

**PWYLLGOR STRATEGAETH A CHYNLLUNIO  
STRATEGY AND PLANNING COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	30 October 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Estate Condition & Performance Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Williams, Head of Property Performance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report will update the Committee on the plans being progressed to update estate condition and performance information on the estate.

The report will provide a brief overview of the plans but also refer to two linked papers that provide an update of estate backlog and the NHS update of Estatecode guidance in NHS England and Wales.

The Hywel Dda University Health Board's (HDdUHB)'s ambition is to arrange an updated Estate Strategy and commission 6-facet estate surveys that align to new Estatecode guidance, namely estate compliance, condition, utilisation, functionality, quality and environmental management. These surveys are required by Welsh Government (WG) but will also be a key enabler for the Health Board to support its strategic and financial planning aims.

**Cefndir / Background**

NHS organisations are asked to carry out comprehensive analyses of the current position and performance of the estate that they use to inform backlog reporting, risk and investment planning to inform and reporting. This information capture is currently undertaken via 6-facet surveys in accordance with Welsh Health Building Note 00-08, 2018 Estatecode Wales.

The Estatecode guidance is being updated in NHS England to adapt to the significant level of change, challenge and competing priorities in the NHS estate. The Welsh NHS is monitoring this development and is similarly planning to update the guidance in Wales. The aim to bring together a series of documents into a single document focussing on strategic context and providing best practice in key estate management areas of Estate Strategy, understanding estate condition and performance and land and property management.

A key aim for future guidance is to address the concerns raised at All Wales Estate forums regarding the quality, consistency and value of money being achieved from traditional methods of surveys across Wales. The aim for Health Boards is to connect asset registers, condition

surveys, and risk registers information to support smarter capital planning, consistent backlog reporting, support more credible business cases, and improve Board assurance.

The delivery of 6-facet surveys is currently under review at an All Wales level to consider how surveys will be delivered and resourced going forward. HDdUHB has previously arranged a 5-facet survey, but arrangement of whole estate new surveys is well overdue, currently on hold pending the conclusion of this All Wales review to confirm the approach and funding options. HDdUHB has however continued to deliver targeted surveys in-house and externally through available resource and funding with a focus on statutory compliance, building condition and space utilisation to maintain backlog reporting accuracy and risk registers updates; and to support short term investment planning decisions.

### Asesiad / Assessment

Similar to the NHS England reported position, the NHS Wales estate is also undergoing a significant level of change, challenge and experiencing many competing priorities. These have been summarised within the draft NHS England Estatecode and categorised into five golden threads in estate management, as examples digital transformation, sustainability and the role of the future hospital. In addition, NHS England is reporting similar challenges to those faced in the Welsh NHS estate, namely aging estate, financial constraints and compliance and risk management challenges.

The key components of the NHS England Estatecode updates include a focus on estate strategy development and 6-facet surveys to capture condition and estate risk.

The attached Annex 1: **Estatecode Update** submitted to the Strategic Property and Environmental Task Force Group on 4 August 2025 (Infrastructure and Estate Plan Group on 14 August 2025 for information) provides more background to the Estatecode development in NHS England, that is likely to be adopted in Wales.

A key indicator to estate condition is the backlog maintenance, this reported internally and to WG on an annual basis via the Estates, Facilities Performance Management System returns. The trend nationally in NHS Wales, within NHS England and within this Health Board is that backlog and the level of investment needed will continue upwards.

Please refer to the attached Annex 2: **Estate Backlog Update** was presented to the Capital Sub Committee on 18 September 2025 for further background to backlog reporting and an update on the Health Board position.

Both papers provide further background on the wider challenges experienced by the NHS estate and places into focus the need to update the **Estate Strategy** and **6-facet surveys** across the retained estate.

### **Estate Strategy**

The current Estatecode guidance in Wales and new Estatecode draft in NHS England continue to focus on the development of an organisational infrastructure / estate strategy at a local level, which is a requirement to supporting short- medium- and longer-term estate planning. It is a key aim of this Health Board to develop an estate strategy in 2026 to align to the outputs of the Clinical Services Plan (CSP) and the A Healthier Mid and West Wales (AHMWW) strategy plan, this to be a key enabler and integral part of service planning ambitions.

### **6-facet survey**

As part of the NHS Wales Estatecode current and to be updated, is the requirement to arrange 6-facet surveys to provide a comprehensive property appraisal methodology to assess in detail the following facets:

1. Physical Condition – Structural integrity, building fabric, mechanical and electrical services
2. Functional Suitability – How well the space supports its intended clinical purpose and workflow
3. Space Utilisation – Efficiency of space use and potential for optimisation
4. Quality – The overall environment, including comfort, design and aesthetics. A new field that contains metadata such as refurbishment history — supports qualitative assessments
5. Statutory Compliance – Adherence to fire safety, health and safety regulations and other legal requirements
6. Environmental Management – Energy performance, water consumption, waste management and transport.

As noted above there has been concern with the quality, consistency and value of the previous approaches to facet surveys at an All Wales level, as an example with variances in critical risk reporting across Wales. These surveys are paramount as the outcomes will aid in the development of an effective, evidence based long term strategy to address the current condition issues regarding the level of backlog maintenance, compliance and functionality, all of which greatly impact on the ability to deliver fit for purpose services.

How HDdUHB approaches the surveys will be subject to the new Estatecode guidance; agreement of scope with WG representatives alongside NHS Wales Shared Services Partnership - Specialist Estates Services (NWSSP-SES); and an internal review to ensure the Health Board specific need to support future clinical strategy, and investment needs are met. As an example, ensuring utilising the data to inform the investment need beyond the current priority major infrastructure, fire compliance and other discretionary capital projects.

The approach will need to align to current systems around asset and risk management processes. Where possible adopt existing and new technologies, by using camera technologies bring the estate condition challenge to life and streamline the process to provide better value.

We are currently working with the Cardiff and Vale University Health Board (CVUHB) through the Major Capital Design Team, as they are undertaking targeted compliance and condition surveys to inform their future investment requirements. In addition, they are also undertaking space and functionality reviews; however, they are not commissioning a full 6-facet survey. We understand that WG has funded these surveys at an estimated cost of around £800k.

Whether the HDdUHB approach will be the full 6-facet survey approach or a reduced scope will depend on the wider Wales NHS approach and internal agreement, alongside funding availability. The aim is to ensure the outputs from surveys contributes to smarter capital planning, more credible business cases, and improved Board assurance.

