



Home Office

# **Wethersfield Phasing Scheme**

## **December 2024**

## Revision History

Version	Author & Job Title	Date of Change	Paragraph No.	Purpose/Change
1.0	Asylum Accommodation Programme (Non-Detained).	14 January 2025	All	Submission Version

**The reviewer signoff shall signify the recommendations for acceptance of this document.**

Reviewed By	Role/Grade	Date
	Site Operator	14 January 2025

Contents of this document will be kept under periodic review collaboratively by Home Office and Clear Springs Ready Homes representatives. This Phasing Scheme has been developed in line with Condition 21 of The Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum-Seekers etc.) Special Development Order 2024.

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# Phasing Scheme – Wethersfield

## 1. Introduction

- 1.1 This Phasing Scheme has been prepared to set out the phases in which the facilities and services are to be made available to Service Users (SUs). The Phasing Scheme has been prepared alongside the Operational Management Plan (OMP) and the Local Services Programme. The Phasing Scheme has been prepared using the baseline that all facilities and services defined in The Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum-Seekers etc.) the Order 2024 are provided prior to SUs being accommodated on site and are for the duration of the Order.
- 1.2 The Order granted planning permission for up to 1,700 SUs on site. The Home Office has taken the decision to cap regular occupancy at 800 bedspaces (including 28 isolation bedspaces) with an additional 445 contingency bedspaces available that may be filled in the case of an exceptional surge event (total 1,245 bedspaces).
- 1.3 The provisions for those accommodated on site were created for 1,700 SUs. Given the subsequent reduced limit, any anticipated impact to local services will be lessened in light of the lower regular general occupancy numbers of 800 SUs and 1,245 SUs in the event of surge. The proposed facilities and services, developed in collaboration with local service providers, were designed to meet the needs of up to 1,700 SUs on site. Unless otherwise specified below, there is minimal phasing up required for the site to be fully operational but the governance processes which ensure the site remains safe and compliant with the Order are detailed in this document.
- 1.4 The Phasing Scheme illustrates how numbers of SUs will be increased up to 800 SUs (as shown on **Table 1**). This will be by providing the facilities and services from Week 1 of full operation<sup>1</sup> at a maximum inflow of 60 service users in Week 1 and per week thereafter until 800 SUs are accommodated on site. The decision to onboard additional service users will only be taken following an agreed outcome of the weekly impact review meetings as part of the governance processes for the site. This will ensure the provision of services and facilities for all those accommodated as part of the programme at Wethersfield. The facilities and services on site will be sufficient to meet the planned inflow and manage any unexpected increase in capacity as the provisions in place on site were designed to meet the needs of 1,700 SUs. The implementation of any surge capacity utilising

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<sup>1</sup> Full operation – no restriction under the Order on number Service Users to be accommodated.

the additional 445 contingency bedspaces would be subject to robust governance to ensure readiness.

1.5 A key part of this Phasing Scheme is the planned reviews for the different facilities and services (via the weekly impact review meetings) which will provide the site operator and the contracted service provider the necessary information to discuss any adjustment to arrangements beyond the current level of facilities.

1.6 The site has been operational since July 2023. While it has been operating at a reduced capacity of 580 SUs, the service user population is not static: SUs both leave and arrive each week. The inflow model is now mature and well understood. This stands us in good stead for ramping up numbers in a sustainable way.

1.7 This document has been prepared to meet the requirements of Condition 21 of the Order. For reference, Condition 21 has been reproduced below.

### **Phasing Scheme**

*1) No more than 580 service users may be accommodated on the Order land until a phasing scheme has been submitted by the Home Secretary and approved by the Secretary of State, that sets out—*

*a) the phases in which the facilities and services that are to be made available to service users under this Schedule will be delivered;*

*b) how any arrangements that are required to be made in relation to such facilities or services under any approved document will be adjusted,*

*so as to ensure that the provision made for the needs of resident service users at any given time is such that relevant duties are complied with in carrying out relevant functions, taking account in particular of any material actual or anticipated changes in the number or proportion of resident service users that meet an unsuitability criterion.*

*(2) Where a scheme approved under sub-paragraph (1) indicates that particular steps are to be taken before the number or proportion of resident service users that meet an unsuitability criterion increases to or by a certain amount, the Home Secretary must, before that increase occurs, provide to the Secretary of State written confirmation that those steps have been taken.*

- 1.8 This document is for submission by the Secretary of State for the Home Department “the Home Secretary” for approval by the Secretary of State for Housing, Communities and Local Government.
- 1.9 **Section 2** sets out the facilities and services to be made available, as defined in Schedule 3, Condition 24.
- 1.10 **Section 3** sets out the phases in which the facilities and services will be made available. This is presented in **Table 1** and **Table 2**. This section also provides narrative on the phasing of the provision of facilities and services.
- 1.11 **Section 4** describes the facilities and services to be provided on site, including medical facilities, transport and security.
- 1.12 **Section 5** sets out steps to be taken when service users meet an unsuitability criterion.
- 1.13 **Section 6** sets out the interrelationships of the Phasing Scheme with other conditions and dependencies set out in the Order.

