

FOI REF: 26/006

17th February 2026

Eastbourne District General Hospital

Kings Drive
Eastbourne
East Sussex
BN21 2UD

Tel: 0300 131 4500
Website: www.esht.nhs.uk

FREEDOM OF INFORMATION ACT

I am responding to your request for information under the Freedom of Information Act. The answers to your specific questions are as follows:

I am writing under the Freedom of Information Act 2000 to request information on clinical IT systems used across hospitals within the Trust. Specifically, I am seeking details across three categories of systems (systems definition provided below):

- **Electronic Patient Record (EPR) systems**
- **Patient Administration Systems (PAS)**
- **Other Clinical IT systems (e.g., PACS, RIS, LIS etc.)**

Type A: EPR (Electronic Patient Record) systems

1. **Total spend on the core EPR system in each Hospital across the Trust in 2024? (ongoing run costs only; please exclude implementation if still in progress in any of the hospitals)**

Clarification was sought asking you to confirm the timeframe for questions A1, B1 and C1 and confirmation was received that you require the following:

We would prefer information for FY 2024/2025; however, if only the 2024 calendar year data is available and can be shared, that would also be fine.

Total Spend in FY 2024/2025: £828,377 (excluding VAT).

Please note we can only provide figures for our Trust and not broken down between hospital sites as we do not procure based on site, we procure for the organisation as a whole.

2. **For each hospital, in a tabular format, please provide:**

Name of the core EPR system used (e.g., EPIC, Cerner, SystemC, Nervecentre, Dedalus, other)?

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Under Section 31(1)(a) of the Freedom of Information Act (FOIA), the Trust can confirm that it holds information relevant to your request, however, we are unable to disclose it for the reasons explained below.

Historically, we would disclose information relevant to the Trust's IT systems, infrastructure and software as part of our transparency agenda under the terms of the Freedom of Information Act (FOIA). However, in light of the recent cyber-attacks on NHS hospitals and the serious impact these have had on patient services and the loss of patient data, we are having to reconsider this approach. Please see several links to news articles about these recent cyber incidents provided below for your information.

- [NHS England — London » Synnovis Ransomware Cyber-Attack](#)
- [NHS England confirm patient data stolen in cyber attack - BBC News](#)
- [Merseyside: Three more hospitals hit by cyber attack - BBC News](#)

As a result of these attacks, thousands of hospital and GP appointments were disrupted, operations were cancelled, and confidential patient data was stolen which included patient names, dates of birth, NHS numbers and descriptions of blood tests.

When we respond to a Freedom of Information request, we are unable to establish the intent behind the request. Disclosure under the FOIA involves the release of information to the world at large, free from any duty of confidence. Providing information about our systems or security measures to one person is the same as publishing it for everyone. While most people are honest and have no intention of misusing information to cause damage, there are criminals who look for opportunities to exploit system weaknesses for financial gain or to cause disruption.

In the context of the FOIA, the term "public interest" does not refer to the private or commercial interests of a requestor; its meaning is for the "public good". The Trust receives a significant number of requests each year regarding our IT systems, infrastructure and cyber security measures. Most of these requests are commercially driven and serve no direct public interest. Information relevant to our IT portfolio is often requested by consultancy companies who then pass on this information to their client base. Many of these requests are submitted through the FOI portal whatdotheyknow.com who publish our responses, making this information available to an even wider audience.

As a large NHS Trust we hold extensive personal data relevant to our patients and staff, much of which is considered very sensitive. A lot of this information is held electronically on various administration and clinical systems. We have a duty under the Data Protection Act 2018 and the UK GDPR to protect this personal information and take all necessary steps to ensure this data is kept safe. This means not disclosing information that could allow criminals to gain unlawful access to our systems and infrastructure. The Trust can be heavily fined should it be found to have acted in a negligent way which results in a personal data breach. We need to demonstrate that we comply with our legal obligations under data protection and

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freedom of information legislation, but we must be careful that too much transparency does not result in harm to our patients or staff, or cause disruption to our services.

Moreover, under the Network and Information Systems (NIS) Regulations Act 2018, operators of essential services such as NHS organisations like ours have a legal obligation to protect the security of our networks and information systems in order to safeguard our essential services. By releasing information that could increase the likelihood or severity of a cyber-attack, the Trust would fail to meet its security duties as stated in Section 10 of the Network and Information Systems Regulations 2018. Should we not comply with these requirements regulatory action can be taken against the Trust. Further information about the Network and Information Systems (NIS) Regulations Act 2018 can be found here – [The Network and Information Systems Regulations 2018: guide for the health sector in England - GOV.UK](#)

Your request asks for specific details regarding our IT systems which, for the reasons explained above, would be inappropriate to release into the public domain. If disclosed, it is possible that patient data as well as other confidential information would be put at risk. Such disclosure could also impact on the security of our systems and result in serious disruption to the health services we deliver to the local community. Section 31(1)(a) of FOIA provides that information is exempt if its disclosure would, or would be likely to, prejudice (a) the prevention or detection of crime. In this case, disclosure would be likely to prejudice the prevention of crime by enabling or encouraging malicious acts which could compromise the Trust's IT systems and infrastructure. The Trust's capacity to defend itself from such acts relates to the purposes of crime prevention and therefore Section 31(a) exemption is applicable in these circumstances. For these reasons, the Trust considers disclosure of the information you are seeking to be exempt under Section 31(1)(a) *[law enforcement]* of the FOIA and the information requested is being withheld to this part of your request. The full wording of Section 31 can be found here: [Freedom of Information Act 2000](#)

Section 31 is a *qualified* exemption and therefore we must consider the prejudice or harm that may be caused by disclosure of the information you have requested, as well as apply a public interest test that weighs up the factors in maintaining the exemption against those in favour of disclosure.

