# Performance Report Q1 2021-22

## Paper for the
Social Work England Board

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## Reviewed by
Executive Leadership Team

## This paper is for
Assurance and Noting

## Associated Strategic Objective
SO9: We will establish robust infrastructure, systems and processes that promote trust and confidence.

## Impact: Risk Type and Appetite
Operational delivery - Open

## 1. Summary

This report presents our performance for Q1 of 2021-22. We publish our performance and data on a quarterly basis. Publishing quarterly means we show trends within the year and against previous years as we progress and build a developing picture of performance and performance benchmarks. This aligns with the data periods the PSA use as part of their performance review.

For submission of papers to the Board meeting on 2 July, we were ahead of the quarter and so presented the first two months of our performance in 2021-22 to the private board meeting. This paper presents a full quarter performance report and will be uploaded into Board Intelligence on July 14th and published as part of the Board papers. Board dates for the rest of the year align with quarterly datasets and the subsequent quarterly performance reports will go to the public Board meetings.

## 2. Action required

The board is requested to:

- Note the report

## 3. Annual cycles

There is seasonal variation in the volume of regulatory activity. Our performance indicators are designed to account for this. In the summer of each year, we expect to receive increased volumes of registration applications from newly qualified students, along with increased numbers of related calls and emails. In Q1 of 2021-22, the time it took us to process registration application answer calls and emails was relatively low. We anticipate an increase during Q2 in time taken as the volume of applications and enquiries increase.

Our annual renewal process starts on 1 September each year. Social workers wishing to remain registered with us must renew their registration, including submission of CPD, by 30 November each year. This will increase the number of enquiries we receive during Q2 and Q3, it will also contribute to an increase in the time it takes us to answer calls and emails. We anticipate that increased enquiries will also have an effect on application processing times.

We take a ‘digital by design’ approach to enable social workers to submit applications for renewal and registration electronically. We continue to review and develop the online account and guidance on our website to encourage applicants and registrants, and other enquirers, to access the information they need online. We expect this to continue to reduce the number of calls and emails we receive, so that those who are unable to interact with us in this way can contact us more easily.

Our performance indicators (KPIs) are designed to account for these variations and still remain achievable for the year as a whole. Unlike in the Registration and Advice service, there is no clear seasonal variation in the fitness to practise workload.  Over time we expect to develop a greater understanding of seasonality but the unique circumstances in which we have operated during the opening 18 months have created too much volatility to establish this.  Our KPIs for fitness to practise are currently based on an assumption that we will receive an incoming rate of referrals broadly in line with the rolling average over the previous 12 months and that current operational performance will be sustained across the year.

We recognise that data collected during 2020-21 on the volumes of cases, applications and enquiries may not reflect our operation in the future, due to the impact of the pandemic and initial interactions with applicants and registrants during our first year of operation. We will monitor the data closely as established norms start to emerge.

## 4. KPIs for financial year 2021-22

We presented our approach to performance reporting and our new KPIs for 2021-22 at the May board meeting. In summary:

- We are continuing to pursue our strategy to be digital by design in line with Government Digital Standards. Our registration and advice service handles calls for the whole organisation, so directing people to self-service frees the team to deal with urgent matters that cannot be resolved by self-service. Our targets for registration and advice reflect this approach.
- Our fitness to practise KPIs focus on caseloads and quality. Targets have been set to reflect the trajectory towards a sustainable level of activity across fitness to practise, whilst ensuring the quality of outcomes remains high and improving timeliness.
- We have broadened our range of KPIs for 21-22 to include a small number across other operational areas.
- We will also be assessing performance against last year’s baseline in a number of areas including our annual people engagement survey and CPD compliance
- We will undertake a mid-year review have therefore built in a mid-year review of our overall performance including KPIs and targets.

## 5. Overall assessment

Our first quarter of FY 2021-22 shows performance is broadly in line with expectations. In particular:

- There was a reduction in the number of registrants removed from the register for failing to pay their second direct debit instalments, from 820 in 2020 to 130 in 2021.
- Despite the volume of UK applications being 62% higher than those in the same period last year, we have continued to maintain a median time of 1 working day for approval of these applications.

