Ref: __/____

NHS
East London
NHS Foundation Trust

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Not for Onward Circulation

BUSINESS CASE REF AND TITLE

Author	Name/Title
Directorate/Support Service	Name/Title
Version	Version
Date	Date

Reviewed By	Name	Title	Date
Service Lead			
Directorate Lead			
Clinical Governance			
Information Governance			
People & Culture			
Contracts / Procurement			
Quality / Performance			
Data / Analytics			
Digital			
Estates			
Business Development			
Other (specify)			

Approving Body	Date	Version	Comments
CFO:	Date	Version	
EMT/CPSG:	Date	Version	
FBIC:	Date	Version	
Trust Board:	Date	Version	

Version	Date	Author	Original Version / Description of Changes	Endorsement / Approval Group

Costing Summary

To be completed prior to submission by Finance, following sign-off by the Associate Director of Finance.

Year 1 Spend - Capital		**Funding Source**	
Year 1 Spend - Revenue		**Funding Source**	
Total Spend - Capital		**Funding Source**	
Total Spend - Revenue		**Funding Source**	
FBP Sign off	Insert name/Title		
Capital Sign off	Insert name/Title		
Revenue Sign off	Insert name/Title		

Contents

PLEASE READ BEFORE PROCEEDING

This Business Case Template has been developed in line with the Trust Business Case Policy.

ALL business cases must demonstrate involvement of all relevant stakeholders in preparing the case, and only include costings/finance information which has been signed off by an Associate Director of Finance.

Once you have a business case has been finalised and reviewed, it must be submitted to the Business Case Review Group for agreement to then proceed via the necessary approvals route.

Please DO NOT embed any documents into your business case as these will not be readable once the document is PDF'd. Please either include the information within the case or refer to an appendix and send as a separate document.

1. Executive Summary

Guiding Note (please delete this when you have completed this section). *Provide a clear introduction to the business case, how it is structured, who prepared it and if and where external advisors have been used. State the need/problem the business case is seeking to address, the funding being requested, outline the solution being proposed and why this will address the need/problem.*

2. Case for Change

2.1. Scope / Context

Guiding Note (please delete this when you have completed this section). *Summarise the background to the proposal and the purpose of the case including any relevance to Directorate aims and objectives.*

Define the scope and context of the initiative including all services / functions affected by the initiative and any assumptions underpinning the business case.

2.2. Clinical Case

Guiding Note (please delete this when you have completed this section). *Address why this is the best thing for patients and the benefits this will have on clinical outcomes. This could include delivering the Mental Health Long Term Plan, evidence based research or addressing SI and risks.*

2.3. Management Case

Guiding Note (please delete this when you have completed this section). *Address why this is the best thing for the organisation, including how this links to delivering strategic objectives, meeting CQC action points and the wider Integrated Care System.*

2.4. Current Provision

Guiding Note (please delete this when you have completed this section). *This section should only be completed when the business case relates to re-procurement of an existing service and should provide a brief overview of the current provision, finance and performance information and highlight any issues with the current contract.*

3. Options

Guiding Note (please delete this when you have completed this section). *All cases must include a "Do Nothing/Do minimum" option. The Strengths, Weakness, Opportunities and Threats of all options should be considered.*

Option	Description	Reject / Accept	Reason for Rejection / Acceptance
Do Nothing			
Option 1			
Option 2			

Following the above state the preferred option and how this optimises value for money.

4. Financial Analysis

Guiding Note (please delete this when you have completed this section).

This section should include full cost details, workforce requirements, funding streams, phasing and any efficiencies.

This must consider revenue and capital implications over the life of the project.

This section requires risk ratings to be included, calculated using the Trust Risk Matrix.

4.1. Resources

Guiding Note (please delete this when you have completed this section). *This section should outline the proposed resources required and the rationale for including them. Examples have been provided in red which can be deleted once completed.*

Use the Trust Risk Matrix (see end of document) to calculate risk scores.

Resourcing Risk Score	Likelihood	Impact	Score [RAG]

Staffing Resource			
Role	**Band**	**WTE**	**Rationale**
Community Rehabilitation Support Worker	*3*	*1.0*	*Reduce the need for escalation and clinical input through support patients with non-clinical rehabilitation tasks and risk reduction.*

Non-staffing Resource Requirements	
Item	**Rationale**
Specialist Lifting Aid/ Hoist	*Enable Community Rehabilitation Worker to safely lift patients as per NICE guidance*

4.2. Cost Implications

Guiding Note (please delete this when you have completed this section). *The Finance and Commercial Development teams will support in the population of appropriate tables and commentary for this section. Please complete the Costing Request Form (Appendix B in the Business Case Policy).*

Use the Trust Risk Matrix (see end of document) to calculate risk scores.

Finance Risk Score	Likelihood	Impact	Score [RAG]

5. Activity and Contract Implications

Guiding Note (please delete this when you have completed this section). *Include a clear list of the expected activity changes and completed demand/capacity modelling. Any associated contract implications should be detailed, including subcontractors if required. Include the proposed procurement route and key features of proposed commercial arrangements.*

This section requires risk ratings to be included, calculated using the Trust Risk Matrix.

5.1. Contracts

Contracts Risk Score	Likelihood	Impact	Score [RAG]

5.2. Performance

Performance Risk Score	Likelihood	Impact	Score [RAG]

5.3. Data & Analytics

Data & Analytics Risk Score	Likelihood	Impact	Score [RAG]

6. Operational Implications

Guiding Note (please delete this when you have completed this section). *Outline the operational implications of implementation, resources required and ongoing corporate services implications. Implications on digital and estates teams must be considered as a minimum, with other teams added if required.*

This section requires risk ratings to be included, calculated using the Trust Risk Matrix.

6.1. Digital

Digital Risk Score	Likelihood	Impact	Score [RAG]

6.2. Estates

Estates Risk Score	Likelihood	Impact	Score [RAG]

6.3. Partnerships

Guiding Note (please delete this when you have completed this section). *This optional section should be completed when the business case involves working in partnership with another organisation to deliver the service/scheme, and outline the implications of this arrangement.*

Partnerships Risk Score	Likelihood	Impact	Score [RAG]

7. Delivery Timeline

Guiding Note (please delete this when you have completed this section). *Provide a description of the key deliverables, timescales for realisation and project team structure.*

8. Benefits Realisation

Guiding Note (please delete this when you have completed this section). *This section should describe the expected benefits from proceeding with the case.*

Benefit	Desired Outcome	Output	Metric

9. Environmental Impact

Guiding Note (please delete this when you have completed this section). *This is an optional section depending upon the nature of the case. Where relevant it should provide a description of the environmental impact, both positive and negative, that a new system, service or product will have on the Trust, its staff, persons who use services and suppliers of the proposed initiative. This should consider the impact upon Net Zero, Sustainability, the Trust's Green Plan and Estates Environment Strategy Principles.*

The positive impacts can include:

- *Reduced energy and material costs for example through reduced travel and reduced printing, reduced electricity consumption.*
- *Reduced cost in waste, and consequent waste management for example through reducing the creation of waste.*
- *Reduced cost through efficiency of work practices for example through the digitisation of manual processes or stream lining of existing processes.*

Risk Grading

Delete this section and the risk grading matrix below once risk gradings have been added to the sections above.

Risk Grading Matrix					
Likelihood/ Frequency ↓	**Consequence/Impact →**				
	Insignificant 1	Minor 2	Moderate 3	Major 4	Catastrophic 5
Almost Certain 5	Moderate 5	High 10	Extreme 15	Extreme 20	Extreme 25
Likely 4	Moderate 4	Moderate 8	High 12	Extreme 16	Extreme 20
Possible 3	Low 3	Moderate 6	High 9	High 12	Extreme 15
Unlikely 2	Low 2	Moderate 4	Moderate 6	Moderate 8	High 10
Rare 1	Low 1	Low 2	Low 3	Moderate 4	Moderate 5

Policy for Procurement and Contracting

Version number:	V8
Consultation Groups	Service Delivery Board
Ratified by:	Service Delivery Board
Date ratified:	[TBC]
Name and Job Title of author:	Thomas Morgan (Associate Director for Procurement and Contracts)
Executive Director Lead:	Kevin Curnow
Last Review Date	September 2025
Next Review date:	September 2026

Services	Applicable to
Trustwide	√
Mental Health and LD	
Community Health Services	

Version Control Summary

Version	Date	Author	Status	Comment
2	06/11/2013	Amrit Sidhu and Steve Newton	Final	Removed duplication with SFIs, changes re. processes Following sections added 27 - ELFT Contract lead 28 - Responsibilities of the ELFT Contract Lead 29 - CDD Role 30 - Subcontract Registration 31 - Subcontract Registration 32 - Authority to Sign Subcontracts 33 - CDD and Shared Business Services
3	13/11/2013	Amrit Sidhu	Final	Updated 32 – updated signatory table
3.1	28/11/2013	Amrit Sidhu	Final	Incorporates amendments agreed by SDB (e.g., 'ELNFT' changed to 'ELFT', table in section 32 updated)
4	13/03/18	Stephen Newton, Jeniss Paclejan	Final	1 - New introduction 3 - Amended trust Strategy 8 – SFIs updated Removal of complaints process
4.2	06/04/18	Jeniss Paclejan, Steve Newton	Final	Appendices added
4.3	01/05/2018	Jeniss Paclejan, Steve Newton	Final	Financial Limits Updated
5	01/08/2021	Sam Bhaskar	Final	• Addition of changes to Procurement Regs with 2021 White Paper requirements for the supply of healthcare services • Addition of mandatory 10% weighting for Social Value in tenders • Executive Directors Financial limits increased to £50k
6	11/10/2022	Thomas Morgan	Final	• Clarification that only the Finance lead must evaluate the financial elements of each bidder

				submission. • Increase of Social Value weighting in tenders to 15%
7	01/12/2022	Thomas Morgan	Final	• Clarification of tender process • Update of threshold vlaues
8	26/09/2025	Thomas Morgan	Draft	• Full review • Replace PCR15 with PSR and PA23 • Include specific provisions for spend relating to Digital and Estates

1. Introduction

In order to ensure consistent and high-quality procurement and contracting for East London NHS Foundation Trust (The Trust) it is important to have a policy. This document sets out the systems and processes for procuring [goods and services] and managing contracts which need to be compliant with legislation and consistent with the Trust's strategic objectives and SFIs.

2. Purpose

This policy aims to reduce risk by having a robust procedure available to staff with the following principals:

- All Trust procurement and contracts processes are compliant with the Trust's strategic objectives, national guidance, and relevant legislation.
- All contracts are developed and reviewed within a clearly defined accountability framework.
- Staff involved in the process have access to appropriate guidance and support.
- All new contracts are generated due to a clearly identified need.
- There is consistency in the development, implementation and review of all Trust contracts.
- Appropriate consultation takes place when contracts are being developed.
- All contracts are properly disseminated throughout the Trust.
- All contracts are monitored against agreed deliverables, with clear responsibility between Procurement, Contracts, Service Leads and other stakeholders.
- All Contracts will be considered for a measurable impact against the Trusts Social Value and Anchor institution policy.

