



SEN Ofsted Inspection & WSoA

City of York Council

Internal Audit Report 2020/21

Business Unit: People Directorate
Responsible Officer: Assistant Director, Education and Skills
Service Manager: Head of SEND and Inclusion
Date Issued: 05/05/21
Status: Final
Reference: 11120/003

	P1	P2	P3
Actions	0	0	4
Overall Audit Opinion	Substantial Assurance		

Summary and Overall Conclusions

Introduction

Between 9 December and 13 December 2019, Ofsted and the Care Quality Commission (CQC) conducted a joint inspection of the local area of York to judge the effectiveness of the area in implementing the disability and special educational needs reforms as set out in the Children and Families Act 2014. The inspection determined that a joint written statement of action (WSoA) by the City of York Council (CYC) and the NHS Vale of York Clinical Commissioning Group (CCG) was required to address significant weaknesses in specific areas practices. These areas were predominantly:

- The ownership and oversight of strategic leaders to ensure effective implementation of all aspects of the 2014 reforms by education, health and care
- Joint commissioning of services for SEND
- A consistent approach to involving children, young people and families when co-producing services
- The quality and contribution from health partners in EHC assessment and planning

A WSoA was submitted to Ofsted in May 2020 and judged fit for purpose. Monitoring, oversight and management of the WSoA is provided through the SEND Improvement Board (SIB) for York.

Objectives and Scope of the Audit

The purpose of this audit was to provide assurance to management that procedures and controls within the system will ensure that:

- Robust governance arrangements are in place for delivery of the WSoA
- Progress and improved outcomes can be evidenced through an effective monitoring process.

Key Findings

Accountability and governance arrangements are clearly stated in the SEND WSoA and good governance arrangements for delivery continue to be in place with the appointment of an independent external scrutineer enabling greater oversight and continuity across the SEND organisation.

The SIB receives monthly progress assurance reports from work stream groups set up to deliver the operational plans for each improvement area. Some of the work streams have been amalgamated or shut down as actions have been completed. Any adjustment to the original work streams or reporting arrangements have been agreed by the SIB.

A comprehensive Terms of Reference (ToR) document is in place for the SIB. The strategic and operational leaders responsible for improvement have been clearly identified and lines of accountability and the reporting structure set out, however the frequency of reporting progress to the accountable bodies is not recorded. The ToR were last reviewed in November 2020 but approved changes to frequency of meetings (from 12 times per year to six weekly) have not been incorporated into the current version.

We confirmed that progress reports on work carried out to deliver the WSoA are received from all work stream groups and updates recorded in the minutes of the SIB. Minutes reviewed provided evidence of scrutiny and oversight. Agreed actions are tracked through an action log however review of the log identified a number of actions that have been outstanding for a significant period of time without an update being noted or the status of the action recorded.

RAG ratings for the tasks on the WSoA are reported at SIB meetings and changes to target dates are approved by the Board. Minutes confirmed scrutiny of presented reports but we noted that a report had not been presented at the last two meetings (February 2021 and March 2021). Quarterly progress reports have been produced for CMT and portfolio holders.

As more of the tasks are completed and the new frameworks and strategies become embedded the impact on the areas of improvement can be evidenced and analysed. Processes are in place to assess and report progress against specified targets for success in the WSoA and data is collected and analysed which demonstrates the impact on improvement areas. Testing confirmed that this includes analysis of survey data and data from the audit and quality assurance process monitored in detailed reports to operational workgroups and reported to the SIB. These processes are under development and further work is continuing in this area to ensure all improvement areas are adequately covered.

Informal progress meetings are held every 6 weeks with the Department for Education (DfE) and two formal monitoring visits (September 2020 and January 2021) have taken place. It was minuted in both cases that discussions with the DfE were positive and acknowledged that good progress had been made in all areas particularly in the light of difficulties caused by the pandemic. However it was noted that the SIB had not been presented with formal feedback from the visits in order to provide assurance that all agreed actions from the monitoring visit or "key next steps" (noted in the preparation template and agreed by the DfE) are addressed. This included the next steps for ensuring the impact of the WSoA is fully evidenced.

Overall Conclusions

A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited. Our overall opinion of the controls within the system at the time of the audit was that they provided Substantial Assurance.

1 Terms of Reference for the SIB

Issue/Control Weakness

The Terms of Reference (ToR) have not been fully updated to comply with changes approved by the SIB.

Risk

Failure to oversee delivery of the WSoA.

Findings

At the September 2020 SIB meeting it was reported that ToR had been reviewed to ensure they continued to be in line with the focus of the group and membership updated to more clearly identify those who have a core, decision making responsibility, and those who attend in a reporting capacity. The ToR subject to further confirmation of membership were agreed.

