Title: IT & Telephony Procurement Procedure

Ref: IT-0020-001.v3

Status: Approved
Document type: Procedure
Overarching policy: IT &Telephony Procurement Re-Assignment and Disposal Policy

Contents

1   Introduction

Having this procedure in place gives assurance to patients, carers and their families that our staff are using IT equipment and software that meets all required standards and ensures their information is kept safe and confidential. It also respects the values and opinions of staff, by:

- Ensuring they have the necessary IT tools to carry out their roles
- Supporting individually any workplace adjustments that might be needed, and
- Providing a mechanism for staff to discuss their requirements.

2   Purpose

Following this procedure will help the Trust to ensure the security and integrity of the Trust's IT infrastructure.

It is important that any IT & Telephony equipment used for Trust purposes have been officially purchased and tested for compatibility, and that they are disposed of in a safe, secure and economical way.

It is also important to keep and maintain accurate records of all IT & Telephony equipment re-assigned or disposed of, within the Trust.

This procedure covers the procurement of all IT and Telephony equipment, including software within the Trust, and describes:

- The procurement process for IT and Telephony equipment, including software, and explains what is required at each step.
- The recording of items procured, their location and who is responsible for this

3   Who this procedure applies to

This procedure is relevant but not limited to the following groups who use or have access to Trust IT & Telephony equipment. These groups were initially consulted when the policy was developed.

• Staff
• Service Users
• Students
• Volunteers
• Budget Holders
• Line Managers
• Finance Services
• Information Services / Service Desk / Desktop Team
• Information Asset Owners / Information Asset Administrators
• External Suppliers

4 Related documents

This procedure describes what you need to do to implement the 4.1.1 section of the IT & Telephony Procurement, Re-assignment and Disposal Policy.

> ⓘ The IT & Telephony Procurement, Re-assignment and Disposal Policy defines how Trust IT equipment is to be purchased, which you must read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:

- The Trust's Standing Financial Instructions, which can be access on the Trust's website or Intranet

5 Step-by-Step to Purchase IT Equipment

Step	Who	Task
1	Purchaser	Identify the need for new/replacement IT or telephony equipment (including software) Non-standard IT & Telephony equipment may be purchased if recommended as part of a health and safety or disability reasonable adjustment assessment.
2	Purchaser	Obtain relevant manager's approval for the purchase of the equipment
3	Purchaser	Check the IT procurement pages on the Intranet for availability TEWV online Store
4	Purchaser	Log a procurement call through the Information Service Desk Customer Portal providing as much relevant detail as possible. TEWV online Store NB: Any non-standard equipment must be authorised by Information Services to ensure that it is compatible with the Trust's existing equipment and strategic development priorities
5	IT Asset Admin or Clerk	Receives the request for purchase
6	IT Asset Admin or Clerk	Clarifies any outstanding issues on information regarding the request, liaising with the End User Compute Manager for approval of any non-standard requests
7	Purchaser	Respond to any outstanding information requests on purchase order NB: Users who retain equipment but move to different locations or teams must ensure the relevant information asset registers are updated to remove and add details. Cost centres and budget codes must also be changed to ensure that the correct charges are being made to the right services. Where a user takes equipment with them to an alternative team, they must inform the Information Service Desk to ensure that the items can be tracked for usage.
8	IT Asset Admin or Clerk	Enter the purchase details on to Cardea and send on confirmation of the order to the nominated purchaser/receptor NB: Where the Information Service Desk is informed of any equipment such as mobile phones or mobile working equipment being re-located due staff movements they should inform the IT Assets Team to update the reference lists held to track mobiles and mobile working equipment usage.
9	Budget Holder/Line Manager	Approves the order on Cardea