3. Proportionality

The level of resources the Trust allocates to the procurement process should be proportionate to the value, complexity and risk of the services, i.e., more resources will be required where higher benefits, costs savings, quality can be gained. The Pareto principle will be applied to manage resource constraints and ongoing risk calculation and management will be applied to manage the Trusts interests within the capacity of the Trusts Procurement and Contracting teams.

Furthermore, when planning, designing, and running procurements, the Trust should have regard for the bidding costs suppliers incur and seek to avoid wasted costs due to significant delays or material scope changes. This can be mitigated by engaging the marketplace in advance of procurements.

4. Rules and Principles regarding competition

The following rules must be applied to all procurement processes before commencement. They set out the principles of fair negotiation and competition.

The rules are as follows:

- Procurement undertaken by the Trust must be transparent and non-discriminatory and compliant to Procurement Act 2023.

- The 2021 Health and Care Act 2022 and NHS England PSR Guidance (2024), the Integration and Innovation: working together to improve health and social care for all, further supports the approach with a number of changes to procurement. These include removing the commissioning of NHS and public health services from the scope of the Procurement Act 2023 (as revised 2020), to be replaced by a bespoke NHS provider selection regime and a new duty on buyers in NHS organisations to act in the best interests of patients, taxpayers and their local populations. The procurement of non-clinical services (e.g., professional services such as consultancy) will remain subject to public procurement rules. KPI's and service credits must be fair and equitable to both parties.

- Procurement Policy Note ("PPN") 06/20 requires key environmental, social and governance ("ESG") related themes to be evaluated expressly in all UK central government procurement from 1 January 2021, through the use of a 'social value model'. A minimum weighting of 10% must be given to ESG objectives in each procurement.
- This applies to all contracts awarded by UK central government departments, their executive agencies and non-departmental public bodies that are regulated by the Procurement Act 2023 (as revised 2020). ELFT falls into this category and must for all awarded contracts ensure that as part of section and monitoring processes 10% will be allocated into scoring bids from suppliers focusing on ESG requirements Principles on cooperation and agreements. The Trust will therefore apply a minimum 15% weighting focusing on ESG requirements.
- As part of the initiative to work collaboratively within the Trust's footprint, the procurement team is working with other Trusts and Local Authorities in North East London ICS, building partnerships to drive efficiencies, savings, reduce waste, and becoming an Anchor Institution across the system.
- The Trust and suppliers must collaborate to improve services and deliver seamless and sustainable care to patients.
- The Trust acting as Commissioner should advocate patient choice where appropriate.

5. Non-discrimination and equality of treatment

The procurement process should not give an advantage to any bidder. This includes ensuring that decisions are taken, not with regard to the type of organisation specifically, but rather to how well that organisation meets the evaluation criteria.

Financial and quality assurance checks should apply equally to all types of suppliers but be proportionate to the procurement process (see 'proportionality', above).

All suppliers must operate under these same principles when being asked to respond to any terms and conditions, tender specification, and pricing payment regimes, all of which must be transparent and fair.

6. Standing Financial Instructions (SFIs)

SFIs detail the financial responsibilities, policies and procedures adopted by the Trust. They are designed to ensure that the Trust's financial transactions are carried out in accordance with the Law and Government Policy in order to achieve probity, accuracy, economy, efficiency and effectiveness. They should be used in conjunction with the standing orders and the Scheme of Delegation adopted by the Trust.

SFIs identify the financial responsibilities which apply to everyone working for the Trust and its organisations. They do not provide detailed procedural advice and should be read in conjunction with the departmental and financial procedure notes. All financial procedures must be approved by the Director of Finance.

Should any difficulties arise regarding the interpretation or application of any of the SFIs then the advice of the Director of Finance must be sought.

7. World Trade Organisation's Government Procurement Agreement

The WTO's GPA is a voluntary trade agreement that governs public procurement. Procurement in the UK post-Brexit followed rules set by OJEU; these rules will now shift to be in line with the GPA.

The GPA includes both EU member states and non-EU states. It also outlines procurement principles, thresholds and rules that all those in agreement must adhere to. This agreement

will allow the UK to have access to international public procurement.

8. Procurement thresholds (included in Trust SFIs)

Expenditure range	Procurement solution
Up to £10,000 (Inc. VAT).	Quotation to be attached to the requisition obtained by requisitioner or Procurement.
£10,001 to £25,000 (inc. VAT).	Minimum of 2 competitive quotations, (Advertised on Contracts Finder).
£25,001 to £50,000 (inc. VAT).	Minimum of 3 competitive quotations, (Advertised on Contracts Finder).
£50,001 (inc. VAT) to WTOGPA tendering threshold*.	Formal tender procedure, advertised on Contracts Finder.
Above UK Procurement thresholds*.	Formal tender procedure governed by UK PA23

*UK Proc thresholds:

Works: £5,193,000
Services and Supplies (central government authorities): £135,018

Digital and Estates

All expenditure proposals relating to Digital (including IT systems, software, hardware, data platforms, and digital infrastructure) and Estates (including capital works, facilities, maintenance, and building-related services) must first be reviewed and approved by the relevant specialist directorate prior to any procurement activity or financial commitment.

• Digital-related expenditure must be reviewed and approved by a representative of the Digital Directorate, such as the Chief Information Officer or delegated senior digital lead.
• Estates-related expenditure must be reviewed and approved by a representative of the Estates Directorate, such as the Director of Estates or delegated estates lead.

This ensures that category-specific governance, technical compatibility, lifecycle management, and integration requirements are properly considered before commitments are made.

Budget holders must not authorise or process requisitions or procurements in these categories in isolation, and Procurement must not progress such purchases without evidence of this approval.

9. ELFT Contract Lead

Each contract shall be initiated and led by a Service Manager (the ELFT Contract Lead), who will:

- Have identified and justified the need for a subcontract in consultation with and under the authorisation of the appropriate Director or Service Manager.
- Have been allocated a budget in conjunction with Finance and /or a Head contract to cover the cost of the service or good;
- Help design the specification with the service/good;
- Have an in-depth knowledge of the service/good;

- Be involved in the contract management of the provisioned service to include:

Receive reports from the Supplier when necessary, according to the contract and to monitor performance against any goals set out in the service specification;
Identify any issues, problems or successes the service/good has encountered;
Organise at regular intervals formal contract performance meetings as specified in the contract;
Work closely with the Commercial Development Department representative in the process of subcontract development/drafting, negotiation, review, extension, renewal and/or variation (all variation contracts to be undertaken in communication with the Contracts team;
Routinely report on performance to the appropriate management group/committee for high value and high risk sub-contracts, and report by exception to their Director and the CDD representative for other sub-contracts;
Hold a copy of the contract.

The Contract Lead or Deputy are responsible for informing CDD of new subcontracts, extensions of and any variations to the current subcontracts (i.e. changes or additions to services or products provided).

Every ELFT Contract Lead will have a deputy, who can carry out the Contract Lead's duties in their absence.

10. Provider Selection Regime (PSR) process for procurement of Healthcare services

In accordance with the 2021 Health and Care Act 2022 and NHS England PSR Guidance (2024), consideration will take place regarding the type of Goods and Services that are being sought. The changes detailed in the white paper remove the commissioning of NHS and public health services from the scope of the Procurement Act 2023, to be replaced by a bespoke NHS provider selection regime and a new duty on commissioners to act in the best interests of patients, taxpayers and their local populations.

The Provider Regime is described below:

https://www.england.nhs.uk/wp-content/uploads/2021/02/B0135-provider-selection-regime-consultation.pdf

The Trust will have three choices when considering a provider for the delivery of healthcare services ensuring their decisions are based and documented on the key criteria of

- Quality (safety, effectiveness and experience) and innovation
- Value
- Integration and Collaboration
- Access, inequalities and choice
- Service sustainability and social value

A) Continuation of existing arrangements

When choosing to take this option as no other providers are available or the existing supplier is doing a good enough job as judged by the Trust we must ensure to

- take appropriate steps when awarding and managing contracts to ensure that the service will continue to deliver well.
- be transparent about their intention to continue with the current arrangements by publishing their intent in advance, including their justification.
- publish their intention to award the contract, with a suitable notice period (e.g., 4–6 weeks unless a shorter period is required due to the urgency of the case); and if during the notice period credible representations are received from other providers, the decision-making body must deal with them according to section 7 of the attached Provider Selection Regime (PSR)

B) Identifying the most suitable provider for new/substantially changed arrangements.

When the service we are seeking from a supplier is changing a service/existing contract considerably; a brand new service is being arranged; the incumbent supplier no longer wants to or is no longer able to provide the services; or the Trust wants to use a different provider we will need to:

- set out clearly that they are using this approach to select a provider.
- be satisfied that they can justify that the provider they are proposing to select is the most suitable provider (referring to the criteria set out in the regime) and any other relevant factors, and according to any hierarchy of importance the decision-making body decides is necessary.
- have carefully considered other potential options/providers within the relevant geographical footprint (i.e., a local service is a local footprint, a regional specialised service is a regional footprint, etc) in reaching this decision and be able to evidence this
- publish their intention to award the contract, with a suitable notice period (e.g., 4–6 weeks unless a shorter period is required due to the urgency of the case)
- if during the notice period credible representations are received from other providers, the decision-making body must deal with them as set out in the Further considerations section of the Provider Selection Regime (PSR)

C) Competitive procurement

The Trust can choose to take this option where:

- the decision-making body is changing a contract/service substantially.
- a new service is being arranged.
- the incumbent no longer wants to or can no longer provide the services, or
- the decision-making body wants to use a different provider.
- and after considering the key criteria, the decision-making body does not identify a single candidate that is the most suitable provider, and/or concludes that the most suitable provider can only be identified by carrying out a competitive procurement, then it would run such a process.

The Trust when competitively procuring the service must.

- have regard to relevant best practice and guidance; for example, HM Treasury's managing public money guidance.
- ensure the process is transparent, open and fair.
- ensure that any provider that has an interest in providing the service is not part of any decision-making process (i.e., when ICS Boards are using this process)
- formally advertise an opportunity for interested providers to express interest in providing the service.
- compare providers against the criteria set out in the regime and any other relevant factors, and according to any hierarchy of importance they decide is necessary – which must be published in advance.
- publish their intention to award the contract with a suitable notice period (e.g., 4–6 weeks unless a shorter period is required due to the urgency of the case)
- if credible representations are received from other providers about the process, deal

with them as set out in section 7 of the Provider Selection Regime (PSR)

11. Procurement Role (see appendices two to four)

Procurement manages the strategic sourcing of all goods and services and the processes associated with this.

The Procurement team is managed by an Associate Director.

Procurement consists of a 2x Procurement Officers, and 1x Procurement Support Officer

Procurement is a strategic process that involves the activities and processes to acquire goods, services and works. Importantly, and distinct from "purchasing" which is the ordering and receipting of products, services or works, procurement includes the activities involved in establishing the fundamental requirements and sourcing activities such as market research, supplier evaluation, and the negotiation of contracts.

The Procurement team is responsible to monitor the Trust's spend and ensure its compliance to the SFIs. Where there is a matter of non-compliance, the team will address the spend and reduce their recurrence.

