

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	<p>The IM&amp;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. Could you confirm the date this expected to go to Trust Board?</p> <p><b>The IM&amp;T Strategy will go to the Resource and Performance Committee on the 22<sup>nd</sup> February; and subsequent next Trust Board meeting on the 31<sup>st</sup> March.</b></p>
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”
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. The Trust have confirmed the date the product becomes unsupported is 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.
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	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 record, rather than simple PAS functionality. This

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		is clearly one of the goals of the national IM&T agenda around enabling patient access to digital records.
Para 2.8	<p>Refers to the gap between OBC and FBC.</p> <p>Has the OBC been approved? If so by who and when? i.e. SHA? If not please explain.</p> <p>Add the dates to the key milestones timetable</p>	<p>Trust re-reviewed a number of assumptions in the OBC at 26<sup>th</sup> October Resource and Finance Committee.</p> <p>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.</p> <p>Apologies if we are missing this, but could you confirm the date the OBC was originally approved by Trust Board?</p> <p>As previously documented and discussed the OBC was not originally submitted to the Trust Board; retrospective agreement to the governance process; including the options appraisal was gained at the R&amp;P Committee on the 26<sup>th</sup> October 2015; copies of the minutes of this meeting have been supplied to the TDA previously.</p>
	<p><b>Economic case</b></p> <p>In evaluating the options, this seems to be based on a qualitative assessment rather than a cost/benefit assessment</p>	The Trust believe they 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.
Para 2.8/ 3.25	<p>The reports refer to the FBC and OBC approvals and the time between these.</p> <p>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</p>	<p>FBC - Values and assumptions based on the costing provided by the supplier as part of the bidders final OJEAU submission on the 29<sup>th</sup> June 2015</p> <p>Offer will remain valid until the 24th December, when the bidders have the legal right to revise their prices.</p> <p>As part of the approval process we asked the Trust to review the original OBC assumptions which was done at the 26<sup>th</sup> October Resource and Finance Committee.</p>

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	<p>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>	
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. Trust to ensure Commissioners are kept up to date on progress.</p> <p>Project Board with a number of stakeholders in place.</p> <p>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.</p> <p>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.</p>

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Para 3.7	States scheme will be affordable only through additional CIPs – is the TDA assured this will be achievable?	<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> <p>The point to stress here is that the <i>do nothing option</i> 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.</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&amp;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&amp;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 be more in this area.</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>As the RiO case will have the most detrimental impact on the Trusts I&amp;E position of the three shortlisted options (excluding do nothing as this was not shortlisted as an option) our corporate team need to be assured how you plan to mitigate against this and have stated they cannot approve this case until they are adequately assured, for this be achieved the Trust will need to provide the following –</p> <ul style="list-style-type: none"> <li>• Robust Cash Releasing Benefits (CRB) for the EPR scheme, and would expect RiO to provide more CRB due the additional functionality it is providing</li> <li>• Clear plans for how you expect to achieve these benefits and how you would mitigate against this if they are not achieved</li> </ul> <p>The Trust has a clear plan to derive the productivity benefits from the investment in the preferred option, in order that it more than pays for itself over a five year period.</p> <p>As the productivity gains are the most material and are reflected in implementing the new ways of working for the workforce, the Executive lead for this is the Director of Operations, closely supported by the Director of Finance who will be setting out the programme of benefits required within the Finance Strategy for 16/17 to 20/21.</p> <p>The governance to support this will be through the Board, it's RPC and its subcommittee of the CIP Delivery group. This group is chaired by the Director of Finance and attended by the Director of Operations.</p>

