Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Estates Service Group Quality Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Simon Chiffi, Head of Operational Estates

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

Sefyllfa / Situation

This report provides the Quality, Safety and Experience Committee with assurance regarding the effectiveness of quality governance arrangements within the Estates Service Group.

The report highlights progress in incident management, complaints closure, Audit Management and Tracking (AMAt) system action tracking and risk review compliance, while recognising partial assurance in relation to climate resilience, ageing estate infrastructure and the need for sustained capital investment. Key mitigations are in place, monitored through monthly governance arrangements and escalated where required.

Cefndir / Background

The Estates Service Group provides a range of support services across Hywel Dda University Health Board that are integral to enabling good clinical delivery. This includes estates maintenance and engineering and estates compliance and risk. These services form part of the estates service's governance arrangements and are scrutinised on a monthly basis at site level Integrated Governance Group (IGG) that report into the Estates Service Group.

The aim of the Estates Service Group in summary is to:

- Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis;
- Maintain an open culture of improving quality, safety and patient experience across all teams and all staff;
- Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care and
- Foster a culture of psychological safety within Estates Service Group to promote collaboration, trust, innovation, and personal growth.

Meeting the Duty of Quality is the highest priority for the Service Group, and its governance structures and oversight has developed significantly. This report is set out under each of these domains.

Asesiad / Assessment

The Estates and Facilities Integrated Governance Group was established in April 2025, chaired by the Executive Director of Allied Health Professions and Health Science and supported by the Head of Estates Operations. Following an agreed change in approach with the “New Ways of Working”, the overseeing Allied Health and Health Science Directorate Integrated Governance Group has feeder groups, of which the Estates Integrated Governance Group is one. This approach began in July 2026.

The initial six months focused on establishing governance structures and collaboration across the Health Board functions. The initial priority was to gain access to the root data to allow analysis and immediate actions in relation to the position shown within the Health Board Performance and Safety dashboards.

The following six months allowed the Service Group) to begin embedding ways of working to track progress against the improvement metrics identified by the Health Board Escalation Framework. Updates in relation to these areas are contained under the Safe, Timely, Effective, Equitable, Efficient and Person Centred (STEEEP) domains of this report.

Recent focus from April 2026 to July 2026 has centred on embedding CCG Quality, Safety and Experience management system processes within each area. Moving forward, the focus will shift to identifying profession-specific quality metrics and triangulating learning themes to drive improvement.

Quality Assurance

The Integrated Governance Group (IGG) meetings are scheduled monthly and are well represented by professional leaders from all services in Estates Risk, Fire, Maintenance and Engineering, all of whom take an active part in meetings and shape the overall agenda. The IGG would like to note that it values continued support from business partners in Risk, Finance, Performance and Legal, and views escalation, assurance and oversight at IGG meetings as essential to governance. Each service provides a monthly assurance report from its Quality and Safety meetings.

A key focus of the Integrated Governance Group leadership has been to deep dive into domains of escalation to understand the root data and progress rapid improvement. This report will concentrate on the following areas:

Quality and Safety

- Improvement in incidents open greater than 120 days.
- Review of complaints open greater than 180 days.

Governance

- Achievement of >90% risk and risk action reviews.
- Improvement in target risk score achievement.
- Closure of AMaT and Internal Audit actions.

Each Service Group within the Estates IGG (Maintenance & Engineering and Estates Risk) holds monthly Quality and Safety meetings, and further work is underway to strengthen this structure and reporting to the Directorate IGG meeting.

Safe Care

AMaT Position

The IGG has sustained a long-term focus on the management of the Executive Director of Allied Health Professions and Health Science/ Estates AMaT system by remaining in Level 1 Escalation for Governance. Audit workshops have continued within each service monthly, together with operational teams monthly. The initial focus has been to ensure that all service reports and actions are captured and have consistent information with tracked dates for closure.