## 2. Facilities and Services to be Made Available

2.1 The facilities and services to be made available (in accordance with Condition 24) of the Order include the following:

### Healthcare

2.2 Condition 24 of the Order sets out the minimum requirements for the composition of the on-site medical team and provision of other services. Parts of the Order are replicated below:

*(2) The facility is a medical isolation facility for resident service users, with at least 28 isolation beds and access to sufficient nursing staff to provide care to those who may be accommodated in it.*

*(3) A medical centre for resident service users on the Order land—*

*(a) staffed by an on-site medical team comprising at least—*

*(i) a health care assistant;*

*(ii) a mental health nurse;*

*(iii) a general nurse;*

*(iv) an advanced nurse practitioner;*

*(v) a general practitioner...;*

*(b) where resident service users may—*

*(i) register with a general practitioner;*

*(ii) book and attend appointments with on-site medical staff;*

*(iii) book appointments to receive other services specified in sub-paragraph (4);*

*(iv) be treated for minor injuries and illnesses.*

2.3 The Services outlined in sub-paragraph 4 of Condition 24 are:

- (a) medical health screening of service users when they first arrive at the authorised development;*
- (b) immunisation against diseases;*
- (c) a system that enables them to collect medicine that has been lawfully prescribed for them;*
- (d) a low-level trauma-informed mental health support service;*
- (e) confidential health advice;*
- (f) emergency dental care...*
- (g) eye tests....*

## **Security**

2.4 The Order also notes at Condition 24(5):

- (5) The service is that suitably trained security personnel are stationed on the Order land at all times.*

## **Transport**

2.5 In regard to transport, the Order provides at Condition 24(6):

- (6) The service is the provision of-*
  - (a) a regular free shuttle bus service for resident service users from the Order land to Braintree, Colchester and Chelmsford, with—*
    - (i) buses departing for and arriving from each of these destinations at least three times a day;*
    - (ii) each bus having the capacity to seat at least 16 service users;*
  - (b) such other transport services as are necessary to enable resident service users to access the services specified in sub-paragraph (4), or hospital appointments.*

## **Water Supply**

2.6 The potable water supply utilises the existing site connection and additional reinforcement through the installation of booster tanks to support a site capacity of 1,245 service users.

## **Catering**

2.7 To provide SUs with on-site catering facilities which include the provision of three meals a day, which will be served on site in a dining area.

### 3. Phases for Services and Facilities

- 3.1 The Order grants permission (subject to conditions) for up to 1,700 service users (SUs) as per Condition 23(2), to be accommodated on the site and supported with services and facilities from 11 April 2024. However, a decision has been made by the Home Office to cap regular occupancy at up to 800 SUs (with an additional 445 contingency bedspaces available that may be filled in the case of an exceptional surge event). The provisions for those accommodated on site were created for 1,700 SUs. Unless otherwise specified below, there is minimal phasing up required for the site to be fully operational.
- 3.2 There are a number of conditions which will need to be met prior to more than 580 service users being accommodated on site (including the approval of this Phasing Scheme).
- 3.3 In addition, Home Office operational plans mean there will be a phased approach to the numbers of service users accommodated on site.
- 3.4 The services and facilities required by **Condition 24** must be in place before any SU can be accommodated on site, as per the condition. Since the site has been operational, all services and facilities have been available to service users, and these services and facilities will be provided throughout the duration of the Order for up to 800 SUs (and for up to a total 1,245 SUs in the case of an exceptional surge event).

#### Mechanisms for Adjusting Provision of Facilities and Services

- 3.5 The phasing of services and facilities is governed by two overarching processes: the commercial governance process and an operational governance process via weekly impact review meetings. It is through these established practices, in collaboration with our partners, that the site remains safe, compliant and continues to meet both the needs of service users and the requirements of the Order. The site is a dynamic operational environment where contextual matters and immediate experience inform practice. Rather than applying strict metrics or parameters, the governance processes serve to ensure the adequate phasing of facilities and services. Stakeholders attend the weekly impact review meetings to raise any known issues so numbers and mitigations can be discussed.

#### Commercial Governance Process

- 3.6 The Home Office has a contract with [REDACTED] to provide services on site. The contract includes provisions and clauses for increases to the quantity and range of services provided, should the number of SUs on site increase. Throughout the contract the adequacy of services for the

number of SUs on site will be monitored with weekly review meetings as indicated in **Table 1** and **Table 2**.

- 3.7 The Home Office holds weekly inflow impact review meetings. These meetings are used to monitor the onboarding of SUs and assess any impact to on-site provision. Representatives at this meeting include Home Office staff, the contracted accommodation service provider (████████████████████) the on-site Medical Team (██████████) and Migrant Help.
- 3.8 The contractual arrangement with ██████ allows for the Home Office to adjust the services provided depending on the numbers of SUs to be accommodated. If the Home Office wishes to increase the number of SUs, it shall give no less than 15 business days' written notice to ██████ (unless a shorter notice period is agreed between the parties). The Home Office process will ensure 15 business days' notice is provided if contingency bed spaces are required.
- 3.9 Using a phased approach allows the Home Office to review the impact of inflow on the services and facilities provided on site to ensure the site remains stable.
- 3.10 As noted previously although the Order grants permission for up to 1,700 SUs to be accommodated, the Home Office will limit the number of SUs regularly accommodated on site to up to 800. The Phasing Scheme includes an indicative projection of the phasing of services and facilities for the up to 800 SUs (**Table 1**) which is the current general capacity of the site. Bedspaces will be filled organically when they become available, following an SU vacating their allocated bedspace.
- 3.11 The table also shows the maximum constructed capacity of 1,245 SUs on site which allows for contingency bed spaces (445) which may be filled in the case of an exceptional surge event. The implementation of any surge capacity would take at least 15 business days' to enact and would be phased up in the same manner as the general capacity phasing (60 SUs per week) and be subject to robust governance to assure readiness.
- 3.12 **Table 1** sets out the phases, inflow rate of service users and facilities to be provided for up to 800 SUs. This is followed by an explanation of the rationale for the phasing of the provision.

