Our Ref: 508
August 2025

Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Freedom of Information Act Request

Under the Freedom of Information Act, I would like to request the following information:

DBTH Radiology Information system (RIS):

https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.contractsfinder.service.gov.uk%2Fnotice%2F57b4b2b9-ae02-4138-bba3-692ed5f256fc&data=05%7C02%7Cd.wraith%40nhs.net%7C5b6a65b27af14326e26508ddd6451bb8%7C37c354b285b047f5b22207b48d774ee3%7C0%7C1%7C638902314488436140%7CUnknown%7CTWFpbGZsb3d8eyJFbXB0eU1hcGkiOnRydWUsIlYiOiIwLjAuMDAwMCIsIlAiOiJXaW4zMiIsIkFOIjoiTWFpbCIsIldUIjoyfQ%3D%3D%7C60000%7C%7C%7C&sdata=gboPcV3KG2Qzb2PfoMkYEcEaYPYr4xCWuHoxgxX%2FQZg%3D&reserved=0

The details we require are:

What are the contractual performance KPI's for this contract?

- Incidents
  - The number of opened and closed incidents per priority level
  - Average response time per priority level
  - The average resolution time per priority level
  - The number of exceedances of agreed service levels
  - The Uptime percentage
  - Detailed overview of incidents, including description, cause/solution and priority
  - Incidents still outstanding including status
  - Failed SLA's

- Problems: outstanding problems including status
- Information regarding Changes

Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages

Successful
Agfa Healthcare IT UK Ltd

Unsuccessful
Magentus Software Limited
Soliton IT Limited
Synapps Solutions Limited

Actual spend on this contract/framework (and any sub lots), from the start of the contract to the current date

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust ("the Trust") holds information within scope. However, after careful consideration the Trust is refusing to disclose the actual cumulative spend to date on the named live contract/framework under Section 43(2) – Commercial Interests of the Freedom of Information Act 2000 (FOIA).

Exemption relied upon – s43(2) Commercial Interests

Disclosure of the Trust's *actual spend to date* at this point in the contract would be likely to **prejudice** the commercial interests of:

- The Trust, by weakening its position in ongoing and future price negotiations (including call-offs under the framework, variation discussions, and re-procurements). Publishing live spend exposes our remaining budget envelope and purchasing profile, which counterparties could use to infer volumes, discount thresholds and negotiating limits.
- The supplier**,** where granular spend is commercially sensitive and could be used by competitors to undercut bid strategies or reverse-engineer rates and margins on a live arrangement.

As Section 43(2) is a qualified exemption, the Trust has undertaken a public interest test.

Factors in favour of disclosure

- Promoting transparency and accountability for the use of public funds.
- Enabling public understanding of the Trust's procurement expenditure.

Factors in favour of maintaining the exemption

- Protecting the Trust's ability to secure best value for money in live and future negotiations. Disclosure would provide counter-parties with tactical insight into our spend trajectory and committed volumes, undermining competition and potentially inflating future prices, to the detriment of the public purse.

- Avoiding market distortion and prejudice to supplier commercial interests during a live contract period, which could reduce competition and harm future procurements.

On balance, the Trust concludes that the public interest favours maintaining the exemption at this time. We therefore refuse the specific element of your request seeking "actual spend to date" under **s43(2) FOIA**.

Advice and assistance (s16 FOIA)

We aim to be as helpful as possible:

- Award value and core details for the contract/framework are published on Contracts Finder (as per your link). This remains the authoritative public record for the award.
- The Trust publishes Annual Report and Accounts, which include audited total expenditure by category at Trust-level (not contract-level). The most recent published set is 2023/24 and can be accessed here:
  • Annual Reports page (landing): DBTH Hospitals
  • DBTH Annual Report and Accounts 2023/24 (PDF)**:** DBTH Hospitals

Start date & duration of framework/contract?
Contract Start Date 03/06/2024 Duration 3 years

Could you please provide a copy of the service/product specification given to all bidders for when this contract was last advertised?
Specification attached appendix 1

Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?
Yes up to 3 years

Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?
No

Who is the senior officer (outside of procurement) responsible for this contract?
Simon Lister

If you are not satisfied with the handling of your request, you have the right to request an internal review. Requests for an internal review should be submitted within 40

working days from the date of this response, and should be addressed to d.wraith@nhs.net.

