



Programme/Project Assessment Review (PAR)

Programme/project Title:	Swansea Bay UHB Field Hospitals
IAH ID number:	AH/20/55

Version number:	Final v1.0
Senior Responsible Owners (SRO) for the purposes of this review:	Val Whiting Darren Griffiths
Date of issue to SROs:	29/07/2020
Department/Organisation of the programme/Project:	Capital, Estates & Facilities, Health and Social Services Group, Welsh Government Swansea Bay University Health Board
Programme/Project Director (or equivalent):	Chris White
Business Case stage reached:	Field Hospitals Business Case paper
Review dates:	27/07/2020 to 29/07/2020
Review Team Leader:	Martin Dove
Review Team Members:	Sandi Cooper Mel Crisp Jayne Stokes
Departmental Representative:	-
Previous Review:	None
Security Classification:	Official

Contents

1. Delivery Confidence Assessment (DCA)	3
2. Summary of report recommendations.....	6
3. Areas of good practice and lessons learnt.....	7
4. Acknowledgement.....	7
5. Comments from the SROs.....	8
6. Summary of the Programme/Project.....	9
7. Scope/Terms of Reference of the Review	10
8. Detailed Review Team findings	12
9. Next assurance review.....	19
ANNEX A - List of Interviewees	20

About this report

This report is an evidence-based snapshot of the programme's/project's status at the time of the review. It reflects the views of the independent review team, based on information evaluated over the review period, and is delivered to the SRO immediately at the conclusion of the review.

This assurance review was arranged and managed by:

Welsh Government Integrated Assurance Hub (IAH)

Cathays Park 2

Cathays

Cardiff

CF10 3NQ

IAH helpdesk: Assurance@gov.wales

1. Delivery Confidence Assessment (DCA)

<u>Delivery Confidence Assessment</u>	Amber / Red
<p>The DCA for the Swansea Bay University Health Board (SBUHB) Field Hospitals is Amber/ Red. This means that successful future delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas.</p> <p>A DCA reflects: the specific issues that threaten delivery to time, cost and quality and jeopardise the delivery of benefits; the Review Team’s professional judgement of the likelihood of the project or programme succeeding even though there may be no definitively clear evidence either way; and the resilience of the project or programme to overcome identified shortcomings or threats. The different aspects of DCA are particularly pertinent to the review of a complex project like this where emergent, rather than established, approaches and practices are key.</p> <p>The scope on which this DCA has been made is in response to extensive specific terms of reference for the delivery and implementation of the field hospitals, which cannot be covered in detail in a three day review. The terms of reference include learning from planning and delivery, residual risks and management going forward.</p> <p>The DCA for this PAR in effect combines a Gateway 4, readiness for service now of the existing Llandarcy and Bay field hospitals, with a Gateway 1, business justification, for the future use of field hospitals as part of the response to any next phase of the Covid-19 pandemic. Readiness of the two field hospital buildings has been successfully delivered, but there is a lack of full workforce capacity for maximum demand usage and with the completion of a number of significant issues require attention. A phased field hospital capability is available should the need arise. Preparation for the future is in more doubt with some major issues apparent with the intended closure of Llandarcy, the further physical development and staffing of the clinical model and facilities at the Bay, the potential regional role of the Bay, and the overall development of Q3/Q4 plans and pragmatic and agile operational approaches to continuing essential services and restarting routine services, including field hospital operation.</p> <p>The DCA reflects this balance between a number of key elements and issues. On the positive side:</p> <ol style="list-style-type: none">1. The success in establishing at great pace and on time the new field hospital buildings at Llandarcy and the Bay. The facilities are ready to use, with new clinical models in response to the Covid-19 pandemic, albeit at a higher operational risk. However, while workforce plans were prepared, operational plans for staffing these to the maximum demand capacity are not in place.2. Non-use of these field hospitals during the initial peak of the Covid-19 pandemic is widely regarded as a successful outcome and achievement of the goal of providing ‘insurance’ (in terms of local additional bed capacity) arrangements, during the initial peak.3. Construction of Llandarcy and Bay field hospitals was successfully undertaken within the tight timeframe during lockdown by project teams at Neath Port Talbot and Swansea Councils respectively, effectively under the client direction of the Assistant Director of Strategy (Capital) at SBUHB.	

4. Operational plans for each field hospital have been successfully developed together by the Field Hospital operational delivery group including two clinical staff who took on new project lead roles. While these are in place, together with proposals for transport at scale between the two acute hospitals, the arrangements have not been tested other than through table-top review exercises, although these were supported by specialists in logistics through the military support available to SBUHB.
5. The resilience shown by the public in response to lockdown and by the extraordinary teamworking and commitment of staff in SBUHB, the two local authorities, Welsh Government, contractors and suppliers working on these field hospitals is remarkable.
6. Recognition of the place the field hospitals play in a much larger whole system approach to Covid-19, with a key role as 'insurance' for the continuity of patient flow through the two main acute hospitals.

