Invitation to tender and statement of requirement

21st November 2023

Perspectives on a common code of conduct for health and care professionals

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1. Purpose of document

1.1 The purpose of this document is to invite proposals for undertaking research for the Professional Standards Authority ("the PSA") which will explore with participants perspectives on a possible common code of conduct for health and care professionals.

1.2 This document contains the following sections:

- Introduction to the PSA
- Statement of requirement
- Tender proposal and evaluation criteria
- Procurement procedures.

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professional standards authority

2. Introduction to the PSA

2.1 The Professional Standards Authority for Health and Social Care ("the PSA") promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and registration of people working in health and care. We are an independent body, accountable to the UK Parliament.

2.2 We oversee the work of ten statutory bodies that regulate health professionals in the UK and social workers in England. We review the regulators' performance and audit and scrutinise their decisions about whether people on their registers are fit to practise.

2.3 We also set standards for organisations holding registers for people in unregulated health and care occupations and accredit those organisations that meet our standards.

2.4 To encourage improvement, we share good practice and knowledge, conduct research and introduce innovative ideas including our concept of right-touch regulation. We monitor policy developments in the UK and internationally and provide advice to governments and others on matters relating to people working in health and care.

2.5 As part of our role we conduct and commission research and other policy work, both to develop our ideas around how regulation could be improved and to explore different themes and issues arising in relation to our work and that of the regulators we oversee in protecting the public. This is also intended to help us strengthen and improve our own processes for overseeing the work of the regulators and to disseminate learning to others.

2.6 We are committed to being independent, impartial, fair, accessible and consistent. More information about our work and the approach we take is available at: https://www.professionalstandards.org.uk/home

2.7 Our values act as a framework for our decisions. They are at the heart of who we are and how we would like to be seen by our partners. We are committed to:

- Integrity
- Transparency
- Respect
- Fairness
- Teamwork.

2.8 Our values are explicit in the way we work: how we approach our oversight of the registration and regulation of those who work in health and social care; how we develop policy advice; and how we engage with all our partners. We strive to be consistent in the way we apply our values.

2.9 The PSA is an independent body accountable to the UK Parliament and we exist to protect the public.

2.10 We listen to the views of people who receive care. We seek to ensure that their views are considered in the registration and regulation of people who work in health and social care.

2.11 We have developed and promote our concept of right-touch regulation.[1] This is regulation that is proportionate to the risk of harm to the public and provides a framework in which professionalism can flourish and organisational excellence can be achieved.[2] We apply the principles of right-touch regulation to our own work.

2.12 In 2022 we published our report *Safer care for all*[3] in which we examine the current state of professional health and care regulation in the UK. We also go beyond this in identifying, and proposing solutions to, some of the significant challenges facing health and social care.

Supplying the PSA

2.13 The PSA is responsible for purchasing the goods and services necessary to achieve its role as the health and social care authority.

2.14 Therefore, we aim to achieve the following values:

- To provide a modern, efficient, transparent and responsible procurement service
- To achieve value for money by balancing quality and cost
- To ensure contracts are managed effectively and outputs are delivered
- To ensure that processes have regard for equality and diversity
- To ensure that procurement is undertaken with regard to law and best practice.

Small and Medium Enterprises

2.15 The PSA will aim to flag up tendering opportunities which are thought to be suitable for SMEs or consortia of SMEs. The purpose is to encourage competition and provide SMEs with access to public sector contracts. It is not intended to give SMEs an advantage, but to level the playing field so that SMEs have the opportunity to compete with larger firms. Flagging certain contracts does not mean that SMEs cannot bid for non-flagged contracts, or that larger firms cannot win flagged opportunities.

2.16 The PSA considers that this contract may be suitable for economic operators that are SMEs and voluntary organisations. However, any selection of tenderers will be based on the criteria set out for the procurement process, and the contract will be awarded based on the most economically advantageous tender.