If you remain dissatisfied after the internal review, you have the right to appeal to the Information Commissioner's Office (ICO). The ICO can be contacted at:

Information Commissioner's Office
Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF
Tel: 0303 123 1113
Website: https://ico.org.uk/make-a-complaint/

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Appendix 1

Reference	Requirement
R1 - Radiology Information System	
R1.1	Confirm the arrangement (including number of licences and concurrency) for voice recognition reporting integrated into the solution Please note the Trust require licenses for 100 reporters.
R1.2	For the RIS to display a real time patient tracking based upon information provided to it by the CaMIS in a HL7 format. Include details on where the patients location would be displayed to the end user in RIS in the proposed solution.
R1.3	The ability to data mine from a **phrase** of text from within a Radiology report and produce a list of returns (that then can be exported in a common file format).
R1.4	The ability to data mine from a single **word** text from within a Radiology report and produce a list of returns (that then can be exported in a common file format).
R1.5	For existing interfaces in the current system with third parties (e.g. Sectra IEP, Fujifilm Synpase PACS, CaMIS, Clinisys ICE, Teletracking) to remain compatible with the new proposal including during any upgrades of either of the third-party system/interface.
R1.6	To provide a dedicated procedure for protcolling studies within RIS included in the offering at no additional cost.
R1.7	Provide information as to the disaster recovery (DR) solution for RIS. We prefer this to include all interface and speech servers and not just the database servers, Functionality would need to be available in a switch to a DR system (orders in, reports out etc. are required, not just the core RIS database functionality).
R1.8	Provide information as to the business intelligence tools available and pre-built reports (e.g. Diagnostic dataset, DID return). Business Intelligence must be a core deliverable and provide a full range of reports to support statutory reporting, ad hoc reports, benefit realisation reports, business cases for future investment and helping to optimise clinical workflow.

R1.9	To configure and support an ADT and MFM interface supplied by the Trusts CaMIS EPR to allow seamless and automatic updates of the Trust clinicians, department, GP and GP practice information. Please state if there is a cost for this work or included.
R1.10	For the interface between the RIS and the EPR/PACS to be in real time for messages of clinical importance. For RIS to contain a database of the full patient list irrespective of if the patient has any radiological imaging history.
R1.11	RIS must have its own ability to create a unique patient ID which is compatible with PACS (e.g. emergency ID when the EPR/PAS is not available), that then can be merged with the correct official record.
R1.12	Support patient merging, manually and via the EPR/PAS via an HL7 update (which will then update PACS and PACS webviewer etc.).
R1.13	Support splitting of individual patient orders as part of a merge process (move orders from patient A to patient B without a full patient merge).
R1.14	Provide information as to the detail of the audit trail in the system (e.g. does the audit data go back to the lifetime of the RIS and how is it accessed e.g. via the supplier or by the Trust).
R1.15	Be able to print labels with customised information.
R1.16	Accept updates from the Trusts CaMIS EPR and appropriately update the Radiology systems (RIS/PACS client/web browser).
R1.17	Ability to accept electronic orders from an order communication system (multiple sources).
R1.18	Provide information as to if the RIS can support other files types as part of an electronic order, such as a JPEG, BMP or PDF - provide information how this would work and where it would be visible within RIS.
R1.19	Provide details on which servers would expect to be load balanced and details of how this would be achieved.
R1.20	Must support order cancellations and order edits to a point, electronically with the CaMIS EPR and Sunquest ICE.
R1.21	Provide information the process for RIS order registration and 'fix up' for external non verified imaging.