Current update: as of 16 July 2026, there are 60 open reports on AMaT, of which 11 are overdue. There are also 59 Letters of Fire Safety Matters, of which 10 are currently overdue; seven of these do not have revised completion dates, and 30 reports are pending approval to close. One Internal Audit report remains overdue: the Energy Management Final Internal Audit Report 2024/25.

Open reports and recommendations	Overdue reports and recommendations	Total Number of Recs Reliant on External Factors	Total Number of Recs Overdue 6-12 months	Recommendations Without Revised Completion Dates
Reports: 60 Recs: 429	Reports: 14 (22%) Recs: 35 (8%)	Recs: 17	Recs: 9	Recs: 32 (7%)

The Head of Fire Safety is working with the Assurance and Risk Team to close the reports that are pending closure. At present, uploading evidence is the only remaining barrier, alongside recent sickness within the team, which has now been resolved. The remaining reports are all being worked through, and resolution and closure are currently projected to be on time.

Incident Management

From June 2025, each Service Lead has had an allocated monthly Governance 1-1 meeting with support from a Quality Assurance Service Team (QAST) business partner. This ring-fenced time is used to resolve outstanding queries for open incidents and reduce the exchange of emails regarding queries and actions. The aim is to build a positive incident reporting and management culture through dedicated time. This approach has supported timely incident management, with a view to achieving a trajectory of zero incidents open for more than 120 days. Progress to date can be seen in Figure 2.

Data shows that Estates figures are low and that incidents are being managed in a timely way. It also shows that any impacts on quality and safety are reviewed quickly, with changes to controls and mitigations acted upon. We are working to improve cross-CCG communication with other incident managers to ensure that any incidents requiring Estates input are acted

upon swiftly. This will support wider learning from all incidents, irrespective of the incident manager or CCG “owner”.

