

Request Reference: FOI/002/24

Published: 08 May 2024

Information requested:

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. Table template provided

Response:

We have provided the information that we hold in the table below, however for the sections marked 'Information not held' we give notice under section 17 of FOISA that we do not hold the information requested.

The name of the contact constitutes personal information and has been withheld under section 38(1)(b) of FOISA.

BANK

FY 2023/2024	Medical & Dental	Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff	Nursing & Midwifery including Health Care Assistants (HCAs)
Bank Spend	Information not held	Information not held	629,918
Number of Bank Hours	Information not held	Information not held	14,475
Number of Bank Shifts	Information not held	Information not held	1,809
Name of Staff Bank Provider(s)*	Information not held	Information not held	In-House
Contract Expiry Date with Provider(s)	Information not held	Information not held	Information not held
Type of Staff Bank(s) Procured**	Information not held	Information not held	Local Bank Only
Type of Bank Service(s) Procured***	Information not held	Information not held	Information not held
Contact Name****	Information not held	Information not held	Personal information

* 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' 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

FY 2023/2024	Medical & Dental	Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff	Nursing & Midwifery including Health Care Assistants (HCAs)
Agency Spend	Information not held	Information not held	Information not held
Number of Agency Hours	Information not held	Information not held	Information not held
Name of Agency Staffing Provider or PSL*	Information not held	Information not held	Information not held
Contract Expiry Date with Provider	Information not held	Information not held	Information not held
Name of Vendor Management System (VMS) Provider**	Information not held	Information not held	Information not held
Contract Expiry Date with Provider	Information not held	Information not held	Information not held
Contact Name***	Information not held	Information not held	Information not held
Agency Spend	Information not held	Information not held	Information not held

* 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

FY 2023/2024	Medical & Dental	Allied Health Professionals (AHPs) including Scientific, Therapeutic and Technical Staff	Nursing & Midwifery including Health Care Assistants (HCAs)
Name of DE Provider*	Information not held	Information not held	Information not held
Type of DE Service Procured**	Information not held	Information not held	Information not held
DE Payroll Responsibility***	Information not held	Information not held	Information not held
Contract Expiry Date with Provider	Information not held	Information not held	Information not held
% of Agency Workers on DE Contracts	Information not held	Information not held	Information not held
Total VAT Saving (£) Achieved****	Information not held	Information not held	Information not held
Contact Name*****	Information not held	Information not held	Information not held

* 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.