

Name of Sub-Committee:	Capital, Estates and IM&T Sub-Committee (CE&IM&TSC)
Chair of Sub-Committee:	Karen Miles, Director of Planning, Performance and Commissioning
Reporting Period:	20th July 2020
Key Decisions and Matters Considered by the Sub-Committee:	
<p>The Capital, Estates and IM&T Sub-Committee update report was last submitted to the Business, Planning & Performance Assurance Committee (BPPAC) on 20th February 2020. Since then, there have been two CE&IM&TSC meetings:</p> <ul style="list-style-type: none"> • 5th June 2020 • 20th July 2020. <p>This update report is in respect of the July 2020 meeting only, however for reference, the following items were included in the June 2020 agenda:</p> <ul style="list-style-type: none"> • Update on All Wales Capital Programme – Year end out-turn 2019/20 and 2020/21 Capital Resource Limit and Capital Financial Management • Discretionary Capital Programme for 2020/21 and Pre-Commitments 2020/21 • Capital Governance – Project Highlight Reports • Radiology All Wales Capital Schemes • Welsh Government Capital Project Monitoring Reports • CE&IM&T Risk Register • CE&IM&T DRAFT Annual Report • A Healthier Mid & West Wales • Women & Children’s Phase II Update • Sustaining High Quality Patient Environments • Transforming Adult Mental Health – Programme Business Case (PBC) Scrutiny Grid • Major Infrastructure PBC • Fire Enforcement Notice at Worthybush General Hospital (WGH) • Aseptic Strategic Outline Case • Regional Pathology • Annual Environmental Management Review 2019/20 • Energy Carbon Spend to Save Projects • MTeD Update • Digital Update • Planning Cycle Update • IFRS16 Update (<i>for information</i>) • Minutes of CRM/CMF/CPG meetings held from February – April 2020 (<i>for information</i>) • Infrastructure & Investment Capital Enabling Plan (<i>for information</i>) • Digital Delivery Programme 2020/21 (<i>for information</i>) <p>20th July 2020 Capital Resource Limit (CRL): The following key matters were discussed:</p> <ul style="list-style-type: none"> • The CRL for 2019/20 has been issued with the following allocations: £12.50m All Wales Capital Programme £7.271m Discretionary Capital Programme 	

£1.090m Slippage due to COVID-19 from 2019/20
 £0.743m COVID-19 Digital Devices
 £4.724m COVID-19 Equipment (Acute Sites and Field Hospitals).

Total £26.33m

There is also an allocation pending for the Advance Fire Compliance Works at WGH of £0.350m.

- The Capital Expenditure Plan and the Expenditure Profile for 2020/21 were provided which detailed the spend over the year for both All Wales Capital and Discretionary Capital.
- Total capital expenditure as at Month 3 was £8.206m, of which £6.814m was related to COVID-19.
- The value of capital orders placed by the HDdUHB to date for COVID-19-associated items which is expected to impact on the 2020/21 position was detailed.
- The report also set out the financial risk associated with progressing capital schemes at feasibility stage without confirmed funding, and provided updates on the Women and Children Phase II (Glangwili General Hospital (GGH)) and Cylch Caron schemes, Interserve and Project Bank Accounts.

The CE&IM&TSC noted the Capital Resource Limit outturn for 2019/20 together with expenditure allocations and profile for 2020/21, as well as the work being undertaken to manage the financial risks identified.

Discretionary Capital Programme (DCP) 2020/21

The following key matters were discussed;

- The approval of the DCP allocation following Executive Team discussion on 17th June 2020 and PPPAC discussion on 30th June 2020.
- The continuing backlog risks which cannot be funded from the DCP and the management mitigations.
- The assumption that GGH ventilator replacements in 2020/21 will be managed as part of the planned COVID-19 related expenditure plans.
- The intention to support the national critical care system through a capital contribution of £0.3m based on the assumption of an equal revenue allocation to HDdUHB.
- The emerging capital pressures since the agreement of DCP prioritisation and the need to continue to monitor this and liaise with WG to establish the risk to the DCP.

The CE&IM&TSC noted the report.

