

Field Hospital Decommissioning Final Advisory Report

August 2021

Hywel Dda University Health Board

NWSSP Audit and Assurance

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Review reference:	HDUHB-2122-07
Report status:	Final
Fieldwork commencement:	25 June 2021
Fieldwork completion:	27 July 2021
Draft report issued:	3 August 2021
Debrief meeting:	4 August 2021
Management response received:	10 August 2021
Final report issued:	11 August 2021
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Acknowledgement

NHS Wales Audit & Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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1. Introduction

- 1.1 The review of Field Hospital Decommissioning has been completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2021/22. The lead Executive Director for this review is the Director of Operations.
- 1.2 In March 2020, the Health Board was seeking additional bed capacity to expand capacity in response to the COVID-19 pandemic. Nine field hospitals were established across the three counties of Carmarthenshire, Pembrokeshire, and Ceredigion and three of these sites became operational (Carmarthen Leisure Centre, Bluestone and Selwyn Samuel Centre). As predicted demand was reviewed nationally, field hospitals were decommissioned and handed back to site owners:

Field Hospital	Status
Carmarthen Leisure Centre	Partly decommissioned in 2020/21
Llanelli Leisure Centre	Decommissioned in 2020/21
Parc Y Scarlets Stadium	Decommissioned in 2020/21
Penweddig School	Decommissioned in 2020/21
Plascrug	Decommissioned in 2021/22
Parc Y Scarlets Barn	Decommissioned in 2021/22
Bluestone	Decommissioned in 2021/22
Cardigan Leisure Centre	Retained as Test, Trace & Protect and Mass Vaccination facility
Selwyn Samuel Centre	Retained as surge facility in the event of a third wave of COVID-19

- 1.3 We have focussed on the seven sites that had been partly/decommissioned at the time of the review. Cardigan Leisure Centre and Selwyn Samuel Centre were excluded from the scope of this review as they had been retained by the Health Board, at the time of fieldwork. We understand that facilities at the Cardigan Leisure Centre are currently being relocated and the site handed back to the local authority.
- 1.4 The potential risk considered in this review was:
- Poor management of the decommissioning process potentially resulting in an adverse impact on Health Board services, financial loss and/or reputational damage.

2. Executive Summary

- 2.1 Our review highlighted the significant effort and dedication shown by the cross-functional 'decommissioning team', particularly the Deputy Director of Operations as the Senior Responsible Officer (SRO), Acting General Manager (COVID Operations) and Chair of the Field Hospital Bronze Triumvirate. Notably, each of the seven sites reviewed were handed back to their respective proprietors in line with agreed contractual timescales.
- 2.2 We also observed evidence of robust governance arrangements with regular reporting, appropriate decision making and scrutiny of decommissioning activities through the command structure beneath the Health Board.
- 2.3 We recognise the challenges faced by the Health Board to operationalise field hospitals during a time of unprecedented pressure. Whilst we have identified a number of areas for learning, some of the issues detected in the decommissioning phase are a result of decisions, actions or omissions during the commissioning phase.

Key findings from our review relate to:

- Absence of an overarching decommissioning plan/strategy, although task-based decommissioning plans were developed for each site.
- Whilst we found that an operational structure is in place for the decommissioning team this structure is not documented, and roles and responsibilities lack clarity. The SRO / Acting General Manager was heavily involved in the operational arrangements, potentially highlighting the need for additional capacity for operational oversight and co-ordination of the field hospital sites as a whole.
- Inconsistent and insufficient resources allocated to decommissioning phases, with no arrangements for formal handover, resulting in a lack of clarity around responsibilities for key elements such as non-medical equipment and Workforce.
- Poor control over the recording of non-medical equipment during the commissioning phase resulted in a lack of traceability and uncertainty over the completeness of equipment schedules at the point of decommissioning.
- The urgency at the commissioning stage meant that site surveys were not undertaken during design and build phase to agree the condition of sites prior to occupation by the Health Board, resulting in disputes arising as part of the reinstatement process.

- 2.4 The detailed findings of the review and points for future consideration are set out within sections 3 and 4 below.

