

- Critical Success Factors of the project (please find below example of CSF provided for a previous EPR case) –
  - Strategic Fit to Trusts Objectives

“We will work closely with our health and social care partners to give patients more control over their own care and make necessary treatments more readily available. We will support people with multiple health conditions, not just single diseases, and deliver care as locally and conveniently as possible for our patients. We will develop our current and future workforce and introduce innovative ways to use technology.”

This overarching vision will be delivered through four strategic goals agreed by the Trust Board, these are:

- To deliver high quality care
- To support people to live independently at home
- To deliver integrated care
- To develop sustainable community services

For 2015/16 the Trust has identified 12 key priorities to deliver, these are set out below.

1. Developing systems and culture of continuous improvement
2. Strengthening teams with greater autonomy
3. Delivering against performance targets
4. Defining and delivering productivity improvements
5. Defining and strengthening the role of the Trust in urgent care
6. Developing the model of care for community teams
7. Strengthening the role of community hospitals
8. Achieving integration across: health/social care /acute / primary
9. Implementing key elements of IM&T strategy
10. Defining and implementing the future estates strategy
11. Growing defined service areas
12. Securing a sustainable organisation

The implementation of the RiO EPR will enhance the Trusts ability to deliver on a number of these key priorities; and which will in turn impact upon each of our strategic goals.

As a single simple example the provision of a single electronic clinical record for a patient, which is available to all of our services providing care to that individual at the point of care, will enable the clinicians to interact more effectively, and more efficiently; providing better, safer care to the patient.

This type of service provision is at the heart of our IM&T strategy. The RiO product will allow the trust to begin the journey to a fully mobile clinical workforce within the community service areas, which has the potential to radically change how we provide services to our patients.

## Strategic Fit and alignment to Trusts IT Strategy

Our IM&T Strategy is based around providing the right information to the right person when they need it. This is the also the cornerstone of local community wide working, and national strategies. We do not need, nor are we seeking to implement a single LHE wide product; our objective is to ensure that the product we implement has the capability to message and interwork with other systems, both current and future.

Our implementation of RiO will not only deliver our local objectives, but it will also enable the Trust to meet the national agendas around paper light and patient access.

The following are the key points we have considered from our IM&T Strategy in our planned implementation programme:

- The urgent need to replace the iPM PAS system. In line with the national exit strategy this system will be withdrawn from use from within the current supplier's services in July 2016
- The strategic requirement to integrate / interwork with other partners in the local health economy
- The Trusts IM&T strategy identifies the need to transform the way our staff work; by providing a system that fully supports mobile disconnected working
- The proposed implementation programme fits our strategic goal to plot a clearer, phased and quicker pathway for delivering the Trust's ambition of a single service user index and electronic records system.
- The implementation will allow for the provision of a single, secure collection point and repository for clinical information regarding service users, which is available across the disparate services and geography meets our needs, and provides a foundation for the Trusts contribution to an LHE care record.
- The RiO deployment forms the basis for more consistent multi-agency and collaborative working to support service users who utilise complex pathways.
- RiO will provide more reliable and up to date clinical performance information
- The RiO implementation will clear migration pathways for all legacy systems – including those presently in use in specialist service areas e.g. Child and Adolescent Mental Health Services (CAMHS)

### ○ Supportive of the national strategic objectives

Following the cessation of the NPfIT programme both National and Trust Strategies require an exit plan from the legacy CfH products before the contract end in July 2016. The proposed RiO EPR delivers the national requirement by replacing the existing product within the required exit timeframe.

The procurement and implementation of RiO will enable the Trust to align with national Information Management & Technology (IM&T) strategies, particularly with regard to moving the Trust to become a “paper-light” organisation, it will also form the basis for providing patients with electronic access to their records.

The RiO product provides a technical solution that can integrate/interwork with other clinical systems both within the Trust and across the Local Health economy (other Trusts, GP Practices, Social Care etc..) which will allow the Trust to actively participate in the creation and utilisation of the LHE digital roadmap to improve both the clinical delivery and efficiency of patient care.

○ Value for Money

There is clearly an attainment of value for money when comparing the preferred solution – RiO to the “Do Nothing” option.

○ Achievability

The Trust has the capability, capacity and resource to implement the RiO solution within the planned timeframe. Although the period for the implementation of the RiO product to replace the legacy LSP iPM product is constrained by the national timeframe; it is still achievable within our planned deployment resources, both financial and manpower.

● Is RiO being procured from a Framework? If so, which framework?

No – it is being procured through the OJEU Competitive Dialogue process.

● Still outstanding an updated LTFM which reflects the financial improvement position (Stretch Target)

Updated LTFM to follow

● NPV for the 3 options reviewed as part of the Tender appraisal (you have previously stated the OJEU information does not lend itself, however our corporate will not approve the case without this information)

**Net Present Value Summary**

<b>Heading</b>	<b>Servelec £'000</b>	<b>EMIS £'000</b>	<b>Advance £'000</b>
Capital	1,400	991	887
Revenue	1,066	688	988
<i>Total Cost</i>	2,466	1,679	1,875
Discount Factor	0.95	0.96	0.96
<b>Net Present Cost</b>	<b>2,352</b>	<b>1,611</b>	<b>1,797</b>

**Discount Rate**

**3.50%**

This information is provided only for your requirements; it did not form part of our options appraisal. Selection of the preferred supplier was based on the

OJEU procurement process which assesses both financial and quality aspect of the bids.

- NPV does this include the non-cash releasing benefits highlighted in the additional information provided?

No – the non-cash releasing benefits did not form part of the financial assessment

- Impact on cash flow – Cash releasing benefits to be included

Impact on cash flow of cash releasing benefits is included in the FBC

- The RiO product procured, is there any additional capabilities procured above the standard product?