Capital Governance – Project Highlight Reports

- **Active Projects** Red and Amber RAG rated projects (not currently on hold) reported to the CE&IM&TSC in July 2020 were as follows:

Projects with red RAG rating	Projects with amber RAG rating (2 consecutive months +)	Projects on HOLD
Cross Hands Health & Wellbeing Centre	Aseptics Unit - Glangwili General Hospital (GGH)	Cardiology Suite, GGH
Cylch Caron	Chemo Day Unit - Bronglais General Hospital (BGH)	Energy Project, Phase 2

Pond Street / Penlan	Endoscopy / JAG Accreditation & Day Case Surgery Project - Prince Philip Hospital (PPH)	IM&T Programme Business Case
Women & Children's Phase II	Estates Infrastructure & Ward Refurbishments - HDdUHB wide	
	Transforming Mental Health (TMH)	

The 'Projects on Hold' have had this status for some time and it has been agreed these will be the subject of highlight reports if the scope of issues has changed sufficiently to close the project as listed.

The DCP and Capital Governance are subject to a separate report on the PPPAC agenda.

The CE&IM&TSC noted the content of the report, and in particular those projects currently reporting a red RAG status or increase in RAG status since June 2020 and the mitigation plans in place.

Women & Children's Phase II Programme Update

The Sub-Committee received the Women & Children's Phase II Programme Update report, which provided an update on the progress of the scheme, as well as information on the issues around the delays that have been incurred on the project. The update also highlighted the need to communicate the latest completion date to key stakeholders, which is currently February 2022.

The Sub-Committee was informed that one of the delays is due to the impact of social distancing which could potentially reach 21 weeks. The bulk of the cost of delay will be covered by WG.

The Sub-Committee noted the content of the report and agreed to provide a briefing note on the nature of the contract.

Capital Project Monitoring Reports:

The CE&IM&TSC received a holding position to confirm that, given the dashboard reports are retrospective reports, the reports submitted to the Sub-Committee on 5th June 2020 were the most recent reports available. The Month 3 returns for 2020/21 were due for submission to WG on 16th July 2020 and will be reported to the Sub-Committee on 22nd September 2020.

CEIM&T Risk Registers

The CE&IM&TSC received an update outlining the risk management monitoring process and the updated risk registers for Capital Planning, Estates, Equipment & IM&T.

The Sub-Committee reviewed the summary of risks reported and suggested arranging a risk workshop to discuss more detailed reporting which highlights the actions taken and associated timelines to achieve the target risk scores as well as to discuss the priority risks.

CEIM&TSC Annual Report 2019/20

The draft CEIM&TSC Annual Report 2019/20 was submitted to the Sub-Committee at its meeting on 5th June 2020 where it was suggested that the report be supplemented with information on the impact of COVID-19 in terms of year-end capital management. It was also requested that the

report be circulated to the Sub-Committee membership, as well as previous Independent Members for their comment.

Both requests made at the June 2020 Sub-Committee meeting were actioned and the Annual Report was re-submitted to the meeting held on 20th July 2020 where it was approved. The Sub-Committee were informed that there was no requirement for onward submission to PPPAC for 2019/20 on the advice of Corporate Governance, however the report represented a good summary of the breadth of the activities of the Sub-Committee.

Strategic Medical Device Replacement

The Sub-Committee received the Strategic Medical Device Replacement report which recognised the extraordinary challenges that the COVID-19 pandemic has and will continue to present to the Clinical Engineering Department asset cohort. It noted the reduced estimated replacement costs associated with the backlog of replacement devices and the reduction in number and value of capital devices due for replacement.

The report considered the impact of sub-optimal funding for replacement medical devices and highlighted the need for a strategy that tackles equipment replacement that falls below the level of capital.

The Sub-Committee took assurance from the tighter grip that now exists on the management of an inventory that holds 29,000 medical devices and considered the options available to support an acceptable level of maintenance support and rate of replacement. The Sub-Committee commented on the excellent standard of the report and suggested the possibility of its format being implemented into other reporting processes.

Replacement of Patient Defibrillators

The Sub-Committee was presented with the Replacement of Patient Defibrillators report, which highlighted the number of defibrillators included on the HDdUHB medical device inventory, which have been identified as Out Of Support (OOS) by the manufacturer during 2020/21 and/or are over the expected service life for such devices.

Whilst it has been known and accepted that there continues to be defibrillators that are OOS and/or beyond their expected service life in use, it is only through recent correspondence that HDdUHB was informed that consumable items for the majority of these devices would cease to be available from December 2020. This has affected the long-term planning aims where these devices are concerned.

The replacement programme in its entirety totals £965k distributed over a three-year period where year 1 is 2020/21. Purchasing decisions taken on the year 1 cohort will determine the procurement for years 2 and 3.

