Archwilio Cymru
Audit Wales

Are NHS estates fit for purpose?

Cwm Taf Morgannwg University Health Board

September 2026

We have prepared and published this report under section 61(3)(b) of the Public Audit Wales Act 2004.

© Auditor General for Wales 2026

You may re-use this publication (not including logos except as an integral part of the document) free of charge in any format or medium.

If you re-use it, your re-use must be accurate and must not be in a misleading context. The material must be acknowledged as Auditor General for Wales copyright, and you must give the title of this publication. Where we have identified any third-party copyright material you will need to obtain permission from the copyright holders concerned before re-use.

If you need any help with this document

If you would like more information, or you need any of our publications in an alternative format or language, please:

- call us on 029 2032 0500
- email us at info@audit.wales

You can use English or Welsh when you contact us – we will respond to you in the language you use.

Corresponding in Welsh will not lead to a delay.

Mae’r ddogfen hon hefyd ar gael yn Gymraeg.

Audit Wales follows the international performance audit standards issued by the International Organisation of Supreme Audit Institutions (INTOSAI).

Contents

Audit snapshot	4
Key facts and figures	6
Our findings	7
Recommendations	30
Appendices	32
1 About our work	33
2 Size and location of the Health Board's backlog maintenance	36
3 Key terms in this report	37
4 Management response	40

Audit snapshot

What we looked at

1 Our review looked at how well Cwm Taf Morgannwg Health Board (the Health Board) manages its estate.

Why this is important

2 The NHS estate in Wales provides the essential infrastructure to deliver healthcare services. It plays a key role in delivering safe, high-quality care and improving the patient experience. However, the NHS estate varies widely in age, condition, and location across Wales. A poorly maintained estate creates health and safety risks, including fire safety issues and potential harm to patients. An outdated estate can also affect service performance, be less energy efficient, and be a barrier to providing modern healthcare.

3 The NHS in Wales needs to modernise its estate, deliver environmental improvements, improve access, and adapt to meet the needs of modern healthcare. There are several NHS strategies and plans which are dependent on estate improvements. These range from immediate strategic priorities relating to infrastructure and capital investment, to the requirements to reduce carbon emissions and improve energy efficiency.

4 Welsh Government's 2018 long-term plan for health and social care – A Healthier Wales – highlighted the importance of the NHS estate as a key enabler for transforming health and social care. Including the need for modern facilities, supporting digital integration, and a focus on energy efficiency and environmentally friendly practices. This is all against a backdrop of significant financial pressures across the NHS in Wales.

What we have found

5 The Health Board has a clear vision and short-term plan for its estate, but longer-term estate requirements remain uncertain while it develops its Strategic Clinical Services Plan. It has clear accountability, strong oversight, and good risk management. But high-risk levels show continued pressure on the estate.

6 The Health Board has strong processes to plan and oversee capital funding, with clear governance and better control of spending. However, tight timelines and late funding still create risks. The estate is modern, efficient, and well-managed, with low backlog maintenance risk. But it needs stronger long-term planning once the strategic clinical services plan is in place.

7 The Health Board has established arrangements for managing estates-related risks to patients and staff. However, weaknesses in the completeness of incident data, together with gaps in fire safety and water compliance, limit the effectiveness of these arrangements.

8 Estates services continue to face significant workforce pressures, including staffing shortages, recruitment difficulties, and high levels of absence. While progress has been made in workforce planning, training, and staff development, further action is required to address remaining capacity and capability gaps.

What we recommend

9 We have made four recommendations to the Health Board. These focus on:

- better understanding how the estate affects patients, staff, and service delivery;
- developing and implementing a fire safety improvement plan;
- developing and implementing a water safety improvement plan; and
- finalising and implementing its estates workforce plan.

Key facts and figures

148	Number of buildings managed by the Health Board in 2024-25.
£56.3 million	Capital monies used to improve estates in 2025-26 (excluding year-end funding and regional developments).
£75.9 million	Cost to clear the risk-adjusted backlog in 2024-25, a decrease of 10.0% from 2023-24. High-risk backlog accounts for £31.2 million.
10.2%	Vacancy rate in estates at the end of March 2025, compared to an all-Wales position of 11.6%.
8.5%	Sickness absence rate at the end of March 2025, compared to an all-Wales position of 6.6%.

Our findings

Strategic approach to estates

The Health Board has established a clear direction for its estate, but longer-term estate requirements remain uncertain pending strategic clinical planning

10 The Health Board has set out a clear vision for its estate.

11 The Health Board does not have a separate estate strategy. Instead, it includes estates planning in its wider corporate plans, mainly the Integrated Medium-Term Plan (IMTP).

12 We reviewed the parts of the Health Board's IMTP that relate to estates. Positively, we found that the plan:

- covers community and mental health estate, as well as acute hospital sites;
- uses up to date data;
- reflects key estate risks, including fire safety and infrastructure backlog;
- includes clear milestones and targets for the three-year period;
- aligns with the Health Board's workforce plan;
- supports delivery of national priorities, including 'A Healthier Wales', and the Well-being of Future Generations (Act) 2015;
- reflects the Health Board's commitments to environmental sustainability, energy efficiency, and biodiversity;
- is supported by a fully costed one-year financial plan, with clear plans for years two and three, dependent on future financial allocations; and

- identifies opportunities to work in partnership with others. Specifically, it includes the Llantrisant Health Park and the Bridgend Health and Wellbeing centre.

13 However, the plan does not:

- cover primary care estate within the Health Board's remit;
- align with the Health Board's digital strategy;
- demonstrate how the estate supports delivery of the national clinical frameworks; and
- directly reflect the Health Board's duties under the Equality Act 2010 or the socio-economic duty in relation to estates.

14 It is also not clear how the Health Board engaged with staff, patients, and partners in the development of the estate element of its IMTP.

