

Reference Number: FOI202425/222
From: Private Individual
Date: 22 August 2024
Subject: Clinical Temporary Nursing Agency Recruitment

- Q1 Contact Information for Preferred Supplier List (PSL) Management to supply your NHS Trust Nursing Staff:
• The name, job title, email address, and phone number of the individual(s) responsible for the person that deals with onboarding framework approved temporary nursing staffing agencies at your trust. If there are different contacts for various departments, please provide the relevant contact information for each.
- A1 [The Temporary staffing team manage the engagement with Agency workers - Temporary.Staffing@lhch.nhs.uk](mailto:Temporary.Staffing@lhch.nhs.uk)
- Q2 If the Trust utilizes NHS Professionals (NHSP) or an equivalent master vendor/neutral vendor, please include the contact details (name, job title, email address, and phone number) of the individual(s) responsible for onboarding third-party suppliers to the Trust via these vendors.
- A2 [Information not held – we do not use any of the above](#)
- Q3 Process for Applying to the Preferred Supplier List (PSL) for temporary nursing:
• Information on the process, criteria, and requirements for clinical agency suppliers to be considered and added to the NHS Trust's Preferred Suppliers List.
- A3 [HTE Framework and charge Price cap rates](#)
- Q4 Which Clinical Agency Staffing Framework is being used by the Trust for nursing? E.g RM6281/THE
- A4 [HTE](#)