In considering the prejudice or harm that disclosure may cause, as explained should the Trust release information into the public domain which draws attention to any weaknesses relevant to the security of our systems or those of a supplier, this information could be exploited by individuals with criminal intent. Increasing the likelihood of criminal activity in this way would be irresponsible and could encourage malicious acts which could compromise our IT systems or infrastructure, result in the loss of personal data and/or impact on the delivery of our patient services. We consider these concerns particularly relevant and valid considering the increasing number of cyber incidents affecting NHS systems in recent years and the view by government, the ICO and NHS leaders that the threat of cyber incidents to the public sector is real and increasing.

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- Organisations must do more to combat the growing threat of cyber attacks | ICO

In the Government's Cyber Security Strategy 2022-2030, the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office states on page 7:

"Government organisations - and the functions and services they deliver - are the cornerstone of our society. It is their significance, however, that makes them an attractive target for an ever-expanding army of adversaries, often with the kind of powerful cyber capabilities which, not so long ago, would have been the sole preserve of nation states. Whether in the pursuit of government data for strategic advantage or in seeking the disruption of public services for financial or political gain, the threat faced by government is very real and present.

Government organisations are routinely and relentlessly targeted: of the 777 incidents managed by the National Cyber Security Centre between September 2020 and August 2021, around 40% were aimed at the public sector. This upward trend shows no signs of abating."

With this in mind, we then considered the public interest test for and against disclosure. It should be noted that the public interest in this context refers to the public good, not what is 'of interest' to the public or the private or commercial interests of the requester. In this case we consider the public interest factors in favour of disclosure are:

- Evidences the Trust's transparency and accountability
- Provides information relevant to the IT systems and applications the Trust uses
- Reassures the public and partners that the Trust procures these systems in line with Procurement legislation
- Reassures the public and partners that the Trust's IT infrastructure and systems are secure

Factors in favour of withholding this information are:

- Public interest in crime prevention
- Public interest in avoiding disruption to our health services
- Public interest in maintaining the integrity and security of the Trust's systems
- Public interest in the Trust avoiding the costs associated with any malicious acts (e.g. recovery, revenue, regulatory fines)

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- Public interest in complying with our legal obligations to safeguard the sensitive confidential information we hold

In considering all of these factors, we have concluded that the balance of public interest lies in upholding the exemption and not releasing the information requested. Although disclosure would provide transparency about our software systems and IT infrastructure, this is outweighed by the harm that could be caused by people who wish to use this information to assess any vulnerabilities in our security measures and consequently use this information for unlawful purposes. Cybercrime can not only lead to major service disruption but can also result in significant financial losses. As a publicly funded organisation, we have a duty for ensuring our public funding is protected and spent responsibly. Moreover, as a public body the Trust must demonstrate that it keeps its confidential data and IT infrastructure safe and complies with relevant legislation, but at the same time we must be vigilant that transparency does not provide an opportunity for individuals to act against the Trust. In considering the impact that recent cyber-attacks have had on NHS services, including the cancellation of thousands of patient appointments and procedures as well as the loss of confidential patient data, we consider the overriding public interest lies in withholding this information. The private or commercial interests of a requester should not outweigh the public interest in protecting the integrity of our systems and continuity of our essential patient services. Although we appreciate there may be legitimate intentions behind requesting this information, we must take a cautious approach to requests of this nature and appreciate your understanding in this matter.

It is important to note that the Trust and its commissioning partners are required to follow very specific rules when procuring equipment or services. Information about procurement and tendering can be found on our website – [Governing documents, incorporating: Standing Orders, Standing Financial Instructions, Scheme of Delegation.](#)

To contact the Procurement Service, please email - esht.procurement@nhs.net.

Annual cost in 2024 for the EPR system, broken down into:

a. Total cost

Total Spend on EPR in FY 2024/2025: £828,377 (excluding VAT).

b. Software license

Whilst the Trust holds the information requested, it is applying a Section 43(2) exemption in relation to this part of the request as the release of the information is likely to prejudice its commercial interests.

In applying the exemption consideration has been given to the public interest in enabling scrutiny of public sector decision making and the general public interest in accountability and transparency.

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In this instance, we consider that the public interest in withholding the information is greater than the public interest in disclosing the information.

c. Maintenance

Section 43(2) applied.

d. Professional services

Section 43(2) applied.

e. Others

Not applicable.

3. Scope of the contract (i.e., which additional clinical modules are included)

The system is a full system not modular.

4. If available, spend broken down by for the core EPR system and each additional module separately

Not applicable.