15 At the time of our work, the Health Board was developing its Strategic Clinical Services Plan. Once complete, this plan will enable the Health Board to set out its longer-term plan for its estates.

Governance arrangements for managing estates

There is clear accountability, strong oversight, and good risk management, but high-risk levels show continued pressure on the estate

Lines of accountability

16 The Health Board has clear lines of accountability for managing its estate.

17 Overall executive responsibility for estates sits with the Executive Director of Finance. The Assistant Director of Capital and Estate Services leads day to day delivery, supported by a Head of Operational Estates and Head of Capital and Head of Assets, Governance and Technical Services.

Oversight of estates

18 There is clear oversight of estates at Board and committee level.

19 The Board receives estates information through a range of integrated reports rather than a single standalone paper. The Integrated Performance Report includes updates on maintenance, planned preventative maintenance, and the impact of estate issues on service delivery and resilience.

20 The Operational Delivery Committee (ODC) oversees capital and estates controls. It receives an Estates Performance Report twice a year and an annual Estates and Facilities Performance report. The latest report, presented in April 2026, summarised estates and energy performance for 2024–25 and 2025–26. It showed year-on-year trends, included national KPIs, and compared the Health Board's performance with others. Reports are clear and comprehensive.

21 The ODC also receives updates on the capital programme, including backlog maintenance and related spend.

22 The ODC and the Board receive regular updates on the IMTP. These reports show progress over the last quarter against IMTP actions. However, they only provide high-level information on estates, which limits scrutiny and assurance that estates actions are being delivered effectively.

23 The Strategic Development Committee (SDC) reviews estates performance and progress on the decarbonisation strategy. In October 2025, it was due to receive an update on the development of an estate strategy, but this was delayed due to work on the Strategic Clinical Services Plan. The update was not included in the February 2026 papers.

24 In May 2025, a Board briefing highlighted key estate risks and current pressures. It covered the age and size of the estate, backlog maintenance, and major operational risks and performance issues. It also included NHS Wales comparisons and site-level backlog detail, giving useful context. The briefing helped members better understand the complexity of the estate and the scale of the challenges.

Operational management

25 There is a clear structure for managing estates. The Assistant Director of Capital and Estates leads the service, supported by the Senior Management Team. This includes the Head of Operational Estates, Head of Assets, Governance and Technical Systems, and Head of Capital Services, as well as the Senior Responsible Officer for the Prince Charles Hospital redevelopment. Other leads and locality-based estates managers support the wider estates team.

26 The organisation has a governance framework with clear roles, reporting lines, and escalation routes.

27 The Capital and Estates Governance Board meets every quarter and provides operational oversight. The Assistant Director of Capital and Estates chairs the Board. It reviews reports on estate performance, action plans, training compliance, audit findings, and policy updates. It also considers escalation reports and levels of assurance. The Chair escalates key issues to the Executive Lead, who escalates relevant matters to the Executive Leadership Group.

28 The Capital and Estates Risk Escalation Group is an operational forum that reviews and escalates key risks identified by Capital and Estates governance groups. The Head of Estates chairs the Group. It brings together high-risk issues, including safety actions, workforce pressures, service delivery concerns, statutory compliance gaps, backlog maintenance risks, adverse incidents, audit recommendations, and staff-side concerns. The Group reports these risks quarterly to the Capital and Estates Governance Board.

29 The Capital and Estates Risk Escalation Group oversees specialist compliance groups. These cover fire, water, asbestos, ventilation, medical gases, electrical safety, and energy. There are clear reporting routes, and the group holds regular forums to review compliance, risks, training, audit findings, and statutory maintenance.

Managing estate risks

30 The Health Board has strong processes for managing its estates risks.

31 The Health Board tracks estate risks through its Board Assurance Framework (BAF), the Organisational Risk Register (ORR), and operational risk registers. This approach provides a clear line of sight from frontline risk management up to Board-level oversight.

32 The Health Board has identified the condition and long-term sustainability of its estate as a key strategic risk in the BAF. The risk is clearly defined and aligns with the Board's cautious risk appetite for quality, safety, and compliance. The ODC oversees this risk and provides assurance to the Board, supported by Executive Committee oversight. The overall risk rating remains high and has not reduced over time. This is despite actions, with named leads and clear timescales, reflecting the scale and complexity of the challenge.

33 The ORR sets out the main estate risks. These include backlog maintenance, ageing buildings, workforce capacity, and the resilience of key plant and equipment. It shows good awareness of risk, with clear detail on causes, impacts, and mitigating actions. Risks are clearly recorded, assigned to owners, and reviewed regularly through governance processes. However, many risks remain scored between 12 and 16, suggesting limited scope to reduce them under current resource constraints.

34 The Quality, Safety and Experience Committee oversees the organisational risk register and monitors key estate risks. In June 2026, these included ensuring safe facilities for inpatient mental health care and improving the management of security doors across hospital sites.

35 The Health Board also keeps a dedicated estates Operational Risk Register. Operational groups identify and escalate risks in their areas. Topic-specific groups identify risks and emerging issues. This gives a clear, detailed view of risks across the estate. It helps prioritise work and target available capital funding. Fire risk assessment issues are also recorded in this register.

Using financial resources to improve estates

Strong processes support capital funding planning and oversight, with clear governance and improved spending control. However, tight timescales and late funding create delivery risks

Funding prioritisation process

36 The Health Board has a strong approach to how it prioritises the capital funds available to improve its estate.

37 In 2025-26, the Health Board had £11.8 million of discretionary funding and dedicated funds to invest in its estate. This investment has increased over the last three financial years **(Exhibit 1)**.

