External Inspections

Final Internal Audit Report

2026/27

Swansea University Health Board

Reasonable Assurance

Contents

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Audit Committee	10 September 2026
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Shared Services Partnership
Audit and Assurance Services

Executive Summary

Purpose

To assess whether effective arrangements are in place to coordinate and respond to inspections and reviews undertaken by external bodies. This includes evaluating processes for recording findings, assigning and monitoring actions, reporting progress, and capturing organisational learning to support continuous improvement.

Detailed testing focused on Healthcare Inspectorate Wales (HIW) inspections, as Swansea Bay University Health Board's (the health board) primary external regulator. The audit also included a high-level review of arrangements for managing inspections and reviews conducted by other external organisations.

Overview

The Welsh Government's *Duty of Quality Statutory Guidance* (2023)[1], issued under the *Health and Social Care (Quality and Engagement) (Wales) Act 2020*, sets clear expectations that NHS bodies must operate robust quality governance arrangements that support learning, assurance and continuous improvement. The guidance recognises external inspections and reviews, such as those undertaken by Healthcare Inspectorate Wales (HIW) and other regulatory bodies, as a key source of independent assurance and organisational learning within an effective quality management system.

The health board's Quality Strategy 2023–2028, approved by the Board in January 2023, provides the overarching framework through which external inspections and reviews are governed locally. The strategy acknowledges the important role of independent scrutiny in quality assurance and quality control and commits the health board to working constructively with external bodies. It sets the expectation that inspection findings, in line with the Duty of Quality Statutory Guidance, are considered through clear governance structures, translated into agreed actions, and monitored to ensure delivery and impact. These findings are also expected to inform quality planning and continuous improvement, ensuring effective assurance over the quality and safety of services from ward level to Board level.

The health board has established a framework for managing external inspections and reviews, supported by a documented Standard Operating Procedure (SOP), defined roles and responsibilities, and established governance arrangements. Inspection findings are translated into SMART actions with clear ownership and target timescales. Actions are tracked and monitored through the Audit Management and Tracking (AMaT) system, with progress subject to regular oversight through established governance forums. HIW inspections benefit from a mature and centrally coordinated process with clear corporate oversight. Arrangements for inspections undertaken by other regulators are more varied, reflecting both the diversity of inspection regimes and challenges in obtaining consistent organisational visibility where some regulators communicate directly with service-level licence holders or representatives. Whilst the health board has taken steps to strengthen oversight of such activity, arrangements remain more reliant on local notification processes than those established for HIW inspections.

We have concluded **reasonable assurance** in this area. Some of the weaknesses identified, particularly those relating to corporate oversight, action monitoring and assurance, are consistent with themes reported in previous Internal Audit reviews, including the Quality Assurance Framework audit (Limited Assurance, issued March 2025), suggesting wider organisational challenges in evidencing implementation and assurance of improvement activity.

The matters requiring management attention include:

- Arrangements for managing external inspections are not applied consistently across all regulators, and the health board does not maintain a comprehensive register of regulatory inspections and reviews.
- AMaT is not used consistently across all service areas, with some inspection-related actions continuing to be managed through local manual processes.
- Information supporting the monitoring and management of overdue inspection actions is not consistently maintained within the inspection action tracking system, limiting assurance over progress and completion.

[1] Duty of Quality Statutory Guidance

- Expected timescales for recording inspection actions within AMaT have not been defined, and information held within the system is not consistently maintained or updated in a timely manner by inspected services.
- Inspection actions are not consistently supported by documented evidence of completion or formal approval prior to closure.
- Reporting on external inspections does not routinely incorporate thematic analysis, trend reporting or structured organisational learning. Similar themes have been identified in previous Internal Audit reviews, including Patient Experience (SBU-2526-10, issued September 2025) and Learning from Incidents and Concerns (SBU-2425-08, issued May 2025), indicating a wider organisational challenge in systematically sharing and embedding learning across the health board.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

