

Question:	Non-Clinical Agency Staffing Spend 01.01.25 - 28.02.25	Non-Clinical Agency Staffing Supply Model	Non-Clinical Agency Staffing MSP Provider	Non-Clinical Agency Staffing MSP Contract Expiry	Trust / ICB Contract Lead	Contracting Authority
Trust Response:	zero	MV	ID Medical	5/9 2026	planningbusinessdev@ghc.nhs.uk	N/A

INSTRUCTIONS & CLARIFICATION:

Please enter the following information into row 2, under the corresponding columns. Please only populate the blue boxes.

Column B: The Trust's total expenditure on non-medical / non-clinical (NMNC) agency staff between 1st January 2025 and 28th February 2025 (including worker pay, agency fees, on-costs etc. - excluding VAT).

Column C: How does the Trust manage the NMNC agency staffing supply chain and booking process - pick from one of the following options or enter your own if different:

NV - Neutral Vendor Managed Service  
MV - Master Vendor Managed Service  
PSL - Internally Managed Preferred Supplier List (PSL) without Third-Party Technolony  
SaaS - Internally Managed Using a Third-Party Technology System  
DE - Direct Engagement Only (i.e. for VAT efficiency, for example if using PlusUs, Retinue purely as a means of saving VAT)

Clarification: You may enter the short code only, e.g. "NV", "MV", "PSL" etc.

Column D: Which company provides the service - e.g. Matrix, Retinue, Nueven, GRI, Medacs, Pertemps etc.

Clarification: Only answer this question if there's a managed service of third-party tech system in place. If the Trust is manages the agencies directly (no MSP or SaaS), there's no need to list all of the recruitment agencies - just put "N/A".

Column E: When does the contract expire / when is the next possible contract extension (whichever comes first)? Again, this question only applies where a Managed Service (either Neutral Vendor or Master Vendor MSP), or Third Party Tech in utilised.

Column F: Who is the most appropriate person within the Trust, ICB, WOS or SEP, responsible for ensuring the success of this contract - either from a Workforce / Finance / Procurement standpoint depending on who the Trust deems the most appropriate "owner".

Column G: If the Trust utilises the services of a Wholly Owned Subsidiary (WOS) or a Strategic Estates Partnership (SEP), please name the organisation in Column G, otherwise please enter the name of the Trust.

Question:	Nurse Agency Spend 01.01.25 - 28.02.25	Nurse Agency Supply Model	Nurse Agency MSP Provider	Nurse Agency MSP Contract Expiry	Trust / ICB Contract Lead
Trust Response:	£189,000	MV	ID Medical	5/9 2026	planningbusinessdev@ghc.nhs.uk

INSTRUCTIONS & CLARIFICATION:

Please enter the following information into row 2, under the corresponding columns.

Column B: The Trust's total expenditure on agency nurses between 1st January 2025 and 28th February 2025 (including worker pay, agency fees, on-costs etc. - excluding VAT).

Column C: How does the Trust manage the nurse agency supply chain and booking process - pick from one of the following options or enter your own if different:  
  
NV - Neutral Vendor Managed Service  
MV - Master Vendor Managed Service  
PSL - Internally Managed Preferred Supplier List (PSL) without Third-Party Technolony  
SaaS - Internally Managed Using a Third-Party Technology System  
  
Clarification: You may enter the short code only, e.g. "NV", "MV", "PSL" etc.

Column D: Which company provides the service - e.g. Matrix, Retinue, Nueven, GRI, Medacs, Pertemps etc.

Clarification: Only answer this question if there's a managed service of third-party tech system in place. If the Trust is manages the agencies directly (no MSP or SaaS), there's no need to list all of the recruitment agencies - just put "N/A".

Column E: When does the contract expire / when is the next possible contract extension (whichever comes first)? Again, this question only applies where a Managed Service (either Neutral Vendor or Master Vendor MSP), or Third Party Tech in utilised.

Column F: Who is the most appropriate person within the Trust or ICB responsible for ensuring the success of this contract - either from a Workforce / Finance / Procurement standpoint depending on who the Trust deems the most appropriate "owner".

Question:	Medical Locum Agency Spend 01.01.25 - 28.02.25	Medical Locum Agency Supply Model	Medical Locum Agency MSP Provider	Medical Locum Agency MSP Contract Expiry	Trust / ICB Contract Lead
Trust Response:	£475,000	MV	ID Medical	5/9 2026	planningbusinessdev@ghc.nhs.uk

INSTRUCTIONS & CLARIFICATION:

Please enter the following information into row 2, under the corresponding columns.

Column B: The Trust's total expenditure on agency medical locums (all grades from FY1 to Consultant) between 1st January 2025 and 28th February 2025 (including worker pay, agency fees, on-costs etc. - excluding VAT).