10	Procurement	Receive the order via Cardea
11	Procurement	Liaises between the supplier and IT Asset Team to ensure that orders are fulfilled
12	Third Party Supplier	Receives the order and dispatches goods to person/address noted on the order
13	Third Party Supplier	Where appropriate equipment must be: • logged on to the Third-Party Supplier's IT equipment inventory list which is sent to the IT Assets Team • preloaded with the Trust systems image • asset tagged before dispatch to the purchaser.
14	Receiver	Receives the goods and receipts them on the Cardea within two working days of receipt to ensure prompt payment to the Third-Party Supplier.
15	Third Party Supplier	Asset Tags equipment as necessary and informs the Information Asset Administrator to enter on to the department Information Asset Register. NB: USB flash drives will be distributed pre-asset tagged by the Service Desk but it remains the Receiver's responsibility to inform the Information Asset Administrator to enter on to the department Information Asset Register.
16	Information Asset Administrator	Enters equipment/software onto the team's information asset register and risk assess as appropriate
17	Information Asset Administrator	Ensures that any items of equipment that are deemed as Trust assets (i.e. have a value of £5000 or more) are recorded and submitted to the Trust Capital Asset Register Trustee for inclusion on the central Capital Asset Register.
18.	Information Asset Administrator	Ensures that staff are adequately trained to use the new equipment. This would include their responsibility for safeguarding the device and their obligations to comply with relevant policies and procedures.
19	Information Asset Administrator	Ensures that a regular audit of IT equipment takes place to verify and ensure the accuracy of the Information Asset register.

6 Definitions

Term	Definition
Information Asset Administrator (IAA)	• IAAs ensure that policies and procedures are followed, recognise actual or potential security incidents, consult their IAO on incident management, and ensure that information asset registers are accurate and up to date.

IT & Telephony Equipment	• This includes hardware and software used by the Trust to conduct its business.
Non-Standard IT Equipment Item(S)	• Non-standard equipment items, including software, are IT equipment that do not appear on the IT Standard List available on either the Intranet or Cardea. • A request must be formally logged with the Information Service Desk and explicit authorisation given after sufficient justification by the Information Service before any non-standard equipment can be purchased and introduced into the Trust. • Non-standard IT & Telephony equipment may also be recommended as part of a health and safety or disability reasonable adjustment assessment. • The IT Asset Team will ensure that any non-standard equipment purchased is compatible with the Trust's IT infrastructure, that it aligns with the Trust's business and that no security weakness will be introduced.
Standard IT Equipment List	• This is the authorised list of all IT equipment items that are deemed standard to the Trust. These can be purchased without consultation. • A catalogue of larger standard items is shown on the Intranet and can be ordered through the Information Service Desk. Smaller items can be ordered directly through the catalogue on Cardea.

7 How this procedure will be implemented

- This procedure will be published on the Trust's intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

7.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
All	Read Procedure	20 minutes	Annually or when changes are applied

8 How the implementation of this procedure will be monitored

Auditable Standard/Key Performance Indicators		Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Percentage of Orders Processed within 3 days of receipt	Monthly – IT Asset and Contract Manager	IMT Management Meeting

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval:	08 September 2021	
Next review date:	08 September 2024	
This document replaces:	IT-0020-001.v2	
This document was approved by:	Name of committee/group	Date
	Heads of Information	02 September 2021
This document was ratified by:	Name of committee/group	Date
	Digital Performance and Assurance Group	08 September 2021
An equality analysis was completed on this document on:	18 August 2021	
Document type	Public	
FOI Clause (Private documents only)	n/a	

Change record

Version	Date	Amendment details	Status
2			Withdrawn
3	08 Sept 2021	Put into new Format Links to old intranet and reference to InTouch changed to refer to new Intranet and TEWV online store Tasks for the Information Service Desk Analyst changed to the IT Asset Team roles.	Published