However, there are a number of major issues and risks in some key areas, in addition to the staffing challenges highlighted above, including:

1. A number of issues have still to be completed from the initial set up of the field hospitals including: signing the leases for the two field hospitals and the HB / Local Authority collaboration agreements (all either finalised or near agreement); completion of final contractor accounts (due shortly); establishing ToRs going forward for Field Hospital Establishment and Operational Groups; and the need to update Field Hospital risk management to reflect current and future risks.
2. Decisions are imminent on: decommissioning Llandarcy field hospital; transferring equipment to the Bay; and completing the work to determine whether oxygen can be safely used at the Bay, to raise the acuity of patients who can be treated there. Each of these activities contain significant issues, and, assuming a go-ahead approval, will need careful project management. Emergent issues include decommissioning and consequential losses, with ongoing discussions about the funding arrangements for these.
3. Preliminary discussions have taken place about the potential use of the extra capacity of Bay as a regional field hospital, particularly with Hywel Dda UHB. These need to be rapidly developed if the Bay is to feature as part of Q3/Q4 regional seasonal plans. Shared workforce arrangements will be critical.
4. The challenging and changing operational and planning environments with services suspended during the first peak being brought back, alongside variations in seasonal demands and ongoing Covid-19 pandemic fluctuations. Welsh Government and Health Board approaches and expectations for Q3/Q4 need alignment, agreement and acceleration.
5. So far most costs of field hospitals have been funded, with further analysis taking place by Welsh Government on currently identified outstanding balances. However, there will be additional costs from the further development of the Bay, Llandarcy consequential losses, decommissioning and potential regional arrangements. Field hospitals and Covid-19 add to the wider financial challenges SBUHB face.
6. While SBUHB governance is planned to continue in major incident mode, this needs to be supported by pragmatic delivery arrangements. With an uncertain change environment, the Review Team were surprised to find how little use is being made of PPM tools and approaches for areas of change, where relevant, alongside operational approaches.

Urgent action is needed to ensure these issues are addressed, and establish whether resolution is feasible.

The Delivery Confidence assessment RAG status should use the definitions below

<u>RAG</u>	<u>Criteria Description</u>
Green	Successful delivery of the project/programme to time, cost and quality appears highly likely and there are no major outstanding issues that at this stage appear to threaten delivery.
Amber/Green	Successful delivery appears probable. However, constant attention will be needed to ensure risks do not materialise into major issues threatening delivery.
Amber	Successful delivery appears feasible but significant issues already exist requiring management attention. These appear resolvable at this stage and, if addressed promptly, should not present a cost/schedule overrun.
Amber/Red	Successful delivery of the project/programme is in doubt with major risks or issues apparent in a number of key areas. Urgent action is needed to ensure these are addressed, and establish whether resolution is feasible.
Red	Successful delivery of the project/programme appears to be unachievable. There are major issues which, at this stage, do not appear to be manageable or resolvable. The project/programme may need re-base lining and/or overall viability re-assessed.

2. Summary of report recommendations

The Review Team makes the following recommendations which are prioritised using the definitions below.

Ref. No.	Recommendation	Urgency (C/E/R)	Target date for completion	Classification
1.	Set out governance and management arrangements below Corporate Board and Gold Command, for the next two quarters, to align any required Covid-19 Major Incident responses with those needed for seasonal demand and the scaling up of routine work	E- Essential	Do by 09/2020	1.1 Governance Structures and Processes
2.	Prepare terms of reference for the field hospital establishment and operational groups	E- Essential	Do by 09/2020	1.1 Governance Structures and Processes
3.	Use a Programme and Project Management approach for field hospitals, including a project manager, to provide improved delivery tools, management, control and reporting	E- Essential	Do by 09/2020	3.7 Programme and Project Management Methodology & Standards
4.	The field hospitals leases need to be signed and any impacts of consequential losses fully understood in terms of risk, cost and future planning	C- Critical	Do now	1.3 Governance Approvals
5.	Continue to provide the evidence base to secure additional funding for field hospitals including operational costs, decommissioning costs and consequential losses, and further investment for the revised Bay clinical model and capacity	C- Critical	Do now	5 Financial Planning and Management
6.	Work with Welsh Government and other neighbouring Health Boards on options for regional field hospitals and consider the next phase implications for the Bay field hospital	C- Critical	Do now	8.2 Context, Aim and Scope
7.	Clarify the key messaging and communications, particularly for staff and stakeholders about the identity of the field hospital and the purposes for which it will be used in the next phase.	E- Essential	Do by 09/2020	3.6 Programme and Project Management Communications

Critical (Do Now) – To increase the likelihood of a successful outcome it is of the greatest importance that the programme/project should take action immediately

Essential (Do By) – To increase the likelihood of a successful outcome the programme/project should take action in the near future.

Recommended – The programme/project should benefit from the uptake of this recommendation.

