NHS
North East and
North Cumbria

Procurement Strategy

Better health
and wellbeing for all...

Corporate	NENC ICB Procurement Strategy

Version Control - Number	Date Issued	Review Date
V1	May 2025	May 2028

Prepared By:	Strategic Head of Procurement
Consultation Process:	Chief Procurement and Contracting Officer Contracting Sub-Committee Procurement Working Group
Date Formally Approved:	
Approved By:	

EQUALITY IMPACT ASSESSMENT

Date	Issues
Step 1 – May 2025	None

STRATEGY VALIDITY STATEMENT

This strategy is due for review on the latest date shown above, however this is a live document, and the change record below highlights significant changes / amends.

Version	Date	Change	Comments

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.coms@nhs.net

Contents

1. Executive Summary

1.1 The NHS North East and North Cumbria Integrated Care Board (ICB) was established on 1 July 2022 to enable an opportunity to create a way of making decisions about healthcare services that fits with an integrated, collaborative system approach, clearly defined at system, place-based and organisational level.

1.2 This procurement strategy provides an overview of the ICB's strategic approach to procurement and how it will support the organisation to effectively address key priorities and ambitions. The introduction of the 10 Year Health Plan supports the need to deliver better value for its customers – the population of England. Working as an integrated care system to reduce inequalities, improve experiences of our health and care services and improve the health and wellbeing of people living and working in the North East and North Cumbria.

1.3 This three-year strategy will be subject to constant review as a live document focused on national, regional and local drivers and aligned to current legislation and guidance. This strategy will be used to ensure continuous improvement ensuring lessons learned with the Plan, Do, Check and Act model as set out within the objectives and the expected timescales.

2. Introduction

2.1 The aims of the ICB are to improve population health and ensure access to consistently high-quality services. It is the responsibility of the ICB for ensuring the best use of their population's health budget to improve health and healthcare, both now and in the future. The ICB must provide system leadership for population health, setting evidence based and long-term population health strategy and working as healthcare payers to deliver this, maximising the value that can be created from the available resources. This involves investing in, purchasing and evaluating the range of services and pathways required to ensure access to high quality care, and to improve outcomes and reduce inequalities within the region by the strategic commissioning of services.

2.2 NENC ICB has a diverse population of approximately 3.1 million with many challenges of health and care needs, as well as health inequalities with spend of approximately £7 billion for 2024/25 on services with national pressures on cost reductions. The NENC system (Integrated Care System) is led by the ICB and includes local authorities, NHS Trusts and Foundation Trusts who work collaboratively to support the provision of healthcare services in the region.

2.3 The system works together to support local communities to improve health and wellbeing, to enable local people to stay healthier for longer, to receive more support and treatment at home and if they do get ill, to ensure they get the right care in the right place at the right time.

2.4 This procurement strategy is focused on supporting the overall goals of the ICB's strategy to ensure:

2.5 This procurement strategy can support the long-term focus on prevention and addressing the wider determinants of health, like lifestyle, behaviour, housing, employment and the environment through the procurement decisions made and providers selected to deliver

healthcare services across the region. This supports the NENC Clinical Conditions Strategic Plan which highlights our region's health challenges and sets demanding goals to tackle them by 2030. This is based on clinical need and what is known on a population health management approach of data intelligence to understand and focus on priorities across the region. Aligning population health management data intelligence against market management intelligence, allows us to scope the delivery of services across the region, using procurement to deliver innovation and improved services, ensuring providers deliver on local need through social value.

3. Procurement Legislation

3.1 Effective procurement is an essential component of commissioning to deliver improved and innovative services and outcomes for local patients and communities as well as ensuring value for money. It involves knowing when and how to use competition and is a matter of NHS policy and bound by applicable law. Procurement legislation is split between healthcare services and non-healthcare services, which are enforced by two different regulations *(with the Public Contracts Regulations 2015 also still in place for call off from frameworks and for contract modifications for those non-healthcare service contracts in place prior to the implementation of the Procurement Act 2023*). The following Regulations are applicable to ICBs:

- Healthcare Services (Provider Selection Regime) Regulations 2023 (PSR), applicable to ICBs as defined Relevant Authorities in England for commissioning of Healthcare Services.

- Procurement Act 2023 (Procurement Regulations 2024), applicable to ICB's as defined Contracting Authorities for the award of contracts by public bodies in England for Goods and Services (non-healthcare).

