

Our Ref: 278

February 2024

Re: Your request made under the Freedom of Information Act 2000

Under the Freedom of Information Act 2000, could you please provide me with the below information in relation to your Temporary Staffing Workforce Systems for the Fiscal Year 2023-2024.

| Filled Shifts vs. Unfilled Shifts | | | | |
|--|-----------------------------|--|---|---|
| FY 2023/2024 | Medical & Dental | Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff | Nursing & Midwifery including Health Care Assistants (HCAs) | Non-Medical Non-Clinical (NMNC) including Admin & Clerical and Estates & Facilities |
| Number of Shifts Filled by Staff Bank | n/a | 2,769 | 67,897 | 11,313 |
| Number of Shifts Filled by Agency | n/a | 1,746 | 9,541 | 1,772 |
| Number of Shifts Unfilled | n/a | 444 | 19,049 | 1,164 |

| Staff Bank | | | | |
|--|-----------------------------|--|---|---|
| FY 2023/2024 | Medical & Dental | Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff | Nursing & Midwifery including Health Care Assistants (HCAs) | Non-Medical Non-Clinical (NMNC) including Admin & Clerical and Estates & Facilities |
| Total Bank Spend | n/a | £480,398 | £16,924,173 | £1,273,967 |
| Number of Bank Hours Worked | n/a | 21,548 | 662,346 | 65,515 |
| Name of Staff Bank Provider(s)* | n/a | NHS Professionals | NHS Professionals | NHS Professionals |
| Contract Expiry Date with Provider(s) | n/a | 30/06/2025 | 30/06/2025 | 30/06/2025 |
| Type of Staff Bank(s) Procured** | n/a | Collaborative | Collaborative | Collaborative |
| Type of Bank Service(s) Procured*** | n/a | Managed Service | Managed Service | Managed Service |
| Contact Name**** | n/a | Bianca Mohamed | Bianca Mohamed | Bianca Mohamed |

* If a staff bank is not currently utilised, please state 'No Provider'. If a staff bank is solely managed in-house and with no staff bank technology procured, please state 'In-House'.

** Please advise of the type of staff bank(s) provided by the staff bank provider(s). Please state 'Local Bank Only' or please state 'Collaborative Bank' if a regional bank has been procured. Please state 'Both' if both have been procured.

*** Please advise of the type of bank service(s) procured with the staff bank provider(s). Please state 'Managed Service'

Our Ref: 278

February 2024

' if the staff bank provider(s) help grow and/or engage and/or retain the bank, or please state if a 'Technology Only' service is procured.

**** Please provide the name of the lead responsible person who looks after the staff bank(s). If there are multiple people for each staffing group, please name each relevant person.

| Agency | NO Provider | | | |
|--|-----------------------------|--|---|---|
| FY 2023/2024 | Medical & Dental | Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff | Nursing & Midwifery including Health Care Assistants (HCAs) | Non-Medical Non-Clinical (NMNC) including Admin & Clerical and Estates & Facilities |
| Total Agency Spend | | | | |
| Number of Agency Hours Worked | | | | |
| Name of Agency Staffing Provider or PSL* | | | | |
| Contract Expiry Date with Provider | | | | |
| Name of Vendor Management System (VMS) Provider** | | | | |
| Contract Expiry Date with Provider | | | | |
| Contact Name*** | | | | |

* Please provide the name of the neutral vendor (NV) or master vendor (MV) managed service provider/agency staffing provider, or if Preferred Supplier List in place, please state 'PSL'. If there is no provider or PSL, please state 'No Provider'.

** Please provide the name of the VMS technology provider. If same as agency staffing provider above, please state 'Same As Above'. If no VMS technology is currently utilised for agency cascade, please state 'No Provider'.

*** Please provide the name of the lead responsible person who looks after temporary agency staffing. If there are multiple people for each staffing group, please name each relevant person.

| Direct Engagement (DE) - in relation to VAT saving on agency spend | No Provider | | | |
|---|-----------------------------|--|---|---|
| FY 2023/2024 | Medical & Dental | Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff | Nursing & Midwifery including Health Care Assistants (HCAs) | Non-Medical Non-Clinical (NMNC) including Admin & Clerical and Estates & Facilities |
| Name of DE Provider* | | | | |
| Type of DE Service Procured** | | | | |
| DE Payroll Responsibility*** | | | | |

Our Ref: 278

February 2024

| | | | | |
|--|--|--|--|--|
| Contract Expiry Date with Provider | | | | |
| % of Agency Workers on DE Contracts | | | | |
| Total VAT Saving (£) Achieved**** | | | | |
| Contact Name***** | | | | |

* If a DE model is not currently utilised, please state 'No Provider'. If a DE model is utilised, but not via a DE provider as managed fully in-house, please state 'In-House'.

** Please advise of the type of DE service procured with the DE provider. Please state if the DE provider delivers a 'Managed Service' with agency and/or worker engagement, or if the DE provider delivers a 'Technology Only' service?

*** Please advise who payrolls DE workers. Please state 'DE Provider' if the DE provider payrolls workers, or if this is done in-house please state 'In-House'. If this is carried out by another payroll organisation, please name the organisation.

**** Please state total VAT savings achieved through DE, pre any DE provider fees (if applicable).

***** Please provide the name of the lead responsible person who looks after Direct Engagement (DE). If this contact is the same as the lead responsible person for agency staffing, please still input the contact's name.