R1.22	Supports connection to other enterprise systems using standard database connection protocols to enable collection of statutory data set returns where the information required is located in multiple systems (e.g. exam codes /users.) - (RIS and EPR).
R1.23	Supports activity reporting using NICIP codes (DSCN 27/2009) and SNOMED CT clinical procedure classifications.
R1.24	Facilitates HRG4/PBR reporting.
R1.25	Facilitates the export of activity data to external systems in standard formats (Flat file CSV of database fields).
R1.26	Can the system/or integrated third party appliation send an alert to a clinician or team (e.g. text, email, or via a smartphone app) of the need to view a particular study which has been reported with a key line of text which indicates a report alert for that patient. If yes, is there a way for them to acknowledge this message? Please show this as a costed option.
R1.27	System must be able to issue emails or text messages to inform patients of appointments as a default.
R1.28	How will the solution support an unknown patient workflow, including how these are amended and attached to an approved patient record.
R1.29	The solution must have ability to support session persistence allow the user to reconnect and be at the point in their workflow where they left off.
R1.30	Can the solution display historical searches the user has performed?
S1 - Infrastructure, Networks and Interconnectability	
S1.1	Bidirectional interface capability for HL7, SMTP.
S1.2	HL7 v2.3 and higher messaging capability for ADT, ORM, ORU, SIU & MDM.
S1.3	Support for batch demographic import and export.
S1.4	Ability to receive and transmit demographic updates via a unidirectional HL7 message feed.
S1.5	Provide support for Active Directory Integration for all sub applications proposed within the solution as a whole (i.e. LDAP,DNS).
S1.6	Provide continued support for integration with existing third-party hospital system e.g. CaMIS EPR, Sunquest ICE, Fujifilm Synapse PACS, Sectra IEP, Teletracking.

S1.7	Continue to provide the CaMIS EPR with study update information and a textual report.
S1.8	Supports transparent and manageable interfaces with errors evident through flagging (state in log file, GUI or other notification).
S1.9	Complete HL7 interoperability between the connecting systems. A reference to specific standards and details of any proprietary software must be provided. DICOM and HL7 conformance statements will be required for our records.
S1.10	LDAP role based access must be the way users obtain access to the system on all provided systems (RIS and BI). However with an option to create user manually/locally in times of need if required by the Trust PACS team.
S1.11	Ability to interface with all Trust modalities (CT, MR, CR, DX, US, RF, XA, NM, OT etc.)
S1.12	Must support synchronisation of system clock with Trust IT systems or other external time sources to ensure correct validations, where dependent on time stamp.
S1.13	Clear confirmation as to which of the hardware infrastructure will be supplied, maintained and supported by the vendor. As well as a clear list of what the hardware infrastructure the Trust is responsible for.
S1.14	Regarding new infrastructure; the supplier must outline the space, power and environmental requirements of their solution and include any expectations of the existing infrastructure (including network) and future expansion requirements.
S1.15	Interface using HL7, XDS-I and IHE standards (n.b. XDS-I desirable, not Mandatory).
S1.16	Update Patient Master Index through ADT messaging from the Trust's EPR.
S1.17	Seamlessly integrate at desktop level with PACS to facilitate examination reporting.
S1.18	Must allow for reporting of all images from any modality across the Trust.
S1.19	Must integrate with the existing external connections (e.g. IEP and teleradiology companies) to allow for reports and patient examination information to be relayed.
S1.20	Must support remote/offsite reporting services e.g. Telemedicine Company via existing integration, home reporting by radiologists and reporting radiographers.
S1.21	Must support more than one primary patient identifier.
S1.22	Must be able to support third-party Client workstation integration (e.g. Trust provided workstation). To provide documentation to Trust IT team

