



Ref: FOIA Reference 2024/25-541

Date: 12th December 2024

Email foi@uhnm.nhs.uk

Dear Sir/ Madam

I am writing to acknowledge receipt of your email dated 8th November 2024 requesting information under the Freedom of Information Act (2000) Insourcing and Outsourcing

Q1 What criteria does the Trust use to decide whether to insource or outsource medical services?

A1 The criteria applied is where there is an imbalance between capacity and demand that cannot be addressed by use of internal resources.

Q2 Can you provide details on the procurement process for selecting third-party providers for insourcing and outsourcing projects?

A2 It firstly must be clarified that the service potentially required is in fact insourcing / outsourcing and is not a temporary staffing solution. Once this has been determined the Trust will look to use a supplier who is on an approved NHS framework contract such as those organised by NHS Shared Business Services, Countess of Chester NHSFT or Crown Commercial Services. The process will in part be driven by the level of urgency for the service concerned (the demand will originate from one of the operating Divisions in the Trust. The Procurement team are not involved in the Healthcare advance Planning process).

Any suppliers must agree to work to the NHS England Subcontract for Clinical Services for use with the NHS Standard Contract (full length). In the case of healthcare insourcing any suppliers must not use any of the Trust's staff as part of their staffing solution. It must be agreed under whose CQC registration the work is to be carried out. Pricing must be linked to the NHS Tariff for the HRG code concerned. Key performance indicators (KPI) are set by the Trust. The Trust's Data Security & Protection Team liaise with the supplier over data privacy and security issues.

Any spend over £20,000 must be approved under the Trusts "Requests for executive approval process (eReaf)." The Trust must seek permission from its commissioners to use a third party private sector supplier to undertake the work.

Q3 What internal governance or oversight processes are in place to monitor the decision-making behind insourcing and outsourcing initiatives?

A3 The Divisions are responsible for the day-to-day management of the contracts and the operational issues. The contracts contain KPI's (the latter being set by the Divisions) and there will be reporting back via weekly monitoring meetings, between the Divisions and the suppliers, about the activity which has taken place. For insourcing contracts, the supplier's staff have to work in accordance with the Trusts relevant Policies and Procedures.

Q4 How many direct awards have the Trust engaged with between October 2023 to October 2024?

A4 Eight.

Q5 Please provide the specialty with total value of contracts awarded for insourcing projects between October 2023 to October 2024.

A5

ENT Surgery	£486,875
Endoscopy Surgery	£1,631,303
Neurology Outpatients	£537,600
Neurology Services	£612,690
G P A&E Services	£128,520
Respiratory Outpatients	£184,600
Skin Cancer Surgery	£435,500
Gastro Outpatients	£103,000
Sonography	£140,000
Echo Cardiology Services	£100,000

No Vat is applicable to the above figures.

Q6 Please provide the specialty with total value of contracts awarded for outsourcing projects between October 2023 to October 2024.

A6 See below.

DIEP Breast Surgery	£24,589
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No Vat is applicable to the above figures

Q7 What percentage of your budget was allocated to insourcing and outsourcing medical services Between October 2023 to October 2024?

A7 Between October 2023 to October 2024 the Trust spent less than 0.3% of its turnover on insourcing and outsourcing medical services, with the majority of this funding being recovered through the ERF.

Q8 Are there any plans to increase or decrease the use of insourcing or outsourcing medical services from October 2024 – October 25?

A8 The FOI Act 2000 is for the release of information that is held/recorded and does not cover the opinions of persons regarding suppliers, systems or procedures, therefore this information is not held.

Q9 What long-term strategy does the Trust have in place regarding the use of external providers for medical services?

A9 Whilst there remains an imbalance between capacity and demand (including wait times that extend beyond the 18 week RTT standard) the Trust will continue to consider the use of external providers

Q10 Can you provide the names of the third-party providers involved in insourcing and outsourcing projects between October 2023 to October 2024.

A10 See below
18 Week Support Ltd
Medinet Ltd
Circle Health Ltd.
Elective Services Ltd
North Staffordshire GP Federation
Xyla Elective Care
Hassan Diagnostics.

Q11 How have insourcing and outsourcing projects impacted patient waiting times in the specialty areas you have previously mentioned?

A11 Information not held.

*Please note that any individuals identified do not give consent for their personal data to be processed for the purposes of direct marketing.

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An anonymised copy of this request can be found on the Trust's disclosure log, please note that all requests can be found at the following link: <http://www.uhnm.nhs.uk/aboutus/Statutory-Policies-and-Procedures/Pages/Freedom-of-Information-Disclosure-Log.aspx>

This letter confirms the completion of this request. A log of this request and a copy of this letter will be held by the Trust.

If you have any queries related to the response provided please in the first instance contact my office.

Should you have a complaint about the response or the handling of your request, please also contact my office to request a review of this. If having exhausted the Trust's FOIA complaints process you are still not satisfied, you are entitled to approach the Information Commissioner's Office (ICO) and request an assessment of the manner in which the Trust has managed your request.

The Information Commissioner may be contacted at:

Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF or via www.ico.org.uk.

Yours,



Leah Carlisle
Head of Data, Security & Protection and Health Records
Data Protection Officer