Due to the decommissioning of the Contracts team, the procurement team will also be responsible for the following duties as well:

- drafting the Subcontract Document to be signed by Supplier and the Trust.
- negotiation of Terms and Conditions that are compliant with the Law, the Trusts Policy, Trust Strategy and, based on special requirements of the service provisioned.
- ensuring that contract compliance is achieved by the Supplier in collaboration with ELFT Contract Lead by encouraging accurate and effective monitoring of contracts.
- maintenance of accurate and up to date records of contracts, relevant documentation in relation to the contract such as Meeting Minutes, important correspondence between Suppliers and ELFT, contract variation and contract extension documents.
- following contract protocols before contract signoff which includes approval from Finance and Department Director.
- issuing contract variations, extensions, and letter of termination.
- provide strategic advice and support to Contract Leads in subcontract negotiations; and.
- run on-going financial viability checks on current suppliers using the Dun & Bradsheet (D&B) to provide updated due diligence assurance on business and financial health of suppliers (please see appendix nine for full process).

13. Procurement Process

Note: This flowchart has been updated to reflect:
• PSR processes (Direct Award, Most Suitable Provider, Competitive Process) for healthcare services.
• Procurement Act 2023 processes (thresholds, transparency notices, tendering routes) for non-healthcare services.

The procurement process should commence at least nine months (and a minimum of six) before the end of the existing agreement or before the new goods or services are required. See Appendix Three and Four.

Where the Trust is evaluating options upon termination or expiry of an existing agreement, the decision-making process and key factors to be considered will be broadly similar to scenarios where the Trust is seeking to secure new service models or significant additional capacity. The main difference is that the Trust is considering options and making decisions in relation to existing goods and/or services.

If the Trust has decided that the service is no longer required, the Trust can begin the termination process.

If, however, the service is still required, Procurement will work with the Contract Managers to begin a competitive procurement process, or if there is a clear and rational justification

satisfying SFI clause 8.4.3, a waiver may be raised for approval by the Chief Finance Officer and/or Deputy.

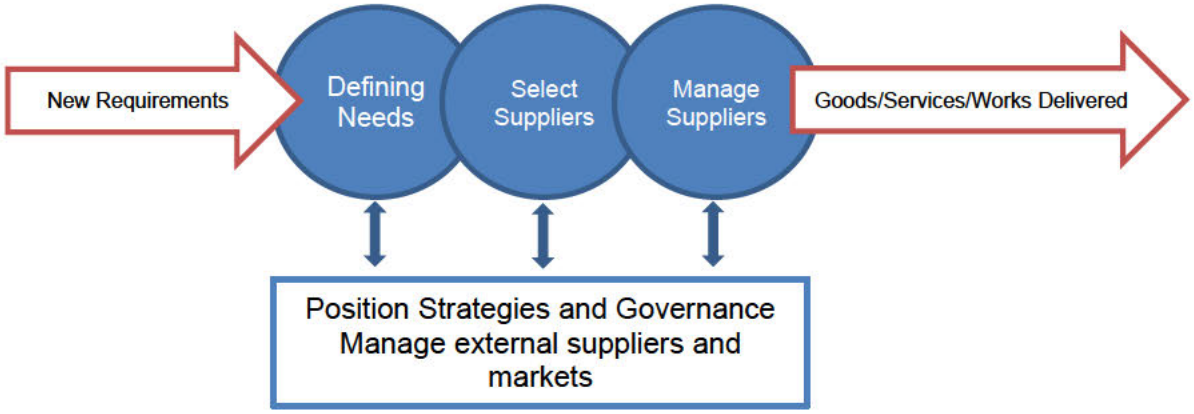
In addition, it is important to consider external arrangements namely SBS, CCS and LPP arrangements.

The need to cease agreements can arise through:

a. contract termination due to performance against the agreement not delivering the expected outcomes. This can be mitigated by appropriate agreement monitoring and management and by involving the suppliers in this. The agreement terms will allow for remedial action to be taken to resolve any problems. Should this not resolve the issues, then the agreement will contain appropriate termination provisions;
b. the agreement expires; and
c. services are no longer required.

The Trust will ensure where necessary that contingency plans are developed to maintain patient care. Where termination involves Human Resource issues, suppliers will be expected to co-operate and be involved in discussions to deal with such issues as agreed in the standard agreement.

Outline of Procurement Process:



14. Service Specifications

The purpose of the service specification is to describe the requirements, outcomes to be achieved and quality standards. It should give regard to relevant factors such as location, requirements of service users, and Key Performance Indicators (KPIs). It will also provide a useful basis for supplier's engagement, and which may also allow the service specification to be refined.

Operational and Clinical leads are responsible for drafting the service specification. This activity is supported by the Contracts and Procurement Team.

Also, it is important to have regard for the 3 Year plan. This covers important aspects of service development, workforce issues, external influences i.e., population health and social value, and capital development. This should be consulted before beginning any process for procurement.

15. Pricing

The price for goods and services shall be accurately evaluated by the Trust. There are however some general principles that should be adopted.

- The price should include the cost of supplying the service to the Provider.
- A cost breakdown should be obtained, to include, but not limited to; -

- Risk Premium-Profit / Mark-up
- Overheads
- Staffing
- Delivery

Cost models can be used to benchmark existing goods and services which contribute to assess value for money and allocated budget. The analysis of these cost models will require input from the Trust procurement and finance personnel, where appropriate.

A failure to evaluate costs could result in the Trust making a substantial loss and/or not achieving value for money.

16. Sourcing suppliers

Once you have an accurate supply/service specification you will be able to look at what suppliers can offer in terms of services/products.

The purpose of the service/product specification is to describe the needs to be addressed and the outcomes to be achieved with quality standards. Also, it should give regard to relevant factors such as location, requirements of service users and access requirements. It will also provide a useful basis for supplier engagements and may also allow the service/product specification to be refined.

17. Supplier engagement

It is important to pre-engage with suppliers to develop and refine service specifications and explore the impact on such services on resources and staff requirements.

An advertisement is sometimes required for procuring goods and/or services (please see Procurement Thresholds) and involves suppliers being asked if they are interested in providing a service for the Trust.

18. E-Tendering

The Trust uses Atamis Tender Management to manage the tender processes.

Atamis is configured to be compliant with the Procurement Act 2023 and is an end-to-end process for tender management. The Atamis system has IL3 security which is accredited by UK government.

The system publishes adverts in Contracts Finder and Find a Tender (FTS).

19. Standard Selection Questionnaire (SSQ)

The standard Selection Questionnaire has been developed to simplify the supplier selection process for Bidders and is used in the Restricted Procedure.

For more information please see:

https://www.gov.uk/government/publications/procurement-policy-note-816-standard-selection-questionnaire-sq-template.

20. Evaluating Selected Tenders

A Project Team shall be formed to evaluate the tenders.

The evaluation panel should include Operational and Clinical leads, Procurement, Business Development Unit, Contracts and Finance. The stakeholders shall complete an evaluation to be kept as a permanent record. The evaluation should consist of financial (only to be undertaken by the Finance lead) and non-financial analysis.

Every tender evaluation has a weighting criterion and is based on the Most Advantageous Tender which analyses quality, service, social value, and price, (totalling 100%).

The technical qualitative analysis shall evaluate the bidder's ability to meet specification and will score each in accordance with the pre-set criteria.

The financial analysis shall compare bidders' costs and include any enhancements offered. It will also examine the financial stability of the bidder. This must only be completed by the

nominated Finance lead.

The ESG analysis evaluates the Bidder's commitment, strategy, and cooperation to ELFT as an Anchor Organisation. This includes and is not limited to Real Living Wage, Sustainability, Local Employment, and Employment of Priority Groups as identified by ELFT.

As part of the evaluation, it may be necessary to obtain written references from the potential supplier's client base. These will preferably be other NHS Trusts or other Public Sector bodies.

In certain circumstances, it may be necessary to hold post tender discussions. Post tender discussions are used to clarify elements of an offer.

21. Tender award

The panel will recommend an award of the contract to the Operational and Service and Finance lead and the Executive Team. Procurement will issue an award letter successful tenderer and a rejection letter to unsuccessful tenderers, offering debriefs. Prior to making a contract award, the Procurement team will run a D&B due diligence check to provide further current assurance that the preferred supplier possesses the sufficient financial viability to perform the contract fully.

22. Contract and Subcontract registration

All contracts and subcontracts shall be stored registered by the CDD on the Contract Management Database. The record will include details of the ELFT contract lead, start and expiry dates, the management committee/group receiving performance reports.

ELFT Contract Leads shall make certain that meeting minutes, KPI reviews, important correspondence (i.e. issues, agreement in principle of service changes), performance reports, are sent to CDD. This shall then be stored in the contract management system to guarantee contract records are up to date and accurate.

23. Authority to sign contracts and subcontracts

Subject to the Financial Limits (Appendix one), subcontracts shall normally be signed by the Director or Acting Director of Service within which the Contract Lead is based. If the Contract Lead is the Chief Executive, the Deputy Chief Executive or a Director, they are able to sign.

The signatories of contracts and subcontracts shall be advised by CDD and the Contract Lead. However, the signatories shall ultimately be responsible for ensuring that the cost of the contract or subcontract has been adequately budgeted for and that the contract or subcontract is in the best interest of ELFT and its Service Users, and developed in compliance with ELFT's Standing Financial Instructions, Standing Orders, this and other relevant policies, and in line with the relevant contract with ELFT's commissioners.

24. Internal Audit

Internal audit primarily provides an independent and objective opinion to the Accountable Officer, the Board and the Audit Committee on the degree to which risk management, control and governance support the achievement of the Trust agreed objectives. In addition, internal audit's findings and recommendations are beneficial to line management in the audited areas. Risk management, control and governance comprise the policies, procedures and operations established to ensure the achievement of objectives, the appropriate assessment of risk, the reliability of internal and external reporting and accountability processes, compliance with applicable laws and regulations, and compliance with the behavioural and ethical standards set for the organisation.

Internal audit also provides an independent and objective consultancy service specifically to help line management improve the Trust's risk management, control and governance. The service applies the professional skills of internal audit through a systematic and disciplined evaluation of the policies, procedures and operations that management put in place to ensure the achievement of the Trust's objectives, and through recommendations for improvement. Such consultancy work contributes to the opinion which internal audit provides on risk management, control and governance.

Internal Audit should fulfil its terms of reference by systematic review and evaluation of risk management, control and governance which comprises the policies, procedures and operations in place to:

- Establish, and monitor the achievement of, the Trust's objectives.
- Identify, assess and manage the risks to achieving the Trust's objectives.
- Ensure the economical, effective and efficient use of resources.
- Ensure compliance with established policies (including behavioural and ethical expectations), procedures, laws and regulations.
- Safeguard the organisation's assets and interests from losses of all kinds, including those arising from fraud, irregularity or corruption.
- Ensure the integrity and reliability of information, accounts and data, including internal and external reporting and accountability processes.

It is the responsibility of the Chief Financial Officer to ensure an adequate Internal Audit service is provided and the Audit Committee shall be involved in the selection process when/if an Internal Audit service provider is changed.

