Bank				
FY 2023/2024	**Medical & Dental**	**Allied Health Professionals (AHPs)** including Scientific, Therapeutic and Technical Staff	**Nursing & Midwifery** including Health Care Assistants (HCAs)	**Non-Medical Non-Clinical (NMNC)** including Admin & Clerical and Estates & Facilities
Bank Spend				
Number of Bank Hours				
Number of Bank Shifts				
Name of Staff Bank Provider(s)*				
Contract Expiry Date with Provider(s)				
Type of Staff Bank(s) Procured**				
Type of Bank Service(s) Procured***				
Contact Name****				

* If a staff bank is not currently utilised, please state 'No Provider'. If a staff bank is solely managed in-house and with no staff bank technology procured, please state 'In-House'.

** Please advise of the type of staff bank(s) provided by the staff bank provider(s). Please state 'Local Bank Only' or please state 'Collaborative Bank' if a regional bank has been procured. Please state 'Both' if both have been procured.

*** Please advise of the type of bank service(s) procured with the staff bank provider(s). Please state 'Managed Service' if the staff bank provider(s) help grow and/or engage and/or retain the bank, or please state if a 'Technology Only' service is procured.

**** Please provide the name of the lead responsible person who looks after the staff bank(s). If there are multiple people for each staffing group, please name each relevant person.

Agency				
FY 2023/2024	**Medical & Dental**	**Allied Health Professionals (AHPs)** including Scientific, Therapeutic and Technical Staff	**Nursing & Midwifery** including Health Care Assistants (HCAs)	**Non-Medical Non-Clinical (NMNC)** including Admin & Clerical and Estates & Facilities
Agency Spend				
Number of Agency Hours				
Name of Agency Staffing Provider or PSL*				
Contract Expiry Date with Provider				
Name of Vendor Management System (VMS) Provider**				
Contract Expiry Date with Provider				
Contact Name***				

* Please provide the name of the neutral vendor (NV) or master vendor (MV) managed service provider/agency staffing provider, or if Preferred Supplier List in place, please state 'PSL'. If there is no provider or PSL, please state 'No Provider'.

** Please provide the name of the VMS technology provider. If same as agency staffing provider above, please state 'Same As Above'. If no VMS technology is currently utilised for agency cascade, please state 'No Provider'.

*** Please provide the name of the lead responsible person who looks after temporary agency staffing. If there are multiple people for each staffing group, please name each relevant person.