



Quality Assurance in Fitness to Practise

Agenda Item 8 Paper Ref 05

Paper for the

Social Work England Board

Sponsor

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This paper is for

Assurance and Noting

Associated Strategic Objective

SO2: Our fitness to practise process will be responsive, collaborative and proportionate.

Impact: Risk Type and Appetite

Regulatory functions - Cautious

1. Summary

One of our strategic objectives is to ensure that our fitness to practise process is responsive, collaborative and proportionate. This paper provides the Board with an overview of the quality assurance processes that are in place across the fitness to practise function to ensure the quality of our work and decisions, and that our activity delivers against our strategic objective.

2. Action required

The Board is invited to review this paper for assurance and noting.

3. Commentary

Implementing robust quality assurance processes of our fitness to practise work is an important way that we ensure that we meet our overarching objective to protect the public.

While quality assurance processes are tailored to meet the requirements of each functional area in fitness to practise, there are some common approaches, which are set out below.

Our quality assurance processes work together to build a holistic view of quality across the fitness to practise function and to assist us to identify good practice and opportunities to improve.

First line activity

Our first line quality assurance activities are the day-to-day local activities that we undertake to ensure that our work is of good quality.

Guidance and standard operating procedures are in place across the fitness to practise function to ensure that staff are clear about the processes they must follow and are supported to make good quality, consistent decisions. We update our guidance documents regularly, and in response to learning identified across our quality assurance activity and complaints and feedback.

Case supervision is fundamental to ensuring the quality of our work. Case supervision processes for case-holders are well-embedded across triage, investigation and case review stages, with similar arrangements in place for cases assigned to our external legal provider. Supervision sessions are led by team managers and take place regularly to ensure staff are supported to progress their cases in-line with key performance indicators, service standards and relevant guidance and procedures, and to ensure that risk is identified and managed appropriately. In triage and investigations, where there are a number of different teams, case supervision is conducted in accordance with structured frameworks to ensure quality and consistency. In the smaller case review team, all case supervision is carried out by the

case review manager on a monthly basis. Operations managers in all these teams undertake dip samples and other monitoring activities to ensure that good quality case supervision takes place as expected.

Quality checks are undertaken by managers at all key stages of the fitness to practise process. For example, review and sign off of draft decisions, investigation plans and risk assessments, case investigation reports and bundles, and dip sampling to check that sanctions are appropriately recorded on the register and senior level review of cases prepared for a hearing. This helps us to ensure that our work complies with the requirements of our Regulations and Rules, and is aligned with the relevant guidance. Through these processes quality issues can be identified and addressed in real time via feedback and individual support.

Cases that are referred to a hearing are managed by our external legal provider. Quality assurance arrangements are provided within the legal services contract and performance is monitored through a series of regular operational meetings and formal bi-monthly contract review meetings.

A suite of live performance and exception reports are monitored by the fitness to practise management team which support the teams to identify potential quality concerns and target improvement activity.

Case study: Case examiner adjournments

The case examiners can adjourn their consideration of a fitness to practise case when they require the investigators to obtain, and supply to them, further information or submissions relevant to the investigation. Adjournments cause delays in the progression of fitness to practise cases. While some adjournments are unavoidable, high adjournment rates can be an indicator that improvements are required at the investigations stage.

We monitor case examiner adjournment rates on a monthly basis. Through this monitoring we identified that case examiner adjournment rates averaged 18% during our first year of operations, against a target of between 10% and 15%. We were keen to identify actions that we could take to reduce the adjournment rate.

We established a regular review of adjourned cases by operational managers and our senior lawyer. The reviews identified opportunities to improve how we draft regulatory concerns at the investigations stage. Regulatory concerns set out the concerns about a social worker's practice that we are referring for consideration by the case examiners. It is important that regulatory concerns capture all the key elements of the concerns identified during the investigation so that the social worker can understand the case against them and the case examiners can consider all relevant aspects of the case.

We provided additional training on drafting regulatory concerns to the investigations team in early 2021. We also provided feedback to individuals on a case-by-case basis and shared learning and updates through team meetings and an investigations team newsletter.

This activity resulted in a reduction in the adjournment rate to 7% for the period January 2021 to February 2022. Adjournment rates are around 13% on average in 2022 and we continue to monitor adjournment rates and review cases to identify further opportunities for learning and improvement.