### **Operational Governance Process - Weekly Impact Review Meetings**

- 3.13 A weekly impact review meeting is held to discuss site operations, raise issues and talk through the level of provision of facilities and services on site in relation to the inflow of SUs. Representatives from key stakeholders attend the meetings to ensure that any impacts of incoming SUs on the services provided on

site are known and mitigated. The attendees at the weekly impact review meetings are as follows:

- Senior Responsible Officer
- Home Office Service Delivery Managers
- [REDACTED]
- Integrated Care Board
- [REDACTED] Site Manager
- Migrant Help

3.14 An agenda is followed during these meetings to ensure all the necessary facilities and services are discussed. The weekly meeting agenda can be found below. To note: the questions provided are illustrative of conversations and may vary; nor are they exhaustive of the extent of discussions during these meetings but provide a framework to support those discussions.

Agenda Item	Framework Questions
1. Security Provision and number of incidents recorded on site (██████)	<u>Security Provision</u> <ul style="list-style-type: none"> <li>With regards to any incidents that have occurred since the last intake and thinking about the resources required, are there any concerns with the proposed intake for the next week?</li> </ul>
2. Discretionary Activities (██████)	<u>Activities</u> <ul style="list-style-type: none"> <li>With regards to the available number of slots for the recreational activities currently organised on site, is there any concern with the proposed intake for the next week?</li> </ul>
3. Transport Capacity (██████)	<u>Shuttlebus Service</u> <ul style="list-style-type: none"> <li>Bearing in mind the number of seats available on the shuttle buses and experience over the number of journeys required to meet demand, is there any concern with the proposed intake for the next week?</li> </ul>
4. Medical Centre Provision (██████████ ICB) and Isolation Facility (██████)	<u>Screening of New Service Users</u> <ul style="list-style-type: none"> <li>With regards to appointment capacity and resources to undertake the Full Health Assessments, are there any concerns with the proposed intake for the next week?</li> <li>Have any medical incidents occurred on site since the last meeting that need consideration for intake?</li> </ul> <u>Infectious Disease Management</u> <ul style="list-style-type: none"> <li>Are there any infectious diseases currently being treated on-site that need consideration for intake?</li> </ul> <u>Isolation Facility</u> <ul style="list-style-type: none"> <li>How many beds are currently occupied, and what is the current available capacity?</li> <li>Is the current capacity sufficient for prospective SU numbers?</li> </ul>

5. Dining Hall Provision ( [REDACTED] )	<u>Mealtimes</u> <ul style="list-style-type: none"> <li>Bearing in mind the maximum capacity of the dining facility (665) and the current mealtimes, is there any concern with the proposed intake for next week?</li> </ul>
6. Daily Site Stability Assessment	<u>Service Delivery Team</u> <ul style="list-style-type: none"> <li>From a Service Delivery perspective, are there any concerns that would impact new arrivals coming on to site? (Considerations include: Home Office assurance procedures, safeguarding processes)</li> </ul>
8. AOB	<u>Appointments and Client Advisers</u> <ul style="list-style-type: none"> <li>With regards to the resource available to complete ASF1s and Drop-In Question &amp; Answer sessions, are there any concerns with the proposed intake for the next week?</li> </ul>

3.15 The questions posed frame discussions around current operational issues and act as a “health check” for the on-site facilities and services. They are designed to take account of the many variables that may impact on-site demand and projected inflow. For example, in regard to point four the isolation facility, factors such as the number of service users in isolation, the nature of their ailments and the anticipated length of their stay in isolation would all be considered when deciding the rate of inflow of additional SUs to site. A recent operational consideration concerned the temporary closure of the laboratory responsible for testing samples from the site over the Christmas period, which required alternative provision to be put in place.

As a result of these meetings, the level of services provided on site are reviewed on a weekly basis. Meetings and decisions are recorded in the Go/No-go tracker. This enables the on-site team to operationally manage intake, making informed decisions around the onboarding of new SUs which can be reduced or paused should there be a risk of the site being unable to adequately support the onboarding of new SUs. Moreover, by addressing the on-site capacity and demand in this way, the Home Office and commercial partners are able to make real-time adjustments to ensure the needs of those accommodated continue to be met. If it is noted at the impact review meeting that adjustments need to be made then intake will be paused and an additional impact review meeting will be arranged allowing time for the required adjustments to be explored, implemented and tested.

3.16 If it is determined that the level of service provision for non-medical services on site is inadequate, and there is a significant change to scope required (agreed by HO and [REDACTED] a Commercial Contract Change Notice would be required. The requirement for additional staff on site would be escalated via the Commercial Governance Process. For changes to the provision of medical centre facilities or services (concerning the operational hours/number of appointments rather than number of staff), these are identified through the weekly impact review meetings and a separate commercial process is followed between [REDACTED] and the ICB/NHSE.

3.17 Reviews of provisions in place will form part of the weekly impact review meetings. The weekly impact review meetings will further serve as a forum to discuss, in part, phasing and the impact on-site. This review process will be ongoing throughout the operation of the site.

### **Surge Events**

3.18 The Town and Country Planning (Former RAF Airfield Wethersfield) (Accommodation for Asylum-Seekers etc.) Special Development Order 2024 gives permission for 1,700 SUs to be accommodated on site. The current constructed capacity at the site (as of December 2024) is for 1,245 SUs. The Home Office intends to limit the regular occupancy of the site for up to 800 SUs. This means, subject to the 800 SU cap remaining in place, there are a maximum of 445 spare bedspaces. These are listed as contingency bedspaces that may be filled in the case of an exceptional surge event.

3.19 If additional surge capacity is needed to deal with higher than forecast asylum support demand, a ministerial decision may be taken to utilise the additional 445 contingency bedspaces for short and defined periods of time. Wethersfield contingency bedspaces are not suitable to support a rapid emergency response (e.g., fire in a hotel requiring rapid decant to alternative accommodation) due to a mobilisation time of 15 business days' and daily inflow being limited to 30 SUs per day. The contingency bed spaces do not support rapid and repeated stand-up and stand-down. Contingency capacity, for use in surge events is held for stand-by use where forecasts show that the Home Office will receive a surge in new arrivals, placing significant strain on the wider estate.