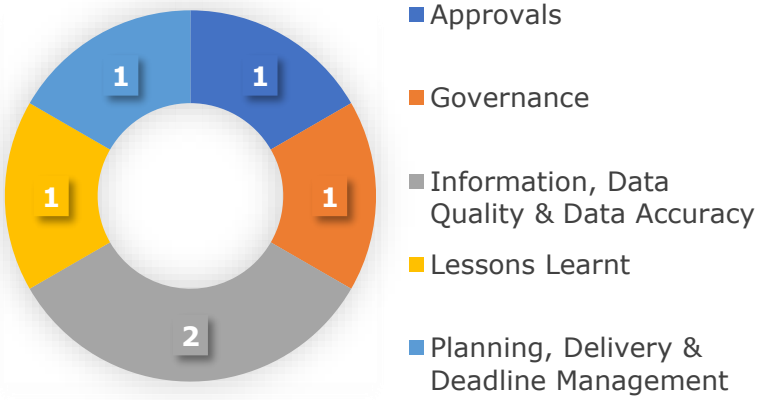
Scope & Assurance Summary

Objectives (The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.)		Related Findings	Assurance
1	There are clear and consistent arrangements in place to coordinate external inspections, including defined roles, responsibilities and communication routes.	1, 4	**Reasonable**
2	Findings and recommendations from external inspections are accurately recorded and translated into timely, proportionate action plans.	1, 2, 4	**Reasonable**
3	Actions arising from external inspections are clearly assigned, effectively monitored, and formally closed, supported by reliable and complete data.	3, 4, 5	**Reasonable**
4	Progress against inspection actions is reported through appropriate governance routes, with timely escalation of overdue or high-risk actions to support Executive and Board oversight.	3	**Reasonable**
5	Themes, trends and systemic learning from external inspections are identified, shared, and used to inform wider quality improvement and strategic decision-making.	6	**Reasonable**

Management Actions

1	5
High Priority	Medium Priority

Themes



Risk Types

Quality or Safety Issues

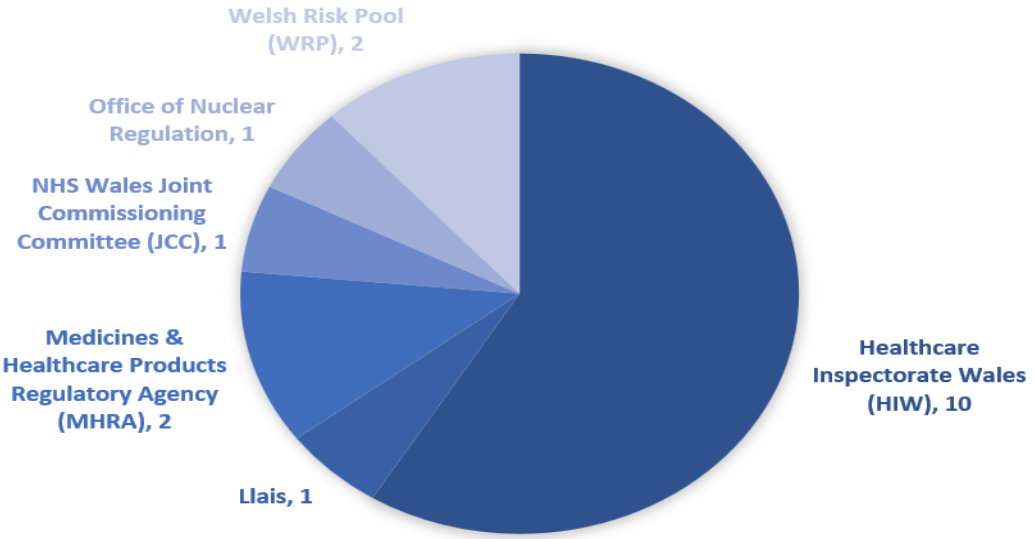
Legal & Regulatory Non-Compliance

At a Glance – External Inspection Activity Overview

The chart below provides an overview of external inspection activity across the health board between January and June 2026, based on information reported locally and collated by the Risk and Assurance Team[2].

Overview of External Inspection Activity by Inspection Body

(January 2025 – June 2026)



Inspection Types Undertaken

(January 2025 – June 2026)

- Unannounced Hospital Inspection (8)
- Human Medicines Regulation Inspection (2)
- Welsh Risk Pool Assessment (2)
- Announced Community Mental Health Team Inspection (1)
- Independent Review - Information request (1)
- Nuclear Regulation Inspection (1)
- Announced Ionising Radiation Regulations Inspection (1)
- JCC Service Review (1)

Unannounced Hospital Inspections represented the largest category of external inspection activity during the period. A smaller number of specialist regulatory inspections, assessments and service reviews were also undertaken across a range of operational areas. This demonstrates the breadth of external scrutiny applied across the health board, extending beyond healthcare quality inspections to include medicines management, radiation safety, regulatory compliance and service-specific reviews.