- We have seen steady reductions in both the triage and investigations service. If this rate of progress is maintained for the remainder of the year, caseloads at triage and investigations should be reduced to targeted levels.
- Our people and engagement survey response rate increased to 78%, up by 4 percentage points from last year.

## 5. Performance 1 April to 31 May 2021

### 1.1 Our regulatory approach

#### Registration, enquiries and advice

Table 1: registration, enquiries and advice key performance indicators

| KPI ID | KPI Description | Target | Actuals | | DoT* |
|---|---|---|---|---|---|
| | | | Q4 20-21 | Q1 21-22 | |
| **REG1** | Time taken to approve registration applications[1] | ≤ 10 working days (median) | 1 | 1 | → |
| **REG2** | Time taken to approve restoration applications[1] | ≤ 20 working days (median) | 17 | 8 | ↓ |
| **REG3** | Time taken to answer emails | ≤ 5 working days (median) | 1 | 0 | ↓ |
| **REG4** | Time taken to answer phone calls | ≤ 8 mins waiting time (median) | 1 | 0 | ↓ |

**RAG rating of actuals:** green – achieving target; amber - within 5% of achieving target; red – more than 5% from achieving target.
***Direction of travel:** direction of arrow indicates numerical change compared to previous quarter; colour of arrow indicates performance against target (green = trending towards target; red = trending away from target

#### Commentary

The volume of UK applications received during Q1 is 62% more than those received in the same period last year. This is in large part due to applications from 'fast-track' postgraduate applicants completing their studies. We have continued to maintain a median time for approval of applications during the period of 1 working day.

We took Direct Debit payments from 67,000 registrants on 1 April 2021. This is the second instalment of the registration fee for the period 1 December 2020 - 30 November 2021. We removed 130 registrants from the register on 1 June 2021 for failure to pay the fee. This is a significant reduction from the same point last year when we removed 820 registrants. The reduction reflects our closer relationship with registrants due to the annual cycle of registration renewal.

[1] Excludes applications where an investigation is required

Prior to removals, the registration and advice team contacted all registrants at risk of removal to confirm that they did not wish to make payment.

The call volume into the enquiries service in May and June 2021 was about half the number received in the same months in 2020, which also reflects the work we have done over the course of the year to ensure registrants were aware of the upcoming payment.

We have recruited 5 Officers to fill vacancies and are working closely with colleagues in the People and Business Support Directorate to ensure all vacancies are filled in time for the beginning of peak registration activity from July-December.

Based on the number of applications received in the same period last year, we anticipate somewhere in the region of 3,500 applications will be received in Q2 2021-22, and the bulk of these will be from graduates who have qualified in England.

Preparations are well underway for the start of the renewal period for registrants 1 September – 30 November. As part of this, system development of the online account and application process to implement learning from last year is on schedule. We are developing our communication strategy to support the renewal period including refining and improving our messages to registrants.

We continue to operate the temporary register of social workers in England[2]. We have been discussing with external colleagues the future timescale for the temporary register, and also its ongoing interaction with the 'Social Work Together' campaign.

We have also continued discussions with colleagues on how to ensure effective registration of overseas applicants; this has included members of staff attending briefings and meetings with representatives from government departments, and also with the social work regulators in the other UK jurisdictions.