3. Areas of good practice and lessons learnt

The Review Team heard that during the complex and unprecedented “immediate response” phase of March to May 2020 and the subsequent and continuing ‘complex’ phase that there had been much new emergent practice and learning. A summary list of the key learning which was highlighted during interviews include:

- Staff have been outstanding, demonstrating their commitment and resilience during some extremely challenging circumstances.
- Staff have been prepared to step out of their usual roles and demonstrated they have capability not previously utilised.
- As an organisation, and with partners, SBUHB were able to mobilise individuals to establish field hospitals at a pace not usually seen.
- The ability to create and delivery major change at scale has transformed people’s thinking.
- Proactive and agile decision making were key enablers to delivery of field hospitals, acknowledging the risks this brings in terms of governance, audit trails, and loss of corporate memory.
- Risk appetite for decision makers increased with a reluctance to go back to the old ways of working, tempered with a degree of realism to ensure a more focused and dynamic approach.
- Cutting through bureaucracy enabled the team to deliver more, and more quickly, than they would previously have been able to do so.
- Delivering at pace without Programme and Project Management (PPM) disciplines / tools has potentially left the health board exposed to some risks, especially around audit trails, decision making records, risks and issues management, and understanding the critical path and dependencies.
- Consideration should be given to Gold Command membership based on role as well as rank to enable more effective and efficient communications in both directions between Gold Command and key delivery personnel.
- Enforced closer working with partner organisations has led to an increased understanding of each other’s worlds, and better ways of working.
- Staff churn during Q1 was higher than expected and this has linked into the staff engagement plan now devised for dormancy to aid with go-live preparations, and in recruiting new staff and volunteers.
- People are starting to understand the differences between linear modelling and planning approaches and the need for scenarios, so discussions about seasonal planning are likely to be more realistic.
- The extent to which regionally thinking and planning for field hospitals could have been developed earlier.

4. Acknowledgement

The Review Team would like to thank the SRO and the Programme Team for their support and openness, which contributed to the Review Team’s understanding of the programme/project and the outcome of this review. Particular thanks to Darren Griffiths and Sonja Anderson for all the help with logistics and practical support for this remote review.

5. Comments from the SROs

The Review Team has covered a lot of ground in what has been a very complex area to assess. The Review Team has clearly recognised the pace, complexity, scale and challenge of developing significant field hospital assets in partnership and also the enormous impact this work and the nature of Covid-19 has had on our workforce. The Health Board accepts the findings and will develop an action plan to handle their resolution. As the planning horizons and assumptions develop the Health Board will maintain as responsive and as flexible in approach as possible to protecting its staff and the population it serves and whilst these assets exist, it is the hope of the Board that they never have to be used. Should they be required the outstanding work carried out to date, strengthened by the findings of this review will put the health economy as a whole in a strong place to respond appropriately.

The review has provided a balanced assessment of what has been accomplished to date – recognising the extraordinary efforts and achievements of delivering the additional capacity in a matter of weeks, and identifying the key risks and issues that require urgent action and resolution. The DCA provides an assessment on future successful delivery, and the review team have identified areas of focus that will strengthen and support the Health Board's response over the coming period, in what is a uncertain, volatile and dynamic environment.

6. Summary of the Programme/Project

Background, context, aims, objectives and key milestones

In response to the Covid-19 pandemic the CE NHS Wales and DG Health and Social Services Group wrote to Chief Executives of NHS LHBs on 04/04/2020 setting out plans for additional 'field / surge hospital' capacity which will in effect double acute bed capacity levels based on the 40% reasonable worst case (RWC) scenario approach in a 3-4 week timescale. To support local planning, the interpretation of planning capacity assumptions based on the national modelling work was provided for each Local Health Board. For SBUHB the Covid-19 capacity requirement was 112 critical care beds and 1,242 additional acute beds. In addition, on 30/03/2020, Covid-19 – Decision Making & Financial Guidance was issued.

On 24/06/2020 a further letter followed with revised requirements for second peak eventuality which for SBUHB was a Covid-19 capacity requirement of 46 critical care beds and 621 additional acute beds. This letter also indicated that this is to provide contingency cover and indicates a hope that it would mean that control can be maintained over the virus and ensure that there would never be a need to utilise the levels of Covid-19 capacity outlined.

SBUHB have a four phase approach in responding to this:

1. Maximise capacity on hospital sites.
2. Create 'surge' capacity within the current estates.
3. First phase of 'field hospital' provision at Llandarcy with 343 beds, being able to operationalise the site within 48 hours of handover, which anticipate to be on 23/04/2020.
4. Second phase of 'field hospital' provision at Bay Studios with 419 beds and potentially up to 1,001. Handover of the first beds was planned and delivered for 27/04/2020 with a plan to operationalise as quickly as possible.

SBUHB prepared a Board paper setting out the business case for the Field Hospitals by 23/04/2020 which included the clinical model for the two field hospitals, the estimated capital and revenue costs for the two field hospitals as well as the workforce model. The creation of Field Hospitals constitutes the Health Board's phased response to the super surge phase of demand, and will ensure that there is sufficient capacity available to reduce pressure on acute services, by providing care for patients who:

- no longer require acute care and / or;
- can be transferred out of acute care and / or;
- have a confirmed Covid-19 infection and do not require acute care, but are
- unable to self-care at home

The **Llandarcy Field Hospital** has a total of 340 beds, split across three inpatient clinical pods:

- Palliative care – 19 beds
- Nursing acuity level 3 – 60 beds (Complex Care - The patient may have a number of identified problems, some of which interact, making it more difficult to predict the outcome of any individual treatment).
- Nursing acuity level 2 – 260 beds (Care Pathways - The patient has a clearly defined problem but there may be a small number of additional factors that affect how treatment is provided).

It would have resident medical staff, with care delivered by registered nurses and Allied

Health Professionals (AHPs), supported by Health Care Support Workers (HCSWs). This will enable it to manage a wider case mix which includes recovering patients, who may require intravenous antibiotics and/or intermittent oxygen, as well as end of life patients requiring palliative care.