3.2 On 13 February 2025 the National Procurement Policy Statement (NPPS) was issued by the Cabinet Office and came into effect on 24 February 2025 alongside the Procurement Act 2023 for non-healthcare services with many of the same principles applicable to the Provider Section Regime for healthcare services.

The NPPS makes clear that achieving Value for Money is the overarching priority in public procurement and that contracting authorities can deliver value for money by:

- Driving economic growth and strengthening supply chains by giving small and medium-sized (SMEs) and voluntary, community and social enterprises (VCSEs) a fair chance, creating high quality jobs and championing innovation,
- Delivering social and economic value that supports the Government's missions including by working in partnership across organisational boundaries where appropriate; and
- Ensuring the right commercial capability and standards are in place to procure and manage contracts effectively and to collaborate with other contracting authorities to deliver best value.

Table 1 (Current Procurement Legislation)

Public Contracts Regulations 2015 (PCR2015)	Non-healthcare goods, works and services	Remains in place to allow for contract modifications and call-off from frameworks for contracts awarded prior to 24 February 2025 under PCR2015. Expectation that these will expire in 4-5 years.
The Health Care Services (Provider Selection Regime) Regulations 2023 (PSR)	Healthcare services	Regulations came into force January 2024 for healthcare services and provide high-level regulatory requirements including the CPV codes and transparency requirements
The Provider Selection Regime: Statutory Guidance		Guidance came into force January 2024 to support the PSR Regulations and includes the detail required for compliance to the Regulations. Subject to change as and when without notification (latest version April 25)
The Procurement Act 2023 (PA23)	Non-healthcare goods, works and services	Came into force 24 February 2025 for new contract awards of non-healthcare goods, works and services. The PA23 provides the detailed guidance around Plan, Define, Procure and Manage in line with the PR24. This guidance is subject to changes as and when without notification
		The PR24 came into force 24 February 2025 and is aligned to the PA23 setting out the high-level regulatory requirements including the CPV codes and transparency requirements
The Procurement Regulations 2024 (PR24)		Implemented on 13 February 2025 as a mission-driven government statement to support the PA23 around strategic priorities for public procurement – Contracting Authorities need to ensure all key priorities are considered in procurement and lifecycle of contracts.
National Procurement Policy Statement		

3.3 Compliance to legislation for both healthcare and non-healthcare procurement is a legal requirement, however pressures within the ICB may at times need to be balanced against patient safety and delivery of services against compliance to requirements. An example of such requirements is to publish transparency notices within a specific timeframe. This may require the ICB to absorb a level of risk to compliance and each case should be considered individually. Where a transparency notice is required under the PSR regulations for a healthcare service of over £500k for an urgent award or contract modification where the service itself will be for less than 4 months (*as an example),* the ICB may decide to ensure a safe service is in place for patients as a priority rather than the pressure of the transparency notice for this short period of time.

4. Key Principles for Future Procurement and Commissioning

4.1 The three strategic shifts for the future focus of the ICB to improve population health is:

- **Treatment to Prevention**: A stronger emphasis on preventative health and wellbeing, addressing the causes of ill health before they require costly medical intervention and reducing inequalities in health. This involves proactive community and public health initiatives, working closely with local authorities to keep people healthy.
- **Hospital to Community:** Moving care closer to home by building more joined-up, person-centred care in local neighbourhoods, reducing reliance on acute care.
- **Analogue to Digital:** Harnessing technology and data to transform care delivery and decision-making. From digital health services for patients, to advanced analytics (population health management, predictive modelling) for planners, the focus is on smarter, more efficient, and more personalised care.