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	<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>	<p><b>Downside for delivery of efficiencies will be accommodated (particularly in year 1) and contingencies will be held and/or mitigating alternate CIP schemes developed.</b></p> <p><b>I&amp;E Impact - Summary (Minimum Benefits)</b></p> <table border="1" data-bbox="826 381 2074 643"> <thead> <tr> <th data-bbox="826 381 1476 467">Heading</th> <th data-bbox="1476 381 1626 467">Legacy £'000</th> <th data-bbox="1626 381 1749 467">Rio £' 000</th> <th data-bbox="1749 381 1921 467">Advance £'000</th> <th data-bbox="1921 381 2074 467">EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td data-bbox="826 467 1476 512">Revenue costs</td> <td data-bbox="1476 467 1626 512">3,249</td> <td data-bbox="1626 467 1749 512">3,180</td> <td data-bbox="1749 467 1921 512">2,461</td> <td data-bbox="1921 467 2074 512">2,271</td> </tr> <tr> <td data-bbox="826 512 1476 557">Cash releasing benefits</td> <td data-bbox="1476 512 1626 557"></td> <td data-bbox="1626 512 1749 557">(3,158)</td> <td data-bbox="1749 512 1921 557">(567)</td> <td data-bbox="1921 512 2074 557">(567)</td> </tr> <tr> <td data-bbox="826 557 1476 601"></td> <td data-bbox="1476 557 1626 601"></td> <td data-bbox="1626 557 1749 601"></td> <td data-bbox="1749 557 1921 601"></td> <td data-bbox="1921 557 2074 601"></td> </tr> <tr> <td data-bbox="826 601 1476 643"><b>TOTAL I&amp;E IMPACT</b></td> <td data-bbox="1476 601 1626 643"><b>3,249</b></td> <td data-bbox="1626 601 1749 643"><b>22</b></td> <td data-bbox="1749 601 1921 643"><b>1,894</b></td> <td data-bbox="1921 601 2074 643"><b>1,704</b></td> </tr> </tbody> </table> <p><b>I&amp;E Impact - Summary (Maximum Benefits)</b></p> <table border="1" data-bbox="826 721 2074 983"> <thead> <tr> <th data-bbox="826 721 1476 807">Heading</th> <th data-bbox="1476 721 1626 807">Legacy £'000</th> <th data-bbox="1626 721 1749 807">Rio £' 000</th> <th data-bbox="1749 721 1921 807">Advance £'000</th> <th data-bbox="1921 721 2074 807">EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td data-bbox="826 807 1476 852">Revenue costs</td> <td data-bbox="1476 807 1626 852">3,249</td> <td data-bbox="1626 807 1749 852">3,180</td> <td data-bbox="1749 807 1921 852">2,461</td> <td data-bbox="1921 807 2074 852">2,271</td> </tr> <tr> <td data-bbox="826 852 1476 896">Cash releasing benefits</td> <td data-bbox="1476 852 1626 896"></td> <td data-bbox="1626 852 1749 896">(5,802)</td> <td data-bbox="1749 852 1921 896">(877)</td> <td data-bbox="1921 852 2074 896">(877)</td> </tr> <tr> <td data-bbox="826 896 1476 941"></td> <td data-bbox="1476 896 1626 941"></td> <td data-bbox="1626 896 1749 941"></td> <td data-bbox="1749 896 1921 941"></td> <td data-bbox="1921 896 2074 941"></td> </tr> <tr> <td data-bbox="826 941 1476 983"><b>TOTAL I&amp;E IMPACT</b></td> <td data-bbox="1476 941 1626 983"><b>3,249</b></td> <td data-bbox="1626 941 1749 983"><b>(2,622)</b></td> <td data-bbox="1749 941 1921 983"><b>1,584</b></td> <td data-bbox="1921 941 2074 983"><b>1,394</b></td> </tr> </tbody> </table>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Revenue costs	3,249	3,180	2,461	2,271	Cash releasing benefits		(3,158)	(567)	(567)						<b>TOTAL I&amp;E IMPACT</b>	<b>3,249</b>	<b>22</b>	<b>1,894</b>	<b>1,704</b>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Revenue costs	3,249	3,180	2,461	2,271	Cash releasing benefits		(5,802)	(877)	(877)						<b>TOTAL I&amp;E IMPACT</b>	<b>3,249</b>	<b>(2,622)</b>	<b>1,584</b>	<b>1,394</b>
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Para 3.8	<p>What is the Trust current cash balance that is sought to be maintained?</p>	<p><b>Please see table 1B below</b></p>																																																		

