

# Policy:

## FIN 006 Responding to tenders for new and existing clinical and non-clinical services

<b>Executive Director Lead</b>	Executive Director of Finance
<b>Policy Owner</b>	Deputy Director of Finance
<b>Policy Author</b>	Head of Contracts and Tender Management

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### Summary of Policy

This policy describes the process for responding to tenders/bids for new and existing clinical and non-clinical services.

<b>Target Audience</b>	Trust Staff and Board of Directors
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<b>Keywords</b>	Tenders / Bids
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### Storage

Version 2.0 of this policy is stored and available through the SHSC intranet/internet. This version of the policy supersedes the previous version (v1.0 March 2018). Any copies of the previous policy held separately should be destroyed and replaced with this version.

## Version Control and Amendment Log

<b>Version No.</b>	<b>Type of Change</b>	<b>Date</b>	<b>Description of change(s)</b>
1.0	New draft Policy created	Feb 2018	New policy commissioned by EDG on approval of a Case for Need.
2.0	Review on expiry of policy	Feb 2021	No changes made just moved into new format

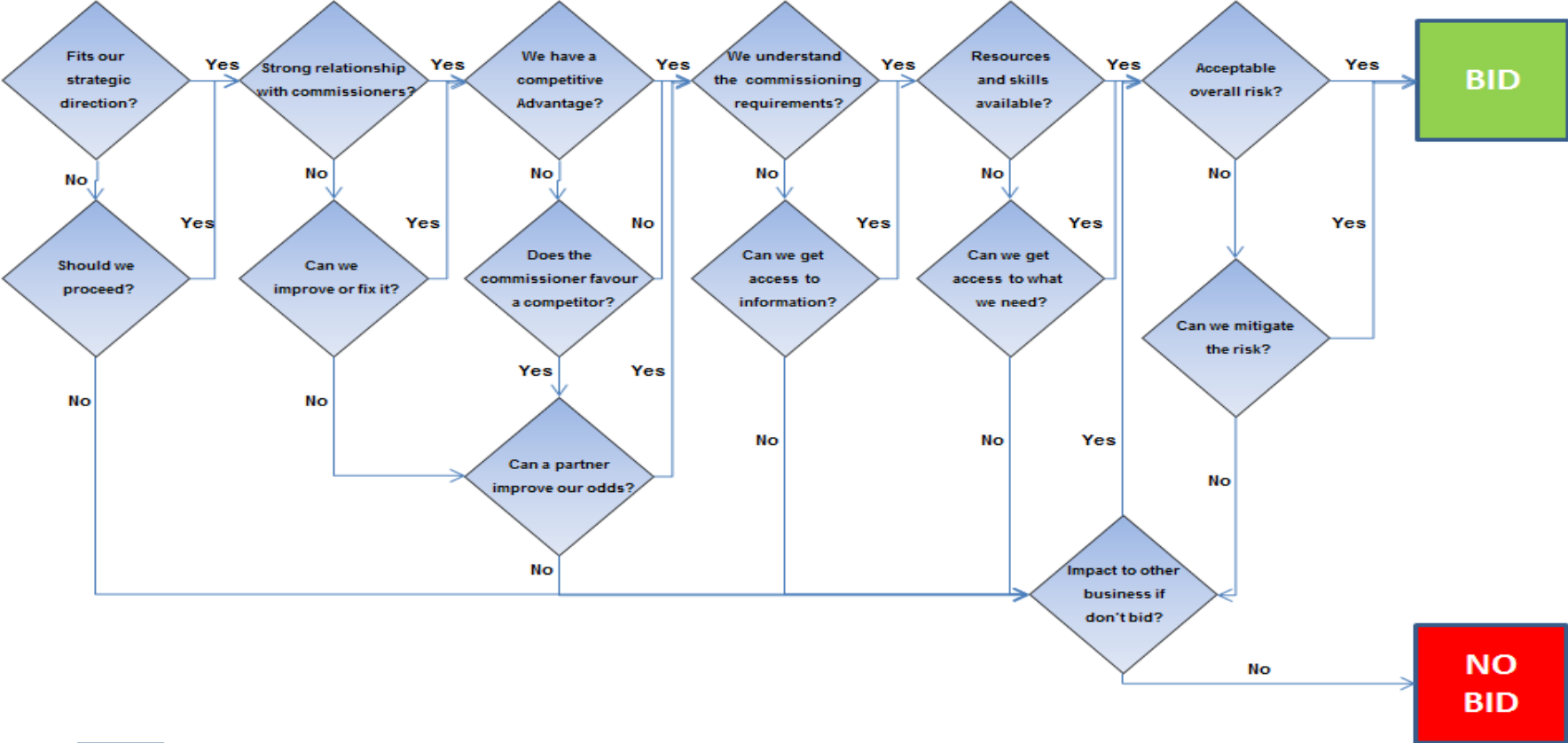
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Flowchart

# Opportunity Assessment Flowchart



## 1 Introduction

This policy describes the process for responding to tenders/bids for new and existing clinical and non-clinical services.

- 1) **Pre-Bid Activity** – This is any activity that can take place before a Commissioner advertises a tender opportunity.
  - a) Opportunity Planning
  - b) Intelligence Gathering
  - c) Contract Expiry Monitoring
  - d) Business Planning
  - e) Specification Influencing
  - f) Building Relationships
  - g) Service Model Development
  - h) Horizon Scanning – Planned and Unplanned Bid Opportunity

This stage assumes prior awareness of commissioning activity. However, some tenders are released without any prior awareness. Therefore, some aspects of planning will need to be completed during the bidding period.

## 2) Bidding Activity

- a) Assessing and Decision
- b) Initial Opportunity Screening
- c) Opportunity Evaluation with Directorate
- d) Recommendation to BPG
- e) Opportunity Assessment
- f) Form Tender Group
- g) Bid team and Resource Allocation
- h) Develop and Agree Bid Strategy & Plans
- i) Pre-Qualification Questionnaire (PQQ)
- j) Invitation to Tender (ITT)
- k) Submission Approval
- l) Presentations
- m) The Decision

## 3) Post Bid Activity

- a) Contract Negotiations
- b) Implementation

## 2 Scope

### 2.1. Why we must tender

In the ever-changing landscape of the NHS, there is a continued focus on the need to commission services which provide value for money, high quality and best practice. Commissioners are under increasing scrutiny to drive forward these requirements and open health and social care services to increased levels of competition. Whilst, open procurement offers SHSC the opportunity to bid for the provision of further services, it also represents a significant risk to the potential loss of existing SHSC services to other providers across the health and social care economy.

Under Public Contract Regulations 2015, a commissioner's choice of award procedure is:

There are 5 types of procurement procedure -

- Open Procedure
- Restricted Procedure
- Competitive Dialogue
- Competitive Procedure with Negotiation "rebranded negotiation procedure".
- Innovation partnership
- Use of the negotiated procedure without prior publication

### 3 Purpose

This policy is designed to ensure that as far as is reasonably possible, the following set of principles are upheld in consideration of the provision of services funded from Non- NHS Income as defined above.