The **Bay Field Hospital** at the Bay Studios Business Park has capability for up to 1,032 beds capacity, which was built in five phases. The first two phases comprise 419 beds and was completed on the 27th April 2020, and operational on the 2nd May 2020. It will deliver routine care (acuity 1), ie the patient has a clearly identified problem, with minimal other complicating factors. It will be nurse led, supported by HCSWs and volunteers, with General Practitioner (GP) support with access to GP advice line to acute hospitals. As a consequence it will only accept patients who are medically fit for discharge, who are self-caring and self-medicating. Its purpose will be to provide a very short period of care for patients to make arrangements to go home, releasing pressure and creating capacity on the acute hospital sites.

SBUHB have in place plans for 2020 Q1 and Q2. The Q1 Plan was very much focused on the response to the pandemic and ensuring that the Health Board had sufficient capacity to cope with the expected demand from Covid-19 and not be overrun, as well as ensuring essential services were maintained. The first peak of the pandemic has now passed, and whilst the Health Board's top priority is to ensure that services are ready to respond to new and emerging cases or further peaks and surges as they emerge, the focus in Q2 is ensuring the full implementation of the Test, Trace and Protect plan and bringing more services back to ensure the impact of any potential harm is reduced. The Plan also starts to have a greater strategic focus, recognising that elements of the Clinical Services Plan are being implemented at pace.

7. Scope/Terms of Reference of the Review

This PAR review is commissioned/sponsored by Welsh Government NHS Capital Estates and Facilities Team, with the work being undertaken for the Swansea Bay University Health Board. The Health Board's SRO for the purposes of this PAR review is Darren Griffiths, the Director of Finance of SBUHB and Val Whiting is the SRO for Welsh Government. Chris White, the Chief Operating Officer of Swansea Bay UHB, is effectively the SRO for the Field Hospitals project. The PAR report is to be provided to Darren Griffiths and Val Whiting.

Specific terms of reference for this review were provided by the Capital, Estates & Facilities, Health and Social Services Group in Welsh Government. They include to review the Covid-19 field hospital response of the organisation, looking at delivery and implementation. Consider learnings from the planning and delivery, and report on residual risks and approach to mitigation and management going forward.

1. Delivery strategy linked to clinical plan

- A clear specification linked to anticipated demand with a documented clinical model
- Clinical engagement and sign-off – including specification and layout
- Site number and location options, linked to clear appraisal criteria
- Assessment of functional capacity, including a clear and deliverable workforce plan and evidenced assumptions for key aspects of delivery including equipment and consumables

2. Governance and decision making

- Governance structures for Covid-19
- Option appraisal consideration and approval
- Review and process for financial decisions, including clear accountabilities, recording and justifying decisions, quality and timeliness of management information
- Key principles of the decision making
- Evidence of scrutiny and challenge of spending
- Evidence of VFM assessment

3. Contract management

- Process for appointing contractors and current contractual position – pre-contract checks, standard T&Cs and contract protections
- Contract approvals – Welsh Government
- Contract management - who is providing oversight, KPIs established and monitored, standards of delivery
- Monitoring and intelligent customer role
- Risks and mitigation - any legacy issues that need to be mitigated/ resolved

4. Financial due diligence

- Underlying capacity assessments and any changes – consideration of right-sizing provision
- Advance payments - authorisation
- Responsibilities for cost estimates and cost control
- Financial planning and assumptions for set-up and running – underpinning financial model
- Monitoring of cost and outturn
- Residual risks of decommissioning and reinstatement.
- Consequential losses

5. Future use

- Current plan for sites – linked to Q2 plans and to end of financial year 20-21
- Mobilisation planning, workforce approach, phasing etc.
- Decision making framework, evidence of reasonableness and appropriateness in contingency plans
- Consideration of regional planning for future peaks in demand

The Review Team recognised that assurance reviews of complex projects of this nature require the use of emergent practice which typically includes: reliance on incomplete or flawed data; recognising certainty may never be reached and how this impacts on pausing or making decisions; the need to explore paradoxes and reflect collectively; to understand that different stakeholders interpret data differently and may bring forward alternative solutions; and the need for pragmatic interventions.

8. Detailed Review Team findings

1. Delivery strategy linked to clinical plan Specification and demand forecasts

Specification for the field hospitals was developed by SBUHB to meet the anticipated demand of initially up to 1,242 additional acute beds (notified to Health Boards in correspondence from Welsh Government on 04/04/2020), later revised to 621 acute beds (through correspondence from Welsh Government issued on 24/06/2020). The field hospitals are an integral part of the whole SBUHB Covid-19 response, they are not stand-alone facilities, and would be used only in the event of surge (Llandarcy FH), or super-surge (both Llandarcy and Bay). The field hospital Standard Operating Procedure (SOP) (model of care and overarching operational policy) (draft v5, 07/05/20) confirms the 2 field hospitals were commissioned as temporary health care facilities depending on the course of the pandemic.

Clinical engagement and specification

The specification and layout of both field hospitals was determined by the clinical model, which itself was developed by a clinician with engagement from key clinical leads. Chairs Action 23/04/20 approved the clinical model for both field hospitals, the estimated capital and revenue costs for both, and the workforce model. This effectively forms the approval for the Field Hospitals.