3. Detailed Findings

Objective 1: a robust strategy/plan has been formally developed and approved for the decommissioning of field hospitals

3.1 Our work in this area included:

- establishing the contractual obligations relating to the decommissioning of field hospitals
- establishing and evaluating the plan/strategy/arrangements in place for the decommissioning process, including the arrangements for:
 - returning field hospital sites to the proprietors
 - resource allocation and management
 - redeployment and termination of staff
 - repurposing or disposal of assets, equipment and consumables

Decommissioning Plans

3.2 There is no formal overarching decommissioning policy / strategy within the Health Board. The Programme Management Office developed high-level plans, timelines, and site-specific decommissioning / mothballing activity checklists to support the decommissioning process. The checklists cover the tasks, responsible department/officer, supporting department/officer and status within the following categories:

Informatics	Signage
Medical gases/equipment	Cleaning/infection control/decontamination
Furniture/equipment	Security
Waste	Estates
Information	Decommissioning
Laundry/sanitary	Land, Property & Legal
Stock	External contracts
Fire	Site Operational Issues
Staffing	

3.3 We reviewed the seven activity checklists and whilst most activities had a 'completed' status, a number of minor tasks were still 'in progress' or 'to action' at the point of handover.

3.4 Each activity checklist included a declaration to be signed by representatives of the Health Board and proprietor, to confirm decommissioning / mothballing activities had been completed and the site was ready for reinstatement. Only three signed plans were available for review (Penweddig, Llanelli LC and Parc y Scarlets Stadium).

3.5 Latterly, iterations of high-level decommissioning plans were created as PowerPoint slide decks to capture the approach, timelines, key factors, activity checklists, governance arrangements and roles and responsibilities. Plans were modelled on a Field Hospital Handover Plan created as part of the commissioning phase and refreshed for decommissioning purposes. Whilst plans and supporting documentation were intended to

be fluid in nature, they remained in draft format and not fully updated with pockets of information remaining as 'TBC' or incomplete.

Resource Allocation and Management

3.6 The SRO for the design, build and commissioning phase was the Strategic Programme Director. Following a review of available documentation and discussion with key officers, we were unable to establish the organisational structure for this initial phase, or how it translated into the decommissioning stages.

3.7 Towards the end of June 2020, the Deputy Director of Operations assumed the roles of SRO, Acting General Manager (GM) and Chair of the Field Hospital Bronze Group. Following a review of the March 2021 decommissioning plan we noted that whilst key individuals were identified to support the decommissioning process, the structure, roles and responsibilities were unclear. We subsequently established through discussion with various individuals that the high-level structure was as follows:

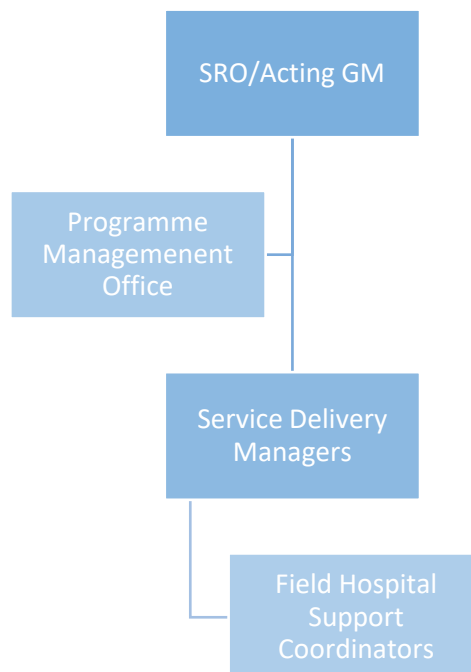


Fig.1

3.8 We noted a risk identified within the Field Hospital Risk Register (Ref. FH14) regarding a lack of management and support staff to facilitate the management of field hospitals and to undertake actions within the hibernation / decommissioning plans. During our review it was apparent that successful delivery of decommissioning plans was heavily reliant on key individuals as specific resource had not been identified to undertake the required tasks. Notably, the SRO/Acting General Manager (COVID Operations) was heavily involved in the operational arrangements at all levels. This highlighted the potential requirement of additional capacity for operational oversight and co-ordination of the field hospital sites as a whole.