### **Next Steps**

A separate report will be provided to outline the recommended approach to these surveys, based on consultation with WG and NWSSP-SES representatives, emerging guidance and internal consultation to ensure the scope meets the Health Board's own requirements. A wider

review of best practice approaches will be undertaken to ensure HDdUHB avoids the reported issues with previous facet surveys in Wales around consistency, quality and value. Procurement and commissioning will require careful consideration, as this could be delivered as a single package or in separate lots, and implemented through a phased approach.

HDdUHB will raise the matter with WG and discuss the requirement to commission these surveys, the scope, resource and funding requirements.

### Argymhelliad / Recommendation

The Committee is asked to:

- **NOTE** the position on the Estate Condition & Performance Project and the next steps.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.1.22. Seek assurance on the delivery of the requirements arising from Health Board's regulators, WG and professional bodies.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	1. Plan and deliver services to increase our contribution to low carbon

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	All Wales NWSSP-SES forum meetings , Estatecode drafts
Rhestr Termiau: Glossary of Terms:	Contained in the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Strategaeth a Chynllunio Parties / Committees consulted prior to Strategy and Planning Committee:	Strategic Property & Environmental Task Force Group

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Linked to capital and revenue delivery plans
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Improved quality of service and access.
<b>Gweithlu:</b> <b>Workforce:</b>	Not Applicable
<b>Risg:</b> <b>Risk:</b>	Estate condition risk, infrastructure and financial.
<b>Cyfreithiol:</b> <b>Legal:</b>	Subject to procurement advice.
<b>Enw Da:</b> <b>Reputational:</b>	Links to organisational responsibilities for estate performance and condition.

<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



Strategy Property & Environmental Task Force Group

<b>DYDDIAD Y CYFARFOD:</b> <b>DATE OF MEETING:</b>	04 August 2025
<b>TEITL YR ADRODDIAD:</b> <b>TITLE OF REPORT:</b>	Estatecode Update
<b>CYFARWYDDWR ARWEINIOL:</b> <b>LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD:</b> <b>REPORTING OFFICER:</b>	Paul Williams, Head of Property Performance

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**  
**Purpose of the Report (select as appropriate)**

Ar Gyfer Trafodaeth/For Discussion

**ADRODDIAD SCAA**  
**SBAR REPORT**

Sefyllfa / Situation

This paper provides an overview of the Welsh Government review of Estatecode requirements to manage land and property including estate condition and performance information.

The Estatecode guidance is being updated in NHS England to adapt to the significant level of change, challenge and competing priorities in the NHS estate. The Welsh NHS is monitoring this development and is similarly planning to update the guidance in Wales. The aim to bring together a series of documents into a single document that will focus on strategic context and provide best practice in key estate management areas of Estate Strategy, understanding estate performance and land & property management.

The aim of this paper is to provide an overview of this guidance and to update the Task Force Group on this planned change to Estatecode guidance in NHS England, that is likely to be revised and adopted in Wales NHS. The paper will also seek feedback on the next steps to deliver on the key components of Estatecode, this work to be aligned to the Clinical Service Plan outputs and AHMWW plans.

Cefndir / Background

In Wales the Welsh Health Building Note (WHBN) 00 08 Estatecode Wales guidance provides the principal framework for land and property management for the NHS estate in areas of land ownership, disposal transactions, lease arrangements etc. This guidance is also supported by the following key supporting guidance documents:

- WHBN 00 08 Supplemental (2010 Welsh Edition) - Land and Property appraisal and estate performance indicators.
- 'A Risk Based Methodology of Establishing Backlog' – NHS Estate (2004).
- Developing an Estates Strategy – NHS Estates (2005).

NHS England have similar documentation and are consulting on a refreshed master Estatecode guidance, currently at draft version 6 dated February 2025. Welsh Government, via NWSSP–SES are considering a revamp of Estatecode guidance in Wales in line with NHS England's proposed changes as NHS England's Estatecode potentially provides a mature and

scalable framework for asset, condition, and risk data management. It is noted that NHS Wales is already partially aligned with NHS England's Estatecode.

The NHS England Estate, similar to Wales, is undergoing a significant level of change, challenge and experiencing many competing priorities, these have been summarised into five golden threads in estate management, as outlined below:

**Digital Transformation** - The use of AI, digital asset management systems, digital integration, digital twins and other smart technologies will improve patient care and operational efficiency.

**Sustainability** - The climate change act, net zero standard and green building standards requires whole scale approaches to how buildings are designed, delivered, used, maintained, adapted and decommissioned. Carbon metrics, benchmarks and costs will play a vital role in response to the sustainability challenge.

**The role of the future hospital** - Flexibility, adaptability and transformation across clinical and non-clinical functions is required to build the required resilience needed for a longer term tenable health system.

**Productive delivery models** - Estatecode productivity characteristics focus on improving the efficiency, effectiveness, and overall performance of the NHS estate and facilities function. The key measures of infrastructure productivity are referenced as:

- the effectiveness of the national estates and facilities functions.
- productive delivery models.
- efficient business case and approval processes.
- increased investment in sustainability and carbon reduction.
- effective digital project delivery and project appraisal.
- efficient facilities management.
- digital asset management.

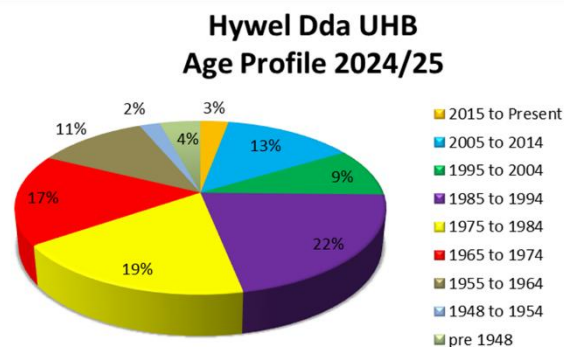
**Data governance** - Robust data governance frameworks and principles in healthcare must be adhered to ensure data is managed effectively, securely, and consistently.