3.20 Where surge is forecast, a decision to mobilise contingency capacity would be taken following a "health check" of site facilities and services which will inform decision-making as to whether the Wethersfield site can support the Departmental response to the specific surge. Utilisation of contingency capacity will only continue until alternative accommodation capacity is built or available in the wider estate.

- 3.21 As well as the procedure referred to above, the decision to use contingency capacity will be taken depending on two other conditions:
- Where intake forecasting indicates a potential risk of derogation of statutory duty to the Home Office
  - Where alternative contingency accommodation is not available (in accordance with Wethersfield & Scampton – Use of Contingency Bedspaces Guidance (Home Office, May 2024)).
- 3.22 The Home Office will make the Service Provider aware of plans to mobilise contingency bedspaces 15 business days' before any intended uplift in SUs begins. The 15 business days' mobilisation period will be used to monitor Service Provider mobilisation progress and regularly and robustly test site configuration, infrastructure, utilities and services. The decision to flow SUs into contingency beds will be made in line with the process outlined above.
- 3.23 The site at Wethersfield has been specifically designed to be self-sufficient, with security, health and recreational provisions included as part of the design of the site. In the event that surge capacity is required at Wethersfield, the 15 business days' lead-in time for any increase in surge numbers allows management of suppliers and operations. Therefore, from utilising surge capacity, any impact on the provision of local services is deemed to be limited.
- 3.24 In assessing surge capacity and impact, the weekly impact review meetings will consider provisions on site, in regard to changing SU numbers. As above, engagement with local stakeholders through the Multi-Agency Forums, will also provide local partners with an opportunity to raise concerns in relation to changes in SU numbers at Wethersfield.
- 3.25 **Table 2** sets out the phases, inflow rate of service users and facilities to be provided in the event that the addition 445 surge bedspaces are utilised (taking the total number of SUs on site to up from 800 to a maximum of 1,245 SUs). As shown on **Table 2**, the maximum onboarding rate of SUs at Wethersfield at times of surge will not exceed the current limit for regular occupancy, namely 60 SUs per week (with a maximum of 30 SUs per day).

**Table 1: Phasing of Facilities and Services User on Site in line with Inflow Rates for Regular Capacity**

Week 1 commences from the full operation of the site, where there are no restrictions on the number of SUs accommodated at Wethersfield.

The weekly impact review meetings of existing site facilities and services will continue to assess on-site demand and whether additional facilities and services should be brought online.

Weeks from start of full operation		1	2	3	4	5	6	7	8	9	10	11	12
Constructed Capacity		1245	1245	1245	1245	1245	1245	1245	1245	1245	1245	1245	1245
General and Isolation Bedspaces Available		580	640	700	760	800	800	800	800	800	800	800	800
General Bedspaces Occupied		552	612	672	732	772	772	772	772	772	772	772	772
Isolation Beds Available <sup>2</sup> (at any one time)		28	28	28	28	28	28	28	28	28	28	28	28
General Bedspaces Unoccupied		220	160	100	40	0	0	0	0	0	0	0	0
Contingency Bed Spaces (to be used in the event of surge)		445	445	445	445	445	445	445	445	445	445	445	445
Inflow Rate		60 service users per week maximum (30 service users per day maximum).											
Medical Services and Facilities	Number of staff in the on-site medical centre	19 <sup>3</sup>											
	Constructed capacity of the medical centre	19 rooms <sup>4</sup>											
Security		As per Condition 24 Core Services and Facilities to be provided <sup>5</sup>											
Transport		As per Condition 24 Core Services and Facilities to be provided <sup>6</sup>											
Facilities and Services Review		Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.

<sup>2</sup> The number of isolation bedspaces has been specified in Condition 24(2) of the Order. In light of operational experience, this is not expected to change as numbers increase on site (see paragraphs 4.8 to 4.12 and Section 5 Unsuitability Criterion). The utilisation rate of the isolation facility will continue to be monitored as part of the weekly impact review meetings.

<sup>3</sup> Medical services and facilities have been in place since the accommodation of service users commenced at the Wethersfield Site. The number of medical staff has been set in partnership with health partners and has been designed to cater for up to 1,700 service users. The staffing level of medical facilities is noted at paragraph 4.3 below and will not change as the numbers of SUs accommodated on site increase. This has been confirmed in correspondence from the ICB. The on-site medical provision will continue to be monitored through weekly impact review meetings.

<sup>4</sup> Detail of the composition of the on-site medical centre is at paragraph 4.7, which further notes that the size of the facility, in comparison to any other primary care setting is adequate for 1,245 men.

<sup>5</sup> There is 24/7, 365 days security presence on site. The number of security personnel on-site is determined by the formula at paragraph 4.21. Due to the operational nature of the site noted at paragraph 4.22, there is no exact correlation between the number of SUs on site and the size of the security team. This is due to SUs (at times) being accommodated across accommodation blocks. The on-site security provision will continue to be monitored through weekly impact review meetings.

<sup>6</sup> The provision of transportation to and from the Wethersfield Site for SUs has been implemented in accordance with Condition 24(6) of the Order. The destinations and minimum bus capacity have been set in the Order. As noted at paragraphs 4.24 to 4.27, there have been and will continue to be occasions where additional trips above the minimum 27 are needed and the HO expects this to happen more often as the number of SUs increase on site. The shuttlebus service is driven by demand and buses will continue to take SUs to these locations until all those wishing to travel have travelled. There is currently a fleet of 15 shuttlebuses which service these routes and have the capacity to make multiple trips daily. Transportation along with other on-site services and facilities will be monitored through weekly impact review meetings.