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Para 3.8	Are there any risks to the Trust achieving planned CIP performance? Please expand in the report (Summary of TDA review section)	<p>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.</p> <p>We accept this point however whichever option chosen would have a detrimental impact on the Trusts finance and would need to be mitigated against. We've assumed this will be mitigated by increased CIP performance and subsequently we need assurance how the Trust will manage this risk. (As per 3.7 above).</p> <p><b>I&amp;E Impact - Summary (Minimum Benefits)</b></p> <table border="1"> <thead> <tr> <th>Heading</th> <th>Legacy £'000</th> <th>Rio £'000</th> <th>£' Advance £'000</th> <th>EMIS £'000</th> </tr> </thead> <tbody> <tr> <td>Revenue costs</td> <td>3,249</td> <td>3,180</td> <td>2,461</td> <td>2,271</td> </tr> <tr> <td>Cash releasing benefits</td> <td></td> <td>(3,158)</td> <td>(567)</td> <td>(567)</td> </tr> <tr> <td><b>TOTAL I&amp;E IMPACT</b></td> <td><b>3,249</b></td> <td><b>22</b></td> <td><b>1,894</b></td> <td><b>1,704</b></td> </tr> </tbody> </table>	Heading	Legacy £'000	Rio £'000	£' Advance £'000	EMIS £'000	Revenue costs	3,249	3,180	2,461	2,271	Cash releasing benefits		(3,158)	(567)	(567)	<b>TOTAL I&amp;E IMPACT</b>	<b>3,249</b>	<b>22</b>	<b>1,894</b>	<b>1,704</b>																																																					
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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>2/3 for the existing systems become unsupported or the contract expires –</p> <p>Both iPM and GraphNet are at their end of life; one as it becomes unsupported and one as the contract concludes in July. iPM is also not fit for purpose in Community settings so there is little point in delaying the procurement.</p> <p>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.</p> <p>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.</p>																				
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	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 26 <sup>th</sup> October.)																				

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	consider that these options are still the most appropriate and applicable to the Trust	
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	The award criteria and scoring methodology was set at the outset of the procurement process and this was used as the assessment tool. A core group of stakeholders 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	<p>The actual requirement as identified by the clinical service users was:</p> <p>"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.</p> <p>Accept this however could the Trust outline the clinical benefit of this functionality?</p> <p>It is a quick and simple way of clinicians searching 000s of patient records where the spelling and phonetics of patients names are different; which in turn generates some efficiencies in time for both clinical and non clinical staff; it's also considered a relatively standard feature within relational database functionality.</p>
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	<p>Cost per benefit added, however RiO still scores second overall behind EMIS (50:50 basis), NPV to be updated for RiO, Trust to quantify the additional savings the additional functionality offers and include as part of the NPV calc. It is currently unclear what financial benefit the Trust will gain from the additional functionality from RiO (additional Cash Releasing Benefits.)</p> <p>Please refer to attached financial analysis which details the respective costs and benefits of the four cases – Do Nothing; Advanced; EMIS and RiO. Obviously the Do Nothing option has no benefits; as it will simply increase costs and not allow the Trust to implement the type of transformation process that needs to be undertaken to meet national objectives (Paperless Working); or Trust objectives around Mobile Disconnected working and digital records.</p> <p>It should be clear from the benefits analysis, and the associated working paper that the greatest benefits</p>



