

Hywel Dda University Health Board

Additional Learning Needs and Education Tribunal (Wales) Act 2018

Final Internal Audit Report

October 2020

Private and Confidential

NHS Wales Shared Services Partnership

Audit and Assurance Services



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Audit and Assurance Services conform with all Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Institute of Internal Auditors.

ACKNOWLEDGEMENT

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1. Introduction and Background

The review of the compliance with the Additional Learning Needs and Education Tribunal (Wales) Act 2018 was completed in line with the Hywel Dda University Health Board Internal Audit Plan for 2020/21. The relevant lead Executive Director for this review was the Director of Therapies and Health Science.

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 ("the Act") makes provision for a new statutory framework for supporting children and young people with additional learning needs (ALN). The new system will support a strong focus on collaboration and all services involved including health services will have a crucial role to play.

2. Scope and Objectives

The overall objective of the review was to evaluate the arrangements in place to prepare for the implementation of the requirements of the Act, in order to provide assurance to the Audit & Risk Assurance Committee that risks material to the achievement of the system's objectives are managed appropriately.

The purpose of the review was to establish whether the Health Board has appropriate processes to enable it to achieve compliance prior to the legislation going live on the 1st September 2021.

The areas that the review sought to provide assurance on were:

- A Designated Education Clinical Lead Officer has been appointed to co-ordinate functions in relation to additional learning needs;
- Arrangements are in place to ensure collaborative working with partner organisations in order to promote multi-agency working between health and other public and third party sectors;
- Arrangements have been established to ensure the Health Board will be compliant prior to the implementation of the legislation; and
- The development of the organisational additional learning needs requirements are communicated to the Health Board subject to regular reviews at an appropriate committee of the Board.

3. Associated Risks

The potential risks considered during this review were as follows:

- No Designated Education Clinical Lead Officer has been appointed;
- Non-compliance with the legislation; and
- Lack of regular reporting to the Health Board.


OPINION AND KEY FINDINGS

4. Overall Assurance Opinion

We are required to provide an opinion as to the adequacy and effectiveness of the system of internal control under review. The opinion is based on the work performed as set out in the scope and objectives within this report. An overall assurance rating is provided describing the effectiveness of the system of internal control in place to manage the identified risks associated with the objectives covered in this review.

The overall level of assurance that can be assigned to a review is dependent on the severity of the findings as applied against the specific review objectives and should therefore be considered in that context.

The level of assurance given as to the effectiveness of the system of internal control in place to manage the risks associated with the adequacy of management arrangements for the achievement of compliance with the Additional Learning Needs and Education Tribunal (Wales) Act 2018 is **Reasonable** assurance.

RATING	INDICATOR	DEFINITION
Reasonable Assurance		The Board can take reasonable assurance that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with low to moderate impact on residual risk exposure until resolved.

Overall the controls in place to manage the risks associated with the systems and processes tested within the review are of a reasonable standard.





The audit concluded that the Health Board has an assigned Designated Education Clinical Lead Officer and evidence of collaborative working with other public and third party sectors was evident through the South West & Mid Wales Regional Collaborative Group and its work streams. In addition, we also noted Health Board ALN groups had been established, complete with terms of reference, to ensure the organisation as a whole and individual services and departments meet the statutory duties of the Act.

Two medium priority findings were identified with some individual service areas having not completed or submitted their templates and fulfilled their leadership

role, and the required re-establishment of formal reporting arrangements for the ALN updates to a statutory committee.

5. Assurance Summary

The summary of assurance given against the individual objectives is described in the table below:

Audit Risk		Assurance Summary*			
					
1	A Designated Education Clinical Lead Officer has been appointed to co-ordinate functions in relation to additional learning needs				✓
2	Arrangements are in place to ensure collaborative working with partner organisations in order to promote multi-agency working between health and other public and third party sectors				✓
3	Arrangements have been established to ensure the Health Board will be compliant prior to the implementation of the legislation			✓	
4	The development of the organisational additional learning needs requirements are communicated to the Health Board subject to regular reviews at an appropriate committee of the Board			✓	

* The above ratings are not necessarily given equal weighting when generating the audit opinion.

Design of Systems/Controls

The findings from the review have highlighted no issues that are classified as weaknesses in the system control/design for the requirements of the Additional Learning Needs and Education Tribunal (Wales) Act 2018.

Operation of System/Controls

The findings from the review have highlighted **two** issues that are classified as weaknesses in the operation of the designed system/control for compliance with the requirements of the Additional Learning Needs and Education Tribunal (Wales) Act 2018. These were identified in the Management Action Plan as (O).

6. Summary of Audit Findings

The key findings are reported in the Management Action Plan at Appendix A.

OBJECTIVE 1: A Designated Education Clinical Lead Officer has been appointed to co-ordinate functions in relation to additional learning needs

The Act requires that the Health Board appoints a Designated Education Clinical Lead Officer (DECLO), who must be a registered medical practitioner, nurse or another health professional. We can confirm that the DECLO for the Health Board was identified as the Assistant Director of Therapies and Health Science, and is a registered member of the Health and Care Professions Council.

The DECLO for the Health Board is the regional lead DECLO for South West & Mid Wales, in addition to being the interim DECLO for Swansea Bay University Health Board and Powys Teaching Health Board. The Health Board is a member of the South West & Mid Wales Regional Collaborative Group that is made up of three Health Boards, six Local Authorities and six Further Education Colleges.

The DECLO is responsible for overseeing measurement of compliance with the Act and quality assurance, and attains this through partnerships with other services including primary and secondary health, public health, education, social care, service users and third sector. The DECLO reports directly to the Executive Director of Therapies and Health Science.

No matters arising.

OBJECTIVE 2: Arrangements are in place to ensure collaborative working with partner organisations in order to promote multi-agency working between health and other public and third party sectors

Hywel Dda Health Board is a member of the South West & Mid Wales Regional Collaborative Group that is made up of other Health Boards, Local Authorities and other partners who work together to implement changes directed by the Act – see Table A for an overview of the regional structure.

The Health Board is represented by the DECLO at the multi-agency South West & Mid Wales Regional Collaborative Group. The regional group was supported by 10 work streams, one of which was the ALN Regional Health work stream. We can also confirm that the DECLO and other Health Board employees attend the ALN Regional Health work stream.

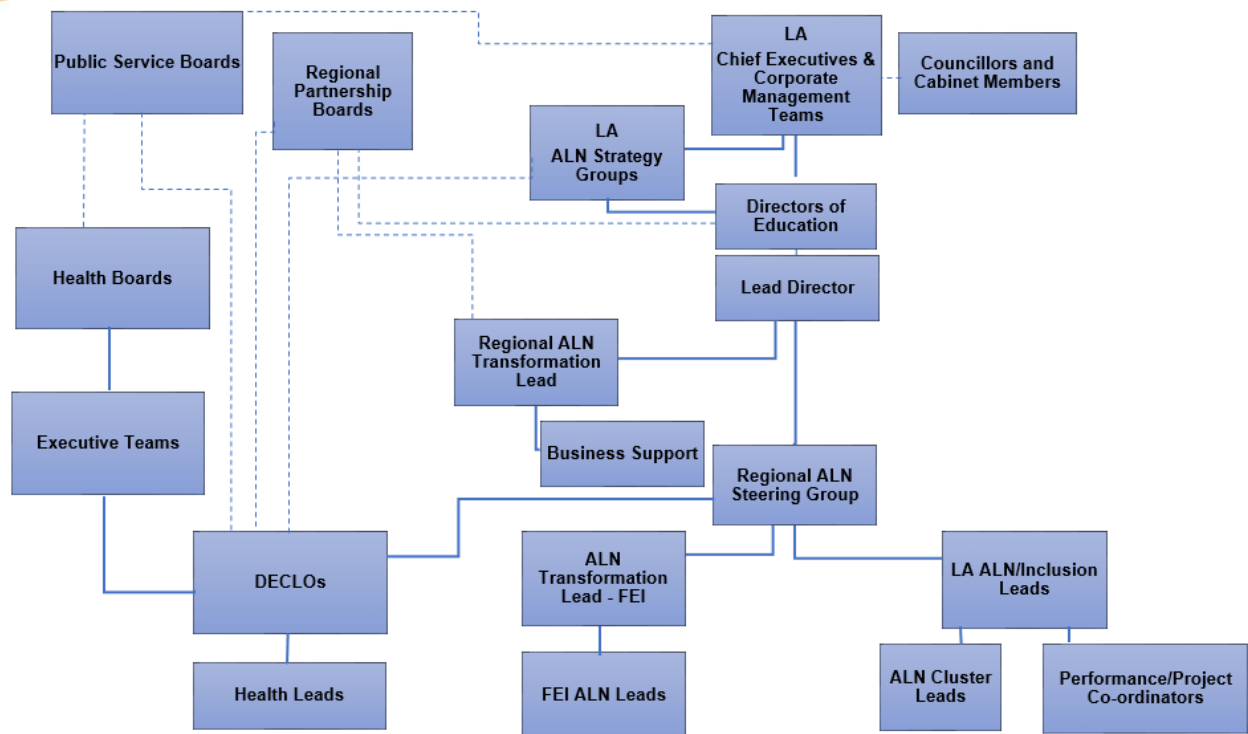


Table A - South West & Mid Wales Regional Collaborative Group Structure

In addition to the regional group and workstreams, the Health Board has also established the ALN Implementation Operational Group (ALNIOG) with the aim of ensuring the Health Board and individual services and departments meet the statutory duties of the Act. We can confirm that ALNIOG has a terms of reference in place with key members identified including the DECLO.

No matters arising.

OBJECTIVE 3: Arrangements have been established to ensure the Health Board will be compliant prior to the implementation of the legislation

The Health Board had in place an ALN Implementation Plan for 2019-20, which was developed from the Health Readiness Survey and in line with the ALN Regional Health work stream and other relevant work streams, to ensure key actions and requirements were in place by the 'go live' date of 1st September 2020. A review of the implementation plan confirmed that completed actions had been addressed.

In March 2020, the Health Board was affected by the Covid pandemic. Due to this impact, the Joint Regional Implementation Plan for 2020-21 had not been agreed. To ensure the Health Board continued to address the requirements of the Act, an interim Special Education Needs (SEN)/ALN work plan was developed for the period April – June 2020.

The Joint Regional Implementation Plan for 2020-21 was subsequently approved in July 2020 by the South West and Mid Wales Regional Collaboration Group to ensure regional partners achieve compliance with the Act. In addition, ALN transformation grant allocations for 2020-21 had also been assigned to aid in the delivery of actions set out in the implementation plan.

The ALN transformation programme, that was expected to 'go live' from 1st September 2020 and the implementation period to last three years until 2023, was pushed back to 1st September 2021 by the Welsh Government. The revised deadlines were recognised in the regional implementation plan for 2020-21.

A key driver in establishing compliance with the Act during 2020-21 was the requirement for individual service areas (both clinical and non-clinical) to complete a number of templates and lead on their expert topic areas. Whilst many areas have returned completed templates to the DECLO, and played an active role in the ALNIOG, a number of services/departments particularly those who are not familiar with the Special Educational Needs Regulations (2002) require to develop a more reliable and robust response.

See Finding 1 of Appendix A.

OBJECTIVE 4: The development of the organisational additional learning needs requirements are communicated to the Health Board subject to regular reviews at an appropriate committee of the Board.

The reporting arrangements to ensure the progress and development of compliance against the Act comes directly from the DECLO into the Health Board via the Director of Therapies and Health Sciences – see Table A.

During the Covid pandemic, many of the statutory committees of the Board were suspended with reports and updates going through the Gold/Silver/Bronze Command structure. We can confirm a paper was submitted by the DECLO to the Silver Command Group in June 2020 providing an update on Health Board's statutory duty on the regulation of special educational needs at a local school.

See Finding 2 of Appendix A.

7. Summary of Recommendations

The audit findings and recommendations are detailed in Appendix A together with the management action plan and implementation timetable.

A summary of these recommendations by priority is outlined below.


Priority	H	M	L	Total
Number of recommendations	0	2	0	2


<p>Finding 1 – ALN Training Templates (O)</p>	<p>Risk</p>
<p>A key driver in establishing compliance with the Act during 2020-21 was the requirement for individual service areas (both clinical and non-clinical) to complete a number of templates and lead on their expert topic areas. Whilst many areas have returned completed templates to the DECLO, and played an active role in the ALNIOG, a number of services/departments particularly those who are not familiar with the Special Educational Needs Regulations (2002) require to develop a more reliable and robust response.</p>	<p>Non-compliance with the legislation.</p>
<p>Recommendation 1</p>	<p>Priority level</p>
<p>Management to ensure that outstanding service areas complete their required templates and promptly submit them to the DECLO, as well as fulfil their lead role for their expert topic area.</p>	<p>MEDIUM</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>Agreed – the escalation of those services/departments to relevant senior leadership/managers will be undertaken and reflect the less-than-optimal responses in the monthly review of the corporate risk assessment of the implementation of the ALNET Act.</p>	<p>Assistant Director of Therapies and Health Sciences/DECLO 31st December 2020</p>


<p>Finding 2 – Reporting Arrangements (O)</p>	<p>Risk</p>
<p>The suspensions of the statutory committees of the Board resulted in the DECLO providing updates to the Silver and Bronze Command Groups. Following the restarting of the statutory committees, the reporting of ALN updates should be confirmed and implemented.</p>	<p>Lack of regular reporting to the Health Board.</p>
<p>Recommendation 2</p>	<p>Priority level</p>
<p>Management to establish and communicate to the DECLO the reporting arrangements for Additional Learning Needs updates as part of the Command and Control Infrastructure.</p>	<p>MEDIUM</p>
<p>Management Response</p>	<p>Responsible Officer/ Deadline</p>
<p>Agreed – the DECLO to confirm with the Head of Corporate and Partnership Governance the reporting arrangements for ALN updates.</p>	<p>Assistant Director of Therapies and Health Sciences/DECLO 30th November 2020</p>


Appendix B - Assurance opinion and action plan risk rating

2020/21 Audit Assurance Ratings

 **Substantial Assurance** - The Board can take **substantial assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Few matters require attention and are compliance or advisory in nature with **low impact on residual risk** exposure.

 **Reasonable Assurance** - The Board can take **reasonable assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. Some matters require management attention in control design or compliance with **low to moderate impact on residual risk** exposure until resolved.

 **Limited Assurance** - The Board can take **limited assurance** that arrangements to secure governance, risk management and internal control, within those areas under review, are suitably designed and applied effectively. More significant matters require management attention with **moderate impact on residual risk** exposure until resolved.

 **No Assurance** - The Board has **no assurance** arrangements in place to secure governance, risk management and internal control, within those areas under review, which are suitably designed and applied effectively. Action is required to address the whole control framework in this area with **high impact on residual risk** exposure until resolved.

Prioritisation of Recommendations

In order to assist management in using our reports, we categorise our recommendations according to their level of priority as follows.

Priority Level	Explanation	Management action
High	Poor key control design OR widespread non-compliance with key controls. PLUS Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in control design OR limited non-compliance with established controls. PLUS Some risk to achievement of a system objective.	Within One Month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. These are generally issues of good practice for management consideration.	Within Three Months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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