

**Reference Number:** FOI202324/456  
**From:** Private Individual  
**Date:** 11 January 2024  
**Subject:** Agency Workforce Spend (Jan-Dec 2023)

**Q1** Could you please furnish details of the current provider(s) for each workforce category along with their respective contract expiry dates and the contract owner? To confirm, I am requesting information specifically where the trust has an existing “master vendor”, “bank” or “managed service provider (MSP)” contract.  
Please adjust the template as necessary if your trust employs a different term or type of staff under these categories. If any details are not applicable or unavailable, please mark them as "N/A."

**A1**

Workforce Category	Provider Name	Contract Expiry	Responsible Manager
Medical (Doctors)	Information not held – Bank staff are managed in house by the Temporary Staffing Team.	N/A	Health Roster & Temporary Staffing Manager
Nursing		N/A	Health Roster & Temporary Staffing Manager
Allied Health Professionals		N/A	Health Roster & Temporary Staffing Manager
Bank Staffing		N/A	Health Roster & Temporary Staffing Manager