The purpose of this document is to:

- Deliver a formal and standardised approach to bid/tender opportunities for new and existing clinical and non-clinical services.
- Apply scrutiny and challenge to bid/tender opportunities via BPG, FPC and Board in line with the Trust's Strategic Aims and risk management procedures, and to evidence decision making.
- Provide guidance Directorates on bid and tender opportunities

### 4 Definitions

#### ***Competitive Dialogue***

A minimum two stage process. Any interested provider may submit a Supplier Selection Questionnaire (SSQ) Stage 1). Only those selected following evaluation of the PQQ will be invited to the dialogue phase (Stage 2) which may itself have several rounds or stages.

#### ***Competitive Procedure with Negotiation***

A minimum three stage process. Any interested provider may submit a PQQ in response to a contract notice (Stage 1). Only those selected following evaluation of the PQQ are issued an ITT (Stage 2). Negotiations then follow (Stage 3)

#### ***Invitation to Tender (ITT)***

The commissioner's formal documentation that specifies the service needs and how they require us to Tender.

#### ***Non- NHS Income***

Any Income not falling under the definition of NHS Income. This will include but not be limited to commercially funded research. Private Patients and Medico legal services.

#### ***Official Journal of the European Union (OJEU)***

The official journal of the European Union is the online gazette of record for the European Union.

### **Open Procedure**

A single stage process. Any interested provider may submit a Tender in a response to a contract notice / ITT. The SSQ is built into the ITT.

### **Supplier Selection Questionnaire**

The commissioner's formal documentation that bidders are required to complete to ascertain their suitability to receive an ITT. Generally, this is corporate information and track record in providing similar services or assurance to the commissioner in the organisations viability.

### **Prior Information Notice (PIN)**

PINs are a useful way of alerting the market of upcoming requirements and allow providers to respond, expressing an interest in bidding for the contract. The provider feedback can be used to inform the development of the specification as well as the selection process prior to the ITT. PINs should be published at least 52 days and not more than 12 months before the publishing of the Contract Notice (Tender Opportunity).

### **Restricted Procedure**

A two-stage process. Any interested provider may submit a SSQ in response to a contract notice (Stage 1). Only those selected following evaluation of the SSQ are then issued an ITT (Stage 2).

## **5 Duties**

<b>Roles</b>	<b>Responsibilities</b>
<b>Board of Directors</b>	Responsible for ensuring the Policy is implemented effectively and the strategic context of the Policy is appropriate and meets the needs of the Trust
<b>Chief Executive</b>	Has overall responsibility for the Trust's compliance and to ensure that the appropriate management systems are in place and working effectively. This is enacted through the Trust's Standing Orders, Standing Financial Instructions and Reservation of Powers (Scheme of Delegation)
<b>Director of Finance</b>	Responsible for ensuring the adherence to and implementation of the Policy and for co-ordinating any corrective action necessary to further the Policy.
<b>Contracting Team</b>	The Contracts Team will ensure the policy is relevant and adjustments made in line with any Trust or national guidance that may impact changes needed.  They will work with service leads to ensure that the policy is understood, offer guidance and that process within the policy is followed if applicable.
<b>Clinical/Corporate Executive Directors (Budget Holders)</b>	Responsible for nominating a designated policy lead who will liaise with the Director of Corporate Governance and identify and nominate appropriate policy authors for policies within their remit. They will also ensure that policy documents are developed and maintained in accordance with this policy and that their staff are aware of all policy documents and



	that their staff follow them.
<b>Deputy Directors to Clinical/Operational Directors or Deputy Directors to Corporate Executive Directors (Budget Managers)</b>	Responsible for ensuring that all staff in their team are aware of this policy and adhere to this and all other policies and have access to where they are stored.
<b>All Personnel (Including Permanent, Temporary or Honorary Staff. Also includes individuals working on behalf of the Trust including Independent Contractors)</b>	It is the individual's responsibility to comply with this and any other associated policies. A failure to comply may result in disciplinary action.

## 6 Procedure

There are 5 stages of responding to bids/tenders which align to a typical commissioning process.

This policy describes the requirements within each stage – And how we can maximise our chances of success.

A well planned, written and priced bid increases our chances of success because:

- We've involved all relevant parties and used our resources well
- We've clearly communicated our offer to the Commissioner – ensuring we've responded to the specification and exceeded the Commissioners requirements through our USP and added value
- We've costed the bid properly to avoid lost income – without overdelivering.

### Planning, Assessing and Influencing (pre-bid stage)

This is activity that can take place before a bid/tender is formally advertised to providers and includes:

- Strategic Aims to ensure we focus resources of the priority service areas we want to maintain and expand in the longer term. The Contracting and Tender Management Team (C&TM) review opportunities.
- Directorate Business Plan give more details on service areas to maintain and expand in the shorter term. For instance, existing services/contracts which are due to expire in the next 12 months which may involve a re-tender or require a different funding stream. C&TM review opportunities.

#### i) Opportunity Planning

- j) Intelligence Gathering
- k) Contract Expiry Monitoring
- l) Business Planning
- m) Specification Influencing
- n) Building Relationships
- o) Service Model Development
- p) Horizon Scanning – Planned and Unplanned Bid Opportunity

## **6.1 Opportunity Planning**

It is essential that SHSC is, at the earliest possible stage, fully aware of all commercial opportunities and any potential risks to existing services resulting from any opportunity proposed to be tendered by commissioners. This will enable us to assess the possible impact on our business strategies and plan for bids. For the latter, this will minimise reactive tendering in demanding and often resource restrictive hungry availability and timeframes. Well planned and resourced bids result in more tender submissions that fully represent our offer in relation to the specification and therefore an increase in successful bids.

The planning will be carried out in a number of ways which include;

## **6.2 Intelligence gathering**

All SHSC staff, particularly those who have effective working relationships with commissioning colleagues are encouraged to gather information and insight into service changes and development plans about existing and new contracts and services, linked to future commissioning and tendering intentions, national initiatives and planning. SHSC staff should share information in the service management meetings, via the Trust governance forums, and for planning purposes. In addition, information should be shared with C&TM to ensure organisational management, if awareness is not already known.

Commissioners often publish their commissioning plans on their websites. Procurement plans / timescales are sometimes published, and

All public sector commissioners are supposed to publish their procurement plans on the internet via the designated tendering portals, although we have to appreciate that this is not always standard practice. Searches for these plans should be carried out or identified through the relationship with the commissioners, other appropriate stakeholders or through effective Horizon scanning and business intelligence. Additionally, specific procurement strategies will go to commissioner committees and these papers and decisions are usually publically available. They can provide a more refined insight as to how and what will be procured. These papers may not be presented and or made available until nearer the commencement of the procurement. Searches for these documents should therefore be repeated where appropriate.

CATM will share any intelligence it receives regarding opportunities with the appropriate Directorate heads and via the appropriate governance forums such as Business Planning Group (BPG) or as appropriate via the Finance and Performance Committee (FPC) to determine if the opportunity is worth pursuing and to ensure there is accountability for the overall decision making.

Additional market intelligence should be gathered, appropriate to the level of importance of an opportunity. This could include competitor analysis and service innovation scanning.