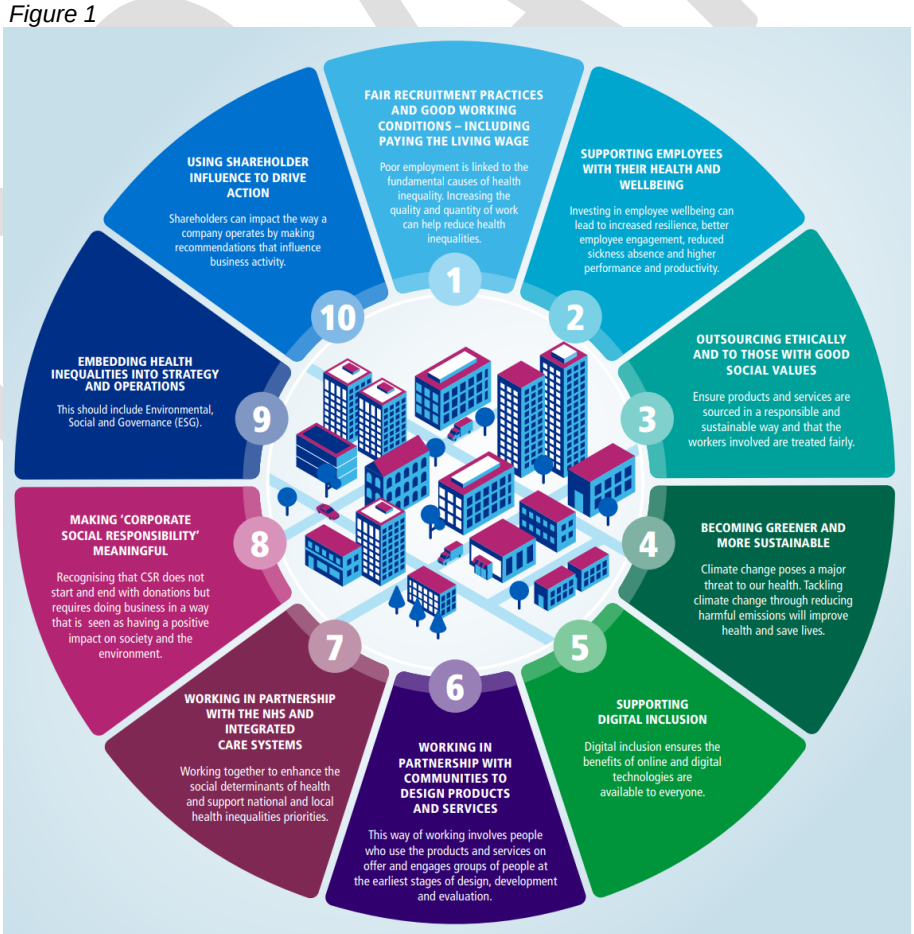
4.2 Procurement is the driver for continuous improvement, innovation and value for money as part of the commissioning cycle and the appropriate process will be utilised to meet the needs of the population. NENC ICB has a team of MCIPS (Member of the Chartered Institute of Procurement and Supply) expertise to support the delivery of this procurement strategy under the following principles:

- Secure the needs of patients who use services and to improve the quality and efficiency of those services, including through providing them in an integrated way
- Act transparently and proportionately, and to treat providers in a non-discriminatory way and ensure effective management of conflicts of interest
- Procure services from providers that are most capable of delivering the overall objective and that provide evidence based, best practice and best value for money; and
- Consider ways of improving services, including delivery of services being provided in a more integrated way and ensuring equity of access to services for patients wishing to exercise their rights of Patient Choice for certain services.

4.3 Procurement plays a significant role towards future goals to improve population health, by ensuring healthcare services are not just procured and delivered to the best quality for patients but also to ensure providers delivering services work to the same ethos as the ICB. The key role of the ICB is to reduce inequalities and ensure access to consistently high quality and efficient care.

4.4 Businesses have direct influence on health in many ways, through employment, procurement, resource allocation, estate use and capital investment. Therefore, businesses also have a role in reducing health inequalities as part of the supply chain. Figure 1 shows 10 ways for organisations to play their part in tackling health inequalities (*NHS England – Health Inequalities).*

Figure 1



5. NENC ICB Strategic Procurement Objectives

The following strategic procurement objectives align to the overall ICB strategic goals:

1. Securing the best services possible for patients
2. Market landscaping and data intelligence aligned to thematic / category services
3. Innovation in procurement
4. Delivering Economies of Scale – do things once with system wide pathway transformation
5. Develop New Ways of Working – Continuous Improvement and Lessons Learned (procurement processes / documents) and Utilisation of Digital Tools (AI)
6. Social Value (in addition to Net Zero) – Supporting the Local Economy (including the voluntary and communication sector)
7. NHS Net Zero

Ref: 01	
Objective:	Securing the best services possible for patients
Action Plan: Making decisions through the procurement process to align to the best optimal procurement method will achieve the best outcome for patients in our region. We have the flexibilities under the PSR for healthcare services to support these decisions and use to the advantage of patients needs. Using direct awards where appropriate and using most suitable provider or competition where appropriate and using market intelligence to support the decisions made.	
Outcome Measures: Should see improvement over time to population health data by optimising opportunity to achieve innovation, best value and securing social value in the local economy where appropriate. Recording benefits and monitoring outcomes from procurements can be tracked through contract management.	
Timescale:	Ongoing record from procurement to contract award. 18-24 months social value outcomes through contract management. 24-36 months improvement to population health data statistics.

