2023 to arrange healthcare services. A framework agreement can be put in place between NHS NENC ICB and one or more providers for a maximum of 4 years.

The competitive process must be used when establishing and concluding a framework. NHS NENC ICB will need to set out the framework's terms and conditions and how this will operate. Call off arrangements can be as a competitive process under the framework or as a direct award but must be clear within the terms and conditions.

## **8.9 PSR Contract Modifications During their Term:**

NHS NENC ICB can make contract modifications in certain circumstances, please see Contract Modifications Appendix B for permitted contract modification.

Contract modifications are not permitted in the following cases:

- Modifications would make the existing contract materially different in character.
- Where the original contract was awarded under direct award process C, most suitable provider process, competitive process or under Public Contracts Regulations 2015 (as amended), the decision to make the modification is attributable to NHS NENC ICB and it represents 25% or more and £500,000 or more compared to the original lifetime value of the contract

## **8.10 PSR Urgent Contract Modifications and Awards:**

Urgent Modifications or Urgent awards are permitted where in limited circumstances there is a need to award new contracts where an urgent need occurs due to crisis or where a risk to quality / safety concerns. Urgent contract modifications or urgent contract awards must not be awarded for more than 12 months, unless there is specific robust rationale and the appropriate approval within the ICB's governance to allow for more than 12 months. Decision and rationale must be recorded and transparency notice published to include the rationale for the decision.

## **8.11 PSR Primary Care Services:**

Primary medical care services include:

- Primary dental services and prescribed dental services
- Primary ophthalmic service
- Pharmaceutical services and local pharmaceutical services

In discharging its responsibilities as set out in the Delegated Agreement in relation to Schedule 2A (Primary Medical Services) Schedule 2B (Primary Dental services), Schedule 2C (Primary Ophthalmic services) and Schedule 2D (Pharmaceutical services), the ICB must comply at all times with Law and any relevant Guidance (including any applicable procurement law and/or guidance on the selection of, and award of contracts to, providers of healthcare services).

NHS NENC ICB must for any matter which is considered novel, contentious or repercussive, approval must be obtained by the ICB from NHS England Local/Regional NHS England Team Director / Director of Finance, or NHS England Chief Executive / Chief Financial Officer

NHS NENC ICB when entering into any Primary Care Contract or arrangement which has or is capable of having a term which exceeds five (5) years, approval must be obtained by the ICB from NHS England Local/Regional NHS England Team Director / Director of Finance.

## **8.12 PSR Considerable Change to a Contract:**

The threshold for a considerable change to a contract is:

- A) Any proposed change will materially differ in character the existing contract when the contract was entered into.  
And / or
- B) (meets all of the following)

The change is attributable to a decision made by NHS NENC ICB

The change is the decision of NHS NENC ICB and it will increase the value of the original contract by more than or equal to £500,000 and more than or equal to 25%

The considerable change to a contract is not met where it does not meet a) and/ or b) as above or if the material difference in character from the existing contract applies solely as a result of a change in the identity of the provider due to succession following corporate changes, e.g. merger and NHS NENC ICB are satisfied that the provider meets the selection criteria.

Materially difference in character does not apply when considering changes that are due to external factors outside of NHS NENC ICB control or the provider such as; changes in patient demand, changes in prices due to nationally dictated uplifts or inflation and where such changes were accounted for in the original contract documents.

### 8.13 Managing Issues and Disputes under PSR

For decisions made under **Direct Award Process C, the Most Suitable Provider Process** and **the Competitive Process** there is a **standstill period** lasting a minimum of 8 working days (unless extended). The standstill period must close before a contract can be awarded and cannot be awarded until after the 9<sup>th</sup> working day.

NHS NENC ICB will consider any representations received via the NHS NENC ICB internal review process and respond to the representation within the standstill period.

If the provider is unsatisfied with the outcome of the review, they may request that a review is undertaken by the National Independent PSR Review Panel. The Independent PSR Review Panel will decide whether to accept the representation for review, then make a recommendation to NHS NENC ICB. The review process with the Independent PSR Review Panel will take approximately 25 working days (or longer if appropriate) to provide a recommendation report. NHS NENC ICB will take a further decision at this stage to accept and action or to reject any recommendations made by the PSR Independent Review Panel. All recommendations of the PSR Independent Review Panel will be published online.

## 9. Public Contracts Regulations 2015 (as amended) (PCR)

There are healthcare services outside of the scope of PSR which still remain under Schedule 3 of the PCRs and as such are generally subject to the “Light Touch Regime” (LTR).

Goods and services that are not healthcare services in scope of PSR or PCR – LTR must be procured using the full Public Contracts Regulations 2015 (as amended); examples include:

**Table 3 Examples of Non – Healthcare Services, Good and Service**

<b>Non - Healthcare Services Goods and Services</b>	
Advertising / Marketing and Communications / Lease Vehicles / Transport Services / Learning and Development (including training) / Professional Services / Consultancy / Interim Managers, Administrative and Clerical Staff and Others / Internal Audit / Medical Equipment / Essential and advanced pharmaceutical services	Energy / Information and Communication Technology / Property Solutions and Estates / Print / External Audit / Counter Fraud / Investigations and Reviews / Legal Services / Specialist Contractors / Patient Transport Services (where CQC not required) / Community Equipment

When undertaking procurement of non-healthcare goods and services, consideration of frameworks or dynamic purchasing systems (DPS) may be considered if appropriate. The full PCRs must be applied (i.e. full application of regulations including relevant timescales).

PCR must be applied to the relevant threshold values in table 4 below; these are usually updated every 2 years.

Procurements that fall under the UK financial Procurement Thresholds can be limited by location (subject to criteria in the Policy Procurement Note 11/20 (PPN)), and or SMEs and VCSEs, however the focus for this is to ensure value for money which can only be achieved by a competitive process.

**Table 4 – Procurement Thresholds and Requirements for Non-Healthcare Goods and Services**

Service / Contract Value (total value over lifetime of the contract)	Procurement Requirement
Up to £25k	Best practice is to ensure 3 quotes. Goods and non-healthcare services go with lowest cost but for some services you could use a scoring matrix to ensure quality outcomes can be met. (Note: it is possible to award with less than 3 quotes but try to avoid, to ensure delivery of value for money) Note: anything above £12k for the whole life of the contract should also be advertised on Contracts Finder
Between £25k and the relevant procurement threshold	Need at least 3 competitive quotes (and should be advertised on Contracts Finder) Note: relevant UK procurement thresholds as of 1 January 2022 are: Standard Goods and Services (effectively non-healthcare services) = £139,688 inclusive of VAT Light Touch Regime (Health and Social Care Services) = £663,540 (but must consider if VAT applicable)
Above relevant procurement threshold	Appropriate tender / procurement process and should be advertised on Contracts Finder and Find a Tender Service

### 9.1 PCR Market Engagement:

Effective engagement with providers is crucial for effective procurement of healthcare services and non-healthcare goods and services. As such, one of NHS NENC ICB roles is to identify the strategic aims and to assess where weaknesses in existing markets may be a contributing factor. Market analysis and engagement will be undertaken to assess the existing position and determine strategies for improvement where proportionate to the service requirement.

NHS NENC ICB will seek to stimulate the market through appropriate publicity and marketing for identified services and should seek further guidance from the Procurement Team if advice required on appropriate regulations or process.

### 9.2 PCR Procurement Procedures or Process:

In evaluating procurement options for PCR (non-healthcare), a decision will need to be made on which procurement route to adopt; key options are outlined below:



### **9.3 PCR Open Competition:**

All applicants who respond to a Contract Notice will be invited to submit a tender for the contract opportunity. This method is best suited to non-complex procurement activity where the size of the market is relatively small.

### **9.4 PCR Restricted Competition:**

This procedure should be used where NHS NENC ICB is looking to restrict competition to those providers who can demonstrate they can meet minimum selection criteria. A defined number of short-listed providers are then invited to tender for the opportunity. This approach is best suited to non-complex procurement activity with larger markets.

### **9.5 PCR Competitive Dialogue:**

This procedure allows NHS NENC ICB to enter into dialogue with a small number of short-listed providers following a pre-qualification process prior to submitting a final tender. This approach is designed for high value, complex procurements where NHS NENC ICB cannot clearly define in advance the technical specifications capable of meeting their objectives.