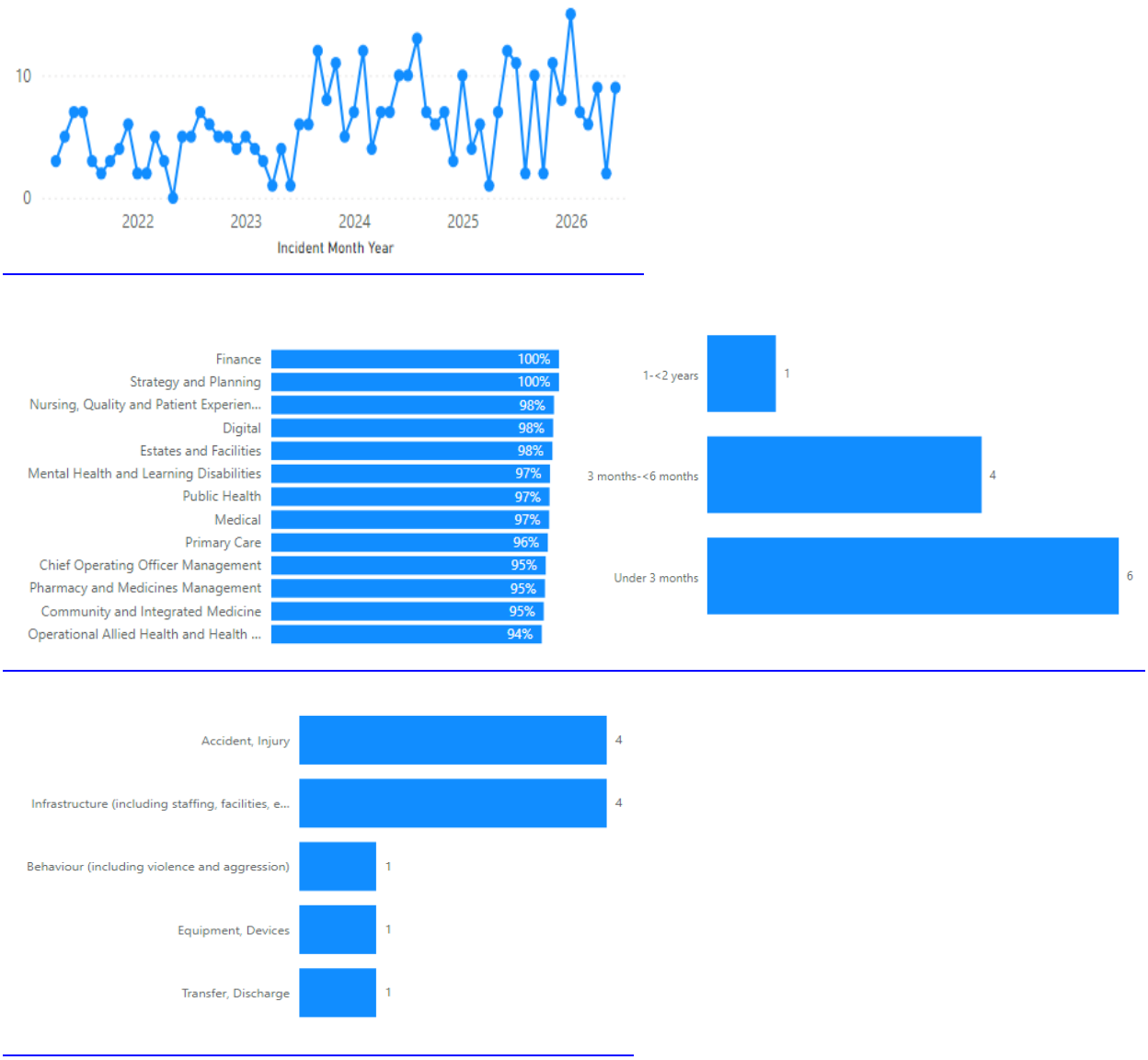


Figure 2; Number of open incidents and highlights of themes.https://app.powerbi.com/MobileRedirect.html?action=OpenReport&reportObjectId=ce9c3944-0798-4963-b08c-f07ac4ec7193&ctid=bb5628b8-e328-4082-a856-433c9edc8fae&reportPage=ReportSectioncc82ed950e416c93c4a2&pbi_source=copyvisualimage
Our Performance Dashboard Data as of 14/07/26.

To date, this structured approach has resulted in an overall reduction in overdue open incidents to four cases open for more than 120 days. Compared with previous years’ reporting, there are single figure increases in the number of reported incidents, which aligns with the age of our estate, infrastructure and risk profile.

Once timely incident management has been achieved, the next step will be to focus on the analysis of incident themes to drive improvement. Data shows that most incident types within the IGG are reported as infrastructure and accidental injury incidents. Due to the limited number of incidents, there are currently no hotspot locations or service areas, however this will be reviewed in the next quarter to identify any specific areas. As part of our approach, we work with our risk partner and all Estates teams to prioritise extreme and high-level risks monthly, supported by accompanying action plans.

Whilst incident management performance remains strong, the IGG recognises the ongoing challenge of cultivating a proactive reporting culture for low and no harm events. Increasing reporting rates will improve organisational learning and enable earlier identification of emerging risks.