Ref: 02	
Objective:	Market landscaping and data intelligence aligned to thematic / category services
Action Plan: The procurement team have in the past tried to algin and work to categories with the category management approach, particularly with the sharing of lessons learned and management of market data. As PSR brings about the need for market landscaping to ensure decisions are made appropriately particularly when using the Most Suitable Provider process, market data and analysis is critical to evidence the decision-making process. Time is needed to build on market intelligence and scope market engagement information but this work needs to commence once the thematic / categories have been agreed.	

The following categories are examples of how we currently map out the procurement work programme and could be utilised going forward for the category management approach:

Medical Care	Community Care	Residential and Community Social Care	Specialist Services
Physical Health & Acute	Continuing Health Care	Care Homes	Ambulance
Hospice Care	Primary Care • General Practice • Pharmacy • Optometry • Dental	Domiciliary Care	Transport
Long – Term Care	Vaccinations & Screening	Supported Living	Blood and Transport
Rehabilitation	Learning Disabilities and Neurodevelopment • Autism • ADHD		Remote Clinical Advice
Substance Misuse	Mental Health • Secondary and (delegated) specialised		
	Urgent Care		
	Community Services		

Community Services (this includes):
Urgent Community Response including 2 hour rapid crisis response services
District Nursing
Child Health Services
Community Occupational Health
Community Paediatric Clinics
Community End of Life and palliative care
Community Physiotherapy
MSK Therapy
Pulmonary or cardiac Rehab
Community Podiatry
Community Speech and Language Therapy
Falls Prevention Services
Intermediate care services
Specialist nurses (for example, diabetes, COPD, heart failure, incontinence, tissue viability)
Bed-based community rehabilitation
Wheelchair services
Sexual health services
Community Pharmacy

Once we have an understanding of the procurement pipeline, we can map out under the categories above and develop a market engagement strategy for each service area. Market engagement data will be collated and mapped in a Landscaping Report which will pull on national and regional procurement data to understand the providers in the market. This will need to be mapped against population health data for NENC to understand the need. Financial spend data across the ICB will provide the detail around contracts and where negotiation or streamlining of contracts can be managed. This approach can support the management of risk and issues in each category / service area and questions and specific procurement processes can be aligned to category areas when competitive process required.

Understanding if specific service areas hold a small market of SMEs / VCS providers can enable to scope of the procurement and categorise the type and weightings of questions and level of financial evaluation specific to the market.

Outcome Measures:
Improved bids / market understanding to align and develop improvements and lessons learned to the procurement process. This should effectively improve provider relations and less challenge / representations. May also encourage collaboration in the market and in turn may support the objective for innovation.

Timescale:	Implementation July-August 2025 with development of a market engagement strategy. Will take between 12-24 months to build up a wealth of data but can enact some quick wins within 12 months.

Ref: 03	
Objective:	Innovation in procurement

Action Plan:
Early engagement is key to ensure innovation in the procurement process. Engaging and involving local people and stakeholders provides opportunity to build on key services and review core objectives. Developing plans and service specifications enables us to then engage with the market to push them to consider the needs of service and how it can be delivered to meet the needs of the local population. Building on the market knowledge and understanding their capabilities, helps provide a picture as to what procurement process can be designed to achieve the needs.

Engaging early with providers will encourage ideas and innovations and may act as a catalyst for developing collaborative approaches.

Create more opportunity and develop documents / processes within the competitive process to support open negotiated, competitive dialogue or allowing variant bids to drive innovation as well as planned market engagement focusing on the category management approach and testing providers ability to collaborate when needed.

Work to understand the drivers from the market, national, regional and local and build procurement requirements based on knowledge / market intelligence.

Develop a market engagement strategy from the pipeline of procurements.

Outcome Measures:
Successful procurement of services achieving the objectives of each procurement strategy. Measurable objectives such as successful outcomes for patients, improved streamline of services and qualitative measures, this may also include best value.

