FOI REF: 26/434

East Sussex Healthcare NHS Trust

4th November 2026

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Further to your recent request for information made under the Freedom of Information Act (FOIA) 2000, I now set out our answers to your specific questions, and any clarifications sought and provided, as follows:

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:

- **Medical and dental staff bank**
- **Agenda for Change staff bank (nursing, midwifery, healthcare assistants, administrative, and similar)**
- **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**

   Please see the attached document - 'FOI 26-434 Response'.

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**

Please see the attached document - 'FOI 26-434 Response'.

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**

Please see the attached document - 'FOI 26-434 Response'.

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**

   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 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 in its entirety. 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.

- *Merseyside: Three more hospitals hit by cyber attack - BBC News*

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)
- 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 - esh-tr.pands@nhs.net

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)

Section 31 applied, please refer to Part B - question 1 above.

3. **Contract end date of each system, and whether you are within an extension period**

   Please see the attached document - 'FOI 26-434 Response'.

4. **Annual cost in the most recent full financial year — a single annual figure per system**

   Please see the attached document - 'FOI 26-434 Response'.

5. **Procurement framework or route used to award each technology contract — stated per system, since different systems may sit on different frameworks**

   Please see the attached document - 'FOI 26-434 Response'.

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

   Please see the attached document - 'FOI 26-434 Response'.

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:

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.**

Please see the attached document - 'FOI 26-434 Response'.

I trust this information is helpful in its detail or explanation however, if you are dissatisfied with the response, then you have the right to request an internal review. If you wish to seek an internal review, please write to the Freedom of Information Team at esh-tr.foi@nhs.net quoting the above FOI reference number, within 40 working days. Please note the Trust is not obliged to accept a request for an internal review after this time period.

Yours faithfully

Freedom of Information (FOI) Team
East Sussex Healthcare NHS Trust
0300 131 4716
Core Hours of Business: Monday to Friday 9.00am to 4.00pm

Table A — Staff bank management (please complete)

Bank management — field	Medical & dental	Agenda for Change	AHP (if separate)
1. Management model (i / ii / iii)	iii	iii	iii
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 FY	Not applicable	Not applicable	Not applicable
7. Procurement framework / route	Not applicable	Not applicable	Not applicable
8. Re-tender planned? (incl. timeline)	Not applicable	Not applicable	Not applicable

Table B1 — Rostering systems, by staff group (please complete)

Rostering system — field	Medical & dental	Agenda for Change	AHP (if separate)
1. System name + supplier	Section 31(1)(a) applied, please refer to covering letter.	Section 31(1)(a) applied, please refer to covering letter.	
2. Contract end date (+ extension?)	30/05/27 (ext. 30/05/28)	5/07/27 (ext. 5/07/28)	
3. Annual cost, last full FY	£123,359	£265,535	
4. Procurement framework / route	HTE LLP Framework Agreement for the Enterprise Level ICT Digital Technology Solutions 2023.		
5. Re-tender planned	There are no plans to re-tender.		

Table B2 — Bank-booking systems, by staff group (please complete)

Bank-booking system — field	Medical & dental	Agenda for Change	AHP (if separate)
1. System name + supplier	Section 31(1)(a) applied, please refer to covering letter.	Section 31(1)(a) applied, please refer to covering letter.	
2. Contract end date (+ extension?)	28/05/28 (ext. 28/05/30)	5/07/27 (ext. 5/07/28)	
3. Annual cost, last full FY	£236,079	£265,535	
4. Procurement framework / route	Countess of Chester Hospital Workforce Transformation Solutions Framework	HTE LLP Framework Agreement for the Enterprise Level ICT Digital Technology Solutions 2023	
5. Re-tender planned?	There are no plans to re-tender.		

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

Arrangement	Spend (£, last full FY 2025/26)
Total clinical insourcing spend (most recent full FY)	£3,568,776
Total clinical outsourcing spend (most recent full FY)	£22,096,703