### **9.6 PCR Competitive Procedure with Negotiation:**

This procedure is similar to the competitive dialogue procedure; however, initial tenders are submitted which are the basis for subsequent negotiation(s) prior to a final tender being submitted. This approach is designed for high value, complex procurements where NHS NENC ICB cannot clearly define the objectives that they wish to realise.

### **9.7 PCR Innovation Partnership:**

This procedure is appropriate for the requirement for an innovative product, service or works that cannot be met by purchasing products, services or works already available on the market. The tender documents would define the minimum requirements to be met and the submissions would be assessed against the required criteria. NHS NENC ICB would then invite those that have met the requirements to participate in the procedure. The negotiation process may take place in successive stages to reduce the number of bidders invited to submit tender response documents.

### **9.8 PCR Framework Agreements:**

These are pre-tendered arrangements which are established in compliance with procurement legislation. Once established the framework can be used by NHS NENC ICB to purchase services either via a direct call off or a mini competition without the need to carry out a full competition, which can save both time and money for NHS NENC ICB. NHS NENC ICB must comply with the terms and conditions of the framework. A framework is established for a defined period of years e.g. 4 years; however, a contract can be awarded in the last month of the framework for the number of years NHS NENC ICB requires, beyond the termination of the framework.

### **9.9 PCR Dynamic purchasing system (DPS):**

This procedure reflects that of a restricted route and is a two-stage process that tests the capacity, capability and technical competence of bidders in accordance with the PCRs. This procedure may also be known as a pseudo dynamic purchasing system (PDPS) which is set up under the Light Touch regime for certain contracts (i.e. social care) within the PCRs. Once set up a DPS or PDPS allows NHS NENC ICB to call off from those who are registered which enables efficiency in respect of timescales required to advertise services. A DPS allows bidders to apply at any time which can attract new entrants to the market and can encourage competition through bidding for opportunities. This approach is used for

commonly used services readily available in the market. NHS England has adopted a DPS process which is specifically for healthcare services in line with Schedule 3 of the PCRs which can be used by NHS NNC ICB.

### **9.10 PCR Electronic Auctions**

This procedure is a procurement tool that uses web-based software to allow potential suppliers to compete online, in real time, to provide prices for the goods/services under auction. The initial stage of the tender may be carried out using healthcare flexibilities under LTR. Those bids that qualify are then invited to participate in the eAuction. eAuctions can be based on price alone or other criteria such as quality, delivery or service levels can also be considered. This approach is used when the services can be specified precisely.

### **9.11 PCR Contract Modification during its term:**

The PCRs permit contract variations under Regulation 72 – modification of contracts during their term; providing the appropriate criteria to Regulation 72 (b) or (c) can be met:

Regulation 72 (b) – for additional works, services or supplies by the original contractor that have become necessary and were not included in the initial procurement, where a change of contractor:

- (i) cannot be made for economic or technical reasons such as requirements of interchangeability or interoperability with existing equipment, services or installations procured under the initial procurement, or
- (ii) would cause significant inconvenience or substantial duplication of costs for the ICB provided that any increase in price does not exceed 50% of the original contract.

Regulation 72 (c) – where all of the following conditions are fulfilled:

- (i) the need for the modification has been brought about by circumstances which a diligent contracting authority could not have foreseen
- (ii) the modification does not alter the overall nature of the contract; and any increase in price does not exceed 50% of the value of the original contracts or framework agreement.

Compliance aligned to Regulation 72 should be logged within the ICB Contract Register (as part of the contract variation log) and guidance sought from the procurement team if required.

If a contract modification does not meet the criteria above (for example if extension value is over 50% of the original whole contract value), then a waiver form would be required, clearly stating which part of Regulation 72 is in breach with appropriate rationale for why a waiver has been requested. Refer to NHS NENC ICB waiver procedure for further guidance.

### **9.12 PCR Direct Awards:**

The PCRs permit direct awards under Regulation 32 – Use of Negotiated Procedure without Prior Publication; providing the appropriate criteria to Regulation 31 (a) (b) or (c) can be met:

Reg (32) (a) – No Suitable Tenders

Where no tenders, no suitable tenders, no requests to participate or no suitable requests to participate have been submitted in response to an open procedure or a restricted procedure, provided that the initial conditions of the contract are not substantially altered.

Reg (32) (b) Can only be provided by a particular economic operator –

Where the works, supplies or services can be supplied only by a particular economic operator for any of the following:

- a. the aim of the procurement is the creation or acquisition of a unique work of art of artistic performance
- b. competition is absent for technical reasons the protection of exclusive rights, including intellectual property rights

Reg (32) (c) Extreme Urgency / Unforeseen Circumstances

Insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by NHS NENC ICB, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with. Failure to plan the work properly is not a justification for waiving the requirement.

### **9.13 Managing Issues or Disputes under PCRs:**

Aggrieved providers may choose to raise an issue or dispute at any stage of the procurement process where they believe that the process being followed breaches regulations or guidance in some way. In these instances, NHS NENC ICB will aim to resolve the issue to avoid it progressing further, potentially to a formal legal challenge, wherever possible, whilst acting in accordance with the legislation and guidance governing procurement practice.

Where a provider wishes to raise an issue, they will be required to submit any correspondence through the electronic tendering portal being used to manage the procurement process to maintain a robust audit trail of communication and to ensure consistency in the messages delivered.

On receipt of correspondence from a provider raising an issue or dispute, a holding response will be issued in acknowledgement of receipt of the correspondence and to provide an indication of timescale for full response. Following investigation, an approach to managing the issue will be agreed by the NHS NENC ICB Chief Executive or an officer acting under the delegated authority of the Chief Executive based on the nature of the issue raised. Specific legal advice may be sought at this point, if necessary, to provide guidance on available options prior to responding to the provider.

If the actions taken fail to resolve the issue raised by the bidder, they may decide to progress to a formal legal challenge, through the courts if the perceived breach relates to the PCRs. NHS NENC ICB will seek legal advice should the challenge progress to this stage.

In compliance with the PCRs (Regulation 92) a bidder can raise a challenge out with the 10-day standstill period and such proceedings must be started within 30 days of the date when the bidder first knew, or ought to have known, the grounds for starting the proceedings. In these circumstances NHS NENC ICB would be required to refrain from entering a contract until the proceedings have concluded by the Court.

#### **9.14 Tender or Quotation Waiver for PCR applicable contracts:**

NHS NENC ICB Financial Delegations outline that formal tendering can be waived in exceptional circumstances for PCR applicable services.

Where it is decided that competitive tendering is not applicable and should be waived, the fact of the waiver and the reasons should be documented and recorded in an appropriate ICB record, detailing the rationale for the decision ensuring appropriate approvals in accordance with ICB Financial Delegations. Procurement advice in respect of compliance with the PCRs and identification of any risks for the ICB should be sought and documented as part of the waiver form. Please see table in Appendix C for waiver rationale.

The Chief Executive and/or Director of Finance with appropriate financial delegation for the ICB will decide if formal tendering procedures would not be practicable if exceptional circumstances are to be considered. This may be considered if the estimated expenditure or income would not warrant formal tendering procedures, and the circumstances are detailed in an appropriate ICB record acknowledging potential risk of challenge.

The waiving of competitive tendering procedures should not be used to avoid competition or for administrative convenience or to award further work to a consultant originally appointed through a competitive procedure.

### **10 Record Keeping and Governance**

NHS NENC ICB will comply with internal governance and legal requirements for all of the processes covered in this policy and recognise the contribution of all functions in NHS NENC ICB in delivering best procurement outcomes and support competency and development in the commissioning and procurement process.

NHS NENC ICB must make and keep records detailing their decision-making process and rationale for each decision (under PSR 2023 and PCR 2015 (as amended)) including any reasons for abandonment.

In order that procurements are planned, communicated, and managed appropriately the procurement service will:

- Agree an annual procurement plan for each financial year with draft planning to start in October and NHS NENC ICB approval by January prior to the new financial year to enable future planning;
- Be informed by the commissioning leads on the commencement of developing a service specification/commencing patient, public engagement or consultation;
- Work with the appropriate individuals to determine the best route to procure the service, once the service specification has been developed;
- Set a timetable and lead the process to ensure all milestones are met, legal and otherwise;

- Ascertain the type of contract that can be offered, e.g. single contract, prime provider, innovative partnership etc.;
- Support the establishment of evaluation panels and facilitate the evaluation of proposals submitted by providers against pre-determined criteria;
- Ensure the process is audited providing an open and transparent framework that can stand scrutiny in the event of a legal challenge on the decisions made.