Please note; The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Name of Service area, Directorate/Department i.e. substance misuse, corporate, finance etc.	Information Department, Finance and Information Directorate					
Policy (document/service) name	IT & Telephony Procurement Procedure					
Is the area being assessed a…	Policy/Strategy		Service/Business plan		Project	
	Procedure/Guidance			x	Code of practice	
	Other – Please state					
Geographical area covered	Trust Wide					
Aims and objectives	This procedure has been created to ensure that staff have easy access to clear information regarding the Trust's procurement of IT & Telephony equipment policy.					
Start date of Equality Analysis Screening (This is the date you are asked to write or review the document/service etc.)	18 Aug 21					
End date of Equality Analysis Screening (This is when you have completed the equality analysis and it is ready to go to EMT to be approved)	21 Aug 21					

You must contact the EDHR team if you identify a negative impact

1. Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?

This procedure has been created to ensure that staff have easy access to clear information regarding the Trust's procurement, of IT & Telephony equipment.

2. Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups below?					
Race (including Gypsy and Traveller)	No	**Disability** (includes physical, learning, mental health, sensory and medical disabilities)	No	**Sex** (Men, women and gender neutral etc.)	No
Gender reassignment (Transgender and gender identity)	No	**Sexual Orientation** (Lesbian, Gay, Bisexual and Heterosexual etc.)	No	**Age** (includes, young people, older people – people of all ages)	No
Religion or Belief (includes faith groups, atheism and philosophical belief's)	No	**Pregnancy and Maternity** (includes pregnancy, women who are breastfeeding and women on maternity leave)	No	**Marriage and Civil Partnership** (includes opposite and same sex couples who are married or civil partners)	No

No – Please describe any positive impacts/s

Staff will understand how they can obtain IT assets in the correct manner and where to seek guidance, by following the Procedure the Trust will use only approved equipment. This in turn supports the Data Security and Protection toolkit and Cyber Security, assuring staff, patients, carers and families that the Trust takes seriously the protection of their personal data. The Policy also benefits staff who require a workplace adjustment by providing equipment that supports their individual requirements.

	Yes		No	
3. Have you considered other sources of information such as; legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.? **If 'No', why not?**	Yes	x	No	

Sources of Information may include:	
- Feedback from equality bodies, Care Quality Commission, Equality and Human Rights Commission, etc. - Investigation findings - Trust Strategic Direction - Data collection/analysis - National Guidance/Reports	- Staff grievances - Media - Community Consultation/Consultation Groups - Internal Consultation - Research - Other (Please state below) - ITAM Best Practice - ITIL guidance - National Cyber Security Group - DS&P Toolkit requirements

4. Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the following protected groups?: Race, Disability, Sex, Gender reassignment (Trans), Sexual Orientation (LGB), Religion or Belief, Age, Pregnancy and Maternity or Marriage and Civil Partnership

No – Please describe future plans that you may have to engage and involve people from different groups

No – as central asset management progresses, this procedure will need to be re-written, as part of this work a wider consultation will be undertaken.

5. As part of this equality analysis have any training needs/service needs been identified?					
Yes	Staff who process requests for equipment that forms a workplace adjustment will be trained in the workplace adjustment process				
A training need has been identified for;					
Trust staff		Yes	Service users	No	Contractors or other outside agencies	No
Make sure that you have checked the information and that you are comfortable that additional evidence can provided if you are required to do so					

Appendix 2 – Approval checklist

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
1.	**Title**		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	**Rationale**		
	Are reasons for development of the document stated?	Yes	
3.	**Development Process**		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	Yes	
	Have any related documents or documents that are impacted by this change been identified and updated?	Yes	
4.	**Content**		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	**Evidence Base**		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	**Training**		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	
7.	**Implementation and monitoring**		

	Title of document being reviewed:	Yes/No/ Not applicable	Comments
	Does the document identify how it will be implemented and monitored?	Yes	
8.	**Equality analysis**		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	Yes	
9.	**Approval**		
	Does the document identify which committee/group will approve it?	Yes	
10.	**Publication**		
	Has the document been reviewed for harm?	N/A	
	Does the document identify whether it is private or public?	Yes	
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	