

# Social Work England Board Meeting

MEETING  
17 May 2024 10:30 BST

PUBLISHED  
14 May 2024

## Social Work England Board Meeting

Friday 17 May 2024, 10.30 – 13.00

at The Don, Social Work England and by videoconference

### AGENDA

Item	Time	Topic	Paper / Ref.	Board Action	Lead
		<b>Welcome</b>			Chair
1.	10.30	Apologies for Absence and Declarations of Interest	Verbal	<b>To note/declare</b>	Chair
2.	10.35	Minutes of the meeting held on 22 March 2024	Paper 01	<b>To approve</b>	Chair
3.	10.40	Matters Arising and Action Log	Paper 02	<b>To discuss and note</b>	Chair
4.	10.45	Chair's Report	Verbal	<b>To note</b>	Chair
5.	11.00	Chief Executive's Report	Paper 03	<b>To discuss, advise and note</b>	Chief Executive
6.	11.15	ARAC Chair's Report	Paper 04*	<b>To note</b>	ARAC Chair, Executive Director, People and Business Support; Head of Data Protection and Information Governance, Data Protection Officer
		RSM Board cyber awareness training information sheet	Annex 4a*		
		Business Case - translation and transcription services			
		Data Protection Officer's Annual Report 2023/24	Annex 4b*		
		ARAC Chair annual report 2023/24	Annex 4c*		
7.	11.30	Remuneration Committee Chair's Report	Verbal	<b>To note</b>	RemCo Chair; Executive Director, People and Business Support
8.	11.40	Finance and Commercial Report - Management accounts to 31 March 2024	Paper 05 Annex 05a	<b>To note</b>	Head of Finance and Commercial

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Item	Time	Topic	Paper / Ref.	Board Action	Lead
		- Modern slavery statement	Annex 05b		
9.	11.50	Quarter 4 Performance Report 2023/2024	Paper 06	<b>To discuss and note</b>	Executive Directors; Head of Business Planning and Improvement
10.	12.00	Risk appetite statement	Paper 07	<b>To discuss and note</b>	Executive Director, People and Business Support; Head of Business Planning and Improvement
11.	12.10	Impact of rules and regulation changes	Paper 08	<b>To discuss and note</b>	Executive Director, Regulation
12.	12.20	Triage and Investigations – case progression	Paper 9	<b>To discuss and note</b>	Executive Director, Regulation
13.	12.30	Board Effectiveness Review - Interim action plan  Board effectiveness report by RedQuadrant	Paper 10 Annex 10a  Annex 10b	<b>To discuss and note</b>	Chair; Executive Director, People and Business Support
14.	12.40	Impact of Social Work Week and 'change the script' campaign	Paper 11	<b>To discuss and note</b>	Assistant Director, Communication, Engagement and Insight; Head of Communications; Head of Strategic Engagement
15.	12.50	AOB	Verbal	<b>To discuss</b>	Chair
		Date of Next Meeting: <b>Friday 26 July 2024</b> <b>10.30 – 13.00</b>		<b>To note</b>	Chair
	13.10	Meeting ends			

\* Papers marked with an asterisk are 'private' to protect confidentiality according to our guidance for publishing board papers.

## LIST OF ATTENDANCE

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<b>Board Members:</b>	Dr Andrew McCulloch	Interim Chair, Non-executive Director	3
	Dr Adi Cooper	Non-executive Director	4
	Ann Harris	Non-executive Director	5
	Jonathan Gorvin	Non-executive Director	6
	Simon Lewis	Non-executive Director	7
	Dr Sue Ross	Non-executive Director	8
	Colum Conway	Chief Executive, Executive Director	9
<b>Boardroom Apprentice:</b>	Rachael Hood	Boardroom Apprentice	10
<b>Social Work England staff in attendance:</b>	Andy Leverton	Head of Business Planning and Improvement	11
	Berry Rose	Assistant Director, Regulation (Investigations)	12
	Jonathan Smith	Head of Communications	13
	Joseph Matthews	Head of Data Protection and Information Governance, Data Protection Officer	14
	Katie Florence	Assistant Director, Communication, Engagement and Insight	15
	Linda Dale	Executive Director, People and Business Support	16
	Matthew Devlin	Head of Strategic Engagement	17
	Natalie Day	Assistant Director, Policy and Strategy	18
	Philip Hallam	Executive Director, Regulation	19
	Rachel McAssey	Assistant Director, Regulation (Registration, Advice and Adjudications)	20
	Richard Simpson	Head of Finance and Commercial	21
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement	22