NHS NENC ICB needs to ensure that the right procurement capability and capacity is widely available, and gaps are actively identified and managed to ensure;

- Commissioning staff have appropriate skills in procurement commensurate with their role;
- NHS NENC ICB has capacity and capability to undertake the procurement;
- NHS NENC ICB has a systematic process to demonstrate best value, governance, and probity

Before any competition or award procedure commences and when a recommended provider is established, it is essential that NHS NENC ICB approves the relevant strategy or award decision document(s), to be reviewed and approved in accordance with delegated financial limits. Please refer to NHS NENC ICB Financial Delegation.

## **11 Conflicts of Interest**

All conflicts of interest that arise in relation to procurement will be declared and managed appropriately and in accordance with the requirements of:

- NHS England: Managing Conflicts of Interest: Statutory Guidance (June) 2017 and any subsequent guidance
- ICB Constitution 2023
- NHS England: Standards of Business Conduct Policy 2017
- Public Contracts Regulations 2015 (as amended)
- Provider Selection Scheme 2023
- The Bribery Act 2010
- North East and North Cumbria Integrated Care Board's Standards of Business Conduct and Declarations of Interest Policy

All internal parties and other key stakeholders involved in the procurement of a potential service, including decision making will declare any conflict of interest at the commencement of the procurement, which will be monitored throughout the process.

All potential providers will be required to declare potential conflicts of interest through completion and submission of a Declaration of Interest Form as part of the procurement process.

## **12 Contracting**

Standard NHS contracts or national template contracts will be used. Where no NHS contract is available a locally developed contract will be used until such times as a national template is available, however locally arrangements should not be used as an alternative to the Standard NHS Contracts or national templates.

NHS NENC ICB shall ensure they use standard contracts for primary care services including:

- PMS (Personal Medical Services) Contract;
- APMS (Alternative Provider Medical Services) Contract;
- GMS (General Medical Services) Contract;
- Pharmacy – LPS (Local Pharmaceutical Service) Contract;
- Dentistry – GDS (General Dental Service) Contract, PDS (Primary Dental Services) Contract

### **13 Implementation**

This policy will be available to all staff for use in ensuring that procurement activity complies with the relevant legislation and guidance.

Managers are responsible for ensuring that NHS NENC ICB staff have read and understood this document and are competent to carry out their duties in accordance with this policy.

All NHS NENC ICB staff and others working with NHS NENC ICB will need to be aware of this policy and its implications. It is not intended that staff generally will develop procurement expertise, but to recognise when and how to seek further support.

A key requirement is that staff know enough about procurement to be able to give clear and consistent messages to providers and potential providers in relation to NHS NENC ICB procurement activity and intentions.

### **14 Review**

NHS NENC ICB Executive Committee will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. NHS NENC ICB Executive Committee will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the document history' table on the front page of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

NHS NENC ICB Executive Committee will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2018.

## Appendix A - Commissioning Cycle

Fig 2 Commissioning Cycle



Courtesy of the Information Centre for Health and Social Care<sup>6</sup>

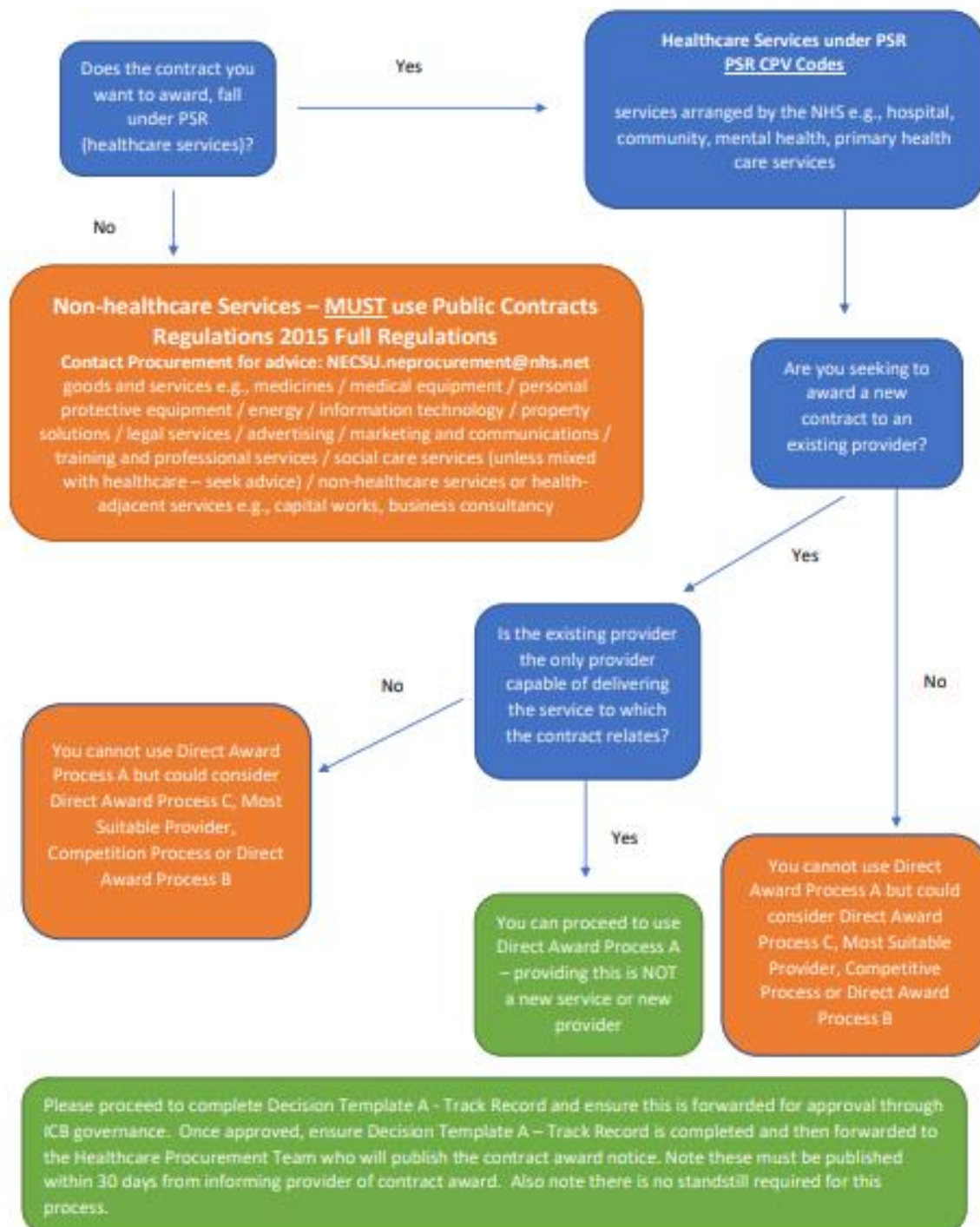
<sup>6</sup> <https://www.england.nhs.uk/participation/resources/commissioning-engagement-cycle/>

## Appendix B – Provider Selection Regime Process flowcharts

Appendix B (DAP-A)