3.9 Furthermore, there was a lack of continuity in resources as key roles were undertaken by different individuals due to staff returning to substantive posts or being reassigned to other projects, with no evidence of formal handover of responsibilities. This was evident from our interviews with key individuals and from our review of available documentation which was often inconsistent and incomplete.

Workforce

3.10 The three operational field hospitals (Carmarthen Leisure Centre, Selwyn Samuel Centre, and Bluestone) were staffed by a mixture of substantive and temporary (agency, fixed term contract and bank) employees and their movements were managed via the Health Roster System. Workforce was gradually scaled back in line with patient discharges until closure. Service Delivery Managers collaborated with the Workforce team to manage this transition.

Non-Medical Equipment

3.11 The fast-paced construction of field hospitals and urgency in sourcing required equipment resulted in a fragmented approach to the recording and tracking of non-medical equipment in the commissioning phase. Although the Capital Programme Team maintained a schedule of purchased equipment for field hospital sites, there was no central control over the receipt and distribution of equipment with some items being delivered directly to field hospitals and others to acute sites for onward transition. With no traceability it was not possible to check that all equipment reached the intended sites.

3.12 This was identified as a risk by the Field Hospital Bronze Group (Ref. FH15 on Field Hospital Risk Register) and a process was established for the redistribution of surplus equipment, which included the requirement for each site lead to maintain an up-to-date inventory of on-site equipment, to feed into a 'master' list overseen by an appointed Project Manager (Business Governance – Equipment).

3.13 Whilst we confirm site-specific inventories were kept, they were basic in detail and varied across sites, resulting in inconsistent information being captured. We were informed that not all lists were kept up to date as equipment was moved from site to site without visibility of their whereabouts.

3.14 The 'master' non-medical equipment list was developed through an amalgamation of separate records. Attempts of limited success were made by the Project Manager to reconcile equipment against Purchase Orders in Oracle, due to the lack of detail captured on individual inventories and the absence of any asset or reference number. We were advised that the Project Manager has recently moved roles and the 'master' list has been passed to the Interim Head of Nursing COVID-19 Operations.

3.15 A recent SBAR presented to the Silver Tactical Group in July 2021 highlighted the current storage / redeployment position of field hospital equipment and the proposed process of distributing a list of surplus equipment together with an Expression of Interest Form across the Health Board. Following a 6-week pause in equipment redistribution to allow time for requests to be received, there will be a full review undertaken by a Review Panel consisting of appropriate stakeholders.

Medical Equipment

3.16 Medical equipment was recorded, monitored and controlled separately via the Clinical Engineering asset database. Equipment is redistributed in line with the established replacement programme on the basis of need, age of existing equipment or current manufacturer support status.

3.17 The Head of Clinical Engineering confirmed that all field hospital medical equipment is either located in storage facilities in Carmarthenshire or has been redeployed to community or acute sites in line with the replacement programme. The asset database was reviewed and confirmed to record inventory movements.

Contractual Obligations – Reinstatement Works

- 3.18 We reviewed the legal agreements for each site to ascertain the Health Board’s contractual obligations for returning the sites to the proprietors. In doing so, we identified that the ‘Licence to Occupy’ agreements for three sites (Penweddig, Plascrug and Cardigan LC) occupied from 15th April 2020 were not formally completed until 15th January 2021. Notably, the Penweddig site had been fully decommissioned prior to this date.
- 3.19 Whilst the legal nature of the agreements varied by site, they each included a common obligation on the Health Board to return the site to its original condition prior to occupancy.
- 3.20 We understand that the Local Authorities were responsible for reinstating all sites with the exception of Bluestone, where Gold Strategic Group and the Health Board approved an alternative option to allow Bluestone to undertake its own reinstatement. Actual decommissioning and reinstatement costs were reported to Finance Committee in April 2021.
- 3.21 Due to the urgency of operationalising the field hospitals, we understand that ‘Schedules of Condition’ were not completed to document and agree the condition of the site at the point of occupation. Whilst we noted that some high-level photographs were included within the legal agreements and taken during occupancy, the absence of accompanying schedule of condition reports factually detailing the condition of the property, fixtures and fittings at the outset resulted in no agreed benchmark against which the condition of the property could be assessed, and any changes or deterioration accurately identified. There is a risk that the Health Board would not be in a strong position to dispute any arising claims, should Local Authorities reinstate their properties to a better condition.
- 3.22 We are aware of two disputes to date involving issues with a cracked floor at Plascrug and the replacement of the 3G training pitch at Parc y Scarlets. The impact of not conducting a site condition survey has resulted in lengthy negotiations with Ceredigion County Council and Carmarthenshire County Council, with the Health Board liable for the cost of repair and/or replacement.

