

Additional Learning Needs Legislation

Final Internal Audit Report

2025/26

Cardiff and Vale University Health Board



Reasonable Assurance

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Review Reference

CVU-2526-08

Fieldwork

August - October 2025

Executive Sign Off

1st December 2025

Audit Committee

February 2026

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Executive Summary

Purpose

Our review of the implementation of the Additional Learning Needs system was completed in line with the 2025/26 Internal Audit Plan for the Cardiff and Vale University Health Board ('the Health Board'). The purpose of the audit is to provide assurance on the arrangements in place to ensure compliance with and adherence to the Additional Learning Needs and Education Tribunal (Wales) Act, Regulations made under the Act and the statutory ALN Code (the ALN system or legal framework).

The additional learning needs (ALN) system supports children and young people aged 0 to 25 in Wales with ALN and replaced from September 2025 two separate frameworks; i.e. the Special Educational Needs (SEN) system in schools and the Learning Difficulties and/or Disabilities (LDD) in further education.

The Act became lawful from September 2021, but implementation was phased over a four-year period. In accordance with Section 61 of the Act, Local Health Boards must have a Designated Education Clinical Lead Officer (DECLO) for co-ordinating the Board's functions in relation to children and young people with ALN. Chapter 9 of the ALN Code details their specific roles and responsibilities. The Act also introduces three other statutory duties which are Section 65, Section 20 and Section 64. The Act also continues the existence of the Special Educational Needs Tribunal for Wales, which hears and decides appeals and applications in relation to children and young people who may have or have ALN but renames it the Education Tribunal for Wales.

Overview

We have concluded **Reasonable** assurance on this area. The significant matters requiring management attention include:

- The Health Board currently lacks an overarching ALN Governance Policy that clearly defines the overall governance arrangements and establishes organisational accountability for compliance with and adherence to the ALNET Act, Regulations and the ALN Code.
- Identification of ALN training needs and maintenance of attendance records for ALN training sessions have not occurred, resulting in an inability to assess training session participation levels.
- There is uncertainty about ALN Champions' training, development, and role expectations. Survey responses also revealed ongoing concerns and recurring questions about their responsibilities.
- The Health Board attendance levels at the Regional Health and Education ALNET Steering Group (RASG) is low, resulting in one meeting not being quorate.
- The Health Board lacks an overarching strategic ALN implementation document, nor has it developed a joint work plan between health and education partners.
- The Health Board has not been able to determine future ALN demand since the implementation of the system is still evolving and both legal and operational factors keep changing.
- The use and interpretation of weekly nudge reports vary, and there is no clear evidence to support that outstanding requests are being thoroughly scrutinised and challenged appropriately consistently by all services.
- There is inconsistent engagement with the Statutory Duty Monitoring (SDM) process across the various services.
- The ALN KPI dashboard trial in 2024 was paused due to uncertainty about Health ALN KPIs across Wales. The PARIS module is still in development, with the DECLO Team tracking changes since February, but limited access to PARIS development time slows progress.
- Attendance at the ALN Implementation Operational Group (ALNIG) meetings has been low; ten services, accounting for 45%, were absent from all of the sessions reviewed.

Full details of matters arising are detailed within the Findings & Agreed Action Plan. The following opportunities for enhancement have been identified that do not impact the overall opinion and are highlighted for management information:

- ALN data shared at the Therapies Quality, Safety & Experience meeting shows that Occupational Therapies statutory compliance rates remain consistently low unlike other areas.

- The membership of the ALN Implementation Operational Group (ALNIG) is intended to be reviewed annually: however, as the terms of reference was last reviewed in July 2024, a review is now overdue.

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	Sufficient progress is being made to implement the ALN Act through developing strategies, policies and procedures, and delivery plans.	1	Reasonable
2	There is sufficient training and engagement with staff.	2,3	Reasonable
3	Arrangements are in place to ensure effective multi-agency working between the health board, local authorities, and other partner organisations who cohesively engage and communicate with the public and service users.	4,5	Reasonable
4	There is an efficient and consistent system for recording and managing ALN requests, referrals, and notifications along with monitoring outcomes.	6	Reasonable
5	There are robust quality assurance measures in place to demonstrate compliance with the ALN Act.	7, 8, 9	Limited
6	There are appropriate mechanisms for dealing with complaints, disputes, and appeals to the Tribunal.	-	Substantial
7	Appropriate governance framework is in place to provide oversight of compliance with the ALN Act including that the statutory roles and responsibilities of the Designated Educational Clinical Lead Officer (DECLO) are being met	10	Reasonable

Management Actions



High Priority



Medium Priority

Themes



■ Governance

■ Policies & Procedures

■ Reporting

■ Resourcing

■ Strategy

■ Training & Development

Risk Types

Financial Loss

Legal & Regulatory Non-Compliance

Findings & Agreed Action Plan

Objective 1: Sufficient progress is being made to implement the ALN Act through developing strategies, policies and procedures, and delivery plans.

Reasonable

Overview

The ALNET Act, its regulations, and the statutory Code form the core framework which are supported by Welsh Government guidance. Implementation, however, continues to be challenging due to varying interpretations of the ALN system and evolving legal contexts, limiting the development of a strategy, policy and specific procedures. The Cabinet Secretary for Education commenced a review of the ALN legislative framework in October 2024 to tackle ongoing problems. By July 2025, the review upheld the Act's core principles but noted inconsistent implementation, leading to a commitment to collaborate with stakeholders on solutions.

Continued local progress on implementation has been delayed pending the outcome of this review. While there are some procedures in place for managing ALN correspondence that define statutory obligations, response protocols, and requirements for collaboration, written control documentation outlining governance structures and clearly defined roles and responsibilities are not in place. Notably, monitoring and reporting of ALN-related data remains inconsistent across teams, which may impact compliance monitoring, escalation procedures, and the effectiveness of oversight.

Ongoing management occurs through operational groups, regular monitoring, and the Paris system for tracking compliance. Delivery planning remains adaptive, evolving as experience with the Act grows, and is primarily documented via SOPs and collaborative frameworks rather than one consolidated plan.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Lack of documented governance control procedure</p> <p>The Health Board currently lacks documented control procedures that clearly defines the overall governance arrangements for compliance with the Act and statutory Code. Although specific procedures are in place for the management of ALN correspondence that sets out statutory obligations, response protocols, and collaboration requirements, there remains a significant gap in formalising a unified governance and reporting structure. This absence of a documented control procedure means that crucial aspects of governance are undocumented, which may lead to ambiguity in roles and responsibilities. The Health Board have not yet produced a documented governance control procedure as they are awaiting the outcome of the review of the ALN Legislative Framework being undertaken by Cabinet Secretary for Education.</p>	<p>Without a unified policy, important governance roles and responsibilities may be unclear and undocumented.</p>	<p>Agreed Action:</p> <p>A documented governance control procedure will be developed and approved. The document will:</p> <ul style="list-style-type: none"> Clearly define governance structures, roles, and responsibilities for ALN compliance. Standardise reporting requirements and escalation procedures for ALN-related data across all relevant teams. Be communicated to all key individuals involved in ALN processes. Include a schedule for regular review and update, with review dates recorded. <hr/> <p>Expected Evidence of Implementation:</p> <p>ALN Governance Policy</p>

It was further evidenced that ALN-related data reporting varies across Health Board teams, making compliance monitoring and escalation less effective. Without standardised reporting and clear governance, accountability and ongoing compliance with ALN are difficult to maintain.

Medium Priority

Officer: Natalie Vanderlinden
Target Implementation Date:
31/10/2026

Theme: Policies & Procedures

Control Design

Overview

As part of the Regional Health ALN Implementation Plan for 2021-2022 a Training Gap Analysis was carried out to identify the training that staff required. Staff were directed to the Welsh Government 'Introduction to the ALNET Act' video, they also participated in commissioned Legal Training sessions and also received further instruction from the DECLO. To support this, the DECLO shared a detailed schedule of ALNET-related training and meetings, outlining session titles, durations, how often they ran between February 2021 to August 2026. These covered topics including ALNET implementation, health participation, NHS Additional Learning Provision (ALP) training, and how staff handle ALN correspondence. However, there were no attendance records for these training sessions and therefore we couldn't determine how many staff participated in these sessions.

ALN Champions are tasked with ensuring their areas comply with the Act and statutory Code. To gather feedback on implementation, challenges, and impacts of this, we surveyed 21 ALN Champions, receiving eight responses from a range of roles and departments involved in ALN work within CD&T, Surgical Services, and Children & Women Clinical Boards. The impact of ALN duties varied, with some staff affected daily and others more rarely, depending on the impact of the ALN system on their Service. Champions confirmed that training was delivered through different formats: in-person sessions, online videos, team meetings, and internal awareness events, with the DECLO leading some sessions. However, not all teams have received training; some get regular updates and have designated champions, but many lack formal processes or systems to record training completion. Additionally, some champions indicated through the survey that there is confusion and inconsistency surrounding the ALN Champion role.

Staff stay informed with ALN guidance through departmental champions who join meetings, get updates from the DECLO, and help uphold compliance with the ALNET Act, Code, and SOPs. Routine meetings, including the Additional Learning Needs Implementation Operational Group (ALNIG) and Statutory Duty Monitoring (SDM) meetings, focus on compliance issues and issues related to implementation. Staff are expected to access resources and SOPs via Teams and shared drives. SDM Monitoring forms and nudge reports prompt ALN Champions to review their Services' ALN responsibilities and raise concerns if needed. Ultimately, operational leads and service teams are responsible for compliance, supported by ongoing communication, training, meetings, and monitoring activities.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 Identifying and maintaining ALN training records</p> <p>DECLO led training attendance records are not maintained. As a result, it has not been possible to determine whether the training sessions were well attended. The absence of such records limits the ability to assess the level of staff engagement and participation in the training provided.</p> <p>In addition, we were informed by the DECLO that it is the ALN Champions responsibility for identifying individuals within their areas who require ALN training and that this identification</p>	<p>Staff may not be adequately trained, leading to non-compliance and reputational risk</p>	<p>Agreed Action:</p> <p>For DECLO led ALN training, attendance logs will be kept and shared with the relevant ALN Champions.</p> <p>Heads of Service/Department/Medical Specialty supported by their ALN Champions will establish via the annual VBA cycle, the ALN related training needs of their staff, which will be included in the 'Service-wide' training needs registers. This training will include accessing national training videos, internal supervision and training as well as DECLO led training.</p>

<p>process should be integrated into the annual appraisal cycle. However, it was also identified that three out of the eight ALN Champions had not accessed training on ALN. Furthermore, ALN Champions should maintain accurate records of both those staff members who have completed ALN training and those who require further development in this area.</p>		<p>ALN related training needs will be shared with the DECLO to help inform the focus and content of future DECLO led training.</p> <p>Heads of Service/Department/Medical Specialty supported by their ALN Champions will monitor the attendance of and completion by their staff of ALN training, thus ensuring that all staff are ALN competent as relevant to their role.</p>
<p>Theme: Training & Development</p>	<p>Medium Priority</p>	<p>Expected Evidence of Implementation:</p> <p>Relevant Services/Departments/Medical Specialties informed by the VBA process, will as part of their service-wide training needs analysis, identify ALN related training requirements and liaise with the DECLO to agree the development as well as delivery of the required training.</p> <p>Services will monitor the attendance by their staff at the VBA identified training, supported by the DECLO, when relevant.</p> <p>Officer: Andy Jones/Kim Atkinson</p> <p>Target Implementation Date: 31/12/2026</p>
<p>3 ALN Champion role and responsibility</p> <p>The Terms of Reference (ToR) for the Additional Learning Needs Implementation Operational Group (ALNIG) describes the roles of ALN Champions in carrying out the ALNET Act 2018 within their departments or services. The ToR highlights the importance of sharing information effectively, ensuring compliance, working together across health boards, raising concerns when needed, involving professional groups, and understanding legal responsibilities to help guide decisions and develop staff.</p> <p>While the ToR outlines certain aspects, there remains a lack of clarity relating to training, development, and the specific expectations for ALN Champions. Additionally, several recurring themes and concerns emerged from the survey responses provided by ALN Champions regarding their understanding of their roles. The feedback provided was as follows:</p>	<p>Inconsistent implementation of the ALNET Act 2018, leading to gaps in accountability, process ownership, and compliance across departments or services.</p>	<p>Agreed Action:</p> <p>ALN Champion roles, responsibilities, and expectations will be clearly defined and communicated to prevent gaps in accountability or process ownership.</p>

- There is confusion and inconsistency regarding the ALN Champion role: some teams lack formal designation, funding, or inclusion in job descriptions, while others rely on informal oversight or ad hoc arrangements.
- Several respondents report that the ALN Champion role is unclear, unfunded, or not formally recognised, leading to gaps in accountability and process ownership.

Medium Priority

Expected Evidence of Implementation:

Description of the ALN Champion role, responsibilities and expectations to be included in the ALN governance control policy.

Officer: Natalie Vanderlinden

Target Implementation Date: 31/10/2026

Overview

There is a Regional Health and Education ALNET Steering Group (RASG) in place, which was established in July 2023, that brings together senior education officers from five local authorities and senior operational officers from two health boards for Health to support Education in the creation of a fully inclusive education system within the context of the ALNET Act. The group focuses on early identification and timely intervention for ALN, strengthening capacity in educational settings, and expanding Welsh language support. The Terms of Reference (ToR) for this group requires members to understand their responsibilities under the ALNET (Wales) Act 2018, create annual work plans, and form sub-groups for specific tasks. Meetings require a minimum of three local authorities and two health board representatives, including the Chair or Vice Chair.

A review of three meetings between February and September 2025 was conducted to determine whether each meeting met quorum requirements, and to assess whether identified actions were being appropriately addressed. It was noted that there was limited participation from the Health Board during this time. Furthermore, questions were also raised about whether alternative representatives for key individuals were appropriate members to attend. It was demonstrated however, that the actions identified during these meetings had advanced, and that the proposed modifications to both the S20 Referral Collaborative framework and the S65 Request for Help procedure were reviewed and formally approved at the April 2025 meeting.

The Health Board in collaboration with Education does not have a dedicated, overarching strategic vision statement for Additional Learning Needs (ALN) implementation. The South-Central region (two health boards and five local authorities) developed a collaborative ALN implementation plan, but it was mainly operational and planning-focused, not strategic. The plan was multi-agency, mainly education-focused, but health contributions were extracted to create a separate health work plan. Grant funding supported staff secondments to assist with this work, but turnover and redeployment led to some unfinished tasks. In addition, a comprehensive joint work plan for ALN implementation has currently not been established due to differing local authority approaches, lack of shared ownership, and a focus on operational tasks over strategic goals; existing frameworks guide collaboration however, but do not provide unified planning.

Key Findings	Risk & Impact	Agreed Management Action
<p>4 RASG meeting overview and attendance</p> <p>The ToR for the Regional Health and Education ALNET Strategic Group (RASG) states that a minimum of 3 of the 5 Local Authorities, as well as a minimum of 2 representatives from each Health Board, which must include the Chair and Vice Chair need to be present for the meeting to go ahead.</p> <p>We reviewed the meetings between February and September 2025 and there were only two Cardiff and Vale health board representatives at two of three meetings, one being the DECLO, who also represents Cwm Taf Morgannwg University Health Board. Key figures from Cardiff Local Authority, the Clinical Director of Allied Health Professionals, and the Director of</p>	<p>Consistent absence can lead to missed updates, lack of input on decisions, and non-compliance with statutory or policy requirements.</p>	<p>Agreed Action:</p> <p>Automated reminders and calendar invitations will be sent to all individuals required within the Health Board to attend the RASG meetings. These communications will highlight the significance of their participation (including proposals of agenda items in advance of meetings), both in terms of ensuring the meeting's relevance, validity and supporting effective decision-making processes.</p> <p>In addition, a review of the current arrangements for alternate representation will be undertaken to verify their suitability as this may help with the development of the joint overarching strategic vision. As an example, it has been noted that the Senior Lead for</p>

<p>Nursing have not attended, and Child Health, Emotional Well-being and Mental Health (EW & MH) were unrepresented in two out of the three meetings.</p> <p>The February meeting notes confirmed that members are urged to appoint alternative representatives in their absence and manage invites to maintain quorum and engagement.</p>		<p>Therapies stands in for the Clinical Director for Allied Health Professionals (AHP), but this role only covers a specific segment of the Allied Healthcare Professionals group. The adequacy of such alternative representation will therefore be assessed to ensure comprehensive and appropriate coverage.</p>
<p>Theme: Governance</p>	<p>Control Operation</p>	<p>Expected Evidence of Implementation:</p> <p>Review of ToR, including principle duties, operational responsibilities and membership</p> <p>Officer: Andy Jones/Kim Atkinson</p> <p>Target Implementation Date: 31/03/2026</p>
<p>5 Documented Strategy and Joint work plan</p> <p>Within the South-Central region, a collaborative Regional Health ALN Implementation Plan 2021-22 was developed to support ALN implementation. An overarching strategy document was not produced, as the Implementation Plan served this purpose. However, this plan focused mainly on operational tasks and planning instead of broader strategic goals.</p> <p>The Implementation Plan, initially drafted in May 2021, outlines six priorities, each supported by a range of objectives (17 in total). At present, it remains uncertain whether full implementation of the project plan has occurred in accordance with the 2024 deadline.</p> <p>We were informed that there were plans for a new joint work plan with education partners, however this has not progressed as shared ownership was lacking and much responsibility fell to the DECLO. Task and finish groups existed, but without agreement or shared leadership, a comprehensive work plan was not formalised.</p> <p>Regional and local collaborative frameworks however exist, such as the S20 referral collaborative framework, which guide joint working between health and education, but these are more focused on process than on a traditional project plan.</p>	<p>Lack of a comprehensive, jointly owned strategy and work plan for ALN implementation developed with.</p>	<p>Agreed Action:</p> <p>As per ALN legislative review recommendation, one of the WG recommendations is for RPBs to help promote a whole-system-approach to improve multiagency, integrated population planning, accountability and delivery for school aged children and young people with Additional Learning Needs.</p> <p>In addition, as in line with the RASG ToR, a joint work plan will be developed with clear shared ownership between health and education partners, ensuring responsibilities do not fall disproportionately on the DECLO.</p>
<p>Theme: Strategy</p>	<p>Control Design</p>	<p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1) The RPB engages in strategic planning for children with ALN. 2) The RASG workplan will be in place, informing the focus of future meetings. <p>Officer: Natalie Vanderlinden / Cath Doman</p> <p>Target Implementation Date: 31/12/2026</p>

Objective 4: There is an efficient and consistent system for recording and managing ALN requests, referrals, and notifications along with monitoring outcomes.

Reasonable

Overview

The Paris system is utilised by the Health Board to manage correspondence for ALN. It features dedicated ALN modules for the logging, responding, outcoming and monitoring of statutory and non statutory ALN correspondence, including Section 65s, Section 20s, and Person-Centred Planning (PCP) Invitations. Staff with access to PARIS respond to the ALN correspondence within the PARIS system using the relevant standardised response templates. Responses are emailed to the requester, and a hard copy is sent to parents for transparency. After responding, staff must update the status in Paris (outcome) to indicate the ALN correspondence has been responded to. The system includes built-in quality assurance to ensure the recorded outcome matches the action taken. The ALN management module within PARIS allows services to monitor activity, including pending and completed correspondence, filter by service, and track statutory deadlines (e.g. six-week response time). Overdue items are flagged to prevent breaches. For non Paris users the step-by-step process for handling ALN correspondence is detailed in a process map, ensuring that all correspondence is appropriately logged, forwarded, responded to, monitored, and escalated as necessary which maintains clear lines of communication and accountability.

The Health Board has not been able to determine future ALN demand, as the implementation of the ALN system is still evolving as well as operational factors are continually changing. We have been informed by the DECLO that the shift from Special Educational Needs (SEN) to ALN has increased the statutory cohort of individuals from 2–3% to about 15%, resulting in a significant increase in workload, especially for therapy services. Efforts to predict demand and capacity are ongoing but continue to be complicated by changing operational circumstances as well as the outcomes of the recent legislative review. Although the implementation of the ALNET Act legislation was deemed to be resource neutral, the wider application of the ALNET Act compared to the SEN legislation has led to additional administrative and service pressures, making it clear that the Act is not resource neutral. Most departments have not been able to carry out provision mapping to establish future demand for ALN services and there is no benchmarking against other regions for predicting future demand. In August, services were asked to illustrate how the ALN reform has impacted them, as the Welsh Government was planning on producing a cross-agency report on the reform’s effects on finances, human resources, and other areas. Speech Language and Therapy (SLT) services reported increased staff workload, with a notable rise in s65s, especially in the Vale and no extra funding has been provided.

Key Findings	Risk & Impact	Agreed Management Action
<p>6 Process Mapping and future impact</p> <p>The Health Board has not assessed future ALN demand due to ongoing system changes. However, SLT responded to the Senedd committee questions on behalf of the Royal College of Speech & Language Therapy submission on ALN and its impact. Key findings from the responses are provided below.</p>	<p>Non-compliance with the deadlines set by the ALNET Act timeframes may result in judicial review, complaints to the Ombudsman, or other penalties</p>	<p>Agreed Action:</p> <p>Services will conduct a formal evaluation of future ALN demand and required resources.</p>

<p>The ALN system has improved shared understanding and collaboration between families and staff but significantly increased workload and service challenges. Staff regularly handle tribunal counterarguments, a high number of dispute resolutions. Between September 2024 and July 2025, there were 49 S65 information requests, 17 S65 help requests, 18 S20 referrals, and 248 PCP meetings for SLT.</p> <p>For context, PCP meetings take at least 2 hours. Occupational Therapy estimates that when support is requested by the LA (via multiple s65 for the same child) in relation to a forthcoming Education Tribunal which has as focus Occupational Therapy provision, this can take up to 40 hours.</p> <p>Staff ALN related activity in SLT has significantly increased due to more administrative work, PCP meetings, and governance duties needed for statutory and non statutory compliance. The Health Board faces growing resource pressures from RTT targets and urgent school requests, but lacks extra funding, affecting prioritisation and staff morale. Variations in how the ALN definition is applied across authorities and uncertainties around SLT provision further complicates service delivery.</p>	<p>depending on the situation.</p>	<p>Expected Evidence of Implementation:</p> <p>Future ALN Demand and Capacity Analysis has been completed by all relevant services/departments/medical specialties.</p>
<p>Theme: Resourcing</p>	<p>Medium Priority</p> <p>Control Design</p>	<p>Officer: Kim Atkinson/Andy Jones</p> <p>Target Implementation Date: 31/12/2026</p>

Overview

When Local Authorities (LA) submit Section 65 (s65) requests or when Section 20 (s20) referrals come from either LAs or Further Education Institutions (FEIs), health professionals or services are legally required to respond within six weeks. For s65 requests made by educational settings, there is no statutory deadline; however, it is expected that responses will be provided either two weeks prior to the PCP meeting or within a six-week period.

The Paris system generates compliance data and tracks the status for all ALN correspondence (e.g., Section 65 and Section 20 requests, PCP invites). The system includes modules for pending and completed statutory requests, with built-in quality assurance features to ensure actions (responses and outcomes) are properly recorded and matched.

Automated reminders (nudge reports) help alert services about upcoming deadlines and potential breaches. There are processes for both PARIS and non-PARIS services to ensure all statutory correspondence is captured and outcomes are recorded. We reviewed two nudge reports to compare PARIS ID statuses for the weeks commencing 31 August and 5 October 2025 and found some instances where no progress had been made during this period.

Alongside weekly nudge reports, the DECLO has scheduled Statutory Duty Monitoring (SDM) meetings to address outstanding requests. Services should update their SDM form before each meeting so current figures can be discussed and then shared at relevant meetings. As part of the audit, we examined the frequency and level of engagement associated with these meetings and discovered that only some services were participating in this process.

A monthly KPI dashboard is currently being developed to illustrate trends such as the number of requests received, completed, and outstanding each month as well as statutory compliance. Initiated in 2024, the dashboard is still under development and has not yet reached finalisation. Due to limited PARIS development time, adjustments and improvements progress slowly. Since February 2025, the DECLO team has developed a PARIS tracker, but only three out of 10 outstanding adjustments have been completed.

Key Findings	Risk & Impact	Agreed Management Action
<p>7 Nudge Reports</p> <p>The Nudge Reports provide a weekly overview of statutory duty monitoring for s65 requests and s20 referrals related to ALN. It tracks the volume and timeliness of responses across services, highlighting those approaching or breaching the statutory 42-day and 226-day deadlines. It also flags overdue cases requiring urgent action and shows trends in closed breaches using red and green indicators.</p>	<p>Non-compliance with the deadlines set by the ALNET Act timeframes may result in judicial review, complaints to the Ombudsman, or other penalties</p>	<p>Agreed Action:</p> <p>As part of the ALN Governance Policy, a process map with supporting narrative will be created to standardise how services monitor and review nudge reports and then take action to address outstanding requests and referrals, ensuring consistency and clear understanding across all teams.</p> <p>Current recipients of the report to confirm continued receipt of the report or suggest an alternative as well as suggest an</p>

<p>During the audit, we examined two nudge reports to assess progress by comparing the status of each Paris ID in PARIS for the weeks commencing 31 August 2025 and 5 October 2025.</p> <p>We reviewed the total number of s65 requests from LA and s20 referrals from both LA and FEIs that had been overdue between 43 and 225 days, requiring urgent action and are classified as Open Breaches. The data revealed that cases relating to Community Paediatric General and General Practice (GP) remained at the same level from August to October, suggesting there was no movement on these cases over the five-week period.</p> <p>Additionally, we looked at s65s and s20s from LAs and FEIs that were still outstanding and were closed after 226 days. In both weeks, there were six overdue cases sharing the same Paris IDs, showing no signs of progress or follow-up.</p> <p>The nudge reports also highlighted a significant number of s65 requests from educational institutions pending over 6 weeks. Although the Health Board is not legally obligated to reply, there was minimal progress in reducing the backlog during the review period. This suggests that these cases are not being effectively managed or evaluated to determine why they continue to be unresolved.</p>	<p>depending on the situation.</p>	<p>alternate in case of non-availability, for their service, so that the distribution list is up-to-date and relevant.</p> <p>In addition, the confirmed named individuals on the distribution list will ensure that they understand the expectations linked with the receipt of the weekly nudge report and take appropriate action as relevant.</p> <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1) Reduction in the number of statutory duties breaches for s65s and s20s. 2) Reduction in the number of non-statutory s65s not responded to within 6 weeks 3) Elimination of statutory s65s and s20s which are closed as not responded to at day 226 post receipt.
<p>Theme: Reporting</p>	<p>High Priority</p>	<p>Officer: Andy Jones/Kim Atkinson</p> <p>Target Implementation Date: 31/03/2026</p>
<p>8 Statutory Duty Monitoring Meetings</p> <p>There is inconsistent engagement with the Statutory Duty Monitoring (SDM) process across various services. Notably, the Occupational Therapy (OT) Service, Community Paediatrics, Emotional Well-Being and Mental Health (EWMH) and Paediatric Psychology Services demonstrate poor engagement, neither completing SDM forms nor attending meetings regularly. In contrast, services such as Speech and Language Therapy (SLT), Audiology, Cochlear Implant, Health Visiting, and CALDS show stronger or more reliable engagement, though some (e.g., Health Visiting, PT, Dietetics) have areas for improvement, particularly in timely SDM form completion.</p>	<p>Control Operation</p> <p>Failure to engage with SDM processes may result in non-compliance with statutory duties, exposing the organisation to regulatory action or reputational damage.</p>	<p>Agreed Action:</p> <p>As part of the ALN Governance Policy a process map with supporting narrative will be created to standardise how Services, through their ALN Champion, monitor their ALN compliance and engage with the SDM meetings, ensuring consistency, clear understanding and effective engagement across all teams, as part of the governance control document.</p> <p>In addition, the ALN Champions will ensure that they understand the expectations linked with SDM procedure and take appropriate action as relevant.</p> <p>Expected Evidence of Implementation:</p> <ol style="list-style-type: none"> 1) Timely and robustly completion of the SDM Form 2) Regular attendance at the SDM meetings

			<p>3) Reduction in the number of statutory duties breaches for s65s and s20s.</p> <p>4) Reduction in the number of non-statutory s65s not responded to within 6 weeks</p> <p>5) Elimination of statutory s65s and s20s which are closed as not responded to at day 226 post receipt.</p>
		Medium Priority	<p>Officer: Andy Jones/Kim Atkinson</p> <p>Target Implementation Date: 31/03/2026</p>
	Theme: Reporting	Control Operation	
9	<p>ALN KPI Monthly Dashboard and PARIS ALN Module amendments</p> <p>A monthly KPI dashboard is in the process of being developed to report of a monthly basis the compliance of the HB with its statutory ALN duties. While initiated in 2024, the dashboard remains in progress and has not yet been finalised.</p> <p>Its primary objective is to offer a comprehensive summary of validated statutory duties compliance for each reporting period. The absence of long-term data makes it difficult to track departmental progress or identify unresolved cases. Present reporting does not indicate that all departments are proactively monitoring, scrutinising or addressing outstanding statutory duties issues.</p> <p>Due to limited access to PARIS development resources, modifications, amendments, and additional updates require significant time. Consequently, since February 2025, the DECLO team has implemented a PARIS tracker to monitor outstanding adjustments; to date, only three out of 10 have been fully completed.</p>	Failure to achieve performance targets and compliance objectives	<p>Agreed Action:</p> <p>The ALN dashboard will be finalised to capture all key metrics (requests received, completed, outstanding, categorised by type and reporting period) and relevant staff will receive training on the ALN dashboard as relevant to their role and ALN related responsibilities.</p> <p>The ALN dashboard will be discussed at service/department/medical specialty governance meetings, for monitoring and reporting purposes and breaches will be investigated and followed up.</p> <p>Services/Departments/Medical Specialties will report their ALN compliance ultimately to the Board, via the established governance routes, in order to provide the necessary assurance.</p> <p>As part of the ALN Governance Policy a process map with supporting narrative will be created to standardise how Services ensure consistent use and escalation of unresolved cases, with progress reported within the service groups.</p> <p>Regular 'PARIS development time requires to be assigned to 1) finalise the development of the ALN KPI dashboard 2) address the outstanding issues on the tracker 3) be responsive to any future PARIS ALN issues</p>
		Medium Priority	<p>Expected Evidence of Implementation:</p> <p>Monthly reporting of ALN compliance via dashboard</p>
	Theme: Reporting	Control Design	<p>Officer: Joanne Evans</p> <p>Target Implementation Date: 31/06/2026</p>

Overview

Complaints and disputes relating to ALN are handled through the NHS complaints "Putting Things Right" (PTR) process. This process is part of everyday service delivery, mentioned in responses to ALN correspondence, and emphasised with standard templates.

ALN-related concerns are documented by Services, the Concerns Team, or the DECLO in accordance with PTR regulations, with oversight facilitated by a dedicated Teams channel and supporting guidance documents that prioritise multi-agency collaboration and clearly define escalation procedures. Since September 2025, only one formal ALN complaint or dispute has been registered; the majority of issues have been raised via the s65 request for help process.

Advising service users about appeals is an education responsibility, not one for the Health Board. Tribunal cases are managed through the s65 request for help and the PARIS system, with the DECLO involved via meetings and response templates. The Health Board has not received tribunal recommendations, but if it does, actions will be tracked via a section 20 referral process and during IDP reviews.

Objective 7: Appropriate governance framework is in place to provide oversight of compliance with the ALN Act including that the statutory roles and responsibilities of the Designated Educational Clinical Lead Officer (DECLO) are being met.

Reasonable

Overview

The DECLO is a one whole-time equivalent role, split equally over two Health Boards, Cwm Taf Morgannwg and Cardiff and Vale UHBs. This role is supported by a 0.60wte Band 4 (CTM UHB employees) and 0.42wte Band 3 (C&V UHB employee), who also work across both organisations.

This full-time position, backed by part-time administrative support for both organisations, leads the implementation of ALN and the development of robust procedures, fostering multi-agency collaboration across children's and adult services up to age 25. Key responsibilities include engaging with WG officials, other DECLOs, directorates, chairing the Regional Health and Education ALN Steering Group as well as the Health Board's ALN Operational Implementation Group, monitoring statutory compliance by holding regular operational (SDM) meetings and monitoring nudge reports, and ensuring seamless access to essential information and procedures via Teams Channels and the ALNET Act Sharepoint site.

While the DECLO coordinates legislation implementation; Operational Services and Senior Operational Leaders are responsible for driving the ALNET agenda within their areas, such as the Children and Women, Clinical Diagnostics and Therapeutics, and Surgery Clinical Boards. They must also incorporate ALNET requirements into their governance, risk management, and planning processes. The DECLO stays informed and manages resources through service/department/medical specialty ALN Champions and a dedicated DECLO Peer Group Teams channel for national ALN activities. Collaboration is essential, as the DECLO does not directly manage operational teams.

Oversight of ALN arrangements is managed through multiple tiers of senior leadership and committee involvement within the Health Board. The Children and Women Clinical Board oversee the majority of services affected by ALN, and it is also where the DECLO is situated. Within this structure, Children, Young People and Family Health Services (CYPFHS) are included, with Therapies placed at the next level within the organisational hierarchy.

We were informed that compliance data for ALN is reported to two clinical boards: the Children and Women Clinical Board and the Clinical Diagnostics and Therapies Board. We reviewed the minutes from the CYPFHS Directorate Management Team meetings for June and July 2025 and ALN compliance data from PARIS was presented at each meeting.

Additionally, we reviewed the Therapies QS&E slides and observed that ALN data was shared. Overall, the slides showed that the Therapies Directorate is carefully tracking statutory ALN compliance, maintaining high response rates, and taking part in necessary meetings. However, there are opportunities for Occupational Therapies to improve timeliness in responding and follow-up.

There is also an ALN Implementation Operational Group (ALNIG) in place which is responsible for ensuring all relevant clinical services/departments/medical specialties comply with the ALNET (Wales) Act 2018 from September 2021. The groups principal duties are to adhere to the ALNET Act, Welsh Government, and NHS Wales guidelines, aiming to help the Health Board meet its legal obligations and promote an inclusive education system for all learners. The Terms of Reference (ToR) for this bi-monthly meeting defines all ALNIG members as ALN champions representing 22 services, with each service having either a champion or an alternative representative present. An attendance review from January to July 2025 showed that 10 services, representing 45%, did not attend any of these meetings. Poor attendance may cause services to overlook key issues or decision-making opportunities.

Key Findings	Risk & Impact	Agreed Management Action
<p>10 ALNIG Attendance</p> <p>Our review of ALNIG minutes from January to July 2025 shows that 10 services were not represented by either their ALN champion or alternate representative at any meeting. Community Children Nursing Services or Community Paediatrics have not attended any ALNIG meetings. Five additional services (23%) were only represented once during this period. It is worth noting that one ALN Champion, who oversees three services, was one of the non-attendees. In addition, 11 ALN Champions were also absent during this period.</p> <p>Only five services have been present at all three meetings: Audiology, CALDS, Occupational Therapy, Physiotherapy, and Speech and Language Therapy.</p> <p>The ToR states a quorum is at least one third of members, including the Chair, nine people for 22 Services. In January, ten attended but only six Services were represented. The March meeting was cancelled. The May meeting saw seven Services represented, and July had eight.</p> <p>Lack of attendance raises concerns that some services may miss important issues or decision-making opportunities.</p> <p>ALN compliance (nudge reports) was discussed at two of three meetings.</p>	<p>Consistent absence can lead to missed updates, lack of input on decisions, and non-compliance with statutory or policy requirements.</p> <p>High Priority</p>	<p>Agreed Action:</p> <p>Review the ToR of ALNIG, particularly its membership and differentiate membership in terms of relevance to the service/department/medical speciality.</p> <p>Senior leaders will reiterate the importance of attending the ALNIG meeting, ensuring all services particularly ALN Champions understand their obligations.</p> <p>Senior leaders will directly contact non-attending services to understand barriers (e.g., workload, lack of clarity, competing priorities) and offer support where necessary.</p> <p>The DECLO will share an attendance register with senior leaders who will address ongoing attendance issues related to persistent non-attendance, clearly communicating attendance expectations, and outlining the consequences of repeated absences.</p> <p>Expected Evidence of Implementation:</p> <p>Improved attendance in terms of number of services represented, their regularity and duration of attendance.</p> <p>Officer: Andy Jones and Kim Atkinson</p> <p>Target Implementation Date: 31/03/2026</p>
<p>Theme: Governance</p>	<p>Control Operation</p>	

Appendix A

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.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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