Timescale:	6–12-month implementation period

Ref: 04	
Objective:	Delivering Economies of Scale – do things once with system wide pathway transformation

Action Plan:

There is a need to ensure that as one organisation the ICB undertake a procurement once where it makes sense to do so with consideration of local need which will deliver economies of scale. Currently the procurement work programme has procurements for the same contracts / services against different places and some include considerable variations. Recommendation is to ensure a consistent approach where appropriate and to undertake one procurement, even if there is a need for local variation in the service, which can be managed by using Lots in the process with market engagement streamlined into the one process. This will support the market's ability to respond to competitive processes and support the ICB manage growing demand against financial pressures and complex system structures. More importantly, it will deliver streamlined services to the patient. Economies of scale in the process and in the delivery of service with the potential to encourage provider collaboration where appropriate. Examples of where we can start working to ensure economies of scale across the ICB would be as follows:

- Development of a CHC framework across the NENC ICB – 12-month timescale
- Development of a framework / provider list for winter funding (to remove the pressure of Winter Funding pressures to put services in place with short notice and ensuring compliance) – 12-month timescale
- Improve the process for the Health Accelerator Programme of funding – ensure streamlined and compliant 1 month (quick win).

Review work programme and contracts register to consider other areas and align to the category management approach to ensure procurements are aligned. Category management approach to review contracts aligned to services – consider aligning contract end dates.

Outcome Measures:

Streamlined processes and bringing procurements into economies of scale will remove pressure on current resources. Would support contract management and remove conflicting contractual arrangements with various providers.

High quality integrated provider pathways with demonstration of improved value for money and reduction in pressure on resources.

Timescale:	12-month timescale

Ref: 05	
Objective:	Develop New Ways of Working – Continuous Improvement and Lessons Learned (procurement processes / documents) and Utilisation of Digital Tools (AI)

Action Plan:

The procurement team is driven to constantly learn lessons and ensure continuous improvement with a lesson learned log and monthly team development sessions taking review case law / representations and learning from recent procurements – what went well and what can be improved upon. Further information sharing across the ICB via the Procurement Working Group to share what we know and to take feedback from those involved in the procurement process.

Legislative guidance changes and new Procurement Policy Notes are regularly released by the Cabinet Office, so constant learning and change is a priority for the procurement team and as part of this strategy.

Plan to utilise Boost to ensure training and development is shared across the ICB so teams can build on their own knowledge of procurement. Commence lunchtime 20 min recorded sessions June 2025 with new topics each month. Examples include: PA23 update, PSR update, social value update, use of PSR 5 key criteria toolkit and evaluator training hints and tips.

As part of developing and improving procurement processes, the review of potential AI and systems are to be reviewed:

- Atamis eTendering and Contracting system – currently just using the eTendering element however this system is at no cost to the ICB and has a contract element. Demonstrations of the capability of the contracting element is currently under review with contracting and procurement leads. This is known as the NHS Family and the contract for this system is held by the Department of Health and Social Care with confirmation that it is to be extended to 2026 with intention to further continue beyond 2026. A joint procurement and contracting system should align reporting and information across both teams rather than separate systems. System allows for approvals of contract modifications, holds all contractual information, records issues and risks and allows for reports to be pulled on specific filters as required (i.e. data on VCS contracts or contracts about to expire).
- Copilot AI system - to be tested to support the publication of transparency notices and the consensus process of a competitive procurement to save time and resources.
- DottedLine procurement AI – demonstration of what other NHS organisations are using to manage and streamline processes to create assessment letters, develop framework AI competencies.

Outcome Measures:
Improve pressure on resources with AI and digital systems and improve systems and processes through lessons learned.

Timescale:	Ongoing lessons learned and testing of new systems 6-12-months

Ref: 06	
Objective:	Social Value (in addition to Net Zero) – Supporting the Local Economy (including the voluntary and communication sector)

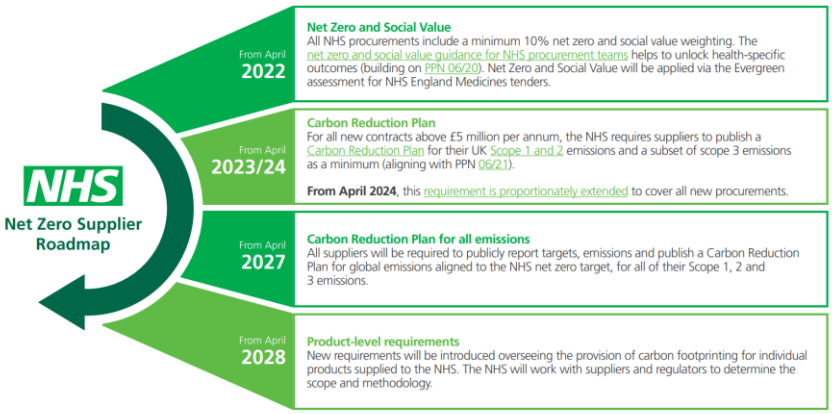
Action Plan:
To ensure the ICB uses its buying power as an NHS organisation to tackle some of the social determinants of poor health and increase employment opportunities through the social value key criteria of the PSR and the Social Value Model of the PA23. Social Value still requires a minimum of 10% mandatory requirement for social value objectives within procurement of both healthcare and non-healthcare services. This includes the objective for Net Zero, however the impact and influence of social value in the local economy can deliver immediate results within the region. Social value objectives in the local economy should focus on sustainability, prevention and reducing health inequalities. Measurable benefits can be delivered in the community for example including local employment opportunities or enabling improvement to health and care facilities with supportive funding to community and volunteer organisations. Social value objectives must be felt by society, focusing on prevention and improving treatment and ensuring equity of health and wellbeing.