2.17 Please ensure that you indicate how your organisation is categorised on the form of tender document which should be submitted along with your proposal.

[1] More information on the PSA's concept of right-touch regulation, and other publications on regulatory reform are available at www.professionalstandards.org.uk/policy-and-research/right-touch-regulation
[2] Organisational excellence is defined as the consistent performance of good practice combined with continuous improvement.
[3] Professional Standards Authority, September 2022, *Safer care for all* - Solutions from professional regulation and beyond. Available at: https://www.professionalstandards.org.uk/safer-care-for-all

Small and medium enterprises and voluntary organisations:

Enterprise Category	Headcount	Turnover	or	Balance Sheet Total
Micro	<10	≤ € 2 million		≤ € 2 million
Small	<50	≤ € 10 million		≤ € 10 million
Medium	<250	≤ € 50 million		≤ € 43 million
Large	>251	> € 50 million		> € 43 million

3. Statement of requirement

Background to the project

3.1 As part of our role we conduct and commission research and other policy work, both to develop our ideas around how regulation could be improved and to explore different themes and issues arising in relation to our work and that of the regulators we oversee in protecting the public. This is also intended to help us strengthen and improve our own processes for overseeing the work of the regulators and to disseminate learnings to others. This piece of work sits within our policy and research function.

Context

3.2 In 2022 we published our report *Safer care for all* in which we examine the current state of professional health and care regulation in the UK. We also go beyond this in identifying, and proposing solutions to, some of the significant challenges facing health and social care, including workforce shortages.

3.3 To take forward our findings on challenges facing the workforce, we plan to carry out a scoping review in 24/25 on the benefits of developing a common code of conduct for health and care professionals. This code may extend to roles covered by our accredited registers, as well as non-clinicians in senior management positions.

3.4 Currently, each regulator and accredited register has its own code of conduct / set of standards, although there are already similarities between them. A common code of conduct could support working in multi-disciplinary teams and reduce complexity in the system. It may also help reduce the risk of inconsistency in regulatory decision-making, meaning that the different professions in health and care would demonstrate, and be held to, the same high standards of behaviour. This in turn could contribute to improving workplace cultures. Knowing that colleagues, which may include those in unregulated roles and senior managers, are required to demonstrate the same conduct may help create a safe and supportive culture in which to work.

3.5 To prepare for the wider scoping review in 24/25, through this consumer research we wish to seek the views of the public, users of health and care services and registrants on the potential value, benefits, and risks of a common code of conduct. This code could apply to all regulated health and care professionals, and potentially those on our accredited registers, too.

3.6 In light of recent calls for greater accountability of senior managers following on from the Lucy Letby case, this consumer research will extend to exploring views on the common code applying to that group, too. As well as increasing accountability, a common code that applies to senior managers could promote cohesion across the wider team responsible for the safe and effective delivery of health and care services.

3.7 The overall project would be taken forward with reference to our recommendation in *Regulation rethought* for "a statement of professional

practice, a shared set of core standards that would apply to all health and care practitioners". The statement of professional practice would define the standards of conduct, behaviour and ethics required of all registrants, irrespective of their profession or occupation. Profession- or occupation-specific standards would of course continue to be required, tailored to the clinical practice of each group.

3.8 In addition to the above, the wider scoping review will take into account findings from three other pieces of earlier research undertaken on behalf of the PSA. Listed in Paragraph 3.13 below, these studies cover consumers' perspectives on different types of conduct and behaviour carried out by health and care professionals.

3.9 The overall project will also explore the implications of the development of a common code in terms of equality, diversity and inclusion. It will look at how a common code can work to promote fair treatment across a diverse population (both health and care practitioners and users of their services), including further clarifying registrants' responsibilities in relation to EDI.

