



Public – To be published on the Trust external website

IT & Telephony Procurement Procedure

Ref: IT-0020-001-v4

Status: Approved

Document type: Procedure

Overarching policy: [IT & Telephony Procurement Re-Assignment and Disposal Policy](#)

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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 reasonable 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
• Patients
• 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 accessed on the Trust's website or Intranet
- Reasonable Adjustments Procedure
- Counter Fraud, Bribery and Corruption Policy and Strategy

In accordance with the Trust's Counter Fraud, Bribery and Corruption Policy and Strategy (Ref: FIN-0003), all suspected cases of fraud, bribery and corruption should be reported immediately to the Trust's Counter Fraud Specialist or to the Director of Finance. Your Counter Fraud Specialist can be contacted on the AuditOne fraud hotline (0191 441 5936) or via the AuditOne fraud email addresses (counterfraud@audit-one.co.uk or ntawnt.counterfraud@nhs.net)

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) <i>*Non-standard IT & telephony equipment may be purchased if recommended as part of a health and safety or disability reasonable adjustment assessment.</i>
2	Purchaser	Obtain relevant manager's approval for the purchase of the equipment.
3	Purchaser	Log a 'buy it' request through the Information Service Desk Customer Portal providing as much relevant detail as possible (eg who the item is for and why it is needed). <i>*Any non-standard equipment must be authorised by Digital & Data to ensure that it is compatible with the Trust's existing equipment, data security and strategic development priorities.</i>
4	Centralised Asset Management Team (CAM Team)	Receives the request for purchase
5	CAM Team	Clarifies any outstanding issues on information regarding the request, liaising with Information Governance and End User Computing where appropriate for non-standard requests.
6	Purchaser	Respond to any outstanding information requests on purchase order.
7	CAM Team	Once all the required information is complete, the request is processed by the CAM team following their internal processes: <ul style="list-style-type: none"> • Requests for stock items are submitted directly to our Third Party Supplier for processing • Requests for non stock items are processed via a Cardea order to our Third Party Supplier
8	CAM Team	Adds the item details to the CAM Asset Tracker
9	Budget Holder/Line Manager	If the order is not a stock item then the order will need to be approved on Cardea by the budget holder.
10	Third Party Supplier	Receives the order and dispatches goods to person/address noted on the order.

Step	Who	Task
11	Third Party Supplier	Where appropriate equipment must be: <ul style="list-style-type: none"> logged on to the Third-Party Supplier's IT equipment inventory list. preloaded with the Trust systems image & asset tagged before dispatch to the purchaser.
12	Third Party Supplier	Updates the CAM Asset Tracker with the asset number (where appropriate) and delivery date.
13	Receiver	If the item requested is not a stock item then the requestor must ensure the order is receipted on Cardea within 2 days to ensure prompt payment of suppliers.
14	Information Asset Administrator	Enters equipment/software onto the team's information asset register and risk assess as appropriate.
15	Information Asset Administrator	Ensures any items 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 and considered as part of the capital plan.
16	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.
17	Information Asset Administrator	Ensures that a regular audit of IT equipment takes place to verify and ensure the accuracy of the Information Asset register.
18	Centralised Asset Management Lead	Submits a monthly return to Finance detailing the costs to be recharged to individual team budgets for stock items distributed that month.
19	Centralised Asset Management Lead	Monitors stock levels and submits restock orders as required (at least monthly).

6 Definitions

Term	Definition
Information Asset Administrator (IAA)	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> This includes hardware and software used by the Trust to conduct its business.
Non-Standard IT Equipment Item(S)	<ul style="list-style-type: none"> 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 reasonable adjustment assessment for staff who have a disability or long-term health condition. 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	<ul style="list-style-type: none"> 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	DDMM Management Meeting

9 Document control (external)

To be recorded on the policy register by Policy Coordinator

Required information type	Information
Date of approval	13 June 2025
Next review date	13 June 2028
This document replaces	IT & Telephony Procurement Procedure IT-0020-001-v3
This document was approved by	DPAG
This document was approved	13 June 2025
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	17 January 2025
Document type	Public
FOI Clause (Private documents only)	n/a

Change record

Version	Date	Amendment details	Status
2			Withdrawn
3	Sept 2021	Put into new Format Links to old intranet and reference to InTouch changed to refer to new Intranet and TEVV online store Tasks for the Information Service Desk Analyst changed to the IT Asset Team roles.	Withdrawn
3	Sep 2024	Review date extended till 31 Dec 2024	Withdrawn
3	Dec 2024	Review date extended till 28 Feb 2025	Withdrawn
4	13 Jun 2025	Full review with changes: 1 New template applied 2 Section 4 - Addition of counter Fraud statement 3 Section 5 – step by step guide updated 4 New Equality Impact Assessment competed 5 Overall document review 6. EANDD updates added (including Reasonable Adjustments)	Published

Appendix 1 - Equality Impact Assessment

Please note: The [Equality Impact Assessment Policy](#) and [Equality Impact Assessment Guidance](#) can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Digital and Data Services
Title	IT & Telephony Procurement Procedure
Type	Procedure/guidance
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 processes
Start date of Equality Analysis Screening	01 December 2024
End date of Equality Analysis Screening	17 January 2025

Section 2	Impacts
Who does the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	TEWV staff, suppliers, contractors
Will the Policy, Procedure, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups? Are there any Human Rights implications?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men and women) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women / people who are breastfeeding, women / people accessing perinatal services, women / people on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO • Human Rights Implications NO (Human Rights - easy read)
Describe any negative impacts / Human Rights Implications	NA
Describe any positive impacts / Human Rights Implications	'The right to work and education' is fully supported through this procedure and links to the Govt 'Access to work Guidelines'

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	<ul style="list-style-type: none"> • ITAM Best Practice • ITIL guidance • National Cyber Security Group • DS&P Toolkit requirements

Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes
If you answered Yes above, describe the engagement and involvement that has taken place	Logged calls, surveys and feedback from suppliers are constantly monitored and fed into this procedural review
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
As part of this equality impact assessment have any training needs/service needs been identified?	Yes
Describe any training needs for Trust staff	Staff who process requests for equipment that forms a workplace adjustment will be trained in the workplace adjustment process
Describe any training needs for patients	NA
Describe any training needs for contractors or other outside agencies	NA

Check the information you have provided and ensure additional evidence can be provided if asked.

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		
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 policy been reviewed for harm?	Yes	No harm
Does the document identify whether it is private or public?	Yes	Public
If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	n/a	
11. Accessibility (See intranet accessibility page for more information)		
Have you run the Microsoft Word Accessibility Checker? (Under the review tab, 'check accessibility'. You must remove all errors)	Yes	
Do all pictures and tables have meaningful alternative text?	Yes	
Do all hyperlinks have a meaningful description? (do not use something generic like 'click here')	Yes	