5. For the most recent EPR implementation (in each respective hospital), please provide the following information in a tabular format:

a. Tender date

26th March 2024.

b. Contract start and end date

31st March 2025 – 30th March 2032.

c. Whether the contract is annually renewed

No.

d. Planned final implementation date

EPR March 2028.

e. Which provider the hospital used previously

EPR Not applicable.

f. Total budget and its components

£36,500,000

g. Total value of contract (£)

£20,215,000.00

h. Contract term

84 months initial, maximum 120 month (includes extension options).

i. Software license fees (upfront and ongoing)

Section 43(2) applied.

j. Annual contracted pricing growth

Section 43(2) applied.

k. Implementation fees

Section 43(2) applied.

l. Allowance for new features / development (if any) - e.g., committed budget for new software features / development which is not yet identified

No allowance.

m. Internal training / resources / etc. as relevant

This is under development.

n. Procurement framework used

NHS LPP Clinical Digital Solutions (CDS) Framework (2020/S 227-560479).

o. Other systems integrated with the EPR

Not applicable.

p. Department(s) that provided the funding

NHS England Frontline Digitisation
ESHT Trust Capital

q. % of ERP budget comes from the ICB vs. Trust vs. others (please specify name)

NHS England Frontline Digisation: 50%
ESHT Trust Capital: 50%

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r. Planned date to kick off next tender process

Not applicable.

s. Whether there are plans to replace the system

Not applicable.

Type B: PAS (Patient Administration) systems

1. Total spend on PAS systems in each Hospital across the Trust in 2024? (ongoing run costs only)

Total Spend in FY 2024/2025: £267,766 (excluding VAT).

2. For each hospital, in a tabular format:

a. Name of the PAS system used / provider (e.g., EPIC, Cerner, SystemC, Nervecentre, Dedalus)?

Section 31 applied.

b. Annual cost for the PAS system, broken down into:

1. Total cost

Total Spend in FY 2024/2025: £267,766 (excluding VAT).

2. Software license

Section 43(2) applied.

3. Maintenance

Section 43(2) applied.

4. Professional services

Section 43(2) applied.

5. Others

Not applicable.

6. Procurement framework used

QE Facilities Framework.

7. Contract start and end date

1st April 2024 – 31st March 2028.

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8. Other systems integrated with the PAS

Not applicable.

Type C: Other HC Clinical IT systems like Medical imaging (PACS), Radiology Information System (RIS), Laboratory Information Systems (LIS), etc.

1. Total spend for each “Other Clinical IT system” in each Hospital across the Trust in 2024? (ongoing run costs only)

LIS £205,010.52 excluding VAT.

CVIS £28,592.

2. For each hospital, in a tabular format:

- a. Which PACS/LIS/RIS/Other system provider does the hospital use respectively (e.g., Sectra, Cris, Clinisys)?

Section 31 applied.

- b. Annual cost for the PACS/LIS/RIS/Other system, broken into:

1. Total cost

	System	FY 2024/2025 Cost excluding VAT
1	PACS	£827,450
2	RIS	£168,776
3	ESHT LIMS	£232,613
4	ESHT ORDER COMMS	
5	NETWORK ORDER COMMS	
6	NETWORK LIMS	
	Spend for items 4, 5, 6 invoiced together by 7 supplier	£637,707
7	Cardiology CVIS	£28,592
8	LIS	£205,010,52

2. Software license

Section 43(2) applied.

3. Maintenance

Section 43(2) applied.

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4. Professional services

Section 43(2) applied.

5. Others

Not applicable.

6. Procurement framework used

ITEM	FRAMEWORK
PACS	QE FACILITIES FRAMEWORK
RIS	QE FACILITIES FRAMEWORK
ESHT ORDER COMMS	QE FACILITIES FRAMEWORK
NETWORK ORDER COMMS	LPP DIGITAL DOCUMENT SOLUTIONS FRAMEWORK
ESHT LIMS	NHS SBS FRAMEWORK
NETWORK LIMS	QE FACILITIES FRAMEWORK
CARDIOLOGY	NHS SUPPLY CHAIN FRAMEWORK

7. Contract start and end date for each supplier

	START DATE	END DATE
PACS	01/01/2022	30/06/2027
RIS	30/03/2021	30/06/2026
ESHT ORDER COMMS		31/03/2026
NETWORK ORDER COMMS	10/03/2023	09/03/2033
ESHT LIMS	01/11/2019	31/10/2026
NETWORK LIMS	10/03/2023	09/03/2033
CARDIOLOGY	12/09/2023	12/09/2026

If I can be of any further assistance, please do not hesitate to contact me.

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Should you be dissatisfied with the Trust's response to your request, you have the right to request an internal review. Please write to the Freedom of Information Department (esh-tr.foi@nhs.net), quoting the above reference, within 40 working days. The Trust is not obliged to accept an internal review after this date.

Should you still be dissatisfied with your FOI request, you have the right of complaint to the Information Commissioner at the following address:

The Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire SK9 5AF

Telephone: 0303 123 1113

Yours sincerely

Freedom of Information Department
esh-tr.foi@nhs.net