<b>Sponsor Team:</b>	Andrew Wise	Department for Education
	Brooke Parker	Department for Education
	Catherine Pearson	Department for Education
	Sonia Mosley	Department for Education
<b>Staff Observers:</b>	Catherine Denny	Education Quality Assurance Officer
	Laura Haggett	Investigations Manager
	Nicola Meston	Investigations Manager
<b>Public Observers</b>	Richard West	Professional Standards Authority
<b>Minute taker:</b>	Sophie Rees Rumney	Executive Assistant
<b>Apologies:</b>	n/a	

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# Minutes of the last meeting held on 22 March 2024

Agenda Item 2 Paper Ref 01

**Paper for the**  
Social Work England Board

**Sponsor**  
The Chair of the Board

**Author**  
Liz Frier, Corporate Governance Manager

**Date**  
17 May 2024

**Reviewed by**  
Linda Dale, Executive Director, People and Business Support

**This paper is for**  
Decision

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
Governance and compliance - Averse

**Equality Impact Assessment (EIA)**  
N/A

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Minutes of the Social Work England Board Meeting **for approval**  
 22 March 2024, 10.30-13.00  
 at The Don, Social Work England and by videoconference

<b>Board Members:</b>	Dr Andrew McCulloch	Interim Chair
	Dr Adi Cooper	Non-Executive Director (from Item 8)
	Jonathan Gorvin	Non-Executive Director
	Dr Sue Ross	Non-Executive Director
	Ann Harris	Non-Executive Director
	Simon Lewis	Non-Executive Director
	Colum Conway	Chief Executive, Executive Director
<b>Boardroom Apprentice:</b>	Rachael Hood	Boardroom Apprentice
<b>Social Work England staff in attendance:</b>	Linda Dale	Executive Director, People and Business Support
	Philip Hallam	Executive Director, Regulation
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement
	Rachel McAssey	Assistant Director, Regulation (Registration, Advice and Adjudications)
	Richard Simpson	Head of Finance and Commercial
	Berry Rose	Assistant Director - Regulation (Investigations)
	Katie Florence	Assistant Director, Communication, Engagement, and Insight
	Sophie Rees Rumney	Executive Assistant
	Jonathan Smith	Head of Communications
<b>Sponsor Team:</b>	Brooke Parker	Department for Education (DfE)
	Sonia Mosley	Department for Education (DfE)
	Andrew Wise	Department for Education (DfE)
	Catherine Pearson	Department for Education (DfE)
<b>Public Guests</b>	Janice Prentice	RedQuadrant
	Jo Clift	RedQuadrant
<b>Public Observers</b>	James Wilkinson	Unison
	Laura Sheridan	BASW
	Paddy McIntyre	BASW
	Richard West	Professional Standards Authority
<b>Staff Observers:</b>	Simone Ferris	Hearings Officer, Social Work England
<b>Minute taker:</b>	Liz Frier	Corporate Governance Manager
<b>Apologies:</b>	n/a	

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## 1. Welcome, Apologies for Absence and Declarations of Interest

- 1.1 Interim Chair, Dr Andrew McCulloch, welcomed everyone to the meeting.
- 1.2 The Interim Chair introduced and welcomed Simon Lewis, appointed as a non-executive director from March 2024.
- 1.3 The Interim Chair advised the meeting that Adi Cooper would be joining the meeting later.
- 1.4 Jonathan Gorvin declared an interest at Item 6 Policy Committee Chair report by virtue of his brother's employment as a children's residential services registered manager.
- 1.5 The meeting was quorate.