[2] Using the powers given to us in the Coronavirus Act 2020

## Fitness to practise

Table 2: Fitness to practise key performance indicators

| KPI ID | KPI description | Target | Actuals | | DoT* |
|---|---|---|---|---|---|
| | | | Q4 20-21 | Q1 21-22 | |
| **FTP1** | Number of open cases in triage stage | 300 by March 2022 | 723 | 643 | ↓ |
| **FTP2** | Number of open cases under investigation | 1,230 by March 2022 | 1276 | 1185 | ↓ |
| **FTP3** | Legacy cases progressed beyond investigation | 80% by March 2022 | 41.4% | 51.2% | ↑ |
| **FTP4** | Time taken to conclude cases received since our inception following an investigation | Monitor (median weeks) | 48 | 53 | ↑ |
| **FTP5** | Time taken to approve interim orders once need identified | ≤ 20 working days (median) | 23 | 18 | ↓ |
| **FTP6** | FTP internal quality score[3] | ≥ 90% of cases meet internal standards | 91.2% | 86% | ↓ |

**RAG rating of actuals:** FTP1, FTP2 and FTP3: green – achieving target compared to projected YTD position; amber – within 5% of achieving projected YTD position; red – more than 5% from achieving projected YTD position. FTP4 – no target, not rated. FTP5 and FTP6: green – achieving target; amber – within 5% of achieving target; red more than 5% from achieving target.
***Direction of travel:** direction of arrow indicates numerical change compared to previous quarter; colour of arrow indicates performance against target (green = trending towards target; red = trending away from target

### Commentary

The first three key performance measures within fitness to practise (FTP1-FTP3) indicate whether the service remains on track to achieve a steady state of case throughput by the end of the financial year, following the challenges faced in 2020-21. A steady state would see caseloads in the triage service reduced to approximately 300 and caseloads in the investigations service reduced to approximately 1230. Caseloads within the hearings service are forecast to remain stable this year.

The general trend regarding caseloads in core areas of the service is positive, with steady reductions being seen during Q1 in both the triage and investigations service. If this rate of progress is maintained for the remainder of the year, caseloads at triage and investigations should be reduced to targeted levels. The resolution of at least 80% of the transition caseload at the investigations stage will significantly reduce the average age of the caseload and allow investigators to progress new cases more effectively.

The focus on reducing caseloads in the early stages of the process this year is likely to produce an inflated caseload in the hearings service next year if current levels of resourcing in that service area are not increased. A plan is in place to relocate some of the existing

[3] Figure represents results of initial reviews and does not include any changes made by the Decision Review Group (DRG). This is subject to change as we develop the reporting further to include the DRG changes.

administrative resource once caseloads are reduced in the investigations service to follow the work to conclusion.

FTP4 demonstrates that we are concluding new cases received that require full investigation and adjudication in about 12 months. The age profile of new fitness to practise cases at the point of conclusion is, on average, almost 18 months younger than transition cases. We expect this figure to rise slightly across the year as a larger number of new cases reach the final hearing stage and increase the percentage of resolutions that occur at this stage slightly. A fuller picture of end-to-end performance against this measure will develop as the year progresses.

The powers available to our case examiners allow us to resolve many cases without the need for a full hearing. However, our ability to conclude new cases efficiently continues to be impaired by the existing transition caseload within investigations. Timeliness of progression for new cases will be improved further if the majority of the transition caseload is achieved this year (KPI FTP3).

FTP5 demonstrates improved performance in Q1 in the responsiveness of initial risk assessments and the progression of interim orders where required. Whilst this is a positive sign, it has been influenced by slightly reduced final hearing activity in Q1, which has created resilience in the hearing panel schedule. The volume of final hearings will need to increase throughout the year to maintain an economy of throughput in that area of the service.

Internal assessment of quality in decision making (FTP6) continues to return encouraging results. An audit of internal quality assurance processes will be conducted by Haines Watts during Q2.

We will need to sustain our performance to achieve our targets. A management plan is in place to address operational risks that may impact upon this, such as potential turnover in fixed term resource and higher levels of leave anticipated during the summer months following the easing of the lockdown. Further modelling work has also been undertaken with the Department for Education to determine the extent to which performance targets can be increased with modest additional resourcing in 2021-22 and 2022-23. That work is expected to conclude in Q2.

## 1.2 The social work profession

### Commentary

The policy and legal teams have progressed work to develop a response to the Department for Health and Social Care's (DHSC) consultation 'Regulating Healthcare Professionals, Protecting the Public'. We are not listed as a recipient of the DHSC's reform proposals but have begun to communicate early on to our regulatory partners and the Department where we felt the reforms could benefit our work.