**Table 2: Phasing of Facilities and Services User on Site in line with Inflow Rates in the event of Surge Capacity**

Any decision to mobilise the site for surge capacity will be by Ministerial decision. A lead in period of at least 15 business days' will precede any use of the site for surge capacity. Week 1 of this timeline commences after that lead in period.

Review and oversight of site facilities and services will be the same as for regular occupancy, through weekly impact review meetings.

Weeks from start of surge capacity		1	2	3	4	5	6	7	8	9	10	11	12
Constructed Capacity		1245	1245	1245	1245	1245	1245	1245	1245	1245	1245	1245	1245
General and Isolation Bedspaces Available		800	800	800	800	800	800	800	800	800	800	800	800
General and Contingency Bedspaces Occupied		772	832	892	952	1012	1072	1132	1192	1217	1217	1217	1217
Isolation Beds Available <sup>7</sup> (at any one time)		28	28	28	28	28	28	28	28	28	28	28	28
General Bedspaces Unoccupied		0	0	0	0	0	0	0	0	0	0	0	0
Contingency Bedspaces Unoccupied		445	385	325	265	205	145	85	25	0	0	0	0
Contingency Bedspaces Occupied		0	60	120	180	240	300	360	420	445	445	445	445
Inflow Rate		60 service users per week maximum (30 service users per day maximum).											
Medical Services and Facilities	Number of staff in the on-site medical centre	19 <sup>8</sup>											
	Constructed capacity of the medical centre	19 rooms <sup>9</sup>											
Security		As per Condition 24 Core Services and Facilities to be provided <sup>10</sup>											
Transport		As per Condition 24 Core Services and Facilities to be provided <sup>11</sup>											
Facilities and Services Review		Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.	Weekly impact review meeting.

<sup>7</sup> The number of isolation bed spaces has been specified in Condition 24(2) of the Order. In light of operational experience, this is not expected to change as numbers increase on site (see paragraphs 4.8 to 4.12 and Section 5 Unsuitability Criterion). The utilisation rate of the isolation facility will continue to be monitored as part of the weekly impact review meetings.

<sup>8</sup> Medical services and facilities have been in place since the accommodation of service users commenced at the Wethersfield Site. The number of medical staff has been set in partnership with health partners and has been designed to cater for up to 1,700 service users. The staffing level of the medical facilities is noted at paragraph 4.3 below and will not change as the numbers of SUs accommodated on site increase. This has been confirmed in correspondence from the ICB. The on-site medical provision will continue to be monitored through weekly impact review meetings.

<sup>9</sup> Detail of the composition of the on-site medical centre is at paragraph 4.7 below, which further notes that the size of the facility, in comparison to any other primary care setting, is adequate for 1,245 men.

<sup>10</sup> There is 24/7, 365 days Security presence on site. The number of security personnel on site is determined by the formula at paragraph 4.21. Due to the operational nature of the site noted at paragraph 4.22, there is no exact correlation between the number of SUs on site and the size of the security team. This is due to SUs (at times) being accommodated across accommodation blocks. The on-site security provision will be monitored through weekly impact review meetings.

<sup>11</sup> The provision of transportation to and from the Wethersfield Site for SUs has been implemented in accordance with Condition 24(6) of the Order. The destinations and minimum bus capacity have been set in the Order. As noted at paragraphs 4.24 to 4.27, there have been and will continue to be occasions where additional trips above the minimum 27 are needed and the HO expects this to happen more often as the number of SUs increase on site. The shuttlebus service is driven by demand and buses will continue to take SUs to these locations until all those wishing to travel have travelled. There is currently a fleet of 15 shuttlebuses which service these routes and have the capacity to make multiple trips daily. Transportation along with other on-site services and facilities will be monitored through weekly impact review meetings.

## 4. Description of Phasing of Facilities

### Service Users Accommodated

4.1 The Home Office intend to limit the number of SUs accommodated on site to up to 800 (regular occupancy), whilst maintaining a constructed capacity of 1,245 (the additional 445 contingency bedspaces to be used in an exceptional surge event). The number of SUs to be accommodated is determined by the inflow to the site which will be up to 60 SUs per week. From Week 1 of Full Operation there will be a constructed capacity of 1,245 (including contingency) bedspaces.

### Healthcare

4.2 The medical facilities provided on the site are listed in the Wethersfield Operational Management Plan (OMP). The provision of NHS services is overseen by the local Integrated Care Board (ICB) which has contracted delivery to [REDACTED]. The Home Office will continue to engage with the ICB regarding suitability and capability of on-site medical facilities on a weekly basis, through the impact review meetings. The Home Office has worked with the ICB and UKHSA to establish the level of medical facilities and isolation beds required to meet the capacity of the site. The number of isolation beds at Go-Live has been established as 28 beds, in line with Condition 24.

### Medical Staffing Numbers

4.3 The number of medical staff on site at Wethersfield has been determined in collaboration with NHSE, DHSE and the Mid and South Essex ICB. The current rate of medical staff for the current occupancy level of 580 SUs is 19 and this will remain the same for both 800 SUs and 1,245 SUs (as shown on **Tables 1 and 2**). This has been confirmed in correspondence from the Mid and South Essex ICB. Staffing levels have been determined based on need by NHS England as an independent healthcare provider and are continuously reviewed. The ICB have also confirmed in their letter of 05 April 2024, that the on-site medical team meet the minimum composition requirements of the SDO, as stipulated in Condition 24(4).

4.4 The medical provision on site at Wethersfield was designed for 1,700 SUs and is comparable to a practice which serves a community of that size. Using current statistical insight for GP practices across England as a benchmark<sup>12</sup>, figures from April 2024 show that the average general practitioner has up to 2,294 patients. Furthermore, statistics show that 82% of patients across England were seen within two weeks of making an appointment with a GP practice.