Site options and appraisal

Delivery of field hospitals is entirely new to Health Boards and Local Authorities and hence the initial approach was to identify any available sites. So initially there was a lack of clarity about field hospital sizing and capacity requirements meant some (8-10) leisure centres were considered. These were discounted following conversations between Local Authorities and SBUHB when it became clear that, whilst they may be able to deliver the required capacity, the small size of them meant that they would not be able to be safely staffed. Parc Tawe was considered but discounted following Military Impact Assessment Report. Metal Box in Neath was considered verbally and discounted as likely costs were thought to be prohibitive. The Review Team are not sighted on why these two options were discounted. Llandarcy Academy and Bay Studios were selected following site visits and informal conversations. Llandarcy was selected due to size and ease of fit out, Bay was selected due to location, accessibility, and a layout lends itself to flexibility for future. In addition, both were likely to be capable of being supported with potential workforce requirements.

The document 'Developing Additional Mass Community / Field Hospital Capacity across Swansea Bay' confirms the options, the approach to site selection and resultant actions required at the time. This was submitted to Gold Command for clarity of direction of travel for bed numbers and design works for the two sites. Appraisal criteria were not clear in this document and appear to have been determined on an emergent basis taking into account factors identified in the previous paragraph.

Functional capacity

Functional capacity is documented in the Field Hospital SOP which includes a workforce model for each Field Hospital, which was developed in conjunction with professional leads.

If Llandarcy is to be decommissioned, the surge SOP and operational SOP would need to be revised for the Bay.

The Review Team have not seen the evidenced assumptions in the RAID log for key aspects of delivery (eg equipment and consumable). The Covid-19 risk register includes some key aspects which unless resolved would impact upon operational ability to deliver field hospitals, notably around workforce, fire risk assessment, and safe and effective care.

Workforce plan

Workforce availability was a key factor in the development of the clinical model, with a planning assumption that essential services would be maintained, but with routine services being scaled back, as required by Welsh Government. Planning assumptions around recruitment and retention of workforce informed the development of the clinical model and therefore specification and layout of the field hospitals. Workforce is recognised as remaining as the top risk for the field hospitals and it is recognised that today a guarantee cannot be given that the field hospitals could be fully staffed, if required. Workforce plans are much more complicated with higher sickness and absence social distancing, and PPE donning and doffing having a major impact on current and future operational capacity across the acute and field hospitals. Recruitment and retention of workforce is recognised as remaining a top risk for the operational delivery of both field hospitals.

2. Governance and decision making

Governance structures

The Review Team observed that as the Covid-19 pandemic unfolded in Wales, SBUHB adopted a governance approach intended to ensure an appropriate level of board oversight and scrutiny to discharge its responsibilities effectively, during the period of the coronavirus emergency as set out in the 'Maintaining Good Governance' Chair Action paper.

The Review Team observed various documented Covid-19 "Command and Control" governance structures, spanning national, regional and local levels, extending horizontally at local level to regional partners for a multi-agency response including Military liaison. SBUHB operates a Gold, Silver and Bronze Governance Structure with decision making at Gold Command and tactical and operational decision making at Silver and Bronze levels respectively. The Governance framework also identifies a number of cross system wide planning and delivery Cells including one for Field Hospitals, indicating that reporting and action is via RAID logs with escalation to Gold on key risks and issues. The Review Team understand that the Gold Command meeting frequency stood-up at the beginning of the emergency response has now been scaled back over time from daily, to three times a week, to weekly. The Review Team observed that the Governance Structures are complex with a strong focus on SBUHB Corporate Level Board and Gold Command Operational Governance. It was not clear to the Review Team how this currently weekly Major Incident Response management approach, connected with other supporting management and delivery structures needed in the next phase to combine any further Major Incident responses to Covid-19, with the scaling up of routine work, and the seasonal management of emergency and urgent activity.

Recommendation 1: Set out governance and management arrangements below Corporate Board and Gold Command, for the next two quarters, to align any required Covid-19 Major Incident responses with those needed for seasonal demand and the scaling up of routine work

The Review Team understands that there were regular discussions with Local Authority (LA) partners to progress at pace in the early stages of the response. In light of this a senior experienced independent individual, was appointed on a short-term basis during the 'emergency response' period to chair an 'External Gold Command' liaising between SBUHB and LA partners. The remit was to help 'get things done' in lieu of any formal collaboration agreements between the parties. The Review Team understands this brief was broader than the establishment of Field Hospitals and included Care Homes and Test, Trace and Protect. This role came to an end at 31/07/2020. The Review Team understand that collaboration agreements between SBUHB and LA partners remain outstanding and recommend that these should be signed and that consideration should be given as to how Local Authorities are engaged in the next round of planning and delivery.

Option appraisal, decision making, scrutiny and VFM assessment

The Review Team have been sighted on a Gold Command paper dated 27/03/2020 'Developing additional mass community / field hospital capacity across Swansea bay' setting out exploratory discussions with the LAs regarding the availability of up to 8-10 Leisure Centres/facilities to support additional bed capacity. The paper made a number of recommendations including confirming; bed requirement numbers; commissioning of work from LAs to progress design works for 2 sites in each LA area; and work streams and associated leads.

