

FOI/2019/488 Reference Number: From: Private Individual 03 December 2019 Date: Subject: Collaborative bank Q1 Are you part of a collaborative bank? A1 No Q2 If not are you considering this in your STP? Proof of concept testing was undertaken with a group of NHS organisations within the A2 STP, but this did not progress to a live working collaborative bank. Q3 If yes who is the current provider for the collaborative bank? A3 Information not held – not applicable Q4 What are the fees for your collaborative bank? A4 Information not held – not applicable What savings have you made from the collaborative bank on your agency spend? Q5 Information not held – not applicable A5

What % fill do you get from your collaborative bank?

Information not held – not applicable

Q6

A6