[2] **Data Limitations**

The information presented is based on external inspections identified through the health board's reporting arrangements and provides a summary of known inspection activity across services during the review period.

Whilst every effort has been made to ensure completeness, there is a risk that some external inspections, particularly those undertaken by organisations other than HIW, may not have been reported to, or captured by, the Risk and Assurance Team. In addition, the dates recorded may reflect either the date of the inspection or the publication date of the associated inspection report, depending on the information available from the relevant inspection body.

As a result, the data should be regarded as a summary of known external inspection activity rather than a comprehensive record of all inspections and reviews undertaken during the period. The absence of a centrally maintained register of external inspections increases the risk that some activity may not be identified or reported corporately.

Findings & Agreed Action Plan

Objective 1: There are clear and consistent arrangements in place to coordinate external inspections, including defined roles, responsibilities and communication routes.	Reasonable

The health board's External Inspections Standard Operating Procedure (SOP) (revised July 2025) sets out roles and responsibilities and operational processes in support of external regulatory inspections of services provided by the health board. This includes arrangements for the review, approval and submission of information and evidence to external bodies. The SOP aims to promote a consistent approach to the management of external inspections and the associated communications and correspondence.

Section 1.2 of the SOP identifies a range of external regulatory bodies that may undertake inspections or reviews, including HIW, the Human Tissue Authority, the Human Fertility & Embryology Authority, Natural Resources Wales and the Home Office. The SOP makes clear that the list is not exhaustive and advises staff to consult the Risk & Assurance Team where clarification is required regarding the applicability of the procedure to a specific inspection or review. The SOP also applies to inspection reports relating to services managed directly by the health board, whether independently or in partnership arrangements.

The SOP is supplemented by supporting guidance (dated August 2025) for the Audit Management and Tracking (AMaT) inspections module. This guidance sets outs expectations for the use of the system and outlines the processes required to support effective management of inspection action plans. The guidance is intended to support the consistent use of a centralised electronic system, facilitating oversight, accountability, and assurance across service areas.

Our review of documentation and interviews with key stakeholders demonstrated that roles, responsibilities, escalation routes and reporting arrangements are clearly defined within the SOP and are generally well understood in practice by relevant staff. However, this understanding and application are most evident in relation to HIW inspections, with less consistency observed for inspections undertaken by other external bodies (see *objective 2*).

Testing also identified that, whilst the SOP and supporting guidance set out requirements for recording and monitoring inspection activity through AMaT, they do not set out an expected timeframe for the upload of inspection information and associated actions. As discussed further under Objectives 2 and 3 (**Key Finding 4**), the absence of defined timescales contributes to inconsistent recording practices and delays in establishing corporate oversight of inspection outcomes.

Objective 2: Findings and recommendations from external inspections are accurately recorded and translated into timely, proportionate action plans.	Reasonable

Section 3 of the External Inspections SOP sets out organisation-wide arrangements for managing engagement and correspondence with external regulators. However, in practice, the application of these arrangements varies across inspection bodies. Whilst HIW inspections are managed through a well-established, centrally coordinated process led by the Risk and Assurance Team, non-HIW inspections are generally managed locally by individual services. The health board has prioritised the implementation of AMaT and the development of corporate oversight arrangements for HIW inspections, as its primary external regulator, to establish a robust and effective process. As a result, communication, reporting and oversight arrangements are currently more mature for HIW inspections than for inspections undertaken by other external bodies, and some inspection activity is not routinely visible through corporate governance processes (see **Key Finding 1**). Furthermore, the health board does not maintain a comprehensive register of regulators, inspection programmes and expected inspection activity, limiting organisation-wide visibility and oversight (see **Key Finding 1**).