	and PACS team on how to configure such stations to allow it to operate as a reporting station with VR capability.
S1.23	Must comply with appropriate regulations (e.g. RCR).
S1.24	Must be fully resilient with no single point of failure (state return to operation time to be expected if secondary instance fall back occurs - is this automatic or manually called).
S1.25	Must store data in non-proprietary format.
S1.26	Must allow Sectra IEP to Query Retrieve images from PACS from a minimum of 2 nodes (using the existing PACS store nodes naming convention).
S1.27	Confirm which of the existing vendor supplied hardware will be reused in the new solution. To also confirm that the vendor will provide support for this equipment throughout the life of the contract.
S1.28	The Solution supports the use of the existing Codonics CD/DVD Virtua XR remote disc jukebox. Software version 4.2.0 for remote CD creation.
S1.29	Provide detail on support for virtual desktop for RIS client/BI software
S1.30	Be able to support a primary and secondary instance of the systems in two data centres, both which are on site at the Trust but in different locations.
S1.31	Provide information as to what SSL certificates will be required from the Trust and how frequently they will be required.
S1.32	Provide information as to how the solution will provide access (both local and regional) to the MDT process. Supplier to supply information as to how the solution can assist the MDT workflow.
S1.33	Provide information on the LIVE, TEST and TRAIN environment and if they are proposed as part of the solution (e.g. number of licences, interfaces to other test systems).
S1.34	The supplier to provide information as to how the proposed solution would support regional (South Yorkshire and Bassetlaw Integrated Care System) sharing of imaging and reporting. Include if this would apply to allow Trusts in this region or specific Trusts as part of this solution (provide indication of additional costs if present and not included in the offering).
S1.35	Provide information as to how the solution would support shared access to the solution from other Trusts in the ICS with the same vendors solutions (e.g. if a member of staff from Hospital A wants to log onto Hospital B's systems without having separate accounts for access at Hospital A and B, is this possible and how would it be achieved and audited).

S1.36	Is the solution able to be connected to other multiple RIS and PACS systems across the South Yorkshire and Bassetlaw Integrated Care System - please provide details and indication of additional costs if present.
S1.37	Provide information as to the schedule for reboots of the system. Include the level of involvement by local Trust IT (e.g. does the vendor hold the responsibility for the reboot or do the Trust).
S1.38	Provide information as to the backup schedule in place for all of the data in the solution. Detail which area of responsibility of this are with the Trust IT.
S1.39	Provide information as to how any patient identifiable data is secured in transit. Including within the Trust network, accessed via a Trust home reporting station with a VPN.
S1.40	Provide information (if possible) how it would be possible for patients to securely access their imaging from the Trust directly.
S2 - Storage & Standards	
S2.1	Please confirm that the Trust's default antivirus solution is compatible with any supplied windows based equipment by the vendor. Please state antivirus policy for any non-windows equipment.
S2.2	The supplier must support HL7 version 2.x and above for communicating with other clinical systems.
S2.3	The system should support bidirectional integration between RIS via the Ensemble Trust integration engine (TIE).
S2.4	Where the Trust has implemented a single sign-on system the Service should support single sign-on. Additional user name and password submission should NOT be required when using RIS and PACS. When a user logs into the RIS for reporting the user credentials should be passed onto PACS with no need for additional user name and password input (and vice versa). Suppliers should describe the options available for achieving this requirement.
S2.5	Provide information on the audit data, where it will be stored, how to access an audit and how long will the information be stored.
S2.6	Confirmation that audit data from the existing solution will be accessible to interrogate in the new solution or be available stand-alone.
S2.7	Provide information as to how the solution will provide data life cycle management configurable to the Trusts requirements. Confirm if this is at additional charge or standard (and what is the system configured to by default).
S2.8	Roaming profiles not linked to specific workstation must be available.

S3- Data Migration - please detail the approach to data migration from legacy Radiology RIS to the new RIS	
S3.1	Additional costs.
S3.2	Trust resources required.
S3.3	High-level plan.
S3.4	Any assumptions made around data migration.
S3.5	Any assumptions made around data quality.
S3.6	The supplier should detail any data integrity checking and cleaning services they supply.
S4- RIS Management	
S4.1	Must be fully auditable. Provide information as to how this audit is obtained (e.g. call to the supplier or accessible to the Trust user themselves), This covers all of the solution.
S4.2	Must have a full functional test system (connected to appropriate third-party test system environments - without additional cost to the Trust).
S4.3	Must have a proactive fault reporting system which the team have access to. Please provide details.
S4.4	Must allow Trust to monitor all active users of the system.
S4.5	Must allow Trust to monitor users' history on the system.
S4.6	Must allow administrators to configure user rights and access.
S4.7	Must allow Trust to monitor usage and provide real-time display of usage patterns and statistics. (User group specific). (e.g. workstation usage).
S4.8	Must allow system administrators to have full administrative access to user accounts and group accounts where they can e.g. change role, contact no, expiry date, creation date, security rights, timeouts, access levels and privileges (including view only, edit, etc.) etc.
S4.9	Must allow for home reporting to match on-site functionality (performance dependant on network speed is noted).

