

INVITATION TO TENDER

**For: Review of neonatal testing and practice in
Black and Asian newborns**

Date: October 2021

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About the NHS Race and Health Observatory

The NHS Race and Health Observatory ('the Observatory') is a new, independent organisation, set up to explore ethnic inequalities in access to healthcare, experiences of healthcare, health outcomes, and inequalities experienced by black and minority ethnic members of the health and care workforce. In doing so, it assesses aspirations in these areas as outlined in national healthcare policy, including those set-out in the NHS Long Term Plan. It is a proactive investigator, providing strong recommendations that inform policymaking and facilitate change. It is evidence-driven and solution-focused.

The Observatory is supported by NHS England and NHS Improvement, and hosted by NHS Confederation, but its board and team are independent, and we dictate our own direction and areas of focus. The Observatory has three main functions:

- facilitating new, high-quality, and innovative research and evidence
- making strategic policy recommendations for change.
- facilitating the practical implementation of those recommendations.

The Observatory's maternal health advisory group is made up of midwifery and obstetric professionals along with women with lived experience of having babies. The chair of the group is Professor Jacqueline Dunkley Bent and the vice chair Dr Daghni Rajasingam. The group was established in January 2021 and has been working to identify the priorities in maternal healthcare for ethnic minority women and newborns that need investigation resulting in evidence-based policy recommendations to help close inequality gaps.

Maternal health, or lack of it, is one of the starkest examples of racial health inequalities in the UK. While overall maternal mortality rates have fallen over the past decade, evidence points to a widening gap in maternal mortality between women from different ethnic backgrounds.

- There remains a four-fold difference in maternal mortality rates amongst women from Black ethnic backgrounds compared to white women;
- There is a two-fold difference amongst women from Asian ethnic backgrounds compared to white women.¹

Women living in the most deprived areas are almost three times more likely to die than those who live in the most affluent areas. Despite rates of stillbirth and neonatal mortality reducing over time, babies born to women living in the most deprived areas are twice as likely to be stillborn and at a 73% excess risk of neonatal death compared to babies born to women living in the least deprived areas; this excess risk has increased over the period from 2015 to 2019.

¹ <https://www.npeu.ox.ac.uk/mbrrace-uk/reports>

Mortality rates remain exceptionally high for babies of Black and Black British ethnicity: stillbirth rates are over twice those for babies of White ethnicity and neonatal mortality rates are 43% higher.

Similarly, mortality rates remain high for babies of Asian and Asian British ethnicity: stillbirth and neonatal mortality rates are both around 60% higher than for babies of White ethnicity (MBRRACE UK 2021).

Scope of the work

Through its stakeholder and community engagement, the Observatory has identified concerns that Black and Asian babies in the UK may be adversely impacted by routine perinatal practices and procedures that have been developed for newborns. In some cases, such as the commonly used Apgar test, practices and procedures were developed many decades ago, and therefore have been primarily developed based on the presentation of symptoms on White skin. As such, they may operate poorly for babies with darker skin tones. Research suggests there is also some inconsistency in the application of the Apgar score relating to the use of colour and use of the score has been linked to suggestions that racial disparities continue to exist in healthcare education.²³ Furthermore, some international evidence suggests broader ethnic inequalities in neonatal care, especially where newborns require intensive care.⁴⁵⁶

The Observatory is therefore looking to commission an organisation to carry out a review of perinatal procedures on Black and minority ethnic babies, and to identify whether ethnic health inequalities are in evidence, looking not just at the Apgar score, but broader practices around neonatal testing and care. More broadly, we are keen to test the hypothesis that paediatricians and neonatologists may have normalised White Northern European genetics, physiology and behaviour, which in turns has led to biased clinical decision making. An example of this is the neutrophil count of Black babies that is often lower than babies of other ethnicities. Lack of knowledge in this area has the potential to lead to a classification of disease – benign ethnic neutropenia with the associated blood tests. Understanding the variation is key.⁷

This is a broad area of enquiry, but the project should include:

² Adams, Brandi N., and Amos Grunebaum. "Does "pink all over" accurately describe an Apgar color score of 2 in newborns of color?." *Obstetrics & Gynecology* 123 (2014): 36S.

³ Lim, Guan Hui Tricia, et al. "Students' perceptions on race in medical education and healthcare." *Perspectives on medical education* 10.2 (2021): 130-134.

⁴ Claydon, Jennifer E., et al. "Ethnic differences in risk factors for neonatal mortality and morbidity in the neonatal intensive care unit." *Journal of Perinatology* 27.7 (2007): 448-452.

⁵ Sigurdson, Krista, et al. "Racial/ethnic disparities in neonatal intensive care: a systematic review." *Pediatrics* 144.2 (2019)

⁶ Ruan, Shanshan, et al. "The associations between ethnicity and outcomes of infants in neonatal intensive care units." *Archives of Disease in Childhood-Fetal and Neonatal Edition* 97.2 (2012): F133-F138.

⁷ Zeshan Qureshi and Anna Rose. All paediatricians are complicit in delivering a racist healthcare service, Don't Forget the Bubbles, 2021. Available at: <https://doi.org/10.31440/DFTB.33938>

- a review into the use of Apgar scoring, including an analysis of whether the clinical guidelines around 'Appearance' as part of the score are appropriate for babies with darker skin.
- examination of the wider issue of terminology used to ensure Black and Asian babies receive equitable treatment and care.
- a detailed look at how neonatal jaundice in Black and Asian babies is identified and treated.
- a broader analysis of potential ethnic inequalities in neonatal care in the UK, highlighting areas for onward study.

