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24th July 2026
Internal Reference: 260637
Email:

Dear ,

Thank you for your request for information, which we received on **18/06/2026**.
We have considered your request under the Freedom of Information Act 2000.
Please ensure you quote the Internal Reference number above in any future correspondence.

Please accept the Trust's apologies for the delay and inconvenience you have experienced regarding your FOIA request.

Your Request

This request concerns how your organisation operates its internal staff bank — the pool of workers your organisation engages directly to fill temporary shifts — and the rostering and temporary-staffing technology that supports it.

It is divided into three parts:

Part A — Staff bank management (how the bank itself is run, and by whom)

Part B — Rostering and bank technology (the software systems used to roster substantive staff and to book bank shifts, broken down by staff group)

Part C — Clinical insourcing and outsourcing (spend on additional clinical capacity used to treat patients and reduce waiting lists)

Parts A and B relate to your internal bank and your own technology and supplier arrangements. They do not ask about external recruitment agencies, off-framework



agency usage, or individual worker details.

I have framed this request to be precise and straightforward to answer, and to fall within the appropriate cost limit. The three tables below are provided to make completion as quick as possible.

Part A — Staff bank management

This part asks how your internal staff bank is operated. Please answer for each of the following staff groups, where your organisation operates a bank for them:

1. Medical and dental staff bank
2. Agenda for Change staff bank (nursing, midwifery, healthcare assistants, administrative, and similar)
3. Allied Health Professional (AHP) staff bank, if operated as a separate arrangement

For each staff group, please confirm:

1. Bank management model — please indicate which one applies:
 - i. Managed service — a third-party supplier operates the staff bank on your behalf (for example NHS Professionals, Bank Partners, or similar)
 - ii. Technology-supported, run in-house — your organisation runs the bank itself, using a third-party booking or bank-management system
 - iii. Fully in-house — the bank is run in-house with no external supplier or third-party technology
2. Bank management supplier name — if a managed service (model i) applies
3. Contract start date of the bank management arrangement
4. Contract end date, and whether you are currently within a contractual extension period
5. Total spend on bank management for that staff group in the most recent full financial year — a single annual figure. I am not requesting unit rates, percentage margins, or commercially sensitive pricing detail.
6. Procurement framework or route used to award the bank management arrangement — for example NHS Workforce Alliance Managed Staff Banks (RM6278), HealthTrust Europe, direct award, or local procurement





7. Re-procurement plans — whether a re-tender of the bank management arrangement is currently planned, and if so, the expected timeline

Table A — Staff bank management (please complete)

Bank management — field | Medical & dental | Agenda for Change | AHP (if separate)

1. Management model (i / ii / iii) | | |
2. Bank management supplier | | |
3. Contract start date | | |
4. Contract end date | | |
5. Currently in extension period? | | |
6. Bank management spend, last full FY | | |
7. Procurement framework / route | | |
8. Re-tender planned? (incl. timeline) | | |

If a staff group's bank is fully in-house (model iii), you need only mark “iii” in row 1 for that group; rows 2–8 can be left blank or marked “n/a”.

Part B — Rostering and bank technology

This part asks about the software systems your organisation uses to (a) roster substantive staff and (b) advertise and book internal bank shifts. These are often — but not always — supplied by the same vendor (for example RLDatix / Allocate Optima with the BankStaff module, Patchwork, Locum's Nest, or others).

Please answer for each staff group separately, even where the same system is used across more than one group. Naming the system against each staff group, rather than giving a single overall answer, is what makes the response useful — a simple “yes, we use a system” is not sufficient to answer this request.

For each staff group, please provide:

1. Rostering system name and supplier — the software used to roster substantive staff in that group
2. Bank-booking system name and supplier — the software used to advertise and fill bank shifts in that group (state if it is the same system as the rostering system)
3. Contract end date of each system, and whether you are within an extension period
4. Annual cost in the most recent full financial year — a single annual figure per system
5. Procurement framework or route used to award each technology contract — stated per system, since different systems may sit on different frameworks



6. Re-procurement plans — whether a re-tender of the technology is planned, and the expected timeline

Table B — Rostering and bank technology, by staff group (please complete)

Technology — field | Medical & dental | Agenda for Change | AHP (if separate)

1. Rostering system + supplier | | |
2. Bank-booking system + supplier (same as rostering?) | | |
3. Contract end date (+ extension?) | | |
4. Annual cost, last full FY | | |
5. Procurement framework / route (per system) | | |
6. Re-tender planned? (incl. timeline) | | |

If the same system is used across all staff groups, please still confirm the system name in each column — this confirms coverage rather than leaving it implied. Where rostering and bank-booking are the same system, you may note “as above” in row 2.

Part C — Clinical insourcing and outsourcing

This part concerns spend on additional clinical capacity used to treat patients and reduce waiting lists. It is separate from the staff bank and rostering arrangements above. For clarity, by these terms I mean:

1. Clinical insourcing — where a third-party organisation (private provider or another NHS body) treats your patients using your own facilities, typically in additional or out-of-hours sessions to reduce waiting lists.
2. Clinical outsourcing — where your patients are sent to a third-party provider (for example a private hospital or another NHS body) to be treated at the third party's own premises.

Please confirm, for the most recent full financial year:

1. Total clinical insourcing spend in the most recent full financial year — a single annual figure.
2. Total clinical outsourcing spend in the most recent full financial year — a single annual figure.

