



# THE EXPERTS AT UNLOCKING GOVERNMENT BUSINESS

# 100% QUALITY SCORE ON ALL QUESTIONS\*

\*Based on learnings from previous iteration

We will get you onto...

## The £3.2 billion PROVISION OF CLINICAL AND HEALTHCARE STAFFING 2

Workforce Alliance Partnership  
RM6161 (previous iteration)

### THE BREAKDOWN

- Workforce Alliance seek to establish a framework agreement for the provision of high quality, temporary and fixed term clinical and healthcare staffing services.
- Workforce Alliance will explore the whole Health Workforce services portfolio to and support future recruitment strategies in the NHS and the Public Sector.

### THE KEY STATS

- **£3.2bn** estimated spend value
- **4 year** duration
- **SME Agenda** - £1 in every £3 is mandated to SMEs
- **Financial growth** and publicity
- Quick on-boarding process and direct contact to **build good working relationships**

### THE LOT STRUCTURE

(BASED ON PREVIOUS ITERATION)

- Lot 1: Nursing and Midwifery Staffing
- Lot 2: Medical and Dentistry Staffing
- Lot 3: Allied Health Professionals (AHP) and Health Science Services (HSS) Staffing
- Lot 4: Emergency Services Staffing
- Lot 5: Social Care Staffing
- Lot 6: Neutral Vendor Services

[CLICK HERE FOR A BREAKDOWN OF EACH LOT](#)

### THE REQUIREMENTS

(BASED ON PREVIOUS ITERATION)

#### Technical Requirements

- Recruitment Process Audit including:
  - Verification of identity checks
  - Right to work checks
  - Registration and qualification checks
  - Employment history and reference checks
  - Criminal record checks & Model Declaration Forms
  - Occupational health checks.

#### Certifications

- CyberEssentials Basic

#### Accreditations

- SEQOHS Occupational Health provider/ partnership

#### Regulatory Requirements inc. Security Clearance

- Policies/processes aligned to NHS Recruitment Standards
- HSCN Compliance

*Trusts have made fantastic progress in reducing spending on expensive private agency staff over the last three years. These savings mean more money for other vital NHS services and ensure every penny the NHS spends counts.*

*But there is further progress to be made. Bank staff cost the NHS less than agency staff and could improve a patient's continuity of care. That is why we want trusts to take a bank first approach, and only use agency staff as a last resort.*

Ian Dalton - Chief Executive of NHS Improvement