Through discussions with stakeholders, we identified that the health board faces practical challenges in maintaining visibility of some non-HIW inspection activity. Certain regulators communicate directly with licence holders or service representatives within operational areas, who are then expected to escalate inspection activity through local governance arrangements. This differs from the approach adopted by HIW, where communication routes and corporate oversight arrangements are more clearly established and key communications include the health board's Chief Executive Officer and relevant corporate teams. We acknowledge that the Risk & Assurance Team operates with limited dedicated resource (circa 1.6 WTE) and wider responsibilities, including risk management and corporate assurance. Whilst the team has taken steps to strengthen visibility and oversight of inspection activity, including exploring mechanisms to improve identification of inspection activity, arrangements remain reliant on local notification processes and are not yet consistently applied across all inspection bodies.

The management of HIW inspections is supported by mature governance arrangements, with the Risk & Assurance Team providing central coordination and oversight through the inspection process. Given the maturity and consistency of these arrangements, detailed testing was focused on HIW inspections.

The health board received ten HIW inspections between January 2025 and June 2026. Recommendations arising from nine inspections were selected for detailed testing. In accordance with the requirements of the SOP, we confirmed that inspection findings are translated into action plans and recorded within AMaT. In the sample reviewed, actions were generally captured accurately and reflected SMART principles, including clear ownership, measurable outcomes and defined target dates (refer to *objective 3* for further review of timescales and action management).

Although the formal use of AMaT was launched in July 2024 to provide a single corporate system for the recording and monitoring inspection activity, it is not yet fully embedded across all service areas. At the time of audit fieldwork, some of the figures reported, in respect of action progress, were based on documents previously submitted outside the system e.g. Word-based tables, as the system had not been updated by service leads since to record the same or an agreed, improved position. This results in a hybrid approach to monitoring and reporting, reducing the completeness, consistency and reliability of corporate management information held within the AMaT system **(see Key Finding 2).** We recognise, however, that the Risk and Assurance Team is actively working with Service Groups to improve adoption of the system and strengthen the quality and consistency of information recorded within AMaT. This includes review and validation of information submitted by services before it is reported through governance arrangements, supporting the reliability of information presented to management and committees (see objective 4).

The timeliness of recording inspection information within AMaT also varies. Whilst action plans are generally developed, in partnership with Service Groups to ensure appropriate assignment of inspection leads, and submitted within the deadlines specified by HIW, neither the SOP nor

supporting guidance defines an expected timeframe for recording inspection outcomes within AMaT (see *objectives 1 and 3*, **Key Finding 4**). Our review identified significant variation in recording times, with sampled inspections entered onto the system between 4 and 44 working days after acceptance of the associated action plan by the HIW inspector. These delays weaken the audit trail and reduce the effectiveness of AMaT as a timely monitoring and assurance tool.

For non-HIW inspections, we were advised that AMaT is generally not used to record findings or actions. Instead, services rely on local trackers, spreadsheets and service-level monitoring arrangements, further limiting corporate visibility and consistency of reporting across external inspection activity (see **Key Finding 1**).

Key Findings		Risk & Impact	Agreed Management Action
1	**Inconsistent Corporate Oversight of External Inspection Activity.** The External Inspections SOP, which defines roles, responsibilities and communication routes, applies across the organisation. However, its application is not consistent across all external inspection activity. Whilst HIW inspections are subject to a well-established, centrally coordinated process (with priority given by the corporate team of two staff members to the coordination and monitoring of HIW activity and improvements), inspections undertaken by other regulators are generally managed in a more decentralised manner, resulting in variation in communication, reporting and oversight arrangements. We understand this is influenced, in part, by the operating models of certain regulators, some of which communicate directly with licence holders or service representatives rather than through corporate channels. Although the health board has taken steps to improve visibility by strengthening local reporting arrangements, oversight of some inspection activity remains dependent on local notification processes. We confirmed that non-HIW inspections are generally not recorded centrally within AMaT, with reliance instead placed on local trackers, spreadsheets and service-level monitoring arrangements.	Inconsistent identification, recording and oversight of external inspections may result in inspection findings not being appropriately monitored, escalated or addressed, reducing assurance that regulatory requirements are being met and improvements implemented.	**Agreed Action:** 1. The Inspections Report to Quality & Safety Group will include a recommendation for services to notify the Risk & Assurance Team of external inspection activity not already captured corporately 2. The Risk & Assurance Team will work with leads in services to ensure external inspections identified following this review are recorded within the AMAT system, improving corporate visibility of external inspection activity and outcomes.

	Key Findings	Risk & Impact	Agreed Management Action
	Furthermore, the health board does not maintain a comprehensive register of regulators, inspection programmes and anticipated inspection activity. This limits organisational visibility, increases reliance on local knowledge and informal notification arrangements, and reduces assurance that all external inspection activity is identified, coordinated and monitored consistently. Similar themes relating to corporate oversight, assurance arrangements and the monitoring of improvement activity were identified in the Quality Assurance Framework audit (Limited Assurance, issued March 2025), suggesting that the issues identified may reflect wider organisational governance and assurance challenges rather than being confined to the management of external inspections.		**Expected Evidence of Implementation:** • Updated Inspections Report template. • Evidence of external inspections being recorded within AMaT and reported through established governance arrangements.
		Medium Priority	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** (1) 31 October 2026; (2) 31 December 2026
	Theme: Governance	Control Design	
2	**Inconsistent Recording and Monitoring of Inspection Actions.** Although AMaT was introduced as the health board's corporate system for recording and monitoring inspection activity, it is not yet used consistently across all service areas. Historically, some inspection action plans were maintained outside AMaT using local spreadsheets, Word documents and other manual processes. In some cases, information subsequently reported through these routes had not been fully updated within the corporate system. This has resulted in a hybrid approach to monitoring and reporting, reducing the completeness, consistency and reliability of corporate management information held within the system and limiting the health board's ability to rely upon the system as a single source of assurance over inspection actions and outcomes. It is recognised, however, that the Risk and Assurance Team is actively working with services to improve adoption of the system and strengthen the quality and consistency of information	Reliance on local trackers and manual processes reduces the completeness and reliability of management information, limiting organisational oversight of inspection actions and progress.	**Agreed Action:** 1. The requirement for inspection actions and progress updates to be maintained within AMaT as the corporate system of record will be reinforced with services. 2. The three services (HIW inspection refs 03871, 03297, 03903) where discrepancies have been identified between AMaT and locally reported progress information will be required to agree timescales for resolving the differences and progress will be monitored to completion, with escalation to Executive level if not resolved.
			Expected Evidence of Implementation: • Communications and guidance issued to services. • Record of services with identified discrepancies and agreed of timescales for resolution. • Evidence of monitoring undertaken by Risk & Assurance team.
		Medium Priority	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** 31 October 2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	

Objective 3: Actions arising from external inspections are clearly assigned, effectively monitored, and formally closed, supported by reliable and complete data.	Reasonable

The audit found that arrangements are in place to assign and track actions arising from external inspections. Review of the sampled HIW inspections confirmed that actions were generally recorded within AMaT, linked to the relevant inspection findings, assigned to named individuals and supported by target completion dates.

However, weaknesses were identified in the consistency of monitoring, updating and evidencing closure of actions, reducing assurance over the quality and completeness of information available to support oversight and reporting. At the time of testing, 91 of 384 actions (24%) were recorded as overdue across sampled inspections. Whilst we understand that some actions may have been completed locally but not updated promptly within AMaT, information held within the AMaT comments and updates fields was often incomplete, with limited evidence of progress updates, revised target dates, explanations for delay or clear forward plans. As a result, AMaT does not consistently provide a reliable record of implementation progress or support effective challenge and oversight of delayed actions (see **Key Finding 3**).

The quality and timeliness of information recorded within AMaT were also variable. When an improvement plan is accepted by HIW, the Risk & Assurance team liaises with services to agree appropriate inspections leads to take ownership of actions and establish the associated records within the system. Whilst action plans were generally uploaded to the system, the time taken to record inspection actions varied considerably, and monitoring updates on AMaT were not consistently maintained by inspected services. Key fields were not always completed, progress information varied in quality, and actions were not always updated or formally closed in a timely manner. These issues weaken the audit trail and reduce the accuracy and reliability of management information available to support monitoring and reporting (see **Key Finding 4**).

The SOP requires supporting evidence and director-level approval prior to the closure of actions. During initial audit testing, we were unable to verify that these requirements were being consistently applied in practice. Subsequent review identified evidence of approval for the sampled actions; however, this information was held outside AMaT and was not retained through an established and consistently applied process. In addition, only 28 of 199 completed actions (14%) reviewed had supporting evidence uploaded to AMaT. Whilst narrative updates were often recorded, these do not in themselves provide sufficient assurance that actions had been fully implemented, reviewed and embedded before being marked as complete (see **Key Finding 5**).

The weaknesses identified are consistent with themes reported in previous audits, including the Quality Assurance Framework audit (Limited Assurance, issued March 2025), which identified weaknesses in the timely implementation, monitoring and corporate oversight of improvement actions arising from quality assurance activity. Collectively, these findings indicate recurring challenges in maintaining complete audit trails, evidencing progress, maintaining effective oversight and demonstrating that improvement actions have been fully implemented and sustained across the health board.

Whilst reporting to governance groups includes both HIW and non-HIW inspection activity, the quality and completeness of the underlying action management information reduce the level of assurance that can be derived from this reporting (see *objective 4*).

Key Findings		Risk & Impact	Agreed Management Action
3	**Limited Monitoring and Updating of Overdue Actions at Service Group Level** Whilst corporate arrangements exist for recording and reporting inspection actions, their effectiveness is dependent upon timely monitoring, updating and progress reporting by action owners and Service Groups. At the time of testing, 91 of 384 actions (24%) across sampled inspections were recorded as overdue. Overdue actions frequently lacked documented progress updates, revised target dates, reasons for delay and clear forward plans. Whilst overdue actions are reported through established governance arrangements, the quality and completeness of updates provided by services were variable, limiting assurance that actions were being actively managed and progressed to completion. Similar themes relating to the timely implementation, monitoring and oversight of improvement actions were identified in the Quality Assurance Framework audit (Limited Assurance, issued March 2025), indicating that these issues are not confined to external inspections and may reflect wider organisational assurance challenges.	Incomplete monitoring, updating and progress reporting of overdue actions may delay implementation of required improvements and reduce assurance that inspection findings are being addressed in a timely manner.	**Agreed Action:** 1. The actions outlined under Finding 2 will be completed to improve the accuracy and completeness of progress information held within AMaT. 2. The Risk & Assurance Team will pilot enhanced reporting on overdue actions corporately to include available information on progress, revised completion dates and reasons for delay, supporting greater visibility and challenge through existing governance arrangements. **Expected Evidence of Implementation:** • Enhanced overdue actions reporting • Reports presented to Quality & Safety Group, Executive Performance Reviews and/or similar appropriate corporate management oversight group. • Evidence of challenge, follow-up and revised completion plans for overdue actions.
	Theme: Planning, Delivery & Deadline Management	**High Priority** Control Operation	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** 31 December 2026 (*this is based on assumption that consistency issues are addressed by services early in Q3 for the remaining inspections with inconsistent progress data*)
4	**Timeliness and Completeness of Inspection Action Records.** AMaT is used to record and monitor inspection actions; however, information within the system is not consistently maintained or updated in a timely manner. The External Inspections SOP does not stipulate expected timeframes for recording inspection actions within AMaT. For the sample reviewed, inspection actions were uploaded between 4 and 44 working days following approval of the associated action plan. In addition, the quality and maintenance of action records were often inconsistent. Progress updates were frequently missing or lacked sufficient detail, comments were not consistently dated, and information explaining delays, actions being taken and expected completion dates was not consistently recorded within	Incomplete or untimely records may reduce the reliability of management information and limit effective oversight of inspection actions and implementation progress, weakening assurance that improvements are delivered in a timely manner.	**Agreed Action:** 1. SOP will be updated to indicate target timescales for set up of inspection improvement plans in partnership with services, and guidance for service leads in respect of information required to support monitoring. 2. See Action 1 to Key Finding 3 above. It is aimed that the reporting of more detailed information from the system will enable readers to review & challenge both progress itself and the information presented to support monitoring to closure. **Expected Evidence of Implementation:** • Updated SOP for set up target timescales and monitoring information guidance. • Guidance for inspection leads regarding completion of monitoring fields.

Key Findings		Risk & Impact	Agreed Management Action
	the system. As a result, the audit trail is weakened and the accuracy and reliability of management information held within the system used to support monitoring, reporting and oversight are reduced.		• Example reports demonstrating improved completeness of action records. • Evidence of governance scrutiny using enhanced management information.
		Medium Priority	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** (1) 31 October 2026 (2) 31 December 2026
	Theme: Information, Data Quality & Data Accuracy	Control Operation	
5	**Insufficient Evidence and Approval to Support Action Closure** The External Inspections SOP requires supporting evidence and director-level approval before actions are formally closed. However, these requirements are not consistently evidenced within AMaT or through a clearly defined and consistently applied records management process. Testing identified that only 28 of 199 completed actions (14%) had supporting evidence uploaded to the system. During initial audit testing, we were unable to verify that completed actions had been formally reviewed and approved at the level required by the SOP prior to closure. Subsequent review identified evidence of approval for the sampled actions; however, this information was held outside AMaT and was not retained through an established and consistently applied process. Whilst narrative updates were often recorded, these do not provide assurance that actions have been fully implemented, reviewed, and embedded before being marked as complete.	Inadequate evidence and approval arrangements reduce assurance that agreed improvements have been fully implemented and appropriately reviewed before actions are closed.	**Agreed Action:** Since the first versions of the SOP adopted, it is clear that it is not always possible or efficient use of time to require leads to upload evidence for every action completed (e.g. a repair made to local building fabric, or evidence already recorded in other systems) but the system provides the opportunity and where possible we encourage its use. As part of our upcoming review of the SOPs for inspections, we will review the system and supporting processes to identify potential, pragmatic opportunities for enhancing and clarifying expected controls/assurances in respect of action closure and will update SOP accordingly. The updated SOP will be discussed and signed off at Executive level and disseminated.
			Expected Evidence of Implementation: • Updated SOP and supporting guidance including actions evidence, evidence of approval and communication to inspection leads and service managers. • Examples demonstrating application of revised closure requirements. • Evidence of supporting documentation and approval records being retained in accordance with the agreed process.
		Medium Priority	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** 31 October 2026
	Theme: Approvals	Control Operation	

Objective 4: Progress against inspection actions is reported through appropriate governance routes, with timely escalation of overdue or high-risk actions to support Executive and Board oversight.	Reasonable

The health board has established governance arrangements for reporting and oversight of external inspection activity and associated action plans. Regular reporting is undertaken through the Quality & Safety Group (QSG), Quality & Safety Committee (QSC), Executive Performance meetings and emerging Board-level assurance reporting.

Our review found that reporting is comprehensive in scope and provides visibility of external inspection activity, regulatory engagement, action plan implementation and overall action status. Reports routinely include information on completed, in progress and overdue actions, supporting oversight through established governance routes. Reporting arrangements are generally consistent, with established reporting cycles and structured outputs facilitating organisational awareness and accountability.

Benchmarking against reporting arrangements in other NHS Wales organisations indicates that the health board's approach is comparatively mature and comprehensive. Whilst reporting elsewhere is often focused primarily on HIW inspections, often through brief updates within integrated quality reports or individual inspection papers, the health board reports on a broader range of external inspection activity and regulators and includes more structured tracking of actions and implementation progress.

However, whilst governance reporting provides visibility of inspection activity and action status, the assurance derived from this reporting is limited by weaknesses in the underlying monitoring and management of actions. As detailed in *Objective* 3, 91 actions were recorded as overdue at the time of testing, some by more than 200 days. In addition, overdue actions were not consistently supported by meaningful progress updates, revised target dates, explanations for delay or documented recovery plans. Consequently, although overdue actions are reported and discussed through governance structures, the quality and completeness of supporting information limits the level of scrutiny and challenge that can be applied to individual overdue actions (see **Key Finding 3**).

Objective 5: Themes, trends and systemic learning from external inspections are identified, shared, and used to inform wider quality improvement and strategic decision-making.	Reasonable

The health board has established governance arrangements through which external inspection activity is reported and reviewed. These arrangements provide opportunities to identify common themes and share learning arising from inspections across services and directorates.

We identified evidence that thematic analysis has been undertaken. In May 2025, a thematic review of HIW inspection recommendations was presented to the Patient Safety and Compliance Group. The review considered findings across multiple inspections and identified recurring themes relating to policies and procedures, record keeping, staffing, environment and safety, patient information, and risk management. This demonstrates recognition of the value of organisational learning and thematic review in supporting quality improvement. However, we found limited evidence that the findings and learning from this review were subsequently disseminated beyond the reporting forum or systematically shared across the wider organisation to inform service improvement activity.

However, thematic analysis and organisational learning are not yet embedded within routine external inspection governance arrangements. Reporting to the Quality & Safety Group remains largely focused on inspection activity, action plan implementation and action status, with limited systematic analysis of recurring findings, emerging organisational risks, performance trends or effectiveness of improvement activity over time (see **Key Finding 6**). Whilst AMaT contains functionality that could support categorisation of findings and trend analysis, this capability is not currently being fully utilised.

In addition, there is no defined process for systematically sharing learning arising from external inspections across the organisation **(see Key Finding 6)**. Inspection findings are not routinely categorised into themes that can be tracked through to wider improvement programmes, strategic priorities or corporate quality improvement initiatives, and thematic reviews appear to be undertaken on an ad hoc basis rather than as part of an established programme of work**.**

These findings are consistent with issues identified in previous Internal Audit reviews, including the Patient Experience audit (Reasonable Assurance: issued September 2025) and the Learning from Incidents and Concerns audit (Reasonable Assurance: issued May 2025), both of which highlighted limited evidence that organisational learning is routinely shared and embedded across the health board. Whilst arrangements exist to support thematic review and learning, further work is required to establish a more systematic and sustainable approach.

Key Findings		Risk & Impact	Agreed Management Action
6	**Thematic Analysis and Organisational Learning Not Yet Embedded** The health board has undertaken thematic reviews of inspection findings and has mechanisms available to support analysis and reporting. However, thematic analysis and organisational learning are not routinely embedded within external inspection governance arrangements. Governance reports primarily focus on inspection activity, action plan implementation and action status, with limited analysis of recurring findings, emerging risks, organisation-wide trends or the effectiveness of improvement activity. Although a thematic review was presented in May 2025, we are not aware of plans for similar reviews to be undertaken routinely. In addition, there is no defined process for systematically sharing inspection learning arising from external inspections across services and directorates. Whilst the thematic review identified recurring organisational themes, there was limited evidence that the resulting learning was formally disseminated beyond the reporting forum or translated into wider quality improvement activity across the health board. Inspection findings are not routinely categorised, analysed or linked to wider improvement programmes, strategic priorities or quality improvement activity. Similar themes have been reported in previous Internal Audit reviews relating to organisational learning and dissemination of good practice.	Failure to systematically identify, analyse and share learning from external inspections may result in recurring issues, missed opportunities for improvement and reduced organisational assurance.	**Agreed Action:** 1. A mechanism will be developed and piloted to summarise the outcomes and improvements expected following individual inspections for agreement at Quality & Safety Group and subsequent sharing, cascade and reflection by service group / care group leads. 2. Utilising digital tools now available, an annual review will be undertaken of themes and trends reported following inspections for consideration at the Quality & Safety Group following year end. **Expected Evidence of Implementation:** • Example of inspection summary disseminated via Quality & Safety Group • Annual thematic review report. • Evidence of dissemination to Service Groups / Care Groups. • Records of any associated learning events, communications or governance discussions.
	Theme: Lessons Learnt	**Medium Priority** Control Operation	**Officer:** Neil Thomas, Assistant Head of Risk & Assurance **Target Implementation Date:** (1) 31 October 2026; (2) 31 May 2027

Appendix A: Assurance Opinion and Prioritisation of Findings

Assurance Opinion

 **Substantial**	Few matters require attention and are compliance or advisory in nature. **Low impact** on residual risk exposure.
 **Reasonable**	Some matters require management attention in control design or compliance. **Low to moderate impact** on residual risk exposure until resolved.
 **Limited**	More significant matters require management attention. **Moderate impact** on residual risk exposure until resolved.
 **Unsatisfactory**	Action is required to address the whole control framework in this area. **High impact** on residual risk exposure until resolved.
 **Advisory**	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Disclaimer

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The report is based on the review work undertaken and is not necessarily a complete statement of all weaknesses that exist or potential improvements. Whilst every care has been taken to ensure that the information provided in this report is as accurate as possible, no complete guarantee or warranty can be given with regard to the advice and information contained.

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