3.10 Further information on the specific objectives and scope of this work can be found at Paragraphs 3.14 to 3.20.

Background information

3.11 The following documents may be useful to provide context to this work:

Safer care for all, Chapter 3 Facing up to the workforce crisis and regulation's future role

Regulation rethought, Section 5 A shared, public register and a system of licensing

PSA statement responding to calls for regulation of NHS managers

3.12 For some additional background, examples of current codes of conduct (or equivalents) can be accessed through the websites of the statutory health and care professional regulators. We are at the initial stage of this work, however, focusing on the potential value, benefits, and risks of a common code rather than making suggestions about what a code might look like.

3.13 The three pieces of research that we have commissioned previously on consumers' perspectives on different types of conduct and behaviour carried out by health and care professionals are linked to below. We would anticipate that the findings from these three pieces of research will help inform what is covered in a code of conduct.

Dishonest behaviour by health and care professionals

Sexual behaviours between health and care practitioners: where does the boundary lie?

Perspectives on discriminatory behaviours in health and care

Project objectives and scope

Research questions

3.14 The objective of this piece of research is to gain the views of participants (the public, users of health and care services and health and care professionals) on the following:

- the potential value, benefits, and risks of a common code of conduct for health and care professionals on statutory registers
- the merits, or otherwise, of extending a common code of conduct to health and care professionals on accredited registers and senior management in health and care
- key areas that a common code of conduct may cover

3.15 We also wish the research to elicit views from the public and users of health and care services on whether they already expect such a common code of conduct to exist. From the point of view of registrants, we would be interested to know how the individual codes for their professions currently have an impact on their practice.

3.16 It will be important for the research to draw out the implications of the development of a common code of conduct in terms of equality, diversity and inclusion.

Sample

3.17 The sample should include:

- Members of the public
- Those with more significant experience of health or social care services
- Health and care professionals, including those on our accredited registers.

3.18 We would expect participants from and using a range of health and care professions, including those covered by our accredited registers.

3.19 We would expect the sample as a whole to cover a range of different socioeconomic and age groups, rural and urban populations, as well as those with protected characteristics. We would also expect the four countries of the UK to be represented.

Methodology

3.20 We anticipate a significant part / all of this research will be qualitative. We are open on whether or not the research may benefit from an element of quantitative research.

Project outputs, deliverables and contract management

3.21 The Professional Standards Authority wishes to commission an organisation / group of associates to:

- Design the sample and the methodology
- Recruit participants
- Organise and facilitate engagement with participants, including producing stimulus materials
- Analyse the information generated by engagement with participants

- Set out the findings in a written report and a presentation to PSA staff
- Provide project management.

3.22 The contract will be managed in accordance with an agreed project plan showing key stages of the work. The successful bidder will communicate progress with the PSA, at regular intervals, against the agreed project plan.

Project timescales

3.23 We expect the project to start **in the second week of January 2024 (week commencing 8th January)**. The project will be completed, and the final written report agreed upon and signed off, by **Friday 22nd March 2024**.

Budget

3.24 We would like to receive submissions up to a maximum of **£50,000** (inclusive VAT). Value for money will be taken into account when assessing bids.

3.25 We will discuss staged payments based on the agreed project plan.

Further project related information for bidders

3.26 In accordance with our usual approach to commissioning work, the Professional Standards Authority would retain intellectual property rights over the report and all project related documentation and artefacts.

3.27 Please note all consultants working on the project are required to abide by the Cabinet Office's protective marking guidelines which the PSA uses to protectively mark a proportion of its information.

3.28 Contractors may use sub-contractors subject to the following:

- That the contractor assumes unconditional responsibility for the overall work and its quality
- That individual sub-contractors are clearly identified, with fee rates and grades made explicit to the same level of detail as for the members of the lead consulting team.

3.29 Internal relationships between the contractor and its sub-contractors shall be the entire responsibility of the contractor. Failure to meet deadlines or to deliver work packages by a subcontractor will be attributed by the PSA entirely to the contractor.