Exhibit 1: use of discretionary funding and dedicated funds for estates for 2023-24, 2024-25, and 2025-26 (£ million)

Fund	2023-24	2024-25	2025-26
Discretionary capital allocation	2.8	2.8	2.6
Estates and Facilities Advisory Board (EFAB) funding	4.1	5.8	0.3
Targeted Estates Fund (TEF)[1]	-	-	8.9
TOTAL	**6.9**	**8.6**	**11.8**

Source: Audit Wales analysis of financial monthly monitoring returns

[1] A Welsh Government capital fund that targets high priority estate risks in the NHS, including safety, compliance, and resilience. It replaced the Estates and Facilities Advisory Board (EFAB) funding in 2025-26.

38 In 2025-26, the Health Board also received £44.5 million in all-Wales capital funding for its estate, in addition to its TEF allocation. This funding supported several major schemes, including:

- £27 million for the Prince Charles Hospital refurbishment; and
- £10.3 million for a new roof at Princess of Wales Hospital.

39 In total, the Health Board has received £56.3 million for its estate, more than any other NHS body. This is lower than the £75.9 million needed to address its risk adjusted backlog, and higher than the £41.4 million needed to reach physical condition B estimated in 2024-25.

40 The Health Board received a further £19.3 million to support regional schemes, including:

- £9.4 million for the new Bridgend Health and Wellbeing Centre; and
- £8.8 million for the new Llantrisant Health Park.

41 The Executive Capital Management Group (ECMG) provides a clear process to identify and rank the Health Board's capital needs. It ranks schemes based on risk, operational intelligence, and service need. The group approves the discretionary capital programme at the start of each financial year, ensuring it aligns with organisational priorities. It also approves a contingency programme, which allows the Health Board to respond to in-year delays, slippage, and additional funding.

42 The ECMG has clear membership and is chaired by the Executive Director of Finance. It meets monthly to plan, monitor, and control capital investment, ensuring funding supports key priorities. The group approves capital plans, business cases, and in-year funding requests. It also monitors progress and spending, takes action where needed, oversees major projects, and ensures compliance with financial and planning requirements.

43 The ECMG receives a list of priorities from the Operational Capital Group (OCG), which considers submissions from the clinical care groups. The OCG reviews these priorities across care groups and cross–references them with the organisational risk register to develop a final list of priorities for approval. The ECMG then reviews and approves the proposed schemes.

44 The estates team uses risk-based criteria to assess backlog maintenance priorities and advises on statutory compliance and funding allocations. This supports clear, informed decision-making. The team also keeps a live backlog and operational risk register, known as the three-year plan.

45 Practical issues may affect delivery, including operational disruption, links between schemes, and programme sequencing. To manage this, the Health Board keeps a reserve list of schemes, allowing resources to be reallocated when timelines change or funding becomes available. The Operational Capital Group oversees this list.

Monitoring and managing capital spend

46 The Health Board has a strong approach to monitoring and managing how it spends capital funds.

47 The ECMG provides strategic oversight of the capital programme. It monitors progress, controls risks, and supports delivery. The group meets monthly and is chaired by the Director of Finance. This ensures strong financial governance and clear accountability for capital decisions.

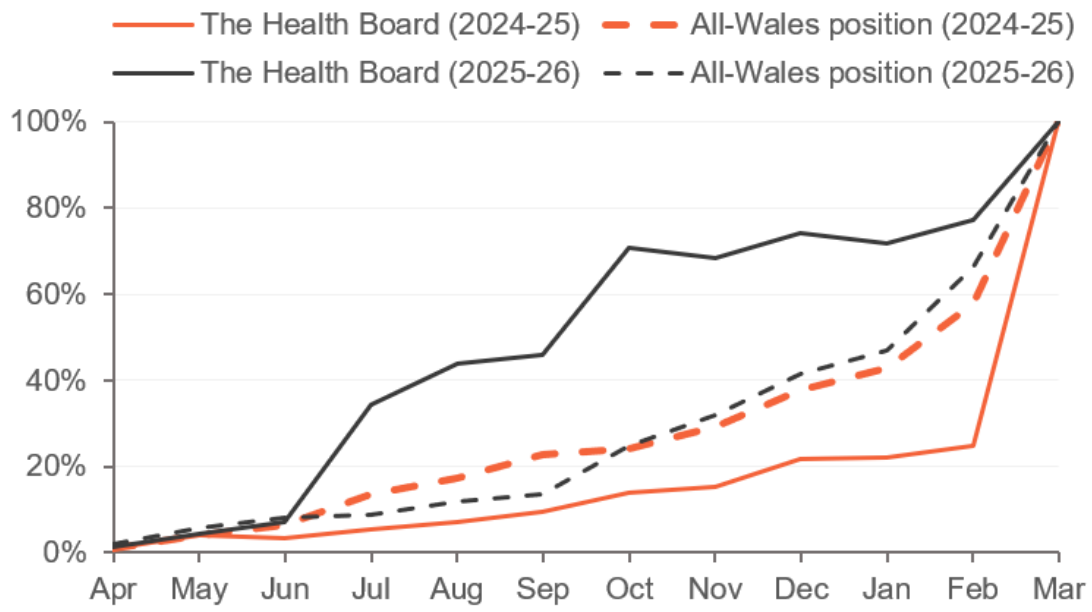
48 The ECMG receives regular updates on the capital programme. These reports show progress, remaining funding, and items for approval or noting. This helps ensure clear and transparent decision-making.

49 The Capital Monitoring Group (CMG) provides operational oversight. Membership is appropriate, with representatives from capital, finance, and procurement. The group tracks delivery and monitors progress during the year against financial plans. It escalates issues with performance and spending to the ECMG. This gives added assurance over control and delivery.

50 Other groups also support oversight of capital delivery. The Estates Senior Management Team (SMT) reviews programme reports. The Project Monitoring Group (PMG) oversees individual schemes. These groups meet regularly and report to the ECMG. This creates a layered approach to assurance.