## **6.3 Contract expiry monitoring**

In conjunction with Directorates leads, CATM will ensure that contract management is robustly undertaken, relative to risk and need, which includes the monitoring of expiry dates for existing contracts (this will be detailed on the internal contracts database). Planning for contract renewal or impending tender opportunities, to retain current and core business, should be undertaken at least 12 months prior to the expiry (being aware of notice and termination periods as appropriate). However, the timeframes and planning are governed by commissioners therefore the ability to robustly plan may be reduced in line with the commissioner influence or delays.

## **6.4 Specification Influencing**

Commissioners will often hold consultation workshops or events in the months running up to finalising their service specification. The provider market is normally invited to these to encourage innovation and changes to respond to the changing demographics or needs of the population. The Directorates with support from CATM are responsible for using these occasions to attend,

contribute to and assess the opportunity. The objective will be to include in the specification those things that we good at providing or uniquely provide in order to respond to market need. Consideration will have to be given to whether any unique proposition should be shared at this stage or only included in any subsequent bid. CATM should be consulted where this is a consideration.

Some commissioners will issue a Request for Information (RFI), sometimes referenced as a “Market Test”, instead of or as well as holding a workshop to gather information. RFI’s are usually paper based rather than a face to face process.

## **6.5 Relationship building**

There is a need to develop relationships with commissioners, particularly where new business or new commissioners are concerned. All SHSC staff have a responsibility to act as a “marketer” for the Trust and embed and maintain effective relationships both with internal and external colleagues. SHSC leaders are to consider this and commit resources as appropriate to the opportunity. Relationships can be developed by attending specification workshops and giving talks to health professionals in the commissioner’s arena for example.

The importance of the relationship is equally valid where we are the incumbent provider. Contractual performance is obviously critical to this, but so is the opportunity to demonstrate that we are innovative and always developing, adopting or embedding good practice.

## **6.6 Service Model Development**

The development of a cutting edge/best practice and innovative service model which is consistent with service development plans is encouraged. This model in its entirety may never be a requirement of a commissioner but the innovative elements can be drawn on to meet individual specifications. The analogy is with Formula 1 racing cars. They contain all the latest technology without ever been seen on the road; however, every road car has elements within it that originated from them.

Where an opportunity is identified and to be planned for, this may be an existing service model, a variant of, or require the development of a new one. Whatever the source of the service model, it should be aligned to our expectations, however vague, of what we believe the commissioner requirement is. This will generally be a model of best practice and innovation.

How and when the service model will be developed will need to be agreed. Ideally, this will be in advance of the tender opportunity being published or, if this is not possible and previous intelligence is not known, in line with the bidding timeframes and internal bid plan.

It is acknowledged that the model will not be finalised until SHSC has a copy of the commissioner’s specification. Even then, post tender negotiation may result in changes to the service model.

A further consideration will be whether or not the service model can be delivered exclusively by SHSC. If not, the intelligence gathering activities should include the scanning for potential partners.

## 6.7 **Horizon Scanning**

At this stage in the process the commissioner's intentions are formally published as obliged under the Public Contract Regulations (PCR) 2006. The usual announcements are:

- Design workshops notices (not a PCR requirement)
- Prior Information Notices (PINs)
- Supplier Selection Questionnaire and Invitations to Tender (ITT)

Commissioners may hold Design Workshops which give an early indication of the commissioner's intentions and provide an opportunity for us to feed into the service design. However, commissioners are not obligated to publicise or hold events. Therefore, SHSC's relationships with commissioners are essential to ensure awareness.

Except for design workshop notification, this stage in the process is generally restricted to a maximum '12 month' horizon scan, hence the need for the previous Opportunity Planning stage.

The horizon scanning is looking for the formal start of the procurement process, whether it is a planned or unplanned opportunity.

It is essential that SHSC is fully aware of all commercial opportunities and any potential risks to existing services being tendered by commissioners. This will be carried out in a number of ways which include;

- Searching procurement portals where tenders are published
- Reviewing commissioner procurement plans
- Directorate and C&TM intelligence

As part of the annual planning cycle commissioners publish a procurement plan which indicates the anticipated services which are to be tendered during the year.

### **Management Intelligence**

Directorate Management teams from time to time are made aware of forthcoming tenders. Contact should be made with C&TM to ensure that such opportunities are assessed in line with this policy and to ensure that a log can be maintained.

C&TM have well established relationships with commissioners which offers the opportunity to understand and be made aware of tendering opportunities.

### **Searching Procurement Portals**

C&TM identifies tendering opportunities mainly through searching procurement portals using defined search criteria agreed with directorates. The criteria include geographical areas, types of services or specific service lines, which in all cases, should align with the strategic aims of the Directorates and the Trust overall. This scan is completed once per week. C&TM also receive automated emails from portals including relevant opportunities as they are published.

## **6.8 Assessment and Decision**

All opportunities are then subject to the Assessment and Decision process as illustrated in Appendix B Opportunity Identification & Evaluation Process.

## **6.9 Initial Opportunity Screening**

This stage is purely about screening out opportunities that clearly do not fit with SHSC and directorate strategy. The opportunities identified through the Horizon scanning are subject to an initial evaluation by the Head of Contracts and Tender Management, and as appropriate, in discussion with the Director of Operations. Where the opportunity is confirmed as being planned through the Opportunity **Planning** stage, this will normally be given provisional acceptance. Unplanned opportunities will be subject to the full Opportunity Assessment.

Where the opportunity is with regard to Non- NHS Income, the related policy and procedure should be followed and incorporated within this process.

If not provisionally accepted, a note is made in CATM horizon scanning records and noted on the CATM monthly dashboard.

## **6.10 Opportunity Evaluated with Directorate**

CATM will evaluate the opportunity in conjunction with the appropriate directorate's management team. This will be with reference to the Opportunity Assessment. The decision to proceed should be agreed between the Head of Contracts, the Director of Operations or designated Directorate heads of service. This decision may be conditional upon further evaluation such as calculation of the costs and margins associated with the service.

The decision is then to be put to the Business Planning Group (BPG) as a recommendation. Where an opportunity, usually planned, has prior BPG approval, the BPG is advised of the advertising of the bid and no further approval is sought at this stage.

## **6.11 Recommendation to the BPG**

The Directorate leads supported by the Head of Contracts or designated CATM lead will take the recommendation to BPG. BPG approved bids proceed to the Bid Process as illustrated in appendices within this policy.

## **6.12 Opportunity Assessment**

Careful consideration should be given whether a commercial tendering opportunity should be pursued. This assessment is applied to a degree of robustness reflecting the strategic importance of the opportunity and the stage in the decision making process. This opportunity assessment should be referenced at any stage where decisions to proceed are being considered.