Working in Partnership for Continuous Improvement

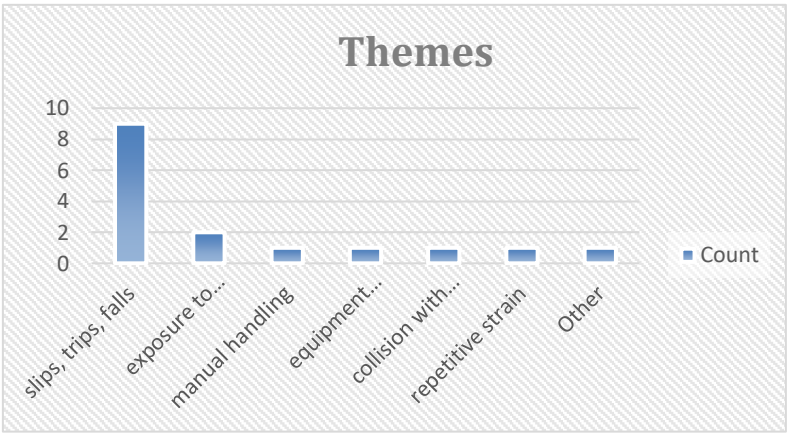
It is important to highlight the range of different services provided across the footprint of the Health Board, and that incidents and complaints relating to estates may be raised by patients, visitors or staff from other departments or services across the Health Board. The Estates Senior Leadership Team is working with CCGs and quality and assurance teams to triangulate incidents which include estates staff to ensure learning is identified and lessons for learning are shared and implemented. The process will be developed throughout quarter 3 2026-27, trialled in quarter 4 2026-27 and evaluated for effectiveness scheduled in late quarter 4 2026-27.

Timely

Personal Injury Claims

All claims are supported through the Estates IGG, with close liaison with the Health Board's Legal Redress Manager. The legal redress partner routinely attends the monthly IGG meeting to report on the latest position. This established partnership and embedded systems ensure that claims are reviewed within target timeframes and that learning-from-events exercises are conducted for all claims. This has resulted in the IGG improving its response rate, with no outstanding issues.

Personal injury claims include incidents and accidents within the Health Board estate caused by environmental hazards, equipment malfunctions and workplace slips, trips and falls. Most claims are confirmed as accidents or injuries, with some liability accepted or denied. Claims involve a range of injuries, from minor to serious, including falls, equipment malfunctions and exposure to hazards such as asbestos. Financial estimates vary, with total damages reaching over £180,000, and defence and claimant costs reflecting the severity and liability status. A review of the themes has identified the following:



Claims ongoing by theme

These patterns reflect the prevalence of slip, trip and fall incidents and highlight opportunities to improve external surface maintenance, inspect ramps and stair nosings, and provide clearer hazard signage. To address these safety issues, senior Estates managers complete monthly

site walkabouts to identify critical concerns, which are then logged on the helpdesk system and resolved according to priority.
The data shows that slips, trips and falls make up over half (56%) of all cases. Targeting uneven surfaces, loose or raised slabs, potholes and ramp or stair edges is now a clear focus for the IGG.

Site	Total
Glangwili General Hospital (GGH)	5
Prince Philip Hospital (PPH)	4
Withybush General Hospital (WGH)	4
Bronglais General Hospital (BGH)	3

Table 2 – Claims ongoing by site

Heatwave Issues & Concerns

Wales experienced a period of exceptional heat and humidity during May and June 2026, with amber and red weather warnings in place and a corresponding increase in service demand, patient acuity, and operational pressures. The sustained high temperatures created significant challenges across health and care services, including:

- Increased patient demand and clinical acuity
- Risks to patient safety, comfort and wellbeing
- Workforce pressures, including staff wellbeing, availability and increased operational demands
- Infrastructure challenges associated with maintaining safe care environments

Key engineering and estates findings include:

- In all acute hospitals, most wards have limited or no mechanical ventilation, cooling and humidity control capability.
- High humidity reduced comfort levels and increased heat stress for patients and staff.
- Due to design constraints, the plant of the Prince Philip Hospital (PPH) Day Surgery Unit (DSU) was unable to cope with the high temperatures and high humidity.
- Opening windows frequently introduced additional warm, humid air, reducing the effectiveness of natural ventilation.
- Some plant operated at maximum practical capacity.
- Overheating risk is greatest in older ward blocks, upper floors, high occupancy areas and locations with significant solar gain.