51 We reviewed spending against the Health Board's discretionary allocation for estates for 2024–25 and 2025–26. The Health Board spent more than its discretionary estates budget in 2025-26 but remained within its overall capital limit for both years. In 2024-25, most spending took place towards the end of the financial year. This had improved in 2025-26, with spending spread more evenly across the year **(Exhibit 2).**

Exhibit 2: monthly running total discretionary estate spend, compared with the all-Wales position, for 2024-25 and 2025-26 (percentage of total spend)



Source: Audit Wales analysis of financial monthly monitoring returns

52 In 2025-26, the Health Board received an extra £2.6 million of end-year funding from Welsh Government, which could be used for estates. Although it could spend this money effectively, the late allocation created an uneven spending pattern. It also limited how the money could be used, as projects had to be delivered quickly within the same financial year.

53 To manage expected year-end slippage, the ECMG deliberately overcommits the annual capital programme. It then manages any slippage during the year to achieve a balanced Capital Resource Limit (CRL) at year end. This approach helps reduce risk across estates, equipment, and digital programmes.

54 There is clear reporting of capital investment beyond the estates function through the Strategic Development Committee. Regular updates on key programmes, and regional work, provide good visibility of progress and investment.

55 The Health Board shows strong regional working in estates and capital. This includes the approval of major schemes such as the Bridgend Health and Wellbeing Centre development and Regional Joint Committee programmes.

Ensuring an efficient and productive estate

The Health Board's estate is generally in good condition with relatively low backlog maintenance, although some older sites continue to present maintenance challenges

Condition of the estate

56 The Health Board's estate is newer, has lower backlog maintenance, and is in better physical condition compared with others.

57 Compared with the all-Wales position, the Health Board has a low proportion of its buildings built before 1948. Of these, four provide mental health services. The proportion of its buildings built before 1995 is the lowest in Wales.

58 The cost to remove high-risk backlog per square metre (m^2) is lower than the national average and has reduced since 2023-24. The Health Board has the second highest proportion of its buildings meeting the required physical condition standard. The cost to achieve physical condition B is also much lower than the national average and the lowest of all health boards **(Exhibit 3).**

Exhibit 3: age and condition of the estate, compared to the all-Wales position, 2024-25

Measure	The Health Board	All-Wales position[2]
% of estate built before 1948	10.1	13.5
% of estate built before 1995	46.2	63.9
Cost to remove high-risk backlog per m^2 occupied floor area (£)	108.91	164.60
Cost to remove high and significant-risk backlog per m^2 occupied floor area (£)	261.95	458.43
% of estate meeting physical condition standard B	92	83
Cost to reach physical condition B per m^2 occupied floor area (£)	144.11	538.54

Source: Estates and Facilities Performance Management System

59 Across the Health Board's sites, the cost to remove high-risk backlog is the highest at Princess of Wales Hospital at £398.53 per m² of occupied floor area. Maesteg Hospital has the highest cost to reach physical condition B, at £2,033.14 per m^2 of occupied floor area. Across the main hospital sites, Princess of Wales Hospital again has the highest cost to reach physical condition B at £432.18 per m^2 of occupied floor area.

[2] Also includes Public Health Wales NHS Trust, Health Education and Improvement Wales, and NHS Wales Shared Services Partnership which were outside the scope of the audit.

60 In November 2024, the Welsh Government approved £27.9 million in funding to replace the roof and address a number of other backlog maintenance risk issues. The Health Board completed this work in August 2025.

61 This work removed an immediate safety risk and addressed the live Fire Enforcement Notice for theatres that had been in place for several years. It also reduced backlog maintenance at the site including improvements in areas such as ventilation, medical gases and lighting. However, backlog issues remain at that site and across the wider estate because of ageing buildings and limited funding.

62 The Health Board has not commissioned an external estates condition survey in the past three years. Of the 46 sites, seven received a partial six-facet survey in 2019. Primary care backlog surveys were undertaken in 2021. Instead, the Health Board relies on internal condition and backlog maintenance surveys to assess the rest of the estate.

63 The Health Board updated its internal survey information and completed surveys across all properties in 2025 and 2026. Although limitations within the EFPMS database meant the latest survey review dates for 2024-25 could not always be recorded accurately.

64 Estates teams update this information regularly and monitor risks and costs throughout the year. These arrangements provide management with current information on estate condition and risks. However, external surveys can provide an additional level of challenge and may identify defects, condition issues or emerging risks that have not previously been captured through internal monitoring arrangements.

65 The Health Board reports that none of its sites include buildings with Reinforced Autoclaved Aerated Concrete (RAAC).

66 The Health Board did not provide a planned budget split between planned preventative maintenance (PPM) and reactive maintenance. It only provided data on actual spend. This limits transparency. The available data shows that spending is higher on planned maintenance than on reactive work. This suggests a more proactive approach to estate management, which is positive.

Robust management information

67 The Health Board is making good use of management information to manage its estate.

68 The Health Board uses a CAFM (Computer Aided Facilities Management) system to manage estates services. The system creates statutory work orders and ranks compliance tasks by priority. Meeting statutory requirements is the main driver of performance. There is a strong focus on keeping accurate records and completing all required work on time.

69 The CAFM system has improved efficiency and maintenance processes since it was introduced two years ago. It allows staff to assign, track, and complete jobs in real time using mobile devices. The system supports responsive repairs and better fault diagnosis. This helps improve maintenance performance and reduces downtime.

70 The estates team maintains an up-to-date asset register within its CAFM system and is improving the quality of asset records. Over the last 12 months, the team has increased the level of detail recorded for high-volume assets. It is moving from block-level records to individual asset records. For example, the team now records individual fire doors separately.

71 This allows it to track maintenance histories and compliance information for each door. This work does not address a compliance gap because existing controls are operating effectively. However, it will improve the quality and accessibility of asset information, providing greater visibility and assurance.