In addition, again like the NHS challenge in Wales the NHS England Estatecode guidance has focused on the following three significant challenges faced by the NHS estate, as summarised below:

**Aging estate** – The guidance states that “the property is in need of upgrades to meet demands such as net zero and standards, including supporting new technologies. Unaddressed backlog will grow exponentially if investment is not targeted correctly. Longer term strategic estate planning and, consistent approaches to measuring backlog, whole life costing, disinvestment and the recognition of the impact of estate failures on productivity and patient care, will assist to prioritise investment and reduce the levels of backlog. Digital solutions may often be more favourable than physical assets, or additional workforce requirements in circumstances such as car park management.” The Health Board age profile is summarised below for information:

The age profile will be a key consideration within the Strategy. The key indicators of the estate are summarised below as an overarching position for the Health Board estate:

- 34% of the Heath Board estate is 50 + in age / 16% of the estate 20 years & younger
- Glangwili – oldest Acute Hospital in Wales / oldest blocks nearing 70 years in age.
- Bronglais - Original blocks – 60 years in age
- Prince Philip – Original blocks 35 years in age
- Withybush – Original blocks – 50 years in age



**Financial constraints** – The guidance states “Limited capital and revenue means that investment must be targeted and prioritised correctly. This can only be achieved by discharging good estate and property management practices, where continued professional development, workforce and resource are adequately funded. There is a requirement for longer term estate planning at a national, system (regional) and local (organisational) level throughout the healthcare system.”

**Regulatory compliance and risk management** – The guidance states “The NHS Constitution, regulatory compliance and guidance is always evolving, healthcare property must always comply. Regulatory, statutory compliance, health and safety will always form part of annual estate and financial planning. This forms part of governance, annual board reporting on the estate and updating the estates strategy and longer-term system plans.”.

The key components of the NHS England Estatecode include updates on Estate Strategy, condition and risk, as summarised below for reference:

### **Estate Strategy**

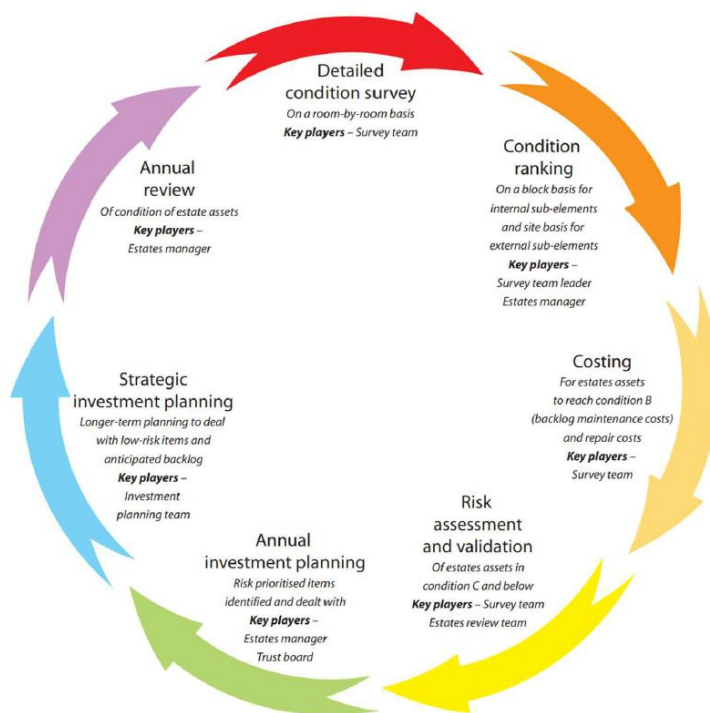
It is further highlighted in the NHS England Estatecode draft that developing an organisational infrastructure / estate strategy at a local level is a requirement to supporting short- medium- and longer-term estate planning and provide a sound evidence base for decision. Its purpose is to enhance the quality-of-care environments: ensuring that NHS Estate supports the delivery of high-quality care and informs the framework for ongoing maintenance, adaptation, investment, disinvestment and capital prioritisation. Estatecode provides guidance on how to achieve this at a local level.

### **Estate Condition**

It documents highlights the need for healthcare organisations is to understand the performance of the infrastructure that supports provision of healthcare services (irrespective of ownership) and to make time-bound, costed plans to improve infrastructure through investment and/or disposal (and therefore have disinvestment plans). For healthcare infrastructure, physical condition and fire safety and statutory health and safety surveys of assets identify the following: condition and compliance / operational risk of failure / cost of replacement/repair / remaining service life.

As with the Welsh NHS approach the fundamental part of this is the land and property appraisal process that comprises detailed data collection, analysis and baseline assessments of infrastructure performance via the 6 facet survey process. It is a stocktake that assists in answering the question “where are we now?” and ‘Developing a provider estates strategy’). It should be used in part to inform executive decision-making for future investment and

rationalisation priorities regarding the estate. The cycle of survey is summarised below in the table below:



The condition survey that assesses the first two facets produces a lifecycle model should feed into applications compatible with the healthcare organisation’s own software and easily transferable to CAFM. Condition data will inform the following:

- developing a provider estates strategy.
- Master planning.
- Creating development control plans
- Undertaking capital priority planning reviews (which should be done at least every five years).

### Estate Risk

The aim of the Estatecode approach to have an estate that is in an acceptable condition will; comply with statutory legislation comply with NHS Wales Regulatory Reform Act guidance and relevant fire safety legislation; be maintained at a fully operational state within normal revenue allocations and planned capital investment meet public expectations, providing a safe, secure and welcoming environment for all users.

A key objective is the measurement of the safety and quality of healthcare infrastructure. This is defined as the capital investment needed to ensure Infrastructure is in an acceptable condition, similar as Wales NHS as classified into four risk management categories, high, significant, moderate and low risk category. Critical infrastructure risk comprising high and significant risk, where capital investment is needed to specifically eliminate critical safety and resilience risks.

It is recommended within NHS England that a detailed appraisal of the condition of estate (including its compliance with mandatory fire safety requirements and statutory safety legislation) is conducted over a 5-yearly cycle, similar to NHS Wales. For high complexity areas these should have more detailed critical infrastructure surveys, depending on the risk profile. These are areas such as:

- those with significant mechanical and electrical engineering.

- complex clinical 24/7 environments.
- those that have or are of significant clinical or operational dependencies.

Similar to the challenges faced in the Welsh NHS estate, and this Health Board are the potential consequences of not undertaking required repairs/replacements:

- significant disruption to clinical activity
- increased risk to patients, staff and visitors
- recruitment difficulties and lowering of staff morale
- escalation of capital investment requirements due to accelerated deterioration
- potential for legal enforcement notices
- litigation in the event of serious incidents.

