Section	Query	Business Support Response
Overall	Appendices – please can you review the report and update the referencing for the appendices and as this appears to be mixed up within the report. i.e. refers to an appendix but this not included.	Updated
Para 2.4	Has the IT strategy been approved by the Trust Board? If so please state this	Trust to confirm **The IM&T strategy has been fully discussed and debated at the Trust's Resource and Performance Committee where final minor amendments were required. Due diligence is being conducted on the Trust and LHE digital roadmap to ensure consistency and therefore it is in its final drafting stage before board approval.**
Para 2.4	Second bullet sentence incomplete as states the Trust will work with….. Please update	Now states the following "The NHS Trust states its intention to continue to work with Local Authority and Social Care Colleagues to improve this area of their services" Phil – please note the sentence above has a typo "this *are* of their" should be "this *area* of their"
Para 2.5	Second bullet when is the Graphnet at end of lifecycle? Please expand in the report to support why the system needs to be replaced	Graphnet have given the Trust notice that the current system Gateway 1 will become unsupported. Trust to confirm the date the products becomes unsupported **31st March 2016**
Para 2.5	Third bullet refers to SATH – not for inclusion in this report but do we know the status of their EPR scheme?	SaTH have confirmed they have no plans to move from SEMA Helix in the medium term. **We are not aware of what SATHs plans are in this regard. We asked them informally a few months ago and they did not indicate they had any firm plans to implement an EPR in the near future.**
Para 2.5	Third bullet – is the SEMA helix at its end of life? Please expand in the report to support why the system needs to be replaced	Trust to confirm **Sema HELIX is a legacy PAS product used within the community hospitals. The Trust wants to fully integrate the patient pathway between our Hospital based services and our Community Based services. The SEMA helix system cannot do this. The EPR will also allow us to deploy Electronic Prescribing and integration with GPs and other partners as well as providing a true digital patient**

Section	Query	Business Support Response
		record, rather than simple PAS functionality. This is clearly one of the goals of the national IM&T agenda around enabling patient access to digital records.
Para 2.8	Refers to the gap between OBC and FBC. Has the OBC been approved? If so by who and when? i.e. SHA? If not please explain. Add the dates to the key milestones timetable	Trust to confirm approval process for OBC. Was this shared with SHA at the time? Trust re-reviewed a number of assumptions in the OBC at 26th October Resource and Finance Committee. **OBC was not shared with SHA; timeline already included in previous narratives and this could be included as an appendix? It was the TDA CIG Responses 28 Sept 2015 document.**
	Economic case In evaluating the options, this seems to be based on a qualitative assessment rather than a cost/benefit assessment	Yes, OJEAU process undertaken focused on qualitative benefits over quantitative (60:40) **We don't agree with the firm 'yes' response here – we believe that we have looked at cost/benefit with regard to the relative functionality of the options, and this is clearly demonstrated in the award criteria and the associated weighting factors which were applied to the various elements. Could this be reflected in the response?**
Para 2.8/ 3.25	The reports refer to the FBC and OBC approvals and the time between these. Have the values and the assumptions the Trust has used in the FBC been updated since that time? Has the Trust refreshed the assumptions at OBC stage for FBC? The Trust needs to update these for FBC stage given the length of time. Are the tender values still valid? Are we assured that the calculations	FBC - Values and assumptions based on the costing provided by the supplier as part of the bidders final OJEAU submission on the 29th June 2015 Offer will remain valid until the 24th December, when the bidders have the legal right to revise their prices. TDA to confirm with Taunton

Section	Query	Business Support Response
	in the economic and financial case are still valid? Given the future IT arrangements were unknown is it still appropriate for the Trust to pursue option 5 outside the national framework rather than the others? The Trust need to demonstrate this and revisit as required as this shortlisting was done in 2012. Could the other systems and options still meet the Trust requirements?	
Para 3.4	Refers to Commissioners – what is the level of engagement the Trust has had? Will other Trusts sign up to these systems also to ensure economy wide integration? See comment above re OBC to FBC approval Are all stakeholders on board with this, and how will the IT links with other systems/providers work?	Letters of support from commissioners to EPR. Project Board with a number of stakeholders in place. Trust to confirm **The other Trusts are at different points on their digital journey – no local acute provider has implemented an EPR at this point in time. Our partner specialist Mental Health services provider has deployed RiO. The majority of the GPs use EMIS Web, both local authorities utilise different products. However they are all supportive of our intentions.** **One of the prime requirements within the product specification is the ability for message exchange; the preferred supplier has significant experience of already managing this process across the UK. We are not seeking integration at the first stage as we have no control over the products that our partners may choose to implement; our focus is the ability to exchange messages using agreed commercial, national and international standards (HL7 ; MIG, etc..).** **As the LHE progresses along its digital journey then the ability to provide true integration will undoubtedly occur for some areas of the patient pathway.**