Estates resilience and investment priorities include:

- Short term: strengthen heatwave response procedures, increase environmental monitoring and review affected clinical areas.
- Medium term: targeted reviews of ventilation capacity, optimisation of Building Management System (BMS) controls and pursuit of Air Handling Unit (AHU/chiller) replacement opportunities.
- Continue delivery of Targeted Estates Fund (TEF)-funded resilience schemes and wider refurbishment work, including chiller replacements and AHU upgrades.
- Long term: develop a Health Board Heat Resilience Strategy aligned to climate change projections.

The Deputy Director of Nursing, Quality and Patient Experience has led a task and finish group consisting of key stakeholders to consider learning from these recent heatwave events, including representation from the Estates Service Group.
The Estates Service Group has reported its findings and has a specific report covering the key findings and risks. Overall, the debrief suggests that while concerns regarding heat, ventilation and the physical environment were a recurring theme, these issues were frequently balanced by strong appreciation for the commitment, resilience and professionalism of staff. Patients consistently recognised that colleagues continued to provide compassionate, person-centred care despite the challenges presented by the exceptional weather conditions.

Extreme weather events continue to expose vulnerabilities associated with an ageing estate and limited environmental control infrastructure. Long-term resilience requires sustained capital investment aligned to Corporate Risk 1745.

Effective

Risk Management

The Estates Service Group has sustained a ten-month focus on the effective management of the Executive Director of Allied Health Professions and Health Science/Estates risk register by remaining in Level 1 Escalation for Governance. Risk workshops have continued monthly within each service and with operational teams. The initial focus has been to ensure that all service risks are captured and have mitigating actions. July's data shows that 99% of risks were reviewed within period and 96% of risk actions were completed within period against the Health Board's target of 90%. This comes from a total number of 136 risks as broken down:

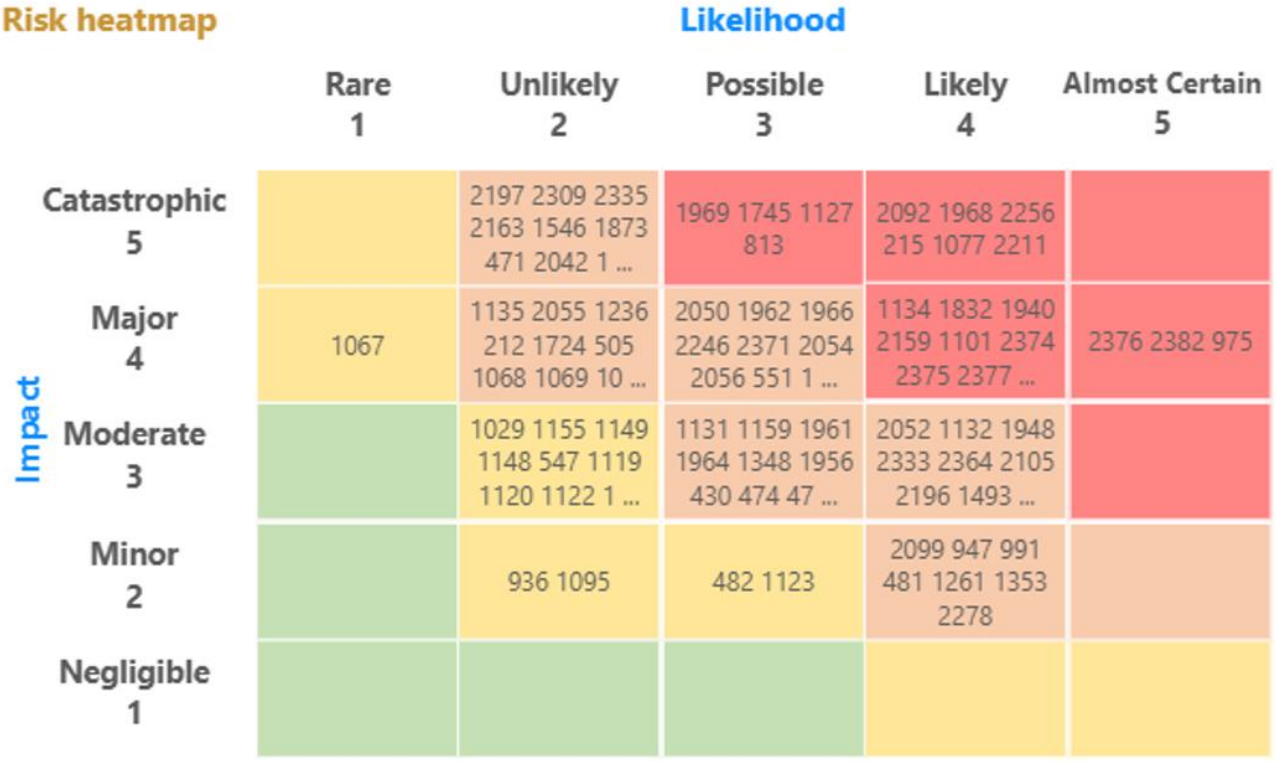
	Corporate Level	Operational Level
Total Number of Risks: 136 →	2	134
Extreme (Red) Risks (based on 'Current Risk Score')	2	23
High (Amber) Risks (based on 'Current Risk Score')	0	91
Moderate (Yellow) Risks (based on 'Current Risk Score')	0	20
Low (Green) Risks (based on 'Current Risk Score')	0	0

