	FREEDOM OF INFORMATION REQUEST: Staffing information					
ſ	NUC Tours	7				
L	NHS Trust: University Hospitals Bristol NHS Foundation Trust	1	FY16/17	FY17/18	FY18/19	Comment (optional)
numbers	1. Please quantify the total number of agency nurses and locum doctors working in A&E and Endoscopy during the following time periods (total number of individuals). Please exclude those on bank or who are substantive doctors or nurses at the trust:	A&E	3	3	(
Staffing nu		Endoscopy	0	0	17	7
				1		<u> </u>
diture	2. Please quantify the related expenditure (in £) on agency nurses and locum doctors working in A&E and Endoscopy during the following time periods. Please exclude those on bank or who are substantive doctors or nurses at the trust:	A&E	FY16/17 £233,000.00	FY17/18 £249,000.00	FY18/19 £238,000.00	Comment (optional)
Staffing expenditure		Endoscopy	£800.00	£0.00	£0.00	
		Agency 1	Nov-19	Dec-19	Jan-20	0 Comment (optional)
		A&E	£45.00	£51.00	£47.00	
hourly rates	3. The average hourly rate (in £) on nursing staff working in A&E and Endoscopy for each agency for the last 3 months:	Endoscopy	£0.00	£0.00	£0.00	
Staffing	o monuis.	Agency 2	Nov-19	Dec-19	Jan-20	
Sta		A&E	£43.00		£44.00	Comment (optional)
		Endoscopy	£0.00	£0.00	£0.00	0
			Jan-19	Feb-19	Mar-19	9 Apr-19 May-19 Jun-19 Jul-19 Aug-19 Sep-19 Oct-19 Nov-19 Dec-19 Jan-
dures		A&E	N/a	N/a	N/a	N/a
proce	4. Please specify the number of procedures completed by the clinical staff in the last 12 months for the following specialties:	Endoscopy	1846		1822	
οę		Dermatology	1175 N/a		1693 V/a	3 1173 1107 1171 1258 1260 1250 1477 1621 1383 13. N/a
Number		Urology	959		1045	
Z		Orthopaedics	N/a	N/a I	N/a	N/a
						Comment (ontional)
	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date:	Service				Comment (optional)
	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date:	Supplier name				Comment (optional)
	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date:					Comment (optional)
Insourcing	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date:	Supplier name				Comment (optional)
	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date:	Supplier name Contract start date Contract end date		EV47/49	EV18/10	
Insourcing	5. Please specify whether the trust insources any clinical service and, if so, the name of the supplier for each service, supplier name, contract start and end date: 5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing companies in the last three years:	Supplier name Contract start date Contract end date FY16/17		FY17/18	FY18/19	Comment (optional) Comment (optional)
Insourcing	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date Contract end date FY16/17		FY17/18	FY18/19	
Insourcing	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date Contract end date FY16/17		FY17/18	FY18/19	
Insourcing	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date Contract end date FY16/17	Jan-19	FY17/18	FY18/19 Mar-19	Comment (optional)
Insourcing	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date Contract end date FY16/17	N/a	Feb-19	Mar-1 9	Comment (optional)
Insourcing expenditure	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date Contract end date FY16/17 A&E Endoscopy	N/a 25	Feb-19 N/a 30	Mar-19 N/a	Comment (optional)
Insourcing expenditure	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing	Supplier name Contract start date FY16/17 A&E Endoscopy Gynaecology	N/a	Feb-19 N/a 30 68	Mar-1 9	Comment (optional)
Insourcing expenditure	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing companies in the last three years: 6. Please specify the average monthly waiting times at your trust in the last 12 months for the following	Supplier name Contract start date Contract end date FY16/17 A&E Endoscopy	N/a 25 62 76 N/a	Feb-19 N/a 30 68 76 N/a	Mar-19 N/a 29 72 81 N/a	Comment (optional)
Insourcing	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing companies in the last three years:	Supplier name Contract start date Contract end date FY16/17 A&E Endoscopy Gynaecology Dermatology	N/a 25 62 76 N/a 75	Feb-19 N/a	Mar-19 N/a 29 72 81	Comment (optional)
waiting times expenditure	5b. In case the trust insources any clinical service, please specify the total spend (in £) on clinical insourcing companies in the last three years: 6. Please specify the average monthly waiting times at your trust in the last 12 months for the following	A&E Endoscopy Gynaecology Dermatology Urology ENT	N/a 25 62 76 N/a 75	Feb-19 N/a	Mar-19 V/a 29 72 81 V/a	Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Comment (optional) Co
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