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		<p>are derived from the implementation of full mobile disconnected working across our community services. The product evaluation process recognised that this scale of benefits can only be fully realised by the deployment of the functionality that is included within the RiO product.</p> <p>These benefits reflect the transformation of community services that are envisaged throughout all of the Trust strategies (Workforce, Clinical, IM&amp;T, Financial etc.).</p> <p><b>Net Present Value - Summary (Minimum Benefits)</b></p> <table border="1"> <thead> <tr> <th data-bbox="831 528 1503 611">Heading</th> <th data-bbox="1503 528 1653 611">Legacy £'000</th> <th data-bbox="1653 528 1720 611">Rio £' 000</th> <th data-bbox="1720 528 1816 611">Advance £'000</th> <th data-bbox="1816 528 2098 611">EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td data-bbox="831 611 1503 651">Capital</td> <td data-bbox="1503 611 1653 651"></td> <td data-bbox="1653 611 1720 651">1,366</td> <td data-bbox="1720 611 1816 651">877</td> <td data-bbox="1816 611 2098 651">969</td> </tr> <tr> <td data-bbox="831 651 1503 691">Revenue</td> <td data-bbox="1503 651 1653 691">2,944</td> <td data-bbox="1653 651 1720 691">(1,252)</td> <td data-bbox="1720 651 1816 691">914</td> <td data-bbox="1816 651 2098 691">637</td> </tr> <tr> <td data-bbox="831 691 1503 730"></td> <td data-bbox="1503 691 1653 730"></td> <td data-bbox="1653 691 1720 730"></td> <td data-bbox="1720 691 1816 730"></td> <td data-bbox="1816 691 2098 730"></td> </tr> <tr> <td data-bbox="831 730 1503 770"><i>Total Cost</i></td> <td data-bbox="1503 730 1653 770">2,944</td> <td data-bbox="1653 730 1720 770">114</td> <td data-bbox="1720 730 1816 770">1,791</td> <td data-bbox="1816 730 2098 770">1,606</td> </tr> <tr> <td data-bbox="831 770 1503 810">Discount Factor</td> <td data-bbox="1503 770 1653 810">0.91</td> <td data-bbox="1653 770 1720 810">-1.12</td> <td data-bbox="1720 770 1816 810">0.99</td> <td data-bbox="1816 770 2098 810">0.99</td> </tr> <tr> <td data-bbox="831 810 1503 850"></td> <td data-bbox="1503 810 1653 850"></td> <td data-bbox="1653 810 1720 850"></td> <td data-bbox="1720 810 1816 850"></td> <td data-bbox="1816 810 2098 850"></td> </tr> <tr> <td data-bbox="831 850 1503 890"><b>Net Present Cost</b></td> <td data-bbox="1503 850 1653 890"><b>2,944</b></td> <td data-bbox="1653 850 1720 890"><b>114</b></td> <td data-bbox="1720 850 1816 890"><b>1,791</b></td> <td data-bbox="1816 850 2098 890"><b>1,606</b></td> </tr> </tbody> </table> <p><b>Net Present Value - Summary (Maximum Benefits)</b></p> <table border="1"> <thead> <tr> <th data-bbox="831 1070 1503 1153">Heading</th> <th data-bbox="1503 1070 1653 1153">Legacy £'000</th> <th data-bbox="1653 1070 1720 1153">Rio £' 000</th> <th data-bbox="1720 1070 1816 1153">Advance £'000</th> <th data-bbox="1816 1070 2098 1153">EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td data-bbox="831 1153 1503 1193">Capital</td> <td data-bbox="1503 1153 1653 1193"></td> <td data-bbox="1653 1153 1720 1193">1,366</td> <td data-bbox="1720 1153 1816 1193">877</td> <td data-bbox="1816 1153 2098 1193">969</td> </tr> <tr> <td data-bbox="831 1193 1503 1233">Revenue</td> <td data-bbox="1503 1193 1653 1233">2,944</td> <td data-bbox="1653 1193 1720 1233">(3,604)</td> <td data-bbox="1720 1193 1816 1233">639</td> <td data-bbox="1816 1193 2098 1233">360</td> </tr> <tr> <td data-bbox="831 1233 1503 1273"></td> <td data-bbox="1503 1233 1653 1273"></td> <td data-bbox="1653 1233 1720 1273"></td> <td data-bbox="1720 1233 1816 1273"></td> <td data-bbox="1816 1233 2098 1273"></td> </tr> <tr> <td data-bbox="831 1273 1503 1313"><i>Total Cost</i></td> <td data-bbox="1503 1273 1653 1313">2,944</td> <td data-bbox="1653 1273 1720 1313">(2,238)</td> <td data-bbox="1720 1273 1816 1313">1,516</td> <td data-bbox="1816 1273 2098 1313">1,329</td> </tr> <tr> <td data-bbox="831 1313 1503 1353"></td> <td data-bbox="1503 1313 1653 1353"></td> <td data-bbox="1653 1313 1720 1353"></td> <td data-bbox="1720 1313 1816 1353"></td> <td data-bbox="1816 1313 2098 1353"></td> </tr> </tbody> </table>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Capital		1,366	877	969	Revenue	2,944	(1,252)	914	637						<i>Total Cost</i>	2,944	114	1,791	1,606	Discount Factor	0.91	-1.12	0.99	0.99						<b>Net Present Cost</b>	<b>2,944</b>	<b>114</b>	<b>1,791</b>	<b>1,606</b>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Capital		1,366	877	969	Revenue	2,944	(3,604)	639	360						<i>Total Cost</i>	2,944	(2,238)	1,516	1,329					
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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?	<p><b>Attached, based on the FBC assumptions</b></p> <p>Please can the Trust review the NPV provided for all 3 options, ensure it covers the 6 years the project will last and itemise out Cash Releasing Benefits assumed for each project</p> <p><b>Net Present Value - Summary (Minimum Benefits)</b></p> <table border="1"> <thead> <tr> <th>Heading</th> <th>Legacy £'000</th> <th>Rio £' 000</th> <th>Advance £'000</th> <th>EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td>Capital</td> <td></td> <td>1,366</td> <td>877</td> <td>969</td> </tr> <tr> <td>Revenue</td> <td>2,944</td> <td>(1,252)</td> <td>914</td> <td>637</td> </tr> <tr> <td><i>Total Cost</i></td> <td>2,944</td> <td>114</td> <td>1,791</td> <td>1,606</td> </tr> <tr> <td>Discount Factor</td> <td>0.91</td> <td>-1.12</td> <td>0.99</td> <td>0.99</td> </tr> <tr> <td><b>Net Present Cost</b></td> <td><b>2,944</b></td> <td><b>114</b></td> <td><b>1,791</b></td> <td><b>1,606</b></td> </tr> </tbody> </table> <p><b>Net Present Value - Summary (Maximum Benefits)</b></p> <table border="1"> <thead> <tr> <th>Heading</th> <th>Legacy £'000</th> <th>Rio £' 000</th> <th>Advance £'000</th> <th>EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td>Capital</td> <td></td> <td>1,366</td> <td>877</td> <td>969</td> </tr> <tr> <td>Revenue</td> <td>2,944</td> <td>(3,604)</td> <td>639</td> <td>360</td> </tr> </tbody> </table>					Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Capital		1,366	877	969	Revenue	2,944	(1,252)	914	637	<i>Total Cost</i>	2,944	114	1,791	1,606	Discount Factor	0.91	-1.12	0.99	0.99	<b>Net Present Cost</b>	<b>2,944</b>	<b>114</b>	<b>1,791</b>	<b>1,606</b>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Capital		1,366	877	969	Revenue	2,944	(3,604)	639	360
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Para 3.40	Refers to the risks of the project and all are the same. Is the TDA assured that this is realistic?	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?	<p>Could the Trust undertake Sensitivity analysis on the OJEAU outcomes, i.e What % increase in the cost of RiO would lead to it not being the preferred option, What % decrease in qualitative benefit of RiO would lead to it not being the preferred option?</p> <p>In financial terms a shift of around 4% would move the preferred choice; the same analysis for the qualitative benefits indicates a requirement of a 13% movement in the mandatory items; both of these figures are based upon the award criteria documentation</p>				
Financial Case	<p>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&amp;E impact of the other options on the Trust financial position.</p> <p>Is the TDA assured that there is not a significant difference between the</p>	<p>As the other 2 options did not fulfil the product specification they would have both required 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&amp;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.</p> <p>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.</p>				