Estates Risk overview (Data provided by Risk Partner and Power Bi Dashboard for July 2026)

Risk overview

Open risks	Risks overdue	% overdue	Open actions	Actions overdue	% overdue
136	2	1%	171	6	4%

Risk heatmap



Estates Risk overview (Data provided by Risk Partner and Power Bi Dashboard for July 2026)

Risk Ref	Title	Date Risk Identified	Current Risk Score	Risk Level (Current)	Target Risk Score	RR - Target Risk Score Expected Date	Directorate	Service/Department	RR - Clinical Sub-Group	Domain	Lead Committee	Date of Review	Review date	Approval status
1745	Risk of not being able to safely deliver services due to ageing estate and infrastructure across the Health Board	02/08/2023	15	Extreme	10	31/08/2032	Estates & Facilities	Estates & Facilities	E&F: Directorate Team	Safety - Patient, Staff or Public	Health and Safety Committee	23/06/2026	23/07/2026	Corporate Risk
813	Risk of non-compliance with the Regulatory Reform (Fire Safety) Order 2005 due to ageing infrastructure	01/10/2019	15	Extreme	5	31/08/2029	Estates & Facilities	Estates & Facilities	E&F: Fire	Statutory duty/inspections	Health and Safety Committee	23/06/2026	23/07/2026	Corporate Risk

Estates overview of corporate risks (Data provided by Risk Partner for July 2026)

The two corporate-level risks continue to expose vulnerabilities associated with an ageing estate. For assurance, the Fire Safety Risk is tracked monthly through the Fire Safety Group. Significant capital investments in fire safety include completed Phase 1 works at Glangwili Hospital (GGH) and Withybush Hospital (WGH), with Phase 2 ongoing at both sites and completion expected in 2028. Major capital investment projects are also progressing at Bronglais Hospital (BGH) and PPH through the Major Capital Team. These schemes, together with a renewed focus on fire safety training, are expected to support reduction of the target score within timescales agreed with the Fire Service and Welsh Government. Long-term resilience across the ageing estate requires sustained capital investment aligned to Corporate Risk 1745. Nine major projects are planned over the next three financial years through the Major Capital Team, including air handling, electrical resilience, replacement water tanks and secondary generators, to extend the life of key infrastructure.

Management controls remain in place for all extreme risks, and progress continues against agreed mitigation plans. No new risks require further escalation. Other risks categorised as extreme and high-level risks are being managed in line with risk management strategy, however many remain dependent on capital resources to fully mitigate and reduce to target score; therefore, continued strategic oversight is required and continues monthly. All actions and controls are in place, and the approach taken is approved and supported by Estate Management, Risk Partners and external partners, such as NHS Wales Shared Services Partnership (NWSSP).

