

20/07/2023

NN-ICB/23/348

Dear Requestor

RE: Freedom of Information Request

With reference to your request for information I can confirm in accordance with Section 1 (1) of the Freedom of Information Act 2000 that we do hold the information that you have requested. A response to each part of your request is below.

In the request you asked:

EOS / EOL Networking Equipment

1a. What EOS (end of support) or EOL (end of life) networking equipment do you have in your IT estate?

Please see below Section 31(1)(a) exemption.

Network Lifecycle

2a. Have you conducted a network refresh in the past 36 months?

Yes

2b. If so with which area? (eg Data Centre, Enterprise Networking, Wi-Fi, Security, Collaboration)

Enterprise Networking and WIFI.

2c. Which vendor/technology solution was chosen?

Cisco solution was chosen.

2d. Which reseller/partner delivered the solution?

Nottinghamshire Health Informatics Service. (NHIS)

2e. Who maintains the solution?

Nottinghamshire Health Informatics Service.

2f. When does the maintenance contract expire/renewal date?

The ICB receives its Information Technology and Communication services from Nottinghamshire Health Informatics Service (NHIS) via an annual rolling contract.

NHIS is an NHS Organisation providing all IT Support Services to NHS Nottingham and Nottinghamshire ICB (as well as a number of other NHS organisations within Nottinghamshire) via a block contract under a Partnership Agreement on a shared cost basis. The NHS block contract with Nottinghamshire Health Informatics Service renews each Financial Year. This contract includes all aspects of network operation, management and maintenance.

Have you conducted a POC (proof of concept) in the last 12 months for any of the below technology areas?

3a. Data centre

No.

3b. Enterprise networking (yes/no)

No.

3c. Wi-Fi (yes/no)

No.

3d. Security (yes/no)

No.

3e. Collaboration/Microsoft Telephony (calling plan/operator connect/direct routing (yes/no) 3f. Network monitoring (yes/no) 3g. Which vendor and what equipment was tested?

No.

3h. Which partner/reseller provided the POC?

Not applicable.

3i. Was the POC successful?

Not applicable.

3j. Do you intend to use the solution in a live environment?

Not applicable.

Do you plan to refresh your network in the next 24 months for any of the below technology areas:-

3a. Data centre (yes/no)

Not applicable.

3b. Enterprise networking (yes/no)

No.

3c. Wi-Fi (yes/no)

Yes.

3d. Security (yes/no)

Yes.

3e. Collaboration/Microsoft Telephony (yes/no)

Yes

3f. Network monitoring (yes/no)

Not applicable.

3g. When do you plan to have the new solution implemented?

Please see below Section 31(1)(a) exemption.

3h. Have you/do you intend to go to RFX for this?

Yes.

3i. When do you plan to go to RFX for this?

Please see below Section 31(1)(a) exemption.

Do you have a Cisco estate for any of the below architecture, and what technology/equipment has been implemented?:-

4a. Data centre

Not applicable.

4b. Enterprise networking

Yes.

4c. Wi-Fi

Yes.

4d. Security

No.

4e. Collaboration

No

4f. Network monitoring

Not applicable.

Cisco Support

5a How are you currently supporting your Cisco estate?

5b. Which company sells/provides you with support?

5c. If you outsource support, for which aspects?

5d. How do you keep your equipment/software up to date?

Nottinghamshire Health Informatics Service provide this service as part of the contract of services.

Cisco Partner/Reseller

6a. Who is the supplier/reseller for Cisco hardware/software?

6b. Do you have a preferred supplier agreement for Cisco hardware/software?

6c. When do these supplier agreements expire?

6d. How long has the current supplier relationship existed?

Nottinghamshire Health Informatics Service provide this service as part of the rolling contract of services.

Cisco Enterprise Agreement (EA)

7a. Do you have a Cisco (EA)?

No.

7b. When is your (EA) contract expiry/renewal date?

Not applicable.

7c. Who provides/resells your Cisco (EA)?

Not applicable.

Do you have an HP/Aruba estate for any of the below architectures, and what technology/equipment has been implemented?:-

8a. Data centre

8b. Enterprise networking

8c. Wi-Fi

8d. Security

8e. Collaboration

8f. Network monitoring

No, there is no estate for the architectures outlined.

HP/Aruba Support

9a How are you currently supporting your HP/Aruba estate?

9b. Which company sells/provides you with support?

9c. If you outsource support, for which aspects?

9d. How do you keep your equipment/software up to date?

Not applicable.

HP/Aruba Partner/Reseller

10a. Who is the supplier/reseller for HP/Aruba hardware/software?

10b. Do you have a preferred supplier agreement for HP/Aruba hardware/software?

10c. When do these supplier agreements expire?

10d. How long has the current supplier relationship existed?

Not applicable.

HP/Aruba Enterprise Agreement (EA)

11a. Do you have an HP/Aruba (EA)?