At the November 2020 meeting it was confirmed that membership had been reviewed and stakeholders clearly identified. It was agreed the WSoA governance structure would be included within the ToR and the SIB meetings changed from monthly to six weekly. Review of the current ToR identified that although all other changes had been incorporated, the frequency of meetings had not been revised from 12 times per year. We also noted that although the accountable bodies for the SIB were identified the frequency of reporting progress was not stated.

Agreed Action 1.1

The TOR will be updated in line with the recommendations and circulated to all SIB board members.

Priority

3

Responsible Officer

Assistant Director,
Education and
Skills

Timescale

31st May 2021

2 Action Tracking

Issue/Control Weakness

For some work streams, actions recorded in the action log do not have a logged record of progression.

Risk

Failure to deliver actions agreed by the SIB to progress the WSoA

Findings

All actions approved in the SIB minutes are recorded in an action log where progression can be updated and tracked. Follow up of the action log is a standing agenda item for the SIB and it is the responsibility of the work streams to ensure these actions are addressed and progress reported back to the board as part of their progress reporting.

Comparison of a sample of minutes to the action log found that agreed actions had been appropriately recorded. However, a review of the log identified a number of actions for individual work streams that appeared to have been outstanding for some time without recorded evidence of progression or the status being updated.

Agreed Action 2.1

All outstanding actions will be reviewed at the next SIB board meeting and the status updated.

Priority

3

Responsible Officer

Assistant Director,
Education and
Skills

Timescale

30th June 2021

3 RAG Rating of Progress

Issue/Control Weakness

The RAG rating of tasks on the WSoA have not been notified to the SIB for the February 2021 and March 2021 meetings in order to provide effective oversight and scrutiny of progress.

Risk

Failure to deliver the WSoA within the appropriate timescales.

Findings

It was confirmed that the SIB received an update on the WSoA RAG rating at the meetings that took place between September 2020 and Dec 1020 through exception reporting. The minutes of these meetings evidenced scrutiny and oversight of overall progress by the SIB.

No update of the RAG rating was recorded at the February 2021 or March 2021 meetings although in the February 2021 SIB minutes, the second monitoring visit, it was reported that a review of the Joint Strategic Needs Assessment (JSAN) Phase 2 deadlines would need to take place due to the need to divert the Lead person's (CYC's Public Health Practitioner) time to the Covid work taking place. when discussing

Agreed Action 3.1

Timescales for actions will be revisited and updated and reported to the June SIB.

Priority

3

Responsible Officer

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Timescale

30th June 2021

4 Monitoring Improved Outcomes

Issue/Control Weakness

The key next steps to evidence the impact of completed tasks on the improvement areas were identified in the preparation report for the latest monitoring visit and agreed by the DfE. However formal feedback from the visit has not been presented to SIB to ensure that oversight of delivery of the next steps is in place.

Risk

The required improvement is not adequately evidenced.

Findings

Two monitoring visits by the DfE have taken place, the first in September 2020 and the second in January 2021. Informal feedback was reported to the SIB in the minutes of the February 2021 meeting and it was noted that overall the DfE acknowledged that "progress has been made in all areas despite the exceptional circumstances". Progress in demonstrating the impact of completed actions on the improvement areas continues to be under development and a number of next steps, as reported in the preparation report for the visit, were agreed.

Significant progress has been made in ensuring these next steps are implemented. A quality assurance report has been produced for audits carried out between September 2020 and April 2021 which evidences an increase in the number of audits, analyses the results against key performance areas and records actions for improvement. Going forward monthly reports will be prepared for the SIB. A report has also been produced to indicate progress in increasing the involvement of young people and families in producing their services (co-production).

It was noted however that the SIB had not been provided with formal feedback from the monitoring visits in order to ensure there is specific oversight of the progress of all of these identified key next steps.

Agreed Action 4.1

A report will be submitted to the SIB providing feedback from the DfE monitoring visits to allow them to have specific oversight of identified actions as part of the preparation for re-inspection.

Priority

3

Responsible Officer

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Timescale

30th June 2021

Audit Opinions and Priorities for Actions

Audit Opinions

Our work is based on using a variety of audit techniques to test the operation of systems. This may include sampling and data analysis of wider populations. It cannot guarantee the elimination of fraud or error. Our opinion relates only to the objectives set out in the audit scope and is based on risks related to those objectives that we identify at the time of the audit.

Our overall audit opinion is based on 4 grades of opinion, as set out below.

Opinion

Assessment of internal control

Substantial Assurance	A sound system of governance, risk management and control exists, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.
Limited Assurance	Significant gaps, weaknesses or non-compliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or non-compliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.

Priorities for Actions

Priority 1	A fundamental system weakness, which presents unacceptable risk to the system objectives and requires urgent attention by management.
Priority 2	A significant system weakness, whose impact or frequency presents risks to the system objectives, which needs to be addressed by management.
Priority 3	The system objectives are not exposed to significant risk, but the issue merits attention by management.

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