Second line activity

Our second line activity comprises of retrospective reviews of decisions and are a key mechanism for ensuring their quality.

These activities comprise of:

1. Random sampling and review of decisions

Each month, the fitness to practise management team review a random sample of decisions taken at the triage, case examiner and hearings stages. The methodology and sample sizes are agreed by the decision review group (DRG). Sample sizes are weighted towards higher

risk activity. For example, we review all interim order decisions where the case examiners decided that an interim order was not required, and 50% of case examiner accepted disposals.

Reviews are conducted by fitness to practise managers, who are paired with regional engagement leads. This is to ensure that decision reviews have the input of an impartial member of staff, who is not part of the fitness to practise team, alongside a manager with experience of fitness to practise. The reviews are structured to ensure consistency and consider whether the correct process was followed and if the decision was within a reasonable range of outcomes. The reviews identify areas for improvement and also best practice that can be shared with the relevant teams.

Reviews include a consideration of any equality, diversity and inclusion (EDI) issues that may have impacted on the case and bespoke guidance supports reviewers to identify these issues. Any areas of concern or best practice in relation to EDI are referred for consideration by the Head of EDI and may also be referred to the DRG. A DRG thematic review of factors identified that relate to EDI is planned for later in 2022/23.

As a result of this activity we have undertaken a range of quality improvement actions. Examples include producing training for adjudicators and case examiners to assist them to refine conditions to ensure they are workable for social workers and to produce appropriate recommendations for suspension orders so that social workers are assisted to demonstrate their remediation prior to their next review.

We also identified a need to reduce the amount of detail contained within some accepted disposal and final hearing decisions to ensure that decisions are concise and make reference to only relevant information. As a result of this, individual feedback was provided to the case examiners and a workshop was held to work through the approach to drafting decisions at the case examiner stage. Refresher training was also provided to the adjudicators and legal advisers. They were reminded of the relevant case law and worked through case studies within groups to review their approach to drafting decisions. Further updates to drafting guidance and a review of adjudicator decision templates are planned for later in the year.

2. The decision review group

The DRG has been in place since December 2019 and first met in January 2020.

The primary purpose of the DRG is to provide scrutiny of a targeted sample of decisions across the three stages of the fitness to practise process - triage, case examiners and hearings, thereby providing Social Work England with an enhanced oversight of high-risk decisions. The DRG also provides an insight into broader trends or themes that may be emerging in fitness to practise investigations and hearings.

Cases are selected for review by the DRG via the monthly review process outlined above. Cases can also be escalated to DRG directly by any staff member. The criteria for escalated

reviews can include those cases where the ultimate decision and/or the rationale for the decision may not be sufficiently robust, where the outcome was not as expected or does not fall within a reasonable range of potential outcomes or where it is considered there may be some valuable learning to be taken at the conclusion of the case.

The DRG also identifies learning from cases that are successfully appealed by either a social worker or the Professional Standards Authority (PSA) and considers other learning points that have been fed back to us by the PSA via their scrutiny function.

In addition to the review of escalated and sampled decisions, the group will select and review a range of decisions, where a theme appears to be emerging. The purpose of these thematic reviews is to draw wider insights into areas of regulatory risk and to drive upstream activity in fitness to practise and/or other areas of the organisation, such as strategy and engagement.

Learning and best practice identified by the DRG has informed a range of improvement activity in fitness to practise, including the implementation of a style guide for the adjudicators to assist in the drafting of their decisions, the design of aspects of our annual refresher training for adjudicators, and our review of key guidance documents across fitness to practise.

Case study: Building a network with Local Authority Designated Officers

We identified through DRG that there was an opportunity to build a network with LADOs to ensure that our role as the specialist regulator for Social Workers in England was well understood, particularly in relation to the threshold for referral of fitness to practise concerns. LADOs work within local areas and are responsible for managing allegations against adults who work with children. Through establishing a network with LADOs we felt that we could help to ensure that concerns about social worker's fitness to practise were referred to us at the right time, in order to protect the public.

The DRG operational lead worked with the chair of the national LADO network and group of LADOs from across England to understand how they had worked with social care regulators in the past, what had worked well and what could be improved. A working group was then set up with the LADOs and key staff in the organisation from fitness to practise, legal, data governance and the regional engagement leads. The group has met regularly to agree information sharing principles and Social Work England has created guidance to assist LADOs in making referrals at the right stages. A dedicated email enquiries box has also been set up to manage communication, overseen by the DRG operational lead.