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	option the Trust has selected?	<p>Can the Trust provide the I&amp;E impact for the other two options (including the I&amp;E impact for the “do nothing option” as a benchmark)? (TDA corporate team needs assurance that the RiO system does not have the highest financial impact on the Trust)</p> <p><b>I&amp;E Impact - Summary (Minimum Benefits)</b></p> <table border="1"> <thead> <tr> <th>Heading</th> <th>Legacy £'000</th> <th>Rio £' 000</th> <th>Advance £'000</th> <th>EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td>Revenue costs</td> <td>3,249</td> <td>3,180</td> <td>2,461</td> <td>2,271</td> </tr> <tr> <td>Cash releasing benefits</td> <td></td> <td>(3,158)</td> <td>(567)</td> <td>(567)</td> </tr> <tr> <td><b>TOTAL I&amp;E IMPACT</b></td> <td><b>3,249</b></td> <td><b>22</b></td> <td><b>1,894</b></td> <td><b>1,704</b></td> </tr> </tbody> </table> <p><b>I&amp;E Impact - Summary (Maximum Benefits)</b></p> <table border="1"> <thead> <tr> <th>Heading</th> <th>Legacy £'000</th> <th>Rio £' 000</th> <th>Advance £'000</th> <th>EMIS £ '000</th> </tr> </thead> <tbody> <tr> <td>Revenue costs</td> <td>3,249</td> <td>3,180</td> <td>2,461</td> <td>2,271</td> </tr> <tr> <td>Cash releasing benefits</td> <td></td> <td>(5,802)</td> <td>(877)</td> <td>(877)</td> </tr> <tr> <td><b>TOTAL I&amp;E IMPACT</b></td> <td><b>3,249</b></td> <td><b>(2,622)</b></td> <td><b>1,584</b></td> <td><b>1,394</b></td> </tr> </tbody> </table>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Revenue costs	3,249	3,180	2,461	2,271	Cash releasing benefits		(3,158)	(567)	(567)	<b>TOTAL I&amp;E IMPACT</b>	<b>3,249</b>	<b>22</b>	<b>1,894</b>	<b>1,704</b>	Heading	Legacy £'000	Rio £' 000	Advance £'000	EMIS £ '000	Revenue costs	3,249	3,180	2,461	2,271	Cash releasing benefits		(5,802)	(877)	(877)	<b>TOTAL I&amp;E IMPACT</b>	<b>3,249</b>	<b>(2,622)</b>	<b>1,584</b>	<b>1,394</b>
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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	None of the legacy systems has a value on our balance sheet – the iPM product from CSC and GraphNet																																								