25. Direct Award Due to Extreme Urgency

In exceptional circumstances where goods and/or services in cases of extreme urgency without the need to advertise to the marketing or tendering. This is permissible under Public Contracts Regulation 2015 (amended 2020) clause 32(2) as per the guidance by Procurement Policy Note PPN01/21.ELFT can choose to direct award following by demonstrating the below conditions:

1) Genuine reason for urgency *e.g., public health risk, loss of existing provision, or reacting to an emergency but not planning for one*
2) The urgency was unforeseeable *e.g., situation is so novel that the consequences are not something ELFT could have predicted*. *Knowing something must be done is seen as foreseeable and fails this requirement.*
3) It is impossible to comply with the timescales dictated by the PCR2015 (amended 2020) *e.g., no time to run accelerated procurement under open, restricted, competitive procedure with negotiation, or call-off contract from an existing framework*
4) ELFT has not contributed to the urgency *e.g., extreme emergency was not raised or exacerbated by ELFT, and they are not a contributor to the situation.*

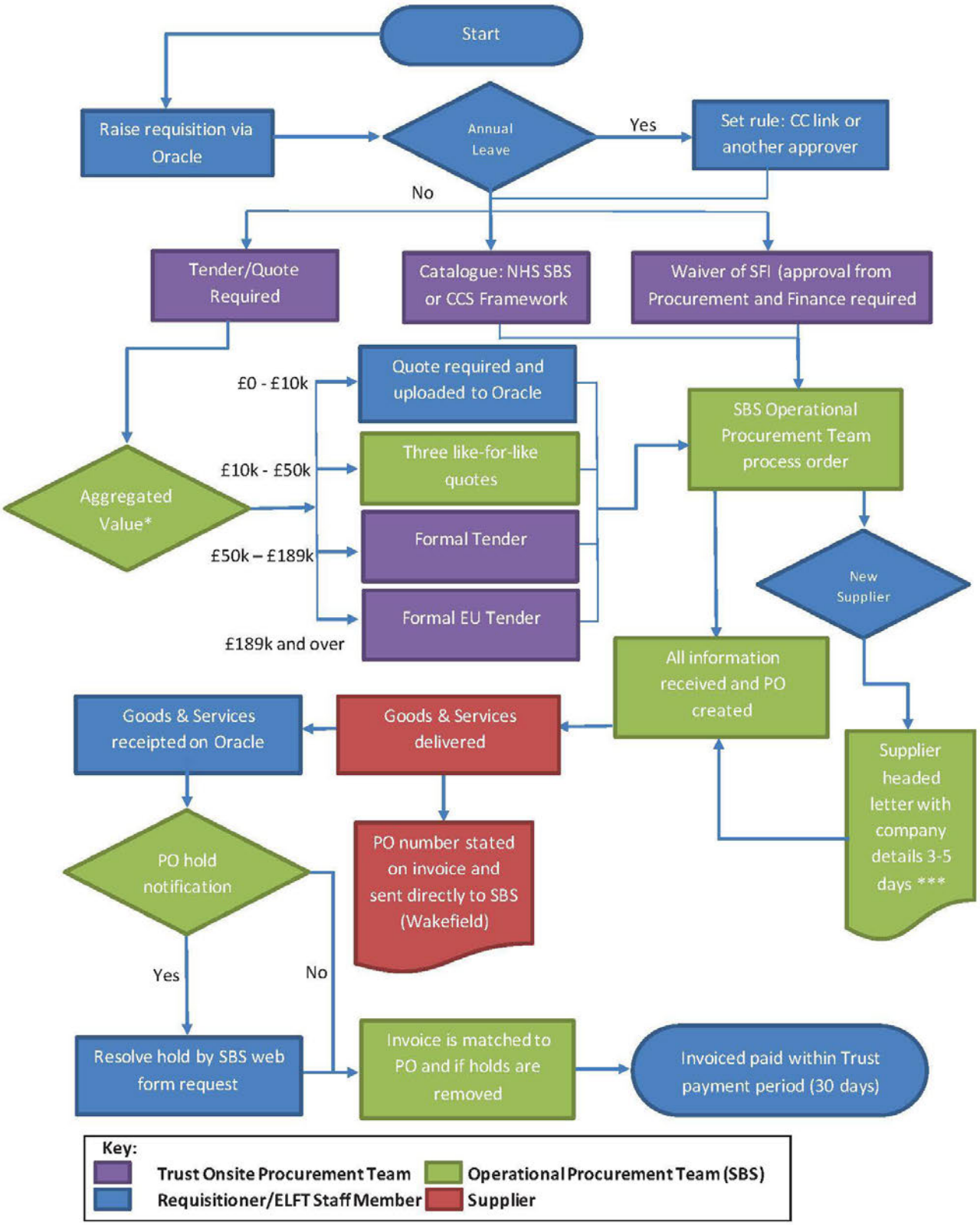
If the four above conditions are satisfied, the direct award will be approved by the Chief Finance Officer and Executive Commercial Director by means of a waiver with clear justification on the decision. Contracts should be limited to only what is absolutely necessary in terms of goods, services and length of agreement.

Appendix One - Financial Limits

Expenditure range	Responsibilities
Up to £10,000	Budget Holder Director of People Participation Assistant Director of Assurance Associate Director of Research Associate Director of Performance Associate Director of Information Governance Associate Director of Mental Health Law Associate Director of Safeguarding
Up to £25,000	Financial Controller Head of Service Assistant Director of Estates, Facilities and Capital Associate Director of People and Culture Associate Director of Legal Affairs Chief Pharmacist Director of Corporate Governance Deputy Director of Operations
Up to £50,000	Deputy Director of Estates, Facilities and Capital Deputy Director of People and Culture Deputy Borough Director NCEL Provider Collaborative Deputy Programme Director Associate Director of Innovation and Transformation Director of Nursing Clinical Director Associate Director – Contracts and Procurement
Up to £100,000	Borough Director NCEL Provider Collaborative Programme Director Chief Technical Officer - Digital Director of Estates and Facilities
Up to £250,000	Executive Director Associate Director of Finance
Unlimited	Chief Executive Officer Chief Finance Officer

Note: The following flowchart now distinguishes between two legal routes:
• Provider Selection Regime (PSR) – applies to healthcare services procurement.
• Procurement Act 2023 – applies to goods, works, and non-healthcare services procurement.
Decisions should be based on the category of procurement.

Appendix Two–Procurement flow chart



Note:

This flowchart has been updated to reflect:

• PSR processes (Direct Award, Most Suitable Provider, Competitive Process) for healthcare services.
• Procurement Act 2023 processes (thresholds, transparency notices, tendering routes) for non-healthcare services.

Appendix Three: Flowchart for Procuring Goods and Services

	Action	Activity	Responsibility	Sign-off date	Comments
1	Trust Project Manager identified	ELFT member of staff who will be lead stakeholder towards the tender process and manage resulting contract/framework	PROCUREMENT		
2	PID sign-off	PID to be signed off by Board member.	PROCUREMENT		PID will not always be necessary dependant on project/business need
3	Roles & Responsibilities / Project timetable	R&R's of all Stakeholders plotted against project timetable steps. See below	ALL		
4	Pre-contract award	• Award recommendation report	PROCUREMENT		
		• Acceptance letters and framework agreement	PROCUREMENT		
		• Purchasing reference guide	PROCUREMENT		To be forwarded to Operational Procurement
		• Supplier set up for Oracle ordering	OPERATIONAL PROCUREMENT		To be set up before Standstill end
		• Contract set up on Trust catalogue	OPERATIONAL PROCUREMENT		
5	Contract	• Draw up contract (liaise with preferred bidder and stakeholder)	PROCUREMENT		
		• Manage sign-off process.	PROCUREMENT		
		• Upload onto contract register	PROCUREMENT		
		• Monitoring of contracts	PROCUREMENT		
AT THIS STAGE OF THE PROJECT FULL RESPONSIBILITY TO BE HANDED OVER TO THE STAKEHOLDER ***(T&C's and any special terms / Purchasing reference guide(s) / outstanding issues)***					
		• KPI's	ELFT		
		• Review meeting schedule	ELFT		

Note: Roles and responsibilities should be read with reference to:
- PSR – healthcare service contracts.
- Procurement Act 2023 – goods/works/non-healthcare service contracts.

Appendix Four –Procurement Process Roles and Responsibilities

Local Tender / Framework Agreement / Further Competition

This is based on a Restricted Procedure; two stage processes (SQ and ITT stages).
For single Open Procedure stage skip SQ and add "create specification" to ITT stage.

Stage	Role
Agree PID	**PROCUREMENT / PROJECT TEAM**
Confirm Budget	FINANCE
Create Specification	(ELFT) PROJECT TEAM
Create SQ	PROCUREMENT
Sign off SQ	ELFT
Issue advert (Find a Tender and Contracts Finder), SQ available for download	PROCUREMENT
Deadline for bidder clarification questions	PROCUREMENT
Responses to bidder clarification questions	ELFT
Final SQ responses received from bidders	PROCUREMENT
Provisional checks of gateway and evaluation pack prepared	PROCUREMENT
PQQ evaluation date (Project Team)	**PROCUREMENT / ELFT**
Notification to successful and unsuccessful and bidder de-briefs	PROCUREMENT
Create ITT Pack	PROCUREMENT
Issue ITT to short-listed bidders	PROCUREMENT
Deadline for clarification questions	PROCUREMENT / BIDDER
Final ITT responses received from bidders.	PROCUREMENT / BIDDER
Preliminary compliance review / administration of ITT responses	PROCUREMENT