The Sub-Committee considered all aspects of the information within the report and discussed ways to resolve the issue at a time when capital is under significant pressure. Given the lack of immediate funding source available, the Sub-Committee asked for checks to be carried out in respect of the risk associated with any further phasing which could help mitigate the capital risk.

It was noted that an order for their replacement would be required to be placed with a supplier no later than the end of August 2020 to allow for lead in time and training. It was noted that these issues would need to be resolved in advance of the next Sub-Committee meeting

Delivering and Funding the Programme Business Case for 'A Healthier Mid & West Wales'

The CE&IM&TSC were presented with a report, which had been supported by the Finance Committee on 25th June 2020. The report set out the target completion date and resource requirements to manage the capital programme and processes, with a planned PBC completion date of March 2021.

The Sub-Committee noted the report and the future reporting of the PBC process to be a regular agenda item at the CE&IM&TSC meetings, as well as to the Transformation Steering Group, which will be the main reporting route.

The following items were presented to the Sub-Committee on the progress made on the Digital agenda

Scheduling System use to support COVID-19

The report was presented to the CE&IM&TSC to provide an update on the delivery of an interim scheduling tool, Malinko, which can maximise the response of the Community Services during COVID-19, and be used to provide evidence for future inclusion within the Welsh Community Care Information System (WCCIS).

NHS organisations that have adopted Malinko's Automated Intelligent Scheduling System are achieving significant productivity gains by automating and optimising the caseload scheduling process. The Malinko system is enabling organisations to free up clinical capacity within their community services by reducing non-clinical contact time and by doing so are experiencing:

- Productivity gains of over 10%.
- Improvement in staff and patient satisfaction.
- A reduction in the cost of delivering the service.
- A reduction in scheduling errors – missed visits
- An improvement in the quality and safety of the service.

The Sub-Committee noted the report and that £100k from the Digital Discretionary Capital Programme would be used to support the implementation to the system. It was also noted that the three Counties have agreed to cover the ongoing revenue for the procurement.

Digital Dictation

The Sub-Committee was presented with the Digital Dictation report, which outlined the current position around Digital Dictation and identified a roadmap for deployment across Glangwili General Hospital in a phased approach, together with a potential pilot for speech recognition. This initial deployment would cover 17 secretaries and 44 consultants / specialist nurses across Neurology, General Surgery, Urology and Ear, Nose & Throat (ENT).

This deployment would then act to inform the development of an agile business case for the wider deployment across HDdUHB.

Following the challenges set out by the Medical Secretary Co-Ordinator, 4 options were explored with the favoured approach being Option 2 – Nuance Medical One. Nuance would provide their cloud service to HDdUHB, delivered from secure data centres. This option is the most cost effective and could be rapidly deployed using existing hardware purchased during the original digital dictation project.

As a cloud service, this would be available across any device over any network connection in order to provide clinicians with the option to use their own smartphone if they wished with the Nuance app.

The CE&IM&TSC noted the content of the report and the agreement to proceed with Option 2 – Nuance Medical One. The agreement of the scope of services highlighted within the report was noted, as well as the requirement of £30,000 (plus VAT) from the Digital Discretionary Capital Programme to support implementation of the service.

The Sub-Committee recognised the links into the overarching Digital Plan and were hopeful that the pilot would be successful within 3-4 months.

Digital Priorities

The purpose of the Digital Priorities report was to provide the Sub-Committee with an update on the digital priorities that have been approved by the Digital Bronze Group. The following have been agreed as the key projects to be completed:

- Virtual Outpatient(s) –
 - Attend Anywhere
 - Microsoft Teams - Booking App
- Consultant Connect
- Doctor Doctor
- Malinko – Community Scheduling Tool
- Accelerated rollout of WCCIS
- Mental Health WPAS
- Office 365 – Migration Status
- Patient Knows Best

The report provided an update against each of the projects listed above and also highlighted the need to communicate with patients and the wider public. Conversations are being undertaken with the Communications Team to progress this.

The need to communicate with staff across HDdUHB was also highlighted, and project leads together with key members of the Informatics Team have been exploring ways to have a depository that was accessible to staff which is user friendly, innovative and dynamic. It was agreed that a SharePoint site would be developed, with an initial landing page as an overview and subsequent pages per project, and that these subsequent pages would be designed, populated and updated by the workstream leads with support from Digital SharePoint site.

The Sub-Committee noted the report and queried the Access Rights associated with SharePoint, which the Assistant Director of Informatics agreed to explore further.

Digital Showcase – Response to COVID-19

The purpose of the report was to provide the Sub-Committee with an update on the digital response to COVID-19, and the work undertaken within the 8-10 weeks following the outbreak.