After a programme of early engagement around continuing professional development (CPD) in Q4 of last year, we brought together proposals for improvements to our approach and launched a public consultation in May. The consultation proposes an increase to the minimum number of required CPD records over the course of the registration year, from 1 to 2. It also asks views on whether we should be directive over the focus of the learning for the second required CPD record. There are also proposed changes to the way social workers can record CPD and our system of reviewing records, including what happens when a social worker fails to meet our requirements.

Alongside the consultation, we published research undertaken by YouGov into social workers' experiences of undertaking CPD over the course of our first year of regulation. The research explored how social workers met our new requirements, how they found recording in their online account and the types of learning they undertook, including how they reflected on Covid-19 and matters relating to EDI. Publishing the research and consultation simultaneously has helped to provide an informed basis for discussion of our future approach to CPD. We are also holding virtual consultations events to support engagement over the course of Q2.

In terms of engagement, in Q1 we attended 119 events and engaged with 3,059 people. We have a programme of national events planned between July-November to address the requirement to upload CPD and renew registration. These events will be widely advertised and have a large capacity, they were regularly over-subscribed last year. Regional engagement leads will also hold drop-in sessions for social workers to ask questions about uploading CPD. The video demonstrations on utilising your online account and the examples of CPD were well received last year and will be promoted again. There was a huge upsurge in CPD submissions closer to the renewal deadline therefore we would presume a similar pattern of behaviour in Year 2.

The policy team is working closely with the DHSC to support the introduction of the new Approved Mental Capacity Professional (AMCP) role, replacing Best Interests Assessors, within the new system of Liberty Protection Safeguards. This has involved developing education and training standards for qualifying courses and refresher training, as well connecting legal colleagues as regulations are drafted. We are using this as a timely opportunity to also develop revised education and training standards for Approved Mental Health Professionals.

We held 2 professional expert working group meetings to support the drafting of new education and training standards for AMHPs and AMCPs, as well as met with regulators of professionals who are eligible to work in these specialist roles. We commissioned research into professionals in these specialist roles in Q3 last year and saw this work come to fruition in Q1 with a first deep-dive report into professional identities, challenges and perceptions of professionals and people with lived experience of AMHP/AMCP support.

## 1.3 The people we work with and for

### Commentary

The National Advisory Forum has been undergoing an extensive internal evaluation to review its first year and plan for the future. Initial findings are positive and show sustained engagement from members who are proud of the approach we have taken to co-production. The feedback also offers several useful challenges and makes suggestions of how we can stretch our approach to co-production in the future. A full version of this report will be shared with the Board in due course for their consideration.

A full review of Social Work Week 2021 has also taken place considering the lessons learned and the viability of what we might deliver in 2022. A proposal is being formulated which considers a more restricted budget, what our priorities are strategically this year and how we could work in partnership to deliver a programme with shared ownership. For us this will include more focus on what we have learnt through our regulatory activity to improve social work practice.

The engagement team have lent significant support to the Fitness to Practise team in quarter 1 through offering social work expertise in the decision-making groups for triage. They have also delivered 5 workshops to employers to share our fitness to practise process with 226 participants in total. Attendees at these workshops are primarily members of teams within local authorities such as HR and senior social work managers who are a regular contact for our fitness to practise function. These workshops are effective at explaining the role of the regulator, when a referral is appropriate and how they can we can work with them in improving the process and its experience.

## 1.4 Education and training

Table 4: Education and training key performance indicators

| KPI ID | KPI description | Target | Actual Q1 21-22 | DoT* |
|---|---|---|---|---|
| **EQA1** | Number of reapproval decisions made | 36 by March 2022 | 0 | n/a |
| **RAG rating of actual:** green – achieving target; amber – within 5% of achieving target; red more than 5% from achieving target. ***Direction of travel:** direction of arrow indicates numerical change compared to previous quarter; colour of arrow indicates performance against target green = trending towards target; red = trending away from target | | | | |

### Commentary

We have approved a new course (su52_final_report.pdf (socialworkengland.org.uk)). We completed 5 course changes resulting in 3 changes approved and 2 approved with conditions. 2 administrative changes to courses were also considered and changed.