### Asesiad / Assessment

There are significant challenges posed by the aging and deteriorating nature of the NHS estate generally in Wales all of which has a profound and direct impact on service delivery and patient care.

Continuity and standardisation in the survey process is essential as the outcomes will aid in the development of an effective, evidence based long term strategy to address the current condition issues around the level of backlog maintenance, compliance, functionality all of which greatly impact on the ability to deliver fit for purpose services.

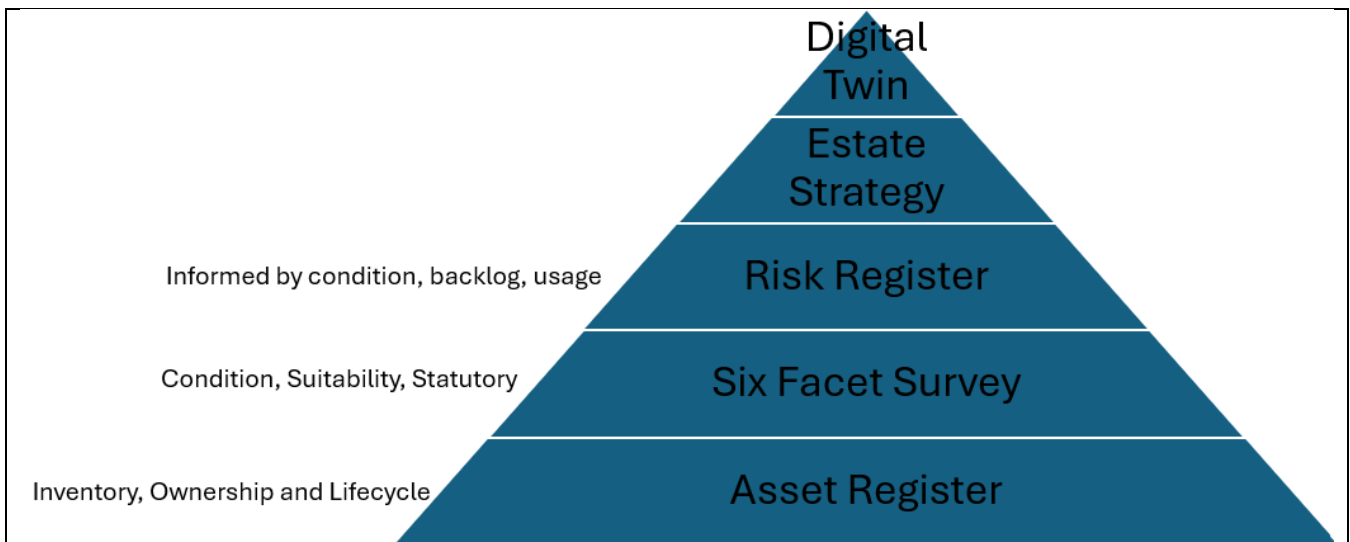
This has certainly been found to be the case in respect to the Hywel Dda estate with ageing infrastructure, inefficient layouts, increased call on emergency capital and maintenance pressures which has seen major disruption to front line service delivery and consequential reductions in clinical capacity e.g. Withybush RAAC.

This scenario isn't peculiar to the Hywel Dda estate but profoundly affects the Welsh NHS estate across all Health Board's and Trusts.

The focus within NHS Wales and feedback from NWSSP-SES is similar to NHS England aim to develop a master Estatecode document that provides Strategic Context and brings together the key components of estate management, namely Estate Strategy, Understanding estate performance and land & property management. The aim to:

- Provide Best practise for estate mangers
- Standardise asset, condition and risk reporting
- Support lifecycle investment and compliance planning
- Integral plan to business case development and NHS Benchmarking

It was noted by NWSSP-SES that connecting asset registers, condition surveys, and risk registers leads to smarter capital planning, more credible business cases, and improved board assurance. The key components of Estatecode are reflected in the chart below:



In addition, Health Boards are required under Estatecode guidance and utilising the information gathered from the above to capture and report on their estate backlog position, the costs and risk rating. The backlog position of this Health Board is summarised below for ease of reference:

The estate backlog as at February 2025 is circa £266 million, split into the following risk rated categories and Acute Hospital sites:

- High Risk Backlog £26m / Significant Risk - £183m
- Glangwili Backlog - £90m / Witybush - £67m / Bronglais £51m / Prince Philip - £28m

### **Estate Strategy**

A well thought out estate strategy is essential to the provision of safe, secure, high-quality healthcare buildings capable of supporting current and future service needs. An estate strategy cannot be developed in isolation. Rather, it is an integral part of service planning.

The aim is that organisations will take a whole portfolio view of their assets and develop an Estate Strategy to support short, medium and longer-term estate planning and provide a sound evidence base for decision. For this Health Board to reflect the outputs of the Clinical Services and future AHMWW plans. Within the Estatecode update it highlights that any plan will need to recognise the capital employed and the potential value from repurposing or disposal and to prioritise costly, poor-quality properties for disposal, recycling capital receipts or resource savings into improving the condition and environmental performance of their retained estate.

Furthermore, that there needs to be a balance needs to be achieved between refurbishing the existing estate and its disposal and replacement where appropriate. Future trends that will impact whether infrastructure is functionally suitable will in relation to climate change resistance, controllable and digitally SMART buildings and asset condition.

The development of a new Estate Strategy will need to align to new Estatecode guidance and capture the outputs from the 6 facet surveys that will assess the condition and performance of the estate.

**Discussion** – there is a requirement for the Health Board to develop a new Estate Strategy document, to reflect the outputs of the Clinical Services Plan and AHMWW strategy to cover the short, medium and long-term plans. This strategy to be developed in line with new guidance, the resource and timelines to be reviewed.

## **6 Facet Surveys**

As part of the NHS Wales Estate Code the six-facet survey has been developed to provide a comprehensive property appraisal methodology to assess in detail six key facets:

1. Physical Condition – Structural Integrity, building fabric, mechanical and electrical services.
2. Functional Suitability – How well the space supports its intended clinical purpose and workflow.
3. Space Utilisation – Efficiency of space use and potential for optimisation.
4. Quality – The overall environment, including comfort, design and aesthetics'. A new field that contains metadata such as refurbishment history — supports qualitative assessments.
5. Statutory Compliance – Adherence to fire safety, health and safety regulations and other legal requirements.
6. Environmental Management – Energy performance, water consumption, waste management and transport.

