

FOI REF: 23/099

7<sup>th</sup> March 2023

## FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

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

No.

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

- i. **Medical / Dental**

- a. **Name of the managed service provider?**
- b. **Are they a neutral vendor or master vendor?**
- c. **Expiry date of contract with the managed service provider?**

Not applicable.

- ii. **Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical**

- a. **Name of the managed service provider?**
- b. **Are they a neutral vendor or master vendor?**
- c. **Expiry date of contract with the managed service provider?**

Not applicable.

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- iii. **Nursing and Midwifery / Healthcare Assistants (HCAs)**
  - a. **Name of the managed service provider?**
  - b. **Are they a neutral vendor or master vendor?**
  - c. **Expiry date of contract with the managed service provider?**

Not applicable.

- iv. **Non-Medical, Non-Clinical (NMNC)**
  - a. **Name of the managed service provider?**
  - b. **Are they a neutral vendor or master vendor?**
  - c. **Expiry date of contract with the managed service provider?**

Not applicable.

- 2. **Do you currently have a direct engagement (DE) provider in place, for VAT reclaim on agency spend?**

Yes.

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

- i. **Medical / Dental**
  - a. **Name of the DE provider?**  
Liaison - TempRE
  - b. **Expiry date of contract with the managed service provider?**  
31<sup>st</sup> May 2024.
- ii. **Allied Health Professionals (AHPs) / Scientific, Therapeutic and Technical**
  - a. **Name of the DE provider?**  
Liaison - TempRE
  - b. **Expiry date of contract with the managed service provider?**  
31<sup>st</sup> May 2024.

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**iii. Non-Medical, Non-Clinical (NMNC)**

**a. Name of the DE provider?**

None.

**b. Expiry date of contract with the managed service provider?**

Not applicable.

**3. Please can you provide 2022 full calendar year (01/01/2022 – 31/12/2022) spend figures on temporary agency staff (agency throughput)?**

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

**i. Medical / Dental**

**a. 2022 spend on temporary agency staff (excluding VAT)?**

£5,799,701 (excluding VAT).

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

**a. 2022 spend on temporary agency staff (excluding VAT)?**

£1,324,879 (excluding VAT).

**iii. Nursing and Midwifery / Healthcare Assistants (HCAs)**

**b. 2022 spend on temporary agency staff (excluding VAT)?**

£5,873,177 (excluding VAT).

**iv. Non-Medical, Non-Clinical (NMNC)**

**a. 2022 spend on temporary agency staff (excluding VAT)?**

£219,502 (excluding VAT).

4. 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.

i. **Medical / Dental**

a. **Name**

Laura Ransom.

b. **Job Title**

Temporary Workforce and Volunteer Services Manager.

c. **Department**

Temporary Workforce Services.

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

a. **Name**

Laura Ransom.

b. **Job Title**

Temporary Workforce and Volunteer Services Manager.

c. **Department**

Temporary Workforce Services.

iii. **Nursing and Midwifery / Healthcare Assistants (HCAs)**

a. **Name**

Laura Ransom.

b. **Job Title**

Temporary Workforce and Volunteer Services Manager.

c. **Department**

Temporary Workforce Services.

**iv. Non-Medical, Non-Clinical (NMNC)**

**a. Name**

Laura Ransom.

**b. Job Title**

Temporary Workforce and Volunteer Services Manager.

**c. Department**

Temporary Workforce Services.

**5. Please can you provide the name of the person who leads temporary agency staffing at ICS level?**

East Sussex Healthcare NHS Trust does not hold this information. Please contact the Local Integrated Care Board (ICB) who are Sussex Health and Care Integrated Care System (ICS) for a response to this part your request, contact details as follows:

Email: [sxicb.foi1@nhs.net](mailto:sxicb.foi1@nhs.net).

**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.**

**i. Medical / Dental**

**a. Name**

**b. Job Title**

**c. Department**

Not applicable.

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

**a. Name**

**b. Job Title**

**c. Department**

Not applicable.

**iii. Nursing and Midwifery / Healthcare Assistants (HCAs)**

- a. Name**
- b. Job Title**
- c. Department**

Not applicable.

**iv. Non-Medical, Non-Clinical (NMNC)**

- a. Name**
- b. Job Title**
- c. Department**

Not applicable.

If I can be of any further assistance, please do not hesitate to contact me.

Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department ([esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office  
Wycliffe House  
Water Lane  
Wilmslow  
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Linda Thornhill (Mrs)  
Corporate Governance Manager  
[esh-tr.foi@nhs.net](mailto:esh-tr.foi@nhs.net)