72 Performance is reviewed on a regular basis. Monthly checks track progress against statutory requirements. The Capital and Estates Governance Board receives a balanced scorecard report, and key issues are discussed in management meetings.

Maximising productivity and efficiency

73 The Health Board performs well on productivity and operational efficiency compared with the all-Wales position.

74 The Health Board performs well in functional suitability and space utilisation compared with the all-Wales position. Performance in these areas has been consistently high over the past two years (**Exhibit 4).**

Exhibit 4: productivity and efficiency performance of the estate, compared to the all-Wales position, 2024-25

Measure	The Health Board	All-Wales position[3]
% of estate functionally suitable	98	84
% of space utilisation	98	92
energy performance (kw)	400	367

Source: Estates and Facilities Performance Management System

75 The Health Board's higher reported energy use per m² reflects the inclusion of laundry services within its EFPMS return. Other health boards do not include laundry energy consumption in their reported figures. The laundry service is operated by NWSSP, with energy costs recharged to the Health Board. Excluding laundry energy use, the Health Board would report an energy performance figure of 361 kw, which is below the all-Wales average.

76 Across the Health Board’s sites, the Tonteg Centre has the highest level of space that is not functionally suitable, at 36%. Across the main hospital sites, 10% of Princess of Wales Hospital is not functionally suitable. Maesteg Hospital has the highest level of underutilised space, at 13%.

77 The Health Board does not have a separate estate disposal strategy. However, it has sold three sites since 2022, generating £790,000 in capital receipts.

[3] Also includes Public Health Wales NHS Trust, Health Education and Improvement Wales, and NHS Wales Shared Services Partnership which were outside the scope of the audit.

78 In some cases, health boards cannot easily sell or repurpose sites because of legal restrictions. This is not an issue for the Health Board, as none of its properties are affected by these constraints.

79 The Health Board has invested in technology to modernise its estate and cut carbon emissions. It has worked with local authorities to develop renewable energy projects, including solar schemes that supply power to its hospitals. For example, a solar scheme at Royal Glamorgan Hospital can meet 10–13% of the hospital's annual electricity demand and up to 100% at peak times.

80 In April 2026, the Estates Performance Report presented to ODC showed that energy use in 2024-25 was within target and improved overall. The Health Board noted that, although performance is improving, it must improve faster to meet the Welsh Government's energy target by 2030[4].

81 The Health Board has identified several projects to start from April 2026. These include solar panels, low-carbon heating, LED (light emitting diode) lighting upgrades, better use of Building Management Systems, and battery storage. Together, these measures are expected to cut carbon emissions by 13%.

82 Compared with all-Wales position, the Health Board has a lower proportion of space with LED lighting (38.0% compared with 45.4%).

[4] Welsh Government target for the public sector to reach net zero emissions by 2030 (reducing emissions and offsetting any remaining).

Supporting the quality of care.

Systems to manage estates risks to patients and staff are in place but gaps in incident data and fire and water compliance weaken these

Minimising harm to patients and staff

83 The Health Board's processes for managing and reducing estate-related safety risks to staff and patients could be improved.

84 The Health Board uses the DATIX incident reporting system to record incidents. However, limitations with the current system make it difficult for the Health Board to identify estate-related incidents and distinguish them from clinical or operational incidents.

85 The Health Board does not have a formal process for systematically collecting and analysing staff and patient feedback relating to the safety, condition, or suitability of the estate. However, staff do report day-to-day estates issues through the helpdesk system.

86 Many requests relate to quality concerns. The estates team reviews each request and separates safety-critical issues and less urgent improvements. Managers prioritise patient safety first, then patient experience once risks and backlog issues are addressed. Patients are able to raise any concerns regarding estates through the Health Board concerns team.

87 The Health Board does not routinely report feedback from staff or patients on the condition of its estate. While the estates team records issues through the helpdesk system, the data is not analysed consistently or reported to the Board or its committees. This limits oversight and reduces assurance that trends in user experience are identified and addressed.

Ensuring compliance

88 The Health Board has reasonable processes in place to ensure its estate meets legal requirements.

89 Compared with the all-Wales position, the Health Board performs better in health and safety and fire safety compliance. Performance in both areas has improved over the past two years (**Exhibit 5**).

Exhibit 5: occupied floor area meeting statutory and safety requirements, compared to the all-Wales position, 2024-25 (percentage)

Measure	The Health Board	All-Wales position[5]
% of occupied floor area meeting statutory health and safety requirements	93	87
% of occupied floor area meeting statutory fire safety requirements	98	84

Source: Estates and Facilities Performance Management System

90 Across the Health Board's sites, Pinewood House, a community mental health rehabilitation unit, has the lowest level of occupied floor area meeting statutory health and safety compliance at 39%. The Royal Glamorgan Hospital has the second lowest at 79%.

91 The Health Board reports that 98% of occupied floor area meets statutory fire safety standards and that 93% of required fire risk assessments are complete.

[5] Also includes Public Health Wales NHS Trust, Health Education and Improvement Wales, and NHS Wales Shared Services Partnership which were outside the scope of the audit.

92 The Health Board has an agreed three-year Fire Strategic Plan 24-27, which clearly sets out the actions needed. However, it not clear whether progress on this is monitored regularly and some delivery milestones have not been met.

93 In 2024–25, there were 3,190 outstanding actions from fire risk assessments. The Health Board did not confirm in its data collection form how many relate to the estate or how many have been completed. It reports that it lacks capacity and resources to manage the volume of actions.

94 The Health Board is still subject to a fire enforcement notice issued by South Wales Fire and Rescue Service in 2010. It is addressing this through the Prince Charles Hospital redevelopment programme. The notice will remain in place until the work is complete, which is expected by spring 2028. The Health Board has also received seven informal notices from the Fire Service since 2025.