The number of enquiries received in Q1 2021 (66) was lower than in the same quarter last year (119). One enquiry in May 2021 was regarding a course closure, the first since May 2020. The first annual monitoring process highlighted there were several courses that were no longer running or accepting new students. An ongoing process has begun to confirm if these courses wish to close or remain on the list of approved courses. No new concerns about course providers have been taken forward under the concerns process during the period.

Work on the reapproval cycle beginning from September 2021 is at an advanced stage. All courses have been informed about where their reapproval falls within the three-year cycle. For those courses planned within first year of the reapproval cycle, the education quality assurance officers have engaged closely with providers to schedule approval activity at the most appropriate times for them. Most providers are still operating with Covid 19 adjustments to their courses or navigating organisational changes, with many seeking to review the learning from the pandemic and implement longer term changes to courses. The team have sought to schedule the approval activity at a time when these plans are internally validated and provide the inspectors with the most current version of the course to be inspected. This proactive approach to scheduling is expected to reduce the number of cancellations or postponements to inspections. We have had positive feedback about our flexible approach from providers.

Two further education quality assurance officers have begun in post, and we are currently recruiting for a further officer, and an operations manager, in advance of the start of the reapproval cycle.

## 1.5 Our organisation

Table 5: our organisation key performance indicators

| KPI ID | KPI description | Target | Actual Q1 21-22 | DoT* |
|---|---|---|---|---|
| **P1** | Average number of sick days per employee | ≤ public sector average of 5.4 days | 3.7[4] | n/a |
| **P2** | Recruitment against plan | ≥ 90% | 93.8% | n/a |
| **P3** | Retention rate | ≥ 90% | 93.9%[5] | n/a |
| **FIN1** | Variance to budget | +/- 2% | -1.5% | n/a |
| **IT1** | System availability excluding planned outages | ≥ 99% | 100% | n/a |
| **IG1** | Time taken to complete Freedom of Information Requests | 100% within statutory deadline | 100% | → |
| **IG2** | Time taken to complete Subject Access Requests | 100% within statutory deadline | 100% | → |
| **IQI** | Corporate complaints response time | 100% within 20 days | 100% | → |

**RAG rating of actuals:** green – achieving target; amber – within 5% of achieving target; red more than 5% from achieving target.
***Direction of travel:** direction of arrow indicates numerical change compared to previous quarter; colour of arrow indicates performance against target green = trending towards target; red = trending away from target

### Commentary

## People

Recruitment is on track.  Some roles have been filled by internal applicants and this has resulted in the need to backfill their roles. Last quarter we identified an issue with filling vacancies in registration and we have introduced remote recruitment information sessions to help potential applicants understand us, the role and how to make a successful application.  These have proved successful, and the quality of applications received has improved.

We had two unplanned leavers, one for career progression and the other for personal reasons. We are continuing to closely monitor our absence rate that has increased slightly. We have a small number of long term sickness cases that are being supported by both us and Occupational Health.

The Management Development Programme launched in May. The content and delivery of the first two workshops have had very positive feedback. In parallel, we are running action learning sets facilitated internally by managers attending the programme.

[4] Figure represents 12 months to June 21 to allow comparison with public sector average, a 12-month figure.
[5] Figure represents 12 months to June 21 to allow comparison with annual target

Following consultation, our workforce planning, succession and talent framework are on schedule to be implemented in quarter 2.

We conducted our people engagement survey in May with a completion rate of 78%, up 4% from last year. Analysis is underway and will be presented to the board later in the year alongside our action plan.

### Finance

For the period ending 30 June revenue expenditure, net of fee income is 1.5% under budget, with an overspend within Fitness to Practise offset by savings within other directorates.  We are confident that we will end the financial year on budget.