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<sup>12</sup> [Key general practice statistics and insights](#)

4.5 Table 4.5 below provides detail of the recent rate of uptake and capacity for appointments at the on-site medical centre, with a current occupancy of up to 580 SUs.

**Table 4.5 Medical Centre Appointments**

<b>Week Commencing</b>	<b>09 December 2024</b>	<b>16 December 2024</b>	<b>23 December 2024</b>
<b>Number of Available Appointments</b>	712	712	468 <sup>13</sup>
<b>Number of Appointments Attended</b>	554	526	318
<b>Utilisation Rate</b>	77%	74%	68%

The data shows that the on-site medical centre has appointment capacity each week. This additional capacity would cater for the proposed increase in service user numbers. As noted in Section 3.3 of the Impact Summary (annexed to the LSP), there will be scope to increase the number of appointments and operating hours of the medical centre, but staff numbers are not expected to change. Any changes will be determined in collaboration with health partners and forms part of the impact review meetings.

4.6 In addition to the general medical staff on-site, there is also sufficient medical staff to provide care to those accommodated in the isolation block. This has been confirmed by the ICB in the correspondence of 18 December 2024.

### **On-site Medical Facilities**

4.7 The on-site medical centre comprises of 19 rooms in total which includes two Advanced Nurse Practitioner/Doctor consultation rooms, a phlebotomy room, and a space for mental health/talking therapies. The size and scale of these facilities have been determined by NHSE and the ICB have confirmed that the size of the on-site medical centre, in comparison to any other primary care setting, is adequate for 1,245 men.

### **Isolation Bedspaces**

4.8 There are 28 isolation bedspaces on-site at Wethersfield, as required by the Order. These bedspaces are used to isolate those for medical purposes, in

<sup>13</sup> Appointment numbers were lower this week due to the two bank holidays, Christmas Day and Boxing Day.

addition to those who are deemed unsuitable to be accommodated on the site. The occupancy rate of the isolation bedspaces has been detailed in the table below (Table 4.8) which shows the highest number of bedspaces utilised at any one time/day across the preceding 6-month period.

**Table 4.8 Isolation Bedspaces Occupancy Rate**

Month	June	July	August <sup>14</sup>	September	October	November
Highest number of isolation bedspaces occupied (at any one time) <sup>15</sup>	7	5	17	8	10	7
Highest rate of occupation of isolation bedspaces (at any one time)	25%	18%	61%	29%	36%	25%

4.9 Drawing on the operational experience of the site, the figures in Table 4.8 show that there has been a low utilisation rate of the isolation bedspaces. The outlier in these figures is for the month of August, which was attributable to a delay in the completion of SUs full health assessments (who were relocated to the isolation unit overnight as a precautionary measure). Nevertheless, this data shows that at no point has the isolation facility been near or approaching capacity.

4.10 In addition, the number of SUs moved into the isolation unit across the entire month was six for September 2024, thirteen for October 2024 and nine for November 2024.

4.11 It is important to recognise that the predominant stage at which SUs are isolated is during inflow, where SUs undergo a health assessment and where infection detection is highest. The impact review meetings therefore offer an effective mechanism to manage isolation bedspace capacity and wider site services and facilities.

4.12 Therefore, the Home Office does not anticipate a need to go beyond the 28 isolation bedspaces which are deemed to be sufficient for the projected

<sup>14</sup> The increase in the occupation rate of the isolation unit was attributed to a delay in SUs arriving on site which delayed the completion of their full health assessments. As these assessments could not be concluded that day, these SUs were accommodated in the isolation facility overnight, until their assessments were completed the following day.

<sup>15</sup> These figures show the highest number of isolation bedspaces occupied for any particular day across the month.

increase in SUs on site (800 regular occupancy and 1,245 surge capacity). In the event that isolation bedspaces were nearing capacity a decision would be taken at the intake review meetings to reduce or pause the inflow of new SUs to the site. As noted above (at paragraph 4.11), this is particularly important as the greatest proportion of isolated SUs are identified as part of the onboarding process.

### **Further Health Care Considerations**

- 4.13 The medical services to be provided are listed in the Wethersfield Full Operational Management Plan.
- 4.14 Medical and healthcare services are currently on site and available to SUs. These services are free of charge at the point of use. These services have been developed with health partners (DHSC, NHS England, UKHSA, and the Integrated Care Board).
- 4.15 Emergency dental care is provided off site via existing pathways in line with the general population. Optometry care (both routine and emergency) will be off site and via existing pathways. Periodically, an optometry charity provides an additional drop-in service for SUs on-site. The processes for SUs accessing emergency dental care and optometry care are detailed in the Wethersfield Operational Management Plan Section 44: Health Care.

### **Health Funding**

- 4.16 Health partners have agreed a health funding package to cover initial set-up costs against defined parameters and financial year-end forecast. Details of the funding arrangements are included in the Local Services Programme.
- 4.17 The Home Office and DHSC have committed to carry out an annual review on the use of health services and bring together partners (DHSC, NHS England, UKHSA, and Integrated Care Boards) to take stock on funding arrangements and healthcare provisions that will be required for future years during the site's operational period.

### **Security**

- 4.18 The operational site contractors, [REDACTED] ([REDACTED]) are contracted to provide security services on behalf of the Home Office. [REDACTED] [REDACTED] are sub-contracted by [REDACTED] to deliver security services at Wethersfield. Site security is the sole responsibility of the Site Security Team comprising accredited Security Officers under the supervision of an accredited Security Supervisor who will report to the Site Manager.