## 2. Minutes of the Last Meeting

Paper 01

- 2.1 The minutes of the meeting on 2 February 2024 **were approved as a correct record.**

## 3. Matters Arising and Action Log

Paper 02

- 3.1 There were no matters arising.
- 3.2 The Chair reviewed the action log. All actions closed at or since the last meeting were **approved** as follows:

Closed actions following the last meeting:

- **Action 88:** Assistant Director, Strategy and Policy to provide the Board with the research studies into the perceptions of social work, the social work workforce, and practice education before publication. *Executive Assistant circulated the research studies to the Board on 8 February 2024. Action closed.*
- **Action 90:** The Executive Director, Regulation to arrange an offline discussion with Non-Executive Director Adi Cooper in relation to EDI and Fitness to Practice quality assurance. *The Executive Director, Regulation and Non- Executive Director Adi Cooper met on 8 March 2024 to discuss. Action closed.*
- **Action 94:** Assistant Director, Communications, Engagement and Insight to provide Board Members with opportunities for participation in Social Work Week 2024 sessions. *Sessions were identified and offered to Board members. In addition, all Board members were given the opportunity to sign up to Social Work Now, the e-bulletin for the sector. Action closed.*

Actions pending sign off at the 22 March 2024 meeting:

- **Action 70:** The Head of Finance and Commercial to plan an exercise to look at financial modelling for 2024/25. *Following a detailed review of our budgetary needs, Social Work England submitted 3 budget scenarios for the 2024/25 financial year to the DfE in December 2023, with conversations with the DfE ongoing. The 2024/25 budget will be presented to the Board at the 22 March 2024 meeting. Action closed.*
- **Action 91:** The Executive Director, People and Business Support to prepare a report for the Board to provide assurance on KPI reporting of sickness absence and other indicators for the 22 March meeting. *This paper will be presented to the Board during the 22 March 2024 meeting. Action closed.*
- **Action 93:** The Corporate Governance Manager to ensure meetings with National Advisory Forum are included in the Board work programme and an in-person lunch time session is arranged between the Board and members of National Advisory

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Forum. Feedback received from NAF. Corporate Governance Manager to discuss a meet and greet on 10th July 2024 with Board Members and dates to be agreed for in person sessions. **Action closed.**

3.3 Progress on the following open actions was noted:

- **Action 89:** The Executive Director, Regulation to provide the Board with a broader critical view of how the challenges with funding would be addressed in the medium/long term to include details of the effective use of resource and securing efficiency in fitness to practice. *Work is ongoing to prepare our value for money report which will set out more comprehensive information about our effectiveness, efficiency and future plans and will be provided to the Board 17 May 2024. Action open.*
- **Action 92:** The Executive Director, People and Business Support to prepare a report for the Remuneration Committee on 26 April 2024 providing sickness absence analysis. *This report will be presented at the 26 April 2024 Remuneration Committee meeting. Action Open.*

#### 4. Chair's Report

Verbal

- 4.1 The Interim Chair advised the Board that his term had been extended until 31<sup>st</sup> May 2024 to allow for a ministerial decision on non-executive director and Chair recruitment. In addition, the Interim Chair had signed off the process for a further recruitment exercise for non-executive directors, due to start in the summer.
- 4.2 The Interim Chair had attended a meeting with the Department for Education discussing various policy matters and Ann Harris (Senior Independent Director) had represented the Chair at an ALB Chair's network meeting.
- 4.3 The Board **noted** the verbal update.

#### 5. Chief Executive's Report

Paper 03

- 5.1 The Chief Executive provided an overview of his report.
- 5.2 The Board were advised:
- organisational focus over the past few weeks had remained on areas mentioned at the last meeting, business plan 2024/25, budget scenario planning 2024/25, preparing for year end 2023/24.
  - the Professional Standards Authority periodic review of Social Work England performance 2022/23 would be published shortly, and the Board would be notified as soon as it was available.
  - the Board Effectiveness Review was complete, and this would be discussed later on the agenda.
  - Social Work Week was underway and had been well attended. The public communications campaign 'change the script' that informed and educated on the role of social work in England was launched during the week. The campaign promoted positive perceptions of social work.
  - the Education Quality Assurance (EQA) inspection activity was progressing well. The 308 education and training programmes across England had all been

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communicated with through the annual monitoring process. The outcomes of the activity would be reported to the Board.

- the three pieces of research completed this year had informed a number of activities including the communications campaign and the workforce roundtable.

5.3 The Executive Director, Professional Practice and External Engagement provided the Board with an overview of Social Work Week 2024 including the national media interest in the communications campaign, the number of tickets booked, the variety of sessions attended and the overall success of the week.