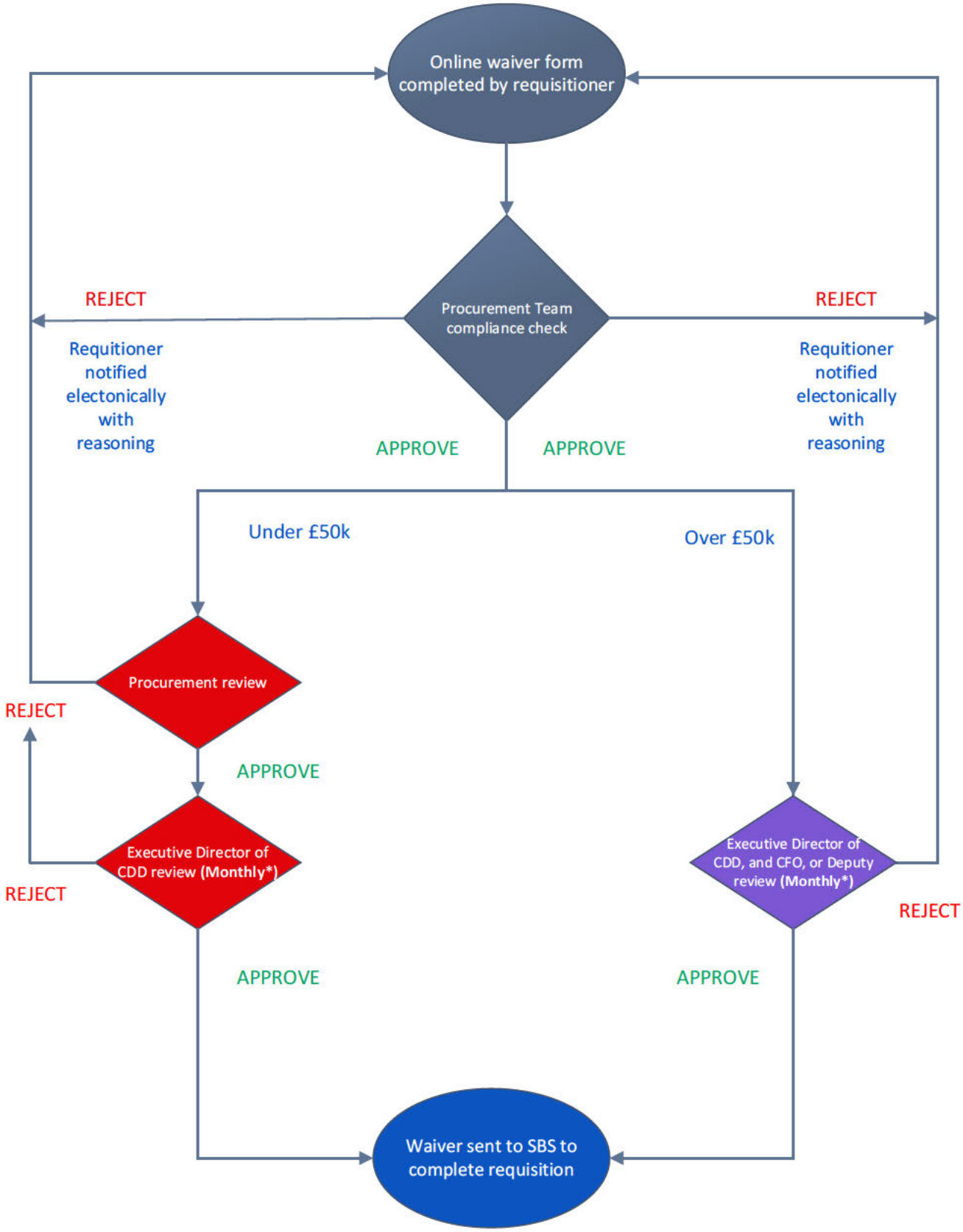
ITT evaluation (Project Team)	PROCUREMENT / ELFT
Bidder short-list and invite to presentation	PROCUREMENT
Bidder presentation and Q&A	PROCUREMENT / ELFT / BIDDER
Bidder visits	PROCUREMENT / ELFT / BIDDER
Final tender scoring / evaluation day (Project Team)	**PROCUREMENT / ELFT**
Scoring Evaluation	ELFT
Evaluation Moderation	PROCUREMENT / ELFT
Award Recommendation Report	PROCUREMENT / ELFT
Notification of successful and unsuccessful bidder / bidder de-briefs	PROCUREMENT
Standstill period (at least 8 working days)	PROCUREMENT
Contract Award	PROCUREMENT

Alignment to Framework Agreement (direct call off)

Stage	Role
Agree PID	PROCUREMENT / ELFT
Collection of spend data and requirements for Trust sites	PROCUREMENT / ELFT / SBS OP / SUPPLIER
Create Specification	PROCUREMENT / ELFT / SBS OP
Comparison of data to SBS Framework Agreement	PROCUREMENT / ELFT / SBS OP
Justification of award	PROCUREMENT
Appointment of new supplier	PROCUREMENT

Note: Waiver process may differ depending on legal regime:
• PSR allows direct award under statutory guidance (with publication of required notices).
• Procurement Act 2023 allows direct award only in tightly defined circumstances (urgency, technical, single supplier).

Appendix Five – Waiver process chart



*Last Friday of every Month

Appendix Six: Checklist & template for Tendered Contracts

Commissioner	
Service Contracted	
Tender name	
Person completing this contract assessment	
Date when completed	

Checklist [first two columns] and assessment template [last three columns]

Part of contract	Detail of inclusion	RAG rating	Issue	Response
PARTIES	Name and address of ELFT incorrect [NB 'NHS' is sometimes left out of the name]			
DEFINITIONS Inclusion of tender documents	Inclusion of tender and bid documents in contract and commissioner policies and agreements (all of which cannot be varied by the parties to the contract). *Such documents can be appended to contract for information only – and this must be explicit.*			
FINANCE SCHEDULE AND PAYMENT TERMS	Our estimate of costs above contract value			
	Performance related incentives/penalties risk to make costs exceed contract value - too greater proportion of contract dependent on performance			
PAYMENTS AND DEFAULT	Any clause that allows the commissioner to reduce or suspend funding [other than penalties specified in the contract]			
RECOVERY OF SUMS DUE TO THE AUTHORITY	For underspend			
	For services the commissioner judges as not having been delivered			
CONTRACT SUM REVIEW	Allowing the commissioner to make unilateral changes			
TUPE	ELFT Liable for cost of undeclared TUPE information over and above 5% of contract value			
REDUNDANCY COSTS	No term making commissioner responsible for redundancy costs if the contract is terminated or (if funding is recurrent) the contract is not renewed on expiry			
COMMENCEMENT AND DURATION	Commencement date missing or not achievable			
	No end date			
CONFIDENTIALITY	Contracts not confidential			
	Commissioner not bound by Caldicott or equivalent			
	Allows access to ELFT's financial records			

Part of contract	Detail of inclusion	RAG rating	Issue	Response
	Allows access to patient and staff records			
SUBCONTRACTING	Requires commissioner approval to the selection of subcontractors and to the termination of their contracts			
PROVIDER'S EMPLOYEES	Posts specified in the contract.			
	Appointments must be approved by commissioner			
CONTRACT MANAGEMENT	Dates, times and places of meetings set (rather than agreed) by commissioner			
	No provision for provider to call special meetings			
	No provision for provider to decide who represents them			
	Action plans imposed by the commissioner (rather than agreed by both parties)			
	Consistent with micromanaging – e.g., controlling staffing, details of service delivery, rather than focusing only on quality and level of service, and clinical outcomes			
PERFORMANCE AND REPORTING REQUIREMENTS	Unreasonable number of KPIs. Duplicate KPIs. Unachievable targets			
	Routine reporting more frequent than quarterly – except in the case of reporting by exception.			
	Reporting allows inadequate time for Informatics and/or performance manager to generate accurate report.			
VARIATIONS	No provision for variations proposed by ELFT			
	Variations imposed without agreement [other than mandatory national ones]; for example, requirement to meet Head contract KPIs etc.			
DISPUTES	No provision for dispute resolution			
	No provision for escalation in dispute resolution process			
TERMINATION	No no-fault provision for notice of termination by provider			
	Too short (under 4 months) or too long (over 1/3 of the term of the contract)			
EXPIRY	No provision for settlement of debts, and maintenance of confidentiality after termination or expiry of contract			

Appendix Seven – Contract Income / Expenditure Template

Contract Info			
Contract Name			
What is the contract for?			
Income or Expenditure? Delete As applicable	Income or Expenditure		
Commissioner			
Contract Value			
Sign Off	**Name and Date**		
Step 5: Final signature process: Less than £50k (incl VAT) signed by Associate Director of contract and procurement and Associate Director – Commercial Development More than £50k (incl VAT) signed by CFO	Please delete as appropriate: Associate Director (less than £50k incl VAT) CFO (more than £50k incl VAT)		
Step 4: Contract Approval – Associate Director of contracts and procurement			
Step 3c: Service Approval – Service Director			
Step 3b: IG Approval – Associate Director of Information Governance and Data Protection Officer			
Step 3a: Performance Approval – Chief Quality Officer (CQO) (N/A if subcontract)			
Step 2: Procurement Approval (if applicable). Please tick SFI compliant route to market and name and date.		**Tick**	**Name and Date**
	Tender		
	3 Quotes		
	Framework Call-off/competition		
	Waiver		
Step 1: Finance Business Partner Approval			

Appendix Eight - Glossary of Terms:

CDD	**Commercial Development Directorate –** Consisting of Business Development, bid writing, Procurement and Contracting
FTS	**Find a Tender** Replaces OJEU effective 1st January 2021
ICS	**Integrated Care System**
OJEU	**Official Journal of the European Communities.** This governed Public procurement in the UK prior to Brexit
Restricted Procedure	**2-part tender process under Public Procurement Regulations 2015**
WTO GPA	**World Trade Organisation's Government Procurement Agreement**
PA23	**Procurement Act 2023**
PSR	**Provider Selection Regime**

Appendix Nine – Due Diligence Process

All new and existing suppliers must, at least once annually, undergo a due diligence process, using the Dun and Bradsheet system, to assess their ongoing viability. This is to ensure that the risk of their supply provision to the Trust is identified as early as possible, so appropriate mitigations can be put in place to protect the Trust's position. Please see below the required process that is to be undertaken by both the Contracts and Procurement teams:

- For all new suppliers onboarded, before the tender process is completed, the pre-checks are completed as part of the mandatory SQ's. Any exceptional information that is reported as part of this stage will mean either the Procurement team will query this with a bidder, or will disqualify the bidder from continuing with the tender process.
- Before the contract is awarded, once the tender process has been completed, Procurement will run a Dun & Bradsheet report to confirm the financial position and viability of the new supplier. If any exceptional information is returned, this is queried with the new supplier. If the supplier is unable to adequately respond and/or provide assurance, the Trust reserves the right to not award the contract to the supplier.
- For all existing suppliers, the Contracts team will run a report to check on their ongoing financial position and viability. If any exceptional information is reported, this is queried with the existing supplier. If the supplier fails to provide an adequate response or assurance, then the Trust can, as per the contract clauses, raise a formal contract notice to the supplier, which will require the supplier to produce a remedial action plan to address the concern raised.
- If the supplier fails to deliver on the remedial action plan, then the Trust can service notice to terminate the subcontract by reference to the material breaches clause. If the information returned by the initial due diligence report is deemed to be of a very material/significant nature, i.e. there is a very certain likelihood this will have an impact on the supply provision in the near future, then the Trust can initiatie immediate termination of the subcontract.
- All due diligence checks and reports must be saved down in each supplier's folder and noted on the Contracts Register, with a RAG-rating included to note the status of the returns, i.e. Green for no issues, amber for some issues reported, and ref for serious issues reported.
- All issues reported, whether amber or red rated, will require the supplier to devise a remedial action plan to address these, with timelines agreed for rectification.

References

• Procurement Act 2023 – https://www.legislation.gov.uk/ukpga/2023/31/enacted
• Health and Care Act 2022 (Part 3: NHS Procurement) – https://www.legislation.gov.uk/ukpga/2022/31/contents/enacted
• NHS England – Provider Selection Regime Statutory Guidance (January 2024)
• Cabinet Office Procurement Policy Notes (PPNs) – https://www.gov.uk/government/collections/procurement-policy-notes

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Data Protection Impact Assessment (DPIA)
Template

A Data Protection Impact Assessment (DPIA) must be completed whenever a new service, process or information asset is introduced or there is a change to an existing process or service. A DPIA may also be required when renewing a contract if one had not been completed previously.

Steps 1 – 3 must be completed for all projects / proposals. If advised to do at the end of Step 3 please complete Step 4. Completed DPIAs should be emailed to elft.information.governance@nhs.net

Step 1. Project / proposal details *Complete for all projects / proposals*

Project / proposal name:
Description of project / proposal: Explain broadly what project aims to achieve and what type of processing it involves. Please attach a document or link to other documents, such as a project outline form if you have one. Is it a new electronic system, service acquisition, software, information sharing proposal or something else?
Give an overview of the processing: How will you collect, use, store and delete data? What is the source of the data? Will you be sharing data with anyone? Attach a flow diagram or describe data flows. What types of processing identified as likely high risk are involved?
What are the benefits?