As noted above NWSSP-SES are looking to update Estatecode and standardise facet surveys to quantify and accurately assess the situation on an individual Health Board and all-Wales basis, noting that continuity in surveying methodology is crucial. There has been concerns raised at all Wales Estate forums with previous surveys undertaken by Health Boards around the quality, consistency and value of money being achieved across Wales. Additionally, we have been encouraged and have set out our own vision using camera technology to transform how surveys can be delivered going forward and to provide visibility around estate condition.

For this Health Board new 6 facet surveys are required to be undertaken. Whilst we continue to undertake surveys and capture information around statutory compliance, condition, space occupancy and Environmental performance, this does not reflect the full 6 facet survey range across the entire estate. Furthermore, the current available resources do not allow us to deliver a full Health Board wide 6 facet estate appraisals at pace. As noted above this information is essential for the development of a comprehensive estate strategy, influences clinical service planning, prioritises capital planning investment review, spend, supports life cycle and net zero planning and is a key link to risk management and asset register development.

**Discussion** - there is a requirement for the Health Board to arrange new 6- facet surveys across the entire estate. This to be undertaken in line with new Estatecode guidance, adopting new camera technology to bring the estate condition challenge to life and streamline the process to provide better value. How this is to be arranged and resourced needs to be reviewed.

## **Risk Management**

The table below was presented by NWSSP-SES as good practice example of managing estate risk management.



The information collated on estate risk is informed by the backlog register, asset registers, 6 facet surveys and compliance audits / tests, utilising the Estatecode (including the ‘a Risk Based Methodology for Managing Risk’ guidance) methodology for reporting risk). Similarly to facet surveys the consistency of reporting has been questioned at an all Wales forum, with variances in critical risk reporting across Wales.

**Discussion** - A key issue is that the Health Board Risk reporting methodology differs from the all Wales Estatecode risk-based methodology, so there is a potential for conflict when articulating the estate risk within the Health Board. That said both reporting systems has a focus on critical estate risks. At the All Wales Estate forum the following questions were raised:

- Is there a direct line between asset condition data and risk assessment?
- Are we leveraging our CAFM or EFPMS systems to automate or enhance risk scoring and tracking?
- How are risk registers informing capital funding bids, prioritisation, and business cases?
- Are we applying a standard approach to scoring and categorising estate-related risks?
- Do executive teams understand the operational and capital impact of estates-related risks?
- Are these risks visible in Health Board-level risk registers?

**Asset Registers**

The Health Board holds an asset register on its CAFM system this informs and supports maintenance activities linked to Planned Preventative Maintenance (PPM) / reactive maintenance activity. A complete asset register will hold as examples data on all engineering and building asset and provide information around ID, type, location, installation date, lifecycle, condition, maintenance frequency, date maintained, compliance status and manufacturer details.

**Discussion** - there is a requirement for the Health Board to develop a master Asset Register across the entire estate to capture all information sources. Whilst some of the data is held this is not centralised so there is a requirement to ensure that there is a master asset register developed that integrates all estate information sources, i.e. risk registers, maintenance data, backlog, 6 facet surveys, compliance audits etc. This will ensure the accuracy and completeness of the Health Board’s estate asset register, integration and use across systems,

better inform investment and lifecycle planning and performance reporting and improve the link between operational and capital investment prioritisation.

### **Digital Twin / Estate Technology Modernisation**

The Estates team has set out how it can digitise the entire Health Board estate efficiently and collaboratively utilising camera technology namely, Matterport (Visual walkthrough footage), Leica (reverse engineering & estate area accuracy checks) and drone technology (external site and roof void surveys to support reverse engineering & condition surveys). A separate presentation is available that sets out the vision and aim of the application, this previously presented to Welsh Government, NWSSP-SES and internally. In summary this technology can support the Health Board to reverse engineer our estate information, streamline surveys but also provide a digital twin interactive model of all our buildings. In effect it will provide a visual perspective of the estate environment and condition of buildings, systems and assets. As an example, this can also link to occupancy, energy performance, system performance etc. The Estates function has also developed its own Estate Management Portal as a central information system.

There are further examples NWSSP-SES are exploring systems that can support wider applications i.e. support condition-based maintenance, data driven decision making, energy performance analysis, carbon monitoring, resilience and business continuity planning.

**Discussion** – the use of camera technology has potential conflict with information governance, so it is essential that the Health Board and wider NHS introduces protocols and controls to manage the risk of a data breach i.e. confidential information, personable and identifiable information breaches etc. In addition, NWSSP-SES has noted the following:

- How could digital twins enhance real-time condition monitoring and predictive maintenance?
- What data do we need to gather and structure before we can implement a digital twin?
- How would a digital twin support compliance, lifecycle costing, and energy efficiency goals?
- Is our current estate data mature enough for digital twin modelling?
- What governance and resource structures are needed to manage a live digital estate?

### **Summary**

The aim of this paper is to update the Task Force Group on planned changes<sub>s</sub> to Estatecode guidance in NHS England, as these significant changes are likely to be adopted in the Wales NHS.

The paper sets<sub>s</sub> out the requirements to deliver on the key components of Estatecode information, which will influence and align the Health Board's Clinical Service Plan outputs and AHMWW refresh.

For Hywel Dda there is a requirement to develop a new Estate Strategy, aligned to our strategic plans, develop a master asset register and arrange the undertaking of a new 6 facet surveys across the entire estate to update estate condition and performance information. How this is delivered will be informed by the Estatecode revision guidance and will be arranged in a

way that incorporates digital technology. It is a recommendation that discussion are held with WG and NWSSP-SES to discuss how this is progressed and funded. The Health Board can consider outsourcing, in-house resources or combination but based on previous historical survey costs this could be between £300k - £500k depending on approach. These requirements to revise Estatecode are being considered by NWSSP-SES at an all Wales forum and in a recent meeting presented the following discussion points:

- NHS England’s Estatecode potentially provides a mature and scalable framework for asset, condition, and risk data management.
- NHS Wales is already partly aligned using EFPMS, PAM, 6-facet surveys, and national compliance protocols (e.g. WHTM 07-01).
- Connecting asset registers, condition surveys, and risk registers leads to smarter capital planning, more credible business cases, and improved board assurance.
- Data standardisation and system integration are essential to move toward predictive and lifecycle-based estate management.
- Digital tools like CAFM and BIM are foundational; Digital Twin integration offers a future model for real-time, high-fidelity estate insight.
- Embedding Estatecode principles across NHS Wales supports national goals: compliance, decarbonisation, risk reduction, and value for money
- NHS England’s Estatecode provides a mature estate management framework
- NHS Wales benefits by adopting its core principles – Not all will apply
- Asset registers, 6-facet surveys, and risk registers must be connected
- Estatecode alignment enhances risk visibility and investment readiness

**Argymhelliad / Recommendation**

Paper of discussion and to review next steps.