The key steps are summarised below and presented in **Error! Reference source not found.**

- **Fit with the strategic direction**  
Once a tendering proposal by commissioners is identified the directorate management team must first consider whether opportunity has the potential to deliver the directorate and the SHSC strategic objectives.
- **Impact on other business if don't bid**  
The full implications on SHSC as a whole should be taken into consideration, particularly if the directorate which is assessing the tender may decide not to submit a bid.
- **Relationship with commissioners**  
When assessing the tender proposal the existing relationship with commissioners should be considered. All necessary steps may need to be taken to develop and to improve relations with the commissioner in advance of developing a bid.
- **We have competitive advantage**  
Before deciding whether to bid or not directorates should also consider the extent to which SHSC has or can acquire and any advantage over potential competitors. Directorates should consider the unique offer that SHSC can provide such as specialist clinical skills, expertise and infrastructure which cannot be easily replicated by our competitors.
- **We understand and can deliver the commissioner's requirements**  
The directorate should examine very carefully the commissioners' requirements to assess whether or not these can be met. This will require directorates to examine the available tender documents in detail to understand the full extent of what is required.

The assessment of ability to deliver the service will normally require that the directorate/service has a service model that both meet the commissioner requirements.

- **We have the resources and skills available**  
The directorate should determine whether it has the key resources and skills needed to deliver the tender requirements for both the tendering process and what may be the future service provision.
- **Acceptable overall risk (inc financial)**  
Where the assessment indicates some degree of risk will exist, this will be considered as a whole. Financial assessments will ensure that, when costed, it meets SHSC requirements for full recovery of costs, overheads and margin. Where it does not, this will be considered as one of the overall risks, and the decision to accept a level of risk will be signed off by the Business Planning Group, in particular the Executive Director of Finance (within the level of authority in terms of financial thresholds) or escalated to FPC and Board as necessary and appropriate.

### 6.13 **Form Tender Group**

Once the decision is taken to tender for an opportunity a Tender Group will be established at the earliest possibility. This may take place prior to BPG approval where timescales dictate. The purpose of this team will be to oversee all aspects of the delivery of a high quality, financially viable tender submission which exceeds commissioners' expectations. The Tender Group membership will largely depend on the size and scope of the tender but it is expected that core membership would consist of the following:

<b>Role – Core Team</b>	<b>Summary of responsibilities</b>
Head of Contracts and Tender Management	Chair of meetings (however chairing of the group may be delegated to another CATM member as appropriate) and responsible for adherence to this policy and control documents detailed in this policy i.e. bid plan, sign off.
Head of Service	Ensures resources are available in support of bid without detriment to existing services. Works with Head of Contracts or delegated CATM Bid Manager to manage the outcomes of the group
Bid Manager (CATM)	Day to responsibility for coordinating bid activities, clarifications and ensuring compliance with timescales, this may also be the Chair of the meeting
Clinical Lead / Deputy	Leads clinical input, service model design and response to the clinical specification
Group Finance Lead / Deputy	Leads and completes the viable financial model
Service Co-ordinator	If not the Head of Service or Clinical Lead, a service person with skills in bid writing and or coordinating and chasing service colleagues that are authoring responses.

Appendix F Tender Group Responsibilities, provides a list of the detailed responsibilities of each of the core Tender Group Team members.

Where the bid is with a partner organisation, representation from these should be agreed.

#### **6.14 Bid Team and resource allocation**

The Bid Manager, in conjunction with the Tender Group, will be responsible for forming the Bid Team. This team will be wider than the core Tender Group membership, but will normally consist of representatives from:

- Human Resources
- IT
- Estates
- Training

Bid Team members may be asked to attend the Tender Group meetings on a regular or ad-hoc basis. They will lead on writing responses to tender submission questions specific to their area of responsibility.

Additionally, the Bid Manager will ensure resources are in place within the CATM to administer the process, whilst the Head of Service / Directorate lead will be responsible for releasing service resources to author responses to relevant questions which are service delivery specific.

#### **6.15 Develop and Agree Bid Strategy & Plans**

The Bid Manager will set out the governance arrangements with the Tender Group which will incorporate a tendering timeline describing the key dates such as when the PQQ and/or ITTs are issued, the deadline for clarification



questions, for internal review, approvals and for tender submissions, the commissioner decision making timeline and proposed contract implementation date.

The bid strategy will normally revolve around whether or not SHSC will bid for all of the Lots (where an option) and if we are to bid alone. Planned opportunities may well have already had this decision made, but may require review when viewed against the final specification. Where the decision has not been previously made and or a partner is required but has not yet been identified or secured, this should be progressed as a matter of urgency.

#### **6.16 PQQ's and or Selection Questionnaires (no longer applicable under EU thresholds)**

The PQQ / Selection Questionnaire will largely be completed and submitted by CATM as this predominately contains corporate information. However, the directorate will usually be required to provide details regarding experience in providing similar services. The PQQ will be approved by Tender Group prior to submission. Agreement to submit the PQQ will usually be made by the Head of Contracts and Tender Management and the Head of Service, as this doesn't commit SHSC to any provision in advance of the ITT. However if timescales allow agreement should be gained in advance from BPG.

In the event that it is decided to decline the invitation at this stage, the Bid Manager is responsible for submitting the decline notification to the commissioners.

The development of the service model should be well advanced at this stage and may be required as part of the PQQ submission.

The approval process for submission is illustrated at Appendix E Submission Approval **Process**.

#### **6.17 Invitation to Tender (ITT)**

The ITT is usually comprised of a number of detailed documents setting out the requirements for services being tendered and a set of templates for the submission. The key sections of the ITT submission are the often the response to the clinical specification and the financial model. The bid response should focus on ensuring the following minimum requirements are met.

- Produce a relevant and concise response with a consistent thread and prose throughout
- Uses the tender headings and key phrases to answers the questions presented
- Articulate the unique benefits of SHSC and provide evidence were available

Particular attention should be given to the specific requirements and weighting for each individual question which will be used by the commissioner to evaluate response within the ITT. The Bid Team will determine who is best placed to answer each of the questions asked by commissioners. To ensure each submission is written consistently and produced to a high quality the Bid Manager will lead the coordination of the final response and allow for sufficient time within the process for consistency checking.

Within each ITT there is detailed guidance provided on how to respond to the tender. The Bid Manager will review this for each tender opportunity and communicate this across the Bid Team.

The approval process for submission is illustrated at Appendix E Submission Approval **Process** and supported by the control forms within the appendices within this policy.

#### **6.18 Submission Approval**

Appendix E Submission Approval **Process**.

BPG will normally provide sign off to ITT's (so long as this is within the financial thresholds of the group). The signatory to the submission documents will normally be the Head of Contracts and Tender Management.

Where required by BPG, within the procurement timeline, sufficient time will be allowed for a final review of the ITT response by Executive Directors and where required FPC to allow for any necessary alterations to be made to the final submission. Wherever possible the tender submission will always be submitted a day before the deadline.

#### **6.19 Presentations**

Following submission at the ITT stage and dependant on the procurement process it may be necessary for SHSC to give a presentation on the bid submission to a panel of commissioners. The Tender Group will determine who is best placed to make the presentation to commissioners.

The presentation team will normally be clinically led. The individual that will head the service and be commissioner facing will usually be part of the team. The CATM will normally be represented by the Head of Contracts and Tender Management (but not at the expense of clinical presence where numbers are limited). An Executive Director should be part of the team where the strategic importance warrants this and places allow.

The presentation material will be co-ordinated by the CATM, and agreed in conjunction with the Directorate leads.

