

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
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 are of their services”
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
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.
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
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 26 th October Resource and Finance Committee.
	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)
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	FBC - Values and assumptions based on the costing provided by the supplier as part of the bidders final OJEAU submission on the 29 th June 2015 Offer will remain valid until the 24th

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	<p>given the length of time. Are the tender values still valid?</p> <p>Are we assured that the calculations 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?</p>	<p>December, when the bidders have the legal right to revise their prices.</p> <p>TDA to confirm with Taunton</p>
Para 3.4	<p>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</p> <p>Are all stakeholders on board with this, and how will the IT links with other systems/providers work?</p>	<p>Letters of support from commissioners to EPR. Project Board with a number of stakeholders in place.</p> <p>Trust to confirm</p>
Para 3.7	<p>States scheme will be affordable only through additional CIPs – is the TDA assured this will be achievable?</p>	<p>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).</p>
Para 3.7	<p>The Trust is stating only CRB of £276k but yet states further savings will be identified but these have not quantified in the FBC.</p> <p>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.</p> <p>Otherwise the preferred option will have an adverse I&E impact upon</p>	<p>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.</p> <p>Ben follow up with Taunton</p>

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	<p>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 be more in this area.</p> <p>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?</p>	
Para 3.8	What is the Trust current cash balance that is sought to be maintained?	Trust to confirm
Para 3.8	Are there any risks to the Trust achieving planned CIP performance? Please expand in the report (Summary of TDA review section)	Trust to confirm
Para 3.14	Refers to appendix 1 but is no appendix 1. Please update	Updated – Appendix 3
Table 2	<p>Long list of options</p> <p>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?</p>	<p>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.</p>
Para 3.25	<p>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</p>	<p>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.)</p>
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
Table 4	<p>Option 1</p> <p>Expand to state why the Soundex search functionality is required</p>	Trust to confirm
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	<p>Cost per benefit added, however RiO still scores second overall behind EMIIS – BP to</p>

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	cost per benefit point should be undertaken to support this. Please include in the report	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?
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 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?	Trust to confirm
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
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
Para 3.78	Sentence incomplete. Please review and amend	TDA check with Taunton whats wrong with this?