The Review Team understand that the site selection criteria of a Field Hospital in each LA was driven by SBUHB specifications and capability requirements. This connects with the process of individual site selection or rejection set out earlier in this report and was subsequently set out in detail within the SBUHB Field Hospital Model of Care and Operational Policy.

The business case for the creation of SBUHB Field Hospitals, the approval of the clinical model, workforce model and estimated capital and revenue costs for the two field hospitals was set out in a Board paper and decided under the Chairs action on 23/04/2020 and ratified on 30/04/2020.

Review and process for financial decisions

The Review Team understand that the development and provision of the Field Hospitals within SBUHB has its own governance structure within Silver Command and support cells. An Executive-led Field Hospital Establishment Group (FHEG) oversaw this work, supported by eight workstreams with Field Hospital Operational Delivery Group (FHODG) responsibility via the Primary and Community Services delivery unit, including a 'project lead' for each field hospital. The core objective of the FHEG was to plan and deliver a 2 field hospital model aligned to surge and super surge requirements.

Reporting arrangements for the FHEG were set out within a 'Command structure scoping document'. This indicated that a RAID log should be maintained with escalation via the SBUHB Director of Strategy to the agreed joint-partnership arrangement (between the SBUHB and LAs), with a weekly update to Executive Team and Gold, and a twice weekly update to Capacity Delivery Cell. While the Review Team noted that there were not specific terms of reference for these groups, given they are likely to be in existence at least through Q3/Q4, governance arrangements (perhaps including formal SRO appointment) and terms of reference for the field hospitals need to be considered.

Recommendation 2: Prepare terms of reference for the field hospital establishment and operational groups

The Review Team have been sighted on a significant number of FHEG papers including agenda's, minutes, action logs, risk registers, project plans and various briefings etc., for the period 30 March to 23 July 2020. The Review Team observed that the operational planning and response arrangements are framed by the Command and Control structures as applied via Silver Commands and associated support cells. The Review Team found that there was a lack of use of Programme and Project Management (PPM) approaches during this period. Where standard PPM tools are used as key elements of management information, such as risk registers, the Review Team observed inconsistencies in their use, which may impact the quality of analysis and decision making.

The Review Team understand that it is up to the discretion of the Silver Lead to identify the necessary resources and requirements such as PPM skills. The Review Team are aware that PPM skills do exist within the SBUHB but are not sighted on where these resources are deployed, and if any capacity exists or whether consideration should be given to contract suitable external resources.

Recommendation 3: Use a Programme and Project Management approach for field hospitals, including a project manager, to provide improved delivery tools, management, control and reporting

3. Contract management

Contract appointments, approvals, management and decommissioning – Llandarcy

The establishment of the field hospitals in respect of the locations came from a request from the Health Board to both Swansea and Neath Port Talbot councils to look at available buildings. NPT put forward a site in Neath which was deemed to be unsuitable due to the amount of work required. The only other available building of the size required was Llandarcy Sports Academy owned by NPT College, SBUHB deemed this building to be the best option.

The build contracts were to be managed by the local authorities using their available frameworks. In respect of Llandarcy, no formal brief was available from the HB and therefore the works required were agreed on site during discussions with the HB and contractor in respect of the clinical model requirements for 342 beds and issued the tender notice. NPT College issued a license to NPTCBC and Scotts were awarded the main contract on 31/03/2020 and the building was completed within 22 days. We understand the approval to move forward with the contract was agreed at the Gold command level, although we have not seen sight of this.

Alongside this, NPT College entered into a lease agreement with the SBUHB for a term of 6 months. The Review Team has not seen the lease agreement or the construction contract. We were informed that the lease contains an agreement to reinstate the building at the end of the lease and cover any consequential losses. The Review Team are not made aware of any other onerous clauses within the lease agreement. In respect of the contract the decommissioning costs are included and Scotts will need a four week notice to mobilise and four to six weeks to carry out the works.

The Review Team were informed that the college will require the site back on 23/10/2020. We are of the understanding that discussions around the de-commissioning of Llandarcy

and a transfer to the Bay has not yet been agreed. We are also of the understanding the college continues to lose money in respect of the venue and would like it returned an earlier date.

A decision in respect of the decommissioning needs to be decided immediately and conveyed to NPT in order to limit any further consequential losses. It is not clear at present who will cover these consequential losses or decommissioning costs. SBUHB rapidly need to address quantifying this costs and risks and seek approval for additional funding.

Contract appointments, approvals, management and further development – the Bay

In respect of Swansea, two sites were put forward and the Bay was deemed to be the best option regarding access and outside space. The request from the SBUHB was to establish 621 beds with an opportunity to raise this to 1000, if needed. Similarly to NPT a licence agreement was issued and the HB entered into a lease, which we have not seen, with the owner for a 12 month period at nil cost. The City and Council of Swansea Local Authority issued a tender with an estimated cost of between £10 and £12 million.

The contractors met on site with Swansea Council and the SBUHB on 28 March 2020 to formalise works required and started on site on 1st April. The contract was completed within four weeks. We are made aware that this contract does not include decommissioning and reinstatement costs, which will need to be considered and funding identified for.