The procurement team has started to engage with local authorities in the region to gain updates on case studies and sharing of examples. This will widen the knowledge gained from the social value model to include a more flexible approach to social value in the local economy. A social value strategy will be developed to support future procurements and aligned to the category approach of appropriate services and market analysis. As the category management approach develops, we can align key criteria and weightings to approach services and localities based on

thematic analysis of population health and stepping up the social value within each procurement (i.e. areas of deprivation and where services can introduce employment opportunities or support the local workforce) ensuring the weightings and questions for social value are increased to meet this objective.	
Outcome Measures: Contract management to include monitoring of benefits from social value and include outcomes in end of year report.	
Timescale:	Social value strategy to be implemented within 6 months and aligned to category management approach 6-12 months.

Ref: 07	
Objective:	NHS Net Zero
Action Plan: NHS Net Zero is a national objective with a set of two targets: • For the emissions we control directly (the NHS Carbon Footprint), we will reach net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032; • For the emissions we can influence (our NHS Carbon Footprint Plus), we will reach net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039. It is a mandatory requirement to ensure the NHS place the required questions to providers / suppliers in the procurement of goods and services. This is currently included in our procurement processes (we are currently compliant to the roadmap below 'figure 2' for 2023/24), however the monitoring within contracts is not something that is currently in play. Aim to not only include within the procurement process but to ensure the appropriate KPIs aligned to the goods and services procured for the ICB are monitored and reported as required – as currently unaware of contribution targets. Need to ensure processes are in place to capture data and may need to utilise within the contract management system. Review appropriate digital support tools to enable management of this objective.	
Outcome Measures: Include in end of year monitoring report for carbon reduction for the ICB.	
Timescale:	12-month implementation period

Figure 2



Appendix 1 – Equality Impact 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: Julie Parkinson
Job Title: Strategic Head of Procurement
Organisation: NENC ICB

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

Is this a;
Strategy / Policy ☒ Service Review ☐ Project ☐
Other

What are the aim(s) and objectives of the service, project or policy:
To support and 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".

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**

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	☐	☒
Has there been or likely to be any staff/patient/public concerns?	☐	☒

Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	☒	☐
Could this piece of work affect the workforce or employment practices?	☐	☒
Does the piece of work involve or have a negative impact on: • Eliminating unlawful discrimination, victimisation and harassment • Advancing quality of opportunity • Fostering good relations between protected and non-protected groups in either the workforce or community	☐	☒

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:

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. https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf	☒	☐
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 (ENTER CONTACT DETAILS HERE)"**		
If any of the above have not been implemented, please state the reason:		

Governance, ownership and approval

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**
David Gallagher	Chief Contract & Procurement Officer	June 2025

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 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:
Job Title:
Organisation:

Title of the service/project or policy:

Existing ☐ New / Proposed ☐ Changed ☐

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

Who will the project/service /policy / decision impact?
(Consider the actual and potential impact)

- **Consultants ☐**
- **Nurses ☐**
- **Doctors ☐**
- **Staff ☐**
- **Service User / Patients ☐**
- **Others, please specify**

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)	

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**

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).*

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).**

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).**

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).**

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 form 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).

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).

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).

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).

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).

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).

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.

If no engagement has taken place, please state why:

STEP 5: METHODS OF COMMUNICATION

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

☐ Verbal – meetings ☐ Verbal - Telephone
☐ Written – Letter ☐ Written – Leaflets/guidance booklets
☐ Written - Email ☐ Internet/website ☐ Intranet page
☐ Other

If other please state:

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 xxxxxxxx"**
If any of the above have not been implemented, please state the reason:

STEP 7: POTENTIAL IMPACTS IDENTIFED; ACTION PLAN

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

GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	**Job title**	**Date**

Presented to (Appropriate Committee)	**Publication Date**

1. Please send the completed Equality Impact Assessment with your document to: 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