4. Tender response and evaluation criteria

The tender response

4.1 We would like to hear from an organisation / group of associates who has / have:

- Experience of carrying out research in health and/or social care across the UK
- Have a track record of recruiting to challenging specific criteria
- Are committed to the Market Research Society Code of Conduct or equivalent
- Will deal with personal and/or sensitive data safely and securely.

4.2 We anticipate that submissions would include the following:

- A fixed price for conducting this study, including a breakdown of the different cost elements
- A draft project plan showing the required involvement of both parties and demonstrating how you will be able to complete and report on the study by Friday 22nd March 2024. The plan will need to allow time for the PSA to review a draft report prior to submission of the final report
- A description of, and justification for, the proposed methodological approach (including an outline of potential stimulus material and the recommended sample of participants)
- Evidence of how those who would be involved in the work have the appropriate skills and expertise, including any relevant previous work undertaken and reports produced
- A description of how the project will be managed, indicating methods of communication with the PSA, as well as how any risks and issues will be managed
- A description of how you would recruit participants to meet the requirements of our sample.

Evaluation criteria

4.3 Tenders will be assessed for compliance with procurement and contractual requirements which will include: completeness of the tender information; tender submitted in accordance with the conditions and instructions for tendering; tender submitted by the closing date and time; compliance with contractual arrangements.

4.4 Tenders that are not compliant may be disqualified from the process. We reserve the right to clarify any issues regarding a bidder's compliance. It will be at the PSA's sole discretion whether to include the relevant bidder's response in the next stage of the process.

4.5 Tenders will be evaluated according to weighted criteria as follows:

- An understanding of the context and objectives of the work (10%)

- The methodological approach (including the sample of participants and stimulus materials) you propose and how this would enable the research to meet our objectives (30%)
- How the research team has appropriate skills, expertise and experience, including the ability to bring to life abstract issues and enable people to explore beyond their initial reactions, and produce accessible high-quality reports on complex issues (25%)
- How you will successfully manage the project, including managing potential risks to the timetable and any other issues identified (15%)
- Value for money (20%)

Equality, Diversity and Inclusion

4.6 Please note that, when we score bidders, we will be looking for evidence of how equality and diversity considerations have been taken into account across the bid. We anticipate that equality and diversity considerations will be relevant to a number of the criteria above.

Data security

4.7 All bidders will need to demonstrate how they deal with personal and/or sensitive data safely and securely.

4.8 We will score bids on a scale of 0 to 5 against each of the above criteria and taking into account the designated weighting. 0 will be 'Unanswered or totally inadequate response to the criterion' and 5 will be 'Excellent response fully addressing the requirement and providing significant additional evidence of how the criterion has been met and how value would be added.'

5. Procurement procedures

Tendering timetable

5.1 This tender will be open between Tuesday 21st November 2023 and 5pm on Tuesday 12th December 2023.

5.2 The timescales for the procurement process are as follows:

Element	Timescale
Invitation to tender issued	Tuesday 21st November 2023
Deadline for submission of proposal, including the completed supplier questionnaire	5pm on Tuesday 12th December 2023
Notification of outcome of review of tenders	By Friday 22nd December 2023

Tendering instructions and guidance

Amendments to ItT document

5.3 Any advice of a modification to the invitation to tender will be issued as soon as possible before the tender submission date and shall be issued as an addendum to, and shall be deemed to constitute part of, the invitation to tender. If necessary, the Professional Standards Authority (PSA) shall revise the tender date to comply with this requirement.

Clarifications and queries

5.4 Please note that, for audit purposes, any query in connection with the tender should be submitted via email. The response, as well as the nature of the query, will be notified to all suppliers without disclosing the name of the supplier who initiated the query.

Submission process

5.5 Tenders will be accepted no later than the submission date and time shown above. Tenders received after the closing date and time may not be accepted. Bidders have the facility to email later versions of tenders to the relevant member of staff until the closing date/time.