We are of the understanding that the Bay will be the main field hospital moving forward. However, there were some concerns as to when the owner would ask for the building to be returned. We are also not aware of any consequential losses in respect of this lease or the cost of any further works required at the site such as oxygen. Further discussions are ongoing in respect of this. The final cost in respect of the current Bay works is believed to be £26 million.

Whilst the speed and delivery of the contracts for the field hospitals should be commended, it should be noted that the variables in respect of these contracts provides significant risk moving forward. These factors need to be properly considered and documented.

Recommendation 4: The field hospitals leases need to be signed and any impacts of consequential losses fully understood in terms of risk, cost and future planning

Risks and mitigation

The collaboration between the Local Authorities, SBUHB and Welsh Government to ensure delivery has been at a level not seen before. The understanding between all partners in respect of budget availability, leasing arrangements and risk continues to require careful work. It would appear that contracts issued by the local authorities at this time were at risk, albeit with an understanding that Welsh Government would provide funding for reasonable set-up costs.

Even though there has been an understanding that Welsh Government will cover all costs in respect of the set-up of field hospitals, this has been communicated in an email, which we have not had sight off. There seems to be some doubt about which costs Welsh Government will meet with budgetary limits providing an affordability limit, which is still being worked through. Both of the construction contracts are at final account stage and are being scrutinised by Local Authority, SBUHB and Welsh Government Shared Services

professional estates services advisors. Significant Welsh Government funding has already been provided for LA and Health Board costs,

4. Financial due diligence

Capacity assessments

Capacity planning at a national level identified the number of Covid-19 acute (and critical care) beds required by each Health Board for the initial surge, which was then subsequently reduced in a second round of national planning. While nothing has been seen in writing, we understand that this second round of Covid-19 response beds may remain the capacity requirement for Q3/Q4 or potentially until a proven vaccine has been identified and extensively used. Hence there is, for the foreseeable future, a requirement for field hospitals as part of the whole health and social care system.

SBUHB approach to managing additional capacity through the four different levels of pandemic outbreak is outlined in the earlier background section of this report. With the reduction in Covid-19 bed requirements, an imminent decision is due by SBUHB to close Llandarcy and centre all additional field hospital requirements at the Bay. The potential capacity at the Bay exceeds the current field hospital requirement with space for about 1,032 beds, compared to an estimated capacity requirement of 621 beds. Hence, with this extra capacity, there is potential identified to use the Bay as a regional field hospital. The intention is to also change the clinical model at the Bay to provide oxygen and enable a higher level of patient acuity to be treated. SBUHB future capacity planning assumptions across the health system have been informed by actual phase 1 experiences and modelling, which is most closely aligned with the University of Warwick modelling, rather than other modelling approaches.

Financial planning and modelling

While the Review Team has not examined underlying finance, activity and workforce modelling, we heard that the key elements in financial modelling are the field hospital build costs together with the operational finance, capacity and staffing costs. The Review Team heard that there was a growing understanding of the differences between linear modelling and planning approaches. Scenarios are being developed and will need to be flexible, both in timing and changing circumstances to any further emergent Covid-19 challenges, as well as the more usual variations in seasonal activity.

Costing the likely operational reality of staffing costs as opposed to the theoretical staffing costs from the workforce plans is complex and difficult to forecast. Currently the uncertainty about whether oxygen will be provided plays into this too. As well as uncertainties in any actual field hospital staffing, this has to consider the impact of the complexities of staffing the main acute facilities with social distancing, staff protection and staff with Covid-19. Much higher sickness levels (up to 15%) are occurring. Many options and ideas have been explored for securing sufficient workforce for maximum capacity in the field hospitals, but there is still a potential shortfall in the workforce staffing model for full capacity, and in particular for the step down ward areas. A workable staffing plan is identified for the higher acuity and palliative care areas.

Financial monitoring and cost estimating and control

Finance arrangements themselves are complex with, as noted above, the two Local Authorities having responsibility for the delivery of the construction of the field hospitals and the associated cost estimates and cost control. Funding secured through the Welsh Government Star Chamber for these costs have been channelled through SBUHB.

Payments have been made for nearly all of the cost of the hospitals, with final accounts and payment due shortly. As noted early, we understand that leases for the field hospitals are not yet signed, although field hospital construction and payments proceeded in good faith backed by certificates of completion and independent assessment of costs. The Review Team were verbally informed that there had not been any advanced payments to third parties.

The approach to financial management and control during this period has followed specific Welsh Government guidance and direction. This has included: regular financial reporting and outturn forecasting, monitoring and requests for funding; Accounting Officer and Director of Finance letters sent to the DG for Health and Social Services confirming actions taken; weekly meetings of Health Board Finance Directors; individual Finance Director meetings with the Finance Delivery Unit; and scrutiny of field hospital construction invoices by Local Authority, Health Board and Welsh Shared Services professional advisors, prior to requests for funding and the subsequent release of finance and payments. There is a substantial forecast expenditure ask for Covid-19, which, while reducing every month the field hospital are not used, will still require funding. This is in addition to the substantial wider Health Board financial challenges of an underlying planned deficit and major savings programmes, which pre-date the Covid-19 demands.