### Provider Selection Regime – Award Decision A Process

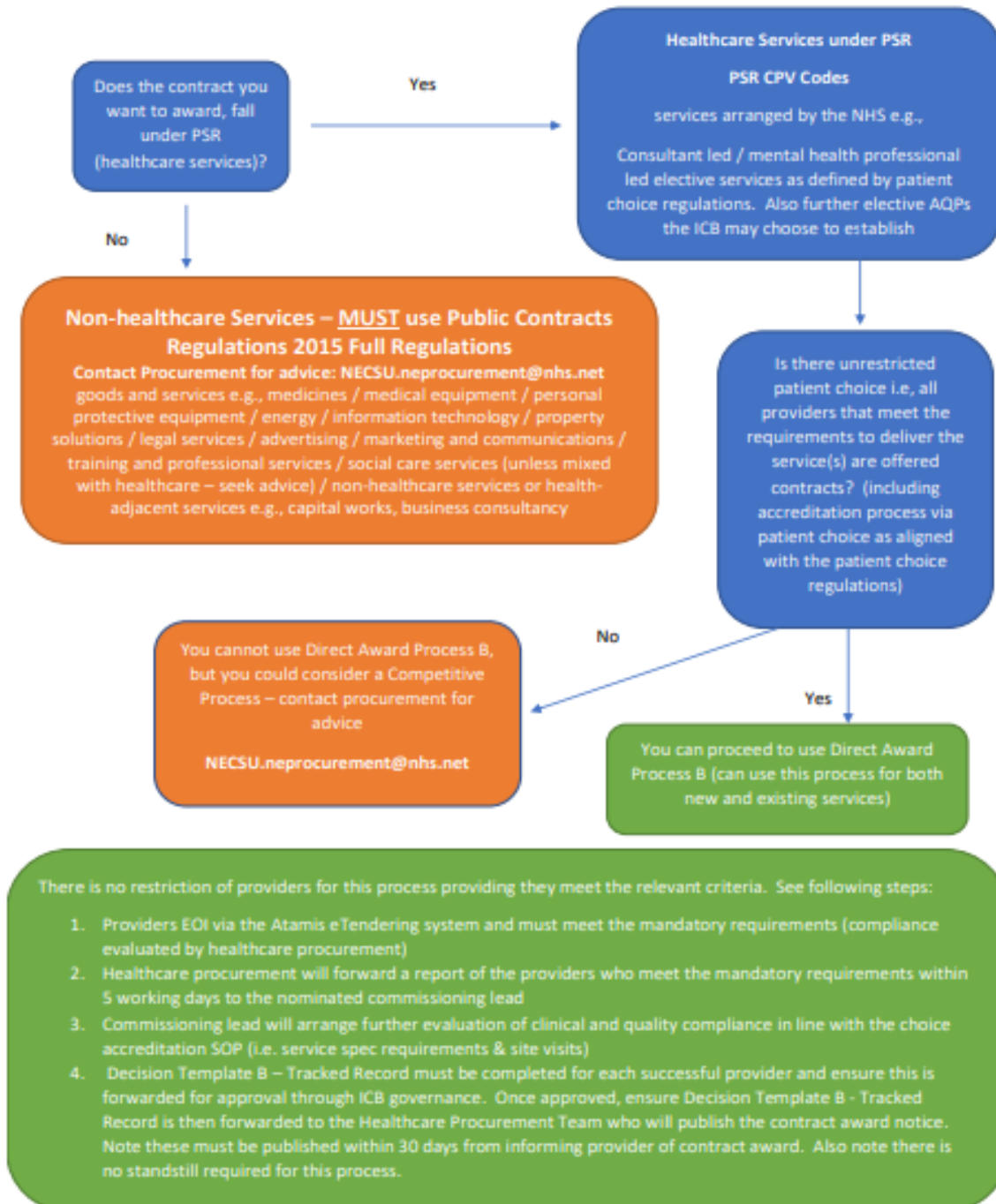
North East and North Cumbria Integrated Care Board





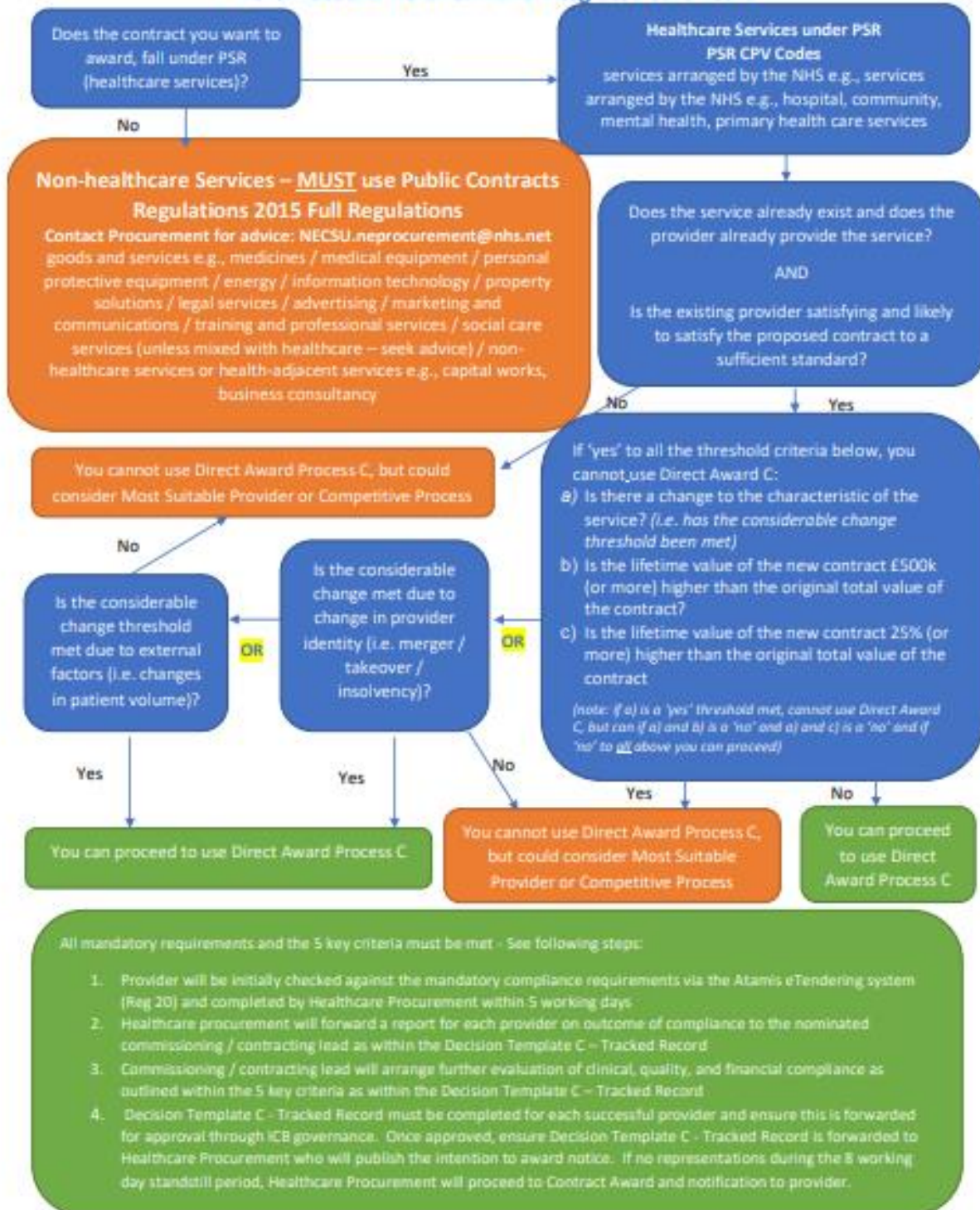
**Provider Selection Regime – Award Decision B Process**