### **Implementation**

#### **6.20 The decision**

Once a decision is made by commissioners SHSC will be notified. Where we are successful commissioners will inform the Trust and advise that once the standstill period has ended steps should be taken to prepare for implementation of the service model in line with the agreed contract start date. Formal notification will be provided by the commissioners at this point. CATM will then issue a response to commissioners accepting the decision, acknowledging the standstill period and expressing the commitment to develop the service during the length of the contract.

Feedback on the bid will be sought to understand where we can further improve.

Where we are not successful CATM will contact commissioners in writing seeking clarification as to why the decision was taken and obtain the evaluation

scores. Further feedback may also be requested on a 1 to 1 basis if the commissioners are accepting of this. Dependant on the procurement process specific to the tender a decision will be taken by the BPG as to whether an appeal should be submitted.

Should an appeal be made the Tender Group will be kept informed of progress. Dependant on the circumstances the necessary representation and level of seniority will be considered for any subsequent meetings with commissioners to discuss the rationale behind the decision.

## **6.21 Contracting and mobilisation**

Where we are successful in securing a tender the Tender Group will move into the implementation phase to prepare the commencement of the service/service model, to begin the process of formalising arrangements with commissioners and to close the project.

The implementation of the service/service model will require a continuation of robust project management arrangements. These should be designed and agreed by the Directorate utilising support from other Directorates and corporate teams as required. They shall be consistent with any commitments within the tender submission.

The CATM in conjunction with key service leads will assume lead responsibility for finalising the agreed contract documentation. Contracts are usually issued at the point of the ITT submission and therefore these will be reviewed in advance to determine if all the terms and conditions are acceptable. Any negotiations with commissioners will be led by CATM on behalf of the Directorates and Trust.

Prior to closure the Bid Team will meet to discuss lessons learnt. This will ensure both the team and the wider organisation can continue to learn from previous tenders so that processes can be refined to increase the likelihood of success in future. Lessons learnt will be collated and made available for all Directorates to view. BPG may also ask for this feedback and review to be formally shared with the group.

## **6.22 Exceptions to this policy**

**There are two exceptions to this policy**

### **a) Accelerated Procurement Procedures**

The Public Procurement Regulations allow for accelerated procurement procedures where there is an urgent, and usually unforeseen need. For instance, PPE and medications during the Covid-19 pandemic, when traditional timescales are prohibitive. For example, an accelerated open procedure allows 15 days to submit a tender, instead of 30 days. In these circumstances:

- Authorisation to submit can be given by the Executive Director of Finance (or under the powers of delegation the Deputy Director of Finance).
- An Executive Director – other than the Executive Director of Finance.

The C&TM lead and Directorate Lead will retrospectively complete the required internal documents for BPG/FPC sign off.

**b) STP / Accountable Care Bids**

The Director of Strategy and Planning is responsible for regional bids under the SYB Accountable Care and STP Footprints. These bids will still require sign off via BPG and FPC as appropriate.

C&TM is NOT responsible for these bids, but may support the process at the request of the Director of Strategy and Planning.

## 7 Audit, Monitoring and Review

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/committee for action plan development	Responsible Individual/group/committee for action plan monitoring and implementation
Application of the Policy	To be reviewed in line with any changes to SHSC Strategy on delivery of private patient care and in line with any adjustments to national guidance	Internal Audit	As and when relevant changes that impact policy occur	Head of Contracts and Tender Management	Any required review/action to be determined by Trust Audit Committee	Senior Contracting staff in conjunction with Trust Audit Committee

Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. The policy review date will be July 2021 to be completed jointly with a review of the Trust Procurement Policy.

## 8 Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version	Corporate Governance/ Communications Team	31/3/21	

## 9 Dissemination, Storage and Archiving (Control)

Version	Date added to intranet	Date added to internet	Date of inclusion in Connect	Any other promotion/ dissemination (include dates)
2.0	March 2021	March 2021	March 2021	

## 10. Training and Other Resource Implications

The Trust has a Contract and Tender Management and Procurement function in place to deal with Income and Expenditure related tenders and will provide training to services on the process as and when required.

Further resources required to support tenders and bid design will be considered on a case by case basis via the appropriate governance forums, that being either BPG or FPC as appropriate.

## 11 Links to other policies, standards (associated documents)

- Trust Declaration of Interests and Standards of Business Conduct Policy
- Trust Standing Orders Reservation and Delegation of Powers and Standing Financial Instructions
- Trust Anti-Bribery Policy
- Trust Counter Fraud Bribery and Corruption Policy
- Trust Delegation of Budgetary Authority
- Authorised Signatory Guidance
- Accessing Legal advice policy
- Code of Conduct for NHS Managers
- Non- NHS Income Policy
- Procurement Policy

## 12 Contact Details

<b><i>Title</i></b>	<b><i>Name</i></b>	<b><i>Phone</i></b>	<b><i>Email</i></b>
Head of Contracts and Tender Management	Emma Smith	0114 2263478	<a href="mailto:Emma.smith2@shsc.nhs.uk">Emma.smith2@shsc.nhs.uk</a>
Contracts and Bid Manager	Liz Caterer	0014 2264095	<a href="mailto:Liz.caterer@shsc.nhs.uk">Liz.caterer@shsc.nhs.uk</a>

## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public.***

Name/Date: Emma Smith, Head of Contracts and Tender Management / February 2021

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section

SCREENING RECORD	Does any aspect of this policy or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No	No	No
Disability	No	No	No
Gender Reassignment	No	No	No
Pregnancy and Maternity	No	No	No