### Data and Insight

We continue to develop reporting for new KPIs, as well as building on our internal performance reporting to better describe organisational performance. Enable will allow better quality reporting on HR.

### IT and Infrastructure

It's been a busy first quarter embedding relationships with our new digital supplier. Planned developments are on track that include improvements for the renewal process ahead of annual renewals. We conducted a penetration test through our third party supplier, the test identified one medium risk that we resolved.

We have continued to support the organisation's use of IT and made adaptations to the office to enable us to test a blended approach with people in different locations including the office.

### Governance and Assurance

We published our 2021-22 Business Plan in April and used our All Team Meeting to focus on how everyone could develop their TRACKS objectives to reflect their personal and teams contributions.

We have been extremely busy developing the Annual Report and Accounts that has involved close work with our external auditors. The draft Annual Report and Accounts has been reviewed by ARAC and is on the agenda for the public meeting

Work has continued on building our assurance framework and identifying first, second, third and fourth lines of assurance. We have developed a regulatory schedule of delegations that clarifies who may make regulatory decisions. Both papers have been reviewed by ARAC and are included in the papers for the public meeting.

Bespoke training on data protection and the Freedom of Information Act is being developed and will be hosted on GROW, our new learning platform.

On 28 June the EU Commission adopted an adequacy decision in respect of personal data transfers to the UK, meaning that personal data can be transferred from the EU to the UK without the need for alternative safeguards under the GDPR. We had already taken steps to ensure data flows could continue from EU data processors to Social Work England as a non-EU data controller in the event that no adequacy decision was reached, but the decision means that additional steps are no longer required.

We received 56 corporate complaints in Q1 compared to 58 in the same quarter last year. The most frequent types of complaints were in relation to length of time but not in relation to registration applications. The majority of these related to the progression of fitness to practise concerns. This is most likely a consequence of the high number of referrals and investigations currently being managed by the team and their ability to provide updates to all parties in line with expectations and service standards. A 'contacts and complaints training' workshop took place with the triage and case progression team on 26 April 2021 which looked at the barrier to providing good customer service as well as the importance of providing clear and timely updates to parties to fitness to practise proceedings.

### Corporate Systems

We launched our new corporate system, Enable on 1 April as planned. This system brings together finance, HR and procurement into one system. The finance element has yielded immediate efficiencies for the team and approvers.  Following two successful parallel pay runs with our previous HR system, we plan to run payroll from Enable in June that means we can switch off the previous HR system. Robust project management and a user focused communication strategy have been critical to the smooth transition.

We launched our new learning platform GROW in mid-May.  GROW's capabilities mean we can more fully realise our ambitions to be a learning and innovative organisation. GROW gives our people control of the when, what and how of their personal development. It is also a social learning platform, so people can learn from each other.

## Annex A

## Statistical Data 2021-22

| Registration | | | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of registered social workers | | | 96573 | 96901 | 97090 | | | | | | | | | |
| Number of temporarily registered social workers | | | 13517 | 13441 | 13380 | | | | | | | | | |
| Number of social workers joining the register | | | 420 | 375 | 380 | | | | | | | | | |
| Number of social workers leaving the register | | | 162 | 47 | 191 | | | | | | | | | |
| New registration applications | Number received | All graduates | 392 | 533 | 431 | | | | | | | | | |
| | | UK graduates | 321 | 449 | 338 | | | | | | | | | |
| | | Overseas graduates | 71 | 84 | 93 | | | | | | | | | |
| | Median time taken to process (working days, excluding awaiting further information from applicants) | All graduates | 1 | 1 | 1 | | | | | | | | | |
| | | UK graduates | 1 | 1 | 1 | | | | | | | | | |
| | | EU/EEA graduates | 20[6] | n/a | n/a | | | | | | | | | |
| | | Non-EU/EEA graduates | 11 | 7 | 8 | | | | | | | | | |
| Restoration applications received | Number received | All graduates | 86 | 64 | 75 | | | | | | | | | |
| | Median time taken to process (working days) | All graduates | 13 | 14 | 10 | | | | | | | | | |
| Registration appeals | Number received | | 3 | 1 | 1 | | | | | | | | | |
| | Number concluded | | 1 | 0 | 1 | | | | | | | | | |
| | Upheld | | 1 | 0 | 0 | | | | | | | | | |

[6] This figure relates to a single case received in December 2020 for which we are still awaiting further information.