**North East and North Cumbria Integrated Care Board**



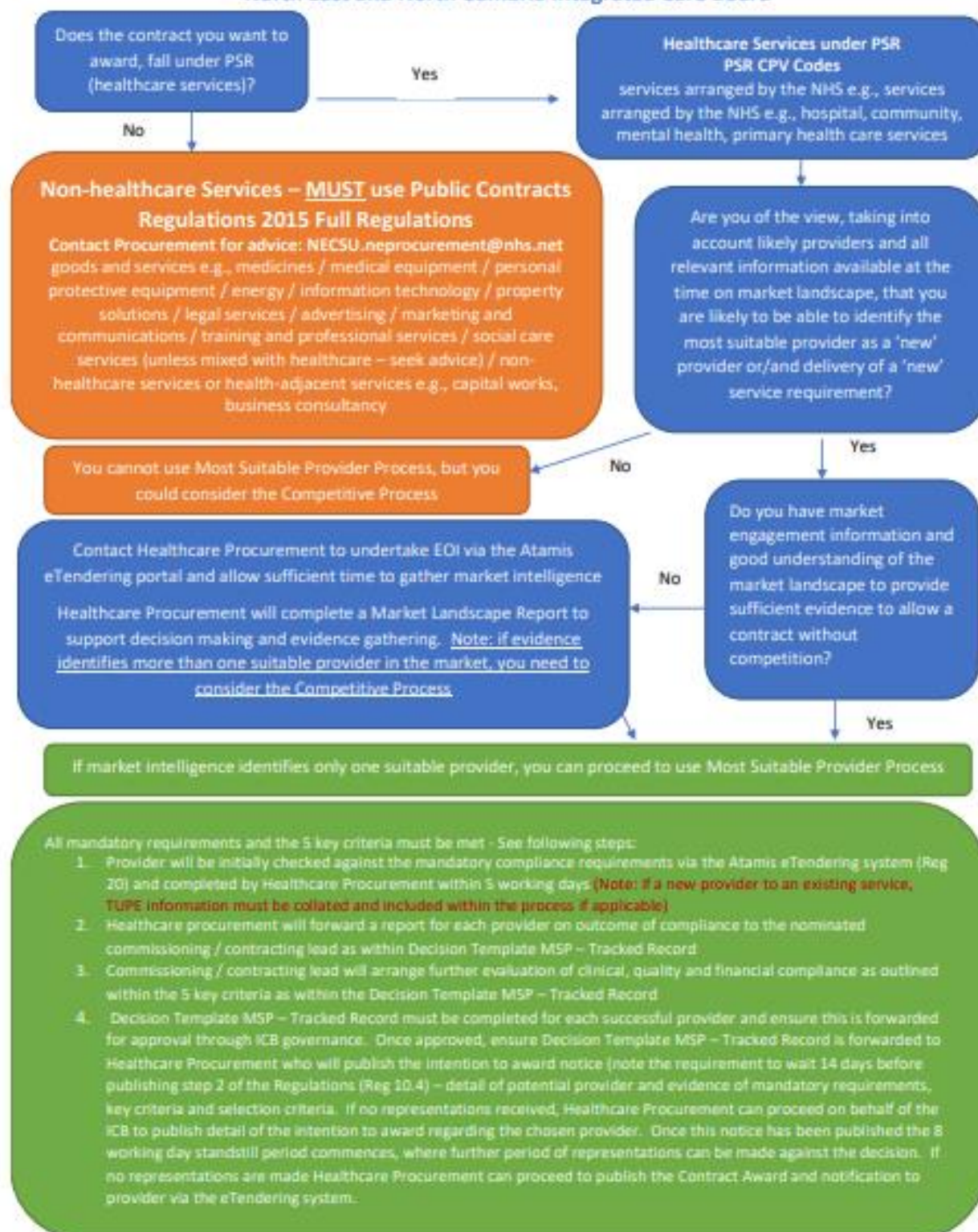
Provider Selection Regime – Award Decision C Process

North East and North Cumbria Integrated Care Board



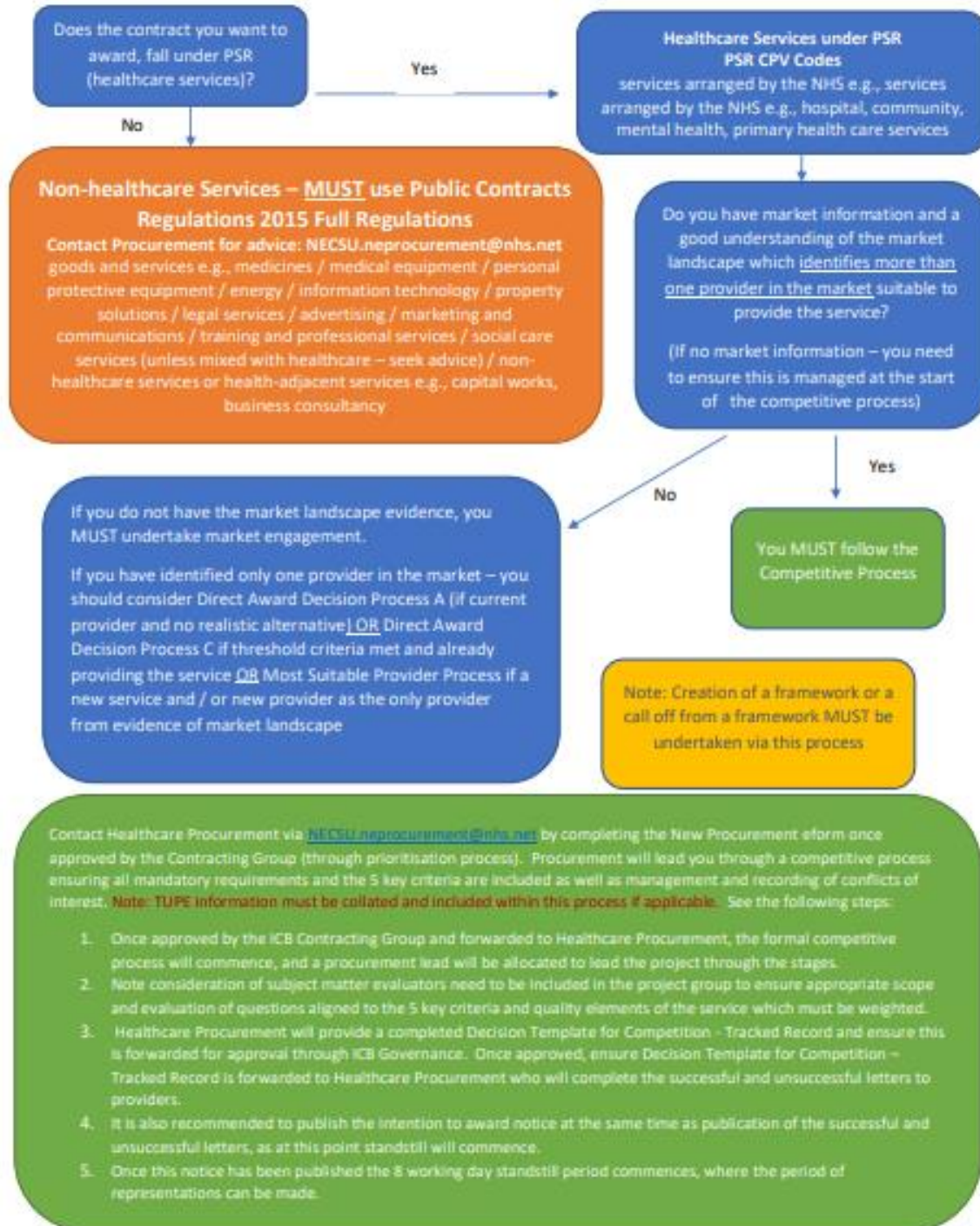
## Provider Selection Regime – Most Suitable Provider Process

### North East and North Cumbria Integrated Care Board



Provider Selection Regime – Competitive Process

North East and North Cumbria Integrated Care Board



## Appendix C - Contract Modifications under NHS Healthcare Services (Provider Selection Regime) Regulations

**Fig 3. Contract Modifications under PSR**

Modifications that are permitted under the Provider Selection Regime					
<p>The modification is clearly and unambiguously provided for in the original contract or framework agreement documents (i.e. that the scope and nature of the potential change has been described in detail).</p>	<p>The modification is solely a change in the identity of the provider (for example resulting from a corporate takeover, merger, acquisition or insolvency), where the provider continues to meet the basic selection criteria, and there are no other considerable changes to the contract.</p>	<p>The modification is made in response to external factors beyond the control of the relevant authority and the provider, including but not limited to:</p> <ul style="list-style-type: none"> <li>• changes in patient or service user volume</li> <li>• changes in prices in accordance with a formula provided for in the contract documents (for example uplifts in prices published in the National Tariff or index linking)</li> </ul> <p><b>but</b> do not render the contract or framework agreement materially different in character</p>	<p>The modification is made at the discretion of the relevant authority and the modification does not render the contract or framework agreement materially different in character and:</p> <ul style="list-style-type: none"> <li>• The cumulative change in the lifetime value of the contract or framework agreement, compared to its value when it was entered into, is under £500,000</li> </ul> <p style="text-align: center;"><b>or</b></p> <ul style="list-style-type: none"> <li>• The cumulative change in the lifetime value of the contract or framework agreement, compared to its value when it was entered into, is under 25%.</li> </ul>	<p>The modification is made at the discretion of the relevant authority and the modification does not render the contract or framework agreement materially different in character and:</p> <ul style="list-style-type: none"> <li>• The cumulative change in the lifetime value of the contract or framework agreement, compared to its value when it was entered into, is <b>over</b> £500,000</li> </ul> <p style="text-align: center;"><b>and</b></p> <ul style="list-style-type: none"> <li>• The cumulative change in the lifetime value of the contract or framework agreement, compared to its value when it was entered into, is under 25%.</li> </ul>	<p>Where the original contract was awarded under Direct Award Process A or Direct Award Process B and the modification does not render the contract materially different in character.</p>
<p>If this modification is £500,000 or over and is attributable to the relevant authority then a transparency notice must be published.</p>	<p>If this modification is £500,000 or over and is attributable to the relevant authority then a transparency notice must be published.</p>	<p>If this modification is £500,000 or over and is attributable to the relevant authority then a transparency notice must be published.</p>	<p>This modification does not require the publication of a transparency notice.</p>	<p>This modification requires the publication of a transparency notice.</p>	<p>If this modification is £500,000 or over and is attributable to the relevant authority then a transparency notice must be published.</p>

## Appendix D – Waiver Rational under Public Contract Regulations 2015

NHS NENC ICB Financial Delegations outline that formal tendering can be waived (i.e., use of Negotiated Procedure without Prior Publication) in exceptional circumstances. The waiver process should be reviewed to ensure compliance and appropriate criteria has been considered.