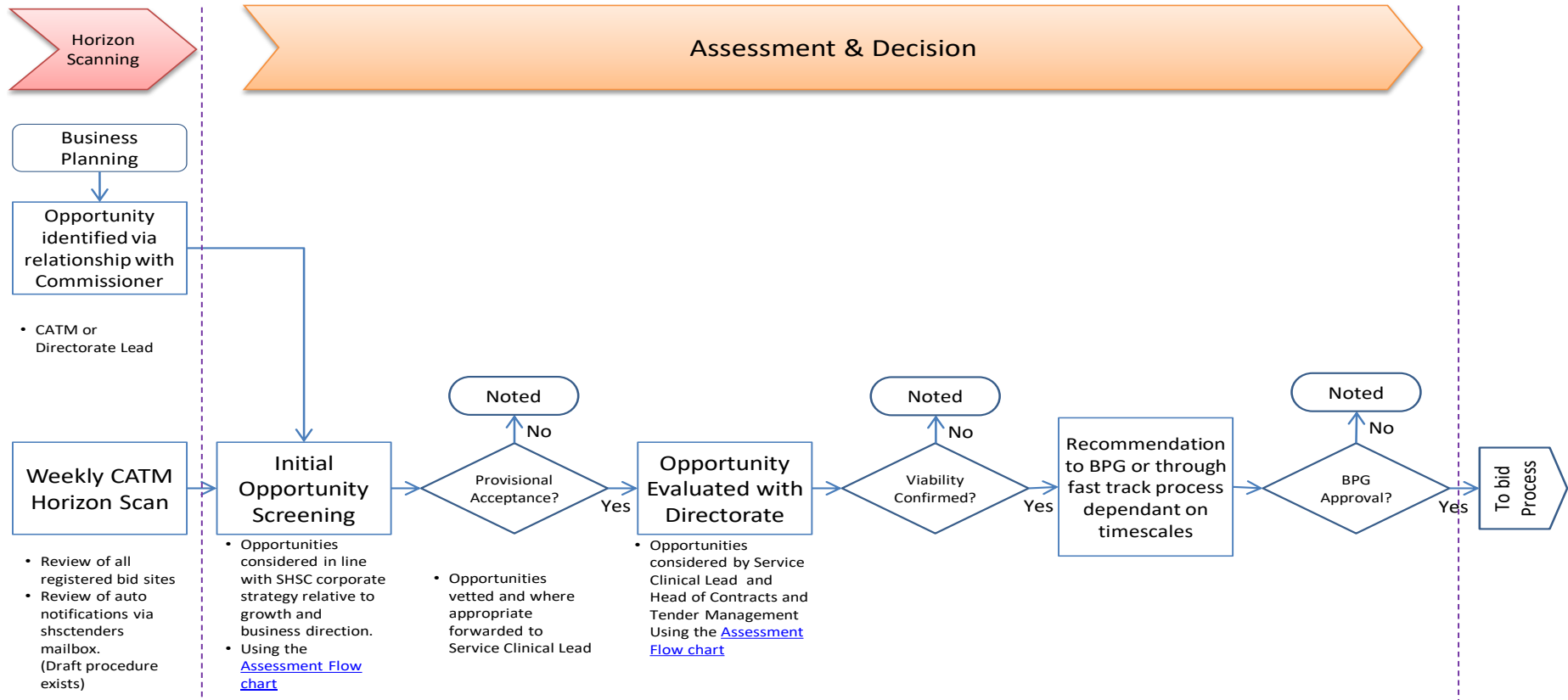


<b>Race</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Religion or Belief</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Sex</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Sexual Orientation</b>	<b>No</b>	<b>No</b>	<b>No</b>
<b>Marriage or Civil Partnership</b>	<b>No</b>		

Please delete as appropriate: - Policy Amended / Action Identified (see Implementation Plan) / no changes made.

Impact Assessment Completed by: Emma Smith  
Name /Date February 2021

# Opportunity Identification & Evaluation Process



• CATM or Directorate Lead

- Review of all registered bid sites
- Review of auto notifications via shstenders mailbox. (Draft procedure exists)

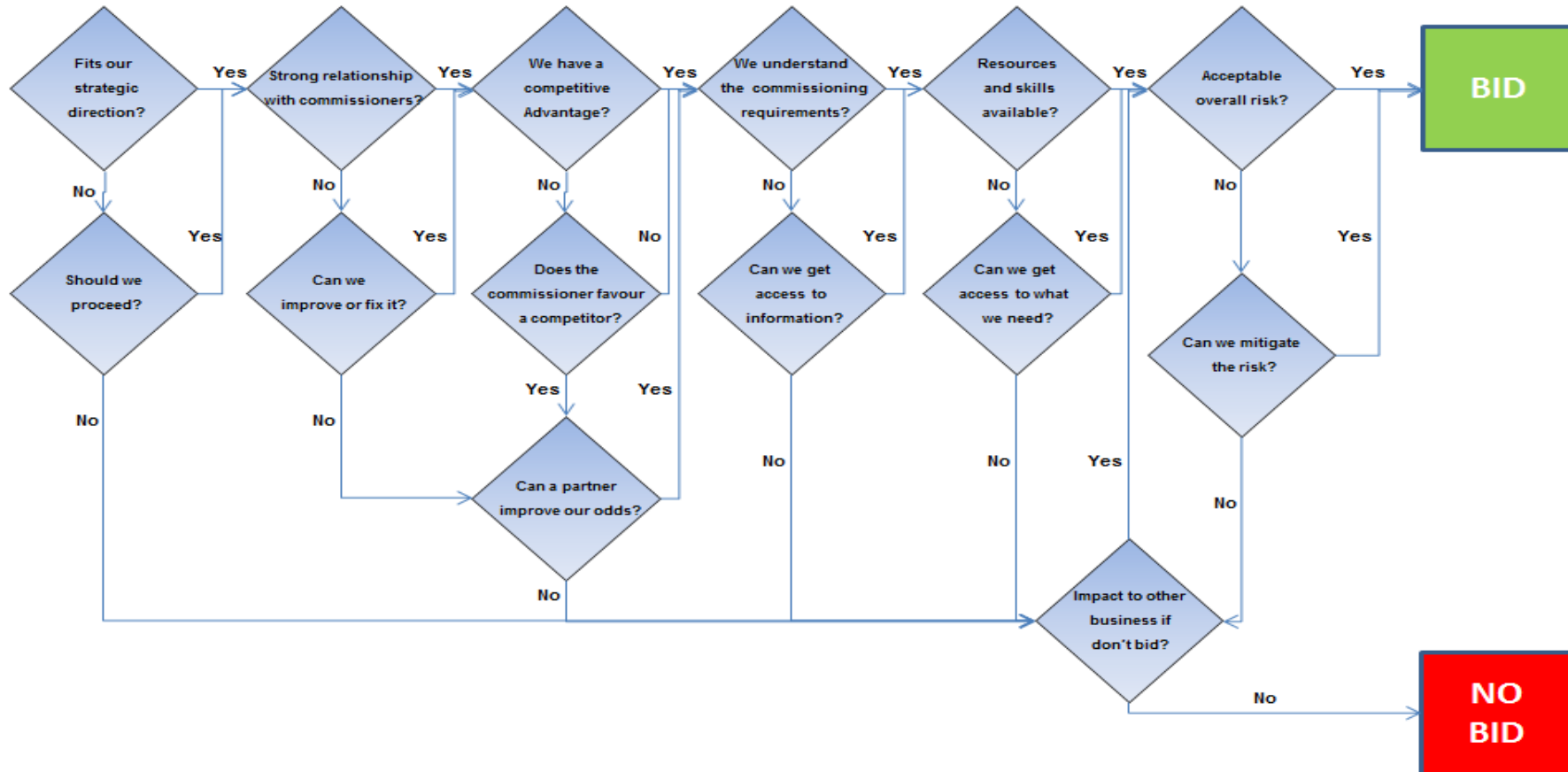
NOTE: PIN's and Market Assessment/Service design events are treated in a similar way as Eol's/ PQQ's and ITT's