- 4.19 All security personnel are licensed by the Security Industry Authority (SIA) and are vetted by the Disclosure and Barring Service (DBS).
- 4.20 The Security Team will consist of Security Officers and a Security Supervisor. Security officers are present during the day and night. [REDACTED] has a contractual responsibility to manage safety and security on the site and will determine at what occupancy level the number of security officers will need to increase. The weekly impact review meeting and the contractual arrangements for increasing services will be the mechanisms for delivering any changes in security provision.
- 4.21 The current security provision on site has been determined by the site provider. This provision comprises [REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED]  
[REDACTED] The security provision on-site is constantly maintained by the provider in line with their operational experience, which may be subject to change.
- 4.22 Due to the operational nature of the site, there is no direct correlation between the number of SUs accommodated and size of the security team. SUs may be accommodated across accommodation blocks and some blocks may not be at capacity. The provision of security personnel currently maintained on-site is in accordance with the formula outlined above in paragraph 4.21 above.
- 4.23 Since the site became operational, there have been two incidents which have required additional security presence on site. [REDACTED] through [REDACTED] have an additional dedicated resource which can be deployed on-site within two hours. Once deployed on site, there is a schedule of daily calls to discuss that additional presence, including consideration of when that additional resource can be stood down. There is also a Quick Response Force which consists of [REDACTED] members from [REDACTED] who remain on site, unassigned to a specific area, and able to respond immediately should an incident arise.

## Transport

- 4.24 A free shuttle bus is provided from the site to Braintree, Colchester and Chelmsford. Buses will depart from and arrive at each destination at least three times each day. There are a minimum of three round trips to each of these locations a day (nine round trips, 27 in total). There have been and will continue to be occasions where additional trips above the minimum 27 are

needed and the HO expects this to happen more often as the number of SUs on site increases. The shuttlebus service is driven by demand and buses will continue to take SUs to these locations until all those wishing to travel have travelled. There is currently a fleet of 15 shuttlebuses which service these routes and have the capacity to make multiple trips daily.

4.25 The use of and demand for the shuttlebus service is recorded by the designated provider who maintains records of the number of people travelling and the number of journeys undertaken. The transportation of SUs forms a regular discussion point at the weekly impact review meetings which includes a review of current data and trends. Currently, the data shows that there is a consistent level of demand for the shuttlebus service. For the week commencing 11 November 2024 there was an average of 125 SUs transported to the three locations: Braintree, Colchester and Chelmsford.

4.26 [REDACTED] also provides a transport service for SUs to attend local medical appointments. This will be an on-demand service provided when required.

4.27 This level of transport provision is currently in place at Wethersfield and will be maintained throughout the duration of the Order. Weekly impact review meetings discuss the transport provision at Wethersfield and determine whether the current provision is appropriate for the number of SUs accommodated on the Order land. It is through the weekly impact review meetings that conversations are had with [REDACTED] on capacity and demand. [REDACTED] will then discuss any increases needed with their supplier. The metrics of this forms part of the contractual agreement between [REDACTED] and their suppliers.

## **Other Facilities**

4.28 All of the available recreational facilities on site are made available to the SUs. As part of the weekly impact review meeting recreation facilities are reviewed to ensure that sufficient recreation space and facilities are available to meet the requirements of the number of SUs accommodated on site at any point. The reviews will also provide the opportunity to engage with the service users regarding requests for specific recreational facilities e.g., equipment.

4.29 Three meals a day are served on site in a dining area. The capacity of the dining area is currently available for up to 665 people at any one time (shown in orange in Figure 1 in Section 7). The dining area is able to accommodate up to 1,245 SUs on a rotating basis during mealtimes. The timings noted in the Operational Management Plan reflect the current reality on site with a maximum capacity of 580 SUs.

As part of the Inflow Impact Review Meetings (noted at para 3.14 above), the dining hall provision and timings/duration of mealtimes will be reviewed and flexed accordingly. Sitting times will be extended to ensure all service users on site have access to dining facilities. Catering facilities reviews will be undertaken on a regular basis with the potential to increase the capacity to up to 1245 SUs, if contingency capacity is required.

4.30 In regard to water services, it has been confirmed by Anglian Water Services that the supply in its original form can support the current site occupancy of 580 service users (SUs), plus an additional 200 SUs. In order to go beyond 780 SUs, reinforcement of the water supply has been implemented with booster tanks installed across the accommodation blocks to store a volume of potable water to cope with demand at peak times. This approach has been implemented in accordance with the Water Supply Regulations and has been reviewed by Anglian Water Services.

## 5. Unsuitability Criterion

- 5.1 Each SU's suitability will be assessed at regular intervals and if they are no longer suitable for any reason, they will be moved to alternative accommodation. Further detail is provided in the Operational Management Plan, as per Condition 20.
- 5.2 An SU who arrives at Wethersfield who declares a previously undisclosed issue that might affect their suitability will have their suitability for the Site reviewed and if appropriate moved to alternative accommodation.
- 5.3 If the Home Secretary concludes that an SU meets an unsuitability criterion or for another reason referred to in Condition 22 sub-paragraph (2) then the following general principles will apply:
- Once a decision is made by the Home Secretary the SU will not be accommodated on the Site for more than 48 hours after the decision, except as a means to avoid or mitigate a risk that may otherwise be expected to arise to any person's welfare or if the 48 hours falls over a weekend or a Bank Holiday.
  - The SU will be accommodated separately from other residents.
  - The SU will be treated in a way that takes due account of any matter that makes accommodation on the Order land unsuitable for that SU.
  - The Home Secretary will keep a record of the decision as part of reporting to the Secretary of State for MHCLG (as per Condition 22).
- 5.4 As demonstrated in **Table 1** above, there are 28 designated isolation bedspaces. These bedspaces are contained in their own block and completely separated from general accommodation bedspaces.
- 5.5 In the case that a SU is deemed unsuitable and is to be removed from the Order land, the isolation block (28 beds) will be utilised to accommodate SUs for no more than 48 hours (subject to the exceptions noted above).
- 5.6 The utilisation rate of the isolation block, as shown at paragraph 4.9 above, has been consistently below capacity. The Condition 22 Report (submitted to MHCLG in October 2024) notes that during the preceding 6-month period there were a total of 56 SUs relocated from the site due to unsuitability, equivalent to 1.6% of the maximum capacity of the site. If capacity were to reach 1,245 SUs in the event of surge, this would correlate to approximately 20 SUs meeting an unsuitability criterion each month and requiring temporary use of the isolation facility. However, this demand is unlikely to be experienced concurrently. As per the Order, SUs who are found to be unsuitable for accommodation at

