

Date: 29/09/2017

FREEDOM OF INFORMATION REQUEST FOI/013673 – Digital data

	Outpatient Self Check-In System	Electronic Observations (EWS/Vital Signs) System	Theatre Information Management System	Information Asset Management System	Subject Access Request System	Freedom of Information System
Do you currently have the following electronic IT system?	NO	YES	YES	YES	Yes	Yes
Is this a 3 rd party solution?	N/A	NO	NO	YES	No	No
What is the name of the Supplier?	N/A	In house system	In house system	Exemption 43	In house system	In house system
When does the contract expire?	N/A	In house system	Not applicable	Mar-21	Not applicable	Not applicable
What is the annual maintenance/support cost?	N/A	In house system	Not applicable	5 years support purchased (upfront cost)	Not applicable	Not applicable
If you do not have an electronic solution, how do you manage the process? eg.paper/MS Office	N/A	In house system	Not applicable	Exemption 43	Not applicable	Not applicable
If you do not have an electronic solution, do you plan to commission one in the next 3 years?	N/A	In house system	Not applicable	YES/NO	Not applicable	Not applicable
Name of contact person responsible for procuring this electronic system	N/A	In house system	Not applicable	Head of Service Delivery	Not applicable	Not applicable
Telephone/email of contact person responsible for procuring this electronic system	N/A	In house system	Not applicable	01384456111 x2376	Not applicable	Not applicable
it is commercially sensitive in that providing the information may compromise information security.						