<b>Amcanion: (rhaid cwblhau)</b>	
<b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	Estatecode guidance
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act</a> <a href="#">(sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd:	Not Applicable

Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	8 Estates plans
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	1. Plan and deliver services to increase our contribution to low carbon

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Board endorsed Property Asset Strategic Plan
Rhestr Termau: Glossary of Terms:	Contained in the report.
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Datblygu Strategol a Chyflenwi Gweithredol: Parties / Committees consulted prior to Strategy and Planning Committee:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Linked to capital and revenue delivery plans
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improved quality of service and access.
<b>Gweithlu: Workforce:</b>	Improved quality of workforce environments
<b>Risg: Risk:</b>	Carbon impact, infrastructure and financial.

<b>Cyfreithiol:</b> <b>Legal:</b>	Subject to legal review of contracts.
<b>Enw Da:</b> <b>Reputational:</b>	Links to organisational responsibilities for decarbonisation and the estate performance.
<b>Gyfrinachedd:</b> <b>Privacy:</b>	Works being arranged in patient environments.
<b>Cydraddoldeb:</b> <b>Equality:</b>	Subject to future review but may not be required.

## IS BWYLLGOR CYFALAF CAPITAL SUB-COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	18 September 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Estate Backlog Update 2025/26
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Lee Davies, Executive Director of Strategy and Planning
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Paul Williams, Head of Property Performance

### Pwrpas yr Adroddiad (dewiswch fel yn addas) Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

A paper was tabled at the Capital Sub Committee (CSC) on the 18<sup>th</sup> September 2024 to provide an update on the status of the Hywel Dda University Health Board (HDdUHB) Estate Backlog. This paper updates the Committee on the current Estates Backlog position and provides an overview of the wider challenges together with a recommendation to take this forward.

This backlog position was submitted to Welsh Government (WG) in August 2025 by way of the annual Estates, Facilities, and Performance Management System (EFPMS) return for performance relating data for 2024/25.

#### Cefndir / Background

The Estate Backlog risks, and the establishment of the backlog database is managed in accordance with the NHS Estates "A risk-based methodology for establishing and managing backlog".

NHS organisations are asked to carry out comprehensive analysis of the current position and performance of the estate that they use to inform backlog reporting, risk and investment planning to inform and reporting. This information capture is undertaken in accordance with Welsh Health Building Note 00-08, 2018 Estatecode Wales. Of note Estatecode is currently being updated in NHS England and Wales NHS is likely to take a similar approach to provide updated guidance and set the principles for future estate management and survey.

**Note** - reference the Estatecode paper tabled at Strategy Property & Environment Task Force Group on the 4<sup>th</sup> August and Shared Services Partnership presentation on EFPMS, Estatecode and Surveys, both tabled at this meeting for information around this development work in NHS England and Wales.

The backlog database is continually maintained and updated to reflect survey, audit and testing feedback, tracks project delivery and relies on regular input from site operational teams', and other information sources. The HDdUHB continues to arrange statutory and infrastructure surveys, auditing and testing through its Discretionary Capital Programme (DCP) allocation and a programme of survey estate surveys, as resources allow.

It is important to note that these reductions can be offset from on-going updating cost intelligence, surveys and inflationary increases.

## Asesiad / Assessment

The Estate Backlog reported to WG via the Estate and Facilities Performance Management System for HDdUHB in 2023/24 was £255.5 million. The updated position as reported to Welsh Government for the period 2024/25 is circa **£265.8m**.

The backlog reflects delivered capital projects, estate disposals and any new backlog change in the period.

**Note** – all changes to backlog, be it new backlog, removal, price adjustment are tracked via the Backlog database system.

The table below provides a summary of the movement of backlog trend from recent years:

HDUHB - Backlog Maintenance Costs by Risk					
Year	High Risk Backlog Costs (£)	Significant Risk Backlog Costs (£)	Moderate Risk Backlog Costs (£)	Low Risk Backlog Costs (£)	Total Backlog Costs (£)
2019/20	£0	£41,918,330	£12,401,204	£7,908,071	<b>£62,227,605</b>
2020/21	£0	£66,998,230	£8,521,630	£6,072,106	<b>£81,591,966</b>
2021/22	£0	£89,509,339	£9,432,673	£6,802,904	<b>£105,744,916</b>
2022/23	£12,900,000	£104,861,864	£11,030,818	£8,026,361	<b>£136,819,043</b>
2023/24	£42,365,207	£164,587,398	£29,083,998	£19,506,381	<b>£255,542,984</b>
2024/25	£35,915,183	£182,580,348	£27,806,181	£19,506,381	<b>£265,808,092</b>

The tables below provide a summary of the backlog totals, per site across the Estatecode and risk categorisation categories:

