

Reference FOI202223/561

Number:

From: Private Individual

Date: 30 January 2023

Subject: Vendor Management, Direct Engagement and spend on agency staff

Q1 Do you currently receive a neutral vendor managed service, or master vendor managed service, for the supply of temporary agency staff?

Please provide the following information for each staffing group. If there is no service provider, please state this.

a. Medical / Dental

- i. Name of the managed service provider?
- ii. Are they a neutral vendor or master vendor?
- iii. Expiry date of contract with the managed service provider?

b. Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical

- i. Name of the managed service provider?
- ii. Are they a neutral vendor or master vendor?
- iii. Expiry date of contract with the managed service provider?

c. Nursing and Midwifery / Healthcare Assistants (HCAs)

- i. Name of the managed service provider?
- ii. Are they a neutral vendor or master vendor?
- iii. Expiry date of contract with the managed service provider?

d. Non-Medical, Non-Clinical (NMNC)

- i. Name of the managed service provider?
- ii. Are they a neutral vendor or master vendor?
- iii. Expiry date of contract with the managed service provider?

A1 a:

- i. There is no service provider
- ii. Information not held not applicable as per A1.i
- iii. Information not held not applicable as per A1.i

b-d:

- i. NHS Professionals (NHSP)
- ii. Master Vendor
- iii. 31/07/2023
- Q2 Do you currently have a direct engagement (DE) provider in place, for VAT reclaim on agency spend?

Please provide the following information for each staffing group. If there is no service provider, please state this.

a. Medical / Dental



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- i. Name of the DE provider?
- ii. Expiry date of contract with the managed service provider?

b. Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical

- i. Name of the DE provider?
- ii. Expiry date of contract with the managed service provider?

c. Non-Medical, Non-Clinical (NMNC)

- i. Name of the DE provider?
- ii. Expiry date of contract with the managed service provider?
- A2 a-c:
 - i. Staff Flow
 - ii. 30/04/2024
- Q3 Please can you provide 2022 full calendar year (01/01/2022 31/12/2022) spend figures on temporary agency staff (agency throughput)? If this is unavailable, please provide figures for FY 21/22.

Please provide the following information for each staffing group. If there is no agency spend, please state this.

a. Medical / Dental

2022 spend on temporary agency staff (excluding VAT)?

b. Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical 2022 spend on temporary agency staff (excluding VAT)?

c. Nursing and Midwifery / Healthcare Assistants (HCAs)

2022 spend on temporary agency staff (excluding VAT)?

d. Non-Medical, Non-Clinical (NMNC)

2022 spend on temporary agency staff (excluding VAT)?

- A3 a. £210,946
 - b. £160,133
 - c. £143,797
 - d. £894,807

Please note, VAT cannot be easily separated. Therefore these figures include VAT and figures excluding VAT are unavailable.

Q4 Please can you provide the name of the person who looks after temporary agency staffing at the Trust?

Please provide the following information for each staffing group. If multiple people lead this from different departments, please give the details of each person.

a. Medical / Dental

- i. Name
- ii. Job Title
- iii. Department



b. Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical

- i. Name
- ii. Job Title
- iii. Department

c. Nursing and Midwifery / Healthcare Assistants (HCAs)

- i. Name
- ii. Job Title
- iii. Department

d. Non-Medical, Non-Clinical (NMNC)

- i. Name
- ii. Job Title
- iii. Department
- A4 a:
 - i. There is no central medical/dental agency staff booking contact.
 - ii. Information not held not applicable as per A1.i
 - iii. Information not held not applicable as per A1.i

b-e:

- i. Claire Fishlock
- ii. Ops Manager
- iii. NHS Professionals
- Q5 Please can you provide the name of the person who leads temporary agency staffing at ICS level?

Please provide the following information for each staffing group. If multiple people lead this from different departments at ICS level, please give the details of each person.

a. Medical / Dental

- iv. Name
- v. Job Title
- vi. Department

b. Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical

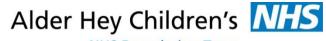
- iv. Name
- v. Job Title
- vi. Department

c. Nursing and Midwifery / Healthcare Assistants (HCAs)

- iv. Name
- v. Job Title
- vi. Department

d. Non-Medical, Non-Clinical (NMNC)

- iv. Name
- v. Job Title
- vi. Department



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a-d: Information not held by the Trust. This would be held by the Integrated Care System (ICS)