Is a supplier involved in the processing?
Who supplies the system?
What is the suppliers registered address?
Is the supplier of the system, registered with ICO? If so please provide details of the registration:
Is the supplier of the system, DSPT (standards Met) (health and social care) If so please provide version details:
Has the supplier of the system, implemented ISO27001 or Cyber Essentials Plus. If so please provide a copy of the certification:
Has a DTAC been completed? If so, has the CISO reviewed and approved?
Is there a contract / data controller to processor agreement, information sharing agreement? If yes, please attach
Proposed implementation date:
Is this a pilot? Y/N
If Y, when does the pilot end?

Step 2. Contact details *Complete for all projects / proposals. Please contact the IG team if anything is unclear*

Work stream lead / project manager details	
Name	**Job title**
Email	**Phone**
Information Asset Owner (if different from above). This will be a Service Director, Corporate Director / Associate Director	
Name	**Job title**
Email	**Phone**
Information Asset Administrator. This will usually be a team manager, IT super user etc	
Name	**Job title**
Email	**Phone**
Has the asset been added to the relevant asset register? Please forward/attach a copy of the updated asset register	
Executive Director sponsor details. Required for large scale change, acquisitions etc, not for small projects	
Name	**Job title**
Email	**Phone**

Step 3. Screening questions. *Complete for all projects / proposals*

Answering YES to any of the screening questions represents a potential high risk to the rights and freedoms of individuals and therefore a full DPIA must be completed to ensure those risks are identified, assessed and fully mitigated.

Screening questions	Yes or No
Will the project / proposal involve the collection / processing of information about individuals? (this could be service users, carers, staff, stakeholders etc)	
Does it introduce new or additional information technologies that can substantially reveal business sensitive information / have a high impact on the business?	
Will it require individuals to provide information about themselves?	
Will information about individuals be disclosed to organisations / individuals who have not previously had routine access to the information?	
Will information about individuals be used for a new purpose or in a new way?	
Does it use technology that could be seen as intrusive e.g. automated decision making?	
Will it result in making decisions about individuals that may have an impact on them e.g. research, service planning, commissioning new services?	
Will it change the delivery of an individual's direct care?	
Will it require you to contact individuals in a way they might find intrusive?	
Does it involve any other organisations?	
Does it require individuals to consent to their information being processed?	
Does it involve new or significantly changed handling of a considerable amount of personal / business sensitive information about an individual in a database or system?	
Does it involve new or significantly changed consolidation, interlinking, cross referencing, or matching of personal / business sensitive data?	
Does it use cloud services / is it stored in 'the cloud'?	
Is it about children or vulnerable groups of adults e.g. service users?	
Will it be used for research purposes / projects?	

If you answered YES to any of the above questions please complete Step 4. If you answered NO to all questions then please send your DPIA to elft.information.governance@nhs.net. We will assess your request and either confirm our data protection support for your project / proposal or request further information. Please contact the IG team if anything is unclear.

Step 4. Full Data Protection Impact Assessment *Complete only when advised a full DPIA is necessary at the end of Step 3*

4.1 Processing		
Who is the information processed about? (Also known as data subjects) Please put an X where applicable		Employees
		Patients
		Students
		Partner businesses or organisations
		Other:
What are the Data Classes that will be held on the system? Please put an X where applicable		**Personal sensitive details** (name, address, Postcode, Date of Birth, NHS number)
		Family, lifestyle and social circumstances (marital status, housing, travel, leisure activities, membership of charities)
		Education and training details (qualifications or certifications, training records etc)
		Employment details (career history, recruitment and termination details, attendance details, appraisals etc)
		Financial details (income, salary, assets, investments, payments etc)
		Criminal proceedings, outcomes and sentences
		Goods or services (contracts, licenses, agreements etc)
		Racial or ethnic origin
		Religious or other beliefs of a similar nature
		Political opinions
		Physical or mental health conditions
		Offences including alleged offences
		Sexual health
		Trade union membership
What data will be collected / processed? Does it include health or any other special categories of data? If so, please list. These are health, racial or ethnic origin, political opinions, religious or philosophical beliefs, or trade union membership; and the processing of genetic data, biometric data for the purpose of uniquely identifying a natural person, data concerning health or data concerning a natural person's sex life or sexual orientation		
How will the data be collected?		
Where will it be collected from?		
What will it be used for?		

Will it be processed manually? Yes or No
Will it be processed electronically? Yes or No
How is access controlled? For example passwords, Smartcard, locked door
What training will the users receive for using the system?
Will only the minimum data necessary be collected / stored / processed?
Will be anonymised, pseudonymised or collated with other data?
Will any third parties access the data? Who? For example if another organisation wants access to our systems
Will it be sent off site or shared externally i.e outside the Trust or outside its computer network? Yes or No
If sent off site, where to? Name the other agency / company / location / country
How will it be sent?
How long will the data be retained in identifiable form?
Will it be de-identified or destroyed. How?

Are you aware of any concerns or risks over the processing / use of the data, system, supplier, other agency etc?
Has any / will any consultation take place? Yes or No? Please list, also include feedback received

4.2 Cloud considerations. You must complete this if you answered Yes in Step 2 to 'Does it use cloud services / is it stored in 'the cloud'?
Which country is the cloud provider based in?
Is the cloud service hosted on HSCN?
What business continuity plans are in place if the provider ceases trading?
What secure arrangements are in place at the end of the contract with the cloud provider to transfer the data?
Who would legally own any data uploaded to the cloud application by the Trust?
What information & cyber security policies does the cloud provider have? Please attach information / embed a link
Has the CISO approved the Cloud considerations? Y/N

Please send your completed DPIA to elft.information.governance@nhs.net. We will assess your request and either confirm our data protection support for your project / proposal or request further information.

Information Governance assessment

To be completed by the information governance team who will advise you once the assessment is complete

Compliance area	Assessment of compliance	Compliance agreed by IG Manager Y / N
Principle 1 Lawfulness, fairness and transparency Transparency: Are data subjects aware what data processing will be done? Fair: Is the processing as described? Lawful: Processing must meet the tests described in GDPR [article 5, clause 1(a)], that personal data shall be: "(a) processed lawfully, fairly and in a transparent manner in relation to individuals		
Principle 2 Personal data can only be obtained for "specified, explicit and legitimate purposes" [article 5, clause 1(b)]. Is the data only being used for the specific processing purpose that the subject has been made aware of?		
Principle 3 Data collected on a subject should be "adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed" [article 5, clause 1(c)]. Is only the minimum amount of data kept for specific processing?		
Principle 4 Personal data shall be accurate and, where necessary, kept up to date. [article 5, clause 1(d)]. Baselining ensures good protection and protection against identity theft. Are there rectification processes in the data management / archiving activities		
Principle 5 Regulator expects personal data is "kept in a form which permits identification of data subjects for no longer than necessary" [article 5, clause 1(e)]. Is this		

<table>
<tr><td>recognised and what processes are in place to ensure it happens?</td><td></td><td></td></tr>
<tr><td>Principle 6
Requires processors to handle data “in a manner [ensuring] appropriate security of the personal data including protection against unlawful processing or accidental loss, destruction or damage” [article 5, clause 1(f)]. Is the security adequate? Is there a system level security policy?</td><td></td><td></td></tr>
<tr><td>Information sharing
Is an information sharing or third party access agreement required? Y/N</td><td></td><td></td></tr>
<tr><td>Risks
Assess the source of risk & nature of potential impact on the rights & freedoms of individuals. Include associated compliance & corporate risks as necessary</td><td>
<table>
<tr><td></td><td colspan="5">Likelihood</td></tr>
<tr><td>Severity</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td></td><td>Rare</td><td>Unlikely</td><td>Possible</td><td>Likely</td><td>Almost</td></tr>
<tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr>
<tr><td>4 Major</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr>
<tr><td>3 Moderate</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr>
<tr><td>2 Minor</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr>
<tr><td>1 Negligible</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
</table>
Is the risk great enough to report to the ICO? Y/N

Add comments:
</td><td></td></tr>
<tr><td>Asset register / data flows mapping
Has the asset been added to the relevant asset register? Y/N</td><td></td><td></td></tr>
</table>

Information governance team to forward to DPO

Data Protection Officer approval

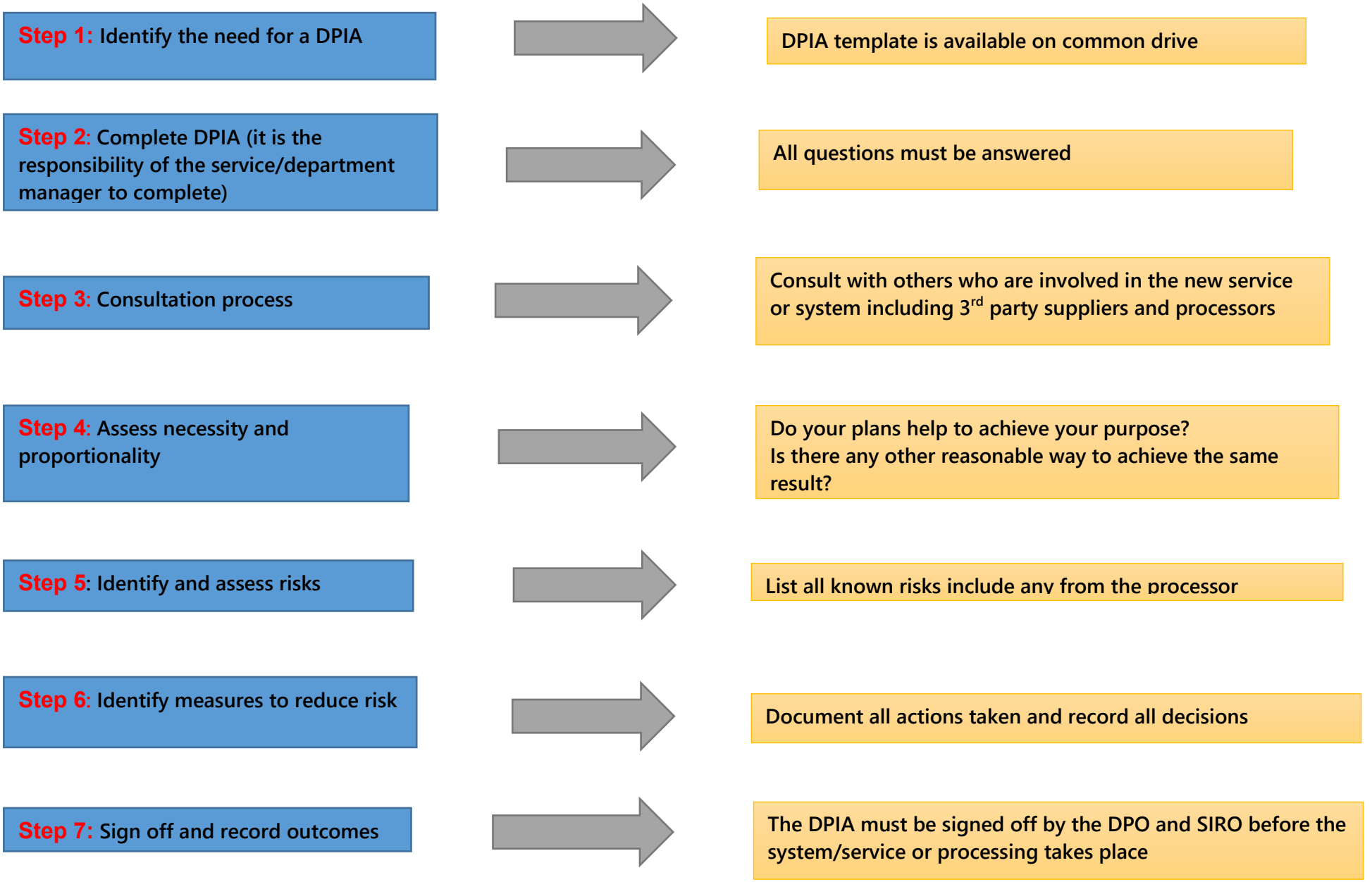
DPO comments
DPO approval granted? Y/N

DPO name:
DPO signature:
DPO approval date:

