**FOI Ref: 6094**

**Category(ies): Staff – Agency Spend**

**Subject: 3rd Party Temporary Staffing Providers**

**Date Received: 11/11/2021**

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| **Your request:** | **Our response:** |
| Please can you provide the following information for financial years FY2016/17, FY2017/18, FY2018/19, FY2019/20, FY2020/21, current financial year to date (FY2021/22 YTD): |  |
| 1) Please provide the top 5 ON framework 3rd Party 3rd Party providers for nursing staff, by name, used by your trust for each of the listed financial years |  |
| 2) Please provide the total annual expenditure for each of the top 5 ON framework 3rd Party providers, for nursing staff, used by your trust for each of the listed financial years |
| 3) Please provide the top 5 OFF framework 3rd Party 3rd Party providers for nursing staff, by name, used by your trust for each of the listed financial years |
| 4) Please provide the total annual expenditure for each of the top 5 OFF framework 3rd Party providers, for nursing staff, used by your trust for each of the listed financial years |