11b. When is your (EA) contract expiry/renewal date?

11c. Who provides/resells your HP/Aruba (EA)?

Not applicable.

Telephony

12a. Do you have ISDN Lines?– Supplier, quantity (lines), contractual position

No.

12b. Do you have PSTN Lines? – Supplier, quantity (lines), contractual position.

No.

12c. Do you have SIP Channels? - Supplier, quantity (channels), contractual position.

Yes.

12d. Have you started/completed projects to prepare for the PSTN switch-off?

The ICB is fully migrated to SIP services.

12e. Which technology partner assisted in your PSTN switch-off readiness project?

Not applicable.

12f. Would you describe your organisation as entirely ready for the PSTN switch-off?

Yes.

12g. PBX (phone system) Make & Model (eg Avaya, Cisco, Mitel), contractual position

Mitel – virtual Mitel Call Director.

12h. Who maintains your PBX (phone system)

Nottinghamshire Health Informatics Service.

12i. How long has the relationship with the maintainer been in place?

Not applicable – NHS Nottingham and Nottinghamshire ICB receives its Information Technology and Communication services from Nottinghamshire Health Informatics Service (NHIS).

NHIS is an NHS Organisation providing all IT Support Services to NNICB (as well as a number of other NHS organisations within Nottinghamshire) via a block contract under a Partnership Agreement on a shared cost basis.

Microsoft Telephony

13a. Which Microsoft O365 do you use eg E3,E5?

NHS Nottingham and Nottinghamshire ICB makes use of the N365 national Microsoft agreement, using the bespoke E3R licence for all users, supplemented with Apps for Enterprise subscriptions where a user requires an installed (desktop) version of the Office suite.

13b. Do you use a shared O365 tenant?

Yes, the ICB make use of the national shared tenant (@nhs.net).

13c. Do you procure O365 licences through Microsoft Enterprise Agreement (EA) or Cloud Service Provider (CSP).

Microsoft Enterprise Agreement.

13d. Who resells your O365 licences.

The ICB obtain their O365 licences via a combined core Enterprise Agreement arranged and managed via Nottinghamshire Health Informatics Service.

13e. When is your licencing renewal date/anniversary for these services?

Y2 Anniversary - 31/12/23

EA Renewal date - 31/12/24

13f. Do you have Microsoft Calling Plans, if so how many licences (users)

No.

13g. Do you have other forms of Microsoft Telephony such as Direct routing/Operator connect? How many licences (users).

No

13h. Who supplies this service?

Not applicable.

13i.- When is your licencing renewal date/anniversary for these services?

Not applicable.

13j. Are you considering or interested in Microsoft Telephony (eg Calling Plans, Direct Routing, Operator connect)?

The organisation will be considering options as an NHS Nottingham and Nottinghamshire ICB telephony strategy develops.

Section 31(1)(a)

The information requested in questions 1a, 3g and 3i is exempt information under Section 31(1)(a) of the Freedom of Information Act 2000 for the following reasons:

Our organisation may be subject to cyber-attacks and, since it holds sensitive, personal and confidential information, maintaining the security of this information is extremely important. Cyber-attacks, which may amount to criminal offences for example under the Computer Misuse Act 1990 or the Data Protection Act 1998, are rated as a Tier 1 threat by the UK Government.

Section 31(1)(a) says that a public authority does not have to disclose information under section 1 Freedom of Information Act 2000 where doing so would or would be likely to prejudice the functions of law enforcement, in this case, the prevention or detection of crime.

In this context, providing the requested information would provide information about information security systems and its resilience to cyber-attacks. There is a very strong public interest in preventing our information systems from being subject to cyber-attacks. Providing the type of information requested would or would be likely to provide attackers with information relating to the state of our cyber security defences, and this is not in the public interest.

Prejudice Test

In engaging this exemption, it is necessary to consider the prejudice test as followed by the Information Commissioner's Office.

Applicable interests

In this case the request relates to details about the specific networking equipment the ICB has in its IT estate and plans to refresh the network in specific technology areas.

The ICB considers that the release of this information would or would be likely to put the ICB at risk of being targeted by cyber criminals as it would reveal the specific IT systems/software used and would or would be likely to allow cyber criminals to target the specific system vulnerabilities to gain unlawful access to information. This could compromise sensitive information held by the ICB and make it more vulnerable to crime.

Any disclosure made under the Freedom of Information Act, is deemed to be made to the public at large. There is a risk that this information could be used for criminal activity either on its own or together with other information in a mosaic effect which increases the risk of prejudice to the prevention of crime.

The nature of the prejudice

The prejudice that may result must be “real, actual or of substance” and there must be a causal link between the disclosure and the potential prejudice. The prejudice in this case is the ICB’s ability to prevent unlawful access, theft, vandalism to its systems and safeguard the data held in those systems.

As a public authority the ICB is a potential target for cyber criminals. Disclosing information about the specific systems, software or hardware used would or would be likely to provide cyber criminals with information needed to gain unlawful access to information held by the ICB, such as personal data held about patients as well as employees. Furthermore, the ICB also holds commercially sensitive information that, on balance, would or would be likely to cause prejudice to the ICB financially, contractually and reputationally if unlawfully accessed. The real and actual prejudice described would or would be likely to cause a detrimental effect to patients as well as to the business interests and reputation of the ICB.

The causal link between the disclosure under the Freedom of Information request to the prejudice that would or would likely be caused has been demonstrated above. To confirm, placing such information into the public domain weakens the security of the ICB’s systems and, therefore, its ability to sufficiently protect the data it holds.

The likelihood of prejudice

The ICB has demonstrated that there is a real and significant risk that the prejudice in relation to the unlawful access to systems would or would be likely to occur.

In undertaking the prejudice test, the ICB considers that the above prejudice and subsequent harm/damage would or would be likely to occur if the information were disclosed.

The Information Commissioners Office Prejudice Test guidance - https://ico.org.uk/media/for-organisations/documents/1214/the_prejudice_test.pdf states the following.

- *‘Would’ therefore means ‘more probable than not’; in other words, there is a more than 50% chance of the disclosure causing the prejudice, even though it is not absolutely certain that it would do so.*
- *‘would be likely’ means that there must be more than a hypothetical or remote possibility of prejudice occurring; there must be a real and significant risk of prejudice, even though the probability of prejudice occurring is less than 50%.*

In taking all of the above into account, the ICB concludes that the likelihood of prejudice would cause harm if the information requested in questions 1a, 3g and 3i were to be disclosed.

Public Interest Test

The Information Commissioners Office states:

- *Section 31 is a prejudice based exemption and is subject to the public interest test. This means that not only does the information have to prejudice one of the purposes listed, but, before the information can be withheld, the public interest in preventing that prejudice must outweigh the public interest in disclosure.*

A public interest test was undertaken on the 19 July in response to your request made under the Freedom of Information Act 2000.

Factors favouring disclosure

The ICB recognises that disclosure of the information sought in relation to specific networking equipment the ICB has in its IT estate and plans to refresh the network in specific technology areas would promote accountability and transparency about how the organisation and the NHS in general perform our functions.

Factors favouring non-disclosure

Conversely to the factors demonstrated above in favour of disclosing the information sought in relation to specific networking equipment the ICB has in its IT estate and plans to refresh the network in specific technology areas, there is an inherent public interest in protecting the ability of public authorities to enforce the law and therefore protect society from crime. There is public interest in complying with the ICB's legal obligations to keep personal data secure and to take appropriate measures which includes keeping areas confidential where necessary.

On balance of the factors considered above, along with relevant case law, we conclude that the ICB would be entitled to withhold information sought in relation to questions 1a, 3g and 3i and that this would not be superseded by public interest considerations.

If you are unhappy with the way in which your request has been handled, NHS Nottingham and Nottinghamshire Integrated Care Board (ICB) have an internal review procedure through which you can raise any concerns you might have. Further details of this procedure can be obtained by contacting Lucy Branson, Associate Director of Governance via lucy.branson@nhs.net or by writing to FOI Team at NHS Nottingham and Nottinghamshire ICB, Sir John Robinson House, Sir John Robinson Way, Arnold, Daybrook, Nottingham, NG5 6DA.

If you remain dissatisfied with the outcome of the internal review, you can apply to the Information Commissioner's Office (ICO), who will consider whether the organisation has complied with its obligations under the Act and can require the organisation to remedy any problems. Generally, the ICO cannot make a decision unless you have exhausted the complaints procedure provided by NHS Nottingham and Nottinghamshire ICB. You can find out more about how to do this, and about the Act in general, on the Information Commissioner's Office website at: <https://ico.org.uk/for-the-public/>

Complaints to the Information Commissioner's Office should be sent to:

FOI/EIR Complaints Resolution, Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. Telephone 0303 123 1113 or report a concern via <https://ico.org.uk/concerns/>

Yours sincerely

Freedom of Information (FOI) Officer on behalf of *NHS Nottingham and Nottinghamshire Integrated Care Board*

notts.foi@nhs.net

All information we have provided is subject to the provisions of the Re-use of Public Sector Information Regulations 2015. Accordingly, if the information has been made available for re-use under the [Open Government Licence \(OGL\)](#) a request to re-use is not required, but the license conditions must be met. You must not re-use any previously unreleased information without having the consent of NHS Nottingham and Nottinghamshire Integrated

Care Board. Should you wish to re-use previously unreleased information then you must make your request in writing (email will suffice) to the FOI Lead via notts.foi@nhs.net. All requests for re-use will be responded to within 20 working days of receipt.