Carmarthenshire East is now carrying the highest overall risk burden, with 46% of the total risk, replacing Pembrokeshire. Carmarthenshire East accounts for 46%, Pembrokeshire 42%, Ceredigion 4%, Carmarthenshire West 4%, and the Directorate Team 4%. The themes of ageing estate, failing infrastructure, compliance risks and business continuity vulnerabilities are consistent across all areas. The target risk dates range from 2026 to 2032, reflecting a reliance on capital programmes and multi-year infrastructure upgrades, with prolonged exposure to risk until works can be completed.

Extreme level risks newly added to register since last report include:

Risk Ref	Title	Date Risk Identified	Current Risk Score	Risk Level (Current)	Target Risk Score	RR - Target Risk Score Expected Date	Directorate	Service/Department	RR - Clinical Sub-Group	Domain	Lead Committee
1127	Risk of avoidable service disruption due to high voltage electrical infrastructure affecting WGH	12/06/2017	15	Extreme	2	30/04/2030	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Service/Business interruption/disruption	Quality, Safety and Experience Committee
1331	Risk of loss of mains water due to Storage Tank failure, PPH.	13/07/2016	16	Extreme	4	31/03/2027	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Service/Business interruption/disruption	Quality, Safety and Experience Committee
1832	Risk of service disruption at Fishguard Health Centre due to failing condition of roof	01/01/2024	16	Extreme	3	30/04/2030	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Service/Business interruption/disruption	Quality, Safety and Experience Committee
2374	Risk of potential loss of income due to inaccurate data being recorded by estates staff	03/04/2023	16	Extreme	4	31/12/2026	Estates & Facilities	Estates & Facilities	E&F: Ceredigion	Quality/Complaints/Audit	Strategy and Planning Committee
2375	Risk of potential loss of income due to inaccurate data being recorded by estates staff	03/04/2023	16	Extreme	4	31/12/2026	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire West	Quality/Complaints/Audit	Strategy and Planning Committee
2377	Risk of potential loss of income due to inaccurate data being recorded by estates staff	03/04/2023	16	Extreme	4	31/12/2026	Estates & Facilities	Estates & Facilities	E&F: Pembrokeshire	Quality/Complaints/Audit	Strategy and Planning Committee
2376	Risk of potential loss of income due to inaccurate data being recorded by estates staff	03/04/2023	20	Extreme	4	31/12/2026	Estates & Facilities	Estates & Facilities	E&F: Carmarthenshire East	Quality/Complaints/Audit	Strategy and Planning Committee

Estates newly added extreme level risks (Data provided by Risk Partner for July 2026)

All risks have controls and planned actions to mitigate and manage each risk.

The IGG has established service management systems to ensure that risks are reviewed within target periods and risk actions are completed. This has resulted in the IGG improving to Level 1 within the Governance domain and routinely reporting improvement in target risk score dates.

The IGG aims to maintain level 1 by setting the expectation that services embed risk register review within their governance structures and maintaining oversight of performance management within the IGG Governance meeting.

Next steps will be to further enhance and utilise risk review workshops to ensure validation of the risk scoring matrix, provide clear justification of risk scores, and focus on target risk scores to understand how these are set and identify any themes in relation to barriers to achievement.

Evidence based

Compliance with national standards, guidance and protocols remains consistent within the Estates IGG. The Risk and Compliance Group maintains a register of all NWSSP shared notices, and we are governed by Welsh Health Technical Memoranda (WHTMs), which form

the bedrock of our compliance systems. This is supported by independent audits by Shared Services, who routinely attend and provide reports on Electrical Safety, Medical Gases and Water, to name a few. All reports and actions contained therein flow into the AMaT system for tracking purposes and are reflected in the AMaT section. There has been considerable progress in these areas in recent years, with increased scrutiny and reporting through the Health and Safety Committee (HSC) and the Health and Safety Compliance Group (HSCG). Metrics have been developed to help demonstrate compliance, supported by evidence and audit.