- Opportunities vetted and where appropriate forwarded to Service Clinical Lead

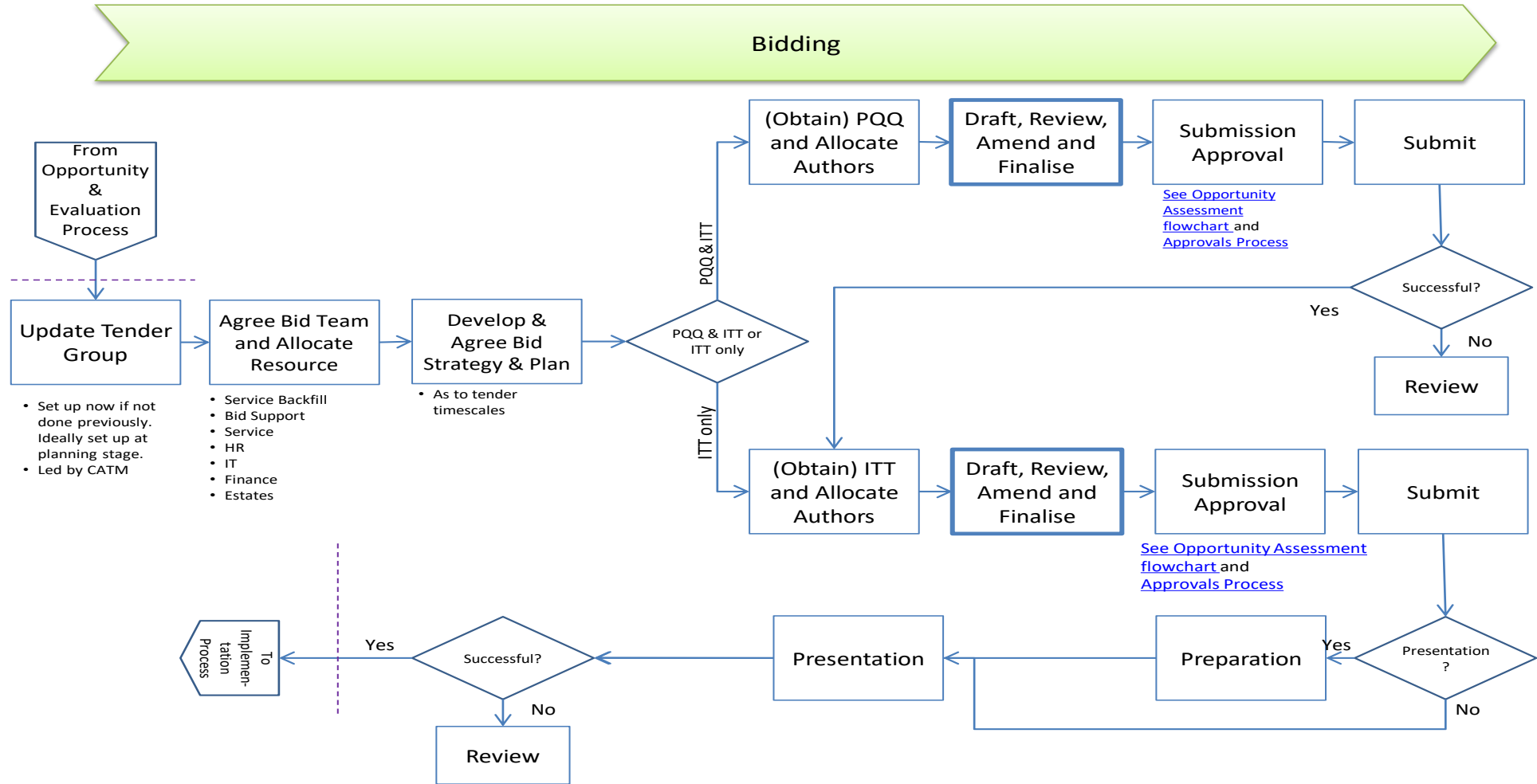
- Opportunities considered by Service Clinical Lead and Head of Contracts and Tender Management Using the [Assessment Flow chart](#)

CATM = Contract and Tender Management Team  
 Eol's = Expressions of Interest which lead to PQQ and or ITT  
 ITT = Invitation To Tender  
 PQQ = Pre Qualification Questionnaire