Proposed Methodology

The Observatory welcomes detailed proposals on the methodology used from bidding organisations and we are happy for the precise details of the project to be shaped according to the expertise of the bidding organisations. However, we propose that the review include both:

- A literature review reviewing academic evidence around the use of language used regarding newborn health, and a policy review looking at how the Apgar score and other common practices are applied.
- Qualitative work engaging with clinicians, service users and others around the role that race plays in the care of newborns.

Detailed specifications:

- The initial research period will be 9 months from the date of award, with a further 4-6 weeks for review and sign off.
- The review should include an academic and grey literature review (government and NHS reports as well as community-produced and experience-based evidence if appropriately validated).
- A range of relevant stakeholders should be identified and meaningfully engaged and included in contributing and commenting on the scope of the work, and on the final document.
- The final product will be report in the form of a word document, including evidence-based recommendations.
- Additionally, we would like additional material such as infographics, a PowerPoint presentation and/or a short video to help socialise the findings.
- All resources should be produced for the NHS Race and Health Observatory.
- We welcome bids up to £100,000. Higher value bids may be considered if adequate justification can be given for the additional amount.
- The report will be for external publication by the NHS Race and Health Observatory.

Tender submission

Your tender submission should include the following:

Company information

- Briefly outline your experience, values, structure, size and capabilities in general
- Examples of similar tenders you have won and delivered
- List two previous clients (preferably not for profit) that we can contact for reference purposes (references will be taken up for those shortlisted)
- Complete the equalities questionnaire at schedule 1.

Proposal for services

Within your proposal, you should include:

- A summary project plan including Gantt chart, highlighting key dates to demonstrate how you would meet our proposed deadline.
- An indication of how much input and capacity would be required from the Observatory team.
- Details of key personnel who will be involved in the project.
- Key risks and mitigating actions for the project
- An explanation of the unique benefit you will bring to this work.
- Detail of any elements of the work that would be provided by another company/freelance staff.
- Details of how you propose to ensure GDPR compliance, as appropriate

Fee proposal

- Your tender should detail the fee for each separate element of the tender exclusive of VAT:
 - Desk top research
 - Gathering, collating and analysing the information
 - Writing and producing the documents

Selection criteria

The chair and vice chair of the maternal health working group along and the director of the RHO will make the decision on who the tender will be awarded to and will rank the tenders as follows:

1. Fit to requirements of the brief and proposed methods.
2. A proven track record of impactful high-quality previous work.
3. Relevant experience.
4. Confidence and proven track record of delivery to similar timescales.
5. Value for money to the Observatory.
6. Your approach to equality, diversity and inclusion.

Key Dates

ITT released	22 nd October 2021
Deadline for bids	12 th November 2021
Potential follow-up interviews	19 th November 2021*
Contract decision	w/c 22nd November 2021
Project start	December 2021
Final report	August 2022

*Please try to maintain some availability on this day as follow-up interviews may need to be arranged at short notice.

Instructions for the return of the tenders

Tenders should be submitted by email to tenderbids@nhsrho.org

Tender ref: RHO_Neonatal health and ethnicity

Tenders must be received by midnight on 12th November. Tenders received after this date may not be considered.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

Further information about this tender can be obtained from:

Name	Ruth Mannion
Title	Business Manager
Email address	tenderbids@nhsrho.org

Schedule 1

Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The equality legislation consists of the Race Relations Act 1976, the Sex Discrimination Act 1975, the Equal Pay Act 1970, the Disability Discrimination Act 1995, the Employment Equality (Sexual Orientation) Regulations 2003, the Employment Equality (Religion/Belief) Regulations 2003, all amendments to these Acts and all relevant regulations made under them.

1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?

Yes No

2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:

• In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes No

• In relation to delivering services?

Yes No

3. Do you have a written equality policy?

Yes No

4. Does your equality policy cover:

• Recruitment, selection, training, promotion, discipline and dismissal?

Yes No

• Victimisation, discrimination and harassment making it clear that these are disciplinary offences?

Yes No

- Identify the senior position for responsibility for the policy and its effective implementation?

Yes No

5. Is your policy on equality set out:

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes No

- In recruitment advertisements or other literature?

Yes No

- In materials promoting your services?

Yes No

Please evidence all questions.

If you answered NO to any part of questions 4 or 5 can you provide (and if so, please do) other evidence to show how you promote equalities in employment and service delivery.

6. In the last three years, have any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?

Yes No

7. In the last three years, has any contract with your organisation been terminated on grounds of your failure to comply with:

- Legislation prohibiting discrimination; or

Yes No

- Contract conditions relating to equality in the provision of services

Yes No

8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?

Yes No

9. If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your organisation has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.

10. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.

Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

Question 1 and 2

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

Question 3 and 4

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- Recruitment, selection, training, promotion, discipline and dismissal
- Victimisation, discrimination and harassment
- Identifies the senior position responsibly for the policy

Question 5

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- Open recruitment practices such as using job centres and local newspapers to advertise vacancies
- Instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services This relates to how your firm provides information in materials promoting your services e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

Question 6

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

Question 7

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information which details the actions they have taken to prevent a repeat occurrence.

Question 8

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

Question 9

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

Question 10

If your firm is not subject to UK employment law you must ensure that you supply details of equivalent legislation that you adhere to.