95 The Health Board has a water safety policy and carries out regular risk assessments. A review in January 2026 found 407 outstanding actions. These included 13 high-risk, 88 medium-risk, and 217 low-risk issues. The Health Board has funded work to address the highest risks. However, the number of outstanding actions shows ongoing pressure on capacity to deal with risks quickly.

96 At the time of our review, the Health Board had not received any enforcement notices from the Health and Safety Executive (HSE). It has also not faced any HSE prosecutions or fines in the past three years. This provides assurance that it has been meeting general health and safety requirements during this period.

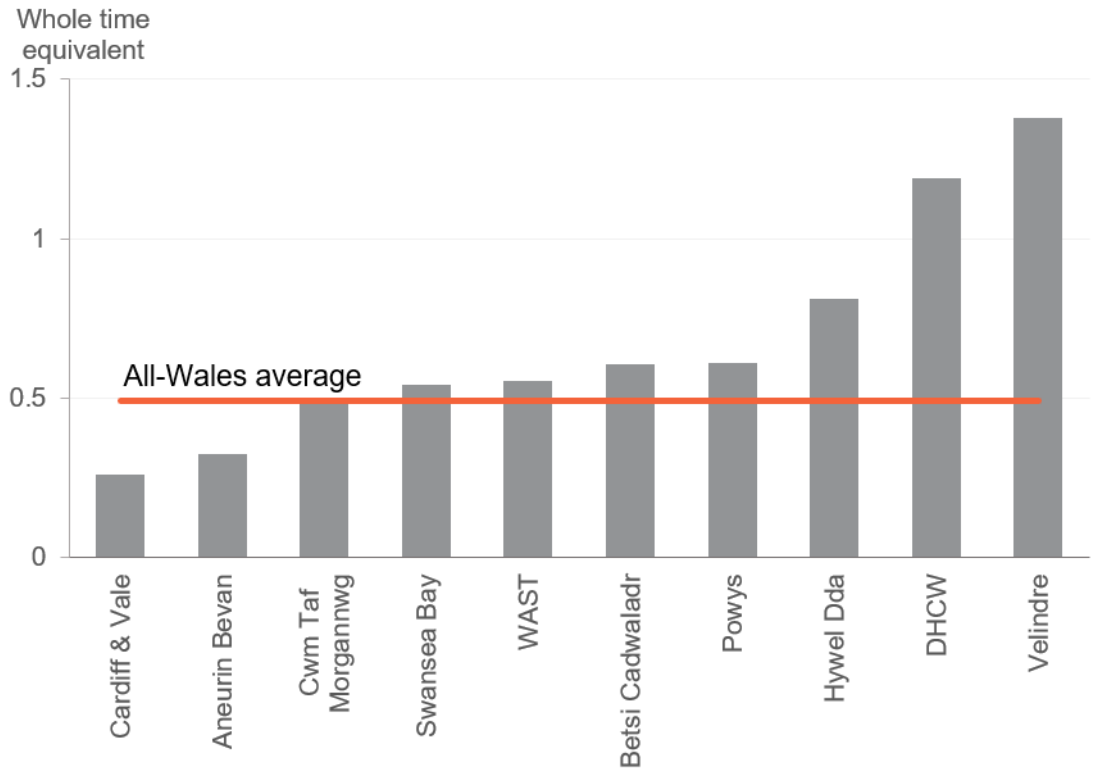
97 The Health Board tracks and reports statutory compliance each month at its Capital and Estates Governance Board. It receives reports from Authorising Engineers who also attend individual safety group meetings to provide expert oversight of safety-critical estates systems.

Managing the estate workforce

The estates workforce faces staff shortages, recruitment challenges, and high absence. Planning, training, and development are improving, but gaps remain

98 The Health Board has an average sized estates team. At the end of March 2025, it had 0.49 whole time equivalent staff in post per 1,000 m^2 of occupied floor area, compared with the all-Wales position of 0.49 whole time equivalent (**Exhibit 6**).

Exhibit 6: size of the estates function per 1,000 m^2 occupied floor area, by NHS body on 31 March 2025 (whole time equivalent)



Source: Audit Wales analysis of NHS data

99 The Health Board reports an average level of vacancies in its estates team which includes a 5% vacancy factor to manage churn. At the end of March 2025, the vacancy rate was 10.2% (16 whole time equivalent posts). This was below the all-Wales rate of 11.6%. By September 2025, vacancies had risen to 17 whole time equivalent posts. At the time of our review, the Health Board was able to progress recruitment activity. However, it said it is hard to recruit skilled estates staff, mainly because it cannot match private sector pay.

100 The Welsh Government required NHS bodies to stop using agency staff in estates by 30 September 2025. The Health Board achieved this target.

101 The Health Board uses external contractors to deliver some elements of estate services. Most spending is capital expenditure on building projects. This includes payments to building contractors and professional advisers, such as architects, engineers, project managers, and cost advisers. Revenue expenditure is mainly for maintenance and servicing contracts, including fire alarms, boilers and lifts. Some contracts cover more than one site and may also include minor works. Total spending on these services was £83 million in 2025-26.

102 At the end of March 2025, the Health Board also reported a high sickness absence rate of 8.5% in its estates team. This was the third highest rate in Wales. However, the Health Board has reported lower sickness absence rates more recently. In March 2026 it was 5.2%.

103 At the end of March 2025, 22.8% of the Health Board’s estates staff were aged over 60. This was lower than the all-Wales average of 25.4%. At that time, it did not use apprenticeships to build future capacity.

104 The Health Board has developed a draft Estates Workforce Plan. The plan supports workforce planning and aligns with organisational priorities and the Integrated Medium-Term Plan (IMTP). It covers short-, medium-, and long-term needs. It is based on workforce data and sets out actions to address current pressures. However, the plan had not been approved at the time of our work.

105 The Assistant Director for Estates promotes succession planning within the estates team. The Health Board takes a proactive approach to developing junior staff. It helps them build the skills and experience they need for management roles. This includes access to leadership programmes and targeted training.