HDUHB - Backlog Maintenance Costs by Risk Category - February 2025					
Site	High Risk	Significant Risk	Moderate Risk	Low Risk	Total Backlog Maintenance
Amman Valley Hospital	£0.00	£2,036,856.06	£3,687,372.51	£758,975.74	£6,483,204.30
Bro Cerwyn & St Brynach Day	£0.00	£1,220,045.26	£23,227.88	£404,017.21	£1,647,290.36
Bronglais General Hospital	£3,222,605.66	£34,158,462.17	£10,121,984.80	£3,378,776.18	£50,881,828.80
Brynmair	£68,823.36	£120,440.88	£692,535.06	£704,586.03	£1,586,385.33
Cross Hands Health Centre	£0.00	£252,065.56	£801,618.43	£76,626.35	£1,130,310.34
Elizabeth Williams	£0.00	£137,646.72	£442,990.82	£213,641.78	£794,279.32
Fishguard Health Centre	£0.00	£467,998.85	£5,979.24	£22,367.59	£496,345.68
Gorwelion	£0.00	£0.00	£115,279.13	£244,047.63	£359,326.76
Hafan Derwen (St David's)	£0.00	£1,307,709.74	£223,963.26	£229,193.83	£1,760,866.83
Llandovery Hospital	£0.00	£466,059.29	£772,622.59	£112,136.48	£1,350,818.36
North Road Health Centre	£0.00	£254,814.40	£303,061.95	£492,947.32	£1,050,823.66
Prince Philip Hospital	£6,637,331.72	£18,380,093.97	£1,155,059.01	£1,804,753.25	£27,977,237.94
South Pembrokeshire Hospital	£0.00	£1,198,276.45	£197,058.49	£954,173.95	£2,349,508.88
Tenby Hospital	£0.00	£8,626.84	£66,831.56	£324,490.10	£399,948.49
Aberaeron Integrated Care Centre	£0.00	£0.00	£155,894.61	£41,294.02	£197,188.63
Cardigan Integrated Care Centre	£0.00	£0.00	£0.00	£0.00	£0.00
Tregaron Hospital	£0.00	£2,193,916.66	£524,833.13	£498,023.04	£3,216,772.82
Glangwili General Hospital	£3,630,392.67	£78,466,781.20	£3,705,121.66	£4,329,083.36	£90,131,378.88
Penlan	£0.00	£361,322.64	£680,490.97	£274,433.15	£1,316,246.76
Wellfield Road	£0.00	£378,528.48	£568,580.75	£250,525.63	£1,197,634.86
Withybush General Hospital	£22,356,029.68	£40,699,197.72	£2,076,483.36	£2,127,207.90	£67,258,918.65
Aggregate Sites	£0.00	£471,504.93	£1,485,191.42	£2,265,080.01	£4,221,776.37
<b>Trust Totals</b>	<b>£35,915,183.08</b>	<b>£182,580,347.80</b>	<b>£27,806,180.61</b>	<b>£19,506,380.55</b>	<b>£265,808,092.03</b>

### HDUHB - Backlog Maintenance Costs - February 2025

Site	Physical Condition	S & S	Fire Safety	DDA	Total Backlog Maintenance
Amman Valley Hospital	£5,904,184.00	£220,266.35	£358,753.96	£168,843.78	£6,483,204.30
Bro Cerwyn & St Brynach Day	£946,837.38	£48,716.62	£651,736.37	£40,973.99	£1,647,290.36
Bronglais General Hospital	£29,292,575.67	£2,900,269.73	£18,688,983.41	£24,883.09	£50,881,828.80
Brynmair	£1,453,033.19	£12,911.26	£120,440.88	£8,859.29	£1,586,385.33
Cross Hands Health Centre	£1,071,923.83	£58,386.50	£0.00	£29,480.69	£1,130,310.34
Elizabeth Williams	£750,174.62	£44,104.70	£0.00	£28,647.57	£794,279.32
Fishguard Health Centre	£490,366.44	£0.00	£5,979.24	£0.00	£496,345.68
Gorwelion	£341,295.04	£15,708.93	£2,322.79	£14,246.44	£359,326.76
Hafan Derwen (St David's)	£1,196,239.47	£43,238.28	£521,389.09	£24,742.00	£1,760,866.83
Llandovery Hospital	£836,749.16	£86,034.82	£428,034.38	£78,094.47	£1,350,818.36
North Road Health Centre	£584,998.56	£347,359.45	£118,465.65	£335,315.36	£1,050,823.66
Prince Philip Hospital	£23,384,211.94	£2,311,948.72	£2,281,077.28	£514,284.28	£27,977,237.94
South Pembrokeshire Hospital	£1,626,722.70	£71,049.80	£651,736.38	£46,015.30	£2,349,508.88
Tenby Hospital	£372,666.45	£0.00	£27,282.04	£0.00	£399,948.49
Aberaeron Integrated Care Centre	£193,601.09	£0.00	£3,587.54	£0.00	£197,188.63
Cardigan Integrated Care Centre	£0.00	£0.00	£0.00	£0.00	£0.00
Tregaron Hospital	£2,956,534.49	£88,179.93	£172,058.40	£52,391.78	£3,216,772.82
Glangwili General Hospital	£48,379,010.75	£3,365,322.33	£38,387,045.80	£1,238,977.05	£90,131,378.88
Penlan	£1,255,166.03	£47,316.06	£13,764.67	£47,316.06	£1,316,246.76
Wellfield Road	£1,154,534.23	£37,818.44	£5,282.19	£37,560.35	£1,197,634.86
Withybush General Hospital	£33,235,738.26	£3,616,089.45	£30,407,090.94	£679,348.50	£67,258,918.65
Aggregate Sites	£3,557,130.20	£458,229.89	£206,416.28	£354,834.83	£4,221,776.37
<b>Health Board Totals</b>	<b>£158,983,693.51</b>	<b>£13,772,951.24</b>	<b>£93,051,447.28</b>	<b>£3,724,814.82</b>	<b>£265,808,092.03</b>

Whilst there has been an overall increase in backlog over the twelve-month reporting period it is worth noting that there has been a slight decrease in High-Risk backlog of circa £6.5m. This decrease in the backlog is attributed in part to completion of remedial works to the RAAC planking at Withybush Hospital, roof repairs to Fishguard Health Centre and completion of the scheme to replace the main water storage tanks at the Glangwili site.

Conversely, we have seen an increase in Significant Backlog of circa £18m for the same period. This increase can be attributed in part to a significant uplift to the fire safety improvement works required to Bronglais Hospital.

#### Estate investment summary:

The above backlog position reflects the investment made in 2024/25 from the CRL and DCP funding routes, these include as examples:

- EFAB investment - no formal infrastructure allowance in DCP as consumed by 30% contribution to EFAB, however 687k of Estates schemes were funded via DCP. WG EFAB funding was £3.949m
- 195k of JDR Refurb monies expended at WGH (refurbishment of kitchens and bathrooms).
- 2024/25 WGH RAAC funding £5.453m
- Statutory compliance funding at £450k.

This reported position does not reflect the reduction in High/Significant Risk backlog with the completion of Phase 1 of the fire safety works at both the Withybush and Glangwili sites, but is reflected in the current position.