Wethersfield are to be removed from site within 48 hours (noting exceptions). Therefore, the use of the isolation unit for those unsuitable is typically only for short and limited periods of time and unlikely to pose any significant demand on isolation capacity. This is reflected in the operational experience of the site, which is shown at Table 4.8 above.

5.7 As noted previously at paragraph 4.12, should the occupation rate of the isolation unit be of concern, intake to Wethersfield could be reduced or paused. Isolation bedspace capacity is discussed at every impact review meeting (as noted at paragraph 3.14 above) and forms one of the criteria which determines whether additional service users can be onboarded to the site. Arrangements and capacity are kept under review.

## 6. Interrelationship of Phasing Plan to Other Conditions and Dependencies

6.1 This phasing plan has been to comply with other conditions set out in the Order. The table below sets out the relevant conditions, the requirements to discharge and the phasing implications.

Condition	Phasing implications
6 (2) Drainage  (3) Potable Water	Current constructed capacity is 1,245, this includes drainage capacity for 1,245 SUs. No more than 580 SUs until the Secretary of State has approved a potable water report in respect of the authorised development, identifying what steps, if any, must be taken to ensure that there is an adequate supply of potable water.
9 Fencing	No SUs until privacy mesh screening has been installed.
13 (1) Construction and Environmental Management Plan	No works of construction until CEMP approved.
14 Land Contamination: Site Control Measures	No Service Users until site control measures in place.
15 (4) (5) Land Contamination: Monitoring Programme and Intrusive Investigation	No more than 580 Service Users until the Secretary of State has received a notice setting out the remedial steps that the Home Secretary has decided to take, or that no remedial steps require to be taken and a report, prepared by a contamination expert for the Home Secretary.
16 (1) (3) Radiological walkover survey	No Service Users until the Secretary of State has received a notice from the Home Secretary and a report prepared to confirm remedial steps (if required) have been taken has been submitted to the Secretary of State.
17 (1) (3) Unexploded ordnance	No Service Users until non-intrusive survey and report prepared and verified by the Secretary of State.
19 (1) Full OMP: establishment and review	No more than 580 Service Users until a full OMP has been approved by the Secretary of State.
26 (3) (4) Local Services Programme	No more than 580 service users may be accommodated on the Order land during a period that is not covered by arrangements set out in an approved local services programme that the Home Secretary has submitted to the Secretary of State, and the Secretary of State has approved. The LSP must be approved by 1st April 2025.

## 7. Facilities Plan

7.1 The below plan (Figure 1) demonstrates the facilities available from day 1 and how they will develop as SU numbers on site change.

7.2 Phasing of Bedspaces, shown in green on Figure 1, will be filled organically as they become available across general accommodation, following an SU vacating their allocated bedspace. Regular occupancy of the site is for up to 800 SUs, whilst maintaining a constructed capacity of 1,245 (the additional 445 contingency bedspaces to be used in an exceptional surge event). The number of SUs to be accommodated is determined by the inflow to the site which is expected to be up to 60 per week. From Week 1 of Full Operation there will be a constructed capacity of 1,245 (including contingency) bedspaces.

7.3 The isolation block, shown in pink on Figure 1, houses the 28 allocated isolation bedspaces. The 28 isolation beds will not change as site numbers increase.

7.4 Catering facilities for SUs are available from day 1. The capacity of the dining area is currently available for up to 665 people at any one time and is shown in orange on Figure 1.

7.5 Healthcare is available from day 1, shown in blue on Figure 1.



## 8. Summary

- 8.1 The Phasing Scheme for Wethersfield serves to satisfy Condition 21 of the Order. This document sets out at **Tables 1 and 2** the phases in which the facilities and services that are to be made available to service users will be provided. These locations are shown on the map (Figure 1).
- 8.2 Wethersfield is an operational site which requires flexibility in the delivery of on-site facilities and services. The needs of SUs and the requirements of the Order are fulfilled through the governance mechanisms: weekly impact review meetings and commercial processes. Together these ensure that services are adjusted and facilities continue to be made available. These mechanisms also provide scope to pause or reduce the onboarding of SUs should the site not be in a position to adequately accommodate SUs at that time. Furthermore, the Home Office and our suppliers operate a system of approximately 100,000 bedspaces and if for any reason we have cause to think that the services on site are not sufficient we have the capability and capacity to move people from the site across the wider estate.
- 8.3 The original design of the facilities and services on site were for 1,700 service users, which has since been reduced to 800 regular occupancy (1,245 surge capacity). In light of this there is limited phasing to services and facilities at Wethersfield.
- 8.4 This document further demonstrates how arrangements that are required to be made in relation to such facilities or services will be adjusted in light of on-site demand, including in the event that the contingency bedspaces available may be filled in the case of an exceptional surge. The provisions on-site will be monitored through the on-going weekly impact review meetings.
- 8.5 Section 5 of this document further details provisions in place to take into account in particular any material actual or anticipated changes in the number or proportion of resident service users that meet an unsuitability criterion.
- 8.6 Therefore, the Home Office is satisfied that above report outlines that the full needs of service users as the capacity of the site increases will be accommodated, as per the requirements of Condition 21.