DPO to return form to information governance team for documenting and returning to project manager

Date returned by IG team to project manager:

DPIA - Process Diagram



Ref: 82/2025

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NHS Foundation Trust

Confidential & Commercially Sensitive

Not for Onward Circulation

82-2025 Robotic Process Automation and ServiceDesk Ticketing Solution

Author	XXXX
Directorate/Support Service	People and Culture
Version	Version 1.0
Date	18/12/2025

Reviewed By	Name	Title
Directorate Lead	XXXX	Deputy Director People and Culture
Information Governance	XXXX	Associate Director of Information Governance and Data Protection Officer
People & Culture	XXXX	Associate Director of People Operations
Contracts / Procurement	XXXX	Associate Director of Contracts and Procurement
Digital	XXXX	Associate Directors for Digital
Business Development	XXXX	Associate Director of Commercial Development

Approving Body	Date	Version	Comments
CFO:			
EMT/CPSG:	N/A	N/A	
FBIC:	N/A	N/A	
Trust Board:	N/A	N/A	

Version	Status (Draft / Final)	Date	Changed by / Issued to
1.0	Draft	08/12/2025	

Costing Summary

To be completed prior to submission by Finance, following sign-off by the Associate Director of Finance.

Year 1 Spend - Capital	£188,760	**Funding Source**	Capital allocation
Year 1 Spend - Revenue	£0	**Funding Source**	N/A
Total Spend - Capital	£310,738	**Funding Source**	Capital allocation
Total Spend - Revenue	£662,613 (over 5 years to 29/30)	**Funding Source**	Run rate savings
FBP Sign off	XXXX		
Capital Sign off	Insert name/Title		
Revenue Sign off	Insert name/Title		

Contents

1. Executive Summary

A business case for the implementation of Robotic Process Automation (RPA) was approved in January 2025, incorporating both revenue and capital costs to support delivery of the Trust's wider Transformation Programme within the People and Culture (P&C) Directorate. Following termination of the original supplier contract due to material assurance and compliance breaches, a revised and more cost-effective approach is now proposed.

Under the proposed revised model, the Trust will implement the Royal Free NHS Trust's managed RPA service - an already assured, NHS-run platform that meets all governance, cyber security, and data protection requirements. In parallel, the programme will deliver the People & Culture Helpdesk on ServiceNow as a service desk ticketing solution to modernise HR query management and strengthen support to the P&C Hub.

Both initiatives can be delivered within the original £190k capital allocation in 25/26, achieving the intended transformation outcomes at less than the original supplier cost.

2. Case for Change

2.1. Scope / Context

In May 2024, the People and Culture Team at ELFT initiated a major Transformation Programme comprising three core projects: the implementation of Robotic Process Automation (RPA), the development of a new Service Centre operating model, and a series of process redesign activities. To support delivery of the RPA workstream, an initial contract valued at £640k was awarded in January 2025 via the G-Cloud framework to XXXXX

During the early stages of delivery, significant issues emerged. These included undisclosed offshore development activities, the absence of required HSCN connectivity, and multiple breaches of both cyber security and data protection assurance processes. As a result of these breaches, the Trust terminated the contract in June 2025 and initiated recovery actions totalling £150k.

Subsequently, new RPA suppliers have been sought to ensure the Trust can still realise the benefits associated with automation.

2.2. Clinical Case

Improvement to the recruitment processes will reduce time to hire, therefore reducing reliance and cost of bank or agency staff additionally enabling an increase in capacity by filling vacant posts not covered by bank or agency.

Additionally, improvements to processes will enable to P&C to provide improved service to our customers.

2.3. Management Case

The revised business case proposes a more cost-effective and lower-risk approach to RPA implementation following approval of the original RPA business case in January 2025. The proposed model replaces the previous supplier arrangement with the XXXX assured, NHS-run RPA service and the implementation of the People & Culture Helpdesk via XXXX.

Extensive diligence across People & Culture has identified significant automation opportunities that will reduce functional overheads, improve turnaround times, and enhance service quality. RPA will enable faster and more consistent customer service, efficiency gains across high-volume processes, reduced time to hire, improved job satisfaction, and enhanced establishment control. Automation will also deliver capacity release, reduce overpayments, strengthen proactive compliance checks, and lower reputational risk linked to areas such as professional registration management.

Governance for the revised model is strengthened and simplified. XXXX platform meets cyber, IG, and assurance requirements, while ELFT's internal governance provides regular oversight via Finance and Digital boards. Delivery will follow an agile, phased approach with clear stage gates, risk management, and coordinated cutover planning supported by Digital, Cyber, IG, Procurement, and Finance. The project aligns with key components of a number of strategies:

Picture 1: Key NHS and ELFT Strategic alignment references

The People Promise & 2030 People Profession Vision

- Creating a **great employee experience**
- Supporting and developing the people profession
- Harnessing the talents of our people
- Leading improvement, change and innovation
- Embedding **digitally enabled solutions**
- Enabling **new ways of working** and planning for the future

The future of NHS human resources and organisational development report

- Action 7 – '**undertake reviews of systems and processes, to establish effective routes for automation'**
- Action 9 – '**adopt digitally enabled and intuitive transactional processes at all levels**, including the opportunities for efficiency through **robotics**'
- Action 10 – 'Organisation and systems should have **high quality reporting of** people data and insights, enabled through the use of **digital services**'
- Action 25 – '**use technology to create a 'frictionless' recruitment pathway** that improves the candidate experience'
- Action 26 – 'Organisation and systems should create **strong onboarding processes** that reflect the People Plan and People Promise.'
- Action 35 – 'Organisation and systems should continue to lead action to address local supply issues, using the **benefit of scale wherever possible**'

NHS Long Term Workforce Plan

- Page 33 – The Case for Change: #20. 'Developments in AI may increase productivity by giving the workforce 'the gift of time', as **more routine tasks are automated**'
- Page 73 – Digital and technological innovations: #12: Administrative Automation. 'Significant workforce benefit can be gained from the **automation of administrative processes, including through AI applications**'
- Page 75 – Digital and technological innovations: #14. 'If all trusts implemented [automated] processes that have been 'time validated', this could **save more than 7.2 million hours annually**, equivalent to over 965,000 working days released.'

Guide to Scaling People Services for the Future

- Page 13 – 'Frequently used models for scaling in the NHS'
- Page 72-77 – '**Enabling Technology: Automation'**
- Page 131-138 – **Aims of the Overhauling recruitment programme:** 'Improve the overall time to hire through the codifying of each recruitment process and improved use of technology and automation where appropriate'.

3. Proposed Provision

3.1 RPA Benefits

Currently, P&C queries are fragmented across different teams, email to individuals and various P&C Inboxes, phone, spreadsheets, duplication, delays, poor visibility. Implementation of RPA process and a P&C Helpdesk (based on the current ICT Helpdesk) will provide and improve:

- Single entry point for all People & Culture queries.
- Automated routing and prioritisation through RPA workflows.
- Transparency for staff (track requests).
- Dashboards and reporting for performance monitoring.
- Scalable to wider People & Culture processes as the service centre model matures.
- Frees HR staff from repetitive admin, enabling strategic focus.
- Reduced time to hire
- Improved applicant/staff experience
- Consistent standards

3.2 New Supplier Comparisons

3.2.1 Comparison Exercises for RPA processes

XXXX

- Established 2020 as NHSX-funded Automation Centre of Excellence; now part of XXXX.
- Supported 50+ NHS organisations with 150+ automations across HR, finance, and clinical services.
- NHS-built, cloud-based, multi-vendor automation platform with pay-as-you-consume model.
- Fully managed service: AI orchestration, SLA-driven productivity, cyber/data assurance, NHS-aware support.
- Marketplace includes UiPath, Microsoft Power Automate.
- Relevant P&C RPA catalogue: recruitment (vacancy creation, TrustID checks, onboarding, professional registration), HR (appraisals, contract amendments, maternity/returnee, right-to-work reminders).
- Proven savings, strong governance, scalable delivery.

3.2.2 Comparison Exercises for P&C Helpdesk:

An exploratory exercise has been undertaken with various organisations and suppliers of an RPA Helpdesk system as detailed below:

Table 1: Helpdesk Supplier Comparison

Feature / Criteria	XXXX	XXXX	XXXX
Primary Objective	Enterprise workflow automation & ITSM excellence	Customer service & employee support efficiency	Basic ticketing for small teams
Annual Licencing cost	£60,300	36 Agents - £40,600 65 Agents - £69,975	Not ascertained (Additional Microsoft Licenses will be needed)
Contract Term	XXXX - 24 months modular implementation of XXXX	3 years - Omnichannel, Inbox consolidation, ticketing, automation, reporting	Not ascertained
Implementation Cost	£55,815.00 + VAT and expenses	£9,600	Not ascertained
Complexity	High – requires specialist admin	Medium – designed for ease of use	Low – limited functionality
Scalability	Excellent – enterprise grade	Good	Moderate
Integration	Extensive (ESR, ITSM, Finance automation)	Strong (HRIS, comms tools, API)	Minimal

- XXXX Enterprise-grade, strong integration, higher cost, longer implementation (preferred).
- XXXX Cheaper, faster, but limited HR functionality.
- XXXX: Lowest cost, minimal functionality, poor integration.

3.2.3 Revised Recommended Approach

4. Options

Option	Description	Reject / Accept	Reason for Rejection / Acceptance
Do Nothing	Continue to deliver services without utilising Robotic Process Automation, wait for implementation of NHS England pilot (unknown), fragmented approach to P&C queries and various P&C Inboxes, phone, spreadsheets, duplication etc.	Reject	None deliver required savings or compliance. NHSE Pilot is not a fully managed service so additional resources i.e. developers, SME's would be required.

Option 1	Continue with XXXX	Reject	Assurance position remains inconclusive; risks unresolved
Option 2	XXXX	**Accept**	**Meets transformation objectives, improves customer experience, and achievable within £190k capital. Aligns with long-term NHS digital roadmap and workforce strategy, and functions as part of the RPA transformation.**

5. Financial Analysis

5.1. Resources

No additional staffing resource requirements beyond existing staffs assigned to support project implementation.