The Digital Team have been identifying ways that digital technologies can be used to improve people's lives across HDdUHB. This has included new innovations and assessing the possibility of bringing forward priorities identified in the Digital Programme Plan.

Since March 2020, £1.2m has been spent to enable the Digital Team to:

- **Modernise services** (eye care, digital improvement to the management of patients in critical care settings, accelerated upgrade to that national pathology system).
- **Remote working solutions** (video consulting for patients, roll-out of Microsoft Teams, GP remote working, Consultant Connect) - Wales is the first UK country to offer all NHS primary care clinicians with this technology that enables rapid and direct access to hospital specialists for advice and guidance on managing a patient's condition.
- **Devices** rolled out over 2,500 devices since March 2020, consisting of smartphones, laptops, desktop, and IPADs to wards.
- **Infrastructure and data sharing** upgraded network bandwidth and infrastructure, medical images now available to view across HDdUHB, GP access to clinical portal to view hospital information such as discharge summaries and clinical letters from any hospital.
- **Real Time Data** live bed state has been developed as well as data dashboards, which demonstrate the "pressure" on the system in a live environment.
- **Modelling** the Digital Team has been leading the way for NHS Wales in the development of a number of predictive models that are able to track COVID-19 and provide a look forward to the possible impact on beds, ventilators, critical care capacity and the impact on HDdUHB. These models are being looked at by other health boards as something that they would wish to adopt.

The Sub-Committee noted the extensive work completed and the need to maintain the momentum given the many benefits associated with the digital developments.

Accelerated Rollout of Welsh Community Care Information System (WCCIS) within Hywel Dda

The report was presented to the CE&IM&TSC to outline proposals for the acceleration of WCCIS within the Health Board.

The Sub-Committee noted the report and the agreement from the Digital Bronze Group to accelerate the readiness work for the remaining Integrated Teams within HDdUHB. The requirement for a lessons learned report for Board in October 2020 was also noted, together with a further report for submission to the Digital Bronze Group in early September 2020 to detail progress.

AOB

Continuous Positive Airway Pressure (CPAP) Machines

The Sub-Committee was made aware of 15 CPAP machines, which HDdUHB intended to donate to a hospital in Bangladesh and the financial governance surrounding the process of the donation. The Sub-Committee referenced the Management of Capital Procedure and suggested that the issue should be raised and approved by the Director of Finance.

Radiology

It was confirmed that despite the difficulties associated with the management of COVID 19, the new digital room in PPH and WGH had opened. The fluoroscopy room in GGH is due to open in August 2020.

A meeting was scheduled to take place at the end of July 2020 to confirm the timetable for the MRI scanner in WGH. All of these schemes have been funded by WG.

Papers Received for Information:

- Capital Monitoring Forum – minutes of meeting held 9th June 2020.
- Capital Planning Group – minutes of meeting held 25th June 2020.
- Capital Review Meeting – minutes of the meeting held 27th May 2020.

Matters Requiring People Planning and Performance Assurance Committee Level Consideration or Approval:

All other key capital matters are included in the separate DCP report included within the PPPAC agenda.

Risks / Matters of Concern:

- **Capital Resource Limit and Discretionary Capital Allocations 2020/21:** The capital allocation remains insufficient to provide PPPAC with full assurance on the management of infrastructure and backlog risks. In addition to this, PPPAC is asked to note the current constraints regarding All Wales capital, which has been further limited by the need to fund COVID-19 related issues. The following mitigating measures are in place:
 - Work continues to progress HDdUHB wide strategic funding bids seeking All Wales Capital Funding for the following:
 - Ward refurbishment and estates infrastructure projects.
 - IM&T Strategic Outline Programme.
 - Further COVID-19 related capital pressures.
 - Work continues to be progressed to prioritise the allocation of Discretionary Capital 2020/21 as outlined in the DCP report to PPPAC.
 - A prioritised programme of projects and equipment brought forward from future DCP priorities should further year-end funding be made available.
- **Capital Projects:** to note those capital projects included in this report currently reporting a high risk. Further detail is included in the separate DCP 2020/21 and Capital Governance report on PPPAC's agenda.

Planned Sub-Committee Business for the Next Reporting Period:

Future Reporting:

- Continued prioritisation of capital schemes and expenditure for 2020/21 and pre-commitments for 2020/21.
- Capital Project Highlight Reports.
- A Healthier Mid & West Wales - Programme Update

Date of Next Meeting:

22nd September 2020