106 The Health Board has not sought opportunities to work with other organisations to address current and future workforce challenges.

107 The Health Board monitors training compliance for its estates staff, and performance is above target. Compliance with statutory and mandatory training was 88.5% in April 2026, up from 81% in January 2026. This exceeded the target of 85%.

108 Completion of performance development reviews met the target at 85%. In May 2025 and May 2026, it reached 93%.

109 The estates team has clearly set out its training needs and closely tracks completion. Some gaps remain, including ladder safety and first aid. However, both are included in this year’s training plan.

110 The Health Board is also improving digital skills in the estates team. Staff are receiving training to support the use of digital systems for estate management.

Recommendations

111 We have made four recommendations because of our work.

R1 The Health Board should better collect and use information on how estate condition affects patient safety, staff experience and service delivery. Incidents that are directly related to the estate should be clearly identified and recorded **(paragraphs 83-87).**

R2 The Health Board should ensure regular monitoring and reporting of the Fire Strategic Plan, including progress against key milestones and fire risks, to provide assurance that planned actions are being delivered **(paragraph 92).**

R3 The Health Board should develop and implement a clear water safety improvement plan. The plan should address outstanding water safety risks and be supported by better monitoring and reporting to show progress and risks clearly **(paragraph 95).**

R4 The Health Board should finalise and implement its estates workforce plan. The plan should include actions to address vacancies, succession risks, and long-term workforce needs **(paragraph 103).**

Appendices

1 About our work

Scope of the audit

We looked at the following areas, as they relate to estates, during the period February to April 2026:

- strategic planning;
- governance arrangements;
- utilisation of financial resources;
- estate productivity and efficiency;
- implications on quality and safety; and
- workforce management.

We did not look at:

- major estates projects funded (or potentially funded) through the All-Wales Capital Health Programme;
- operational management of estates, including the management of leased estate;
- ‘soft facilities management’ services such as cleaning or security services, which are also key to supporting fit-for-purpose estate; and
- primary care estates.

Audit questions and criteria

Questions

Our audit addressed the following questions:

- Does the NHS body have a clear planning approach for its estate in the medium to longer term?

- Does the NHS body have effective governance arrangements for estates management?
- Is the NHS body utilising its financial resources available for estates appropriately?
- Does the NHS body have an efficient and productive estate?
- Does the NHS estate support the quality of care and experience of patients and staff?
- Does the NHS body have effective arrangements for managing its estate workforce?

Criteria

We assessed the Health Board's approach against audit criteria shaped by:

- NHS Wales planning frameworks, and other relevant NHS Wales planning documents, including the NHS Wales Decarbonisation Strategic Delivery Plan 2021-30;
- Legislation, including the Wellbeing of Future Generations Act (2015), the Equality Act 2010 and the Public Sector Equality Duty (PSED);
- Relevant guidance from NHS Shared Services Partnership;
- Previous audit work on the management of NHS estates.

Methods

We reviewed a range of documents, including:

- Board and committee papers and minutes.
- Key governance documents, including Operational Delivery Committee, Strategic Development Committee, and Capital Management Group papers.
- Key strategies and plans, including the IMTP and capital plan.
- Key risk management documents including the Board Assurance Framework and the Organisational Risk Register.

We interviewed the following key stakeholders:

- Executive Director of Finance
- Assistant Director for Estates
- Head of Capital

We held a focus group with the Assistant Head of Operational Estates, the Head of Operational Estates and the Assistant Health Safety and Fire Safety.

We reviewed national data available from the Estates and Facilities Performance Management System (EFPMS), monthly financial monitoring returns submitted to Welsh Government, and local data provided to us by the Health Board. We have not audited the data from these sources.

2 Size and location of the Health Board's backlog maintenance

The map below shows the size and location of the Health Board's risk adjusted backlog in 2024-25. It excludes sites with a backlog of £1 million or less.

Exhibit 7: size and location of the Health Board's risk adjusted backlog, 2024-25 (£ million)



Source: Estates and Facilities Management System (EFPMS)

3 Key terms in this report

Term	Description
2018 Estate code Wales	Gives detailed advice on how to manage land and buildings used for healthcare services.
Authorising Engineers	Provide independent, professional, and technical guidance across a range of healthcare engineering disciplines to ensure compliance with relevant NHS technical memoranda and statutory safety requirements
Backlog maintenance	A measure of the investment needed to restore a building to a set standard, based on assessed risk.
Building Management Systems (BMS)	A system that monitors and controls a building's key services (e.g. HVAC, lighting, energy) to ensure safe and efficient operation.
Computer Aided Facilities Management (CAFM)	A system used to manage estates and facilities work, including asset records, planned and reactive maintenance, compliance checks, and reporting.
DATIX	An electronic system used across NHS Wales to record, manage and analyse patient safety incidents, concerns, complaints, and risks.
Discretionary capital	Funds that an organisation can allocate at its own discretion.

Term	Description
Estates and Facilities Advisory Board (EFAB)	A Welsh Government capital funding programme that supported targeted estates improvements across NHS Wales, including infrastructure, decarbonisation, and fire safety. It was replaced by the Targeted Estate Fund (TEF) in 2025-26.
Estates and Facilities Performance Management System (EFPMS)	An all-Wales system used to collect and report data on NHS estates and facilities. It supports monitoring, benchmarking, and improving performance, and informs planning and decision-making.
Functionally suitable	The percentage of occupied floor area that meets the 2018 Estatecode Wales Condition B standard.
High-risk backlog	Issues that need urgent action to prevent serious failure, major service disruption, or safety risks that could cause harm or legal action.
Occupied floor area	The total floor area of buildings in use to deliver NHS services, including spaces owned, leased, or used under agreements.
Physical condition B	Defined in the 2018 Estatecode Wales as sound, operationally safe, and showing only minor deterioration.
Regional Joint Committee	A statutory body that brings health boards and local authorities together to plan and deliver integrated health and social care services at a regional level.
Risk-adjusted backlog	The estimated cost to fix maintenance issues, weighted by how serious the risk is to safety, services, or compliance.