Financial risks including decommissioning and consequential losses

The key outstanding financial areas of risk identified during the review associated with the field hospitals for SBUHB are:

- Securing funding for the maintenance and operation of the Bay field hospital. On its proposed new basis with a different clinical model including oxygen.
- Securing funding for the significant de-commissioning and reinstatement costs at Llandarcy field hospital.
- Identifying and securing funding for transferring equipment from Llandarcy and further investment in oxygen and fire regulations and capacity at the Bay.
- Negotiating, seeking funding for and settling consequential loss claims at Llandarcy, and potentially the Bay.
- Securing funding to cover the future residual risks and costs of decommissioning and reinstatement, as and when the medium term requirements for the Bay field hospital become clearer.

The Review Team heard that financial risks are to be added to the Covid-19 risk register.

Recommendation 5: Continue to provide the evidence base to secure additional funding for field hospitals including operational costs, decommissioning costs and consequential losses, and further investment for the revised Bay clinical model and capacity

5. Future use

Current plans for sites and contingency plans

We understand a decision is imminent for the Llandarcy site to be decommissioned and hence discussions around the future requirements of the Bay will need to be decided immediately in relation to the clinical model. At present oxygen cannot be used at this site due to fire safety requirements. Discussions are ongoing in respect of this but time and cost is not known and therefore presents a risk moving forward. There is also a risk of a gap between when operational beds with oxygen are withdrawn at Llandarcy and become available at the Bay. If it is not possible to provide oxygen at this site then the clinical

modelling will need to be revisited. It is understood that the equipment from Llandarcy will transfer to the Bay, although timescales and cost in respect of this remains unknown

The Q3/Q4 operational Plans are still in discussion in respect of the modelling for a possible surge in Covid-19 and Winter Flu and the need to restart routine work. Although the Bay is ready regarding the latest capacity requirements at 621 beds, there is a concern around the staffing in respect of this. Should the Bay be required tomorrow there would not be enough staff available for the lower acute beds.

Regional planning

High level discussions have taken place around regional working between SBUHB and Hywel Dda UHB to share this facility and support staffing requirements, this discussion has not progressed in respect of worked up options and an agreed solution. Discussions have also been held with Cwm Taf UHB. This is becoming of increasing importance and needs more attention by Health Boards and Welsh Government as part of current regional and national planning deliberations.

Recommendation 6: Work with Welsh Government and other neighbouring Health Boards on options for regional field hospitals and consider the next phase implications for the Bay field hospital

We did hear that marked differences in opinion about the future use of the Bay during Q3/Q4 (dedicated only for Covid-19, for wider acute step down services, and for other healthcare needs) and once the future clinical model and short and medium term purpose is determined, this needs to be clearly and widely communicated.

Recommendation 7: Clarify the key messaging and communications, particularly for staff and stakeholders about the identity of the field hospital and the purposes for which it will be used in the next phase

We are not presently sure of when the lease for the Bay comes to an end or whether the content of the lease arrangement will lead to further risks in respect of this. In particular, should the owner wish the building to be returned earlier than agreed or wish to renegotiate the terms. We are also aware that any decommissioning of this site will require a further tender to be issued as this did not form part of the original contract and is not included in current financial estimates.

9. Next assurance review

A PAR with a Red or Amber / Red DCA should be followed by an Assurance of Action Plan Review (AAP) within 6 weeks of completion of the review. An AAP is a short review which re-assesses the DCA in the light of the proposed actions drawn up in response to the PAR Review. The overall purpose of an AAP is to ensure Delivery Confidence is raised to an appropriate level that will enable delivery of aims to time, cost and quality.

The next assurance review for the Bay field hospital should be linked to the next key decision points, which appear at the current time, to include any decision to proceed with a regional field hospital and when, and if, to proceed with a decision to decommission the Bay field hospital.

ANNEX A - List of Interviewees

The following stakeholders were interviewed during the review:

Name	Organisation and role
Darren Griffiths	Joint SRO for this Review, Director of Finance (Interim), SBUHB
Val Whiting	Joint SRO for this Review, Deputy Director, Capital, Estates & Facilities, Health and Social Services Group, Welsh Government
Tracy Myhill	CEO, SBUHB
Chris White	SRO for the Field Hospitals project, COO, SBUHB
Ian MacDonald	Head of Strategic Capital Finance, SBUHB
Sian Harrop-Griffiths	Director of Strategy, SBUHB
Joanne Abbott-Davies	Assistant Director of Strategy & Partnerships, SBUHB
Hilary Dover	Director Primary Care & Community Services, SBUHB
Anjula Mehta	Interim Medical Director, Primary Care & Community Services, SBUHB
Ruth George	Senior Human Resources Manager at Swansea Bay, SBUHB
Pam Wenger	Director of Corporate Governance, SBUHB
Keith Reid	Director of Public Health, SBUHB
Andrew Sallows	Interim Director of Services, Health and Social Services Group, Welsh Government
Claire Green	Finance Lead, Finance Delivery Unit, Welsh Government
Hywel Jones	Director, Finance Delivery Unit, Welsh Government
Simon Davies	Assistant Director of Strategy (Capital), SBUHB
Simon Brennan	Head of Property Regeneration, Neath Port Talbot Council
Ian Gunney	Deputy Head of NHS, Capital Estates & Facilities, Welsh Government
Emma Woollett	Chair, SBUHB
Martin Nicholls	Director, Place, Swansea Council