Table C — Clinical insourcing and outsourcing spend (please complete)

Arrangement | Spend (£, last full FY)

Total clinical insourcing spend (most recent full FY) |





Total clinical outsourcing spend (most recent full FY) |

A single total figure for each line is sufficient — I am not requesting a breakdown by specialty, provider, or contract. If you hold no spend under either heading, “nil” or “n/a” is a sufficient answer.

Formal Response

The Trust confirms that it holds part of the information within the scope of your request. Please see the Trust’s response below, based on information held in relation to workforce systems and arrangements currently identified by the Trust.

Part A — Staff bank management

The Trust does not use a managed service supplier to operate its internal staff bank. Staff bank arrangements are managed in-house. The Trust does not hold separate recorded information identifying a distinct bank management arrangement for medical and dental staff, Agenda for Change staff, or Allied Health Professionals as separate staff groups.

Where bank staff are engaged, they are managed through the Trust’s internal workforce arrangements rather than through a third-party managed staff bank provider. The Trust does not have an internal bank software provider for administrative and clerical bank staff, bank staff are managed through the Electronic Staff Record in the same way as permanent staff.

Accordingly, the Trust’s response to Table A is as follows:

Bank management — field	Medical and dental	Agenda for Change	Allied Health Professionals, if separate
1. Management model	iii — fully in-house	iii — fully in-house	Not operated as a separate arrangement
2. Bank management supplier	Not applicable	Not applicable	Not applicable
3. Contract start date	Not applicable	Not applicable	Not applicable
4. Contract end date	Not applicable	Not applicable	Not applicable
5. Currently in extension period?	Not applicable	Not applicable	Not applicable
6. Bank management spend, last full financial year	£0 for a separate managed staff bank provider	£0 for a separate managed staff bank provider	Not applicable





7. Procurement framework / route	Not applicable	Not applicable	Not applicable
8. Re-tender planned?	No separate re-tender is currently identified for a managed staff bank arrangement	No separate re-tender is currently identified for a managed staff bank arrangement	Not applicable

Part B — Rostering and bank technology

The Trust uses the Global Rostering System, provided by Totalmobile Ltd, for workforce management and roosting. The Trust does not have a separate nurses' e-roosting system, the Global Rostering System is used to manage staff, including workforce management and roosting.

The Trust does not currently use a separate software or service provider for bank service or bank technology for nurses or Allied Health Professionals. For medics, the Trust has used RLDatix, provided on a Software as a Service basis, in relation to bank technology and multi-source feedback for medics.

Accordingly, the Trust's response to Table B is as follows:

Technology — field	Medical and dental	Agenda for Change	Allied Health Professionals, if separate
1. Rostering system and supplier	Global Rostering System, provided by Totalmobile Ltd	Global Rostering System, provided by Totalmobile Ltd	Global Rostering System, provided by Totalmobile Ltd
2. Bank-booking system and supplier	RLDatix, provided on a Software as a Service basis, where applicable to bank technology for medics	The Trust does not currently use a separate software or service provider for this function	The Trust does not currently use a separate software or service provider for this function
3. Contract end date, including extension	Global Rostering System contract: 30/04/2029. RLDatix: 09/04/2026, renewed on a yearly rolling basis	Global Rostering System contract: 30/04/2029	Global Rostering System contract: 30/04/2029
4. Annual cost, last full financial year	Global Rostering System: £172,156. RLDatix: £14,095 excluding VAT per annum	Global Rostering System: £172,156	Global Rostering System: £172,156





5. Procurement framework / route	Not held	Not held	Not held
6. Re-tender planned?	Not held	Not held	Not held

Please note that, where the same system is used for more than one workforce function, the annual spend listed above relates to the overall system cost previously confirmed by the Trust and should not be read as a separate annual cost for each individual staff group or workforce function.

Part C — Clinical insourcing and outsourcing

Accordingly, the Trust's response to Table C is as follows:

Arrangement	Spend, last full financial year
Total clinical insourcing spend	Not held / not applicable
Total clinical outsourcing spend	£6,722,792*

*The Trust sub-contracts part of its NHS111 service, this includes call handling (triaging calls from members of the public) and providing a Clinical Advice Service, which includes Clinical and Medical Staff providing advice of the telephone. No patients are treated through this service in person (face-to-face).

Next steps

Some information held by the Trust is routinely published on our [website](#) and may be of assistance.

If you are dissatisfied with the Trust's response to your request, you have the right to ask for an internal review.

Requests for an internal review should be submitted within **40 working days** of the date of this response and should be sent to:

Richard Banks, Head of Corporate Governance at FOI@secamb.nhs.uk

The internal review will be conducted by an individual who was not directly involved in handling your original request, ordinarily the Trust's Data Protection Officer. We aim to complete internal reviews within **20 working days** of receipt.

If you remain dissatisfied following the outcome of the internal review, you may complain to the Information Commissioner's Office (ICO). The ICO generally expects complaints to be raised promptly following the completion of an internal review.

The easiest way to raise a complaint is via the ICO's website:

www.ico.org.uk/foicomplaints





Alternatively, you may write to:
Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
SK9 5AF

Yours sincerely,

Corporate Governance Team
South East Coast Ambulance Service NHS Foundation Trust



Saving Lives,
Serving Our Communities

Chair: Michael Whitehouse Interim CEO: Jen Allan