**Table 5 Waiver Rationale**

<b>Reason 1</b>	<b>Reason 2</b>	<b>Reason 3</b>	<b>Reason 4</b>	<b>Reason 5</b>	<b>Reason 6</b>
Exceptional Circumstances (not within Regulations)	Consortia Agreements Waiver required if not compliant to Reg 72 or 32	Regulation (32) (a) (no suitable tenders received following competition) Direct Award	Regulation (32) (b) (can only be provided by 1 supplier) Direct Award	Regulation (32) (c) (extreme urgency / unforeseen circumstances) Direct Award	Regulation (72) Contract extension / modification (if not complaint to Reg (72))

**Exceptional Circumstances** In very exceptional circumstances where the Chief Executive or Executive Director of Finance decides that formal tendering procedures would not be practicable; or the estimated expenditure or income would not warrant formal tendering procedures and the circumstances are detailed in an appropriate ICB record.

**Consortia Agreement** Where a consortium arrangement is in place and a lead organisation has been appointed to carry out tendering activity on behalf of the consortium members.

**No suitable tenders received following competition - Regulation (32) (a) - Direct Award**  
Where no tenders, no suitable tenders, no requests to participate or no suitable requests to participate have been submitted in response to an open procedure or a restricted procedure, provided that the initial conditions of the contract are not substantially altered.

**Can only be provided by a particular economic operator - Regulation (32) (b) – Direct Award**  
Where the works, supplies or services can be supplied only by a particular economic operator for any of the following:

- a. the aim of the procurement is the creation or acquisition of a unique work of art of artistic performance
- b. competition is absent for technical reasons
- c. the protection of exclusive rights, including intellectual property rights

**Extreme Urgency / Unforeseen Circumstances - Regulation (32) (c) – Direct Award**  
Insofar as is strictly necessary where, for reasons of extreme urgency brought about by events unforeseeable by NHS NENC ICB, the time limits for the open or restricted procedures or competitive procedures with negotiation cannot be complied with. Failure to plan the work properly is not a justification for waiving the requirement.

**Contract Extension - Regulation (72) - Waiver required if not compliant to Regulation (72):**  
Reg (72) (a) – Contract modifications permitted within original contract  
Reg (72) (b) – additional services have become necessary / prevent duplication of costs (providing contract does not increase by 50% original contract value)  
Reg (72) (c) – all criteria must be met for extreme urgency and unforeseen This would include where there is clear benefit to be gained

from Maintaining continuity with an earlier project, but an extension may not be complaint with Regulation 72

## **Appendix E – Considerable Change Threshold Under NHS Healthcare Services (Provider Selection Regime) Regulations**

The threshold for a considerable change to a contract is:

- a) Any proposed change will materially differ in character the existing contract when the contract was entered into.  
or
- b) (meets all of the following)
  - The change is attributable to a decision made by NHS NENC ICB
  - The change is the decision of NHS NENC ICB and it will increase the value of the original contract by £500,000k (i.e. equal to or above) and 25% (i.e. equal to or above).

The considerable change to a contract is not met where it does not meet A) and/ or B) or if the material difference in character from the existing contract applies solely as a result of a change in the identity of the provider due to succession following corporate changes, e.g. merger and NHS NENC ICB are satisfied that the provider meets the selection criteria.

Materially difference in character does not apply when considering changes that are due to external factors outside of NHS NENC ICB control or the provider such as; changes in patient demand, changes in prices due to nationally dictated uplifts or inflation and where such changers were accounted for in the original contract documents.



## Appendix F – Conflict of Interest Declaration and Confidentiality Agreement Form

### Conflict of Interest Declaration and Confidentiality Agreement

**[Name of service]**

Ref: **NECS/NHSEXXX**

Procurement Project Lead: **XXX**

For and on behalf of: **[Customer]**

In line with public procurement regulations, commissioners are prohibited from awarding a contract for NHS healthcare services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests in providing them affect, or appear to affect, the integrity of the award of that contract.

Commissioners are required to maintain a record of how any conflicts that have arisen have been managed.

Broadly, a conflict of interest is a situation where an individual's ability to exercise judgment or act in one role is, or could be, impaired or influenced by that individual's involvement in another role.

A conflict will arise where an individual's ability to exercise judgment or act in their role in the commissioning of services is impaired or influenced by their interests in the provision of those services.

Requirements related to conflicts of interest include :

- (1) Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators.
- (2) The concept of conflicts of interest shall at least cover any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality and independence in the context of the procurement procedure.
- (3) Relevant staff members means staff members of the contracting authority(ies), or of a procurement service provider acting on behalf of the contracting authority(ies), who are involved in the conduct of the procurement procedure or may influence the outcome of that procedure.

#### **Instructions:**

This form is to be completed by individuals who will provide input and/or advice in respect of the procurement of the above service. Guidance in respect of individuals is provided in Appendix A.

Forms are to be completed and returned via email to the Procurement Project Lead named at the top of this form.

In order to verify the signature, completed forms must be sent from **the email account of the signatory** and **not** from an email account that is shared or accessible to others.

An original signed hard copy need only be returned in circumstances whereby returning via email is not possible. In such circumstances, please inform the procurement project lead and post the original signed hard copy to the following address:

North of England Commissioning Support, Healthcare Procurement and Market Management Department, John Snow House, Durham University Science Park, Co. Durham DH1 3YG.

Please put **For the Attention of:** the Procurement Project Lead named above.

### Part 1: Conflict of Interest Declaration

- Please read statements 1 – 5 thoroughly. If you acknowledge and agree with each of the statements and have no conflict of interest please complete Box A and move on to Part 2 – Confidentiality Agreement.
- If you identify a potential conflict please complete Box B and move onto Part 2 – Confidentiality Agreement.

#### Statements

1. Neither I nor any member of my family, close friends or any other acquaintances, have any financial interest, non-financial professional interests, non-financial personal interest or indirect interests of any nature in any individual, organisation or group who may express an interest or put forward a bid for this procurement;
2. I have no conflict of interest (whether financial or otherwise) in providing input and/or advice in connection with this procurement;
3. I will advise North of England Commissioning Support / The contracting authority(ies) as soon as it is known of any conflict of interest which may arise at any point during my involvement in this procurement;
4. To the best of my knowledge, no-one with whom I have a direct association has expressed an interest or intends to submit a bid for this procurement; and
5. I waive the right to submit a bid for any tender opportunity with which I have had direct involvement.

#### Box A:

I confirm and agree to the statements 1 – 5 which form the conflict of interest declaration.

Name	Position & Organisation	Date	Signature

--	--	--	--

**Box B:**

Please indicate any potential conflict of interest in this box.

Please be advised that any identified conflict of interest with regards to the service may exclude you from taking any further part in the procurement process.

Name	Position & Organisation	Date	Signature

## Part 2: Confidentiality Agreement:

Please read statements 6 – 13 and complete Box C to acknowledge and agree that:

### Statements

6. The documents made available to me, in electronic/hard copy format for the purpose of evaluating tenders are classified commercial in confidence and I confirm that none of these documents nor their contents will or have been released, disclosed or divulged by me, or on my behalf, to any third party without the relevant authorisation;
7. I understand that the release or disclosure of such material to a third party without such authorisation will be regarded very seriously and may result in disciplinary or formal action;
8. I will treat any verbal and written information issued to me in relation to the procurement as strictly confidential;
9. I will not share any information or documentation received with any third party without the express agreement of the contracting authority(ies);
10. I will not leave hard copies of documents in any public place risking unauthorised access to them;
11. I will safeguard electronic access to documents at all times;
12. I will advise North of England Commissioning Support/ The contracting authority(ies) of any potential or actual breach of this agreement whether intentional or not; and
13. I will ensure the safeguarding of all documents and information at all times both pre and post award.