Section	Query	Business Support Response
	<p>The table only includes the gross accumulated cost, and dep'n. What about impairment impact?</p>	<p>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.</p> <p>Could you confirm whether you would impair the RiO system once fully implemented? If so please can you update your financial tables to reflect the impairment</p> <p>The Trust does not plan to impair the system once fully implemented. The majority of the capital expenditure (£0.9m) relates to software licences which cannot be impaired. The balance of capital expenditure is software building/development (£0.5m); we do not intend to impair this as it is still expected to provide the full service potential and we will not sell the asset. Even if there was a need for impairment, as the accounting standard states, intangible assets can only be revalued if a fair value can be determined by referral to an active market, which is unlikely.</p>
<p>Para 3.61</p>	<p>Unclear what is meant here. Please review and amend the wording</p>	<p>Removed statement.</p>
<p>Para 3.76</p>	<p>What are the Trust risk management plans? Does the Trust have a risk register?</p>	<p>The project risk register is included as part of the FBC.</p> <p>How does this feed into the Trust level risk management processes?</p> <p>The risk register that is held as part of the EPR programme board is part of the Trust's governance processes, with risks being able to be escalated through either the IM&amp;T Strategy Board or to the Board's RPC.</p> <p>To some extent the EPR implementation is seen as an enabler to reduce risks highlighted on the Board Assurance Framework such as data quality and more safely holding and sharing patient data (move away from manually held records etc)</p> <p>However, the risks around not getting business case approval or delay are also spelt out in our corporate risk register as a defined transformational system risk.</p>

Section	Query	Business Support Response
Para 3.78	Sentence incomplete. Please review and amend	Amended.