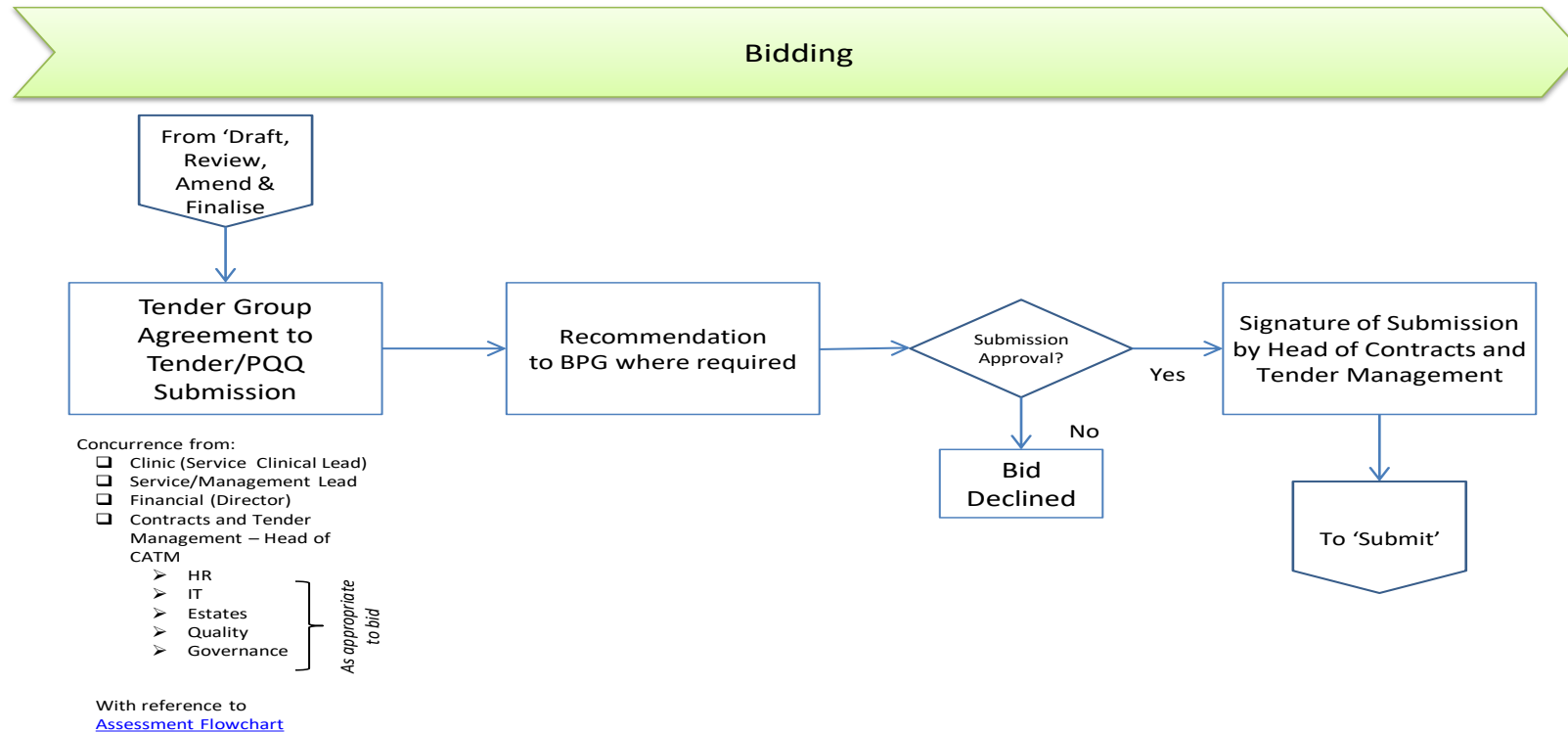
# Opportunity Assessment Flowchart



# Bid Process



## Approvals (PQQ and ITT)



## Appendix F Tender Group Responsibilities

	Responsibility
Head of Contracts and Tender Management	<ul style="list-style-type: none"> <li>• Chairs meetings of the Tender Group / or delegates responsibility to CATM lead.</li> <li>• Reporting to BPG</li> <li>• Oversees/manages relationship with potential partners</li> <li>• Ensuring the final bid (tender) is signed off by BPG</li> <li>• Ensuring BPG members are updated on progress of the bid and advice is sought on the direction which should be taken</li> </ul>
Bid Manager (CRT)	<ul style="list-style-type: none"> <li>• Project manages the bid from design through to completion</li> <li>• Liaison with commissioners where applicable</li> <li>• Tracking progress on actions agreed by Tender Group members</li> <li>• Maintains the action logs and all relevant tender documents</li> <li>• Continuously reviews procurement portals to check for any additional information published by commissioners relevant to the tender including clarification questions and answers</li> <li>• Oversees the initial draft tender response in accordance with bid writing guidelines and populates the document with relevant information as deemed appropriate by the Tender Group</li> <li>• Collates and inputs all required corporate information</li> </ul>
Head of Service	<ul style="list-style-type: none"> <li>• Liaises with commissioners where agreed</li> <li>• Ensures service resources are available</li> <li>• Securing backfill arrangements to ring fence clinical time where necessary</li> <li>• Works with the Finance Lead in developing costings</li> <li>• Responsible for the development of the service model</li> </ul>
Clinical Lead / Deputy	<ul style="list-style-type: none"> <li>• Provides essential clinical leadership as part of the Tender Group</li> <li>• Contributes key clinical input into the proposed new service model</li> <li>• Ensures that issues of clinical governance are fully considered as part of the newly proposed service model.</li> <li>• Ensures patient/service user feedback is incorporated into the proposed service model</li> <li>• Supports discussions with potential partners and other supporting bodies where necessary</li> </ul>
Group Finance Lead / Deputy	<ul style="list-style-type: none"> <li>• Assesses and reports total costs (direct and indirect) for the proposed service model so expected income versus expenditure can be calculated including the level of contribution to overheads.</li> <li>• For new opportunities considers where fixed infrastructure is covered by current activity and income and relatively low variable costs to step up and take on additional activity provide a viable option (i.e. through marginal pricing and economies of scale we can increase our surplus).</li> <li>• Undertakes sensitivity analysis to determine the break-even point and where a</li> <li>• Considers those clarification questions which should be asked to</li> </ul>

	<p>address any financial uncertainties</p> <ul style="list-style-type: none"> <li>• Ensures sign off of the proposed financial model by the Director of Finance/Deputy</li> </ul>
Service bid coordinator	<ul style="list-style-type: none"> <li>• Coordinating and chasing service colleagues that are authoring responses</li> <li>• Day to management of the services bid writing responsibilities</li> </ul>

**Appendix G - CONTRACTING AND TENDER MANAGEMENT (CATM)- POLICY  
PROCUREMENT TO CONTRACT AWARD TIMETABLE (TEMPLATE)**

**Tender / Business Opportunity:**

**Published Date:**

**Current / New Business:**

<b>Detail / Requirement</b>	<b>Date</b>	<b>CATM Sign off / Or rationale for no progression)</b>
<b>Commissioner Timeframe</b>		
<b>PQQ Submission (if relevant)</b>		
<b>ITT Submission</b>		
<b>Bidder Event (if relevant)</b>		
<b>Deadline for Clarification Questions</b>		
<b>Presentation to Commissioner (if relevant)</b>		
<b>Evaluation of Tenders</b>		
<b>Notification of Outcome/ Result</b>		
<b>Standstill Period</b>		
<b>Contract Award Date</b>		
<b>Contract Mobilisation Period (if relevant)</b>		
<b>Contract Start Date</b>		
<b>SHSC Internal Timeframe</b>		
<b>Bid Plan Issued to Directorates</b>		
<b>BPG Sign Off (First or Final Draft)</b>		
<b>EDG Sign Off (First or Final Draft)</b>		
<b>BPG Sign Off (Second or Final Draft)</b>		
<b>EDG Sign Off (Second or Final Draft)</b>		



Note – If Sign off is required outside of the agreed dates, in line with the needs and demands of the organisation and in order to respond to additional or changes in Procurement timeframes (as per the right of the commissioner). This will need to be provided as additional evidence to support the above given dates and rationale provided.

**Appendix H- Bid Qualification and Planning  
Criteria**

**(SERVICE) - (Commissioner)  
Business Planning Group - First Paper  
Bid Qualification and Planning Criteria**

**Tender**

**Particulars :**

**Value:**

**Contract:**

**Contract Length :**

**Date tender published:**

**Procurement:**

**Submission Date:**

**Outcome Communicated:**

**Service Mobilised:**

<b>Category</b>	<b>Question</b>	<b>Evidence / Comments (2 Lines Max)</b>
<b>Solution</b>	Our solution exceeds the client's requirements, offers significant added value and we are able to deliver the contract within the required timeframes?	
<b>Relationships</b>	We have a good relationship with the customer and understand their requirements?	
<b>Human Resources</b>	Are we clear on the HR implications for existing / new staff.	
<b>Bid Resource</b>	Do we still have the bidding resource and expertise to produce a winning tender submission?	
<b>Commercial</b>	Contract terms are clear and understood	
<b>Infrastructure</b>	We have the appropriate estate, IT infrastructure, service based resource and experience to manage this contract?	

<b>Competition</b>	We understand our competitor's solution and are confident in our ability?	
<b>Commercial</b>	Income and expenditure model (profitability, overheads etc) fits with Trust's Pricing Policy	

<b>Risks at this early stage:</b>	<b>Description of Risk</b>	<b>Mitigation</b>
<b>Financial</b>		
<b>Reputational</b>		
<b>Continuity of Service</b>		

**Outcome of Bid Qualification and Planning Criteria agreed by:**

## Appendix I

# Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

<b>Engagement</b>		<b>Tick to Confirm</b>
1.	Is the Executive Lead sighted on the development/review of the policy?	Deputy Director of Finance has been sighted due to no significant adjustments been made during this review
2.	Is the local Policy Champion member sighted on the development/review of the policy?	X
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	NA
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	X
5.	Has the policy been discussed and agreed by the local governance groups?	X – Through finance SMT
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	NA
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	X
8.	Is the policy title clear and unambiguous?	X
9.	Is the policy in Arial font 12?	X
10.	Have page numbers been inserted?	X
11.	Has the policy been quality checked for spelling errors, links, accuracy?	X
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	X
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	X
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	X
15.	Where appropriate, does the policy contain a list of definitions of terms used?	X
16.	Does the policy include any references to other associated policies and key documents?	X
17.	Has the EIA Form been completed (Appendix 1)?	X
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	X
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	X
20.	Is there a plan to i. review ii. audit compliance with the document?	X
21.	Is the review date identified, and is it appropriate and justifiable?	X