Objective 2: appropriate governance arrangements are in place to manage, monitor and report on the decommissioning process

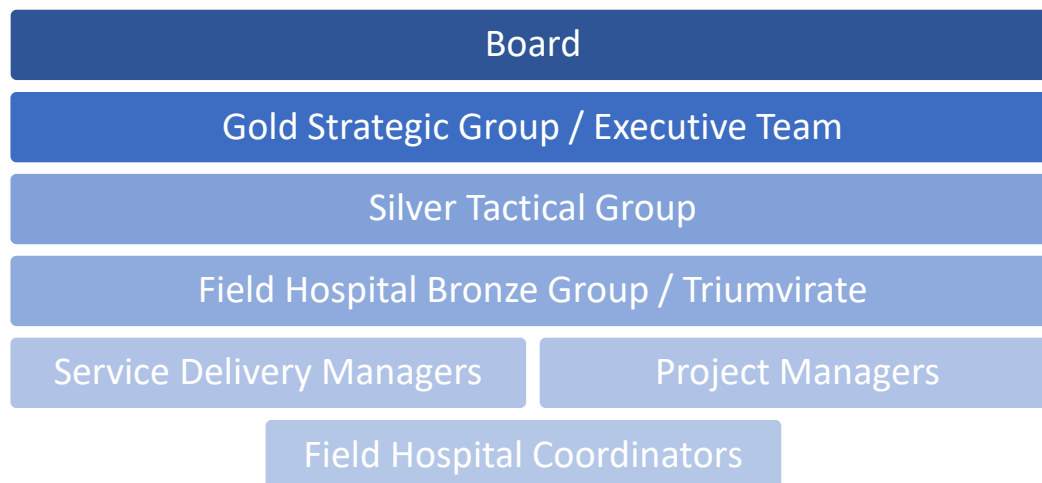
Decision to Decommission

- 3.23 The decision to decommission varied by site:
- No formal notice was served in relation to Penweddig School as site was returned at the expiry of the Licence to Occupy in July 2020.
 - Carmarthenshire County Council served notice on the Health Board relating to Llanelli Leisure Centre and Carmarthen Leisure Centre during August 2020.
 - No formal notice was served relating to Parc y Scarlets Stadium due to renegotiations of the second Underlease concerning the Barn area only, commencing in September 2020.
 - The Health Board served notice on Local Authorities relating to Parc y Scarlets Barn, Bluestone and Plascrug during March 2021.
- 3.24 Where notice was served by the Health Board, decisions were considered and approved via governance structure set out below and evidenced as such within meeting papers and minutes.

- 3.25 We noted a paper presented to the Executive Team by the Director of Operations on 3rd March 2021 entitled "Future Plans for Field Hospitals", in which it highlighted the most recent modelling data and analysis undertaken. It was proposed to serve notice on the contracts with Scarlets Regional Ltd. and Bluestone, and to return Plascrug to Ceredigion Local Authority.
- 3.26 The decision was agreed by the Executive Team and the paper was further submitted to both Gold Strategic and Silver Tactical Groups on 9th and 10th March 2021 respectively. The decision was supported, and Chair's action was used to allow timely enactment. At the Public Board meeting on 25th March 2021, the paper was included within the COVID-19 Report and ratification of the decision was sought and granted.

Decommissioning Monitoring and Reporting

- 3.27 The Governance structure below demonstrated scrutiny of decommissioning activities at all levels.