Equitable

There are natural variations in Estates compliance and quality across all sites due to the age, nature and deterioration of our estate. It is recognised and acknowledged that the condition of our estate can affect patient safety and quality; therefore, every risk is reviewed with that in mind, together with a comprehensive capital request matrix to ensure that our highest priorities are targeted. Significant focus is being applied to those variations, with resource provided to address our highest-scoring and extreme risks.

There are no Health Inspectorate Wales (HIW) reports containing Estates-related actions currently outstanding. All have been completed. The estate also affects vulnerable patient groups and can affect dignity concerns. To ensure this remains in sight, we are communicating with other CCG leaders to target the highest concerns and ensure that critical focus is maintained on patient safety.

Person Centred

Broadly, feedback to the Estates IGG highlights examples of compassionate care and positive staff engagement. However, patient stories, feedback and reviews of our approach require greater focus, including a detailed review of the systems needed to evidence this in future.

Our clear intention is as follows:

- CIVICA feedback analysis.
- Ward/environment feedback themes.
- Patient stories relating to estates facilities.
- Accessibility and wayfinding feedback.

This will be considered at the next Estates IGG and reported on here in future reports with actions and timelines.

<u>Complaints</u>

The IGG has reviewed its complaints and, as shown within the tables below, can confirm that all complaints have now been closed since July 2025, with no outstanding complaints within Estates. All complaints, numbering 45 prior to this date, have been resolved through cross-directorate responses. This represents noteworthy progress in the way we handle complaints.

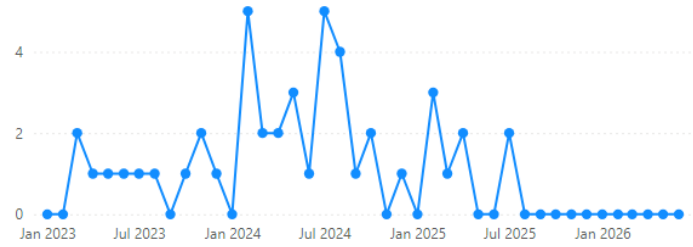


Table 1 Our Performance Dashboard – Closed complaints
Data as of 14/07/26, 15:39

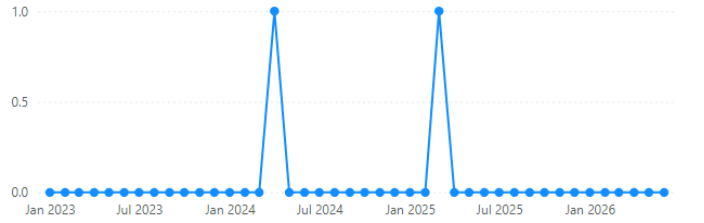


Table 2 Our Performance Dashboard – Overdue complaints
Data as of 14/07/26, 15:39

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to receive assurance on the quality governance arrangements in place within the Estates Service Group in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess, and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	As contained within report
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Power Bi Information as of July 2026 Risk Partner HDdUHB Legal Partner HDdUHB Performance Partner HDdUHB Estates Integrated Governance Group, formerly Estates & Facilities Integrated Governance Group
Rhestr Termau: Glossary of Terms:	As contained within report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Power Bi Information as of July 2026 Risk Partner HDdUHB Legal Partner HDdUHB Performance Partner HDdUHB Estates Integrated Governance Group, formerly Estates & Facilities Integrated Governance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	As contained within report
Gweithlu: Workforce:	Not applicable
Risg: Risk:	As contained within report
Cyfreithiol: Legal:	As contained within report
Enw Da: Reputational:	As contained within report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable