

## **Bundle BCU Audit Committee 21 April 2026**

- 0 AC26.36 Internal Audit progress report - supporting reports
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AC26.37c Audit Wales Managing the Regional Integration Fund report

# Risk Management and Board Assurance Framework

## Final Internal Audit Report 2025/26

### Betsi Cadwaladr University Health Board



Reasonable Assurance

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Executive Lead  
Audit Team

BCU-2526-01  
January 2026 – February 2026  
27<sup>th</sup> March 2026  
April 2026  
Pam Wenger, Director of Corporate Governance  
Dave Harries, Head of Internal Audit  
Nicola Jones, Deputy Head of Internal Audit  
Laura Howells, Internal Audit Manager

# Executive Summary

## Purpose

To review the effectiveness of Risk Management arrangements across the Health Board, and the development of the Board Assurance Framework. The Chief Executive has overall responsibility for the management of risk for the Health Board. All levels of the organisation (directorates, service areas and / or divisions) are required to maintain a risk register and record risk details in the electronic risk management system, Datix. The Risk Management Team provide support for these areas to ensure compliance with policy. The Health Board has recently streamlined its Corporate Risk Register, to enable focus on organisational priorities and improved Board oversight.

## Overview

We have concluded reasonable assurance on this area. The matters requiring management attention include:

- The corporate risk register does not clearly link identified gaps to specific actions and risk reduction.
- The Chief Operating Officer / Operational Leadership Team (that oversee the three Integrated Health Communities (IHC) risk portfolio has a high number (105) of overdue risk reviews, indicating inadequate risk management.
- Divisional risk registers sampled have a number of overdue reviews, including some higher-rated risks, reducing confidence they are being regularly reviewed.
- Whilst training figures for risk owners and board members is positive, uptake of risk awareness training for all Health Board staff remains low at 4%.

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

## Scope & Assurance Summary

Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1 The Board Assurance Framework and Corporate Risk Register align with the strategic objectives of the Health Board. Risks include sufficient detail i.e. scoring gaps, action plans and progress, are updated regularly and monitored effectively.	1	<b>Reasonable</b>
2 The revision of the Corporate Risk Register and transfer of risks to the operational areas / Operational Leadership Team has been implemented effectively, ensuring no risks have been omitted, and the risks are being managed appropriately.	2	<b>Limited</b>
3 The Risk Management Team support operational areas, with an effective risk audit process and risk management training.	3	<b>Reasonable</b>

## Management Actions

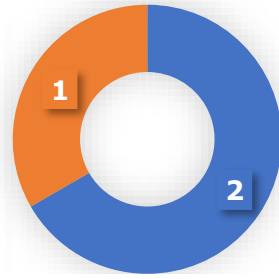


High Priority



Medium Priority

## Themes



- Governance
- Training & Development

## Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1:** The Board Assurance Framework and Corporate Risk Register align with the strategic objectives of the Health Board. Risks include sufficient detail i.e. scoring gaps, action plans and progress, are updated regularly and monitored effectively. **Reasonable**

**Overview / Summary of Observations**

The Health Board’s priorities are set out in the three-year plan, which provides a clear strategic direction through five overarching objectives. The Board Assurance Framework (BAF) captures the strategic risks aligned to the five objectives and the Corporate Risk Register (CRR) outlines the significant risks that could impact operations of the Health Board. The corporate risk framework reflects the strategic focus by presenting corporate risks in a structured and consistent way, with named executive ownership, agreed routes of assurance through committees, and defined review points. Corporate risks are scored using inherent, current and target ratings, which supports tracking of risk exposure over time and provides a basis for understanding whether the organisation is moving closer to its desired risk position.

Corporate risks are described in a way that supports monitoring and scrutiny. Entries generally distinguish between the controls already in place and the further controls needed, and they include action planning information such as owners, timescales and progress updates. This enables the Health Board to challenge whether actions are on track and whether they are likely to reduce risk scores. In addition, the structure of the register includes clear references that link corporate risks into the Board assurance approach. Whilst the overall corporate register structure is sound and supports oversight, the ‘additional controls required’ section is often written as a list of gaps, and it is not always clear if the actions address the additional controls required/ gaps, and how these will reduce the risk score. A revised template for the risk register, which includes the requirement for a clear link between those gaps and actions required, has recently been approved by the Risk Scrutiny Group (RSG) and will be provided to risk leads for future versions of corporate risks.

The Risk Scrutiny Group regularly review the CRR and BAF, with Executive and managers attending periodically to talk through the actions in place to progress these. At committee level, there is evidence that corporate risks are visible and challenged. Risks are regularly presented and discussed at Health Board Committees; Board-level discussion also demonstrates focus on the acceptability of current risk levels, the need to reduce risk exposure where possible, and the role of risk appetite in shaping decisions and priorities. At the Health Board meeting in January 2026, it was noted that the BAF is due to be refreshed following approval of the 10 year strategy, to ensure alignment with long-term priorities.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Corporate Risk Register</b></p> <p>The corporate risk register is generally well structured (ownership, scoring, controls, gaps and actions are present), but the “Additional Controls required” section is often written as a list of gaps, and it is not always clear which actions address which gaps or how this will reduce the risk score over time. Some actions also have unclear timescales (e.g., “TBC”).</p> <p>If the link between gaps, actions and expected risk reduction is unclear, committees and the Board cannot easily test whether</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• CRR actions do not reduce risk because gaps aren’t linked.</li> <li>• Board oversight is weakened by unclear risk-reduction plans.</li> </ul>	<p><b>Agreed Action:</b></p> <p>The Risk Team will implement the revised Corporate Risk Register template to ensure every identified gap is clearly linked to a specific action with a defined timescale. The Risk Management Team will brief Executive Leads and risk owners on completing the new template and will review all corporate risks to ensure clarity of gaps, actions, and expected risk reduction before submission to RSG.</p>

<p>actions are the right ones or whether the risk rating should reduce. This reduces the quality of assurance and increases the chance that risks remain high because actions are not targeted at the real drivers of the risk.</p>		<p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Updated CRR entries using the revised template.</li> <li>• Communication to risk owners.</li> <li>• RSG/Committee minutes confirming review of updated risks.</li> <li>• All actions with clear, time-bound deadlines (no "TBC").</li> </ul>
<p><b>Theme:</b> Governance</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Director of Corporate Governance</p> <p><b>Target Implementation Date:</b> 1<sup>st</sup> August 2026</p>

**Objective 2:** The revision of the Corporate Risk Register and transfer of risks to the operational areas / Operational Leadership Team has been implemented effectively, ensuring no risks have been omitted, and the risks are being managed appropriately.

**Limited**

## Overview / Summary of Observations

The Health Board has intentionally reshaped the corporate risk register to focus on strategic risks, with the expectation that more operational risks are managed through operational leadership structures with support from the corporate risk team.

Oversight of the revised approach is visible through Board, Audit Committee and Operational Leadership Team (OLT) minutes, with previous risks, and where these have been transferred to, documented to evidence that all previous corporate risks have been allocated appropriately. Committee discussion reflects an expectation that the corporate risk register is strategic, that risks are aligned to the Board assurance approach, and that assurance is obtained for key areas of exposure. Board-minutes record that risks have been comprehensively reviewed, actions have been identified, and that risk management will continue to be monitored, which supports the view that the revised arrangements have appropriate senior visibility.

Operational leadership acknowledges the scale and age of the wider operational risk portfolio with several Chief Operating Officer (COO) led risks overdue for review. OLT has asked for directorates to review risks and escalate those requiring higher oversight or potential closure. There is recognition that risks have been de-escalated from the corporate register into the operational portfolio, and that assurance is needed that risks are appropriately scored and managed.

Divisional risks are recorded in structured registers with consistent core monitoring fields, including tier, current and target ratings, and review dates. However, there is again evidence that risks are overdue for review. There is evidence of continuity between the former corporate population and operational management, demonstrating that risks remain visible.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Overdue actions</b></p> <p>Operational Leadership Team (OLT) is overseeing a large risk portfolio aligned to the Chief Operating Officer (COO) and has recognised the need to review, close and escalate risks.</p> <p>There are 741 open risks across the Health Board overall, of which 287 open risks are assigned to the Chief Operating Officer as Executive Lead, and 12 open risks sit specifically under the Office of the COO.</p> <p>There are 219 overdue risks across the Health Board overall, of which 105 overdue risks have the COO as Executive Lead, and</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• COO-led risks remain overdue and unmanaged due to portfolio scale.</li> <li>• Information within operational risk registers may be outdated, giving false</li> </ul>	<p><b>Agreed Action:</b></p> <p>The Chief Operating Officer, supported by the Risk Management Team, will implement a focused recovery plan to address overdue operational risks. This will include:</p> <ul style="list-style-type: none"> <li>• a full review of all COO led risks to validate, update, close, or escalate them;</li> <li>• targeted prioritisation of higher-rated and older risks; and</li> <li>• the introduction of monthly monitoring and escalation of overdue reviews through OLT.</li> </ul> <p>This action will ensure risks are current, accurately scored, and actively managed.</p>

<p>11 overdue risks sit specifically under the Office of the COO (i.e., 11 of 12 risks in that grouping are overdue).</p> <p>This aligns with OLT’s own recognition that the portfolio is large and contains risks that are several years old, requiring urgent review.</p> <p>Furthermore, across the three divisional risk registers tested (Workforce, Nursing and Mental Health), a significant proportion of risks have next review dates that are overdue, including higher-rated risks.</p> <ul style="list-style-type: none"> <li>• Workforce: 5 out of 16 risks are overdue for review</li> <li>• Nursing: 4 out of 17 risks are overdue for review</li> <li>• Mental Health: 0 risks overdue for review</li> </ul> <p>If risks are not reviewed on time, scoring, controls and actions may be out of date, and overdue reviews reduce confidence that risks are being actively managed. This can lead to unmanaged exposure and false assurance.</p>	<p>assurance to governance.</p>	<p><b>Expected Evidence of Implementation:</b></p> <ul style="list-style-type: none"> <li>• Completed review cycle for all COO led and divisional risks.</li> <li>• Updated risk registers showing current review dates and validated risk scores.</li> <li>• Monthly overdue risk tracker received and discussed at OLT.</li> <li>• Demonstrable reduction (50% target reduction) in overdue risks over consecutive reporting cycles.</li> </ul>
<p><b>Theme:</b> Governance</p>	<p style="background-color: red; color: white; text-align: center;"><b>High Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Chief Operating Officer</p> <p><b>Target Implementation Date:</b> 31<sup>st</sup> December 2026</p>

**Overview / Summary of Observations**

The Health Board has a structured approach to supporting operational areas with risk management capability and assurance. Risk management training is not mandatory, but training is set out through a clear programme with defined training levels and intended audiences. Training compliance is monitored and reported through governance routes, which supports visibility of where completion is strong and where further focus is needed. As at December 2025 Level 1 training (aimed at all staff) stood at 4%, Level 2 training (risk owners) 85%, Level 3 training (staff 8b and above) 45% and Level 4 training (Board) 88%.

Support to operational areas is also provided through a risk governance audit approach. Audits have given areas a risk maturity scoring, detailed findings and action plans with timescales. This enables operational teams to understand where risk registers and governance arrangements are working well and where improvements are required. Reporting shows that improvement themes are tracked, supporting accountability and helping ensure that audit outcomes lead to practical change rather than remaining as standalone reports. As of February 2026, information provided to the Risk Scrutiny Group showed 7% of risk maturity audits are rated as basic and 73% are rated as established/advanced. This is an improvement on the previous year where 15% of risk maturity audits were rated as basic and 46% were rated as established/advanced.

Operational risk registers are established across divisions and contain consistent core fields that support basic monitoring, including tier, current and target risk ratings, and recorded review dates. However, there is clear evidence that maintaining the timeliness of risk reviews remains a challenge at divisional level. Overdue review dates are common across the divisional registers sampled (Workforce, Nursing and Mental Health), including for higher-rated risks. This reduces confidence that risk scoring, controls and action plans are consistently current, and it weakens the quality of assurance that can be drawn from the operational risk portfolio. See management action 3 under objective 2 for more information.

Operational leadership oversight recognises this challenge and has asked directorates to review risks, close those that are no longer relevant, and escalate where required. Continued focus on review discipline, alongside ongoing training and audit support, will be important to strengthen the reliability of operational risk management and the assurance it provides to the Board.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Risk Management Training</b></p> <p>Whilst training figures for risk owners and board members is positive, uptake of risk awareness training for all Health Board staff remains low at 4%. Also training for staff at band 8b and above is at 45%.</p> <p>We note that training is not mandatory for all staff, however low uptake, especially at senior manager level, may undermine the effectiveness of the Health Board’s risk management framework.</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Risks are not identified, assessed, escalated, or managed in line with the risk management framework.</li> <li>• the Health Board cannot demonstrate staff</li> </ul>	<p><b>Agreed Action:</b></p> <p>The Risk Management Team will accelerate a targeted improvement plan to increase uptake of Level 1 (all staff) and Level 3 (Band 8b+) risk management training. This will include enhanced communication, improved visibility and access to the training, and strengthened monitoring with targeted reminders issued to senior managers to support timely completion.</p> <p>Risk Management training will be delivered through a structured Competency Framework, aligned to the Foundations for the Future programme, ensuring consistent capability development across the organisation.</p>

	<p>understand risk management, responsibilities and processes.</p>	<p><b>Expected Evidence of Implementation:</b></p> <p>Continue to promote training by ensuring:</p> <ul style="list-style-type: none"> <li>• Training course availability is promoted on ESR, Leads Channel, and the intranet.</li> <li>• Monthly compliance reports are provided to the RSG.</li> <li>• Targeted communications are issued directly to Band 8b+ staff and managers.</li> <li>• Delivery of targeted training sessions.</li> </ul> <p>Demonstrable improvements in training compliance, including:</p> <ul style="list-style-type: none"> <li>• An increase in Level 1 completion rates from 4% to at least 10%.</li> <li>• An increase in Level 3 completion rates from 45% to 50%.</li> <li>• These improvements to be evidenced over forthcoming reporting cycles.</li> </ul>
<p><b>Theme:</b> Training &amp; Development</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Director of Corporate Governance</p> <p><b>Target Implementation Date:</b> 31<sup>st</sup> March 2027</p>

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	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
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	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](#)

## 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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Betsi Cadwaladr University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



# On-call arrangements

## Final Internal Audit Report 2025/26

Betsi Cadwaladr University Health Board



Limited Assurance

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#### Audit Team

BCU-2526-26

October 2025 – January 2026

16 February 2026

April 2026

Tehmeena Ajmal, Chief Operating Officer

Dave Harries, Head of Internal Audit

Nicola Jones, Deputy Head of Internal Audit

Laura Howells, Internal Audit Manager

# Executive Summary

## Purpose

To review the on-call arrangements in place across the Health Board and confirm these are operating effectively.

## Overview

We have concluded limited assurance on this area. The matters requiring management attention include:

- The on-call policy is not yet finalised and implemented, which reduces clarity and consistency and may impact the fairness and long-term sustainability of on-call rota arrangements.
- Arrangements for recording, monitoring and managing compensatory rest following on-call duty are not sufficiently robust or consistently applied.
- Training and support for on-call staff is not consistently accessible across the Health Board, and the Health Board cannot fully demonstrate compliance with the Civil Contingencies Act.

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

Although the overall level of assurance remains limited, there is evidence of improvement since the previous review. Staff interviewed reported that on-call arrangements have improved over recent years, the draft on-call policy represents a positive step towards clear roles and responsibilities, and training and support for on-call staff has strengthened.

## 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	Review the on-call arrangements across the Health Board, and consider whether rotas include the relevant mix/seniority of staff, are fair, and sustainable.	1	Limited
2	Review whether staff are taking, or are able to take, compensatory rest periods following on-call duty, and how these are recorded/monitored.	2	Limited
3	Confirm that on-call payment arrangements are applied fairly across the Health Board.	-	Reasonable
4	Confirm that appropriate training, guidance, and support are available for staff.	3,4	Limited

### Management Actions

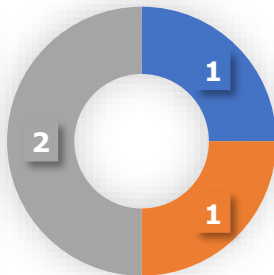


High Priority



Medium Priority

### Themes



- Governance
- Quality, Safety & Patient Experience
- Training & Development

### Risk Types

- Quality or Safety Issues
- Legal & Regulatory Non-Compliance

## Questionnaire responses (94 respondents)- At a Glance

Question	Yes %	No %
Are you aware of any BCUHB guidance documentation or policy outlining the requirements for compensation and compensatory rest for on-call sessions?	53	47
Are you provided with sufficient notice for on-call sessions?	95	5
Are you aware of the requirements for a compensatory rest period following on-call?	49	51
Do you take compensatory rest periods following an on-call session?	10	90
Do you claim payment for on-call?	77	23
Is the payment you receive for on-call correct and processed in a timely manner	76	24
Have you received any training /guidance on the structure / decision making or had the opportunity to shadow a colleague on-call?	83	17

Question	Informally %	Formally %	Not taken %
How are your compensatory rest periods managed?	21.3	7.4	71.3

# Findings & Agreed Action Plan

**Objective 1: Review the on-call arrangements across the Health Board, and consider whether rotas include the relevant mix/seniority of staff, are fair, and sustainable.** **Limited**

**Overview / Summary of Observations**

The audit reviewed whether on-call rotas across the Health Board include the appropriate mix and seniority of staff, and whether arrangements are fair and sustainable. Since the previous Internal Audit in 2022, progress has been made through the development of a draft on-call policy, which clearly describes the intended structure and seniority of Gold, Silver and Bronze roles. This addresses a key gap previously identified, where arrangements were not formally documented. However, the policy remains in draft and unapproved, and therefore is not yet embedded as an operational control. As a result, on-call arrangements continue to rely on local practice and informal understanding.

We sent a questionnaire to all staff included in on-call rotas (219) and received 94 responses (43%). We also conducted interviews with ten staff to further discuss on-call arrangements. Evidence from the staff questionnaire and interviews indicates ongoing perceptions of inequity, particularly where staff of similar grade are not consistently included on rotas, and where a small number of individuals carry a disproportionate on-call burden.

Concerns were also raised about sustainability, with staff describing increasing frequency and intensity of on-call duties, often extending beyond emergency response into routine operational management. These issues closely mirror findings from the 2022 audit, suggesting limited improvement in staff experience. However, when we interviewed staff members on the Health Board’s on-call rotas, each said there had been improvement from previous years, but further work was still required.

Overall, while the draft policy represents a positive step forward, the lack of approval and implementation means that assurance remains limited. Issues around fairness, clarity and sustainability identified in the previous audit remain largely unresolved.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>On-call rota composition, fairness and sustainability</b></p> <p>Although a draft on-call policy is now in place and provides improved clarity on the intended structure and seniority of Gold, Silver and Bronze rotas, the policy remains unapproved and not fully embedded. As a result, rota composition continues to rely on local practice.</p> <p>Staff feedback indicates ongoing perceptions of inequity in rota participation, lack of transparency regarding inclusion/exclusion of eligible staff, and concerns about the sustainability of rotas due to workload pressures, turnover and reliance on</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Rotas are perceived as unfair or applied inconsistently.</li> <li>• Over-reliance on a small number of staff leads to fatigue and burnout.</li> <li>• Out-of-hours cover becomes unsustainable following staff turnover.</li> </ul>	<p><b>Agreed Action:</b></p> <p>Management will work with the Foundations of the Future workstreams and Workforce &amp; OD to develop, consult on, and ratify an On-Call Rota Policy that establishes a fair, transparent and sustainable on-call model across Gold, Silver and Bronze rotas. The policy will clearly define the rota structure, eligibility criteria, and expected seniority, and will set out roles and responsibilities for all participants, including escalation and decision-making arrangements.</p> <p>The policy will explicitly state that all substantive and/or acting post-holders at Band 8a and above are expected to participate in the on-call rota unless exceptional circumstances apply, with the criteria and approval process for exemptions clearly documented to ensure consistency and transparency. Rota governance arrangements will be included, covering accountability for roster</p>

goodwill. These issues were also highlighted in the previous audit and remain partially unresolved.

composition, maintenance, monitoring of participation, and periodic review to support sustainability and address workload pressures and turnover risks.

Ownership and ongoing responsibility for the policy will sit with Operations, including ensuring the policy is embedded into business-as-usual processes and communicated to relevant staff.

Until the Foundations of the Future arrangements are implemented and the policy is formally ratified, the Health Board accepts the residual risk associated with the absence of an approved and fully embedded on-call policy.

**Expected Evidence of Implementation:**

Fully embedded On-call policy.

**High Priority**

**Officer:** Chief Operating Officer

**Target Implementation Date:** 31<sup>st</sup> December 2026

**Theme:** Governance

Control Operation

**Overview / Summary of Observations**

The audit assessed whether staff are able to take compensatory rest following on-call duty, and how this is recorded and monitored. Since the 2022 audit, relevant workforce policies covering compensatory rest have been updated, and an email reminder has been issued to managers, demonstrating increased organisational focus on this issue.

Despite this, evidence from the questionnaire and interviews indicates that most staff are still unable to take compensatory rest in practice. While awareness of the entitlement has improved slightly since 2022, workload pressures, diary commitments and cultural expectations continue to act as significant barriers. Staff reported working late into the night while on call and returning to normal duties the following day, often without rest.

Where compensatory rest is taken, it is usually managed informally, for example through later start times, and is rarely recorded formally. There is no consistent Health Board-wide process for recording or monitoring compensatory rest, and managers do not routinely review compliance. This position is largely unchanged from the previous audit, which also concluded limited assurance due to lack of formal controls.

As a result, the Health Board is unable to demonstrate consistent compliance with Working Time requirements in relation to on-call activity. While policies and communications exist, they have not yet translated into embedded practice, and reliance remains on individual discretion rather than formal oversight.

Key Findings	Risk & Impact	Agreed Management Action
<p>2 <b>Compensatory rest arrangements</b></p> <p>The audit found that relevant workforce policies covering compensatory rest are in place and have been updated, and management communications have reinforced expectations.</p> <p>However, staff feedback indicates that many on-call staff remain unable to take compensatory rest in practice due to workload and operational pressures. Where rest is taken, it is often informal and inconsistently recorded. There is no standardised process for recording, monitoring or reviewing compensatory rest following on-call duty, a weakness also identified in the previous audit.</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Staff fatigue increases due to compensatory rest not being taken.</li> <li>• Compliance with Working Time Regulations 1998 cannot be demonstrated.</li> <li>• Unsafe working practices become embedded due to workload pressures.</li> </ul>	<p><b>Agreed Action:</b></p> <p>Reiteration for the need to plan compensatory rest into staff diaries and work plans will be included within the EPRR/on call Preparing for Emergencies training undertaken by the EPRR Lead, which will be mandatory for all staff on the on-call rotas.</p> <hr/> <p><b>Expected Evidence of Implementation:</b></p> <p>Evidence within the training pack that compensatory rest has been discussed and explained.</p>

		<b>High Priority</b>	<b>Officer:</b> EPRR Lead
	<b>Theme:</b> Quality, Safety & Patient Experience	Control Operation	<b>Target Implementation Date:</b> 31 <sup>st</sup> December 2026

**Overview / Summary of Observations**

The audit reviewed whether on-call payment arrangements are applied fairly and consistently across the Health Board. Evidence indicates that payment arrangements are generally operating in line with national All-Wales guidance, and this remains a stronger area of control compared to other aspects of on-call arrangements.

Most staff responding to the questionnaire confirmed that they claim on-call payments and that these are processed correctly and in a timely manner. Interview feedback supported this, with staff reporting that established processes for claiming availability payments and payment for work undertaken are generally well understood, particularly among longer-serving staff. This is consistent with the findings of the 2022 audit, which concluded substantial assurance in this area.

We reviewed a sample of on-call payments to confirm whether these had been approved by line managers and reconciled to rotas; no issues were identified.

Overall, we have concluded reasonable assurance as on-call payment arrangements were found to be operating as intended, with no significant issues identified. The draft on-call policy includes clear payment guidance, but as it is not yet approved, it does not currently provide a single authoritative reference.

**Overview / Summary of Observations**

The audit reviewed whether appropriate training, guidance and support are available for staff undertaking on-call duties. Since the previous Internal Audit in 2022, there has been clear progress in the development and oversight of on-call training arrangements with over 20 'EPRR/on call Preparing for Emergencies' training dates offered and delivered to on call Bronze, Silver and Gold.

Major incident training completion rates for staff on on-call rotas is monitored by the Health Board. This training is not mandatory, but completion rates still sit at 77.5%. A central training matrix is maintained which identifies the number of staff eligible for each rota, the number who have completed required training, and those outstanding. Those outstanding are targeted and offered additional dates to attend training. This represents a significant improvement on the position reported in 2022, where training provision was largely informal and not centrally monitored.

In addition, monthly Management On-Call Drop-In Sessions have been established, providing staff with an opportunity to discuss issues arising during on-call shifts, share learning, and seek advice. These sessions provide an important support mechanism and demonstrate an organisational commitment to continuous learning and staff wellbeing.

The draft on-call policy further reinforces expectations around training, competency, and participation in exercises or incidents, with links to Emergency preparedness, resilience and response (EPRR) standards and Personal Development Reviews. While the policy remains unapproved, it provides a clearer framework than previously existed.

However, despite these improvements, staff feedback indicates that awareness and experience of training and guidance is not yet consistent across all roles and services. Some staff continue to report reliance on experience and informal support, and access to practical, site-specific guidance (such as crib sheets) remains variable. In addition, while training completion is monitored, there is limited evidence of routine review of competency beyond completion metrics.

As a Category 1 responder under the Civil Contingencies Act (CCA), the Health Board has a statutory duty to ensure that staff involved in emergency response roles receive appropriate training. To support this, Gold on-call Executives are attending the pan-Wales 'Exercise Wales Gold' training, which, in line with the Wales Resilience Framework 2025, is designed to prepare participants to operate effectively within Strategic Coordinating Groups and Recovery Coordinating Groups by developing relevant skills, knowledge and experience. Attendance at this training has only been formally tracked since 2025. The training is delivered annually and places are limited; in the previous year four places were allocated to the Health Board and were taken up by Executive Committee members, and three places are available for the 2026 programme. While attendance is not mandatory, it is strongly encouraged. Executives who do not attend this training are less able to evidence that they have maintained the competencies required to fulfil Gold on-call responsibilities in line with the expectations of the Civil Contingencies Act. Overall, the Health Board has made progress since the 2022 audit but further work is required to ensure training, guidance and support are fully embedded and experienced consistently by all on-call staff.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Training, guidance and support for on-call staff</b></p> <p>The audit found clear improvement since the previous review, with training specifically for major incidents available and</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>Staff undertake on-call duties</li> </ul>	<p><b>Agreed Action:</b></p> <p>EPRR and on call training to be mandated for all staff on Bronze Silver and Gold rota – and to be updated every 3 years</p>

	<p>supported by a central training matrix. Monthly Management On-Call Drop-In Sessions also aid learning.</p> <p>However, staff feedback indicates that awareness and experience of training, guidance and practical support is not yet consistent across all services. Access to site-specific guidance and formalised debriefing remains variable, and while training completion is monitored, there is limited evidence of routine review of ongoing competency and learning needs.</p>	<p>without adequate preparation.</p> <ul style="list-style-type: none"> <li>• Learning from on-call activity is not captured or shared.</li> <li>• Inconsistent support increases stress and affects rota sustainability.</li> </ul>	<p>Where staff repeatedly fail to book or attend training, this is to be escalated through line management and, where appropriate, the relevant executive for resolution.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Training data showing compliance at 85%</p> <p>Evidence of escalation where staff consistently fail to book or attend training.</p>
	<p><b>Medium Priority</b></p>	<p><b>Officer:</b> EPRR lead</p>	<p><b>Target Implementation Date:</b> 31 March 2027</p>
<p><b>Theme:</b> Training &amp; Development</p>	<p>Control Operation</p>	<p><b>Agreed Action:</b></p> <p>Attendance at the Pan-Wales Gold training for all Gold on call to be mandated- and to be updated every 3 years</p> <p>Dates for 2026 Wales Gold Training circulated to all Gold on call (6 spaces available in 2026) – completed</p> <p>Head of EPRR to continue to seek additional training dates for the training programme with the national team.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Training data / records showing Gold on call attendance at the pan Wales training, with compliance at 85% or above.</p> <p>Evidence of communication with national team and distribution of dates / spaces Gold on call.</p>	<p><b>Officer:</b> EPRR Lead</p> <p><b>Target Implementation Date:</b> 31 March 2028</p>
<p>4</p> <p>As a Category 1 Responder, the Health Board supports Gold on-call Executives to attend the pan-Wales 'Exercise Wales Gold' training to help maintain emergency response competencies, although attendance has only been tracked since 2025 and training places are limited. Currently only four Executives have attended the training.</p> <p>In the absence of all Executives having attended this training, the Health Board cannot demonstrate it has appropriate arrangements in place to evidence that staff have received the necessary training to respond effectively to emergencies, in line with the expectations of the Civil Contingencies Act and its statutory guidance.</p>	<p>There is a risk that:</p> <ul style="list-style-type: none"> <li>• Without attending this training, Health Board Executives on the Gold on-call rota may be unable to demonstrate that they have been sufficiently trained to fulfil their statutory responsibilities as strategic commanders under the Civil Contingencies Act.</li> </ul>	<p><b>High Priority</b></p>	
<p><b>Theme:</b> Training &amp; Development</p>	<p>Control Operation</p>		

# Appendix A

## Assurance Opinion

	<b>Substantial</b>	Few matters require attention and are compliance or advisory in nature. <b>Low impact</b> on residual risk exposure.
	<b>Reasonable</b>	Some matters require management attention in control design or compliance. <b>Low to moderate impact</b> on residual risk exposure until resolved.
	<b>Limited</b>	More significant matters require management attention. <b>Moderate impact</b> on residual risk exposure until resolved.
	<b>Unsatisfactory</b>	Action is required to address the whole control framework in this area. <b>High impact</b> on residual risk exposure until resolved.
	<b>Advisory</b>	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
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

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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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# Culture and Leadership Development – delivery of priorities

## Internal Audit Report

### 2025/26

Betsi Cadwaladr University Health Board



Reasonable Assurance

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Review Reference	BCU-2526-24
Fieldwork	December 2025 – January 2026
Executive Sign Off	30 March 2026
Audit Committee	April 2026
Executive Lead	Debbie Eytayo, Executive Director of People Services & OD
Audit Team	Dave Harries, Head of Internal Audit Nicola Jones, Deputy Head of Internal Audit Patrick Williams, Principal Auditor

# Executive Summary

## Purpose

To review the delivery and progress of actions outlined in Health Board Plans (Three Year Plan 2024 -2027 and IMTP 2025 – 28) to create a compassionate leadership culture across the Health Board. We have considered the delivery of 2024/25 priorities and how these are embedded, and how current priorities are progressing.

## Overview

We have concluded reasonable assurance on this area. The matters requiring management attention include:

- Although structured plans are in place and updates are provided regularly, the evidence submitted to the Programme Management Office (PMO) portal remains incomplete in relation to the delivery priorities set out in the 2025–2028 Integrated Medium-Term Plan (IMTP).
- People and Organisational Development’s (POD) operations reports submitted to the People and Culture Committee include sections on Leadership and Development as well as Culture and Engagement, however there is no indication that comprehensive progress updates on the Culture, Leadership, and Engagement plans are being provided to the Committee.

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

## Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 There are implementation plans in place to support delivery of the priorities outlined in the Health Board IMTP objective 3 (3A Culture Development and 3B Leadership Development). These plans include clear actions, timescales, owners, success priorities / benefits, and are monitored, with appropriate escalation if required.	-	<b>Substantial</b>
2 There is evidence to support deliverables that have been achieved, and these are continuing / embedded.	1	<b>Reasonable</b>
3 The Health Board and relevant Committees are provided with sufficient information to be assured on the progress of delivery.	2	<b>Limited</b>

### Management Actions

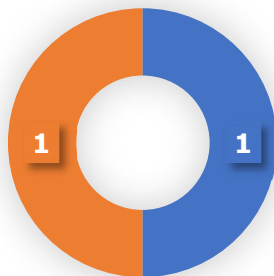


High Priority



Medium Priority

### Themes



- Governance
- Planning, Delivery & Deadline Management

### Risk Types

Quality or Safety Issues

# Findings & Agreed Action Plan

**Objective 1:** There are implementation plans in place to support delivery of the priorities outlined in the Health Board IMTP objective 3 (3A Culture Development and 3B Leadership Development). These plans include clear actions, timescales, owners, success priorities / benefits, and are monitored, with appropriate escalation if required. **Substantial**

## Overview / Summary of Observations

Implementation plans for 2024-25 and 2025-26 are in place that align with the delivery priorities and strategic direction outlined in the Health Board’s Integrated Medium-Term Plan (IMTP) 2025–2028. Each plan sets out specific actions supported by defined tasks, timelines, designated responsible owners, and requirements for regular progress updates to maintain effective oversight.

A review of the progress updates submitted for the IMTP period shows that, for 2024-25, all planned objectives have been reported as achieved. Furthermore, the updates for 2025-26 demonstrate that the majority of objectives are either fully completed or progressing in line with expected timeframes.

Additional evidence supporting the delivery priorities within the IMTP includes:

- The high-level BCUHB Culture, Leadership and Engagement Plans
- The Values & Behaviours Framework – Deployment Plan

A synthesis report providing an update on the Culture and Leadership Programme was presented to the Health Board on 27 November 2025. This included a Three-Year Culture, Leadership & Engagement suggested Improvement Plan (2026–2029) which was formally approved by the Board. The plan is scheduled for presentation to the People and Culture Committee on 12 February 2026 for approval.

**Objective 2:** There is evidence to support deliverables that have been achieved, and these are continuing / embedded. **Reasonable**

## Overview / Summary of Observations

Information relating to the plans, along with progress against the IMTP 2025–28, is submitted by responsible officers to the Programme Management Office (PMO) through a dedicated reporting portal. This process is intended to provide assurance that all relevant updates and supporting evidence are being captured and monitored.

As part of our review, we sought confirmation from the PMO that all required progress information had been received. The evidence from the PMO included their assessment on whether the information provided supported closure of the actions.

Although evidence was available for several areas, we could not confirm that the PMO had obtained the full set of information relating to progress against the Strategic Objectives within the IMTP 2025–28. As a result, assurance regarding the completeness of reporting for these specific actions is reduced. We note, however, that Workforce & Organisational Development did subsequently provide the outstanding information needed to demonstrate progress against the priorities for the year.

It was noted that the culture change programme needed to be commenced in a flexible way to meet special measures requirements, so elements of the programme had commenced prior to final board sign off in November 2025. The culture change programme is based on the Kings Fund/

NHS England programme which is an evidence-based model. Elements of this programme, namely values and behaviours needed to commence before completion of discovery, or the health board would have been deemed not to meet special measures priorities. People Services have confirmed that all of the interventions so far on culture are key elements of the programme including the synthesis report, culture change leaders and new management training and development.

The evidence reviewed confirms that planned activities were carried out according to the agreed milestones. For 2025/26, all delivery priorities scheduled up to Quarter 3 in the IMTP 2025–2028 have been completed to the level expected at this stage in the reporting period.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Submission of evidence to support delivery of actions</b></p> <p>Although structured plans and reporting mechanisms exist, incomplete evidence submitted to the PMO for certain actions reduces assurance that all priorities under Objective 3 (A,B) are being delivered. We would expect management to agree evidence required for submission with the PMO.</p>	<p>Gaps in reporting delays or issues affecting delivery may remain unaddressed, increasing the likelihood that IMTP milestones and objectives are not met.</p>	<p><b>Agreed Action:</b></p> <p>The Culture and Leadership Programme approved by the Board in November 2025 is designed both to address the organisation’s Special Measures requirements and to deliver on the nine strategic objectives for culture and leadership that were originally committed to at Board in October 2023. All programme actions will now be monitored through a dedicated portal, where evidence of delivery will be uploaded quarterly or at the point of completion for each intervention. The Year One implementation plan contains detailed actions, clearly identifying intended outputs and outcomes to support robust tracking and assurance. The establishment of the new People and OD Delivery group in Q1 26/27 will strengthen operational governance and provide oversight of programme delivery and relevant actions</p> <p>Alongside this, the Welsh Government has set two ministerial workforce priorities: 1) reducing sickness absence- the health board has a target of 5.6% by the end of 2026/27 (Q4 rolling) and 2) reduction in agency utilisation. The Culture and Leadership Programme will act as a key enabler to support progress in both areas by strengthening organisational climate, leadership capability, and staff experience, contributing to improved attendance and reduced reliance on temporary staffing.</p>

		<b>Expected Evidence of Implementation:</b> Workforce KPI Data Objective delivery plans Objective review documentation New systems, toolkits Attendance of key meetings Correlation with staff survey data
	<b>Medium Priority</b>	<b>Officer:</b> Head of Culture Development, Deputy Executive Director of People and OD
<b>Theme:</b> Planning, Delivery & Deadline Management	Control Design	<b>Target Implementation Date:</b> Q1(30 June 2026) for process Q4 (31 March 2027) for annual evidence collection

**Objective 3:** The Health Board and relevant Committees are provided with sufficient information to be assured on the progress of delivery. **Limited**

**Overview / Summary of Observations**

The People and Culture Committee receive the People and Organisational Development (POD) Operations report that includes sections on Leadership and Development and Culture and Engagement. However, there is no evidence that detailed updates on the Culture, Leadership, and Engagement plans are being presented to the Committee.

This limits the Committee’s ability to gain assurance that key initiatives and actions agreed in the IMTP are progressing as intended and are completed within agreed timelines. While progress updates have been provided to other forums, such as the Organisational Development Steering Group and the Local Partnership Forum, similar updates have not been consistently shared with the People and Culture Committee.

To strengthen governance and oversight, information regarding the Integrated Leadership Development Framework (ILDF) project plan and Culture, Leadership & Engagement initiatives should be presented regularly to the Committee. This will ensure that plans remain on track and that the Committee can effectively monitor progress and hold management accountable for delivery within agreed timelines.

Key Findings	Risk & Impact	Agreed Management Action
2 <b>Assurance to Committee</b> Although the People’s Operations reports submitted to the People and Culture Committee include sections on Leadership and Development as well as Culture and Engagement, there is	Committee may lack assurance that key cultural and leadership	<b>Agreed Action:</b> Quarterly reporting of the culture and leadership programme and access into leadership interventions to be implemented, linked to the action plan.

no indication that comprehensive progress updates on the Culture, Leadership, and Engagement plans are being provided to the Committee.

initiatives are progressing as intended.

Reporting on Integrated Leadership Development Framework to commence in March 2026, as part of the people operations pack, which is presented to People and Culture Committee.

The establishment of the new People and Organisation Delivery group in Q1 26/27 will strengthen operational governance and provide oversight of programme delivery and relevant actions

**Expected Evidence of Implementation:**

Quarterly review of action plan outputs and outcomes.  
Compliance reporting for leadership and management development to be built in as part of the people operations report.

**High Priority**

**Officer:**

Deputy Executive Director of People and OD

**Target Implementation Date:**

31 March 2026 for compliance report.  
30 June 2026 for Q1 review.

**Theme:** Governance

Control Design

# 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
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
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# National Institute for Health and Care Excellence (NICE) guidance compliance

## Internal Audit Report 2025/26

### Betsi Cadwaladr University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

BCU-2526-28

October 2025 – January 2026

17 February 2026

April 2026

Dr Clara Day, Executive Medical Director

Dave Harries, Head of Internal Audit

Nicola Jones, Deputy Head of Internal Audit



GIG  
CYMRU  
NHS  
WALES

Partneriaeth  
Cydwasaethau  
Gwasanaethau Archwilio a Sicrwydd

Shared Services  
Partnership  
Audit and Assurance Services



# Executive Summary

## Purpose

To review how the Health Board can demonstrate compliance with Welsh Government (WG) requirements for National Institute for Health and Care Excellence (NICE) guidance and quality standards.

## Overview

We note there has been a marked improvement in the number of overdue NICE guidelines over the past twelve months. The report submitted to the Quality Safety and Experience Committee (QSE) on 24 October 2024 indicated 34% were overdue, whereas the report for the QSE meeting on 6 November 2025 showed a reduction to just 3%.

We have concluded limited assurance on this area. The matters requiring management attention include:

- The information provided to the Committee and Health Board through the Integrated Quality Reports lacks sufficient detail on compliance with NICE guidance and Technology Appraisals, particularly when there is non-compliance, which may limit the level of assurance available to the Board.
- The New Treatment Fund and Individual Patient Funding Requests paper has not been presented to the Executive Committee since February 2025, reducing formal Executive oversight and assurance.
- An override function within the Audit Management and Tracking (AMaT) system enables Clinical Leads to bypass standard compliance controls without providing justification to the Clinical Effectiveness Team.
- NICE Baseline Assessment Tools are not consistently completed where compliance is recorded as 'partially achieved – improvement needed' or 'not achieved', limiting assurance that appropriate action plans and follow-up arrangements are in place.
- Chairs' reports from the local Clinical Effectiveness Groups to the Strategic Clinical Effectiveness Group, which include overdue NICE guidelines, are currently presented on a quarterly basis and exception reported in-between if required, which may reduce the timeliness of senior-level oversight and decision-making.

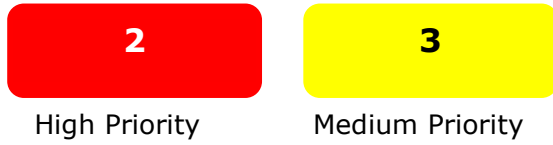
Whilst not reviewed in detail, there is no clear mechanism in place to identify where care is being delivered that is beyond NICE guidance, which may impact on value for money for the Health Board. We urge management to consider how Tier 2 and Tier 3 clinical audits can be best used to identify treatment outside/over and above the guidance.

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

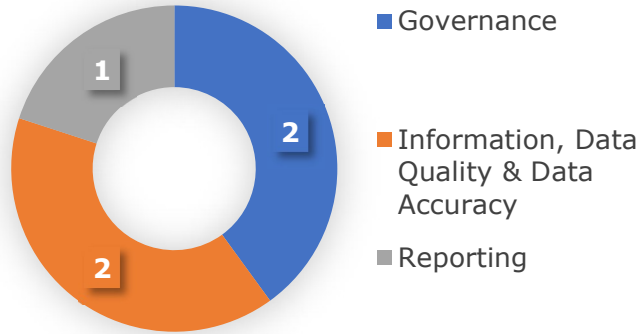
## Scope & Assurance Summary

Objectives <small>The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.</small>	Related Findings	Assurance
1 To review the governance arrangements in place for managing NICE guidance across the Health Board in line with WG requirements, including implementation of Technology Appraisals.	1,2	<b>Limited</b>
2 To determine how compliance with NICE guidance (including Technology Appraisals) is assessed and monitored, through tools such as clinical audits, patient surveys, and the NICE compliance database, with required reporting to the Welsh Government.	3,4	<b>Limited</b>
3 To evaluate the process for escalating non-compliance or risks related to NICE guidance. Where Technology Appraisals have not been implemented, the reasons for these are considered, appropriately documented and reported.	5	<b>Reasonable</b>

### Management Actions



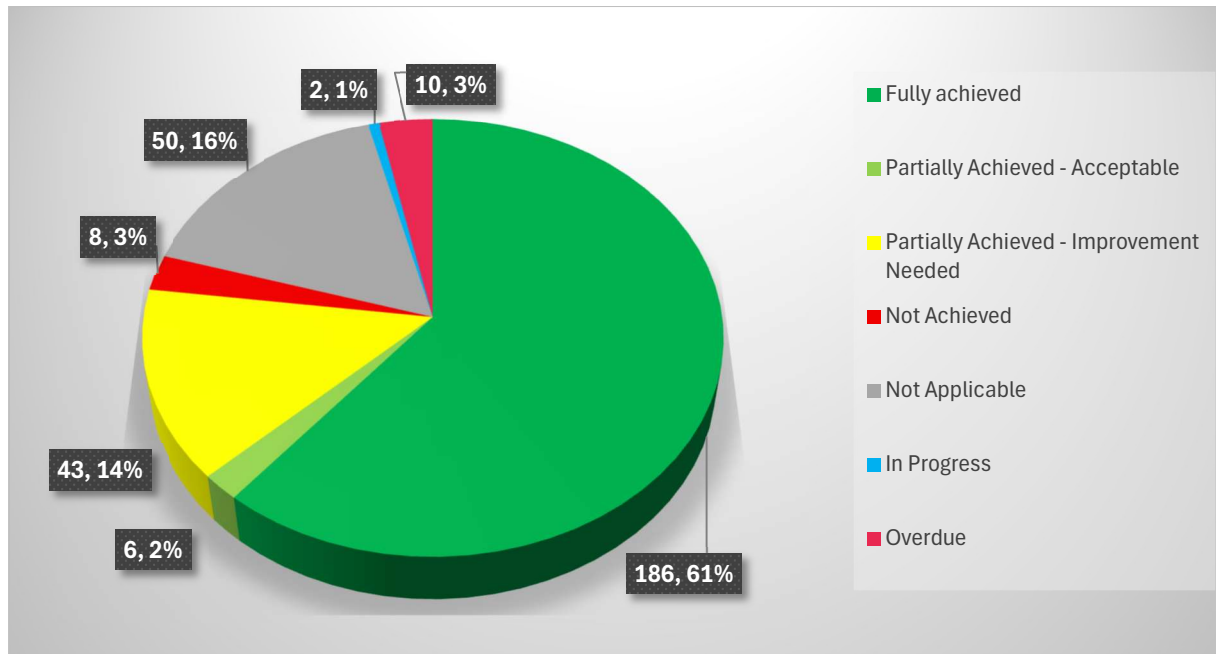
### Themes



### Risk Types

Quality or Safety Issues  
Legal & Regulatory Non-Compliance

## NICE Compliance Data April 2023-September 2025



Source Quality, Safety and Experience Committee – Integrated Quality Report, 6 November 2025

# Findings & Agreed Action Plan

**Objective 1:** To review the governance arrangements in place for managing NICE guidance across the Health Board in line with WG requirements, including implementation of Technology Appraisals.

**Limited**

## NICE Guidelines

The Health Board has an up-to-date protocol, "*Betsi Cadwaladr University Health Board (BCUHB) National Institute for Health and Care Excellence (NICE) Implementation Protocol*" (the Protocol), which outlines how NICE guidance is implemented, monitored, and reported. The Protocol is available on the Health Board intranet site, BetsiNet, and is supported by a process flowchart for NICE guidelines, a user guide for the Audit Management and Tracking (AMaT) system, and links to relevant guidance on the NICE website.

In line with the Protocol, a nominated officer is responsible for ensuring that progress against NICE guidance is monitored, tracked, and reported through the Clinical Effectiveness NICE & Audit Group (CENAG). Monthly NICE Assurance reports are provided to each IHC Lead (West, Centre and East) and their local Clinical Effectiveness Group (CEG) meetings when they occur, with a Chair's report submitted to the Strategic Clinical Effectiveness Group (SCEG) on a quarterly basis and exception reported in-between if required.

Integrated Quality Reports have been regularly presented to the Health Board at meetings held in May, July, and September 2025. In addition, we reviewed papers from the Quality, Safety, and Experience Committee (QSE) meetings for July, September, and November 2025, all of which included an Integrated Quality Report. Each report included compliance oversight and updates on ongoing activities.

Evidence provided confirmed that the following forums play an active role in governance by providing additional reporting and monitoring to support assurance for the Committee and Health Board:

- Clinical Effectiveness NICE & Audit Group (CENAG)
- Local Clinical Effectiveness Group (LCEG)
- Strategic Clinical Effectiveness Group (SCEG)

The information provided to the Committee and Health Board through the Integrated Quality Reports is limited in detail compared to that shared with SCEG. There is an opportunity to place greater emphasis on NICE guidelines, particularly those recorded as partially achieved (improvement needed) or not achieved, to strengthen oversight and assurance.

## Technology Appraisals

The Health Board is responsible for ensuring compliance with NICE Technology Appraisals in line with Welsh Government requirements. This responsibility is managed through the Medicines Management Team and the Drug & Therapeutics Group (DTG), which oversee formulary updates and implementation.

Assurance to the Executive Committee is intended to be provided through a paper on the New Treatment Fund and Individual Patient Funding Requests. Our review indicates that the last confirmed presentation of this paper to the Executive Committee was in February 2025. Although reports were prepared for August, September, and October 2025, we were unable to confirm that these were presented to the Committee.

Assurance to the Welsh Government is provided through reports submitted to the All-Wales Therapeutics and Toxicology Centre (AWTCC).

Key Findings	Risk & Impact	Agreed Management Action
<p>1 <b>Assurance to the Health Board</b></p> <p>The information provided to the Committee and Health Board through the Integrated Quality Reports is more limited than the detail shared with SCEG. This restricts the level of assurance available at Board level. There is an opportunity to strengthen reporting by placing greater emphasis on NICE guidelines, particularly those marked as partially achieved or not achieved, to ensure appropriate oversight and improvement monitoring.</p>	<p>There is a risk that the Health Board is not receiving sufficient assurance and may be unaware of potential non-compliance.</p> <p><b>Medium Priority</b></p>	<p><b>Agreed Action:</b></p> <p>A more detailed report will be provided for QSE to be included within the Integrated Quality Report. Strategic Clinical Effectiveness Group has already started to seek greater assurance on non-complaint and partially compliant guidance, and this will be reflected in reporting. The Teams first updated report will be provided for the bi monthly report, February to March into QSE in May 2026.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Enhanced detail on compliance with NICE guidance within Integrated Quality Reports.</p> <p><b>Officer:</b> Clinical Effectiveness Facilitator for NICE</p> <p><b>Target Implementation Date:</b> 27 April 2026</p>
<p><b>Theme:</b> Governance</p>	<p>Control Design</p>	
<p>2 <b>New Treatment Fund / IPFR reporting</b></p> <p>The New Treatment Fund and Individual Patient Funding Requests (IPFR) paper has not been presented to the Executive Committee since February 2025. We note that reports were requested, prepared, and submitted to the committee for inclusion on the agenda.</p>	<p>Insufficient oversight of funding position and decisions made relating to IPFRs, resulting in lack of assurance and weakened governance and accountability.</p> <p><b>High Priority</b></p>	<p><b>Agreed Action:</b></p> <p>Reports had been prepared throughout the year for Executive Committee but not presented. Pharmacy has now moved into the Office of the Medical Director who will ensure a regular reporting cycle. A report was presented to executive committee in Jan 2026.</p> <p>It has been agreed by the EMD that in future this will report via SCEG every 3 months with a corresponding update then to executive committee. It will focus not only on cost allocation but also whether we are meeting our duties to provide treatment via NICE TA.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Regular reports on the New Treatment Fund and Individual Patient Funding Requests to the SCEG and Executive Committee.</p> <p><b>Officer:</b> Medicines Governance Lead Pharmacist</p> <p><b>Target Implementation Date:</b> 17 March 2026</p>
<p><b>Theme:</b> Governance</p>	<p>Control Operation</p>	

**Objective 2:** To determine how compliance with NICE guidance (including Technology Appraisals) is assessed and monitored, through tools such as clinical audits, patient surveys, and the NICE compliance database, with required reporting to the Welsh Government

**Limited**

In April 2023, the Health Board implemented the AMaT system to strengthen the process for identifying and disseminating NICE and other national guidance. The system automatically receives new and updated guidance directly from NICE. The Clinical Effectiveness Team is responsible for distributing the guidance to relevant services via AMaT. In addition, a designated member of the Clinical Effectiveness Team has been appointed as the Clinical Effectiveness Facilitator for NICE to oversee and support this function.

Between October 2024 and October 2025, seventy-seven (77) NICE guidelines were published within AMaT. A sample review of twenty-three (23) guidelines confirmed that AMaT contained evidence of their dissemination and requests for compliance reviews. We observed that an override mechanism exists, allowing either the Clinical Lead or the Clinical Effectiveness Team (CET) to bypass the requirement to compliance reviews. Whilst it is appropriate for the CET to apply this override with suitable justification; there is a risk of confusion where the Clinical Lead applies an override without notifying CET or providing a rationale.

Where a compliance review is recorded as 'partially achieved – improvement needed' or 'not achieved', AMaT requires the identification of barriers or risks and completion of a NICE Baseline Assessment Tool to explore the reasons for non-compliance. A review of six (6) NICE guidelines from the original sample was undertaken to assess whether barriers, risks, and baseline assessment tools were being completed by departments as required.

All compliance assessments fifty-two (52) were completed for our sample. Of these, sixteen (31%) were not fully achieved – fifteen were 'partially achieved – improvement needed' and one 'not achieved'. In all cases, barriers explaining why the guidance was not fully achieved had been documented, and associated risks were identified; however, the risk descriptions generally lacked sufficient detail. Only one of the sixteen had completed a NICE Baseline Assessment Tool. As a result, we were unable to confirm whether Specific, Measurable, Achievable, Relevant and Time-bound (SMART) action plans had been developed or whether follow-up actions were being monitored and implemented effectively.

#### Technology Appraisals

When NICE or All Wales Medicines Strategy Group (AWMSG) recommends a medicine, local Drug & Therapeutics Groups (DTGs) are required to add it to their formulary within a sixty (60) day timeframe in Wales under the New Treatment Fund. Between October 2024 and October 2025, the Drug & Therapeutics Group reviewed seventy-four (74) medicines recommended by NICE and AWMSG, all of which were added to the formulary within the Welsh Government's sixty (60) day compliance timeframe.

From the seventy-four medicines added to the formulary, we selected a sample of ten published technology appraisals from the NICE website to verify inclusion. Our review confirmed that all had been added to the formulary.

Technology appraisals are overseen through Drug & Therapeutics Group meetings and NICE/AWMSG Impact Assessment Group meetings. These forums support medicines optimisation, formulary management, appraisal review, implementation planning, and assessment of the financial implications of new medicines for the Health Board.

The New Treatment Fund (NTF) is a Welsh Government initiative that provides a centrally managed allocation of £3.58 million to cover the cost of new NICE- and AWMSG-recommended medicines for the first year, ensuring their availability across NHS Wales within sixty days of approval and helping to prevent delays arising from local budget constraints.

The New Treatment Fund and Individual Patient Funding Requests report prepared for the Executive Committee in October 2025 outlines the NTF financial position up to October 2025 and the forecast for 2025/26.

The new NICE/AWMSG-recommended medicines approved by the DTG in October 2025, together with those approved between February and September 2025, have a total forecast cost of £3.564m for Year 1 (full-year effect). To date, the actual cost for medicines approved between February and September 2025 is £0.203m. Following analysis of uptake, treatment cycles, course lengths, and projected patient numbers, the revised forecast for all approved medicines is

£2.001m by year-end. Based on £0.203m spent by September 2025 and £1.799m committed from October 2025 to year-end, £1.579m remains uncommitted within the NTF reserve.

In 2023–24, the new Treatment Fund moved from protected and ring-fenced funding into discretionary funding, giving the Health Board flexibility in how it is used. The financial plan keeps the original amount in reserves, and any underspend is kept offsetting other financial pressures.

Key Findings	Risk & Impact	Agreed Management Action
<p>3 <b>Service compliance assessments</b></p> <p>An override function exists within the AMaT system, enabling either the Clinical Lead or the Clinical Effectiveness Team (CET) to bypass the completion of compliance reviews. Whilst it is acceptable for CET to exercise this functionality with appropriate justification, the absence of notification or rationale from the Clinical Lead when applying an override could result in ambiguity and weaken governance controls.</p>	<p>Controls to ensure compliance reviews are completed may be bypassed, resulting in potential non-compliance with NICE guidelines without sufficient rationale or scrutiny.</p>	<p><b>Agreed Action:</b></p> <p>The problem with AMaT has previously been highlighted with the Welsh NICE Health Network (WNHN) by the health board. We have been informed that this will need to be an All Wales/England change, that all health boards will need to agree. Our latest update from AMaT 27/01/26, is as follows, <i>AMaT confirmed that currently users can still override, though they are working on a change in Q1/2 that will prevent that in the future.</i> The Clinical Effectiveness team will continue to keep on the agenda with them.</p> <p>We will develop a standardised message to send out to services explaining who can override and in which circumstances to strengthen controls.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Evidence of communication to services providing clear guidance on when an override is permitted, who is authorised to apply an override and the justification and evidence required.</p>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p><b>Medium Priority</b></p> <p>Control Operation</p>	<p><b>Officer:</b> Clinical Effectiveness Facilitator for NICE</p> <p><b>Target Implementation Date:</b> 27 March 2026</p>
<p>4 <b>NICE Baseline Assessment Tools</b></p> <p>It was identified that NICE Baseline Assessment Tools (BATs) are not consistently completed following the recording of compliance assessments that are 'partially achieved improvement needed' or 'not achieved' via the AMaT system.</p> <p>We have been unable to obtain assurance that SMART action plans had been developed or that any associated follow-up actions were being effectively monitored and implemented.</p>	<p>Clinical practice may not align with NICE guidance, leading to potential patient safety issues.</p>	<p><b>Agreed Action:</b></p> <p>Targeted training has already commenced by Clinical Effectiveness Team for BAT with clinical services and will continue until embedded (NICE guidance (NGs) and Clinical guidance (CGs) are the only ones requiring BATs).</p> <p>The Clinical Effectiveness team have recently trialled doing joint service reviews around the table for complex multiservice guidance. A recent success with the Mental Health Team and other related services. This will continue for complex guidance until BAT well embedded. Each time this is done services will be</p>

		<p>asked to have a BAT lead present, for future leadership within services completion.</p> <p>Teams training dates will be offered to services for basic BAT training with emphasis on appropriate action plans.</p> <p>The Clinical Effectiveness team will do quarterly audit checks on AMaT for compliance with BATs, appropriate action plans, and appropriate risk descriptions.</p> <p>The above will be monitored via SCEG reports for assurance.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Examples of completed BATs with SMART Action Plans for all gaps identified.</p> <p>Evidence of routine monitoring cycles (e.g., monthly or quarterly) conducted by CET or governance teams that track Action plan progress.</p>
<p><b>Theme:</b> Information, Data Quality &amp; Data Accuracy</p>	<p>Control Operation</p>	<p><b>High Priority</b></p> <p><b>Officer:</b> Clinical Effectiveness Facilitator for NICE</p> <p><b>Target Implementation Date:</b> 1 December 2026 and reviewed quarterly until then.</p>

**Objective 3:** To evaluate the process for escalating non-compliance or risks related to NICE guidance. Where Technology Appraisals have not been implemented, the reasons for these are considered, appropriately documented and reported. **Reasonable**

Services have eight weeks from the date that NICE guidance is issued to review and submit their compliance status within AMaT. Where this deadline is not met, AMaT automatically issues weekly reminder notifications. In addition, the Clinical Effectiveness Team (CET) issue a reminder email, allowing a further ten days for a response. If there is still no response, a follow-up email is sent that includes the designated directorate-level contact. Overdue data is reported monthly to the Clinical Effectiveness NICE & Audit Group (CENAG) and local Clinical Effectiveness Groups (LCEGs), and quarterly to the Strategic Clinical Effectiveness Group (SCEG).

The flowchart in Appendix 2 of the NICE Implementation Protocol differs slightly from the current process and may require review to ensure consistency. The Protocol specifies monthly reporting to SCEG and does not reference CENAG, which does not fully reflect current practice.

Technology Appraisals

Discussions with the pharmacy team highlighted that the primary factors contributing to challenges in implementing Technology Appraisals are associated with All-Wales commercial agreements between manufacturers and NHS Wales, or the temporary unavailability of stock within the UK.

We reviewed three Technology Appraisals within the AMaT system that had encountered implementation challenges to assess whether the underlying reasons were accurately recorded. Based on our review of AMaT and evidence provided, we concluded that implementation challenges are appropriately documented and maintained in an up-to-date manner.

We also note that, where a patient requires access to a medicine during any implementation delay, the pharmacy team has the ability to submit an Individual Patient Request to ensure access is maintained.

Key Findings	Risk & Impact	Agreed Management Action
<p>5 <b>Reporting of non-compliance</b></p> <p>Whilst Chairs reports are presented to the SCEG, which include overdue NICE guidelines, this is currently on a quarterly basis (with exception reporting), whilst the protocol states this should be monthly.</p> <p>Where there is non-compliance, it is important this is escalated and reported in a timely manner to ensure compliance with agreed timescales.</p>	<p>Lack of timely reporting and escalation of non-compliance with NICE guidance and Technology Appraisals to the Health Board may impact on the ability of senior managers to take appropriate action.</p> <p><b>Medium Priority</b></p>	<p><b>Agreed Action:</b></p> <p>With the arrival of a new Executive Medical Director there is currently a review of SCEG reporting structure where this escalation will be reviewed.</p> <p>The aim will be for consideration of monthly reports, to include overdue, not achieved and engagement of services with the anomalies of this report.</p> <p>When these changes have been agreed, the policy and SOPs will be amended accordingly.</p> <p><b>Expected Evidence of Implementation:</b></p> <p>Monthly submissions to relevant meeting with detailed information on compliance included.</p> <p><b>Officer:</b> Clinical Effectiveness Facilitator for NICE</p>
<p><b>Theme:</b> Reporting</p>	<p>Control Operation</p>	<p><b>Target Implementation Date:</b> 31 July 2026</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
<b>High</b>	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
<b>Medium</b>	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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Audit reports are prepared by the staff of the NHS Wales Audit and Assurance Services and addressed to Independent Members or officers including those designated as Accountable Officer. They are prepared for the sole use of the Betsi Cadwaladr University Health Board and no responsibility is taken by the Audit and Assurance Services Internal Auditors to any director or officer in their individual capacity, or to any third party.

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.

Our work does not provide absolute assurance that material errors, loss or fraud do not exist. Responsibility for a sound system of internal controls and the prevention and detection of fraud and other irregularities rests with management of the Betsi Cadwaladr University Health Board. Work performed by internal audit should not be relied upon to identify all strengths and weaknesses in internal controls, or all circumstances of fraud or irregularity. Effective and timely implementation of recommendations is important for the development and maintenance of a reliable internal control system.

## Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



# Statutory Compliance – Asbestos Management Internal Audit Report 2025/26

Betsi Cadwaladr University Health Board



Substantial Assurance

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**Fieldwork**  
**Executive Sign Off**  
**Audit Committee**  
**Executive Lead**  
**Audit Team**

BCU-2526- 32  
January - February 2026  
March 2026  
April 2026  
Director of Environment and Estates  
Dave Harries, Head of Internal Audit  
Nicola Jones, Deputy Head of Internal Audit  
Patrick Williams, Principal Auditor



# Executive Summary

## Purpose

To determine the adequacy of, and operational compliance with, the systems and procedures of the University Health Board, taking account of relevant NHS and other supporting regulatory and procedural requirements, as appropriate.

## Overview

We have concluded substantial assurance on this area. There are well established, robust arrangements in place for the management of asbestos within the Health Board, with clear ownership, accountability and oversight. No significant issues were identified through our testing.

We note that the Senior Estates Manager for Asbestos Management has recently left the Health Board - as an interim measure, the external company Sentinel will provide support to the Health Board until the position is permanently filled.

Discussions are ongoing within the Asbestos Management Group regarding the labelling of asbestos items. However, as this is not a statutory requirement, it has not been included in the report. The Control of Asbestos Regulations 2012 do not explicitly mandate the labelling of in-situ asbestos-containing materials (ACMs).

Attendance at training courses has significantly improved, with over 85% of staff trained, compared to 43% in 2021. Action has been taken to ensure those who have not attended training complete this imminently, so a recommendation has not been raised.

## 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	Governance – To confirm that an approved Asbestos Management Plan exists with clear executive ownership, competent operational management, and effective monitoring and audit arrangements.	-	<b>Substantial</b>
2	To confirm that the University Health Board maintains an accurate Asbestos Risk Register and an Asbestos Management Plan for managing asbestos-containing materials, and that appropriate surveys have been conducted to identify asbestos and assess potential exposure risks.	-	<b>Substantial</b>
3	Verify that operational practices comply with the Control of Asbestos Regulations 2012, including but not limited to Plans of Work, licensing and notification of asbestos work, and adequate information, instruction, and training.	-	<b>Substantial</b>

## Findings & Agreed Action Plan

**Objective 1:** Governance – to confirm that an approved Asbestos Management Plan exists with clear executive ownership, competent operational management, and effective monitoring and audit arrangements.

**Substantial**

The requirement for an Asbestos Management Plan (AMP) — including clear executive ownership, competent operational management, and effective monitoring and audit arrangements — derives from Regulation 4 of the Control of Asbestos Regulations 2012 (CAR 2012).

The Health Board’s Asbestos Management Plan is integrated with the BCUHB Asbestos Policy, forming a single framework for the effective management of asbestos-related risks. This combined document outlines the Health Board’s strategic approach, governance arrangements, operational procedures, and specific responsibilities required to ensure compliance with relevant legislation.

We noted that the version of the Policy on the intranet was due for review on 31 May 2025. However, the Head of Operational Estates has confirmed that the Policy has since been updated, including the Equality Impact Assessment (EQIA). The only amendment relates to the revised responsibility structure, which now aligns with the Director of Environment and Estates. The updated Policy will be uploaded to the intranet once approved.

In order to determine whether effective governance and monitoring arrangements were in place, we reviewed the Asbestos Management Group, the Strategic Occupational Health and Safety Group, and the People and Culture Committee, in line with the HS01 Health and Safety Policy. Our review confirmed that asbestos-related matters were regularly reported discussed throughout the governance structure.

The Asbestos Management Group routinely considers a range of standing agenda items, including the Asbestos Policy and Management Plan, compliance training, MICAD Asbestos Portal Usage, Risk Register and any matters requiring escalation to the Strategic Occupational Health and Safety Group (SOHSG).

We note that the corporate risk and the Tier 1 risk related to asbestos were subject to regular review at the relevant meetings.

Evidence was provided of ad hoc audits undertaken by the Senior Estates Officer for Asbestos Management in order to promote awareness and assess staff knowledge of asbestos. Documentation was also available for contractor site audits relating to non-licensed asbestos removal.

**Objective 2:** To confirm that the University Health Board maintains an accurate Asbestos Risk Register and an Asbestos Management Plan for managing asbestos-containing materials, and that appropriate surveys have been conducted to identify asbestos and assess potential exposure risks.

**Substantial**

Regulation 4 of The Controls of Asbestos Regulations requires the asbestos register to be kept up to date, but it does not specify a 12-month review interval. The expectation for annual updates comes from HSE guidance rather than the regulation itself, with HSE advising yearly reviews to demonstrate effective asbestos management and regulatory compliance.

Estates and Facilities currently use MICAD which is a UK-based Estates and Facilities Management software platform designed to help large organisations—particularly in healthcare, education, and local government—manage their property portfolios, compliance responsibilities, and

associated risks. In addition to being managed internally, analytical external support is also provided by Sentinel, who carry out the surveys and inspections.

Each individual locality containing asbestos has undergone a separate risk assessment (there are no longer any high-risk asbestos locations within the Health Board). We reviewed three asbestos-containing localities within each geographical area—East, Central, and West—to confirm that the appropriate surveys had been completed and remained in date. All nine surveys examined were found to be current, with documentation available to evidence previous surveys.

We note that surveys and inspections are normally carried out during January, February, and March, however, following an issue where the tablet used by Sentinel became incompatible with the updated version of MICAD, the scheduled programme was disrupted. As a result, surveys were completed at various points throughout the year. The service is expected to return to its standard timetable going forward.

Estates managers, building managers, and ward managers have access to MICAD for their respective areas, with system training delivered by the Senior Estates Officer for Asbestos Management. As part of their audits, the Health & Safety team also identify staff requiring training, and provide this information to Estates so that the appropriate training can be arranged.

External contractors are granted access to the MICAD system for the duration of their work, enabling them to view asbestos survey information, relevant areas, and Computer-Aided Design (CAD) drawings. This ensures they are aware of any asbestos present within the buildings in which they will be undertaking work.

In the event of a system failure, paper copies of asbestos surveys are retained within the relevant departments. To confirm that the paper records corresponded with those held on the MICAD system, we reviewed the same nine surveys previously selected from the system. We raised with the Head of Estates that, although the day and month recorded in the MICAD system were the same as the paper system, the paper records showed inspection years set in the future, for example 11/06/26. It has been confirmed by Sentinel that this was an error. A request has now been submitted for MICAD to amend the template extract so that the field is labelled 'Inspection Due Date' instead of 'Inspection Date'."

**Objective 3:** Verify that operational practices comply with the Control of Asbestos Regulations 2012, including but not limited to Plans of Work, licensing and notification of asbestos work, and adequate information, instruction, and training.

**Substantial**

Under the Control of Asbestos Regulations 2012, organisations must ensure that all operational practices involving asbestos are carried out safely and in line with legal requirements.

Evidence of asbestos removal was provided for both the Abergele Hospital roof and the Wrexham Hospital floor. The operational practices for each site were undertaken in compliance with the regulations and included, but were not limited to, the following:

- Project Overview and Details
- Information on Asbestos Materials
- Control Measures and Procedures
- Waste Management and Disposal
- Emergency Procedures
- Site-Specific Arrangements - Including Site safety induction training records and Operative training records

Notification of the asbestos works at Abergele Hospital was submitted to the Health and Safety Executive (HSE). However, we were advised that the tile removal undertaken in Wrexham did not meet the threshold for HSE notification, as the area of tiles requiring removal was too small. This position is also confirmed within the contractor’s method statement.

Under Regulation 10 of the regulations, employers are required to ensure that employees receive appropriate information, instruction, and training. This is to ensure that anyone who may come into contact with asbestos-containing materials (ACMs) during their work—along with those who supervise them—can do so safely, competently, and without posing risks to themselves or others.

To meet these requirements, maintenance staff complete either an online or face to face asbestos awareness course, while supervisors, estates officers, and managers undertake an online or face to face Duty to Manage Asbestos module. Both training elements are expected to be refreshed annually.

We were provided with up-to-date compliance information for each of these courses. We note that 16 staff did not attend booked courses, however we are advised appropriate action has been taken to ensure compliance. Attendance figures are positive at over 85% for both courses, which is a significant improvement from our audit in 2021 when figures were at 43% for Asbestos Awareness and 70% for the Duty to Manage Asbestos training.

Asbestos awareness

Number of staff	In date	Out of date	Long Term Sick
145	124 (85.5%)	18 (12.4%)	3 (2.1%)

Duty to Manage Asbestos

Number of staff	In date	Out of date
98	89 (90.8%)	9 (9.2%)

We also note that within the MICAD system appropriate information is available containing links to HSE duty to manage asbestos, HSE asbestos page and Control of asbestos regulations 2012.

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

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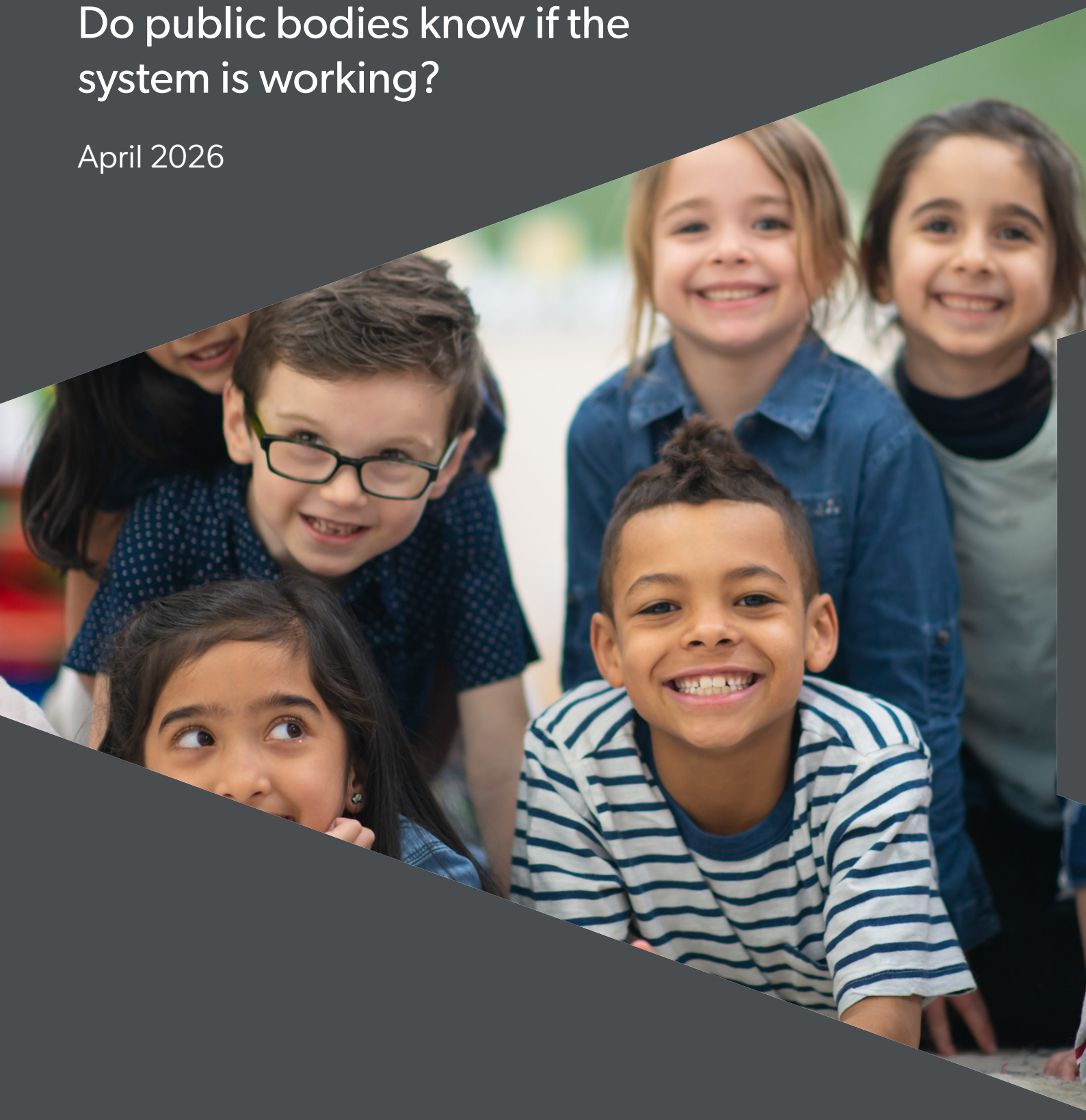
Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.



# Additional Learning Needs

Do public bodies know if the system is working?

April 2026



We have prepared this report under section 145A(1) of the Government of Wales Act 1998 and section 41(3) of the Public Audit (Wales) Act 2004, and present it to the Senedd under section 145A(6) of the 1998 Act.

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# Foreword

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Children and young people with Additional Learning Needs (ALN) include some of the most vulnerable people in society. The system that supports them is vital in helping them fulfil their potential. That system involves different tiers of government and various front-line services.

This report does not get into the detail of that front-line support, although it draws on wider research and external review. Our focus has been on whether public bodies know enough about learners with ALN, including current and future demand. Also, if there is a clear picture of the workforce that supports learners with ALN, relevant spending, the way the system is working generally, and outcomes for learners.

The story that has emerged is one of uncertainty because of gaps in key data. Without a better understanding of these issues, it is difficult to say whether the system is working as well as it could for the learners it supports.

This is even more important because we know that the spending involved in supporting learners with ALN has been increasing, putting pressure on wider budgets. While we cannot put a firm figure on it, the sums that we can more easily identify suggest current annual spending approaching £1 billion. The true figure will be higher.

This picture is not unique to Wales – our audit colleagues in other parts of the UK have highlighted similar issues in recent years. I also recognise that the Welsh Government is working with others on various fronts to improve the system and the data that supports it. My recommendations focus on the Welsh Government's leadership role, but it is just one part of a bigger machine and cannot change everything itself.

There has been a significant amount of work involved in efforts to reform the system for the better over recent years. However, the system remains under strain and there is still a lot more that can be done to ensure it does as well as it can for our children and young people, both now and for future generations.



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**Adrian Crompton**

Auditor General for Wales

# Audit snapshot

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## What we looked at

- 1 This report is about the system that supports people with Additional Learning Needs (ALN) in Wales.
- 2 The Additional Learning Needs and Education Tribunal (Wales) Act 2018 (the Act) introduced a new system to help learners with ALN. The aim was to create a more integrated, collaborative, and person-centred system.
- 3 We looked at whether public bodies understand ALN demand, workforce capacity and skills, costs, and outcomes. We focused mainly on the Welsh Government and councils, and their remit in relation to ALN within schools.

## Why this is important

- 4 Children and young people with ALN can have a broad range of differing needs. Whatever their needs, the ALN system should help overcome barriers so that learners can reach their full potential.
- 5 Before the new system, there was no statutory protection around the support for learners not yet in education. The Act extended provision to learners aged 0-25. And it replaced two separate systems, one helping learners up to age 16 with Special Educational Needs (SEN) and another for post-16 learners with learning difficulties or disabilities. The old and new systems ran in parallel through a phased transition between September 2021 and August 2025.
- 6 A key change has been the new statutory Individual Development Plan (IDP). The IDP replaced non-statutory SEN support – school action, school action plus – and statutory statements of SEN. Previously, statements were reserved for a relatively small group with the highest needs. But the new system gives every learner with ALN an IDP.
- 7 When introducing the Act, the Welsh Government said the previous system was ‘complex, bewildering and adversarial’. However, several reviews have found that challenges remain within the new system. We refer to evidence from various other sources in this report.

## What we have found

- 8 We found that the system is under strain and facing challenges that threaten its sustainability. Public bodies do not have a complete picture of demand, costs, and outcomes so they do not have enough information for effective planning and budgeting, and with which to assess value for money. Ultimately, we have concerns about the current performance of the system in supporting learners to meet their full potential.
- 9 We came to this view because:
  - the system does not have good enough data to understand the extent of growing demand and complexity;
  - patchy workforce data limits the system's understanding of a range of capacity and skills challenges;
  - public bodies do not have a good enough understanding of ALN costs, and we have concerns about the system's financial sustainability; and
  - the goals of the ALN system are clear but there is only a limited picture of whether it is delivering good outcomes for learners and the system remains adversarial despite evidence of some improvement.

## What we recommend

- 10 Our recommendations focus on improving data about learners with ALN and the workforce, making the cost of support for learners more transparent, and collecting data on outcomes. Our aim is to support better long-term planning and to ensure that support for learners with ALN is having the desired impact.
- 11 Our recommendations focus on the Welsh Government and its role as an enabler of change at a national level. Nevertheless, a wide range of public bodies will need to be involved if our recommendations are to be implemented successfully. They do, therefore, have wider relevance. Proposals that the Welsh Government has consulted on recently will also impact other bodies.

# Key facts and figures

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## **48,257 learners**

The number of learners aged 0-25 recorded as having ALN or SEN in 2024/25. Our report explains how this is an incomplete picture.



## **58% reduction**

In the number of school learners recorded as having ALN or SEN between 2018/19 and 2024/25.



## **164% increase**

In the number of school learners with ALN having statutory support through a statement of SEN or now an IDP between 2018/19 and 2024/25.



## **Approaching £1 billion a year**

Approximate current annual cost of delivering and supporting ALN services based on figures identified in this report. But this is not the full picture, and the true cost will be higher.



## **34% increase**

In councils' budgeted expenditure on ALN or SEN between 2018-19 and 2025-26 in real terms.

Note: Our [data tool](#) provides further information on certain ALN costs.

# Our findings

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## Understanding demand

### The full number of learners with ALN is currently unknown, although work is ongoing to fill some data gaps

- 12 The Welsh Government does not collect comprehensive data on the number of learners with ALN. Reasonable data exists for learners in maintained mainstream schools, special schools, independent schools, and those in Education Other Than At School (EOTAS). But there are other gaps in available or published data:
- **Learners below compulsory school age:** The Welsh Government recognises a gap in data for those outside maintained nursery school for whom there is no statutory data collection. However, some information is provided to Care Inspectorate Wales by childcare or play settings that shows 4,188 children with ALN known to councils in 2025. This data covers most, but not all, settings.<sup>1</sup>
  - **Learners above compulsory school age:** Data for schools and EOTAS provides some coverage.<sup>2</sup> However, while data published for further education institutions captures information on learning difficulty or impairment status, based on learners' declarations, this data is not a direct proxy for the number of learners with ALN in those settings. There is other as yet unpublished data on learners with ALN in further education (see **paragraphs 29 to 32**).

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1 Care Inspectorate Wales, [Childcare and Play Self Reporting Data Tool](#), 2025

2 Under both the old and new systems, the school and councils remain responsible for a young person with ALN or SEN who remains in school post-16 up to the age of 19.

- **Elective home-educated learners:** These learners, or their parents or carers, can ask their council to decide if they have ALN.<sup>3</sup> The annual EOTAS census records data about the number of learners known to have chosen home education.<sup>4</sup> However, it may not be complete as there is currently no legal requirement on parents to notify councils if a child is electively home educated. Councils collect some data locally about these learners, including about ALN, but it will not include all learners and is not compiled nationally.
- 13 Also, latest provisional figures show that 13.7% of people aged 16-24 were Not in Employment, Education or Training (NEET) in 2024.<sup>5</sup> These young people are not, by definition, learners; but they may need Additional Learning Provision (ALP) if they were to return to education or training. There is no data about whether young people who are NEET have ALN, their needs, or what ALP would be required if they were to return to education or training.
- 14 The Welsh Government is in the first phase of establishing an ALN dataset. It has set out proposals to improve ALN data for maintained schools that would result in collection of more data around learners' needs and the ALP they require.<sup>6</sup> However, the proposals do not fully address the data issues we highlight above. For example, they do not cover learners that are electively home educated or those in early years other than maintained nurseries. Nor do they cover young people who are NEET.
- 15 The available data for schools and EOTAS settings suggests that there were 48,257 learners recorded as having ALN or SEN in 2024/25 (see **Exhibit 1**). This represents 10% of learners in these settings.

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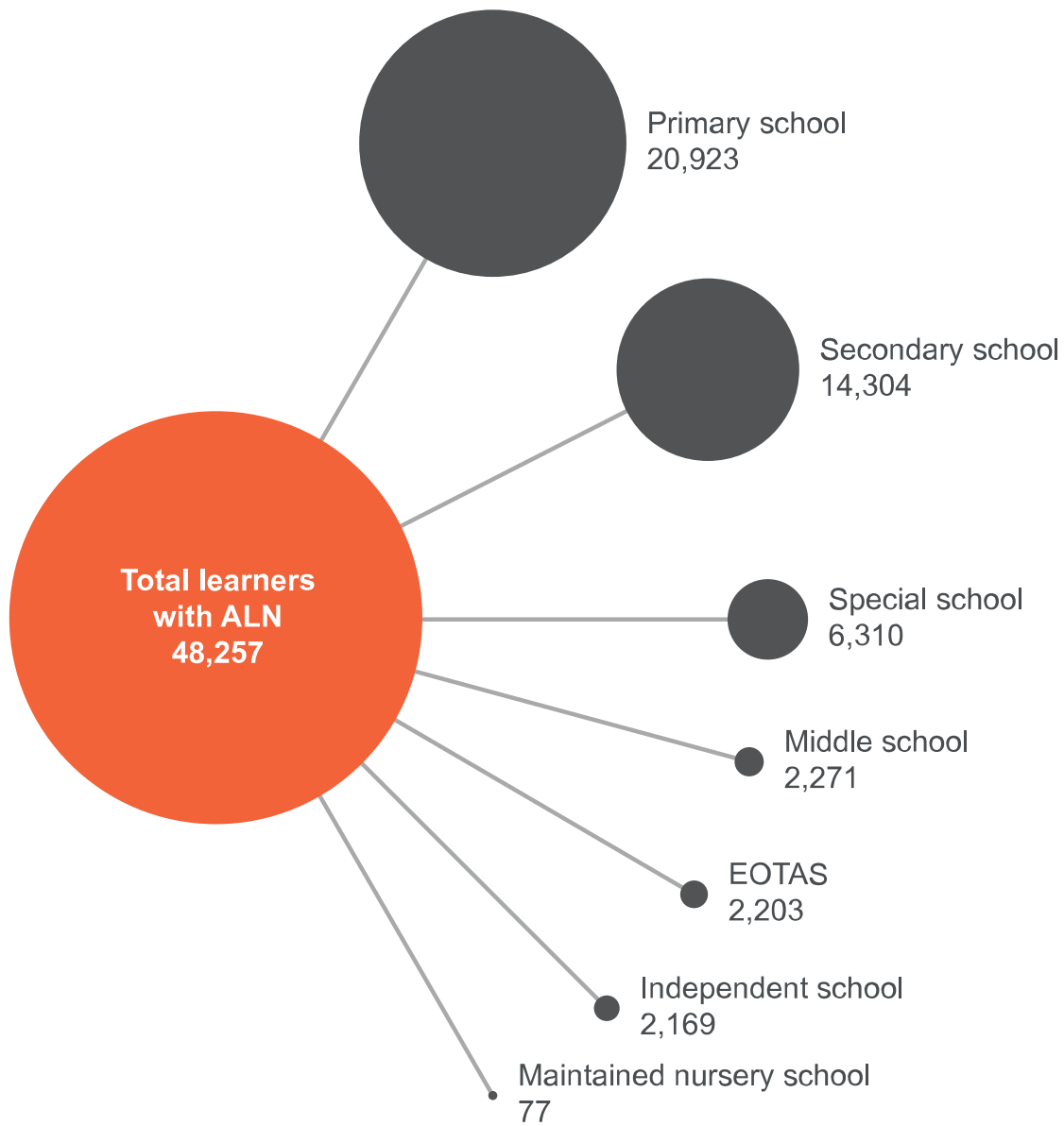
3 The ALN Code states that, if it is brought to their attention, councils must decide if a learner has ALN. If they decide that they do, the council must prepare and maintain an IDP and secure the provision described in that plan.

4 Welsh Government, [Pupils educated other than at school: September 2024 to August 2025](#), August 2025. In 2024/25, 7,176 children and young people were known to be electively home educated. These are counted separately from those in EOTAS.

5 Welsh Government, [Participation of young people in education and the labour market: 2023 and 2024 \(provisional\)](#), November 2025

6 Welsh Government, [Written Statement: First step to strengthen data collection to monitor the additional learning needs \(ALN\) system: Summary of consultation responses](#), February 2026. The Welsh Government has since introduced amended regulations to collect more data about EOTAS learners: Welsh Government, [SL\(6\)780 - The Education \(Information About Individual Pupils and Children in Alternative Provision\) \(Miscellaneous Amendments\) \(Wales\) Regulations 2026](#), February 2026.

**Exhibit 1: number of learners with ALN or SEN in maintained schools, independent schools, and EOTAS, 2024/25**



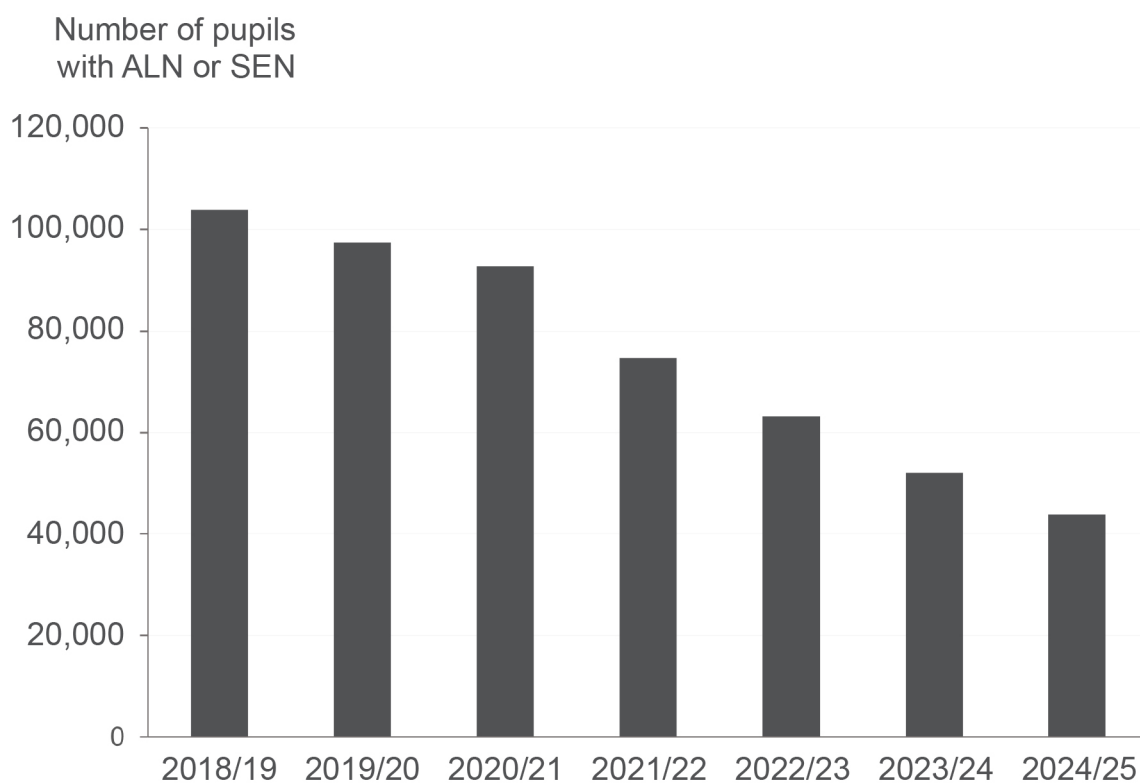
Source: Audit Wales analysis of Welsh Government, [Pupils in maintained schools with additional learning or special educational needs by sector and year](#), [Pupils in independent schools with additional learning or special educational needs by year](#), and [Pupils educated other than at school](#)

Note: EOTAS numbers do not include those who are electively home educated. Also, the EOTAS data is intended to pick up those not included in school data, but there is some possible duplication.

## The number of learners with ALN or SEN in maintained schools has more than halved in recent years

16 **Exhibit 2** shows that the number of learners with ALN or SEN in maintained schools reduced by 58% between 2018/19 and 2024/25. Over the same period, the total number of learners in maintained schools decreased by just 1.5%.

**Exhibit 2: number of learners with ALN or SEN in maintained schools, 2018/19 to 2024/25<sup>1,2</sup>**



Source: Welsh Government, [Pupils in maintained schools with additional learning or special educational needs by sector and year](#)

Notes:

<sup>1</sup> School figures include maintained school settings for learners up to age 16, or 18 for schools with a sixth form.

<sup>2</sup> Before 2021/22, the data covers the SEN system only. From 2021/22, the data covers both the ALN and SEN systems.

- 17 Within the overall reduction in the number of learners in maintained schools with ALN or SEN, the number in special schools increased by 27%, from 4,980 in 2018/19 to 6,310 in 2024/25. The numbers are relatively small, so we have chosen not to show them separately in **Exhibit 2**. However, special schools are important because they cater for a range of needs that are usually more complex and cannot be met in mainstream schools.
- 18 As well as special schools, there are various specialist settings within mainstream schools to provide support that cannot be provided in a mainstream classroom (see **Appendix 3**). These specialist areas, classes, or rooms cater for broad areas of needs, including sensory and/or physical needs and behaviour, emotional and social development needs.
- 19 There is no data nationally on how many learners attend these specialist settings or areas because of their ALN. There is also no data on how much time learners spend in specialist classes, the number of places available, or the cost nationally of these places.
- 20 The Welsh Government is proposing changes to collect more complete and consistent data on learners attending specialist classes (see **footnote 6**). This information should help schools and councils plan services. It should also provide information to help judge if the system is achieving the Welsh Government's goals for inclusive education.<sup>7</sup>

## **The reasons for the fall in the number of learners with ALN in maintained schools are disputed, but the Act means the number receiving statutory support has more than doubled**

- 21 The Act introduced the IDP. The IDP replaced three graduated categories; namely, statutory statements as well as non-statutory categories of support, 'school action' and 'school action plus'. Learners with non-statutory support should have moved to a statutory IDP detailing their needs and action to support them by September 2025, if assessed as having ALN.
- 22 This change was hailed as a significant benefit for learners. From September 2025, all learners with ALN should have an annual review and a route of appeal whereas previously this only applied to learners with the most complex needs who had statements (see **paragraphs 27 and 133**).

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7 Welsh Government, [Additional Learning Needs and Education Tribunal \(Wales\) Act: Explanatory Memorandum incorporating the regulatory impact assessment and explanatory notes](#), January 2018

- 23 The Welsh Government stated that learners who had any SEN under the old system should have an IDP as they moved to the new system.<sup>8</sup> Therefore, the Welsh Government did not expect the fall in learners with ALN or SEN seen in **Exhibit 2**. The reasons for the fall have been disputed. Issues we describe later in this report may also be a factor (see **paragraphs 33 to 41**).
- 24 The Welsh Government initially suggested the decrease was due to schools reviewing their SEN registers ahead of ALN reform, to remove learners no longer considered to have SEN.<sup>9</sup> The Welsh Government also suggested the new Curriculum for Wales's emphasis on inclusive education and high-quality teaching meant some learners formerly requiring ALP could have their needs met in mainstream classrooms.
- 25 A report from the Senedd's Children, Young People and Education Committee considered these points.<sup>10</sup> The Committee concluded that the reduction in the number of learners with ALN or SEN in schools 'appears to be primarily because fewer children with low to moderate learning difficulties or disabilities are being classified as having SEN or ALN'.
- 26 The Committee pointed to the trend in the overall number of learners receiving school action or school action plus support, or with school-maintained IDPs under the new system.<sup>11</sup> The latest data to 2024/25 shows the biggest fall in numbers still under the SEN system has come from school action or school action plus. A school-maintained IDP does not mean a learner has a particular level of need.
- 27 Under the previous system, only learners who had a statement of SEN had a statutory right to support and a right to appeal against decisions. The Act extended these rights to all learners with ALN. As a result, there has been a sharp increase in the number of learners that have statutory support, either through a statement or an IDP.

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8 Welsh Government, The additional learning needs transformation programme: frequently asked questions, October 2020

9 Welsh Government, [Letter from the Minister for Education and Welsh Language to the Chair of the Senedd's Children, Young People and Education Committee](#), September 2022

10 Senedd Cymru, Children, Young People and Education Committee, [Implementation of education reforms: Interim Report](#), July 2024

11 Welsh Government, [Pupils in maintained schools with additional learning or special educational needs by local authority, type of provision and year](#)

- 28 In 2024/25, 34,735 learners in schools had statutory support, compared to 13,160 in 2018/19. This was an increase of 164%. During 2024/25, schools should have made ALN decisions about the 9,125 learners receiving support through school action or school action plus, as well as any newly identified learners, to ensure that, by 1 September 2025, all learners with ALN have an IDP.

## **The number of learners in further education institutions with a self-identified learning difficulty or impairment has increased but this is not a direct proxy for ALN**

- 29 By 1 September 2025, learners with ALN should start college with an IDP to aid their transition, except in specified circumstances, such as if they are waiting for an ALN decision or do not consent to an IDP being prepared.
- 30 Work by Estyn in 2024/25 found most colleges reported an increase in the number of learners starting college who required support but either had not been previously identified as having ALN or SEN or who had chosen not to have an IDP. Colleges told Estyn that learners who came to them from alternative provision or EOTAS tended not to have IDPs.<sup>12</sup>
- 31 Medr (the Commission for Tertiary Education and Research) is working to improve the quality of data collected on learners with ALN.<sup>13</sup> Currently data is published about the number of learners under 25 with a self-identified learning difficulty or impairment. However, this is not a direct proxy for ALN. Other information on learners with ALN is being collected nationally, but numbers have not yet been published due to concerns about data quality.
- 32 The available published data shows a fall between 2018/19 and 2020/21, but the number has since increased.<sup>14</sup> In 2024/25, there were around 12,760 learners under 25 in further education who said they had a learning difficulty or impairment. This was 19% higher than in 2018/19, when there were around 10,765 such learners. Over the same period, the total number of learners under 25 in further education increased by 4%.

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12 Estyn, [Implementation of post-16 aspects of Additional Learning Needs](#), November 2025

13 [Medr](#) is the new Welsh Government arm's length body responsible for funding and regulating the tertiary education and research sector.

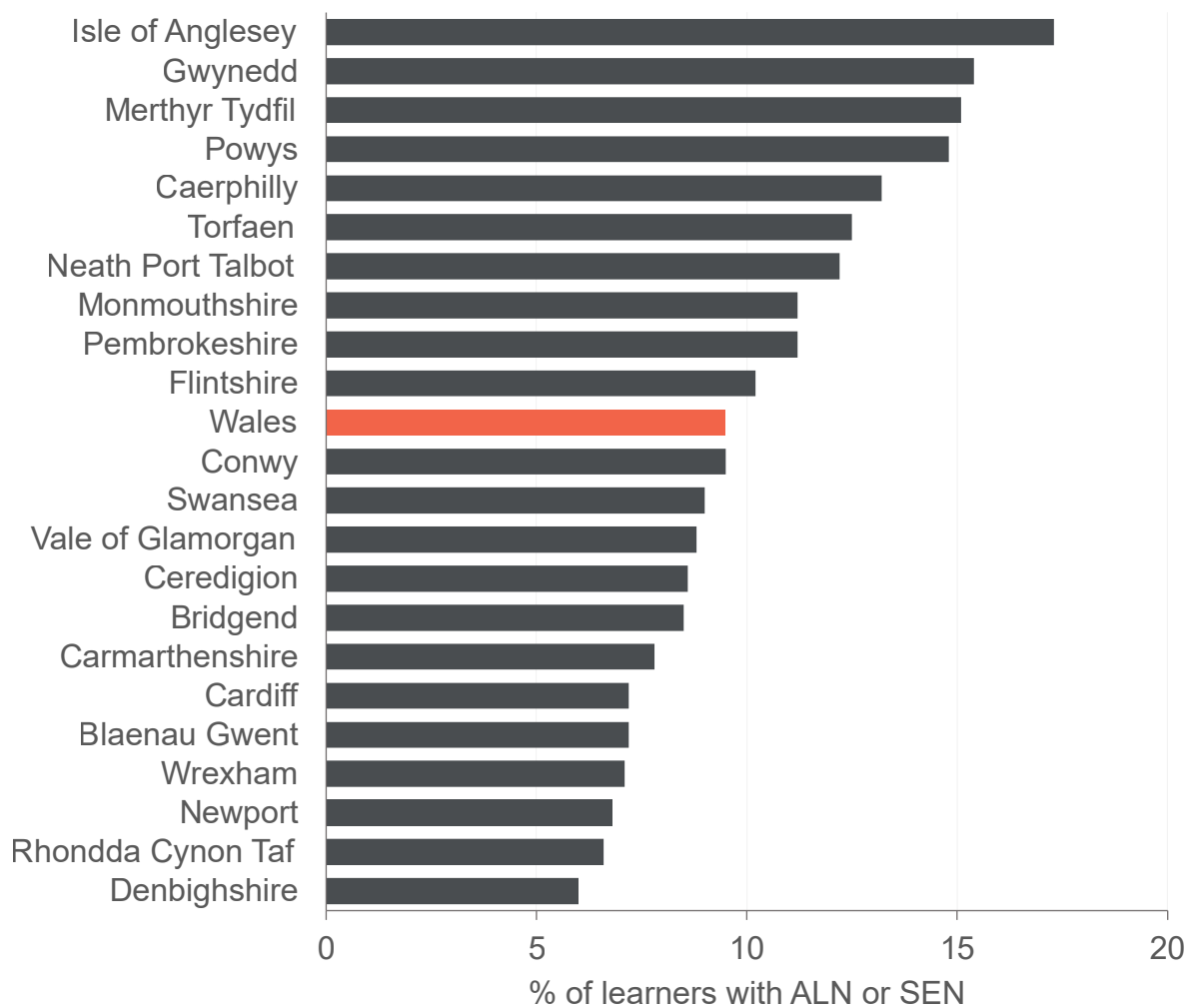
14 Welsh Government, [Learners in further education, apprenticeships and community learning by home region, provision type and demographic information](#)

## Councils have different interpretations of the definition of ALN, which could be leading to inconsistent understanding of need

### Councils have different thresholds for deciding if learners have ALN

33 The proportion of learners with ALN or SEN in maintained schools varies significantly between councils (see **Exhibit 3**). Isle of Anglesey had the highest proportion in 2024/25 (17.3%). The lowest in Wales was Denbighshire (6.0%) and the Wales average was 9.5%.

**Exhibit 3: percentage of maintained school learners with ALN or SEN by council, 2024/25**



Source: Welsh Government, [Pupils in maintained schools with additional learning or special educational needs by local authority, type of provision and year](#)

- 34 Differences in the proportion of learners with ALN between councils are, at least in part, due to how they interpret ALN and ALP. Deciding if a learner has ALN is inherently subjective.
- 35 Similarly, there is no definition of provision made generally available in school so there is no universal understanding of what is additional. Research by the University of Bristol, in partnership with the Welsh Government, has reported that ALP ‘varies massively from one school to the next’. Variations were more due to the space, staffing, and other resources available than learners’ needs.<sup>15</sup>
- 36 The Senedd’s Children, Young People and Education Committee recommended that the Welsh Government should review differences between schools in judging when support is ALP rather than routine classroom teaching and support (see **footnote 10**). In October 2024, the Welsh Government announced a review of the Act and the ALN Code which, among other issues, was to look at the clarity and consistency of the legislative framework.
- 37 In October 2025, the Cabinet Secretary for Education told the Senedd’s Children, Young People and Education Committee that practical guidance on identifying and evidencing ALN would be made available to councils, schools, and colleges by the end of March 2026. At the time of writing this report, the guidance was due to be published on 27 March 2026.<sup>16</sup>
- 38 Work to develop guidance about what constitutes ‘generally available provision’ is also underway as well as a review of the ALN Code. These will not be completed until later. The Welsh Government has established an ALN delivery and improvement board to provide stronger oversight of improvements from September 2025.

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15 University of Bristol, [What should constitute ‘Generally Available’ Provision in schools in Wales?](#), January 2025. This research led to a further working paper to help understand what provision should be generally available: University of Bristol, [A Model for Inclusive Education in Wales](#), April 2025.

16 Senedd Cymru, Children, Young People and Education Committee, [Implementation of Education Reforms](#), February 2026

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## Contrary to the intentions of the Act, Estyn and others have found that some learners were receiving ALP but did not have an IDP

- 39 The IDP should describe all ALP. As under the old system, schools should operate a graduated response, so learners receive the lowest level of ALP to meet their needs.
- 40 Estyn’s reviews of ALN implementation have found variable practices, with some schools operating an informal system where some learners received ALP but did not have an IDP.<sup>17</sup> Research by the University of Bristol has found some schools were operating a graduated response, with IDPs reserved for learners with the most serious ALN (see **footnote 15**). Terms such as ‘targeted provision’ and ‘specialist provision’ had been used in these cases. The Act and the ALN Code do not define these terms.
- 41 The category of learners receiving ALP without an IDP is contrary to the Act’s intentions and, if it continues, raises concerns about oversight and resource implications. Work the Welsh Government is doing around the clarity and consistency of the legislative framework could help address this issue.

## Stakeholders told us that learners’ needs are becoming more complex, but the wider evidence is not definitive

- 42 During our fieldwork, many people told us that the system was facing more learners with increasingly complex ALN. This may seem at odds with the fact that the overall number of learners with ALN or SEN in maintained schools has fallen sharply (see **Exhibit 2**).
- 43 We heard that one impact of the COVID-19 pandemic has been that more young learners have speech and language delay. The number of learners in maintained schools with speech and language difficulties has fallen since 2018/19 as part of the overall fall in learners with ALN or SEN. However, those with speech and language problems made up 36% of learners with ALN or SEN in 2024/25 compared to 24% in 2018/19.<sup>18</sup>

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17 Estyn, [The new additional learning needs system: Progress of schools and local authorities in supporting pupils with additional learning needs](#), September 2023. Estyn, [The additional learning needs system - Progress of schools, settings and local authorities in supporting pupils with additional learning needs](#), December 2024.

18 Welsh Government, [Reports of additional learning or special educational needs in maintained schools by type of need, type of provision and year](#)

- 44 Many people we spoke to also commented that more learners face mental health issues. The available data does not enable us to judge if this is increasing demand for ALP. This is partly because there is no single category to capture ALN attributable to mental health issues. The data shows a large fall in the number of learners with 'behavioural, emotional, and social difficulties', down from 24,995 in 2018/19 to 14,845 in 2024/25. The number of learners with 'physical and medical difficulties', which could include mental illness, fell from 7,290 in 2018/19 to 3,780 in 2024/25.
- 45 The wider evidence of growing complexity is not definitive. However, special schools take learners with the most complex needs and numbers have been increasing (see **paragraph 17**). The Senedd's Children, Young People and Education Committee found that many special schools are over-subscribed, and some councils are building more capacity (see **footnote 10**).
- 46 Also, the number of learners in school with Autism Spectrum Disorder (ASD) in 2024/25 reached nearly 11,000. This is 30% higher than in 2018/19 and represents a quarter of learners with ALN or SEN. **Appendix 2** provides more detail on the number of learners with different needs.

## **There is no national data on waiting times for ALN decisions, and support while waiting varies**

- 47 Some ALN decisions are simple while others are complex, involving multiple organisations. The ALN Code sets various statutory timescales. For example, there is a timescale for preparing an IDP and a requirement for annual review.<sup>19</sup>
- 48 Some councils we spoke to during our fieldwork had information on whether they, or their schools, are meeting statutory timescales. This data is not collected nationally so it is not possible to get a full picture of performance currently. The Welsh Government consulted on whether to collect data on the timeliness of ALN decisions and reviews. It is now introducing changes that will help monitor compliance (see **footnote 6**).

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19 For schools and councils, the timescales for preparing an IDP from it being brought to their attention that a learner may have ALN are 35 school days and 12 weeks respectively. For further education institutions, the timescale is 35 term days from the date the learner consented to a decision being made about their potential ALN.

- 49 The ALN Code is clear that support can be provided before an ALN decision but we heard this does not always happen. Councils we spoke to had different approaches; some required an ALN decision before providing support while others did not. Bodies representing learners with ALN told us that, in practice, having an ALN decision is often required before a learner can receive appropriate support. A recent survey also suggested parents and carers hold similar views.<sup>20</sup>
- 50 The Children’s Commissioner for Wales has raised concerns arising from their casework about a lack of support for some learners while they wait for an ALN decision. This is a particular concern if learners are waiting for health service input as waiting times for assessment or treatment can be long.
- 51 For around two-thirds of cases, schools need input from elsewhere to decide whether a learner has ALN.<sup>21</sup> During our fieldwork, people from a range of different organisations raised concerns about waiting times where wider input is involved. This can include, for example, speech and communication assessments, as well as education psychologist appointments.
- 52 A 2024 joint review by inspectors highlighted that, while waiting times have improved for Child and Adolescent Mental Health Service (CAMHS) assessments, children and young people can wait a long time for treatment or follow-up. Many practitioners felt that the threshold for accessing CAMHS had increased since the start of the COVID-19 pandemic.<sup>22</sup>

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20 Welsh Government, [Evaluation of the Additional Learning Needs system: survey of parents and carers](#), October 2025

21 Welsh Government, [Pupils with additional learning of special educational needs by sector, provision and level of support provided](#)

22 Healthcare Inspectorate Wales, Estyn, and Care Inspectorate Wales, [How are healthcare, education, and children’s services supporting the mental health needs of children and young people in Wales?](#), November 2024. For waiting times data, see for example Welsh Government, [Mental Health Measure Part 1: Local Primary Mental Health Support Services](#).

- 53 Senedd Research highlighted there has also been a particular issue with waiting times for NHS assessments for ASD or Attention Deficit Hyperactivity Disorder (ADHD).<sup>23</sup> That research did not refer to ALN decisions or waiting times for ALN identification. However, it did highlight that the ALN reforms were supposed to mean support would be needs led, rather than diagnosis led, but that this was not always happening in practice.
- 54 Long waiting times may encourage parents and carers to seek private diagnoses and assessments. Councils and schools vary in their approach to accepting private reports, with some expressing concerns about inequality in access. NHS Wales has provided guidance on accepting private diagnoses, for example for autism.<sup>24</sup> There is no similar guidance for education services.

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23 Senedd Research found that 16,812 children and young people were waiting for an ASD/ADHD assessment in December 2023, an increase of 87% on February 2022. This was based on data from published Welsh Government responses to Freedom of Information requests. Senedd Research, [The growing demand for ADHD and autism assessments in Wales](#), November 2024.

24 Welsh Government, [Code of practice on the delivery of autism services 2021](#), November 2021

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## Understanding workforce capacity and skills

### Data on the ALN workforce is patchy

- 55 To some extent, all teachers in schools and further education teach learners with ALN. It is difficult to estimate what proportion of their time is spent on learners with ALN. The same is true for teaching assistants who can provide structured interventions for learners with ALN. For our audit, we considered the ALN workforce to include staff who spend most of their time working with and supporting learners with ALN, including ALNCos.
- 56 Data is available on the workforce in care and play settings, schools, and further education. This includes some information on ALN staff but there are areas of the ALN workforce about which we have no information at a national level.
- 57 Care Inspectorate Wales has some information about childcare and play settings (see **footnote 1**). But this is based on voluntary returns and may not represent the whole sector.
- 58 There is also no national data on the number of ALN staff employed directly by councils. Such staff include specialist teachers, educational psychologists, and statutory posts such as Early Years ALN Lead Officers (EYALNLOs).
- 59 The best workforce data we have is the school workforce annual census which describes the number of school staff employed mainly or solely to support learners with physical, social, or emotional needs. There were 2,810 full-time equivalent ALN support staff employed as teaching assistants or similar in Wales in 2024/25.<sup>25</sup>
- 60 The school workforce annual census does not distinguish teachers who mainly or only teach learners with ALN. However, in 2024/25, 1,905 full or part-time teachers (6.6%) received an ALN allowance averaging £3,038.<sup>26</sup>

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25 Welsh Government, [Support staff by measure \(full-person equivalent \(FPE\) and full-time equivalent \(FTE\)\) and staff category](#)

26 Welsh Government, [Number of teachers that have received an allowance by local authority and allowance type](#); and [Average \(mean and median\) allowance amount received by local authority and allowance type](#). ALN allowances vary and are paid at governors' discretion to those on the main teachers' pay scale in specified circumstances, including posts requiring an ALN qualification or teaching in certain settings.

## **There are challenges recruiting and retaining support staff**

- 61 During our fieldwork, many people told us about difficulties recruiting and retaining teaching assistants. The number of teaching assistants employed has fallen in recent years and ALN support staff can face job insecurity if their post is tied to a specified learner.
- 62 Councils set terms and conditions for support staff, and these vary across Wales. Concerns such as low pay for education-based support staff apply more broadly. We heard that some teaching assistants leave for jobs that seem less stressful but pay the same or better. Staff turnover potentially has a greater impact on learners with ALN who have specific support needs and build close relationships with their support staff. Medr has noted that there are also concerns about staff supply in further education, notably around independent living support.

## **There is uncertainty about the availability of specialist teachers of deaf, visually impaired, or multi-sensory impaired learners**

- 63 Most deaf, visually impaired, or multi-sensory impaired learners attend mainstream schools. There is no routinely collected national data to show how many teachers of these learners are employed by schools and councils.
- 64 Research in 2024/25 found there were 62.1 full-time equivalent teachers of deaf learners in Wales and 26.7 full-time equivalent specialist support staff. Most teachers worked peripatetically or in one of the 19 designated units for deaf learners. The caseload of services for deaf learners varies considerably.<sup>27</sup>

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27 Consortium for Research in Deaf Education, [2025 report for Wales – Education provision for deaf children in Wales in 2024/25](#), December 2025

- 65 A report drawing on Freedom of Information requests to each council found there were 36.5 full-time equivalent qualified teachers of visually impaired and multi-sensory impaired learners across the 22 councils. Most held a specialist qualification or were in training. There were also 38.2 full-time equivalent teaching assistants or specialist support staff. Again, average caseload per teacher varied.<sup>28</sup>
- 66 During our fieldwork, several people expressed concerns about training for specialist teachers of deaf, visually impaired and multi-sensory impaired learners. Unlike in England, these teachers in Wales do not need a specialist qualification in addition to their qualified teacher status. Also, there are no specialist teacher training courses in Wales. The two reports described above found low vacancy numbers, but we heard concerns about the ability to replace staff approaching retirement or to recruit teachers able to work in Welsh or British Sign Language.
- 67 The Welsh Government plans to address issues around the training and availability of teachers of deaf, visually impaired, and multi-sensory impaired learners, as well as other specialist staff, in its Strategic Education Workforce Plan for Schools. That plan had not been published at the time of writing this report.

## **The Welsh Government is providing funding for all Additional Learning Needs Co-ordinators to become part of school senior management**

- 68 The Act introduced a new and extended role into schools, the Additional Learning Needs Co-ordinator (ALNCo). This replaced the Special Educational Needs Co-ordinator (SENCo) role from January 2021.
- 69 The ALNCo has strategic responsibility to ensure the needs of all learners with ALN are met. Estyn has found that, while most ALNCos were committed to their role, many had other teaching or leadership roles and said that they did not have sufficient time for their duties (see **footnote 17**).

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28 Royal National Institute of Blind People (RNIB) Cymru, [Education Provision for Children and Young People with Vision Impairment in Wales](#), August 2025

- 70 The Welsh Government formed a task and finish group to look at the terms and conditions of ALNCoS.<sup>29</sup> The group recommended that ALNCoS should be part of a school's senior management team and remunerated as such. The Independent Welsh Pay Review Body later endorsed that view and recommended that the Welsh Government do research to determine appropriate non-contact time for ALNCoS.<sup>30</sup>
- 71 In 2024/25, 67% of ALNCoS in schools were employed at grades below the assistant, deputy, or head teacher.<sup>31</sup> Council officers we spoke to told us that, while they welcomed the sentiment that ALNCoS should be part of the senior leadership team, they were concerned about the additional cost.
- 72 In February 2026, the Welsh Government confirmed it would change the terms and conditions of ALNCoS to recognise their strategic leadership role as part of school senior leadership.<sup>32</sup> It had previously allocated £5 million to councils in 2024-25 and £2.3 million in 2025-26 to prepare for and support ALNCoS to move onto the leadership pay scale. From 2026-27, £4 million will be included within core council funding – the revenue support grant – to recognise this additional cost.

## **There are issues with staffing and learning resources in the Welsh language**

- 73 The Act aimed to create a bilingual system. Services must consider if a learner needs ALP in Welsh and 'all reasonable steps' must be taken to secure that provision.
- 74 The Act requires Welsh Ministers to review Welsh medium ALN provision every five years. The first review must be published by 1 September 2026, five years after implementation of the ALN reforms started. The review is underway, but there is currently no full national picture of ALN provision available through the medium of Welsh.

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29 Welsh Government, [ALNCo task and finish group: report to the Minister for Education and Welsh Language](#), February 2024

30 Independent Welsh Pay Review Body, [Independent Welsh Pay Review Body: Fifth Report - 2024](#), June 2024

31 Welsh Government, [Additional Learning Needs \(ALN\) co-ordinators by staff category and sector](#)

32 Welsh Government, [Written Statement: Pay Order related to moving Additional Learning Needs Coordinators to leadership pay and conditions](#), February 2026

- 75 A 2023 report from the Welsh Language Commissioner and Children’s Commissioner for Wales concluded that there is a long way to go to realise a bilingual ALN system.<sup>33</sup> The report said there is ‘unequivocal evidence that a significant number of Welsh medium learners either receive support through the medium of English or do not receive the full support they need’. During our fieldwork, we heard about instances where learners with ALN in Welsh medium schools did not receive support in Welsh.
- 76 The Welsh Government appointed a Welsh Language Implementation Lead as one of several posts to support the ALN reform process. During fieldwork, we heard that this appointment was very welcome.<sup>34</sup> An unpublished 2025 report on ALN support in Welsh language schools prepared by that postholder highlighted areas of concern including the availability of training in the Welsh language for ALN and other staff.<sup>35</sup>
- 77 Welsh Government data suggests 80% of support staff working in Welsh medium schools have assessed their language skills as advanced or proficient.<sup>36</sup> However, councils can struggle in some areas of Wales to employ Welsh-speaking psychologists and specialist teachers even where they can provide ALP in Welsh.
- 78 There are a range of settings within mainstream schools, special schools and alternative provision in which learners with ALN may receive support (see **Appendix 3**). The overall level of Welsh language provision and the number of learners receiving Welsh language support in these settings is not currently known, although the Welsh Government collects some relevant data.
- 79 The Welsh Government has recognised a gap in learning resources in the Welsh language generally. It set up Adnodd in 2023 as a wholly owned company to commission bilingual resources aligned with the Curriculum for Wales.

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33 Welsh Language Commissioner and Children’s Commissioner for Wales, The Welsh Language in the Additional Learning Needs System, June 2023

34 Similarly, and while not specific to the Welsh language, we heard that the appointment of an ALN Transformation Lead for Further Education was also very welcome.

35 Unpublished report by the Welsh Government’s Welsh Language Implementation Lead, ALN Welsh medium workforce and professional learning, May 2025

36 Welsh Government, Support staff Welsh language ability by local authority

- 80 Adnodd's initial research showed a lack of inclusive, suitable resources for learners with ALN and other groups.<sup>37</sup> Adnodd is working with the Books Council of Wales to develop a Welsh language reading scheme for learners with ALN aged 7-12.<sup>38</sup> The scheme is due to be published in Spring 2027.
- 81 There have been long-term issues with the availability of assessments and diagnostic tests in the Welsh language. In 2024, the Welsh Government funded research to develop new Welsh language tests that measure learners' reading and writing skills.<sup>39</sup> These are now expected to be available in early summer 2026 for those aged 11-17. The Welsh Government is working with partners to develop tests for younger learners.
- 82 We heard about Welsh medium learners having assessments in English. The Welsh Government funds 10 places annually to train as an educational psychologist. At least three of these places must now be for fluent Welsh speakers or students who would be able to work through the medium of Welsh by the time they graduate. It remains to be seen if this support will help reduce waiting times.

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37 Adnodd, [Research: How people find and use educational resources in Wales](#), May 2025

38 The [Books Council of Wales](#) is a charity partly funded by the Welsh Government.

39 This refers to a collection of nine tests that measure learners' performance against a representative sample or peer group.

## Understanding costs

### We have concerns about the sustainability of councils' ALN spending, and there is a lack of transparency around total expenditure

#### Council revenue budgets for ALN are increasing more sharply than their wider education budgets

- 83 Each year, the Welsh Government provides a revenue support grant and redistributed business rates to each council to support service delivery. The revenue support grant is calculated using a complex formula aimed at ensuring fair distribution, reflecting councils' relative spending needs. The formula also includes assumptions on how much additional revenue councils receive from council tax. Councils can also receive income from other sources.
- 84 The formula includes a notional amount for special education, but this is not a spending target and does not cover all ALN support.<sup>40</sup> Councils can allocate more or less than the notional amount as part of their wider ALN spending. For 2025-26, the Welsh Government's overall notional allocation for special education was £398 million. Councils budgeted £668 million for ALN services overall.
- 85 Councils use different formulas to set their ALN revenue budgets.<sup>41</sup> This, coupled with other factors including varying demand, results in significant variation in ALN budgets per pupil. For 2025-26, Merthyr Tydfil had the largest ALN budget per pupil at £2,258, whilst Rhondda Cynon Taf had the smallest at £1,086. Our [data tool](#) gives further detail of variances over time.
- 86 **Exhibit 4** shows that between 2018-19 and 2025-26 council revenue budgets for ALN or SEN services increased from £381 million to £668 million. This is an increase of 75% in cash terms and 34% in real terms.<sup>42</sup> This is despite the sharp fall in the number of maintained school learners identified as having ALN or SEN (see **Exhibit 2**). However, this increase in budgets also needs to be seen in the context of the increase in the number of learners with statutory support (see **paragraph 28**) and increasing numbers in special schools (see **paragraph 17**).

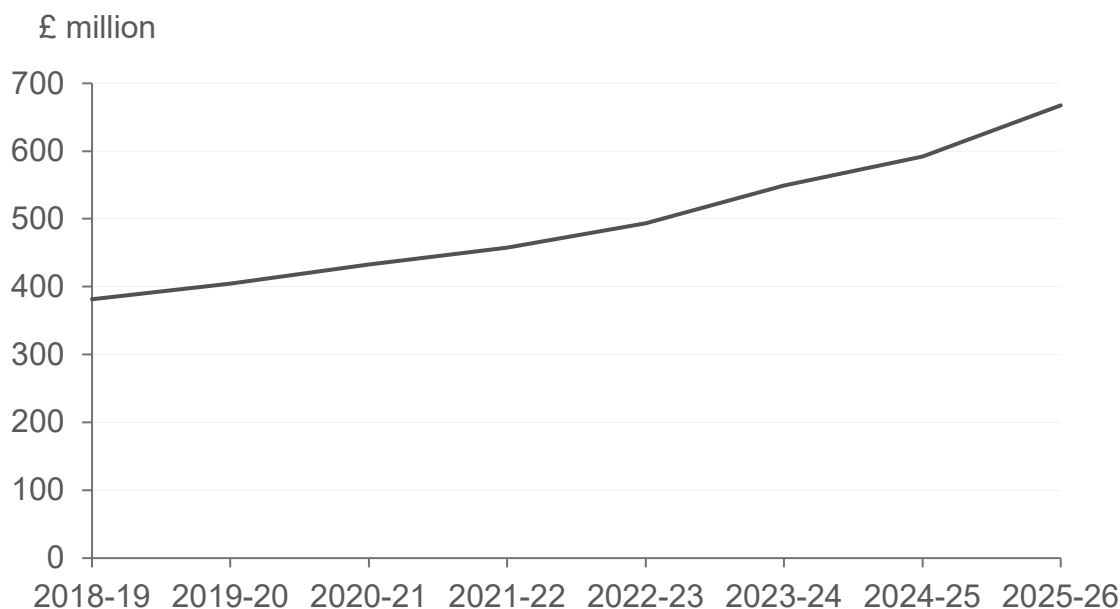
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40 We are currently examining local government funding arrangements, including issues relating to the formula for the revenue support grant, as part of a separate review.

41 Welsh Government, [Review of the school funding formula](#), February 2025.

42 Real terms figures are adjusted to take account of inflation using HM Treasury, [GDP deflators at market prices, and money GDP](#), March 2026.

### Exhibit 4: council revenue budgets for ALN or SEN services, 2018-19 to 2025-26



Source: Audit Wales analysis of Welsh Government, [Budgeted expenditure on Special Educational Needs provision](#)

87 Councils’ ALN budgets have been increasing more sharply than their wider education budgets, meaning ALN is making up a bigger share. Councils’ overall net revenue expenditure budgets for education increased from £2.3 billion to £3.3 billion between 2018-19 and 2025-26. This is an increase of 45% in cash terms and 11% in real terms.<sup>43</sup>

43 Welsh Government, [Local authority budgeted expenditure on schools](#), July 2025. Net revenue education budgets exclude expenditure funded by specific government grants. The data includes school and non-school expenditure.

## There is a lack of transparency around how much of their allocated ALN budgets mainstream schools spend on ALP and what it is spent on

- 88 Councils' ALN revenue budgets are in two parts:
- **Delegated budget** – which councils distribute to mainstream and special schools. In 2025-26, 40% of councils' ALN revenue budget was allocated to mainstream schools and 29% to special schools.
  - **Non delegated budget** – which is retained by councils for central services, including centrally employed staff, as described in **paragraph 58**. This accounted for the remaining 31% of councils' ALN revenue budgets in 2025-26.
- 89 Councils differ in their level of delegation and the central services they provide, for example whether they centrally fund pupil referral units or ALN specialist units. In 2025-26, Denbighshire delegated the largest proportion of its overall ALN budget to schools at 84%. Merthyr Tydfil delegated the smallest proportion at 49%.<sup>44</sup>
- 90 The Welsh Government requires that councils report their actual spending in relation to non delegated revenue budgets and delegated revenue budgets in special schools. Councils do not need to report their spending in relation to school revenue ALN budgets in mainstream schools.
- 91 Beyond this, there are gaps in understanding around the level of staffing and additional services that ALN budgets provide for in mainstream schools. These budgets can cover a wide range of things, such as specialist staff, training, learner assessments, and supporting disputes and tribunals. In part, these gaps are caused by inconsistency in what is classed as ALN spend, which the Welsh Government has acknowledged.
- 92 The Welsh Government does not want to dictate how councils spend their funding. It is also concerned that annual reporting on ALN revenue spending in mainstream schools would require fundamental changes to school financial systems and clear definitions. However, the current situation means it is unclear how much mainstream schools are spending on ALN overall and on different things, if they are under or overspending, or how spending varies between schools.

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44 Welsh Government, Budgeted expenditure on Special Educational Needs (SEN) and Additional Learning Needs (ALN) provision: April 2025 to March 2026, June 2025

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## The Welsh Government recognises council ALN funding is complex and plans to make it more transparent

- 93 In 2019, the Senedd's Children, Young People and Education Committee made recommendations to improve the way school funding is distributed.<sup>45</sup> In early 2025, the Welsh Government published findings from its own review of the school funding formula (see **footnote 41**).
- 94 The Welsh Government's review recommended that ALN funding should form its own funding stream within the overall delegated budget for mainstream schools. The review said this would make it clearer that ALN funding is part of the overall mainstream budget and inform debate on the appropriate levels and use of ALN funding.
- 95 In 2025, the Welsh Government consulted on the review's recommendations. The Welsh Government's summary of consultation responses points to wider recognition that the changes described would provide more consistent, comparable and transparent information, enabling any inequalities to be more easily identified and challenged.<sup>46</sup> However, it remains to be seen whether the proposed changes will address the issues we raise in **paragraphs 91 to 92**.

## The available data shows council spending on ALN services has increased well beyond inflation since 2018-19

- 96 We have previously commented that ALN services are a key cost pressure for schools.<sup>47</sup> **Exhibit 5** shows our analysis of available data on council spending on ALN or SEN services. Between 2018-19 and 2024-25, non delegated spending on ALN or SEN services and spending in special schools increased overall from £226.8 million to £376.5 million. This is an increase of 66% in cash terms and 31% in real terms. Our [data tool](#) provides further detail for individual councils.

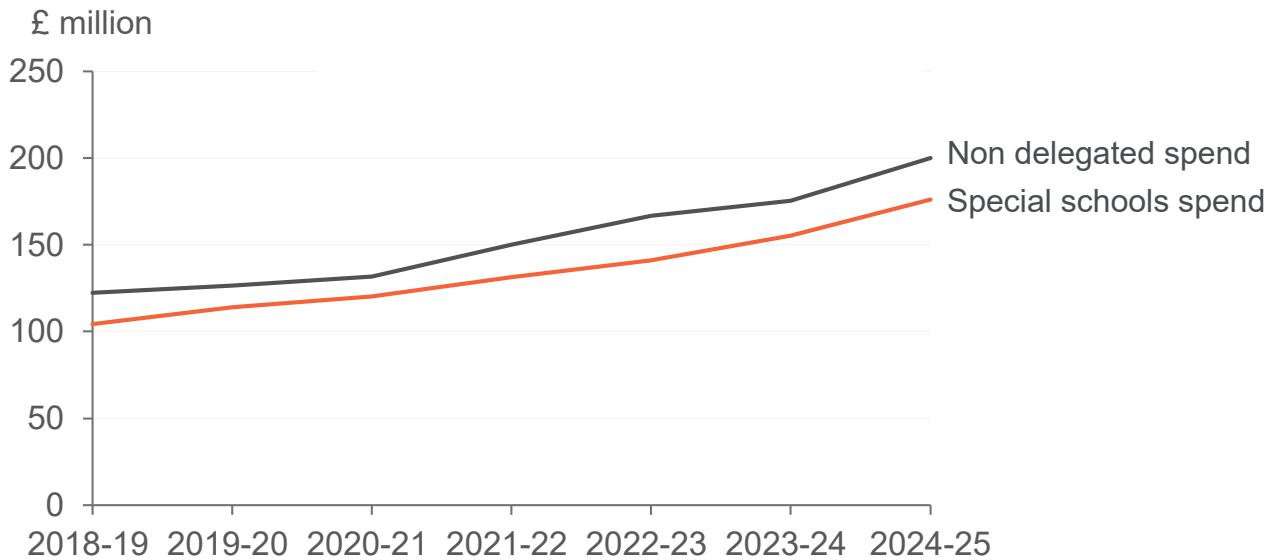
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45 Senedd Cymru, Children, Young People and Education Committee, [School Funding in Wales](#), July 2019

46 Welsh Government, [The School Funding, Budget Statements and Outturn Statements \(Wales\) Regulations 2026 – summary of responses](#), November 2025

47 Audit Wales, [Financial sustainability of local government](#), December 2024

**Exhibit 5: council non delegated spending on ALN or SEN services and spending in special schools between 2018-19 and 2024-25**



Source: Audit Wales analysis of Welsh Government, [Education revenue outturn expenditure by authority and service](#)

Note: These figures do not include delegated outturn spending in mainstream schools, which is not separately reported.

- 97 As with the trend in budgets (see **paragraph 87**), ALN spending has increased more sharply than overall net education spending. The rise in spending in special schools needs to be seen in the context of the rise in learners in special schools over the same period (see **paragraph 17**).
- 98 For context, spending on education services overall increased from £2.7 billion in 2018-19 to £3.9 billion in 2024-25. This was a 45% increase in cash terms and 14% in real terms.
- 99 We heard concerns during our fieldwork about the rising trend in ALN spending. A recent Welsh Local Government Association submission to the Senedd’s Finance Committee echoed this.<sup>48</sup> It said ALN costs have been rising year on year and are unsustainable without increased central funding.

48 Welsh Local Government Association, [Response to Senedd Finance Committee consultation on the Welsh Government draft budget for 2026-27](#), September 2025

## Home to school or college transport costs are significant but are assumed to sit outside official ALN spending figures

- 100 The ALN Code states that travel requirements should be recorded on the IDP if a placement depends on transport. This could, for example, be to a particular school, which may not be the local school, or because a learner cannot travel independently.
- 101 During our fieldwork, we heard that councils are facing rising transport costs for learners with ALN or SEN. This was attributed mainly to more learners with complex needs and more attending special schools, as well as general pressures such as rising fuel and staff costs.
- 102 Councils' reported revenue budgets for ALN, as described in **paragraphs 83 to 87**, are assumed to exclude home to school transport costs, although feedback we have received has suggested this might not be clear cut. Overall, councils' home to school transport budgets increased from £112.7 million in 2018-19 to £206.2 million in 2025-26.<sup>49</sup> This is a rise of 83% in cash terms and 40% in real terms.
- 103 The National Audit Office has found that around two thirds of school transport spending in England was for transporting children with SEND.<sup>50</sup> Applying that proportion to Wales would suggest the budgeted cost of transporting learners with ALN or SEN may be around £137 million in 2025-26. We cannot be sure how close this is to the actual cost.
- 104 Councils also fund home to college transport for some learners in post-compulsory education. Much of this spending is likely to relate to learners with ALN because the circumstances in which councils provide free transport in post-compulsory education are limited.<sup>51</sup> Budgeted spending on home to college transport in 2025-26 was £11.1 million.<sup>52</sup> Medr has noted that transport costs can also be a reason why learners apply for other available financial support.
- 105 In addition to transport costs, the Welsh Government has highlighted that a rise in complexity and diversification of ALN or SEN has spread spending across more services and budgets. This means there will be other council spending on ALN that is not currently quantified.

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49 Data for 2024-25 and 2025-26 is from the Welsh Government's [Budgeted education revenue expenditure by authority and service](#). The Welsh Government provided us with data for prior years.

50 National Audit Office, [Home to School Transport](#), October 2025

51 The [Learner Travel \(Wales\) Measure 2008](#) and subsequent guidance provide the framework for decisions on council funded home to school/college transport.

52 Welsh Government, [Budgeted education revenue expenditure by authority and service](#)

## The Welsh Government has recently announced plans to significantly increase capital investment in ALN provision

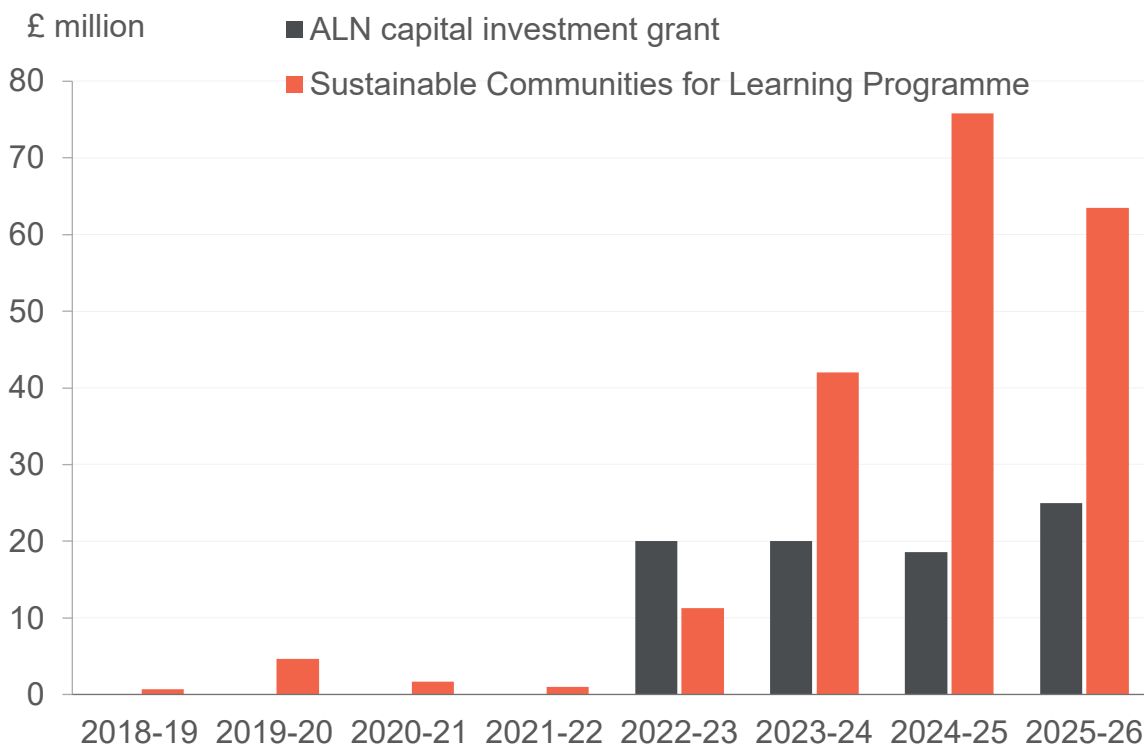
- 106 Since 2022-23, the Welsh Government has provided a dedicated ALN capital investment grant to councils. Between 2022-23 and 2024-25, the Welsh Government spent £58.6 million through this grant. In 2025-26, the Welsh Government extended the grant to further education, with a £5 million allocation on top of its £20 million allocation to councils.<sup>53</sup> It has again allocated £20 million to councils and £5 million to further education for 2026-27. The Welsh Government provides 100% funding for projects through this grant.
- 107 The Welsh Government's Sustainable Communities for Learning Programme has also benefited learners with ALN.<sup>54</sup> Between 2018-19 and 2024-25, the Welsh Government spent £137 million on ALN specific schemes. It allocated a further £63.5 million for 2025-26. The Welsh Government has reported to us that councils' contributions to these schemes totalled £75 million.
- 108 **Exhibit 6** details spending for these two capital programmes between 2018-19 and 2024-25. It also includes the budget allocation for 2025-26.

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53 The ALN capital investment grant supports capital works, building adjustments, and equipment specifically for learners with ALN. The Welsh Government assesses these projects to ensure they are in line with national ALN priorities and offer value for money.

54 We are currently completing a wider examination of the Sustainable Communities for Learning Programme looking at whether the Welsh Government can demonstrate it is achieving value for money.

**Exhibit 6: Welsh Government capital expenditure or budget allocation on ALN specific schemes, 2018-19 to 2025-26<sup>1, 2, 3</sup>**



Source: Welsh Government

Notes:

<sup>1</sup> Figures for 2018-19 to 2024-25 are expenditure, and for 2025-26 are the budget allocation.

<sup>2</sup> The Welsh Government funds a proportion of the cost of projects in the Sustainable Communities for Learning Programme. This proportion varies depending on the setting and the type of finance involved. Figures do not include council contributions.

<sup>3</sup> Although the Sustainable Communities for Learning Programme can support further education schemes, to date the ALN specific spending has been in school settings. The Welsh Government reports that it has spent or allocated an additional £2.2 billion through the programme benefitting all learners between 2018-19 and 2025-26.

109 The Welsh Government has indicated plans for a further investment of £750 million through the Sustainable Communities for Learning Programme over the next nine years to expand and create specialist ALN provision. This would be a significant increase on ALN specific programme spending over the last eight years although it would broadly continue the pattern of increased spending in 2024-25 and 2025-26.

## It is unclear if the Welsh Government will continue to provide other grants to councils that have supported ALN reform beyond 2026-27

110 Beyond its notional revenue support grant allocation, since 2020-21 the Welsh Government has provided dedicated grants to councils to help implement the new ALN system. **Exhibit 7** shows that between 2020-21 and 2025-26, the Welsh Government allocated £161.3 million in these grants. Our [data tool](#) sets out allocations for each council.

### Exhibit 7: Welsh Government dedicated grants allocated to councils to support implementation of the new ALN system, 2020-21 to 2025-26

Year	£ million
2020-21	16.0
2021-22	29.1
2022-23	17.7
2023-24	22.7
2024-25	37.7
2025-26	38.1
<b>Total</b>	<b>161.3</b>

Source: Welsh Government

111 The Welsh Government has confirmed a further £37 million for these dedicated grants for 2026-27. It has not yet confirmed whether this funding will continue beyond 2026-27 now the transition period to the new ALN system has ended.

112 In our fieldwork, council officers emphasised the importance of these grants. They said the grants, used to fund key ALN posts and some wider provision, are considered vital to secure ALN services in future.

## **It is not clear how much, overall, health boards spend on services for learners with ALN**

- 113 Health boards have previously received Welsh Government grant funding to support ALN reform. The level of funding varied by health board and was used to help health professionals understand and deliver their responsibilities under the Act and the ALN code. These grants ended in 2021-22 and we understand the Welsh Government has not provided health boards with any further targeted ALN funding.
- 114 However, the overall picture of NHS spending that supports learners with ALN, including any wider NHS spending from core budgets, is unclear. During our fieldwork, we were told that ALN-related demand in health boards is rising and more funding is needed to meet it and comply with statutory responsibilities and timescales.
- 115 Health boards have not been asked to record whether spending is ALN related. Health board staff that we spoke to told us that more Welsh Government funding would be welcomed. But they considered it unlikely that additional spending would be supported by the NHS from existing budgets amid wider funding pressures and other NHS priorities.

## **Further education institutions are also experiencing cost pressures due to ALN**

- 116 Despite some additional investment, a recent report by Colleges Wales identified an estimated funding shortfall of between £2 million and £6 million to meet the needs of learners with ALN.<sup>55</sup> In our fieldwork, we also heard about concerns that Welsh Government budgets for ALN in further education were not increasing in line with rising demand.
- 117 Figures provided to us by the Welsh Government and Medr about further education funding for ALN cover different programmes and periods. For example, they show that colleges received a total of £2.8 million between 2022-23 and 2025-26 to help them prepare for implementation of the Act. They also received a total of £3.3 million between 2020/21 and 2023/24 to develop and enhance provision for complex needs.

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<sup>55</sup> Colleges Wales, Costs incurred by FEIs in carrying out the additional duties required under ALNET, Update – July 2025, unpublished report July 2025. [Colleges Wales](#) is the representative body for further education.

118 However, there are two main streams of further education funding relevant to learners with ALN. Medr has recently taken on responsibility for distributing this funding:

- **Core funding for additional learning support** – which increased from £13.6 million in 2019/20 to £16.7 million in 2024/25. The initial allocation for 2025/26 was also set at £16.7 million, but with an additional £3.2 million allocated during the year, taking this to £19.9 million.
- **Funding for independent living skills programmes** – which increased from £12.1 million in 2020/21 to £24.4 million in 2024/25.<sup>56</sup>

## **The Welsh Government has also incurred significant central costs to support ALN reform**

119 Between 2018-19 and 2025-26 the Welsh Government has spent and allocated £20.1 million towards resourcing national support and oversight arrangements for the ALN system and transition from the old to the new system (see **Exhibit 8**). This spending covers a range of things, such as staffing, support for professional learning, stakeholder events, and evaluation.

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<sup>56</sup> Independent living skills programmes cover learners with a range of needs. See also Estyn, [The Independent Living Skills \(ILS\) Curriculum in Further Education: Building a person-centred skills-based curriculum](#), September 2025.

## Exhibit 8: Welsh Government central costs to support the ALN system, 2018-19 to 2025-26

Year	£ million
2018-19	2.8
2019-20	2.8
2020-21	2.0
2021-22	1.6
2022-23	2.7
2023-24	2.2
2024-25	2.2
2025-26 (budgeted)	3.8
<b>Total</b>	<b>20.1</b>

Source: Welsh Government

## The Welsh Government does not know if ALN reform has met its aim of being cost neutral

- 120 The Welsh Government believed that transitioning to the new ALN system would be cost neutral. It anticipated that the new system would be simpler and less adversarial. It expected that additional costs would be offset by fewer disagreements and disputes.<sup>57</sup>
- 121 The Welsh Government has not confirmed if it plans to formally review the extent to which ALN reform has been cost neutral. This may prove difficult to do fully given the lack of clarity around certain costs over time.

<sup>57</sup> Welsh Government, [Additional Learning Needs and Education Tribunal \(Wales\) Act: Explanatory Memorandum incorporating the regulatory impact assessment and explanatory notes](#), January 2018; and Welsh Government, [The Additional Learning Needs Code and regulations: explanatory memorandum](#), March 2021.

## **Overall, the figures we have identified in this report suggest current annual ALN spending approaching £1 billion, but the true cost will be higher**

- 122 Taken together, the figures set out in **paragraphs 83 to 119** suggest that spending in support of learners with ALN or SEN is approaching £1 billion per year currently.
- 123 However, we have shown that this is not the full picture of spending across public services for several reasons. For example, some costs are not known, and this figure does not account for councils' contributions to capital projects. It is also difficult to be precise because some figures relate to budgeted rather than outturn expenditure or are for different time periods.
- 124 The Welsh Government has acknowledged that this incomplete picture causes difficulty when trying to estimate what the future costs for ALN services will be. Alongside gaps in information about outcomes (see **paragraphs 145 to 158**), it also hinders the assessment of value for money.

## Understanding performance and outcomes

### The Welsh Government has clear goals for the ALN system but has not fully integrated ALN with other policy changes

- 125 The Welsh Government set out three overarching objectives and 11 core aims of the new ALN system (see **footnote 7**). The overarching objectives were to create:
- a unified legislative framework to support all learners with ALN across the 0-25 age range;
  - an integrated, collaborative process of assessment, planning and monitoring which facilitates early, timely and effective interventions; and
  - a fair and transparent system for providing information and advice, and for resolving concerns and appeals.
- 126 The core aims included increased participation of children and young people, high aspirations and improved outcomes, and a simpler and less adversarial system with a clear and consistent right of appeal.
- 127 During our fieldwork we noted a consensus among stakeholders about the goals for the new system. There was general agreement that a person-centred system is the right approach.
- 128 There is some evidence of the Welsh Government integrating ALN with other policy areas. For example, the Welsh Government's national mission clearly sets out how education policies and commitments relate to each other.<sup>58</sup>
- 129 The Sustainable Communities for Learning Programme is an example of how the Welsh Government has integrated its ALN policy. The programme's guidance recognises the wide range of needs learners may have and refers directly to the four broad areas of need from the ALN Code (see **Appendix 2**). It also sets out building implications, identifying that some learners with sensory or physical needs may require extra space and additional 'clues' to help them negotiate their environment.

- 130 However, other reviews have highlighted that the Welsh Government could have gone further with integration. For example:
- A Welsh Government commissioned review in 2025 reflected positive feedback from some practitioners about how the ALN reforms complement the Curriculum for Wales. But it highlighted that further integration of guidance covering curriculum approaches and the requirements of the Act could have been helpful for practitioners, especially during earlier implementation of both reforms.<sup>59</sup>
  - Estyn's 2023 review looked at the progress schools and councils were making in supporting learners with ALN (see **footnote 17**). It said there had not been enough joined up thinking at either policy or practice level to emphasise the connection between the Curriculum for Wales and ALN reform.

## **The system remains adversarial despite evidence of some improvement, including fewer appeals going to Tribunal**

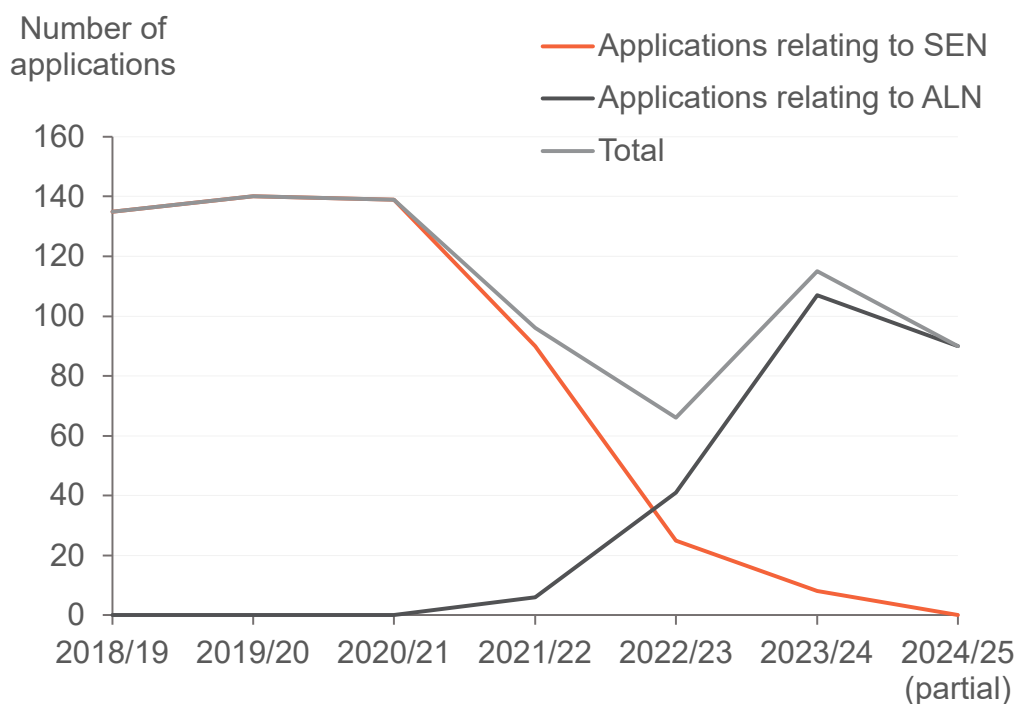
- 131 One of the Act's aims was to create a less adversarial system. Estyn has previously commented about aspects of improvement under the newer ALN system because of strengthened working relationships with parents (see **footnote 17**).
- 132 However, our fieldwork suggests that the system continues to be adversarial, although we recognise this is difficult to avoid entirely. Various organisations told us about the fraught nature of complaints, disputes, and appeals. Stakeholders said that the gap between expectations for the ALN system and what it delivers can cause strained relationships between practitioners, schools, councils, learners, and families.
- 133 Under the previous system, only learners with a statement had a statutory right to services and the right of appeal to the Education Tribunal for Wales (the Tribunal). The new system gives those with ALN a statutory right to services and a right of appeal. The Act also extended the age range of those who have a right of appeal to learners aged 0-25. These changes had the potential to increase the number of learners using the Tribunal route.

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59 Welsh Government, Equity and inclusion in the Curriculum for Wales: a qualitative study, July 2025

134 **Exhibit 9** shows that the annual number of applications for appeal submitted to the Tribunal has reduced since the introduction of the new system. However, the latest dataset for 2024-25 only covers seven months of that period following a change to reporting. The number of applications for appeal is not the only measure of whether the system is becoming less adversarial. **Paragraph 138** discusses other aspects.

**Exhibit 9: applications for appeal to the Special Educational Needs Tribunal for Wales and Education Tribunal for Wales, 2018/19 to 2024/25**



Source: Audit Wales analysis of [Annual reports to the Special Educational Needs Tribunal for Wales](#), for 2018/19 to 2020/21, and [Annual reports to the Education Tribunal for Wales](#), for 2021/22 to 2024/25

Note: The Tribunal has amended its reporting period from an academic year to a financial year. This will align its reporting with the other devolved Welsh tribunals. The data for 2024/25 only covers seven months from September 2024 to March 2025 to allow for this change.

- 135 The Tribunal has said that a lack of awareness about rights of appeal could contribute to lower numbers going to Tribunal.<sup>60</sup> This point was echoed in a recent Welsh Government survey that found 54% of parents and carers were not aware of their rights to challenge decisions under the ALN system (see **footnote 20**).
- 136 The Welsh Government’s new ALN toolkit aims to improve information and awareness for parents and families.<sup>61</sup> It provides clear, accessible information about the complaints and tribunal process, advocacy services, and wider information about the ALN system.
- 137 The Tribunal’s annual reports highlight key themes that sit behind the data on number of applications. The most recent full-year report for 2023/24 shows the largest categories of appeals are around one or more of need, provision, or school.<sup>62</sup> These types of appeals would be relevant to the content of an IDP. The annual reports also highlight a relatively high number of appeals due to ‘refusal to take over responsibility of an IDP’ and ‘does the child have ALN’.
- 138 Other aspects of disputes are difficult to quantify. There is no data routinely collected on disputed ALN decisions that do not reach the Tribunal. The recent Welsh Government survey of parents and carers mentioned above found that 31% did not agree with decisions made about their child. The most frequent complaint was about the decision not to have an IDP.
- 139 The Tribunal’s recent submission to a review of the ALN legislative framework described the ALN legislative framework as ‘intellectually challenging’ (see **footnote 60**). Our fieldwork interviews highlighted difficulties bodies were experiencing in enacting the framework in the context of inconsistencies between the Act and the ALN Code.
- 140 As outlined in **paragraphs 33 to 41**, there are different approaches to ALP. The Act provides a definition, but the ALN Code does not provide clarity on how it could be interpreted and applied. Following its review of the Act and the ALN Code, the Welsh Government has set out priorities for the next phase of ALN reform.<sup>63</sup> These include clarifying definitions at the heart of the system, around who has ALN and what support learners can expect.

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60 Education Tribunal for Wales, [Review of the Additional Learning Needs Legislative Framework in Wales – Contribution from the Education Tribunal for Wales](#), September 2025

61 Welsh Government, [Additional learning needs \(ALN\): parent and carers toolkit](#), first published November 2025. The toolkit is also available in an easy read version.

62 The Education Tribunal for Wales, [The Education Tribunal for Wales. Annual Report 2023-24](#), January 2025

63 Welsh Government, [Additional Learning Needs \(ALN\) legislative framework review](#), October 2025

## We heard accounts of both positive and negative experiences of the ALN system

- 141 Opinions from learners and their families can provide useful insights when assessing the ALN system's overall performance. As mentioned in **paragraphs 135 and 138**, the Welsh Government commissioned a survey of parents and carers as part of its evaluation of the ALN reforms. The survey included, for example, questions about the identification of ALN, IDPs, and satisfaction with the ALN system. It is not clear if there will be any further national approaches to gain insights from learners and families.
- 142 Bodies representing learners with ALN told us about their concerns regarding the overall performance of the ALN system. However, we heard accounts of both positive and negative experiences from stakeholders, representatives and from families.
- 143 In 2023, a joint output from the Welsh Language Commissioner and the Children's Commissioner for Wales highlighted challenges for learners and families (see **footnote 33**). And the Children's Commissioner told us that a growing proportion of their caseload relates to ALN. Between September 2024 and August 2025, 20% (112 cases) of the caseload related to ALN or SEN. Themes included issues with placement, provision, IDPs, and transport.
- 144 Our fieldwork interviews highlighted some positive feedback about the application of the person-centred approach. The Welsh Government has also worked with Children in Wales to gather evidence from learners in four school settings.<sup>64</sup> Learners spoke about their experiences of the ALN system when they felt their views were taken seriously. However, the project also highlighted some areas of challenge. For example, learners felt schools could not always meet their needs amid capacity and resource pressures, even though they felt teachers were doing their best.

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64 Welsh Government, [Children in Wales Participation Programme 2024/25: Additional Learning Needs \(ALN\) Ambassador Programme](#), November 2025. [Children in Wales](#) is a national umbrella organisation for voluntary, statutory and professional organisations and individuals who work with children, young people and families.

## The available data provides only a limited picture of whether the system is delivering good outcomes for learners with ALN

- 145 We considered whether the performance of the ALN system is being measured effectively. There are various wider arrangements for oversight of the education system's performance in Wales. However, there are currently no appropriate indicators, or a national framework, around achieving the aspirations of learners with ALN, improved outcomes for them, or the effectiveness of ALN interventions. These issues are longstanding and are not unique to Wales.<sup>65</sup>
- 146 During fieldwork we noted examples of councils that aimed to measure long-term outcomes from ALP. However, they described difficulties in measuring outcomes alongside other factors such as poverty and the consequences on education and behaviour from the COVID-19 pandemic.
- 147 At a local level, some of the councils we engaged with do have arrangements for monitoring effectiveness of ALN support. However, there was no consensus on the best way of reviewing support for learners and bringing together an assessment of effectiveness to ensure outcomes for learners with ALN are achieved.
- 148 When an individual learner's IDP is reviewed, this provides an opportunity to gather useful information about whether support is effective. However, councils told us about variability in the quality of, and compliance with, IDP reviews. The Welsh Government recently took steps to improve the evidence base around ALN decisions and IDPs (see **footnote 6**).
- 149 We found that not all councils we met with have centralised systems for viewing the content of school-held IDPs. Such systems can enable council officers to have greater insights on the initial quality of IDPs and any ongoing monitoring of reviews or assessments of ALP effectiveness.

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65 Audit Scotland, [Additional support for learning](#), February 2025; National Audit Office, [Support for children and young people with special educational needs](#), October 2024; and Northern Ireland Audit Office, [Impact Review of Special Educational Needs](#), September 2020.

- 150 The Welsh Government publishes a range of data that includes detail for learners with ALN or SEN.<sup>66</sup> However, data available on outcomes for these learners in schools has historically focused on exam results and academic achievement. Examinations data provides some information about the attainment of learners with ALN, but it does not provide a full picture on outcomes.<sup>67</sup>
- 151 The Welsh Government recognises that its data does not provide evidence of the overall progression of individual learners from their starting point. The Welsh Government also recognises that the transition from the SEN system to the ALN system has impacted on the make-up of the category of learners with ALN or SEN from year to year. This makes it difficult to draw conclusions from the current data when looking at trends.
- 152 The Welsh Government and Medr also have separate information on outcomes for learners with ALN in further education. They oversee the Lifelong Learning Wales Record (LLWR) that captures information from further education, apprentices, and the adult learning sector.<sup>68</sup> Some of this data is about ALN support.
- 153 Medr also publishes data on learner ‘destination’ covering, for example, whether learners go onto employment or continue learning.<sup>69</sup> While this data and the LLWR help to provide a picture of outcomes for post-16 learners with ALN, they do not provide clear insights into whether learners with ALN have improved outcomes due to the support they receive.
- 154 Another example of collecting outcome information is through Recognising And Recording Progress and Achievement (RARPA). This is a process that providers can use to measure learners’ progress towards their chosen destinations. RARPA helps ensure the quality of non-accredited programmes and learning in specialist further education settings and for independent living skills courses in mainstream further education.

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66 For example, Welsh Government, [Pupils educated other than at school, September 2024 to August 2025](#), August 2025. Welsh Government, [Attendance and absence from primary schools: September 2024 to August 2025](#), November 2025. Welsh Government, [Attendance and absence from secondary schools: September 2024 to August 2025](#), September 2025.

67 Welsh Government, [Examination results](#)

68 Welsh Government, [Further and higher education data collections](#)

69 Medr, [Sta/Medr/18/2025: Consistent performance measures for post-16 learning: Learner destinations, August 2021 to July 2023](#), December 2025

- 155 The Welsh Government has proposed new ways to improve aspects of data collection as part of its educational reforms.<sup>70</sup> For example, it is planning for a new '14 to 16 Learner Entitlement Indicators Framework' from 2027.<sup>71</sup> The framework will detail what information will be published about each school.
- 156 It is not clear yet what contextual information schools will publish to provide a fuller view of learners' experiences and outcomes and if this will include information about those with ALN. The current options being considered only apply to learners aged 14-16. The question of suitable outcome measures for the full ALN age range of 0-25 looks out of scope for this new data framework.
- 157 The Welsh Government has described how changes it is making around ALN data will 'help support learners with ALN to meet their full potential, as well as monitor, evaluate and improve the ALN system' (see **footnote 6**). The changes are a positive step forward. However, they do not include a detailed approach to improving outcome measurement for learners with ALN.
- 158 The Welsh Government has commissioned an evaluation to look at the implementation of the ALN system. The work has highlighted how the new ALN system can contribute to positive outcomes for learners, families, and the wider education system. It has also presented ways in which outcomes could be captured.<sup>72</sup> It is yet to be seen how the Welsh Government might measure these outcomes in future.

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70 Welsh Government, [Developing a new data and information ecosystem that supports the reformed school system in Wales](#), May 2023

71 Welsh Government, [Decisions report - outcomes from the consultation on using data and information to support learning and improvement](#), July 2025

72 Welsh Government, [Evaluation of the Additional Learning Needs system: scoping report](#), December 2023

# Recommendations

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159 We are aware of other recommendations made in recent reports about the ALN system in Wales. We have looked to avoid duplicating existing recommendations. We also make our recommendations in the context of recent Welsh Government consultations and/or actions on ALN data collection, the ALNCo role, and about how schools are funded by councils to make things fairer and more transparent.

## **Understanding demand**

**R1** To ensure there is a clearer national picture about the number of learners with ALN, the Welsh Government should collect and publish more consistent data across age ranges and settings. To achieve this, the Welsh Government will need to fill gaps in relation to children with ALN below compulsory school age as well as learners electively home educated. And it should work with Medr to improve the quality of data for learners with ALN above compulsory school age.

(See **paragraphs 12 to 15 and 29 to 32**)

## Understanding workforce capacity and skills

**R2** To gain a better understanding of the workforce supporting learners with ALN and to aid planning for current and future needs, the Welsh Government should agree with key stakeholders a proportionate approach to collecting and monitoring data on staff who support these learners. For example, this should include data on the number of:

- staff in early years and further education institutions;
- staff employed directly by councils; for example, specialist teachers, educational psychologists, and EYALNLOs; and
- specialist staff employed by schools, special schools, or other settings; for example, specialist teachers of deaf, visually impaired, or multi-sensory impaired learners and ALN support staff / teaching assistants.

(See paragraphs 56 to 60 and 63 to 67)

## Understanding costs

**R3** To ensure there is a clearer national picture of ALN costs, the Welsh Government should:

- 3.1** Lead work to compare and learn from the way councils are setting ALN revenue budgets, to encourage shared learning and greater consistency of approach.
- 3.2** Work with councils to develop a clear framework for reporting all ALN spend against budgets in mainstream schools.
- 3.3** Collate and publish an annual picture of ALN-related spending in Wales. As a minimum this should cover ALN revenue spending in schools and wider council departments such as transport, spending in health boards and further education, plus wider capital ALN spending and Welsh Government central spending.

(See paragraphs 85 to 92, 100 to 109, 113 to 119 and 122 to 124)

**R4** To improve service planning and ensure future sustainability of the ALN system, the Welsh Government should:

**4.1** Work with responsible bodies to review spending to assess whether current ALN revenue and capital spending plans will meet future demand for ALN services.

**4.2** As soon as possible, communicate a decision to public bodies on whether dedicated ALN grants that provide additional financial support to deliver ALN services will continue beyond 2026-27.

(See **paragraphs 110 to 112 and 122 to 124**)

**R5** To ensure transparency about the cost of ALN reform, the Welsh Government should, by the end of 2026-27, assess whether the reform is on track to achieve its aim of being cost neutral.

(See **paragraphs 120 to 121**)

### **Understanding performance and outcomes**

**R6** To capture information about aspirations, monitor outcomes, and support improvement, the Welsh Government should agree with key stakeholders a proportionate approach to collecting and monitoring data on outcomes for learners with ALN. This should include regular national approaches to gathering the views of these learners and their parents or carers.

(See **paragraphs 141 to 158**)



# Appendices

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- 1 About our work
- 2 Data on types of need
- 3 Settings for learners with ALN
- 4 Key terms in this report

# 1 About our work

## Scope of the audit

Our focus was mainly on the Welsh Government, councils, and their remit in relation to ALN within schools. We considered their understanding of demand, workforce capacity and skills, costs, and outcomes.<sup>73</sup>

We also formed a view on the Welsh Government's wider strategic role alongside other public bodies' roles within the ALN system. So, to a lesser extent we considered the roles of early years' provision, health boards, and further education institutions. Our scope did not extend to a detailed review of each body with statutory responsibilities under the Act.

Reform of the ALN system is part of what underpins the Welsh Government's well-being objective to 'Continue our long-term programme of education reform, and ensure educational inequalities narrow and standards rise'.<sup>74</sup> As such, we used this audit to consider the extent to which the Welsh Government has acted in accordance with the sustainable development principle in taking steps to meet that objective.

## Audit questions and criteria

### Questions

We focused our work around three specific questions:

- Do public bodies have a good understanding of the demand for ALN provision and the resources needed to meet it?
- Do public bodies have a good understanding of the costs and sustainability of providing ALN services?
- Do public bodies have a good understanding of the performance of the ALN system and is it performing well?

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73 'Demand' can have negative associations for learners and families. We are using the word to refer to the economic model of supply and demand.

74 Welsh Government, [Programme for government 2021 to 2026: Well-being statement](#), June 2021

## Criteria

We drew on a range of sources to develop our audit criteria, as below:

- Analysis of national strategic documents and our research into other reviews relating to Wales.
- Work by other UK audit bodies.
- Audit Wales internal guidance, including our ‘positive indicators’ which are an illustrative set of characteristics that describe how the sustainable development principle could be applied effectively. They were developed through engagement with public bodies and informed by advice and guidance from the Future Generations Commissioner for Wales.

## Methods

We conducted most of our fieldwork between July and September 2025, using the following methods:

- Review of key legislative, policy and guidance documents. We also considered published reports from other bodies including the Senedd, Estyn and other Welsh inspectorates and commissioners, and academic and other research.
- Analysis of financial and other data, as described in the main body of this report and taken from other sources. Our [data tool](#) contains more detailed information and analysis. We have not audited the data we are drawing on.
- Interviews with representatives from:
  - the Welsh Government;
  - Ceredigion, Rhondda Cynon Taf, Newport, Swansea, and Wrexham councils, along with a North Wales Regional ALN Group that includes Conwy, Flintshire, Gwynedd, Wrexham and Isle of Anglesey;
  - the four Designated Education Clinical Lead Officers (DECLOs) who, between them, cover all seven health boards in Wales;
  - third sector organisations including members of the Third Sector Additional Needs Alliance (TSANA), a coalition of third sector organisations representing a broad range of children and young people with additional learning needs; and
  - other education stakeholders including the Education Tribunal for Wales, Estyn, Medr (the Commission for Tertiary Education and Research), and Colleges Wales.

In February 2026, we shared our emerging findings at a meeting of a working group established by the Association of Directors of Education in Wales which is looking at ALN system costs.

## 2 Data on types of need

As background to individuals' type of need, the ALN Code recognises there is a wide range of learning difficulties or disabilities. However, it broadly classifies the needs into four areas:

- Communication and integration.
- Cognition and learning
- Behaviour, emotional and social development.
- Sensory and/or physical.

### Exhibit 10: reports of ALN or SEN by type of need in maintained schools, 2024/25

Type of need	Number of learners with ALN or SEN	% of all learners with ALN or SEN
Speech, language, and communication difficulties	15,875	36.2
Behavioural, emotional, and social difficulties	14,845	33.8
Autism Spectrum Disorder (ASD)	10,975	25.0
Moderate learning difficulties	9,305	21.2
Physical and medical difficulties	3,785	8.6
Severe learning difficulties	3,280	7.5
Attention Deficit Hyperactivity Disorder (ADHD)	2,400	5.5
Dyslexia	2,305	5.3
Hearing impairment	1,135	2.6
Profound and multiple learning difficulties	975	2.2
Visual impairment	750	1.7
Multi-sensory impairment	335	0.8
Dyspraxia	330	0.7
Dyscalculia	165	0.4

Source: Audit Wales analysis of Welsh Government, [Schools' census results: January 2025](#)

Note: Learners may have more than one need recorded so numbers are greater than the total number of learners with ALN.

### 3 Settings for learners with ALN

#### Exhibit 11: examples of settings for learners with ALN

Setting	Description
Alternative provision	Settings which can accommodate education for learners who are unable, for various reasons, to attend mainstream school.
Designated units	Settings within mainstream schools designed for learners with specific needs. For example, learners with speech, language, or sensory impairments.
Specially resourced provision	Facilities within mainstream schools for learners with specific learning or physical needs. These facilities differ from designated units as they allow learners to spend most of their time in mainstream classrooms.
Special resource base	Dedicated space within mainstream schools designed to support learners with specific needs. Learners' needs might include health needs.
Special schools	Schools that aim to cater more specifically for learners who are likely to have more complex needs. Special schools can be co-located with a mainstream school, split across multiple sites, or include extensive facilities that offer specialist or vocational learning. All learners in these settings have IDPs or equivalent. There is wide variation between these settings in relation to age range, number of learners, and provision/needs that are met.
Supplementary area	Areas within mainstream schools designed for extra purposes, for example ALN support.
Transition spaces	Areas within a school building to help learners move between different activities, tasks, or routes.

Source: Audit Wales summary based in part on Welsh Government, [Area guidelines for schools in Wales: building guidance](#), March 2025

## 4 Key terms in this report

Term	Description
Additional Learning Needs (ALN)	<p>The Additional Learning Needs and Educational Tribunal (Wales) Act 2018 sets out the definition of ALN. It says that:</p> <ul style="list-style-type: none"> <li>• a child or young person has ALN if they have significantly greater difficulty in learning than the majority of others of the same age or have a disability which prevents or hinders them from making use of the educational or training facilities generally provided for others of the same age in mainstream maintained schools or colleges; and</li> <li>• below compulsory school age, a child has ALN if, without extra support, they are likely to fall within one or both descriptions above when they reach compulsory school age.</li> </ul>
<u>Additional Learning Needs and Educational Tribunal (Wales) Act 2018 (the Act)</u>	Established a new statutory framework for supporting children and young people with ALN. Replaced legislation around Special Educational Needs (SEN) and the assessment of children and young people with learning difficulties and/or disabilities in post-16 education and training.
<u>The Additional Learning Needs Code for Wales 2021 (the ALN Code)</u>	Together with the Act, establishes the statutory system for meeting the ALN of children and young people.
Additional Learning Provision (ALP)	The support that is additional to, or different from, what is generally available to others of the same age in nurseries, mainstream schools, or colleges. Any education support for a child aged under three is defined as ALP.
Additional Learning Needs Co-ordinator (ALNCo)	The ALN Code sets out information about the role. All mainstream maintained schools and further education institutions must designate a person, or more than one person, responsible for co-ordinating provision for learners with ALN.

Term	Description
Designated Education Clinical Lead Officer (DECLO)	The DECLO is responsible for co-ordinating a health board's functions in relation to children and young people with ALN. The Act requires health boards to have a DECLO.
Early Years Additional Learning Needs Lead Officer (EYALNLO)	Under the Act, councils must designate an officer with responsibility for co-ordinating functions for children under compulsory school age who are not attending maintained schools. The ALN Code provides further information about the EYALNLO role.
Education Other Than At School (EOTAS)	Provision for learners of compulsory school age who cannot receive suitable education because of illness, exclusion, or other reason. This can include a pupil referral unit, independent school, or council-funded home tuition. It does not include those who are electively home educated.
Education Tribunal for Wales (the Tribunal)	The Tribunal describes itself as making decisions on appeals about ALN or SEN and claims of disability discrimination in schools. The Tribunal was renamed from the former Special Education Needs Tribunal Wales on 1 September 2021.
Individual Development Plan (IDP)	<p>A statutory plan introduced by the Act for learners with ALN. IDPs should cover:</p> <ul style="list-style-type: none"> <li>• a learner's personal details;</li> <li>• a description of their ALN;</li> <li>• the ALP required;</li> <li>• responsibilities for providing ALP; and</li> <li>• review arrangements.</li> </ul> <p>Schools or colleges usually hold IDPs. Councils will be responsible for the IDP where the ALP is complex or in specific circumstances, for example looked after children, children under five years of age, and those attending specialist college.</p>

Term	Description
Special Educational Needs (SEN)	Previous system in Wales and policy for children with additional needs. The Act replaced the terms 'SEN' and 'LDD' with ALN.
Special Educational Needs and Disabilities (SEND)	In England, SEND refers to a child or young person (0-25 years old) who may need more support than children of the same age to make the expected progress. They may have an Education, Health and Care Plan. The Children and Families Act 2014, Equality Act 2010, and the <a href="#">SEND code of practice: 0 to 25 years</a> form the statutory framework.
Non-statutory 'school action' and non-statutory 'school action plus'	<p>Previous legislation provided for a graduated response to SEN in Wales, including:</p> <ul style="list-style-type: none"> <li>• school action – teacher provided activities beyond those provided as part of the school's usual differentiated curriculum offer; and</li> <li>• school action plus – the school would request additional help and advice from external support services provided by the council and/or other agencies.</li> </ul>
Statement of SEN	Under the previous legislation, schools could request a statutory assessment by the council if concerns persisted about a learner's progress having gone through school action and school action plus. The council would decide whether to issue a statement of SEN and was responsible for ensuring that resources were available for the provision in the statement. Statements were all council held. The statements were seen as being issued to learners with the most complex needs.

# About us

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

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Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and telephone calls in Welsh and English.

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

# Managing the Regional Integration Fund

Implementation of Previous Audit  
Recommendations

March 2026



We have prepared and published this report for presentation to the Senedd under section 145A of the Government of Wales Act (1998).

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# Audit snapshot

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## What we looked at

- 1 In 2019, we published a [Review of the Integrated Care Fund](#). The Welsh Government set up the Integrated Care Fund (ICF) in 2014 to enable regional partnerships to better integrate health, social care, and housing.
- 2 The review described the ICF's positive impact on improving integration and partnership working. However, it also identified weaknesses in the way the annual fund was managed. It made six recommendations for the Welsh Government which it [accepted in full](#).
- 3 In April 2022, the Welsh Government replaced the ICF along with its Transformation Fund with the Health and Social Care Regional Integration Fund (RIF). The capital elements were replaced with a new Housing with Care Fund.
- 4 This report examines the extent to which the Welsh Government has implemented our recommendations through the rollout of the RIF, and to a lesser extent through the Housing with Care Fund.

## Why this is important

- 5 The RIF is a key part of the Welsh Government's approach to achieving its long-term vision of integrated health and social care, set out in its 2018 strategy, [A Healthier Wales](#). Through the RIF and Housing with Care Fund, along with the Integration and Rebalancing Capital Fund it aims to embed a preventative approach to population health and wellbeing, and delivery of seamless health and care support.
- 6 The RIF is the Welsh Government's main funding to support early intervention, integration, and partnership working through Regional Partnership Boards (RPBs). It is a five-year fund running from April 2022 to March 2027, with an annual budget of around £146 million.

## What we have found

- 7 The Welsh Government's Regional Integration Fund is supporting regional working and developing seamless models of care. Now in its fourth year, the fund has had a positive impact on many people's lives. In 2024-25, it supported over 180,000 people to prevent their health and care needs escalating.
- 8 The Welsh Government has fully implemented five of our six previous recommendations and partly completed the remaining one. It has improved the timeliness of its decision-making and monitoring information, strengthened its oversight and supported RPBs to share learning. However, we found some minor gaps in the Welsh Government's oversight of RPB spending of the RIF. We also found that some shared learning networks are more effective than others.
- 9 Despite the Welsh Government's efforts to simplify RPB funding arrangements, those arrangements are still complex and could be better integrated. There are also concerns about longer-term funding to replace the RIF programme in 2027, particularly as RIF funding is being used to fund some services which are now embedded in the health and social care system.
- 10 We identified weaknesses in oversight by statutory organisations of RPB activities and how RIF funding is being used. Health boards and local authorities are responsible for ensuring appropriate oversight takes place. The Welsh Government could also do more to assure itself that those bodies comply with its guidance on oversight.

## What we recommend

- 11 We are reissuing two of our previous recommendations, updated to reflect the current delivery context. These focus on further simplifying and aligning RPB funding streams and ensuring appropriate scrutiny of RPB decisions in the regional statutory organisations.
- 12 We are also making two new recommendations to improve the quality of the Welsh Government's oversight of RPB spending.

# Auditor General's view

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I am encouraged to see that the Welsh Government has taken the findings of my 2019 report on the ICF seriously and acted on my recommendations. The report has clearly driven improvements to the management of public money by the Welsh Government and RPBs.

The Welsh Government is increasingly allocating funds through RPBs, so it needs to continue working with partnership bodies to ensure they are overseeing spending that money wisely. The findings and further recommendations that I have set out in this follow up report will hopefully help shape that important work going forward.

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**Adrian Crompton**

Auditor General for Wales



# Key facts and figures

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The Welsh Government has fully addressed **5 recommendations** from our 2019 review, and partly addressed the remaining one.



The RIF aims to create sustainable service change through **6 national integrated models of care.**



The Welsh Government has committed around **£146 million** annually for five years through the RIF.



From 2022-23 to 2024-25, RPBs have spent **£436.6 million** of RIF funding.



Partner organisations provided an additional **£174.2 million** of match funding over the first three years of the fund.



From 2022-23 to 2024-25, RPBs have spent **£125 million** of Housing with Care funding.



In 2024-25, **747,953** people used RIF funded projects\*.



That support prevented levels of need escalating for **181,922** people.

Note \* People may be counted more than once if they used more than one project.

# Our findings

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## Allocating RIF funding

### The Welsh Government has clearly designed the RIF to support longer-term planning and minimise late decision-making

- 13 In 2019, our report on the ICF found that changing Welsh Government expectations and issues with the timeliness of funding allocation processes hampered regional delivery. **Exhibit 1** shows that the Welsh Government has fully implemented our recommendation to improve the timeliness of guidance and decision-making.

#### **Exhibit 1: the Welsh Government's implementation of recommendation 1 from our 2019 report**

##### **Recommendation 1**

We recommended that the Welsh Government should:

- consider the impact of issuing guidance earlier on the timeliness of project funding decisions (**complete**); and
- consider whether any further improvements in the funding allocation process can be made (**complete**).

Source: Audit Wales

## Development of the RIF

- 14 The Welsh Government has clearly learnt from our review and national evaluations of the [ICF](#) and [Transformation Fund](#) to develop its RIF programme. A key example of that learning is the Welsh Government's design of the RIF as a five-year programme to support longer-term planning and provide more certainty for RPBs.<sup>1</sup> The Welsh Government also expanded the Housing with Care Fund timespan to match the five-year term of the RIF.
- 15 Most RPB members we spoke to welcome the RIF's five-year timespan. However, one RPB member responding to our survey described it as restrictive, while others felt five years was not long enough:



5-year plans can of course bring a sense of continuation and stability but they also risk locking us into spending that is too hard to review and change, bringing a sense of inertia and complacency.

RPB member survey  
respondent



It's a positive development that we had a five year cycle. We hope that will be extended in order to make medium term decisions rather than short termism.

RPB member survey  
respondent



To create a mature partnership that can effectively develop and deliver long-term strategic plans that support fundamental transformation needs long term guaranteed funding.

RPB member survey  
respondent

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1 RPBs were set up in response to the [Social Services and Well-being \(Wales\) Act 2014](#) and bring together health boards, local authorities, the third sector and independent providers to meet the care and support needs of their area.

- 16 The Welsh Government designed the RIF as a learning programme to inform the development of its Integrated Community Care System, and it is clear to see the evolution from the ICF to the RIF and then emerging care system plans. It continues to learn from delivery of the RIF through the communities of practice, and a series of national evaluations throughout the programme.<sup>2</sup> The Welsh Government aims to use the evaluations to develop ‘blueprints’ setting out revised national models of care by year five of the RIF (2026-27).
- 17 Welsh Government’s RIF team (the RIF team) worked with RPB members over an 18-month period to develop the RIF. Some of those members criticised the Welsh Government for not implementing all their suggestions. However, most RPB members we spoke to said that early Welsh Government engagement laid the foundations for positive working relationships to deliver the programme.
- 18 The Welsh Government continues to engage RPB members as the programme evolves, adapting its arrangements in response to feedback. For instance, it removed its reduction or ‘tapering’ of RIF funding over time in recognition that the statutory partners within the RPBs were struggling to ‘mainstream’ successful RIF funded projects due to financial pressures. The RIF team’s early and sustained engagement is an example of good practice in involving stakeholders in the design and delivery of Welsh Government programmes.

## The timeliness of decision-making

- 19 The Welsh Government published the final version of its RIF guidance in February 2022, shortly before the programme started in April. It asked RPBs to submit RIF investment proposals for 2022-23 by the end of March 2022. Despite the publication timeframe, the Welsh Government had engaged regularly with RPBs before the programme started and agreed which projects previously funded by ICF and met the RIF criteria could move over to the RIF. The Welsh Government also used 2021-22 as a transition year to allow RPBs to plan and make the necessary changes from the ICF to the RIF.

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2 Communities of practice are networks of professionals designed to share learning and make links between relevant Welsh Government national programmes.

- 20 Although the Welsh Government did not publish its Housing with Care Fund guidance until May 2022, it worked with RPBs beforehand to support their planning. The RPBs had capital investment plans in place to manage forthcoming and ongoing ICF capital projects. The capital investment plan arrangements rolled forward with the introduction of the Housing with Care Fund to include new capital projects and existing ICF commitments. **Exhibits 21 and 22 in Appendix 2** set out Housing with Care Fund spending over time.
- 21 To date, the Welsh Government has looked to simplify arrangements for RPBs by avoiding making changes to its RIF guidance. Rather than revising the guidance, it wrote to RPBs about tapering changes in January 2024. Officials told us they are waiting for the outcome of our review to incorporate potential changes before updating the guidance.
- 22 Some RPB members responding to our survey felt that the Welsh Government did not issue its guidance early enough to support effective planning. Given the steps the Welsh Government took to develop and embed its RIF guidance (see **paragraph 19**), survey respondents may have been referring to Welsh Government guidance for funds allocated to the RPBs other than the RIF. Many RPB members described difficulties responding to the Welsh Government’s requirements for other funds, in particular where it provided those funds at short notice (see **paragraph 39**).
- 23 The Welsh Government provides a clear five-year funding commitment through the RIF. It also sets out annual allocations each December in its NHS budget letters to health boards, which should leave RPBs in no doubt about their funding allocations. The Welsh Government also issues annual RIF funding allocation letters for the next financial year to RPBs as a formality between January and March. It agrees in-year transfers between projects in routine meetings with RPB finance leads.
- 24 Despite those longer-term arrangements, many RPB members perceive the Welsh Government’s funding decisions as late. The majority (39) of RPB members responding to our survey either disagreed or strongly disagreed that the Welsh Government made funding decisions early enough to support effective regional planning (**Exhibit 2**).<sup>3</sup>

**Exhibit 2: number of respondents to our survey who agree or disagree with the statement ‘the Welsh Government makes funding decisions early enough to support effective regional planning’**



Source: Audit Wales Survey of RPB Members, 2025

25 Some RPB members described slow decision making from their regional partners rather than the Welsh Government. Several members of different RPBs told us that regardless of the Welsh Government’s five-year timeframe, RPB planning follows an annual cycle. Despite being a formality, some members said that their RPB did not want to confirm funding for projects until receiving the Welsh Government’s allocation letter.

## The Welsh Government supports RPBs to use RIF funding flexibly to meet local need, but RPB funding is becoming increasingly complex

26 In 2019, we reported that RPBs were finding it difficult to align local population needs with the Welsh Government's indicative allocations for priority population groups within the ICF. At the time, RPB funding arrangements were complicated with multiple short-term Welsh Government funding streams focusing on the same priority population groups. Those funds often had different criteria which made it difficult for RPBs to combine them to address local need. **Exhibit 3** shows that the Welsh Government has fully implemented our recommendation to simplify RPB funding streams.

### Exhibit 3: the Welsh Government's implementation of recommendation 2 from our 2019 report

#### Recommendation 2

We recommended that the Welsh Government review all short-term funding streams available to health, social care, and housing partners to ensure that funding streams:

- minimise duplication (**complete**);
- are complementary and that the collective allocations for specific groups of people align with local population needs as well as Welsh Government priority areas (**complete**); and
- can be combined to address local need (**complete**).

Source: Audit Wales

- 27 The Welsh Government has worked hard to simplify and align funding streams within the RIF. Nonetheless, funding arrangements are still over-complicated and some RPB members are confused about whether the Welsh Government still sets indicative allocations for priority population groups.
- 28 The Welsh Government developed the RIF programme to align to local population need and relevant policy areas. Its RIF guidance makes it clear that RPBs must demonstrate that RIF funded initiatives meet the needs of five target priority population groups through six national models of care (**Exhibit 4**).

## Exhibit 4: RIF priority groups and models of care

### Priority groups

- Older people including people with dementia
- Children and young people with complex needs
- People with emotional and mental health well-being needs
- Unpaid carers
- People with learning disabilities and neurodevelopmental conditions

### Models of care



Community based care: **Prevention** and **community coordination**



Community based care: **Complex care closer to home**



Promoting good **emotional health** and **well-being**



Supporting families to **stay together safely**, and therapeutic support for **care experienced children**



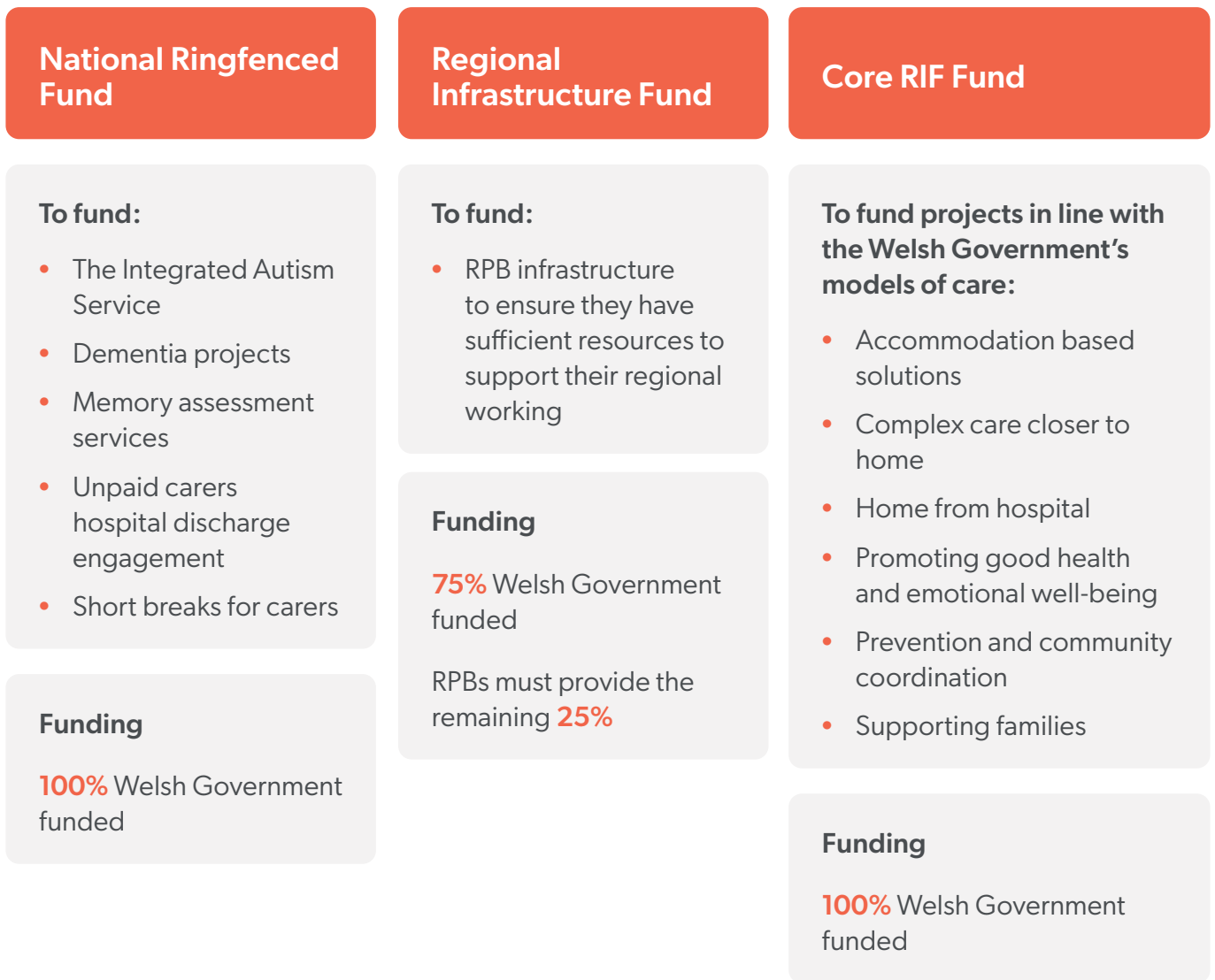
**Home** from hospital



**Accommodation based solutions**

29 The Welsh Government does not set indicative allocations for the priority population groups for the main RIF fund but sets aside specific ring-fenced funds within the RIF for key groups or services. RPBs can transfer funds from one priority population group to another in agreement with Welsh Government officials. The RIF also includes a ring-fenced annual £750,000 regional infrastructure fund for running costs (**Exhibit 5**).

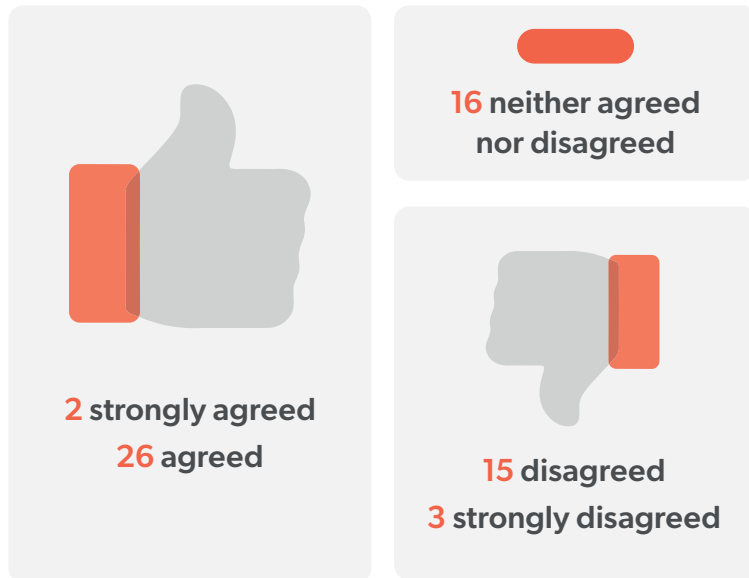
**Exhibit 5: the structure of the RIF**



Source: Audit Wales analysis of Welsh Government information

30 Just under half of the RPB members (28) responded positively to our survey question on the RIF’s alignment to local need. However, over a quarter of respondents felt more negatively about that alignment, and a quarter gave a neutral response (**Exhibit 6**).

**Exhibit 6: number of respondents to our survey who agree or disagree with the statement 'the RIF priority areas set by the Welsh Government are clearly aligned to local need'**



Source: Audit Wales Survey of RPB Members, 2025

- 31 Some of the RPB members we spoke to misunderstand the Welsh Government's focus on priority population groups and asked for more flexibility to respond to local need. Some regional partners were already funding initiatives for some population groups with non-RIF funding. They mistakenly thought they are unable to move RIF funding for one population group to meet the needs of other groups.
- 32 Some of the misunderstanding about priority population allocation may stem from misinterpretation of information in Welsh Government allocation letters. For example, the 2022-23 letters set out its expectation that for the core RIF fund:
  - at least 5% would be used to support unpaid carers (in addition to the ringfenced fund);
  - at least 20% would be spent on delivery through partners delivering wider economic, social, or environmental benefits; and
  - at least £20 million would be spent across Wales in services to support children who are care experienced or at the edge of care.

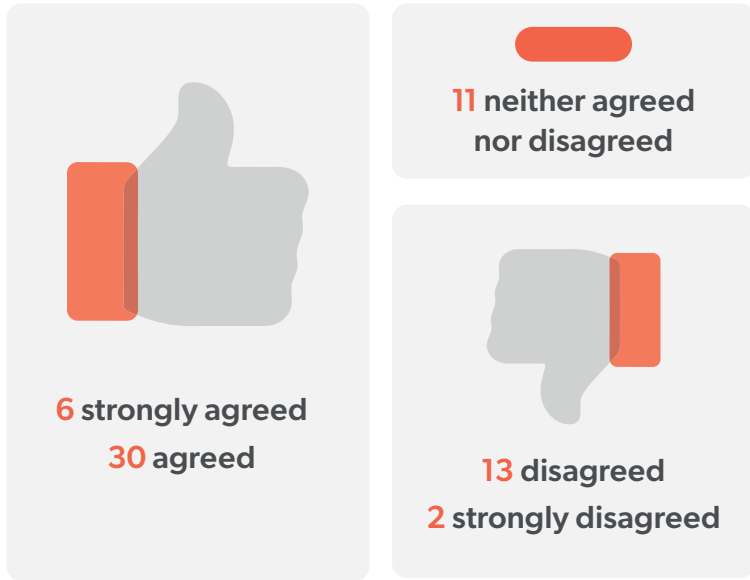
## Integration of relevant funding streams

- 33 The Welsh Government designed its RIF to better integrate processes for existing funding streams into a single system. It consolidated several individual funding streams, providing ring-fenced allocations within the RIF (see **Exhibit 5**). It designed the RIF, Housing with Care Fund and Integration and Rebalancing Capital Fund as complementary programmes to support its longer-term vision for an Integrated Community Care System.
- 34 Between 2021-22 and 2026-27, RPBs will have had access to £1.45 billion Welsh Government funding spanning nine programme areas (see **Exhibit 17, Appendix 2**). Most of these funds started at the same time as the RIF or predated it. The Welsh Government introduced other short term funding streams after the RIF including Allied Health Professional, Further Faster, and 50-day Challenge funding.
- 35 The year one national evaluation of the RIF described the ‘fast-changing policy context’ as a challenge to integrating the RIF with other relevant funding programmes. The Welsh Government’s RIF team recognised this challenge from the start and has taken steps to address it.
- 36 The RIF team hold regular meetings with policy leads for relevant programmes to improve integration and develop plans for the Integrated Community Care System.<sup>4</sup> These officials also sit on the RIF Assurance Board where we saw positive examples of information sharing.
- 37 As the RIF programme has evolved, the Welsh Government has better integrated reporting of key funding streams. For instance, the RIF annual report for 2023-24 was a joint progress report or ‘position statement’ for its Housing with Care Fund, Integration and Rebalancing Care Fund and RIF funds. The position statement also describes progress towards creating the Integrated Community Care System.
- 38 Just over half of the RPB members (36) responding to our survey were positive about the flexibility of the RIF funding criteria (**Exhibit 7**) and 27 found it easy to combine the RIF with other funding streams (**Exhibit 8**). However, RPB members and the Welsh Government’s RIF team recognise that since the start of the RIF, funding allocated to RPBs has become increasingly complex.

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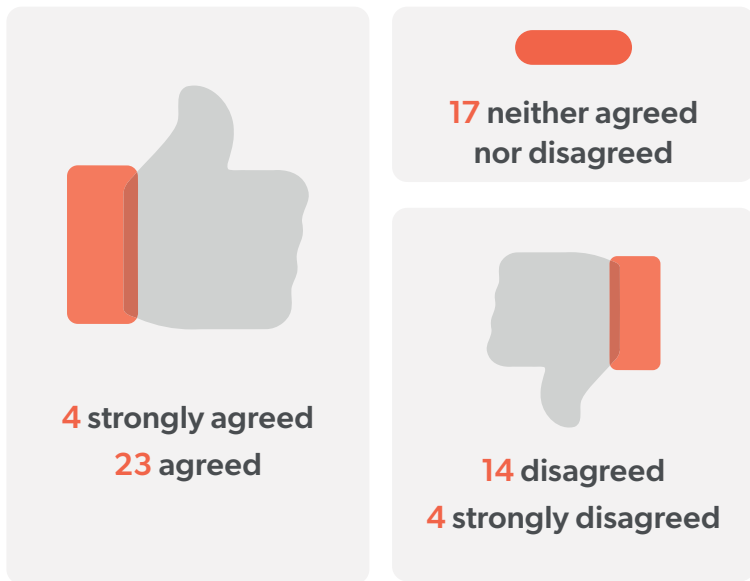
4 Including the Housing with Care Fund, the Six Goals Programme, and the Strategic Programme for Primary Care

**Exhibit 7: number of respondents to our survey who agree or disagree with the statement 'the RIF funding criteria is flexible enough to support local decision-making'**



Source: Audit Wales Survey of RPB Members, 2025

**Exhibit 8: number of respondents to our survey who agree or disagree with the statement 'the Welsh Government has made it easy to combine the RIF with other funding streams'**



Source: Audit Wales Survey of RPB Members, 2025

- 39 RPB members we spoke to were concerned about the complexity and sometimes short timeframes associated with new funding streams such as the 50-day Challenge and Further Faster funds. They told us that responding to the requirements of some initiatives (particularly the 50-day Challenge) puts pressure on RPB staff and members and diverts resources from other aspects of delivery.
- 40 The Welsh Government's 2024-25 RIF funding allocation letters list details of some other funds to provide an overview of funding to RPBs.<sup>5</sup> However, the Welsh Government still sends separate letters for those programmes in addition to its RIF letters. Also, the RIF letters do not list all relevant RPB funds. The number of funding letters may be contributing to RPB's perception that funding arrangements are overly complex.
- 41 The RIF, Housing with Care Fund and Integration and Rebalancing Capital Fund all end in 2027, presenting an opportunity to reflect on future arrangements. The Welsh Government has already started this reflection and has set up a cross sector working group to explore ways of aligning investment and delivery in relevant areas. Moving forward, it wants to better integrate funding streams through its Integrated Community Care System, recognising that future investment decisions depend on political priorities after the May 2026 Senedd election.

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5 The letters list allocations of Further Faster, Allied Health Professionals and Integration and Rebalancing Capital funds.

## The Welsh Government is identifying and sharing good practice, but some RPB members are unclear about aspects of the approach

- 42 Our 2019 report found little evidence that ICF funded projects had been ‘mainstreamed’ as part of core service delivery within partner organisations. We recommended that the Welsh Government increases its support for shared learning across RPBs with a particular focus on approaches to managing the fund and overcoming challenges to mainstreaming. **Exhibit 9** shows that the Welsh Government has fully implemented our recommendation on supporting shared learning.

### Exhibit 9: the Welsh Government’s implementation of recommendation 6 from our 2019 report

#### Recommendation 6

We recommended that the Welsh Government increases its support for shared learning across the RPBs with a particular focus on:

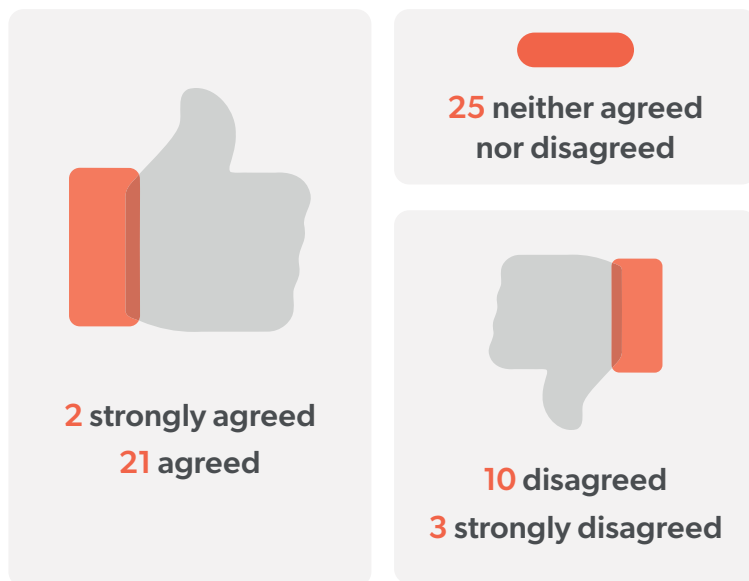
- approaches to managing the fund, in the context of the variation highlighted in this report (**complete**); and
- overcoming challenges to mainstreaming successful projects (**complete**).

Source: Audit Wales

- 43 The Welsh Government provides formal and informal opportunities to share learning. Its formal arrangements include:
- capturing and sharing learning during its routine monitoring arrangements (see **paragraph 59**);
  - highlighting good practice in its annual progress reports;
  - conferences for RPBs to share learning; and
  - ‘communities of practice’ to share learning on the national models of care to inform RIF projects and the development of the Integrated Community Care System. The communities, introduced in 2022, are networks of RPB members, Welsh Government officials and other stakeholders.

- 44 Welsh Government officials also share learning informally through the network of RPB leads. We found several examples where Welsh Government officials recognised strengths in one region and worked with that region to share examples amongst RPB leads.
- 45 Despite the positive examples we identified, RPB member responses to our survey were not clear about whether the opportunities provided by Welsh Government were supporting shared learning (**Exhibit 10**). One RPB member commented that the Welsh Government’s support for shared learning was a recent development. Another described limited time to learn from others.

**Exhibit 10: number of respondents to our survey who agree or disagree with the statement ‘the Welsh Government provides opportunities for shared learning about other RIF funded projects’**



Source: Audit Wales Survey of RPB Members, 2025

- 46 RPB members we spoke to explained that learning is shared regularly between regions, but that process is not always led by the Welsh Government. RPB leads have made their own arrangements to share learning through weekly meetings, which the Welsh Government has encouraged as a form of pro-active peer to peer sharing of good practice. In general, RPB members praised the RIF team's positive engagement and responsiveness.
- 47 The Welsh Government has established six communities of practice to support shared learning. These are sharing learning, policy developments and facilitating engagement with stakeholders in relevant sectors. Welsh Government officials acknowledged that some communities of practice are more effective than others in sharing good practice.
- 48 Some RPB members we spoke to were confused about the purpose of the communities of practice. Some RPB leads told us they had stopped attending meetings because they were time-consuming and unhelpful. The year three national evaluation of the RIF found that target membership is unclear and raised questions about the breadth of representation. It also recognised that the objectives of the communities of practice are not always clear to stakeholders. The Welsh Government is currently exploring ways to improve the effectiveness of the communities of practice, learning from those that are working well.

## The RIF has supported partnership working and service improvement but there are concerns over long term funding arrangements

- 49 RPB members responding to our survey clearly value the RIF programme and responded positively to our survey questions about its contribution to regional partnership working and providing sustainable and improved services. Respondents also made comments about the impact of the RIF:



The RIF has become instrumental in the development of new ways of working, many of which are embedded in the way services are now delivered.

RPB member survey respondent



Many councils and the NHS would strongly evidence that the fund has enabled a consistent added value to residents.

RPB member survey respondent

- 50 However, due to broader financial challenges many RPBs also described a lack of progress mainstreaming successful projects. Several RPB members called for clarity about how the Welsh Government will replace RIF funding after 2026-27, saying it is currently being used to fund services which are now considered part of core provision.



Mainstreaming was introduced but doesn't appear to have happened in practice as individual organisations face significant financial challenge.

RPB member survey respondent



RIF needs to be continued and consolidated as it is used to fund core services that have become essential elements of the health and care system. In the current financial climate, reducing or ceasing funding will result in the curtailing of services.

RPB member survey respondent

- 51 There are considerable challenges associated with mainstreaming projects into core budgets. Nonetheless, partner organisations within RPBs have contributed their own funding to support the Welsh Government’s RIF allocations using a combination of cash and other resources.<sup>6</sup>
- 52 RPB partners provided an additional £174.2 million of match funding over the first three years of the RIF. **Exhibit 11** shows that the proportion of funding provided by partner organisations varies considerably by region.<sup>7</sup> In particular, partner organisations within the North Wales Regional Partnership Board provided considerably higher levels of their own funding in 2022-23 and 2023-24 than other regions.

**Exhibit 11: RPB RIF funding provided by partner organisations from 2022-23 to 2024-25, in £ millions and as a percentage of overall RPB income (shown in brackets)**

RPB	2022-23	2023-24	2024-25
Cardiff and Vale	*	*	6.2 (24%)
Cwm Taf Morgannwg	6.1 (21%)	5.6 (20%)	5.0 (18%)
Gwent	7.3 (21%)	7.0 (20%)	5.5 (17%)
North Wales	23.5 (42%)	27.7 (46%)	55.0 (63%)
Powys	2.0 (24%)	0.4 (6%)	1.6 (19%)
West Glamorgan	*	*	6.2 (25%)
West Wales	2.5 (12%)	3.9 (17%)	8.7 (32%)

Source: Audit Wales analysis of Welsh Government information

Note: \*Cardiff and Vale and West Glamorgan Regional Partnership Boards did not provide information on funding provided by their partners organisations in 2022-23 and 2023-24.

- 53 RPBs are also experiencing financial pressures associated with delivering RIF funded projects, particularly rising staff costs. The Welsh Government removed the tapering element of the RIF in recognition of mainstreaming challenges (see **paragraph 18**). It has not increased RIF funding to match inflation.

6 Such as staff, or premises not funded by the RIF.

7 Welsh Government officials told us that some of this variation could relate to differences in how RPBs capture match funding information. Officials are working with the RPBs to improve the quality and consistency of their data.

54 The Welsh Government's overall RIF allocation has increased slightly from £144.7 million in 2022-23 to over £146 million in 2023-24 and 2024-25. However, in real terms the Welsh Government's funding fell by 8% over the three years.<sup>8</sup> **Exhibits 18 to 20** in **Appendix 2** provide more analysis of RIF spending by type and RPB.

## Welsh Government oversight

### The Welsh Government has continued to work with RPBs to improve the quality and consistency of RIF monitoring information

55 In 2019, our ICF report described weaknesses in the Welsh Government's arrangements to assess the overall impact of its programme. It explained that RPBs were using different tools and processes to measure performance and found it difficult to measure project outcomes. **Exhibit 12** shows that the Welsh Government has fully implemented our recommendation to improve project monitoring.

#### Exhibit 12: the Welsh Government's implementation of recommendation 5 from our 2019 report

##### Recommendation 5

We recommended that the Welsh Government work with RPBs to:

- agree key outcome measures which are expected to be achieved, and monitored, for the different target groups in receipt of the fund. Where possible, these measures should align to wider outcome measures set out in national outcome frameworks already in place (**complete**);
- make clear how it is using the information gathered by RPBs (**complete**); and
- streamline the reporting requirements for revenue and capital projects, where practical to do so (**complete**).

Source: Audit Wales

8 Real terms figures are adjusted to take account of inflation. We used HM Treasury GDP deflators at market prices and money, June 2025.

## Measuring outcomes and impact

56 The Welsh Government developed a RIF outcomes framework clearly setting out the outcomes and principles it wants to achieve for the wider health and social care system.<sup>9</sup> The Welsh Government provided separate guidance to support RPBs to use the framework. The framework is a positive step towards measuring the fund's impact, focussing on both person-centred and system outcomes (**Exhibit 13**). The Welsh Government continues to refine the approach as the programme progresses including developing ways to measure social return on investment.

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9 The Welsh Government published the framework on page 42 of its [RIF guidance](#).

**Exhibit 13: key intended outcomes in the Welsh Government’s outcomes framework**



Source: Audit Wales analysis of Welsh Government information

57 The Welsh Government has different arrangements to measure the impact of its Housing with Care Fund. RPBs set out intended outputs and outcomes for individual projects in their respective 10-year capital investment plans. The Welsh Government's Health and Housing Team monitors delivery against the plans every six months.

### RIF monitoring arrangements

58 The Welsh Government has worked hard to develop monitoring arrangements that provide robust information for effective oversight of its investment. It also provides £750,000 annually to each RPB to support their management of the RIF including reporting arrangements (see **paragraph 29**).

59 The Welsh Government has developed a clear monitoring schedule for RPBs based on:

- quarterly finance returns setting out forecast and actual spend, and delivery of projects to date, setting out risks to project delivery at quarters two and four; and
- six monthly impact reports demonstrating progress using the RIF outcomes framework, risks, and project learning.

60 The RIF team has good arrangements to scrutinise RPB finance and impact reports and discuss in quarterly meetings with the RPB leads. Officials consider RPB plans to manage project over or underspends and have clear arrangements to agree transferring funding between projects.

61 Officials told us that they initially planned to include routine 'spot-checks' on individual spending lines in the finance reports to check that funding allocated through RPBs is being spent appropriately. At the time of our review, the Welsh Government had not developed arrangements for those checks which are intended to be undertaken by its internal audit function.

62 For the Housing with Care Fund, the Welsh Government's Health and Housing Team discusses performance with RPBs in monthly meetings with RPB leads. Discussions focus on project delivery, finance, and risk, which feed into six-monthly progress reviews with the Welsh Government.

63 The Welsh Government worked with RPBs to develop monitoring tools in preparation for the introduction of the RIF and has continued to work with them to refine and develop new tools throughout the programme. We also found examples of the Welsh Government sharing good monitoring processes at one RPB to improve approaches elsewhere.

- 64 The RIF team has formally reported a risk associated with poor quality RPB monitoring information on the risk log it shares with its RIF Assurance Board. To mitigate the risk, the Welsh Government provides training for RPB leads, reporting templates and support through routine monitoring meetings. It also has a formal escalation process for late submissions. Those actions have reduced the residual score on the risk log, and the Welsh Government reviews the risk every six months.
- 65 We found the Welsh Government’s monitoring requirements clear and proportionate. However, the majority of RPB members responding to our survey did not find it easy to provide the type of monitoring information the Welsh Government requests. Several RPB leads told us monitoring arrangements are an administrative burden, often requiring staff training. Some were using parallel monitoring processes where the Welsh Government’s requirements differ from those of the RPB partner organisations. Some RPB leads were frustrated that the Welsh Government asked for information it already has, from previous RIF monitoring information or from other programmes.



The reporting requirements via the RIF templates are significant, and the timescales are not always realistic, especially when gathering information from organisations who are being commissioned by the RPB.

**RPB member survey  
respondent**



Requests for data that Welsh Government already has access to is frustrating – especially as different agencies have different systems and we do not share data in a way that would support strategic planning and integration.

**RPB member survey  
respondent**

- 66 Many of the RPB leads said that the Welsh Government’s financial reporting template is difficult to use. Welsh Government officials recognised that there are opportunities to improve the template which they are working with RPBs to address.

- 67 Despite their concerns about responding to the Welsh Government's monitoring requirements, most RPB leads described significant improvements in monitoring requirements in 2024-25. One person explained that reporting requirements had reduced from about 500 pages in year one of the RIF to about 200. Welsh Government officials told us they had been confident to move to more 'light touch' monitoring from 2023-24 onwards because the strength of RPB performance information had improved considerably.
- 68 RPB members we spoke to had varying views on the level of feedback they get from the Welsh Government on their monitoring submissions. Some praised the clear and regular feedback whilst others felt that they would submit information to the Welsh Government but not receive any feedback from officials. Welsh Government officials told us that they provide robust feedback through the quarterly meetings with RPBs and in an annual 'score card' report. Not all RPB members are included in these meetings, so there is a possibility that not all members are sighted of feedback.

## RIF reporting arrangements

- 69 The Welsh Government publishes annual reports on progress delivering the RIF on its website. The first report ([2022-23](#)) set out funding allocations, the number of projects and a description of outputs and outcomes for key projects for each region.
- 70 By its second year ([2023-24](#)), the Welsh Government's reporting of the RIF was more sophisticated, publishing some performance measures from the outcomes framework (see **paragraph 56**). The report set out information clearly and simply with output measures of 'how much we did' and outcomes measures of 'the difference we made for people'. The Welsh Government continued to use this approach for its third-year report ([2024-25](#)) (**Exhibit 14**).

## Exhibit 14: outputs and outcomes from the Welsh Government's RIF annual report 2024-25

### Outputs



**747,953** individuals have accessed RIF projects in 2024-25



**249,455** were accessing the projects for the first time



**1,620,654** contacts were made (count multiple contacts per individual)

### Outcomes



**213,091** individuals felt less isolated



**231,547** individuals were maintaining or improving their emotional health and well-being



**175,953** individuals felt they were able to influence decision-making that impacted them



**161,797** individuals feel more confident in accessing services following project support



**207,931** individuals whose independence has improved or remained the same after the support of a project



**181,922** individuals have received support that has prevented their level of needs from escalating

## The Welsh Government's RIF Assurance Board provides good scrutiny, including challenge from outside the RIF team

71 In 2019, our ICF report found that the Welsh Government needed to strengthen central oversight of the fund. It also described the impact of limited Welsh Government staff capacity to support regular and timely oversight. **Exhibit 15** shows that the Welsh Government has fully implemented our recommendation to strengthen its project board arrangements.

### Exhibit 15: the Welsh Government's implementation of recommendation 3 from our 2019 report

#### Recommendation 3

We recommended that the Welsh Government further strengthen its governance arrangements for the fund by reviewing the membership of its project board to include representation from outside of the departments directly involved in the fund to provide some independent challenge (**complete**).

Source: Audit Wales

- 72 The Welsh Government has addressed our recommendation by incorporating independent challenge into its RIF Assurance Board. The Board has broad membership including Welsh Government officials representing health, social care, and housing, and from the Bevan Commission.
- 73 The Board's terms of reference are clear, and the RIF team effectively supports Board oversight with clear and regular information on relevant areas. The Board also holds helpful 'deep dive' sessions focused on specific topics supported by relevant information from the RIF team. For instance, in February 2025 it held a deep dive on progress towards developing the Integrated Community Care System.
- 74 We identified some minor areas for improvement in the information that the RIF team shares for Board oversight. The team provides verbal summaries of financial and impact reports but could provide more clarity in its finance reports on spending variance against year-end forecasts. It could also analyse the information submitted by RPBs in their quarterly finance returns to understand overall progress in 'mainstreaming' RIF funded projects.

- 75 There was a gap of 10 months in the frequency of Board meetings due to staff vacancies. Meetings resumed in August 2024 when the new Head of RIF started work. We saw good scrutiny of performance and financial information from Board members outside the RIF team. We also saw examples of the Board acting as a forum for officials to share information and ideas across different parts of the Welsh Government.
- 76 In June 2025, the Welsh Government set up internal audit arrangements to provide assurance to the RIF Board Chair and Director General of Health and Social Services on the effectiveness of processes to oversee the RIF. The Welsh Government's internal audit team share quarterly observations to the Welsh Government's Health, Social Care and Early Years Group Audit and Risk Committee, and more formally, in an annual report.<sup>10</sup>
- 77 The Welsh Government's Housing with Care Fund Board oversees delivery of its Housing with Care programme. The Board is supposed to meet quarterly but at the time of our review, had not met for a year due to staff vacancies. During this time, the Housing with Care Fund panel continued to meet to approve funding applications but did not provide overall programme oversight. The programme lead also met regularly with the Deputy Director of Homes and Places to manage the gap in oversight. The Board resumed meetings from October 2025.

## **There are still weaknesses in health board and local authority oversight of RPB activity and use of the RIF, and the Welsh Government's understanding of that oversight**

### **The status of RPBs**

- 78 Our 2019 ICF report found that there was little scrutiny of RPB activity by health boards and local authorities. There was also a general lack of awareness across these organisations about how the fund was being used. We recommended that the Welsh Government works with NHS bodies and local authorities to ensure that appropriate scrutiny arrangements are in place for decisions made by the RPBs on behalf of those bodies. **Exhibit 16** shows that the Welsh Government has not gone far enough to implement our recommendation to improve RPB governance arrangements.

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10 From July 2025 onwards, the Committee became the Health, Social Care and Early Years Assurance Board.

## Exhibit 16: the Welsh Government's implementation of recommendation 4 from our 2019 report

### Recommendation 4

We recommended that the Welsh Government works with NHS bodies and local authorities to ensure that appropriate scrutiny arrangements are in place for decisions made by the RPBs on behalf of those bodies (**partly complete**).

Source: Audit Wales

- 79 Health boards and local authorities established RPBs in response to the [Partnership Arrangements \(Wales\) Regulations 2015](#).<sup>11</sup> RPBs are statutory governance bodies which limits their functions. In particular, they cannot employ staff or hold budgets.<sup>12</sup> They can only make recommendations but not decisions. Those decisions rest with the statutory partners and must be taken through each body's lawful decision-making procedures. Representatives of those partners sitting on RPBs may only take decisions within any delegated authority, and otherwise must seek Cabinet or Board approval.
- 80 In 2021, the Welsh Government consulted on its proposals to improve social care arrangements and strengthen partnership working in a [White Paper](#) on Rebalancing Care and Support. The paper set out its proposal to establish RPBs as legal entities. However, the Welsh Government chose not to change RPBs in this way in response to feedback from statutory partners including, local authorities, health boards and from RPB members. The Welsh Government revised its part 9 statutory guidance to clarify RPB membership and scrutiny arrangements (see **paragraph 83**).

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11 Part 9 of the Social Services and Well-being (Wales) Act 2014 allowed Welsh Ministers to make regulations about partnership arrangements between health boards and local authorities.

12 RPB staff are employed by either health boards or local authorities depending on regional arrangements. RPBs can use the £750,000 annual RIF allocation for staff costs although some of those costs are met by partnership bodies.

## Partner scrutiny

- 81 All funding allocated to RPBs is provided by Welsh Government funding streams. Health boards hold those funds on behalf of the RPBs.
- 82 The limitation of RPB functions (see **paragraph 79**) means it is essential that health boards and local authorities have robust oversight and governance arrangements. They must provide adequate scrutiny of RPB activity and the funds health boards hold on behalf of RPBs to ensure services and resources are used effectively and efficiently.
- 83 The Welsh Government's part 9 statutory guidance sets out its expectations that partnership bodies should be satisfied that RPBs have effective oversight and governance arrangements.<sup>13</sup> In addition, its RIF guidance requires RPBs to 'put in place a memorandum of understanding that sets out the agreed governance, accountability and decision-making processes including appropriate arrangements to enable scrutiny of investment decisions by relevant sovereign bodies'. However, the Welsh Government has not checked whether RPBs have complied with its requirement.
- 84 All RPBs have some form of terms of reference setting out their purpose and responsibilities. However, only four of the seven RPBs had a memorandum of understanding. None of the documents were clear enough about how health boards and local authorities will scrutinise RPB activity, including which information they will receive and which forum it will go to.
- 85 Despite these apparent gaps, RPB members responding to our survey were generally confident that their organisation has appropriate scrutiny arrangements in place to oversee RPB decisions on their behalf. The majority (41 respondents) also agreed or strongly agreed that their organisation has the right information to understand the impact of RIF funded projects.
- 86 We used our focus groups with RPB members to understand those positive responses in the light of the governance weaknesses we had identified. On closer examination, many members were unclear about health board and local authority arrangements to scrutinise RPB activity. Some were able to cite individual examples of RPB documents being scrutinised at council or health boards meetings. However, none of the RPB members we spoke to were clear about which information goes to those bodies and which forums it goes to.

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13 Under part 9 of the Social Services and Well-being (Wales) Act 2014, health boards and local authorities must have regard to the Welsh Government's part 9 statutory guidance. The Welsh Government published an updated version of the guidance in April 2025.

- 87 Some RPB members told us that there is considerable variation in scrutiny arrangements at local authorities in their region. They said the variation makes it even harder to understand the regularity and focus of scrutiny at those organisations.
- 88 Some RPB members we spoke to raised broader questions about RPB governance arrangements. They recognised that RPB members had responded to the Welsh Government's 2021 consultation to say they did not want to become legal entities. However, we heard examples where RPB chairs were uncomfortable making decisions on behalf of partnership bodies.

### Welsh Government oversight of partnership scrutiny

- 89 Partner bodies are responsible for providing effective oversight and governance arrangements (see **paragraph 83**). The Welsh Government requires RPBs to set out those arrangements in their annual reports. Officials also discuss compliance with the part 9 requirements with RPBs in quarterly meetings. The Welsh Government also requires RPBs to complete self-assessments of their performance every two years from 1 April 2025.<sup>14</sup> RPBs must also consider the effectiveness of their governance arrangements.
- 90 The Welsh Government ran a series of pilots with RPBs, Care Inspectorate Wales (CIW) and Healthcare Inspectorate Wales (HIW) from 2021 to 2024 to develop the self-assessment approach. For the pilot, all RPB members were invited to complete a self-assessment survey designed by the Welsh Government. The survey includes a specific question on whether RPB partner organisations have arrangements in place for organisations to be held to account for delivery of the RPB priorities. RPBs then took part in workshops to discuss the findings and develop improvement actions.
- 91 The Welsh Government asked RPBs to set out their actions to address issues from the pilot self-assessments in their 2024-25 annual reports. But it has not used the self-assessment results from the pilot or the improvement actions identified to understand the strengths and weaknesses of RPB arrangements. The Welsh Government recognises it could do more to oversee the effectiveness of RPB partner scrutiny including checking that memoranda of understanding are in place.

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14 A requirement of the Welsh Government's amended Partnership Arrangements (Wales) Regulations in 2024.

# Recommendations

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92 We are re-issuing two of our previous recommendations, updated to reflect the current delivery context. We are also making three new recommendations.

## Updated recommendations from our 2019 ICF review

**R1** The Welsh Government should make further changes to simplify RPB funding arrangements and ensure they are aligned to local population needs. It should:

- 1.1** Work with RPBs to make sure they understand the flexibility of the RIF and their ability to transfer non-ring-fenced funds between projects where they clearly align to local need (**paragraphs 27 to 32**);
- 1.2** Work with RPBs to combine monitoring and reporting arrangements for different funds where possible (**paragraphs 33 to 41**); and
- 1.3** Build arrangements into its Integrated Community Care System to incorporate new funding streams that may emerge after it is established (**paragraphs 33 to 41**).

**R2** The Welsh Government should work with health boards and local authorities to ensure they have appropriate scrutiny arrangements in place for delegated decisions made by the RPBs on behalf of those bodies. This should include ensuring RPBs have a memorandum of understanding in place (**paragraphs 81 to 91**).

## New recommendations

**R3** The Welsh Government should improve the finance reports it provides to the RIF Assurance Board to include information on:

- RPB spending variance against year-end forecasts; and
- RPB progress towards mainstreaming successful projects (**paragraph 74**).

**R4** The Welsh Government should introduce spot-checks on RPB spending to ensure that RIF funding is spent appropriately (**paragraph 61**).



# Appendices

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- 1 About our work
- 2 Financial information
- 3 Key terms in this report

# 1 About our work

## Scope of the audit

We have looked at how well the Welsh Government has addressed the recommendations in our 2019 review through the rollout of its RIF, and to a lesser extent the Housing with Care Fund. We have not reviewed the Welsh Government's management of the Integration and Rebalancing Care Fund.<sup>15</sup> We did not set out to evaluate the impact of the RIF or consider wider points beyond our 2019 recommendations.

## Audit questions and criteria

### Questions

Our audit focused on four specific questions:

- Does the Welsh Government have a coherent strategic approach to providing integrated health, social care, and housing funding via the Regional Integration Fund?
- Does the Welsh Government have appropriate arrangements to oversee delivery of its Regional Integration Fund?
- Has the Welsh Government worked with NHS bodies and local authorities to ensure that there are appropriate scrutiny arrangements of decisions made by RPBs?
- Does the Welsh Government ensure the sharing of good practice across regions?

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<sup>15</sup> We reviewed aspects of the Fund as one of our five case studies to inform our May 2025 report on the [Wales Infrastructure Investment Strategy](#).

## Criteria

In gathering evidence against the above questions, we were looking for the Welsh Government to demonstrate that it had made the expected progress in implementing our 2019 audit recommendations to address the issues and concerns identified in the original audit.

## Methods

We undertook our field work during April and July 2025.

We used the following methods:

- Review of Welsh Government documents which shows the timeliness of decision making; guidance for the RIF and related funding streams; monitoring information on delivery of the RIF including progress reports on delivery outputs and outcomes; RIF project board papers; and information demonstrating how good practice is identified and shared.
- Review of some RPB documents including the terms of reference, memorandum of understanding and their scrutiny arrangements.
- High-level financial analysis of Welsh Government spending to date through the ICF, Transformation Fund and RIF.
- Interviews with Welsh Government officials responsible for managing and overseeing the RIF and similar funds associated with Welsh Government's national programmes on Planned Care, Urgent and Emergency Care and Primary Care.
- Focus groups involving all RPB leads and chairs in Wales.
- An online survey of all 196 RPB members which received a total of 63 responses. The survey was open for responses between the 2 May 2025 and 14 July 2025.
- An observation of a meeting of the Welsh Government's RIF Assurance Board which includes Welsh Government officials from various backgrounds to provide oversight of the RIF.

## 2 Financial information

**Exhibit 17** shows all RPB funding streams available from 2021-22 to 2026-27. **Exhibits 18 to 20** set out RIF spending by type and from 2022-23 to 2024-25 by RPB. The Welsh Government publishes detailed analysis of RPB spending across population groups in its annual reports. **Exhibits 21 and 22** show Housing with Care Fund spending from 2022-23 to 2024-25 and by RPB.

### **Exhibit 17: RPB funding streams available during the period 2021-22 to 2026-27**

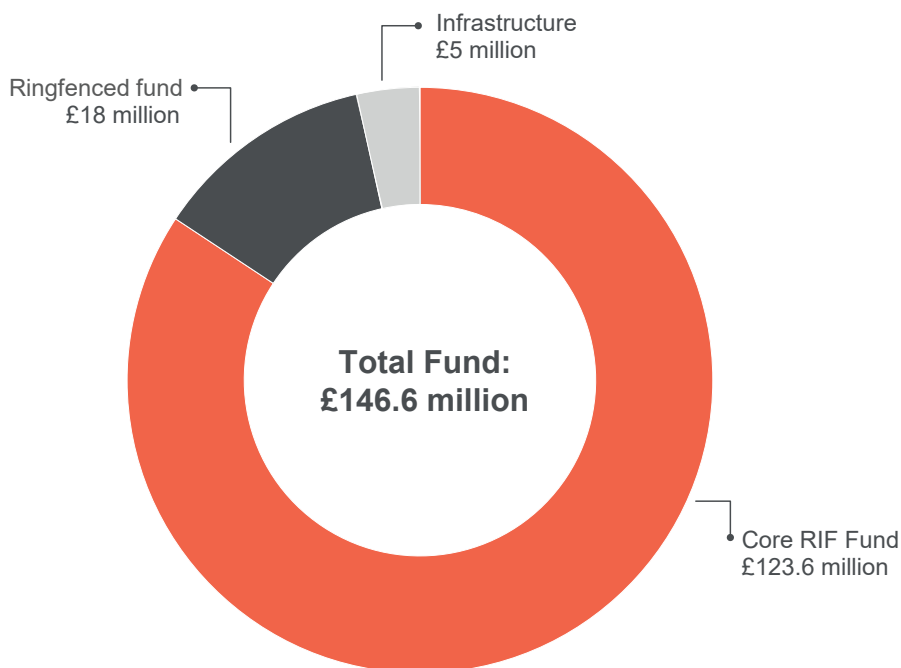
<b>Funding programme</b>	<b>Value</b>	<b>Duration</b>	<b>Focus</b>
Integration and Rebalancing Capital Fund	£320 million	2022-23 to 2026-27	Develop local community care hubs to co-locate frontline health and social care services
Integration and Rebalancing Capital Fund – revenue budget	£20 million	2022-23 to 2026-27	To resource RPBs for the strategic planning and coordination of the Integration and Rebalancing Capital Fund
Housing with Care Fund	£242 million	2022-23 to 2026-27	Provide supported housing and accommodation for vulnerable people with care and support needs
Regional Integration Fund (RIF)	£731 million	2022-23 to 2026-27	Create sustainable system change by developing six integrated models of care
Six Goals for Urgent and Emergency Care Programme	£100 million	2021-22 to 2025-26	Provide effective, high quality and sustainable healthcare as close to home as possible, and to improve service access and integration
Strategic Programme for Primary Care	£7.6 million	2022-23 to 2023-24	Deliver national primary care priorities

<b>Funding programme</b>	<b>Value</b>	<b>Duration</b>	<b>Focus</b>
Allied Health Professionals Funding	£5 million	2023-24	Increase access to community-based care by increasing the number of NHS Allied Health Professionals and support workers
Further Faster Funding	£12 million	2023-24	Go 'further, faster' to strengthen community care capacity by developing an integrated community care system for Wales
50-day Challenge Funding	£19 million	2024-25	Help more people safely return from hospital and ease winter pressures on the health and social care system

Source: Audit Wales analysis of Welsh Government information

Note: The Six Goals Urgent and Emergency Care Programme is administered by NHS Wales Performance and Improvement. All other funds in the table are administered by the Welsh Government.

### Exhibit 18: RIF spending by type, 2024-25



Source: Audit Wales analysis of Welsh Government information

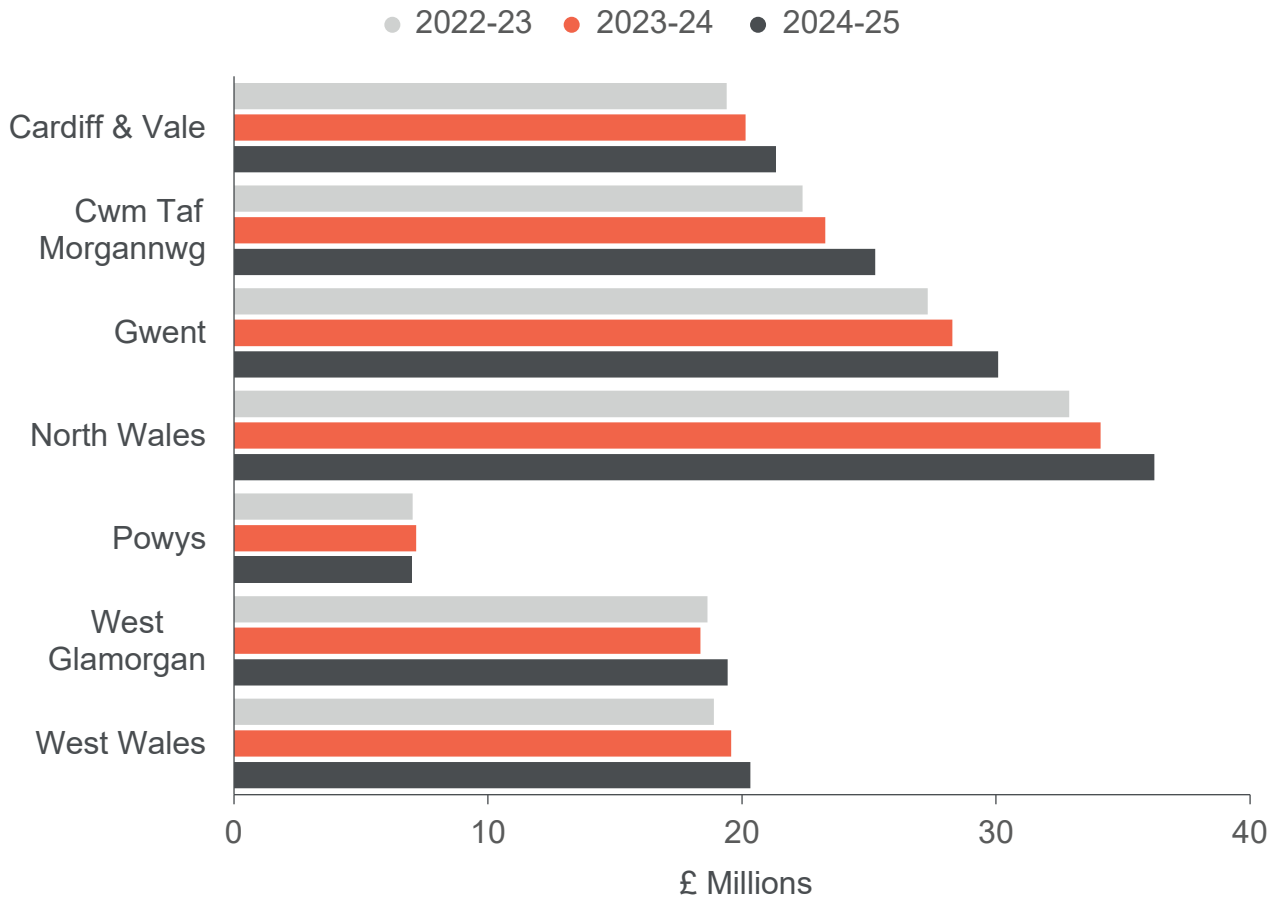
Note: Cwm Taf Morgannwg and Gwent RPBs did not spend their full allocation of £750,000 infrastructure funding in 2024-25.

### Exhibit 19: core RIF spending by model of care, 2024-25

Model of care	£ millions
Home from hospital	35.6
Prevention and community coordination	30.8
Supporting families	22.7
Complex care closer to home	20.6
Promoting good health and emotional well-being	8.4
Accommodation based solutions	2.1
Project management costs	3.4

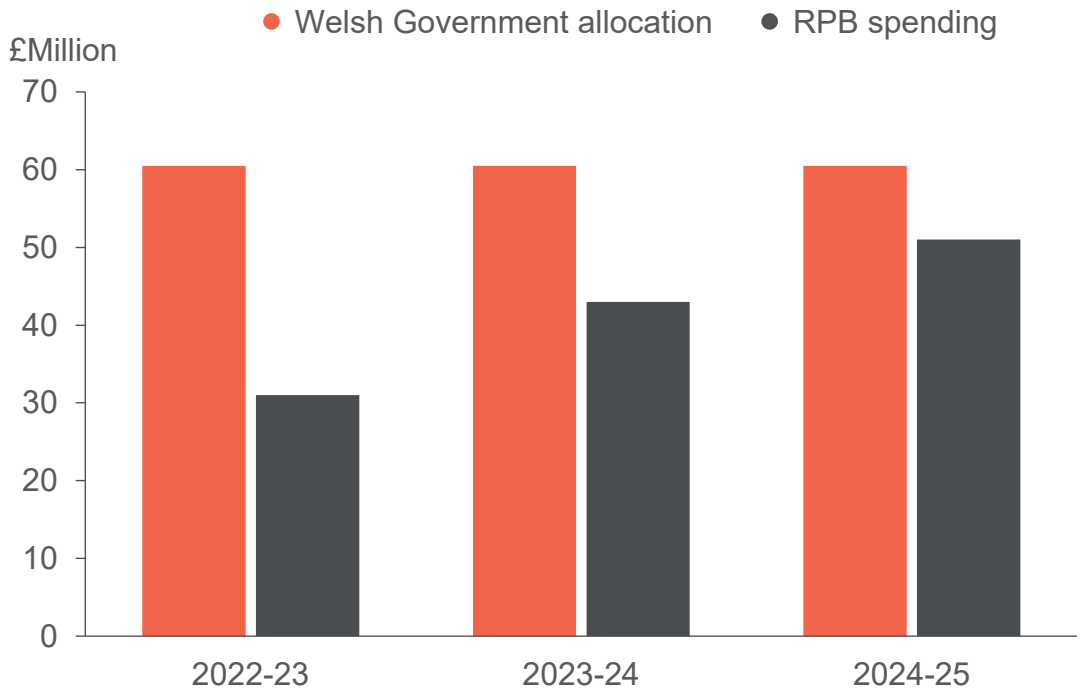
Source: Audit Wales analysis of Welsh Government information

**Exhibit 20: total (core and non-core) RIF spending by RPB, 2022-23 to 2024-25**



Source: Audit Wales analysis of Welsh Government information

**Exhibit 21: Housing with Care Fund Welsh Government allocations and RPB spending, 2022-23 to 2024-25**



Source: Audit Wales analysis of Welsh Government information

### Exhibit 22: Housing with Care Fund spending by RPB, 2022-23 to 2024-25



Source: Audit Wales analysis of Welsh Government information

### 3 Key terms in this report

Term	Description
Allied Health Professionals funding	A Welsh Government fund for RPBs in 2023-24. The fund was aimed at increasing the number of community-based healthcare professionals and support workers.
Further Faster funding	A Welsh Government fund for RPBs in 2023-24. The fund was aimed at bringing together existing health and social care initiatives to start developing an integrated community care system.
Housing with Care Fund	A Welsh Government fund for RPBs from 2022-23 to 2026-27. The fund is aimed at providing supported housing accommodation for vulnerable people with care and support needs.
Integrated Community Care System	The Welsh Government's vision for providing seamless health and social care at or as close to home as possible through six models of care.
Integrated Care Fund (ICF)	A Welsh Government fund for RPBs from 2014-15 to 2021-22. The fund was aimed at encouraging collaboration between social services, health, housing, and the third and independent sector to improve the lives of the most vulnerable people in Wales. The Welsh Government introduced the fund in 2014 as the Intermediate Care Fund and renamed it the Integrated Care Fund in 2017.
Integration and Rebalancing Capital Fund	A Welsh Government fund for RPBs from 2022-23 to 2026-27. The fund is aimed at developing local community hubs to co-locate frontline health and social care and other services.

Term	Description
Mainstreaming	Mainstreaming refers to the process of embedding successful, innovative, or pilot initiatives into standard practice across health and social care systems.
NHS Wales Performance and Improvement	The Welsh Government set up the NHS Wales Executive in April 2023. The Executive changed its name in 2025 to NHS Wales Performance and Improvement. It aims to drive improvements in the quality and safety of care.
Regional Integration Fund (RIF)	A Welsh Government fund for RPBs from 2022-23 to 2026-27. The fund is aimed at supporting integrated health and social care initiatives at a regional level.
Tapering	A method used in social care funding where financial support gradually reduces over time. It allows projects to support themselves financially gradually, avoiding sudden loss of support and encouraging financial independence.
Transformation Fund	A Welsh Government fund for RPBs from 2019-20 to 2021-22. The fund was aimed at improving health and social care services by scaling up models that are successful and replacing less successful or outdated ones.
Six Goals for Urgent and Emergency Care Programme	An NHS Wales Performance and Improvement fund from 2021-22 to 2025-26. The fund is aimed at providing healthcare as close to home as possible and to improve service access and integration.
Social Services and Well-being (Wales) Act 2014	The Act came into force in 2016 in Wales. It promotes voice, control, prevention, co-production, and collaboration, giving individuals and carers more say in the support they receive.
50-day Challenge funding	A non-recurrent Welsh Government fund for RPBs in winter 2024-25. The fund was aimed at helping people safely return from hospital to ease winter pressures on hospitals.
Strategic Programme for Primary Care	The Welsh Government set up the Strategic Primary Care Programme in 2018 to implement its vision for primary care. The programme is now led by NHS Wales Performance and Improvement and no longer has a dedicated funding stream.

# About us

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

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

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



Audit Wales

1 Capital Quarter

Tyndall Street

Cardiff CF10 4BZ

Tel: 029 2032 0500

Textphone: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)

Website: [www.audit.wales](http://www.audit.wales)

We welcome correspondence and telephone calls in Welsh and English.

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