This has had a positive impact by ensuring we receive the right types of referrals at the right times. The LADOs have also helped to share the message with employers about when to refer to us and what types of cases may meet our thresholds. The LADOs have also helped with insights around agency social workers and managing fitness to practise cases for agency staff and will begin looking at messages for student social workers in future meetings.

3. Internal quality assurance

Our internal quality and improvement team undertake audits in relation to various aspects of the fitness to practise function.

The annual programme of quality assurance activities each year is determined based on the factors set out in figure 1. The proposed programme and schedule are discussed with the executive leadership team (ELT) and approved by the chief executive.

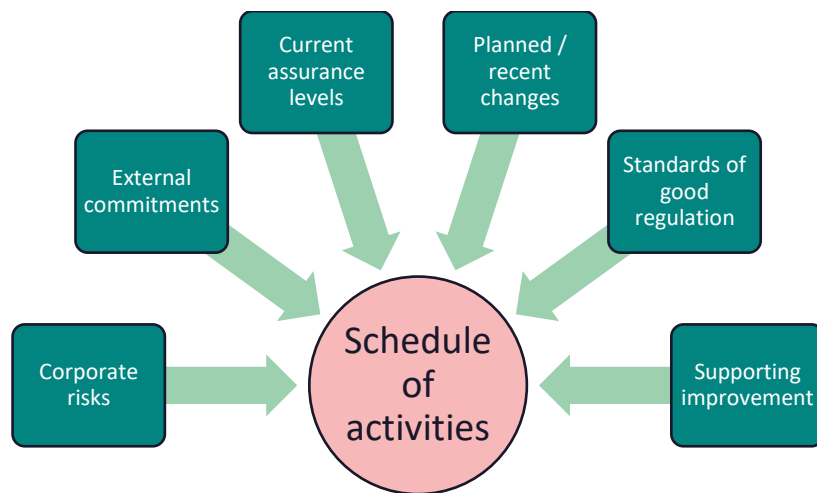


Figure 1

The findings from each quality assurance activity, including any recommendations and the overall assurance rating, are set out in a report that is shared with the relevant head of department and assistant and executive directors.

Five internal quality assurance audits will be completed in fitness to practise in 2022/23 in relation to the following:

1. Decisions made in accordance with the just disposal of transfer cases policy
2. Risk assessments and interim orders in triage and investigations
3. Fitness to practise investigation progression
4. Updating fitness to practise case participants
5. Case review

Audits conducted in fitness to practise since we became operational in December 2019 have resulted in overall assurance ratings of 'adequate' or above, with the exception of two audits that resulted in 'limited assurance'. These audits related to the hearings scheduling process (March 2021) and the process by which case examiners can initiate interim orders (July 2021). As a result of these audit findings we:

- Initiated a hearings improvement project which analysed the scheduling and hearing process end-to-end to identify where improvements could be implemented, particularly where issues arising caused wasted costs or time or elevated risk. This identified a range of different actions including improving public guidance and process, scoping out a digital solution for scheduling, implementing better event risk assessment and first line quality assurance processes. The majority of these actions have now been concluded and a further audit relating to the process is planned next year.
- Undertook training with the case examiners on the correct application of interim orders. The interim order decision templates were also updated to include regulatory concerns that have engaged the requirement for an interim order and evidence that should be provided to the adjudicators. This has resulted in fewer case examiner raised interim orders. As a result of the upcoming changes to our

regulations, the case examiners will no longer be required to consider whether an interim order may be necessary.

Audit recommendations arising from 'adequate' assurance ratings have also resulted in a range of improvements including:

- Implementing quality gateways for supervisory reviews of risk assessments at the triage and investigation stages
- Improving the content and format of our communications
- Amending internal guidance for staff
- Improved our approach to drafting decisions and recommendations at the triage and investigations stages

Updates on activities undertaken in the previous quarter and the associated assurance ratings and any key findings/risks are reported to the executive leadership team on a quarterly basis. The implementation of improvement and corrective actions identified as a result of audit recommendations are monitored by the internal quality and improvement team, with quarterly updates on progress being provided to the executive leadership team. A bi-annual summary report of audit assurance levels and progress of improvement/corrective actions is provided to the Audit and Risk Assurance Committee.