The RiO product has pre-configured functionality e.g. ward maps, clinic management; however the clinical forms are business process driven and as such require bespoke tailoring to fit with the clinical pathways and procedures.

In other words the ability to build ward maps for bed management is included within the product functionality; but as each ward location is unique the maps have to be constructed individually for each site.

The contract also includes provision for the supply of an electronic prescribing module.

- Please can you confirm contracted value?

£1672600 as per FBC Appendix 11 Award Notice – this is the 3 year supplier cost; when extended to the full potential 5 year life then the cost is £2466000.

- For the 3 options evaluated as part of the procurement, please can you provide a brief paragraph covering the pros and cons of each product.

There are several hundred clinical and corporate product criteria that were evaluated; these are detailed in the FBC – Appendix 11- Award Notice; these criteria cover both mandatory and discretionary areas of functionality.

The selection was the result of the culmination of several months and hundreds of hours of product demonstrations, analysis, site visits, dialogue, clinical evaluation, culminating in the ITT submissions from suppliers, which were then scrutinised by an evaluation panel. It has to be emphasised that the products were all subject to the same process, and that the selection process was focused primarily on the delivery of the clinical functionality.

There were some clear ground rules; if the functionality was not demonstrable at the actual point in time it would be deemed as unavailable; therefore the process excluded “work in progress”. The reference sites were visited on an “unescorted” basis; and were focused on clinician to clinician dialogue.

The main areas of mandatory functionality where there was a clear difference in the respective supplier products is around:-

- Bed Management and associated basic patient management functions
- Caseload management, including discharges
- Clinical records management; including coding, tracking and searching
- Minor Injuries functionality both clinical and reporting
- Mobile working
- Waiting list management

The Advanced Health & Care product failed to sufficient assurance that it could provide the required functionality in most of these areas. Although its mobile solution was relatively well developed the other areas were so underdeveloped at the time of the evaluation that they out weight the benefits of the mobile working element.

For instance the product did not have the ability to graphically represent beds / wards and could not manage barcoding of patient wristbands. It could not manage bulk transfer of clinics and it does not have Soundex search functionality.

Overall the product scored 13.4 out of a possible 20 for mandatory items, 9.0 out of 15 for the discretionary elements, and 20 out of 25 for Delivery, Implementation, Training and Support.

The EMIS Web product generally performed well in the areas where traditional GP functionality is required; it managed 1:1 consultation processes well. But did not demonstrate the required functionality that is required when managing multiple client clinics; no ability to bulk discharge, bed management functionality is lacking; it does not manage patient wristband printing or bar code reading natively.

The lack of conformity around both ICD and OPCS coding raised questions about how it could be used in the areas where we operate in-patient and day case activity. There were also questions about the products ability to allow the Trust to effectively manage waiting lists.

The systems functionality around MIU management was clearly lacking, and EMIS confirmed that the product was not designed to operate as an A&E system, with no ability to record TTO, triage, A&E datasets, or send alerts to Child Health where required. Some questions around what was actually

included in the product delivery only became clear after several attempts to clarify the pricing and product model.

Overall EMIS Web scored 13.87 out of 20 for mandatory items, 9.36 out of 15 for the discretionary elements, and 19.17 out of 25 for Delivery, Implementation, Training and Support.

The Rio product was the strongest product overall for our Trust, with its mix of traditional community services and four community hospitals, although like the others there are areas which could be improved. The RiO product does provide the required functionality to manage the caseload of both the community and hospital based services; including ward maps, bar coding, patient/clinic management, waiting list management and clinical coding.

In all the products mobile working is an area that requires development, although this is probably to be expected given the rapidly evolving device market in this area.

We were clear in our evaluation that we would prefer a device agnostic mobile working solution as we do not want to be tied to any particular manufacturer of mobile devices.

Overall RiO scored 18.67 out of 20 for mandatory items, 12.57 out of 15 for the discretionary elements, and 25 out of 25 for Delivery, Implementation, Training and Support.

- No contingency has been provided for, please can you provide reasoning for this?

The product selection process has already been carried out; therefore any local variations that have been requested as part of the product selection process are already included within the offer. All of the agreed “in-scope” functionality is defined as part of the product offering. Further changes to the scope of the RiO functionality are not within the planned programme.

Any requests for changes would have to be fully funded by the services that are requesting them; and given the completeness of the evaluation and selection process any changes are likely to be very minor in nature.

The procurement process clarified the suppliers’ operational deployment of enhancements and product upgrades and these are generally included within the fixed cost offer for the contract term.

Given the completeness of the offer we do not believe that a contingency is appropriate for the RiO implementation. The risk of not exiting the LSP contract in time, and the financial consequences, is mitigated by the planned implementation programme.

Please could you also provide a breakdown of the finance cost, a reconciliation between the whole life cost reconciliation and finance cost has been provided in the FBC -

**Impact on Income & Expenditure Account**

Heading	2015-16 £'000	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	Total £'000
<b>Revenue cost</b>								
Pay costs	276	303	50	51	53	20		753
Supplier costs	99	238	239	239	239	99		1,153
Other non-pay costs	13	13						26
Depreciation	14	195	280	280	280	280	71	1,400
PDC dividend	7	28	37	27	17	7	1	124
Cash releasing benefits		(47)	(67)	(67)	(67)	(28)		(276)
<b>Net Impact on I&amp;E position</b>	<b>409</b>	<b>730</b>	<b>539</b>	<b>530</b>	<b>522</b>	<b>378</b>	<b>72</b>	<b>3,180</b>