S4.10	Needs to allow for reports to be added to an amended record.
S4.11	To support and to configure a minimum of 3 patient order statuses that are in sync across PACS and RIS (the minimum 3 being, routine, urgent and 2 ww) and a maximum of 5. To also support these to come over from the order communications system (e.g. visible at protocol, appointment, perform and reporting stage).
S4.12	Provide information as to the business intelligence solution provided.
S4.13	Provide details how a note on a patients record, could be made to flag on RIS to the end user on first selection of the patient (e.g. contrast allergy warning or warning not to share information externally).
S5- Performance and quality assurance	
S5.1	Confirm the servicing arrangement for the vendor supplied workstations/hardware if any.
S5.2	Provide information on any hardware fresh points for the vendor provided hardware during the life of the contract.
S5.3	Provide details on how the system can assist with teaching.
S5.4	Provide details on how the system can assist with audit.
S5.5	Provide details on how the system can assist with research.
S6- System Configuration & training	
S6.1	Solution should be capable of using Active Directory to manage User accounts.
S6.2	Provide a unified reporting screen, so it appears to the end user as a single system.
S6.3	To provide assistance with the connection to RIS of a minimum of 8 imaging modalities a year, if requested by the Trust. Also detail if the Trust will be taught to do this in training included in the offering (to which the Trust would notify the supplier via change control).
S6.4	Support single sign on for all applications (e.g. RIS and business intelligence software) and to ur existing PACS.
S6.5	For the vendor to provide and support all hardware as part of the solution.
S6.6	Provide information as to the level of system availability when routine system reboots take place - e.g. does the system support downtime less reboots and upgrades.

S6.7	Provide information on the audit held by the RIS and BI applications. (e.g. how long is the audit stored, how is the audit access and who is responsible for the audit storage vendor or Trust).
S6.8	Test environments (RIS/BI) would require connection to existing Trust test systems such as EPR, Fujifilm Synpase PACS, Clinisys Ice etc.
S6.9	Provide information as to any annual inclusive engineer days included in the solution and if they can be carried over annually if not used (please provide examples of the amount of time to perform certain tasks, e.g. RFC creation).
S6.10	Provide information as to any annual inclusive applications training (on-site or remote - please define) and if this can be carried over annually if not used.
S6.11	Provide information as to how the solution can be used in a home teleradiology setup on a Trust PC (we use a 'Microsoft Always on VPN' as our VPN product).
S6.12	Can any contact details of previous customers with working teleradiology (home) be provided for reference.
S6.13	For the business intelligence tool to be able to automatically send out emails of reports set at a specific date from a Trust provided email address.
S6.14	For the business intelligence tool to be compatible with NHS mail for sending of reports.
S6.15	Provide information as to the assumed software provided by the Trust as part of the solution (e.g. MS Office versions, Microsoft.NET, Java, if any).
S7 - System Upgrade	
S7.1	The Supplier will release system upgrades against a pre-determined schedule. Upgrades to be available every 12-18 months as part of the Support Contract at no additional charge. A Software Update is a software release that incorporates improvements or needed changes/fixes to previously released software, including bug fixes and patches, feature enhancements, and database modifications. Software Updates into the UAT environment are completed within normal working hours (Monday-Friday 09:00-17:00) and Software Upgrade into the Live environment are completed out of working hours (Monday- Friday).
S7.2	System upgrades will initially be released and applied to the UAT environment to enable local testing to take place. Once this has been completed the Live environment will be upgraded following all relevant change control processes.