Term	Description
Significant-risk backlog	Repairs or replacements that need urgent action to avoid compliance concerns or risks to safe healthcare delivery.
Six-Facet Survey	An NHS estates appraisal that assesses a building's condition, suitability, space use, quality, safety, and environmental performance to support estate planning.
Space utilisation	The percentage of occupied floor space that is empty or under-used as defined in the 2018 Estatecode Wales.
Strategic Clinical Services Plan (SCSP)	A strategic plan that sets out how acute services will be delivered across the Health Board. It defines future service models, locations, and capacity. It also informs workforce, digital, and estates planning.
Targeted Estate Fund (TEF)	A Welsh Government capital fund that targets high priority estate risks in the NHS, including safety, compliance, and resilience. It provides £80 million (2025–27), with NHS bodies contributing 30%.

4 Management Response

Recommendation		Commentary on planned actions	Completion date	Responsible officer
R1	The Health Board should better collect and use information on how estate condition affects patient safety, staff experience and service delivery. Incidents that are directly related to the estate should be clearly identified and recorded (**paragraphs 83-87**).	**Incident Reporting** The Health Board utilises the Once for Wales Incident Management System (Datix) for all incident reporting, including for estate related incidents. CTMUHB operates an Incident Management Framework which has been developed to provide a comprehensive structured guide to incident reporting and management The document outlines the process to be followed to: • Maximise the learning from incidents. • Ensure that all incidents are investigated appropriately. • Identify any actions to prevent recurrences. • Ensure robust monitoring of incident reporting, investigation and relevant actions. Estate-related incidents recorded on Datix are reported to the relevant Site Operational Estates Manager for investigation and appropriate action. Where escalation is required, incidents are referred to the Assistant	Document mechanism for sharing of estate-related incident information and develop summary report – 31st October 2026.	Head of Operational Estates

Recommendation	Commentary on planned actions	Completion date	Responsible officer
	Head of Operational Estates and/or the Head of Assets, Governance and Technical Services. Any incident investigations that identify estate themes are similarly reported. A summary report will be produced on a monthly basis, and the findings will be presented to the Estates and Capital Senior Management Team for oversight and monitoring. As identified in the report (paragraph 84) the Once for Wales incident management system is not configured to enable estate-related incidents to be specifically identified. CTMUHB will raise this issue with the Once for Wales Incident Management Team in NWSSP and request an exploration to establish if this functionality can be developed and implemented. **Experience** The Health Board operates within the WG people's Experience guidance. The estates team will liaise with the relevant HB team to establish a formal line of reporting for any estate related feedback received through People Experience Survey, and through the annual staff survey.	Establish and document formal line of reporting from People Experience and Staff Surveys – 31st December 2026	Head of Operational Estates

Recommendation		Commentary on planned actions	Completion date	Responsible officer
R2	The Health Board should ensure regular monitoring and reporting of the Fire Strategic Plan, including progress against key milestones and fire risks, to provide assurance that planned actions are being delivered (**paragraph 92**).	The Fire Safety 3 Year Strategic Plan (2025-2027) is presented at the quarterly Health, Safety and Fire Subgroup meetings. An annual report will be completed to accompany the plan and report on progress against key milestones in the plan	31st December 2026	Asst Director of Health, Safety and Fire
R3	The Health Board should develop and implement a clear water safety improvement plan. The plan should address outstanding water safety risks and be supported by better monitoring and reporting to show progress and risks clearly (**paragraph 95**).	Water Safety Improvement Action Plans have been developed and reviewed by the designated Water Safety Responsible Persons. Progress will be monitored and updates reported quarterly to the Water Safety Group, where the high risks will be reviewed and escalated where necessary. The plans will provide a consistent mechanism for tracking actions, monitoring progress, and managing water safety risks across the Health Board.	Action Plan developed - Sept 2026 Monitoring and reporting to be evidenced through quarterly Water Safety Group – March 2027	Head of Operational Estates
R4	The Health Board should finalise and implement its estates workforce plan. The plan should include actions to address vacancies, succession	The Estates and Capital Departments are currently developing a Workforce Plan to ensure the workforce is appropriately resourced to meet service requirements. Work is underway to assess workforce capacity,	Completion of Workforce Plan – February 2027	Head of Operational Estates

Recommendation	Commentary on planned actions	Completion date	Responsible officer
risks, and long-term workforce needs (**paragraph 103**).	monitor vacancies, and strengthen succession planning through the promotion of internal career development and progression opportunities. Close collaboration with People Services will continue throughout the development of the plan to review progress and identify emerging workforce needs. The findings, outcomes, and workforce data gathered through this work will be incorporated into the Workforce Plan, helping to ensure that both the immediate and long-term requirements of the Departments are effectively addressed. Progress against the Workforce Plan will be monitored and reviewed regularly through the monthly Senior Management Team meetings.		

About us

The Auditor General for Wales is independent of the Welsh Government and the Senedd. The Auditor General's role is to examine and report on the accounts of the Welsh Government, the NHS in Wales and other related public bodies, together with those of councils and other local government bodies. The Auditor General also reports on these organisations' use of resources and suggests ways they can improve.

The Auditor General carries out their work with the help of staff and other resources from the Wales Audit Office, which is a body set up to support, advise and monitor the Auditor General's work.

Audit Wales is the umbrella term used for both the Auditor General for Wales and the Wales Audit Office. These are separate legal entities with the distinct roles outlined above. Audit Wales itself is not a legal entity.



Audit Wales

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone: 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

We welcome correspondence and telephone calls in Welsh and English.

Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg.