

Estates Follow-up Review – Cardiff and Vale University Health Board

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Summary report

Introduction

- 1 Our [2017 Review of Estates](#) found that Cardiff and Vale University Health Board was taking positive steps to improve estate management but would benefit from introducing a strategic plan to direct activities. We found that while the strategic approach to estates management was improving, there was no overall estates strategy in place. We also found that performance management and staff engagement were improving, but the service was under-resourced compared to the size and condition of the estate.
- 2 We made several recommendations for the Health Board to address to improve its strategic approach to estate management, and ensure an economical, efficient, and effective estates service.
- 3 Since our 2017 review, several drivers for change strengthen the need to redevelop the Health Board's estate to support future models of care and new ways of working. These include:
 - the risks to patient and staff safety arising from an aging estate;
 - the need to achieve carbon reduction and sustainability ambitions; and
 - addressing the legacy and ongoing impact of Covid-19.
- 4 The Health Board has an estates investment programme, which includes plans to replace the University Hospital of Wales (UHW), refurbish the University Hospital Llandough (UHL), and invest in Wellbeing Centres and Hubs. Parts of this programme is underway, and some investment was expedited during the pandemic to maintain safety and support new models of care and new ways of working. The Health Board's main challenge, therefore, is managing new developments alongside maintaining the safety of the existing estate.
- 5 Our review considered how the Health Board has addressed our recommendations in the context of the drivers for change described above. We undertook a high-level assessment of the progress made by the Health Board to address our 2017 recommendations. In conducting this work, we:
 - asked the Health Board to complete a self-assessment of progress;
 - reviewed documentary evidence to support the self-assessment, as well as Board and Committee papers; and
 - interviewed Board members and several Health Board officers to discuss progress, current issues, and future challenges.
- 6 A summary of our findings is set out in the following section with more detailed information provided in **Appendix 1**.

Our findings

- 7 Our overall conclusion is that the Health Board has increased its strategic focus on the future estate but there is insufficient Board-level visibility of the condition of the existing estate. Work has commenced to develop a new estate strategy, which will be linked to the Health Board's ten-year strategy and capital plan. While there have been structural and process changes to enable more effective estate service delivery, local and national workforce shortages and pay differentials present significant and immediate risks to maintaining a safe and effective service. In the longer-term, this presents potential risks to the Health Board's ability to sustain its existing estate while it delivers on its programme of replacement and redevelopment.
- 8 In summary, the status of progress against each of the previous recommendations is set out in Exhibit 1.

Exhibit 1: status of 2017 recommendations

Implemented	Ongoing	No action	Superseded	Total
2	1	2	2	7

R1	An Independent Member for capital and estates was appointed to the Board in February 2020.
R2	The Health Board has migrated from Backtraq estates management system to MiCAD FM ¹ software to better manage planned and reactive maintenance.
R3	The Health Board reported that it developed and agreed an estates management strategy in 2017, but despite several requests they were not able to provide us with a copy. However, at the time of this review, the Health Board was in the early stages of developing a new strategy for estates.
R4	Whilst adopting zero-based budgeting was an ambition for the Health Board, it has since determined that it is unfeasible with the current funding regime.
R5	The Health Board has not implemented a system to inspect a percentage of repairs each month. This means the Health Board has no arrangements in place to provide assurance that work carried out is of a good quality and complies with relevant safety standards.
R6	Further work is needed to provide clear key performance indicators (KPI) for use by the Estate and Facilities Service Board and to provide Board level assurance.
R7	The Health Board migrated its estate management system from Backtraq to MiCAD FM. MiCAD includes a portal for staff to request repairs and relevant staff have received training on the new system.

¹ Micad FM software enables users to manage planned and reactive estate maintenance.

Recommendations

- 9 In undertaking this work we have made three recommendations (see **Exhibit 2**), which have been designed to enable the Health Board to address outstanding issues. They also reflect drivers for change since our 2017 review. The Health Board's management response to these recommendations is summarised in **Appendix 2**. (Appendix 2 will be completed once the report and management response have been considered by the relevant committee.)

Exhibit 2: recommendations

Recommendations

Develop a fully-costed Estates Management Strategy

- R1 The Health Board could not provide a copy of its estate management strategy, which it reported was agreed in 2017. However, the Health Board is currently in the early stages of developing a new estates strategy. The new strategy should clearly set out:
- a baseline assessment of the condition of the current estate and the total resources (including workforce) needed to maintain it against available resources;
 - how the estate will be maintained and resourced to the required standard in the short- and medium-term; and
 - plans for maintaining and investing in the current estate whilst implementing its estates investment programme.

Introduce a system to inspect a percentage of repairs each month

- R2 We found that the Health Board is yet to develop a system to inspect a percentage of repairs each month. This is an essential element for any estate maintenance service, providing vital assurance that work is being carried out in compliance with the relevant safety and quality standards. The Health Board should introduce a monthly inspection regime by March 2023.

Recommendations

Strengthen performance management

R3 We found that the Health Board is continuing to develop KPIs for its estates and facilities services but is yet to establish a suitable format to report the information internally and up to the Board for assurance. By March 2023, the Health Board should ensure that:

- relevant estates and facilities KPIs are included in the integrated performance report which is received by the Board; and
- the KPIs are linked to the new estates strategy.

Appendix 1

Progress to address our 2017 recommendations

Exhibit 3: assessment of progress

Original recommendation to be addressed	Status ²	Summary of progress
<p>R1 Ensure the estates service is represented at Board level, prioritise recruiting an independent Board Member for estates.</p>	<p>Implemented</p>	<p>The Health Board appointed an Independent Member for Capital and Estates (IMCE) in February 2020. The IMCE has also been appointed as the Chair of the Finance Committee and Chair of the Shaping Our Future Hospitals Committee (SOFHC). The IMCE is further informed by:</p> <ul style="list-style-type: none"> • the Strategy and Delivery Committee, for briefings on capital allocation; • the Board for details of capital programmes which are signed-off before going to Welsh Government for approval; and • Board member patient safety visits. <p>Through this combination of roles, there is scope to enhance the role of the IMCE to maintain a perspective of short-, medium- and long-term estates strategy and operation. There is also potential to develop appropriate engagement opportunities between the IMCE and the Capital, Estates and Facilities Team. While the IMCE's role is not an operational one, she recognises the importance of ensuring there is clear alignment between estate and facilities plans and</p>

² Green indicates that the recommendation has been implemented; Amber indicates ongoing action to address the recommendation; Red indicates that insufficient or no action has been taken; and Blue indicates that the recommendation has been superseded.

Original recommendation to be addressed	Status ²	Summary of progress
		<p>priorities over the short-, medium- and long-term. The Health Board will need to be highly adept at responding to the short and long-term planning implications arising out of issues during the programme of work.</p> <p>The SOFHC met for the first time in July 2021 with a specific remit to oversee the Health Board's Shaping Our Future Hospitals Programme with its focus on shaping major future capital developments. SOFHC meetings have been paused pending a response from Welsh Government on the Health Board's Outline Business Case, although the work of the SOFH Programme Board is ongoing.</p>
<p>R2 Create a central log of estates related issues and actions resulting from Clinical Board meetings.</p>	<p>Implemented</p>	<p>We previously reported that the Health Board's Backtraq estates management system recorded repairs and maintenance jobs as well as generating performance data and reports. Data quality was poor and a KPI for Backtraq compliance had been included on the estates and facilities dashboard to help drive improvement.</p> <p>The Health Board subsequently moved from the Backtraq system to its MiCAD FM system in 2021. The MiCAD FM system manages planned and reactive maintenance requests and is aligned with asbestos location information held on MiCAD IPR, which meant that this data could be aligned with compliance information already on the system, primarily the asbestos risk register. As a result, staff are readily able to identify any asbestos risk that may be present in an area where a repair or maintenance is needed. The MiCAD IPR system is also being used to hold the Health Board's existing building plans.</p>

Original recommendation to be addressed	Status ²	Summary of progress
<p>R3 Develop a fully-costed Estates Management Strategy.</p>	<p>No action</p>	<p>The Health Board reported that it agreed a strategy for estates in 2017; however, it has not been able to produce a copy. Therefore, we have not been able to see evidence of strategic planning for the short and medium-term. The Health Board reported that it has started to develop a new strategy for estates, which it plans to tie in with its capital plan and ten-year strategy - 'Shaping Our Future Wellbeing' - which is also being refreshed [see Recommendation 1]. The existing approach to planning is driven mainly by the prioritisation of expenditure on maintenance, equipment replacement, and the need for new equipment.</p> <p>There are several pressing reasons why a clear strategic plan for estates should be developed and approved. While the work of the SOFH programme is in its early stages, there is a need to understand what the complex relationship between shorter and longer-term strategy and plans will look like. For example, changing timeframes for the delivery of new facilities will require the ongoing review of plans for the maintenance and utilisation of existing facilities and equipment. All partners will need to be fully engaged in that activity over a period of years to ensure effective decision-making. The Health Board will need robust governance arrangements to ensure oversight of the potential risks to the quality and safety of patient care, as well as the inherent financial risks, arising out of its ambitious development programme.</p> <p>Operational managers are concerned about the existing shortfall in workforce capacity, which is largely due to difficulties in recruiting and retaining staff, and rates of staff sickness. They expect that this situation will become even more pronounced. The age profile of the Health Board's estates and facilities workforce is skewed towards those approaching retirement. Succession planning into senior roles is made more difficult because middle-grade staff have been leaving. There are recruitment and retention difficulties across Wales in this aspect of the</p>

Original recommendation to be addressed	Status ²	Summary of progress
		<p>public sector, with better remuneration in, and accessibility to, jobs in the private sector. There is competition for staff within the NHS as well, particularly in South-East Wales where several health bodies are in close geographic proximity. We understand that at least one health body has adjusted its pay rates to attract and retain staff.</p> <p>The restructuring of the estates and facilities services into a single Service Board has enabled a more efficient approach to service provision across the Health Board. The Director of Finance recognised the historical reliance on bank and agency staff and is confident that down-stream work within the estates and facilities function to improve operational processes will be vital to addressing the situation. While agency staff are prohibitively expensive, they have become less readily available.</p> <p>However, when recruitment and development of apprentices and junior staff takes place, existing staff find it difficult to spend time providing the necessary support. This situation will be made more difficult with the end of the Recruit and Retention Payment (RRP) in October 2022, having been temporarily extended in March 2022. The RRP is an incentive payment for mechanical and electrical maintenance staff. The RRP was required and implemented by Cardiff and Vale, Aneurin Bevan, and Cwm Taf Morgannwg University Health Boards.</p> <p>Operational managers are less optimistic about the extent to which workforce issues can be addressed. The Director of Capital, Estates and Facilities is seeking to escalate a risk to the Corporate Risk Register which relates to the impact of workforce shortages on maintaining safety and compliance. He has also presented a paper to the Management Executive</p>

Original recommendation to be addressed	Status ²	Summary of progress
		<p>Committee which outlines the current situation, the impact of losing the RRP, and costed options to help address the situation.</p> <p>The Health Board should ensure that these workforce challenges are considered and addressed as part of developing its new estate strategy [see Recommendation 1]</p>
<p>R4 Develop a zero-based estates budget that makes provision for likely revenue costs arising from changes to the Health Board estate, such as new buildings.</p>	<p>Superseded</p>	<p>Our recommendation to develop a zero-based estates budget to make provision for likely revenue costs arising from changes to the Health Board estate has not been implemented. Zero-based budgeting was an ambition for the Health Board, but it has since determined that it is unfeasible with the current funding regime. However, as part of developing its new estate strategy the Health Board should have a baseline understanding of the condition of the current estate and the total resources needed to maintain it against available resources [see Recommendation 1].</p> <p>The Health Board provided us with comparative estates maintenance budget allocation data from ERIC³ reports in England which we used in our original report. The data showed that the financial allocation for estates maintenance at the Health Board was significantly less than the amounts allocated to comparator sites in England. Data from more recent ERIC reports and EFPMS⁴ reports is set out in Exhibit 4. They show that the budget allocation per square metre</p>

³ Estates Returns Information Collection, NHS Digital

⁴ NHS Wales's Estates and Facilities Performance Management System - Welsh Health Estates

Original recommendation to be addressed	Status ²	Summary of progress																																																												
		<p>remains significantly less than any comparator site in England and any other health board in Wales.</p> <p>Exhibit 4: Benchmarking estates maintenance budget allocation 2020-21</p> <table border="1"> <thead> <tr> <th data-bbox="880 751 1473 834">Health boards</th> <th colspan="3" data-bbox="1473 751 2054 834">Budget allocation</th> </tr> <tr> <td></td> <th data-bbox="1473 802 1727 834">£</th> <th data-bbox="1727 802 1906 834">m²</th> <th data-bbox="1906 802 2054 834">£ / m²</th> </tr> </thead> <tbody> <tr> <td data-bbox="880 834 1473 911">Cardiff and Vale University Health Board [excluding St David's Hospital]</td> <td data-bbox="1473 834 1727 911">5,262,710 [4,752,186]</td> <td data-bbox="1727 834 1906 911">388,109 [377,466]</td> <td data-bbox="1906 834 2054 911">14 [13]</td> </tr> <tr> <td data-bbox="880 911 1473 975">Betsi Cadwaladr University Health Board</td> <td data-bbox="1473 911 1727 975">14,425,312</td> <td data-bbox="1727 911 1906 975">389,717</td> <td data-bbox="1906 911 2054 975">37</td> </tr> <tr> <td data-bbox="880 975 1473 1007">Cwm Taf University Health Board</td> <td data-bbox="1473 975 1727 1007">9,743,035</td> <td data-bbox="1727 975 1906 1007">292,882</td> <td data-bbox="1906 975 2054 1007">33</td> </tr> <tr> <td data-bbox="880 1007 1473 1038">Hywel Dda University Health Board</td> <td data-bbox="1473 1007 1727 1038">5,489,526</td> <td data-bbox="1727 1007 1906 1038">189,613</td> <td data-bbox="1906 1007 2054 1038">29</td> </tr> <tr> <td data-bbox="880 1038 1473 1070">Aneurin Bevan University Health Board</td> <td data-bbox="1473 1038 1727 1070">7,339,506</td> <td data-bbox="1727 1038 1906 1070">260,068</td> <td data-bbox="1906 1038 2054 1070">28</td> </tr> <tr> <td data-bbox="880 1070 1473 1102">Swansea Bay University Health Board</td> <td data-bbox="1473 1070 1727 1102">6,236,423</td> <td data-bbox="1727 1070 1906 1102">248,387</td> <td data-bbox="1906 1070 2054 1102">25</td> </tr> <tr> <td></td> <td></td> <td data-bbox="1727 1102 1906 1134">Average £ / m²</td> <td data-bbox="1906 1102 2054 1134">31</td> </tr> <tr> <th data-bbox="880 1134 1473 1217">English comparator NHS trusts</th> <th colspan="3" data-bbox="1473 1134 2054 1217">Estates Maintenance</th> </tr> <tr> <td></td> <th data-bbox="1473 1185 1727 1217">£</th> <th data-bbox="1727 1185 1906 1217">m²</th> <th data-bbox="1906 1185 2054 1217">£ / m²</th> </tr> <tr> <td data-bbox="880 1217 1473 1249">Barts Health NHS Trust</td> <td data-bbox="1473 1217 1727 1249">19,255,105</td> <td data-bbox="1727 1217 1906 1249">445,498</td> <td data-bbox="1906 1217 2054 1249">43</td> </tr> <tr> <td data-bbox="880 1249 1473 1281">Oxford University Hospitals NHS Trust</td> <td data-bbox="1473 1249 1727 1281">13,219,199</td> <td data-bbox="1727 1249 1906 1281">329,095</td> <td data-bbox="1906 1249 2054 1281">40</td> </tr> <tr> <td data-bbox="880 1281 1473 1313">Nottingham University NHS Trust</td> <td data-bbox="1473 1281 1727 1313">12,997,316</td> <td data-bbox="1727 1281 1906 1313">327,446</td> <td data-bbox="1906 1281 2054 1313">40</td> </tr> <tr> <td data-bbox="880 1313 1473 1345">Imperial College Healthcare NHS Trust</td> <td data-bbox="1473 1313 1727 1345">10,899,836</td> <td data-bbox="1727 1313 1906 1345">286,323</td> <td data-bbox="1906 1313 2054 1345">38</td> </tr> </tbody> </table>	Health boards	Budget allocation				£	m ²	£ / m ²	Cardiff and Vale University Health Board [excluding St David's Hospital]	5,262,710 [4,752,186]	388,109 [377,466]	14 [13]	Betsi Cadwaladr University Health Board	14,425,312	389,717	37	Cwm Taf University Health Board	9,743,035	292,882	33	Hywel Dda University Health Board	5,489,526	189,613	29	Aneurin Bevan University Health Board	7,339,506	260,068	28	Swansea Bay University Health Board	6,236,423	248,387	25			Average £ / m ²	31	English comparator NHS trusts	Estates Maintenance				£	m ²	£ / m ²	Barts Health NHS Trust	19,255,105	445,498	43	Oxford University Hospitals NHS Trust	13,219,199	329,095	40	Nottingham University NHS Trust	12,997,316	327,446	40	Imperial College Healthcare NHS Trust	10,899,836	286,323	38
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R5 Introduce a system to inspect a percentage of repairs each month.	No action	<p data-bbox="898 890 2011 1018">Having a system for random inspection of repairs and maintenance is an essential element for any estates maintenance service, providing vital assurance that work is being carried out in compliance with the relevant safety and quality standards. However, the Health Board has still not implemented such a system [see Recommendation 2].</p> <p data-bbox="898 1062 2024 1190">The Health Board intends to use the MiCAD FM system as a means of addressing the situation. The system can produce reports that show the number and rate of completed works per week. Senior managers would be able to use the reports to make a random selection of jobs to be inspected by supervisors. The data captured could be included in KPI reports.</p> <p data-bbox="898 1235 2024 1331">However, we understand that the main barrier to the implementation of this approach is the lack of supervisory staff at operational level. It is an example of how staff shortages compromise the Health Board's ability to ensure the safety and quality of its facilities and equipment.</p>												

Original recommendation to be addressed	Status ²	Summary of progress
<p>R6 Strengthen performance management by:</p> <ul style="list-style-type: none"> • extending the new performance dashboard to include KPIs for the other services covered by the Service Board; and • making greater use of the data captured through the Backtraq repairs maintenance system. 	<p>Ongoing</p>	<p>The Capital, Estates and Facilities Service Board is continuing to develop KPI and performance reports. For example, the Estates and Facilities Report and a dashboard supporting the Estates and Facilities People, Risk, Opportunities and People (PROP) Programme. But the Health Board acknowledges that further work is needed to develop these reports and measures further.</p> <p>At Board level, aside from periodic reporting of maintenance requests and resolution KPIs, it receives little information about estates maintenance. Estates management reporting is ad-hoc and split between committees. For example, the Health and Safety Committee receives assurance on statutory compliance and the Finance Committee receives assurance on capital spend. Given the condition of the current estate and potential risks to patient and staff safety, it is important that the Board receives regular assurance on estates maintenance. The Health Board, therefore, should identify key measures to routinely include in its integrated performance report, which is received at each Board meeting [see Recommendation 3].</p>
<p>R7 To ensure repairs are correctly prioritised:</p> <ul style="list-style-type: none"> • run Backtraq refresher training for help-desk staff; and • review questions on call-handler's scripts. 	<p>Superseded</p>	<p>Recommendation 7 was superseded following the Health Board's migration from Backtraq estates management system to MiCAD FM. Training was provided by MiCAD FM to help desk staff following the migration. As a result of the pandemic, it was agreed that the training sessions would be provided remotely over a three-day period in August 2020. The sessions were split into two categories, one for the 'superusers' who are the members of staff who would delegate work and create reports, and 'helpdesk' which was an entry level training sessions for staff required to request maintenance jobs to familiarise themselves with the new system. The MiCAD FM system provides direct access through the customer portal to register jobs. A confirmation email is sent to confirm registration and completion of jobs.</p>

Appendix 2

Management response to audit recommendations

Exhibit 5: management response

Recommendation	Management response	Completion date	Responsible officer
<p>Develop a fully-costed Estates Management Strategy</p> <p>R1 The Health Board could not provide a copy of its estate management strategy, which it reported was agreed in 2017. However, the Health Board is currently in the early stages of developing a new estates strategy. The new strategy should clearly set out:</p> <ul style="list-style-type: none"> a baseline assessment of the condition of the current estate and the total resources (including workforce) needed to maintain it against available resources; 	<p>A copy of the estate's strategy based on the operational team requirements was provided, but this strategy dealt with service delivery and did not review, in depth, the outlined areas contained within this audit recommendation.</p> <p>The Estates Strategy going forward will provide the following as outlined within the recommendation.</p> <p>In the interim and immediate; it will state how the estate will be maintained, based on current workforce and funding, until the baseline assessment has been completed. The strategy will outline, where necessary, the prioritisation of work in relation to patient safety, health and safety, structural integrity and statutory compliance against the backdrop of available budgets and workforce.</p> <p>It will indicate that a baseline assessment will be completed and programme of completion provided.</p> <p>The baseline assessment will include a condition survey review in accordance with Estatecode, six facet survey or</p>	<p>March 23</p>	<p>Director of Estates and Facilities</p>

Recommendation	Management response	Completion date	Responsible officer
<ul style="list-style-type: none"> • how the estate will be maintained and resourced to the required standard in the short- and medium-term; and • plans for maintaining and investing in the current estate whilst implementing its estates investment programme. 	<p>similar. This survey information will then be used to assess, prioritise and re-align the workforce, required to maintain the site, dependent on the highlighted risks within the survey, and the available budget within the Health Board, in the short- and medium-term.</p> <p>It is anticipated that the survey information will take approximately 18 months to procure and complete. A further period of implementation will be essential if workforce changes are required as a result of the outcome. This detail will be provided within the Estate Strategy.</p>		
<p>Introduce a system to inspect a percentage of repairs each month</p> <p>R2 We found that the Health Board is yet to develop a system to inspect a percentage of repairs each month. This is an essential element for any estate maintenance service, providing vital assurance that work is being carried out in compliance with the relevant safety and quality standards. The Health Board should introduce a</p>	<p>MiCAD interrogation and monthly reports set up.</p> <p>Initial agreement of content of inspections and form they will take.</p> <p>Initial KPI's developed and monitoring commencement.</p> <p>Review of forms and KPI's.</p>	<p>Complete</p> <p>October 2022</p> <p>November 2022</p> <p>February 2023</p>	<p>Head of Estates and Facilities</p>

Recommendation	Management response	Completion date	Responsible officer
<p>monthly inspection regime by March 2023.</p>			
<p>Strengthen performance management</p> <p>R3 We found that the Health Board is continuing to develop KPIs for its estates and facilities services but is yet to establish a suitable format to report the information internally and up to the Board for assurance. By March 2023, the Health Board should ensure that:</p> <ul style="list-style-type: none"> • relevant estates and facilities KPIs are included in the integrated performance report which is received by the Board; and • the KPIs are linked to the new estates strategy. 	<p>Current KPI formats are being assessed along with content.</p> <p>Once KPI content is agreed and data capture refined, information will be presented to the Board with bi-monthly performance feedback at the Service Board meetings.</p> <p>The KPI's will help inform and be linked into the Estates Strategy when completed.</p>	<p>December 2022.</p> <p>January 2023</p>	<p>Head of Estates and Facilities</p>



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