Section	Query	Business Support Response
Para 3.7	States scheme will be affordable only through additional CIPs – is the TDA assured this will be achievable?	Trust have a good history of achieving planned CIP levels, having achieved plan in 13/14 (3.3%) and 14/15 (4.6%) however it has been heavily dependent on no-recurrent mitigations. (over 40% achievement non-recurrent in both years). The point to stress here is that the *do nothing option* will increase the Trust's costs beyond that which have been recommended with our preferred option. This will be much worse value for money as we don't have the interoperability the preferred option delivers.
Para 3.7	The Trust is stating only CRB of £276k but yet states further savings will be identified but these have not quantified in the FBC. Given the Trust has selected the preferred option of the basis of the qualitative benefits rather than bottom line I&E we would expect the Trust to have developed a more robust savings plans in order to identify these savings and plans to ensure these are delivered. Particularly as the Trust are not just seeking a like for like replacement but consolidating 3 systems into 1. Otherwise the preferred option will have an adverse I&E impact upon the Trust over the course of the 5 years and there are no plans in place to mitigate these. By stating additional CIPs will be identified there needs to	Appendix 2 provides additional cash releasing benefits which the Trust hopes to achieve via the project. However these have not been considered as part of the case as they are indicative at present and are being refined. Ben follow up with Taunton

<table>
<tr><th>Section</th><th>Query</th><th>Business Support Response</th></tr>
<tr><td></td><td>be more in this area.

How does the TDA have sufficient assurance on the deliverability, realism, best case/worse case, what happens if the Trust fails to deliver the CRB?</td><td></td></tr>
<tr><td>Para 3.8</td><td>What is the Trust current cash balance that is sought to be maintained?</td><td>Trust to confirm

Please see table 1B below
Table 1B - Impact on Cash Flow
<table>
<tr><th>Heading</th><th>2015-16
£'000</th><th>2016-17
£'000</th><th>2017-18
£'000</th><th>2018-19
£'000</th><th>2019-20
£'000</th><th>2020-21
£'000</th><th>2021-22
£'000</th><th>Total
£'000</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Capital costs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Revenue costs</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>PDC dividend</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Net impact on cash flow</td><td>(813)</td><td>(1,517)</td><td>(259)</td><td>(250)</td><td>(242)</td><td>(98)</td><td>(1)</td><td>(3,180)</td></tr>
</table>
<table>
<tr><th>Heading</th><th>31 Mar 15
£'000</th><th>31 Mar 16
£'000</th><th>31 Mar 17
£'000</th><th>31 Mar 18
£'000</th><th>31 Mar 19
£'000</th><th>31 Mar 20
£'000</th></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cash balance without EPR</td><td>5,805</td><td>6,149</td><td>7,606</td><td>8,522</td><td>9,714</td><td>10,821</td></tr>
<tr><td>Cumulative EPR impact on cash flow</td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td>Cash balance after EPR</td><td>5,805</td><td>5,336</td><td>5,276</td><td>5,933</td><td>6,875</td><td>7,740</td></tr>
</table></td></tr>
<tr><td>Para 3.8</td><td>Are there any risks to the Trust achieving planned CIP performance? Please expand in the report (Summary of TDA review section)</td><td>Trust to confirm

Although there will be inherent risk to the CIP programme over the five year period, the affordability of EPR is not dependent on future CIP's (the affordability case for EPR is on the premise that 'do nothing' option is more costly than implementing EPR). However, EPR implementation will be a significant lever for delivering future efficiencies which will not be possible with the legacy systems.</td></tr>
</table>

Section	Query	Business Support Response
Para 3.14	Refers to appendix 1 but is no appendix 1. Please update	Updated – Appendix 3
Table 2	Long list of options All Trust options are to replace the 3 existing systems (1 of which is at end of life) but through varying routes. Has the Trust considered through its options appraisal the replacement of only some of these options? i.e. a phased approach rather than all 3?	Assume not however, 2/3 for the existing systems become unsupported or the contract expires – Trust to confirm thought process included this consideration, and justification for not pursuing this route. **This statement is not wholly accurate – both iPM and GraphNet are at their end of life; one as it becomes unsupported and one as the contract conludes in July. iPM is also not fit for purpose in Community settings so there is little point in delaying the procurement.** **So the only rational choices are replace two (Graphnet and iPM) in one procurement; then go through the process again for the Sema HELIX service users. The results of which are two distinct and disconnected clinical systems within one Trust, with the ensuing complexities that it would introduce for both patient pathways and the clinical teams.** **Or replace all three systems within one procurement process and ensure the phasing is managed within the implementation cycle, with the Sema HELIX service users being the final tranche to implement the EPR.**
Para 3.25	Refers to the long list to short list appraisal being undertaken by the Trust in 2012. Given the length of time since is this still appropriate? The Trust should update this appraisal to consider that these options are still the most appropriate and applicable to the Trust	TDA asked the NHS Trust to review whether the assumptions made from long list to short list are still appropriate. The NHS Trusts resource & performance confirmed the non-framework procurement was the most appropriate route for the Trust. (Minutes attached 26th October.)
Para 3.26	Refers to appendix 6 but there is no appendix 6. Please update	Appendix Updated
Table 3	How did the Trust assess the options against the CSFs? This should be explained in the report	Trust to confirm **The award criteria and scoring methodology was set at the outset of the procurement process and this was used as the assessment tool. This is evidenced in Appendix 6. A core group of stakeholders**

Section	Query	Business Support Response
		and key staff applied the methodology at the appropriate point in the procurement process.
Table 4	Option 1 Expand to state why the Soundex search functionality is required	Trust to confirm **The actual requirement as identified by the clinical service users was:** **"The user must be able to search and retrieve patient records within the system by searching phonetically on names, e.g. 'Soundex'"This is fairly standard functionality.**
Table 5	As the Trust preferred option has been chosen on the basis of the qualitative options rather than the financial a costs benefit analysis and cost per benefit point should be undertaken to support this. Please include in the report	Cost per benefit added, however RiO still scores second overall behind EMIIS – BP to confirm this what Taunton want
Table 7	Please can the workings behind the NPV be provided? Has the NPV calculations been updated for FBC stage or still based upon OBC assumptions?	Attached, based on the FBC assumptions
Para 3.40	Refers to the risks of the project and all are the same. Is the TDA assured that this is realistic?	Trust to confirm risks are the same for each option? **Cannot find reference to risks in this (para 3.40); however the Trust can confirm that the risks are generally the same for all 3 options.**
Economic Case	Has the Trust undertaken any sensitivity analysis? At what point would the Trust review and amend its decision?	No, TDA follow up with Taunton
Financial Case	As the Trust has chosen an option based upon the qualitative benefits rather than the financial cost/ savings	Trust to confirm **As the other 2 options did not fulfil the product specification they would have both required**

Section	Query	Business Support Response
	of the scheme the Trust need to demonstrate the I&E impact of the other options on the Trust financial position. Is the TDA assured that there is not a significant difference between the option the Trust has selected?	**additional 3rd party elements to be included within the offering in order to meet the requirements. As the Trust had no way of assessing the costs of the 3rd party applications / support it was deemed inappropriate to complete an I&E analysis which would have been primarily based on a series of unsupported financial values. This would also require a separate process of identifying and selecting compatible suppliers that would deliver the additional requirements.** **As the potential suppliers would not be aware of this process if this had impacted upon the award decision it could have been subject to legal challenge, given that we had already stipulated the award criteria (and the constituent elements and weightings) as part of the OJEU process.**
Financial Case	The tables for the financial case have been appraised over a 6 year period rather than 5 years as stated in the report – is this due to the part years in 15/16 and 20/21? Please confirm	Yes, the contract is for 5 years, however will not be implemented till the end of 15/16 so subsequently covers partly both 15/16 and 20/21
Table 16	Impact on balance sheet The table only includes the gross accumulated cost, and dep'n. What about impairment impact?	Not currently considered within the case, Trust to confirm Depn policy for assets None of the legacy systems has a value on our balance sheet – the iPM product from CSC and GraphNet system are both at the end of their lifecycle whilst the SEMA Helix product is a brought in service from the local acute trust, Shrewsbury and Telford Hospitals. Therefore the impairment impact is nil.
Para 3.61	Unclear what is meant here. Please review and amend the wording	Removed statement.
Para 3.76	What are the Trust risk management plans? Does the Trust have a risk register?	Trust to confirm **Yes the Trust has a risk register. The project risk register is included as part of the FBC (Appendix 3 page 40)**
Para 3.78	Sentence incomplete. Please review and amend	TDA check with Taunton whats wrong with this?