5.2. Cost Implications

Finance Risk Score	Likelihood	Impact	Score [RAG]
	4	2	8

	25/26	26/27	27/28	28/29	29/30	Total
Capital						
XXXX	120,600	66,978	-	-	-	**187,578**
XXXX	26,000	55,000	-	-	-	**81,000**
ELFT Infrastructure Costs	25,000	-	-	-	-	**25,000**
Contingency	17,160	-	-	-	-	**17,160**
Capital Total	**188,760**	**121,978**	**-**	**-**	**-**	**310,738**
Revenue						
XXXX	-	-	15,829	63,315	66,481	**145,625**
XXXX	-	6,500	39,750	80,000	80,000	**206,250**
Depreciation	-	140,869	169,869	-	-	**310,738**
Revenue Total	**-**	**147,369**	**225,448**	**143,315**	**146,481**	**662,613**

XXXX **Help Desk**

A two-year XXXX contract will be capitalised in Year 1 (25/26) with a one-off implementation cost in Year 2 (26/27). Costs based on a quote provided by XXXX. It is assumed that VAT on the licensing cost is recoverable under the COS VAT scheme. A 5% annual increase in licensing costs is assumed beyond the quoted period.

XXXX **Help Desk Costs (**24 months modular implementation)

Implementation Cost:	£55,815.00 plus VAT and expenses (if necessary) capital funding in 26/27
Annual Licencing Cost:	£60,300 per annum. £120,600 (Year 1 & 2) covered by capital funding in 25/26

RPA

XXXX RPA implementation will be delivered in two phases:

- Phase 1: Scheduled for 25/26
- Phase 2: Scheduled for 26/27

Current figures are high-level indicative estimates provided by XXXX. A detailed quote will follow once scope is modelled. Year 1 costs are assumed to be capital, subject to confirmation following detail quote provision. VAT treatment is to be confirmed. Currently assumed VAT is recoverable under the COS VAT scheme.

Historical spend on the project include £150,000 paid to XXXX which is currently under contractual/legal dispute.

XXXX **RPA Catalogue Indicative Costs:**

Implementation Cost:	Approx £26,000.00 capital funding in 25/26 and £55,000 capital funding in 26/27
Annual Licencing Cost:	Approx £80,000.00 revenue funding from 28/29. To be confirmed upon receipt of detailed quote.

Based on the above calculations, the total approximate cost for both RPA systems would be £189k in 25/26. This would be covered by the already allocated capital funding of £190k.

Resource impact: Delivered by P&C project team and Digital Services; no additional staffing costs.

Return on Investment

Return on investment includes efficiency gains, improved customer experience, compliance assurance, and alignment with national NHS strategies. Further detail is outlined in ‘Section 9: Benefits Realisation’. The investment is expected to generate returns exceeding the annual revenue cost of implementation. Savings will begin in 25/26 and increase throughout the project lifecycle.

6. Activity and Contract Implications

6.1. Contracts

Contracts Risk Score	Likelihood	Impact	Score [RAG]
	1	1	1

People & Culture will commission the required services, working closely with Digital, Procurement, and Finance to ensure all contractual, technical, and financial requirements are met. Engagement with Procurement confirms that the recommended route is to award via an established framework, using direct award where appropriate. All prospective suppliers are already present on frameworks used by ELFT, allowing the contract to be let using framework terms and conditions.

As the preferred option is to award the contract to XXXX a fellow NHS Trust, and having undertaken an exercise to source a number of quotes from multiple suppliers, we can direct award to XXXX compliantly under the Procurement Act 2023. From a contract management perspective, no additional resources from the team is expected to oversee this, as this will be closely managed by both P&C and Digital, with required oversight from the Contracts & Procurement team.

6.2. Performance

No identified performance implications

6.3. Data & Analytics

No identified D&A implications

7. Operational Implications

7.1. Digital

Digital Risk Score	Likelihood	Impact	Score [RAG]
	3	3	12

There will be operational implications for Digital, both during implementation and ongoing operation of the RPA service. Digital will provide essential support for system integration, access management, security assurance, connectivity, and maintenance oversight. These responsibilities will be jointly reviewed and captured during implementation workshops through a RACI, ensuring clarity on which tasks sit with People & Culture, Digital, or the supplier.

Digital colleagues are fully engaged in the governance and assurance processes, including participation in supplier due diligence, cyber and IG review, and technical readiness assessments. The partnership with XXXX provides an assured NHS-to-NHS RPA environment, aligned with DHSC, NHS Digital, and local cyber security requirements. Ongoing collaboration between Digital, IG, and Procurement will ensure the solution remains secure, resilient, and sustainable.

The supplier will deploy a team of XXXX implementation specialists to support the People & Culture Service Management transition. The typical team structure is shown below;

alongside the recommended resources East London NHS Foundation Trust assign to contribute to the project.

XXXX

People & Culture XXXX Implementation Supplier Team's Roles and Responsibilities

XXXX

East London NHS Foundation Trust Project Resources Roles and Responsibilities

XXXX

7.2. Estates

Estates Risk Score	Likelihood	Impact	Score [RAG]
	1	1	1

No material Estates impact is anticipated. The implementation of RPA and the XXXX P&C Helpdesk does not require changes to physical infrastructure, workspace, or building access beyond standard accommodation for project staff where required. All work is digital and system-based, with no change to the estate footprint or facilities requirements.

7.3. Partnerships

N/A

8. Delivery Timeline

Activity	Date
BCRG endorsement/Sign-off	10 December 2025
Governance confirmed; delivery plan approved.	December 2025
Infrastructure provisioned; discovery outputs signed off.	January 2026
Configuration/build complete; sprint demos concluded.	February 2026
UAT passed; deployment readiness confirmed.	Early March 2026
Go-live, hyper care, and assurance reporting.	Mid-Late March 2026

9. Benefits Realisation

Benefit	Desired Outcome	Output	Metric
Improved customer service	The service offered by P&C exceeds current achievement	Improved customer satisfaction	Increase in customer satisfaction scores by 5%

Through RPA the time to recruit will be reduced	Reduction in time to recruit substantive staff will reduce the need for back-filling vacant posts with interim staff	Forecast saving of £191,000	Reduction in time to hire Reduction in agency and bank spend
Reduction in P&C cost through capacity release	Through automation of manual transactions number of staff required will reduce	Reduction of 3 WTE band 4 and 3 WTE band 5	WTE removed from budget line
Reduction in salary overpayments	Overpayments are better managed reducing amount processed	Reduction in salary overpayment rate	Reduction of overpayments by £150,000 pa

Addendum to Business Case – Original Business Case from December 2024

NHS
East London
NHS Foundation Trust

Confidential & Commercially Sensitive

Not for Onward Circulation

People and Culture Robotic Process Automation

Author:	XXXX
Directorate/Support Service:	People and Culture
Version:	1.2
Date:	3rd January 2025

Reviewed By	Name	Signature	Date
Service Lead:	XXXX Deputy Director P&C	XXXX	18/12/2024
Directorate Lead:	XXXX Deputy Director P&C	XXXX	18/12/2024
BC Sponsor:	XXXX Chief People Officer	XXXX	18/12/2024
Executive Sponsor:	XXXX Chief People Officer	XXXX	18/12/2024

Approving Body	Date	Version	Comments
CFO:	Date	Version	
EMT/CPSG:	Date	Version	
FBIC:	Date	Version	
Trust Board:	Date	Version	

PREVIOUS BUSINESS CASE TO BE EMBEDDED HERE

NHS
East London
NHS Foundation Trust

Data Protection Impact Assessment (DPIA) Template
Further proposal to original DPIA

Step 1. New project / proposal details

New project / proposal name:
Description of new project / proposal and how it differs from original project:
Overview of the processing and how it differs from the original processing in Appendix 1:
Are the suppliers changed? Y/N. If so, please state changes:
Have the cloud considerations in Appendix 1 changed? Y/N. If Y outline changes:
Are there any changes to the screening question responses in Appendix 1? Y/N. If Y, outline changes here:
What are the new benefits?
Proposed implementation date:

Step 2. Contact details. Add changed details, otherwise state 'No change'

Role	Name	Job title	Email
Workstream lead			
Information asset owner			
Information asset administrator			

When the above has been completed please return to elft.digitalpio@nhs.net

CISO assessment

Is a DTAC / VSQ required? Y/N
If a DTAC / VSQ is required, insert documents here
Does the CISO approve the cyber security aspects of this DPIA? Y/N. If No, please outline concerns

CISO, when the above has been completed please return to elft.digitalpio@nhs.net

Information Governance assessment

Compliance area	Assessment of compliance	Compliance agreed by IG Manager Y / N
Principle 1 Lawfulness, fairness and transparency Transparency: Are data subjects aware what data processing will be done? Fair: Is the processing as described? Lawful: Processing must meet the tests described in GDPR [article 5, clause 1(a)], that personal data shall be: "(a) processed lawfully, fairly and in a transparent manner in relation to individuals		
Principle 2 Personal data can only be obtained for "specified, explicit and legitimate purposes" [article 5, clause 1(b)]. Is the data only being used for the specific processing purpose that the subject has been made aware of?		
Principle 3 Data collected on a subject should be "adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed" [article 5, clause 1(c)]. Is only the minimum amount of data kept for specific processing?		
Principle 4 Personal data shall be accurate and, where necessary, kept up to date. [article 5, clause 1(d)]. Baselining ensures good protection and protection against identity theft. Are there rectification processes in the data management / archiving activities		
Principle 5 Regulator expects personal data is "kept in a form which permits identification of data subjects for no longer than necessary"		

<table>
<tr><td>[article 5, clause 1(e)]. Is this recognised and what processes are in place to ensure it happens?</td><td></td><td></td></tr>
<tr><td>Principle 6
Requires processors to handle data “in a manner [ensuring] appropriate security of the personal data including protection against unlawful processing or accidental loss, destruction or damage” [article 5, clause 1(f)]. Is the security adequate? Is there a system level security policy?</td><td></td><td></td></tr>
<tr><td>Information sharing
Is an information sharing or third party access agreement required? Y/N</td><td></td><td></td></tr>
<tr><td>DTAC / VSQ
Has the Information Security Manager completed the CISO section? Y/N</td><td></td><td></td></tr>
<tr><td>Risks
Assess the source of risk & nature of potential impact on the rights & freedoms of individuals. Include associated compliance & corporate risks as necessary</td><td>
<table>
<tr><td></td><td colspan="5">Likelihood</td></tr>
<tr><td>Severity</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
<tr><td></td><td>Rare</td><td>Unlikely</td><td>Possible</td><td>Likely</td><td>Almost</td></tr>
<tr><td>5</td><td>5</td><td>10</td><td>15</td><td>20</td><td>25</td></tr>
<tr><td>4 Major</td><td>4</td><td>8</td><td>12</td><td>16</td><td>20</td></tr>
<tr><td>3</td><td>3</td><td>6</td><td>9</td><td>12</td><td>15</td></tr>
<tr><td>2 Minor</td><td>2</td><td>4</td><td>6</td><td>8</td><td>10</td></tr>
<tr><td>1 Negligible</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td></tr>
</table>
Is the risk great enough to report to the ICO? Y/N

Add comments:
</td><td></td></tr>
<tr><td>Asset register / data flows mapping
Has the changed asset been added to the relevant asset register? Y/N</td><td></td><td></td></tr>
</table>

Data Protection Officer approval

DPO comments
DPO approval granted? Y/N
DPO name:
DPO signature:
DPO approval date:

IG Manager, when the above has been completed please return to elft.digitalpio@nhs.net

Appendix 1. Original DPIA

Insert original signed DPIA here prior to sending to requester