S7.3	Release notes will be provided in respect of the upgraded versions. The Supplier will update the UAT environment at least one month before the upgrade.
S7.4	Suppliers must ensure that during upgrades to systems, any manual steps are documented in advance and any automated steps must involve the production of one or more logs which describe each step being taken and whether or not it has been processed successfully. Logs that cover a sequence of steps must also indicate whether the overall sequence has been a success or failure.
S8 - Software Maintenance & Support	
S8.1	The Supplier will provide Software maintenance and support services to correct any Software material defect, fault, loss of, or failure of, System functionality or performance. The Supplier will also provide regular application Software / Security Upgrades / Updates
S9- Documentation	
S9.1	General documentation must include: a. A systems' overview. b. Full configuration & process documentation. c. Operational Management Report. d. Monitoring / compliance reports e. Data Dictionary. f. Instructions / User Guides of full system functionality. g. Data available in database, structure of data, and codes. h. Screen based data entry functions and encoding. i. Local user administrator functions. j. Report and analysis. k. The creation and use of queries. l. Error codes and messages. m. Fault finding, problem solving, and access to audit trail.
S9.2	All documentation must be updated for any changes made to the application during implementation
S9.3	Subsequent releases of software must include documentation changed for any site specific software changes made and be provided as part of the software license agreement
S9.4	The supplier must provide the Trust with a skeleton document outlining controls and procedures, which must be implemented within the Trust to ensure the continual functioning of the system and integrity and security of its data
S9.5	User documentation must be available prior to system implementation and be in a format to support all user types during training

S9.6	All documents provided as outputs must be within a standard which the Trust can edit and maintain. i.e. Microsoft suite of products
S10- Information Reporting	
S10.1	The Trust requires electronic read-only access to all of the Trusts data held in third party supplier systems. Access will be provided via SQL Server. Where technically possible this is to be achieved by a direct connection to a storage mechanism such as a copy or replicated database to provide near-live data. Where a direct connection is not possible alternative methods such as HL7/FHIR/API interfaces or database backups or extracts may be used after further discussion with the Trust. All connection or extract mechanisms must be fully automatic and require no manual processes on a day-to-day basis.
S10.2	All data must be able to flow easily into the Trusts established data warehouse. All data entry will confirm with the NHS Data Dictionary and must be maintained in line with the appropriate national guidance. DBTH would require technical documentation containing data structures and how the data links together in order for a full and comprehensive Extract, Transform and Load (ETL) process to occur. Where available DBTH would require the ability to access and process the data on a near 'live' basis.
S11- Data Quality	
S11.1	Meet NHS Digital Data Standards
S11.2	Meet Local & National rules, i.e.e referal to treatment (RTT)
S11.3	Interface appropriateley with other Trust Systems
S11.4	Only allow staff to access modules they have been trained on
S11.5	Include escalation & alerts functionality - e.g. to manage patient pathways
S12- Interoperability	
S12.1	Across healthcare there are a large number of computer systems and software applications being used. Through interoperability, the Trust can help ensure information is shared between these different systems, so healthcare professionals have access to the information they need, when they need it.

	The Chief Clinical Information Officer for health and care in England has outlined seven priority areas: a. NHS number/Citizen ID – real-time access to the NHS Number at the point of care across the service, ensuring that the NHS Number is associated with care record elements e.g. lab tests. The Provider must ensure that, with effect from 1 April 2020, the Service User's verified NHS Number is available to all clinical Staff when engaged in the provision of any Service to that Service User – this is stated in the 2019/20 Standard Contract
S12.2	b. Staff ID - ensuring that there is a consistent way to identify and authenticate staff across the service
S12.3	c. Dates and scheduling - a consistent set of interoperability standards for dates and scheduling information that enables a consistent approach to appointment booking across venues of care and the creation of historic and forward views of appointments
S12.4	d. Diagnostic Coding - implementation of SNOMED CT / NICIP codes