5.6 Please submit the supplier questionnaire along with your proposal.

5.7 An evaluation team will evaluate all tenders correctly submitted against the stated evaluation criteria.

5.8 By issuing this invitation to tender the PSA does not undertake to accept the lowest tender, or part or all of any tender. No part of the tender submitted will be returned to the supplier.

Cost and pricing information

5.9 Tender costs remain the responsibility of those tendering. This includes any costs or expenses incurred by the supplier in connection with the preparation, delivery or the evaluation of the tender. All details of the tender, including prices and rates, are to remain valid for acceptance for a period of 90 days from the tender closing date.

5.10 Tender prices must be in sterling.

5.11 Once the contract has been awarded, any additional costs incurred which are not reflected in the tender submission will not be accepted for payment.

References

5.12 References provided as part of the tender may be approached during the tender stage.

Contractual information

5.13 Following the evaluation of submitted tenders, in accordance with the evaluation criteria stated in this document, a contractor may be selected to perform the services and subsequently issued with an order.

5.14 Any contract awarded, as a result of this procurement will be placed with a prime contractor who will take full contractual responsibility for the performance of all obligations under the contract. Any sub-contractors you intend to use to fulfil any aspect of the services must be identified in the tender along with details of their relationship, responsibilities and proposed management arrangements.

5.15 The proposal should be submitted in the form of an unconditional offer that is capable of being accepted by the PSA without the need for further negotiation. Any contract arising from this procurement will be based upon the PSA's standard procurement terms and conditions. You should state in your proposal that you are willing to accept these terms and conditions.

5.16 The PSA does not expect to negotiate individual terms and will contract based on terms that will be outlined by the PSA. If you do not agree to the conditions of a contract, then your tender may be deselected on that basis alone and not considered further.

5.17 The PSA may be prepared to consider non-fundamental changes to the standard terms and conditions in exceptional circumstances. If there are any areas where you feel you are not able to comply with the standard PSA terms and conditions, then details should be submitted as a separate annex to the proposal using the following format:

Clause Number	***Existing Wording***	***Proposed Wording***	***Rational for amendment***

5.18 Any services arising from this ItT will be carried out pursuant to the contract which comprises of:

- The PSA terms and conditions
- Service schedules
- This invitation to tender and statement of requirement document
- The chosen supplier's successful tender; and

- The PSA's transparency obligations and the Freedom of Information Act 2000 (FOIA).

5.19 The PSA complies with the Government's transparency agenda and as a result, there is a presumption that contract documentation will be made available to the public via electronic means. The PSA will work with the chosen supplier to establish if any information within the contract should be withheld and the reasons for withholding it from publication.

5.20 Typically, the following information will be published:

- Contract price and any incentivisation mechanisms
- Performance metrics and management of them
- Plans for management of underperformance and its fiscal impact
- Governance arrangements including through supply chains where significant contract value rests with subcontractors
- Resource plans
- Service improvement plans.

5.21 Where appropriate to do so information will be updated as required during the life of the contract, so it remains current.

5.22 In addition, as a public authority, the PSA is subject to the provisions of the FOIA. All information submitted to a public authority may need to be disclosed by the public authority in response to a request under the FOIA. The PSA may also decide to include certain information in the publication scheme which it maintains under the FOIA.

5.23 If a bidder considers that any of the information included in its proposal is commercially sensitive, it should be identified and explained (in broad terms) what harm may result from disclosure if a request is received and the time applicable to that sensitivity. Bidders should be aware that even where they have indicated that information is commercially sensitive the PSA may be required to disclose this information under the FOIA if a request is received. Bidders should also note that the receipt of any material marked "confidential" or equivalent by the public authority should not be taken to mean that the public authority accepts any duty of confidence by that marking. If a request is received the PSA may also be required to disclose details of unsuccessful bids.

5.24 Please use the following matrix to list such information:

Para. No.	Description	Applicable exemption under FOIA 2000	Para. No.