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Rejected | 0 | 0 | 0 | | | | | | | | | |
| | Withdrawn | 0 | 0 | 1 | | | | | | | | | |
| | Median time taken to complete (weeks) | 20 | 0 | 10 | | | | | | | | | |
| Misuse of title cases | Number | 2 | 2 | 2 | | | | | | | | | |
| | Median time taken to complete (working days) | 97 | 68 | 25 | | | | | | | | | |
| Number of phone calls received | | 1527 | 1286 | 1443 | | | | | | | | | |
| Median call queue time (minutes) | | 2 | 0 | 0 | | | | | | | | | |
| Percentage of calls answered (of all calls received) | | 66% | 75% | 74% | | | | | | | | | |
| Number of emails received | | 1183 | 829 | 797 | | | | | | | | | |
| Median response time to emails (working days) | | 0 | 0 | 0 | | | | | | | | | |

| **CPD** | | **Apr-21** | **May-21** | **Jun-21** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Dec-21** | **Jan-22** | **Feb-22** | **Mar-22** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Number of social workers who have completed CPD (cumulative) | | 9599 | 11319 | 13118 | | | | | | | | | |
| Total number of valid CPD items recorded | | 21782 | 27332 | 33704 | | | | | | | | | |
| Percentage of social workers who have completed valid CPD | | 10% | 12% | 14% | | | | | | | | | |
| **Education and Training** | | **Apr-21** | **May-21** | **Jun-21** | **Jul-21** | **Aug-21** | **Sep-21** | **Oct-21** | **Nov-21** | **Dec-21** | **Jan-22** | **Feb-22** | **Mar-22** |
| Enquiries received | | 18 | 23 | 25 | | | | | | | | | |
| Concerns received | | 0 | 1 | 0 | | | | | | | | | |
| Inspections conducted | | 0 | 0 | 1 | | | | | | | | | |
| Outcome of inspections | Approved | 0 | 0 | 0 | | | | | | | | | |
| | Approved with conditions | 0 | 0 | 0 | | | | | | | | | |
| | Not approved | 0 | 0 | 0 | | | | | | | | | |
| | Request for approval withdrawn | 0 | 0 | 0 | | | | | | | | | |

| Corporate complaints | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Corporate complaints received | 12 | 21 | 23 | | | | | | | | | |
| Corporate complaints closed | 18 | 8 | 15 | | | | | | | | | |
| Met 20-day service standard % | 100% | 100% | 100% | | | | | | | | | |

| Fitness to Practise | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Concerns received | 138 | 149 | 154 | | | | | | | | | |
| Referrals received (SW identified) | 158 | 206 | 209 | | | | | | | | | |
| Number of cases awaiting pre-triage at end of month | 241 | 351 | 297 | | | | | | | | | |
| Average time to complete pre-triage (calendar days) | 35.4 | 45.9 | 75 | | | | | | | | | |
| FTP cases opened | 57 | 73 | 245 | | | | | | | | | |
| Percentage of cases closed at triage | 57.2% | 53.2% | 65.8% | | | | | | | | | |
| Number of cases entering investigation from triage | 67 | 59 | 50 | | | | | | | | | |
| Number of cases closed in/progressed from investigation | 83 | 99 | 90 | | | | | | | | | |
| Substantive hearings concluded/final decisions made | 8 | 11 | 4 | | | | | | | | | |
| Interim Order application hearings held/decisions made | 11 | 13 | 13 | | | | | | | | | |
| Interim order reviews held/decisions made | 35 | 48 | 42 | | | | | | | | | |
| Substantive order reviews held/decisions made | 3 | 5 | 6 | | | | | | | | | |