- 3.28 We reviewed a comprehensive selection of documentation including agendas, action logs, risk register, meeting notes and minutes relating to the following monitoring and reporting activities:
- Gold Strategic Group managed, and approved key decisions relating to field hospital decommissioning and delegated associated tasks to the Silver Tactical Group. Ratification at Public Board Meetings was sought of any decisions made.
 - Bi-weekly Silver Tactical Group meetings oversaw the operational response to the decommissioning programme, including consideration of issues and escalations from Bronze Groups and endorsement of key decisions.
 - Weekly Field Hospital Bronze Group / Triumvirate meetings coordinated the decommissioning programme across all sites with appropriate membership of key stakeholders including Deputy Director of Operations as SRO, Acting General Manager and Chair, Clinical and Nursing Leads for Field Hospitals, Service Delivery Managers, Project Managers and Field Hospital Coordinators.
 - Task and Finish Groups established for each site to monitor and feedback to Field Hospital Bronze Group with progress and issues with appropriate membership of key stakeholders including Service Delivery Managers, Field Hospital Coordinators, Project Managers, and representatives from Local Authorities.

- Weekly Flash Reports presented to the Field Hospital Bronze Group which formed the basis of monitoring decommissioning activities and included comprehensive updates on key information including summary of actions to date, RAG ratings for upcoming tasks and any matters of concern for the Group to consider.
- Frequent 1:1 meetings between Field Hospital Site Leads, including Project Managers and Service Delivery Managers, and the Deputy Head of Operations.
- Daily touch-point meetings between Clinical and Nursing Leads, Project Managers, Service Delivery Managers and Field Hospital Support Coordinators.
- Evidence of financial reporting by the Finance Committee to the Board on the costs associated with field hospitals, including a schedule of costs associated with Parc Y Scarlets and Bluestone in April 2021.

4. Recommended Management Action

Management should undertake a 'lessons learned' exercise with key individuals across the field hospital commissioning, operation and decommissioning phases in order to identify what went well and what could be done differently, not only for similar projects but potentially also in the operation of acute hospital settings.

Management Comment:

The Executive Director of Operations, the Field Hospital management team and other Health Board senior managers welcome this Internal Audit advisory report into the decommissioning processes relating to the field hospital portfolio. The opportunity to embed the learning recorded in this report into future practice in whatever form that might take is an opportunity not to be missed if the Health Board is to improve on similar processes in the future.

It is worth noting that whilst this audit focused on the decommissioning phase of the nine field hospitals set-up and commissioned in April 2020, the record should not lose sight of the fact that decisions taken during the planning phase, which were invariably made whilst the country faced an uncertain prospect as to the impact of the COVID pandemic, may have been less than optimum for the sake of expediency. The consequence of this was that the Health Board found itself facing far from desirable situations at the decommissioning stages and whilst it is easy to critically reflect on the early decisions that led to these predicaments it needs to be reminded that the pressure to deliver facilities in a matter of weeks was nothing short of significant at the time. The three local authorities that supported the Health Board will have faced similar pressures in identifying suitable sites and supplying the resources to convert these into working field hospitals and whilst under such time pressures with hindsight the final site nominations may not have served the interests of the Health Board in line with its service delivery objectives as well as they might.

That said it needs to be noted that even in the face of some highly undesirable reinstatement obligations which only became apparent at the decommissioning phase that material mitigation of expense has been achieved where some of the Health Board's costs are concerned. Most notable these apply at the Stadium at Parc y Scarlets, Llanelli and the Leisure Centre at Plas Crug, Aberystwyth.

It is also worth reminding that eighteen months ago the prospect of establishing 950 field hospital beds in a matter of weeks at sites yet to be unidentified was beyond the realms of reality and yet by early April 2020 this was precisely what had been achieved. The availability of the additional beds helped each of the acute hospitals navigate a difficult winter which was exacerbated by the impact of the second coronavirus wave. It was not until June 2021 that the position had settled down to a point where the added capacity could be stood down.

Building on the content of the advisory report at a time when only two field hospitals remain in the portfolio and none of the beds operational that the Health Board is taking its experience of operationalising three sites forward and this is illustrated by the retention of the senior management team with a light touch commitment such that in the event that these beds are called for that the service can react without having to overcome the avoidable inertia of identifying that triumvirate.



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