The following areas of investment are being targeted from the CRL for 2025/26 currently £33.624m and from DCP for currently £7.152m.

The position is 2025/26 and expected spend is summarised below:

- **Infrastructure priorities** - No formal infrastructure allowance in DCP as consumed by 30% contribution to TEF. Infrastructure Breakdowns funded from the DCP contingency are currently

776k. The TEF investment outlined below is targeted at compliance, infrastructure, decarbonisation, Decontamination, Mental Health and Infection Control projects across a two-year programme:

- 2025/26 – £6,344m (targeted £4.4m reduction in backlog) - £1,903m HB contribution.
  - 2026/27 - £6,703m (£2,011m HB contribution)
- **DCP I2S funding of 300k** for CHP replacement, 200k of JDR estates upgrades split between GGH (120k) and WGH (80k), 41k DCP funded Morlais Fire door replacement and 75k for Carpark signage and white lining on the 4 acute sites.
  - **Statutory Health & Safety and Compliance** priorities - 450k allocation.

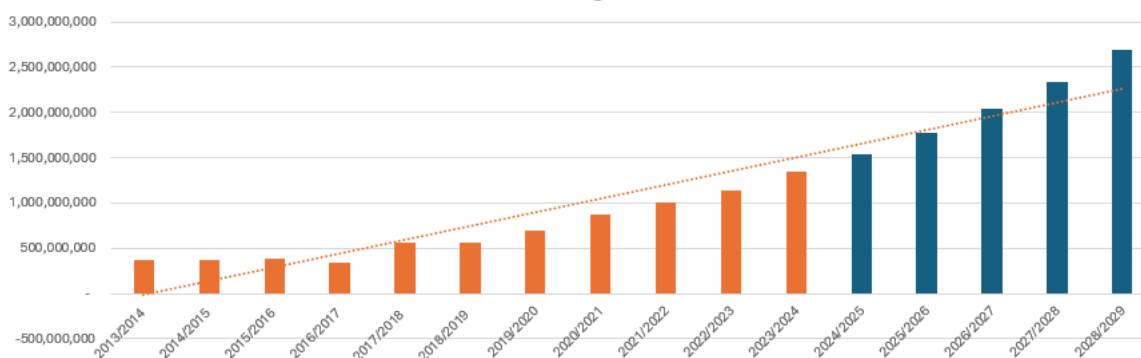
Major Infrastructure and Business Continuity project continues to be progressed via the Welsh Government Business case process to target circa £50 million across 11 priority estate infrastructure schemes over a circa 4-year programme. In addition, business case development to deliver Fire Compliance projects, Bronglais and Phase II GGH, WGH and other sites.

### The Way Forward

It is reported nationally that the estate in NHS Wales is disinvested, which is contributing to high backlog, poor environments, more frequent and a greater risk of breakdowns. Whilst prioritisation of investment is based on an assessment of risk this is impacted by the availability of investment to fund this at scale. The trend in rising backlog levels nationally and within the NHS England estate is likely to continue upwards based on the level of current investment, shown below in a recent Shared Services Partnership presentation on their prediction.

## NHS Backlog

All Wales Backlog Maintenance



2023/2024 Total Backlog Maintenance is £1.338 billion  
 2028/2029 Predicted Backlog Maintenance £2.5 - £2.7 billion

As an aside but linked to estate condition and compliance is the Building Cost Information Service (BCIS) prediction for 2029 in that there is a predicted 15% increase across all maintenance indices resulting in an estimated £25m increase in maintenance costs across NHS Wales.

With the change in the Health Boards 'A Healthier Mid & West Wales' (AHMWW) strategic plan timescales it will be important to maintain momentum on the short- and medium-term investment priorities, as currently our only way to address this backlog risk at scale. As noted the focus on delivering the Major Infrastructure Business Continuity projects, Fire Compliance programme of works, TEF funding and DCP funding. The HDdUHB will continue to escalate and report on the Estate operational risk register and continue to review resource requirements and implement mitigation measures as appropriate to manage the risk pending approval of Capital.

A key target to provide form data intelligence and forward investment planning will be the arrangement of the Estatecode 6 facet surveys and Asset Register schedules, as this will update, better inform the backlog and support clinical and estate strategic planning going forward. The HDdUHB will continue to engage at the all-Wales groups on the matter of 6 facet surveys, to ensure the Boards position is fed

back and any opportunities for funding are secured to deliver a programme of updated surveys across the estate.

For the HDdUHB the aim is to move forward in a consistent way and reflects the challenges around resources, better predicts estate failure and investment planning but that also embraces digital innovation in the NHS. A separate paper to be developed to set out the approach and resource implications to this work.

In addition, the Health Board will continue to focus on estate rationalisation plans to reduce the estate footprint and reduce lease assets but retain better quality, functional estate so that limited resources are targeted on the right areas.

As previously highlighted it is important that the right investment is targeted on our newer estate to ensure condition, quality and compliance is maintained. This approach was referenced in the paper “Sustaining High Quality Patient Environments” submitted to the committee in June 2020.

A wider piece of work is needed to consider the longer-term strategy, this aligned to our refreshed clinical strategies and developed into an Estate Strategy that sets out our short-, medium- and long-term investment plans to address the backlog and estate condition at scale and over the next circa 10 years.

### **Argymhelliad / Recommendation**

The CSC are asked to:

- note the content of the report
- note the impact on the increases backlog to the overall position.
- note the impact of the planned investment and other sources of funding ongoing to target priority estate risks.
- note the need to progress with the current investment plans to address backlog at scale.
- note the all-Wales position on the estate 6 facet surveys development and ongoing review.

<b>Amcanion: (rhaid cwblhau) Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	CSC
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Multiple risk register references
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2. Safe Care 7. Staff and Resources Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners. Choose an item. Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Legal Contract
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ceisiadau Gofal Sylfaenol: Parties / Committees consulted prior to <b>XXXX</b> Committee:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Linked to capital investment
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Improved quality of service and access
<b>Gweithlu: Workforce:</b>	Improved quality of workforce environment and access
<b>Risg: Risk:</b>	Business continuity risks / compliance / environmental condition etc
<b>Cyfreithiol: Legal:</b>	Statutory compliance
<b>Enw Da: Reputational:</b>	Impact on service delivery etc
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	Subject to future review