4. Internal audit

Our internal auditors undertook an audit of fitness to practise in 2020/21. The audit provided overall 'adequate' assurance, noting good practice including in relation to comprehensive guidance documents and procedures, training for our staff and partners, contract monitoring arrangements for our external legal provider and performance reporting for ELT and Board.

Areas for improvement were noted including in relation to ongoing development of our case management system, document control and consistent data capture, reporting across fitness to practise and clarifying reporting arrangements for DRG. All of these actions have either been completed or are being addressed through other workstreams, for example, implementing a digital solution for scheduling and ongoing development of our case management system.

Other quality assurance activity

Information about the quality of our work comes from a range of other sources that we review routinely to build a better overall picture of quality and the impact of improvement activity. Examples include:

Corporate complaints and feedback data

Our internal quality and improvement team capture information about the nature and volume of corporate complaints, as well as the team they relate to. This enables us to

identify themes in corporate complaints, take action to address them and then monitor the impact of the action taken. As a result of this routine monitoring we have improved our customer service at the triage and investigations stage and seen a corresponding 50% reduction in complaints about customer service in Q1 and Q2 2022 when compared to 2021.

Corporate complaints also provide an opportunity for us to identify improvement or corrective actions required to address specific issues raised in individual complaints. These actions are monitored and progressed locally and progress is reported on a quarterly basis to the executive leadership team and bi-annually to the Audit and Risk Assurance Committee.

Fitness to practise satisfaction survey data

We invite social workers, complainants and witnesses to provide feedback on their experience of the fitness to practise process at the triage, case examiner, hearings and case review stages via an online satisfaction survey. Responses are shared with the relevant team managers, who respond directly to individuals who have provided identifiable feedback and requested a response from Social Work England. Response rates are relatively low so while we haven't been able to build a representative dataset from these satisfaction survey data, we have been able to identify themes by combining survey data with data from other sources, for example, corporate complaints and feedback.

As a result of this work, we have improved the quality of our communications with social workers, complainants and witnesses about the progress of fitness to practise investigations and the anticipated timeframes for concluding the case.

Professional Standards Authority learning points and 'section 29' appeals

The Professional Standards Authority (PSA) routinely review our final hearing decisions as part of their powers under the NHS Reform and Health Care Professions Act 2002. The PSA look to promote good practice amongst the regulators by providing learning points and in certain circumstances, may refer decisions to the High Court where the outcome is considered insufficient to protect the public.

We provide feedback to panels on learning points provided by the PSA in the form of individual feedback and through our annual refresher training in order to promote good practice and highlight where guidance should be used. For example, we have recently provided training to our partners on ensuring they work up through the available sanctions to them in line with our sanctions guidance, ensuring they provide sufficiently detailed reasons on why a particular sanction may or may not be suitable to ensure protection of the public. Our decision review group also reviews PSA appeals and learning points to identify potential training areas for staff and decision makers.

Next steps

We continue to develop our approach to quality assurance and a range of activity is planned to enhance our processes in the remainder of 2022/23 and into next year.

A project is underway to review the fitness to practise satisfaction survey process to improve response rates, provide richer insights into peoples' experiences and improve the analysis of responses to enable us to target activity.

Building on recommendations from internal quality assurance audits, work is planned to commence in Q4 2022/23 to devise and implement a quality tool across our regulatory functions. This will apply a structured, overarching approach to how local quality controls and assurance activities are defined, implemented, monitored and reported on, in conjunction with current reporting mechanisms. This will assist us in developing a more holistic view of quality across the functions by bringing together quality and performance data.

We also working with our learning and development team to enhance the use of our learning and development platform, Grow, and increase our annual offer of training, to support continuous learning for our people and our partners.

4. Conclusions

We undertake a wide range of activity across fitness to practise to ensure the quality of our work. This paper does not describe all the activity that we undertake but instead gives an overview of common approaches that take place across the function.

The processes do not exist in isolation and we draw insights across the range of activity to target improvement work and corrective action. We recognise that we can build on this approach and develop a better overview of quality by implementing a quality assurance framework and integrating our quality reporting.

5. Annexes

N/A.