<b>Box C:</b>			
I confirm and agree to the statements 6 – 13 which form the confidentiality agreement.			
<b>Name</b>	<b>Position &amp; Organisation</b>	<b>Date</b>	<b>Signature</b>

## **Appendix A – Guidance**

### **Individuals who may be party to providing guidance/advice in respect of the procurement process:**

- Employee;
- ICB member;
- Governing body member;
- Committee or sub-committee member;
- Finance; or
- Other interests.

### **Potential types of conflict:**

- Roles and responsibilities held within member practices;
- Directorships, including non-executive directorships, held in private companies or PLCs;
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the contracting authority(ies);
- Shareholdings (more than 5%) of companies in the field of health and social care;
- A position of authority in an organisation (e.g. another NHS organisation, charity or voluntary organisation) in the field of health and social care;
- Any connection with a voluntary or other organisation contracting for NHS services;
- A member of a lobbying or pressure group with an interest in health and social care;
- A close association with another individual who has a financial interest, a non-financial interest or a non-financial interest, including: close family members and relatives, close friends and associates and business partners;
- Patents and other intellectual property rights;
- Research funding/grants that may be received by the individual or any organisation in which they have an interest or role; or
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the contracting authority(ies).

### **What level of detail is to be provided in outlining a conflict of interest?**

- Relevant individuals completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to clearly understand the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the contracting authority(ies) might arise.
- If in doubt as to whether a conflict of interest could arise, a declaration of the interest(s) should be made.

## Appendix G - Provider Selection Regime – Mandatory Transparency Notices

Table 6 – Transparency Notices

	Direct Award A	Direct Award B	Direct Award C	Most Suitable Provider	Competition
<b>Clear Intentions</b> Publish the intended approach in advanced				Yes	
<b>Clear Intentions</b> Publish a notice for competition					Yes
<b>Communicating Decisions</b> Publish an intention to award notice			Yes	Yes	Yes
<b>Confirming Decisions</b> Publish Confirmation of Award	Yes	Yes	Yes	Yes	Yes
<b>Contract Modifications</b> Publish a notice for contract modifications	Yes	Yes	Yes	Yes	Yes
<b>Urgent Awards</b>					
All urgent Awards require a notification to be published.					

## Appendix H - Taking Account of Social Value in the Award of Central Government Contracts (applicable for PSR and PCR)

### Social Value Model and Criteria

Social Value must be explicitly evaluated in all central government procurements, where the requirements are related and proportionate to the subject-matter of the contract rather than just 'considered' effective from 1<sup>st</sup> January 2021. A minimum of 10% of the total evaluation criteria must be assigned to social value (a higher weighting can be applied if applicable). As of 1 April 2022, all procurement must also contribute to the NHS Net Zero target to reach net zero by 2045. This is included within the goals of the Social Value Model.

The 5 key criteria within the NHS Healthcare Services (Provider Selection Regime) Regulations include Social Value when apply Direct Award Process C, Most Suitable Provider and Competition Process. The social value model below may be used, however the questions within the key criteria will be sufficient providing a minimum of 10% is applied.

The Social Value Model provides policy themes and outcomes which must be used as part of the social value evaluation criteria. The themes applicable to the service delivery should be selected as part of the evaluation criteria.

Social value themes and policy outcome are listed below:

<b>Themes and Outcomes</b>		
<b>Theme</b>	<b>Policy Outcome</b>	<b>Delivery Objectives – what good looks like</b>
COVID - 19 Recovery	Help local communities to manage and recover from the impact of COVID -19	Activities that, in the delivery of the contract: <ul style="list-style-type: none"> <li>- Create employment, re-training and other return to work opportunities for those left unemployed by COVID-19, particularly new opportunities in high growth sectors.</li> <li>- Support people and communities to manage and recover from the impacts of COVID-19, including those worst affected or who are shielding.</li> <li>- Support organisations and businesses to manage and recover from the impacts of COVID-19, including where new ways of working are needed to deliver services.</li> <li>- Support the physical and mental health of people affected by COVID-19, including reducing the demand on health and care services.</li> <li>- Improve workplace conditions that support the COVID-19 recovery effort including effective social distancing, remote working and sustainable travel solutions.</li> </ul>
Tackling economic inequality	Create new businesses, new jobs and new skills	Activities that, in the delivery of the contract: <ul style="list-style-type: none"> <li>- Create opportunities for entrepreneurship and help new, small organisations to grow, supporting economic growth and business creation.</li> <li>- Create employment opportunities particularly for those who face barriers to employment and/or who are located in deprived areas.</li> </ul>

		<ul style="list-style-type: none"> <li>- Create employment and training opportunities, particularly for people in industries with known skills shortages or in high growth sectors.</li> <li>- Support educational attainment relevant to the contract, including training schemes that address skills gaps and result in recognised qualifications.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support employment and skills opportunities in high growth sectors.</li> </ul>
	Increase supply chain resilience and capacity	<p>Activities that:</p> <ul style="list-style-type: none"> <li>- Create a diverse supply chain to deliver the contract including new businesses and entrepreneurs, start-ups, SMEs, VCSEs and mutuals.</li> <li>- Support innovation and disruptive technologies throughout the supply chain to deliver lower cost and/or higher quality goods and services.</li> <li>- Support the development of scalable and future-proofed new methods to modernise delivery and increase productivity.</li> <li>- Demonstrate collaboration throughout the supply chain, and a fair and responsible approach to working with supply chain partners in delivery of the contract.</li> <li>- Demonstrate action to identify and manage cyber security risks in the delivery of the contract including in the supply chain.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support resilience and capacity in the supply chain.</li> </ul>
Fighting Climate Change	Effective stewardship of the environment	<p>Activities that:</p> <ul style="list-style-type: none"> <li>- Deliver additional environmental benefits in the performance of the contract including working towards net zero greenhouse gas emissions.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support environmental protection and improvement</li> </ul>
Equal opportunity	Reduce the disability employment gap	<p>Activities that:</p> <ul style="list-style-type: none"> <li>- Demonstrate action to increase the representation of disabled people in the contract workforce.</li> <li>- Support disabled people in developing new skills relevant to the contract, including through training schemes that result in recognised qualifications.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support disabled people.</li> </ul>
	Tackle workforce inequality	<p>Activities that:</p>



		<ul style="list-style-type: none"> <li>- Demonstrate action to identify and tackle inequality in employment, skills and pay in the contract workforce.</li> <li>- Support in-work progression to help people, including those from disadvantaged or minority groups, to move into higher paid work by developing new skills relevant to the contract.</li> <li>- Demonstrate action to identify and manage the risks of modern slavery in the delivery of the contract, including in the supply chain</li> </ul>
Wellbeing	Improve health and wellbeing	<p>Activities that:</p> <ul style="list-style-type: none"> <li>- Demonstrate action to support the health and wellbeing, including physical and mental health, in the contract workforce.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support health and wellbeing, including physical and mental health.</li> </ul>
	Improve community integration	<p>Activities that:</p> <ul style="list-style-type: none"> <li>- Demonstrate collaboration with users and communities in the codesign and delivery of the contract to support strong integrated communities.</li> <li>- Influence staff, suppliers, customers and communities through the delivery of the contract to support strong, integrated communities.</li> </ul>

## Appendix I – Equality Impact Assessment



Partners in improving local health



North of England  
Commissioning Support

### Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

**Name(s) and role(s) of person completing this assessment:**

**Name:** Emma Dinning

**Job Title:** Procurement and Market Development Manager

**Organisation:** North of England Commissioning Support Unit

**Title of the service/project or policy:** Healthcare Procurement Policy

**Is this a;**

**Strategy / Policy**     **Service Review**     **Project**

**Other** [Click here to enter text.](#)

**What are the aim(s) and objectives of the service, project or policy:**

This Policy sets out:

- The approach to procurement and competitive procurement procedures and processes permitted to NHS NENC ICB as a public body governed by Public Contracts Regulations (2015) (as amended) and relevant statutory law applicable to procurement and competition processes (including application of the Light Touch Regime).
- The approach and use of procurement rules and legislation by NHS NENC ICB for NHS healthcare services under the NHS Healthcare Services (Provider Selection Regime) Regulation.

**Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** Healthcare providers

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

There is a need to consider how individuals will be affected by the policy. Consideration needs to be given over how any documents are relayed to people with support needs and how best to ensure they understand the content. Additionally, there is a need to consider individuals who do not have English as a first language or those with literacy needs as they could also be affected.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	x	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation: <b>“If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”</b>		
<b>If any of the above have not been implemented, please state the reason:</b> The ICB as the decision makers must ensure that communications are provided in an accessible format..		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Dave Welch	Head of Service – Contract Management & Helathcare Procurement	25/03/24

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to: [NECSU.Equality@nhs.net](mailto:NECSU.Equality@nhs.net) for audit purposes.**

### **Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)**

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

## Equality Impact Assessment

### Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

### Name(s) and role(s) of person completing this assessment:

**Name:** [Click here to enter text.](#)

**Job Title:** [Click here to enter text.](#)

**Organisation:** [Click here to enter text.](#)

### Title of the service/project or policy: NENC ICB Procurement Policy

#### Is this a;

**Strategy / Policy**

**Service Review**

**Project**

**Other** [Click here to enter text.](#)

### What are the aim(s) and objectives of the service, project or policy:

To provide a policy framework and standard operating procedure to ensure compliance with relevant legislation and statutory guidance that will enable the ICB to procure healthcare services and non-healthcare goods and services in pursuit of delivering its strategy for "Better Health and Wellbeing for All" and its statutory obligations.

### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
-----------	-----	----

Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

Click here to enter text.

**If you have answered yes to any of the above, please now complete the ‘STEP 2 Equality Impact Assessment’ document**

<b>Accessible Information Standard</b>	<b>Yes</b>	<b>No</b>
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation:  <b>“If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”</b>		
<b>If any of the above have not been implemented, please state the reason:</b>  Click here to enter text.		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening		
<b>Name</b>	<b>Job title</b>	<b>Date</b>
Click here to enter text.	Click here to enter text.	Click here to enter text.

## **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to: [NECSU.Equality@nhs.net](mailto:NECSU.Equality@nhs.net) for audit purposes.**

## Equality Impact Assessment

### Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

## STEP 2 EVIDENCE GATHERING

**Name(s) and role(s) of person completing this assessment:**

**Name:** Click here to enter text.

**Job Title:** Click here to enter text.

**Organisation:** Click here to enter text.

**Title of the service/project or policy:** Click here to enter text.

**Existing**  **New / Proposed**  **Changed**

**What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;**

Click here to enter text.

**Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** Click here to enter text.



Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Click here to enter text.

**STEP 3: FULL EQUALITY IMPACT ASSESSMENT**

**PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.**

**The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.**  
 Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:

**Age**  
*A person belonging to a particular age*

**Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people of a particular age? <https://www.equalityhumanrights.com/en/advice-and-guidance/age-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been mad for an older workforce i.e. accessibility considerations, venues, travel etc.
- Outline if appropriate methods of communication have been carefully considered to ensure they reach all age groups. Is documentation available in alternative formats as required?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement**

Click here to enter text.

**Disability**  
*A person who has a physical or mental impairment, which has a substantial and long-term*

*adverse effect on that person's ability to carry out normal day-to-day activities*

### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people with a disability?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/disability-discrimination>
- What steps are being taken to make reasonable adjustments to ensure processes/practices set out are 'accessible to all'?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If training is required for this policy/strategy/guidance/process – outline what considerations have been made for people with a disability and/or sensory need i.e accessibility considerations, venues, travel, parking etc.
- Outline if appropriate methods of communication have also been carefully considered for people with a disability or sensory need. Is documentation available in alternative formats as required? Such as easy read, large font, audio and BSL interpretation as required.
- Are websites accessible for all and/or have information available stating how people can access information in alternative formats if required?
- Has the Accessible Information Standard been considered?  
<https://www.england.nhs.uk/ourwork/accessibleinfo/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, *consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).*

Click here to enter text.

### **Gender reassignment (including transgender) and Gender Identity**

*Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.*

### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/gender-reassignment-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Please see useful terminology website for info:  
<https://www.transgendertrend.com/transgender-terminology/>
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).

- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Click here to enter text.

### **Marriage and civil partnership**

*Marriage is defined as a union of a man and a woman or two people of the same sex as partners in a relationship. Civil partners must be treated the same as married couples on a wide range of legal matters*

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this protected group?
- Do all procedures treat both single and married and civil partnerships equally?
- Is there equal access to recruitment, personal development, promotion and retention for staff?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Click here to enter text.

### **Pregnancy and maternity**

*Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.*

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff on maternity that may not be able to attend scheduled training.
- Will the processes outlined impact on anyone who is pregnant, on maternity leave or have caring responsibilities? For example impact on flexible working arrangements etc.

- Is there equal access to recruitment, personal development, promotion and retention for staff?
- Are processes in place to update people that may currently be on maternity leave on their return?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? **If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).**

Click here to enter text.

## Race

*It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.*

### Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have a particular race?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/race-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people from a particular race?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular race?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

Click here to enter text.

## Religion or Belief

*Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.*

### Guidance Notes

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/religion-or-belief-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact a particular religion or belief?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected

group is recommended (STEP 4).

[Click here to enter text.](#)

## **Sex/Gender**

*A man or a woman.*

### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against either men or women?
- <https://www.equalityhumanrights.com/en/advice-and-guidance/sex-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language against men and/or women?
- Are there any discriminatory practices/processes outlined within the document that may impact men or women?
- Does someone of a particular sex fair less or receive less favourable treatment as a result of this policy/strategy/ guidance?
- Are men or women treated differently as a result of the information set out within the document?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

[Click here to enter text.](#)

## **Sexual orientation**

*Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes*

### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?  
<https://www.equalityhumanrights.com/en/advice-and-guidance/sexual-orientation-discrimination>
- Has the content within the document been checked for any potential offensive/discriminatory language of people with a particular sexual orientation?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- NHS Employers guide: <https://www.nhsemployers.org/your-workforce/plan/diversity-and-inclusion/policy-and-guidance/sexual-orientation>
- Sexual orientation monitoring guidance (to be used as appropriate):  
<https://www.england.nhs.uk/about/equality/equality-hub/sexual-orientation-monitoring-information-standard/>
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

[Click here to enter text.](#)

## **Carers**

*A family member or paid helper who regularly looks after a child or a sick, elderly, or disabled person*

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

Click here to enter text.

#### **Other identified groups relating to Health Inequalities**

*such as deprived socio-economic groups, rural areas, armed forces, people with substance/alcohol abuse and sex workers.*

*(Health inequalities have been defined as “Differences in health status or in the distribution of health determinants between different population groups.”*

*Health inequalities can therefore occur across a range of social and demographic indicators, including socio-economic status, occupation, geographical locations.)*

#### **Guidance Notes**

- Provide/link the data/metrics/demographics held relating to this particular protected group (as appropriate).
- Could the policy discriminate, directly or indirectly against people who have this characteristic?
- Has the content within the document been checked for any potential offensive/discriminatory language of this particular group?
- Are there any discriminatory practices/processes outlined within the document that may impact this group?
- If there is an adverse impact, can it be justified on the grounds of promoting equality of opportunity for another legitimate reason? If so, outline the reason(s).
- What mitigations can be put in place to reduce actual or potential impacts? If you are unsure, consultation/engagement with stakeholders from this particular protected group is recommended (STEP 4).

Click here to enter text.

## **STEP 4: ENGAGEMENT AND INVOLVEMENT**

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

#### **Guidance Notes**

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Click here to enter text.

If no engagement has taken place, please state why:

Click here to enter text.

## STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- |  |  |
|--|--|
| <input type="checkbox"/> Verbal – meetings | <input type="checkbox"/> Verbal - Telephone                                      |
| <input type="checkbox"/> Written – Letter  | <input type="checkbox"/> Written – Leaflets/guidance booklets                    |
| <input type="checkbox"/> Written - Email   | <input type="checkbox"/> Internet/website <input type="checkbox"/> Intranet page |
| <input type="checkbox"/> Other             |  |

If other please state: Click here to enter text.

### Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

#### Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

#### Please provide the following caveat at the start of any written documentation'

**“If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact xxxxxxx”**

If any of the above have not been implemented, please state the reason:  
Click here to enter text.

## STEP 7: POTENTIAL IMPACTS IDENTIFIED; ACTION PLAN

Ref no.	Potential/actual Impact identified	Protected Group Impacted	Action(s) required	Expected Outcome	Action Owner	Timescale/ Completion date
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.



## GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Click here to enter text.	Click here to enter text.	Click here to enter text.

Presented to (Appropriate Committee)	Publication Date
Click here to enter text.	Click here to enter text.

1. Please send the completed Equality Impact Assessment with your document to: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team:  
[necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)