Column C: How does the Trust manage the medical locum agency supply chain and booking process - pick from one of the following options or enter your own if different:

NV - Neutral Vendor Managed Service  
MV - Master Vendor Managed Service  
PSL - Internally Managed Preferred Supplier List (PSL) without Third-Party Technolony  
SaaS - Internally Managed Using a Third-Party Technology System  
DE - Direct Engagement Only (i.e. for VAT efficiency, for example if using PlusUs, Retinue purely as a means of saving VAT)

Clarification: You may enter the short code only, e.g. "NV", "MV", "PSL" etc.

Column D: Which company provides the service - e.g. Matrix, Retinue, Nueven, GRI, Medacs, Pertemps etc.

Clarification: Only answer this question if there's a managed service of third-party tech system in place. If the Trust is manages the agencies directly (no MSP or SaaS), there's no need to list all of the recruitment agencies - just put "N/A".

Column E: When does the contract expire / when is the next possible contract extension (whichever comes first)? Again, this question only applies where a Managed Service (either Neutral Vendor or Master Vendor MSP), or Third Party Tech in utilised.

Column F: Who is the most appropriate person within the Trust or ICB responsible for ensuring the success of this contract - either from a Workforce / Finance / Procurement standpoint depending on who the Trust deems the most appropriate "owner".

Question:	AHP / HSS Agency Staffing Spend 01.01.25 - 28.02.25	AHP / HSS Agency Staffing Supply Model	AHP / HSS Agency Staffing MSP Provider	AHP / HSS Agency Staffing MSP Contract Expiry	Trust / ICB Contract Lead
Trust Response:	£47,000	MV	ID Medical	5/9 2026	planningbusinessdev@ghc.nhs.uk

INSTRUCTIONS & CLARIFICATION:

Please enter the following information into row 2, under the corresponding columns.

Column B: The Trust's total expenditure on agency allied healthcare professionals (AHPs) and health science services (HSS) between 1st January 2025 and 28th February 2025 (including worker pay, agency fees, on-costs etc. - excluding VAT).

Column C: How does the Trust manage the AHP / HSS agency staffing supply chain and booking process - pick from one of the following options or enter your own if different:

NV - Neutral Vendor Managed Service  
MV - Master Vendor Managed Service  
PSL - Internally Managed Preferred Supplier List (PSL) without Third-Party Technolony  
SaaS - Internally Managed Using a Third-Party Technology System  
DE - Direct Engagement Only (i.e. for VAT efficiency, for example if using PlusUs, Retinue purely as a means of saving VAT)

Clarification: You may enter the short code only, e.g. "NV", "MV", "PSL" etc.

Column D: Which company provides the service - e.g. Matrix, Retinue, Nueven, GRI, Medacs, Pertemps etc.

Clarification: Only answer this question if there's a managed service of third-party tech system in place. If the Trust is manages the agencies directly (no MSP or SaaS), there's no need to list all of the recruitment agencies - just put "N/A".

Column E: When does the contract expire / when is the next possible contract extension (whichever comes first)? Again, this question only applies where a Managed Service (either Neutral Vendor or Master Vendor MSP), or Third Party Tech in utilised.

Column F: Who is the most appropriate person within the Trust or ICB responsible for ensuring the success of this contract - either from a Workforce / Finance / Procurement standpoint depending on who the Trust deems the most appropriate "owner".

Question:	Agency Social Workers Spend 01.01.25 - 28.02.25	Agency Social Workers Supply Model	Agency Social Workers MSP Provider	Agency Social Workers MSP Contract Expiry	Trust / ICB Contract Lead
Trust Response:	£12,000	MV	ID Medical	5/9 2026	planningbusinessdev@ghc.nhs.uk

INSTRUCTIONS & CLARIFICATION:

Please enter the following information into row 2, under the corresponding columns.

Column B: The Trust's total expenditure on agency social workers between 1st January 2025 and 28th February 2025 (including worker pay, agency fees, on-costs etc. - excluding VAT).

Column C: How does the Trust manage the social worker agency supply chain and booking process - pick from one of the following options or enter your own if different:

NV - Neutral Vendor Managed Service  
MV - Master Vendor Managed Service  
PSL - Internally Managed Preferred Supplier List (PSL) without Third-Party Technolony  
SaaS - Internally Managed Using a Third-Party Technology System  
DE - Direct Engagement Only (i.e. for VAT efficiency, for example if using PlusUs, Retinue purely as a means of saving VAT)

Clarification: You may enter the short code only, e.g. "NV", "MV", "PSL" etc.

Column D: Which company provides the service - e.g. Matrix, Retinue, Nueven, GRI, Medacs, Pertemps etc.

Clarification: Only answer this question if there's a managed service of third-party tech system in place. If the Trust is manages the agencies directly (no MSP or SaaS), there's no need to list all of the recruitment agencies - just put "N/A".

Column E: When does the contract expire / when is the next possible contract extension (whichever comes first)? Again, this question only applies where a Managed Service (either Neutral Vendor or Master Vendor MSP), or Third Party Tech in utilised.

Column F: Who is the most appropriate person within the Trust or ICB responsible for ensuring the success of this contract - either from a Workforce / Finance / Procurement standpoint depending on who the Trust deems the most appropriate "owner".