5.4 The Board thanked all those involved in Social Work Week. The Board members that had attended and were involved in the sessions advised the meeting that it had been a positive experience and it was important that the public perception of social workers was addressed through the campaign.

5.5 The Board **noted** the update and report.

## 6. Policy Committee Chair's Report

Paper 04\*

6.1 The Policy Committee Chair provided an overview of two key areas of his report:

- The potential for professional registration of the children's residential homes workforce and the initial scoping of possible regulatory approaches to this. Further detail would be brought to the Board in due course.
- The work to introduce an inspection process for the approval and re-approval of Approved Mental Health Professionals and Best Interests Assessors courses. Extensive consultation had taken place for both sets of standards, which were currently in draft form awaiting approval from the Secretary of State. Once approved, they would be launched simultaneously, with inspection processes expected to commence next calendar year.

6.2 The Board **noted** the update and the report.

***Action: A discussion on the professional registration of children's residential workforce and the inspection process for Approved Mental Health Professionals and Best Interests Assessors course to form part of a strategy session with the Executive and Board.***

## 7. Board Effectiveness Review (Internal)

Paper 05

7.1 The Interim Chair suggested that the outcomes of this review were discussed in conjunction with the external review at Item 8.

7.2 The Board **agreed** and noted the report.

*(Adi Cooper joined the meeting)*

## 8. Board Effectiveness Review (External)

Paper 06\*

8.1 Jo Clift, RedQuadrant presented the report. RedQuadrant had been commissioned to carry out an external Board effectiveness review of the Social Work England Board, to provide an independent assessment of Board effectiveness and to offer advice and recommendations for continuous improvement. The last external evaluation took place in 2020 and internal evaluations had been undertaken in the intervening years. The report set out the findings and recommendations from the review.

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8.2 The review was carried out through a combination of one-to-one interviews, Board and committee observations, document review and self-assessment questionnaire analysis.

8.3 It was reported that strengths included:

- the Board had succeeded in providing continuity despite the departure of the permanent Chair in 2023.
- the Interim Chair had received good feedback.
- the structure of reports had improved and many of the processes, including the ARAC committee, were working well.
- there were positive relationships between the Board and senior executive.
- the buddying scheme with the National Advisory Forum

8.4 A need for further development had been identified in some areas including:

- clarifying and enhancing the role of the Policy Committee.
- clarifying the specific and strategic roles of the Board.
- renewing the focus on strategic planning, with strategic events recommended to take place twice a year between the Board and the executive.
- increasing the size of the Board so that it could be more resilient during times of succession and change, and to ensure a variety of skills across the membership.
- increasing opportunities for face to face meetings, and for the Board and executive to meet outside the formal meeting cycle
- continuing to develop the approach to performance measurement, to assist the Board in being able to review progress towards longer term objectives.

8.5 The Board discussed the findings and highlighted:

- the need for discussion regarding organisational progress towards the strategic objectives, and the qualitative assessment of progress.
- the value of Board meetings taking place in different venues.
- purpose/role and composition of the policy committee; in particular it was felt that there should be a role for this committee in informing and planning future strategy sessions.
- size of the Board and succession planning, there would be a need to work with colleagues in government to look at increasing the size of Board and skills mix including digital skills.
- all Board members should have access to policy committee and ARAC agendas, papers and minutes.

8.6 The Board and executive agreed the recommendations and the Chair requested a paper for the next Board meeting with interim priorities and actions that could be taken forward without prejudice to the possibility of a new Chair being appointed and shaping the review.

**Action: Executive Director, People and Business Support to prepare a paper for the Board meeting 17 May 2024 proposing key priorities for early action to include:**

- **the shaping of the agenda for the next strategy day**
- **enhancing the role of the policy committee**
- **Board composition and discussions with the sponsor department.**
- **performance measurement**

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- **medium to longer term financial plan.**

**Action: Assistant Director, Policy and Strategy to circulate weekly summary of the policy landscape to Board members.**

## 9. Practice Education

## Paper 07

9.1 Executive Director, Professional Practice and External Engagement and Assistant Director, Policy and Strategy provided an overview of the recently commissioned research into practice education in England, which had been shared with the Board and released as part of Social Work Week. The accompanying paper supported the research undertaken, by providing a high-level overview of knowledge about practice education and practice educators, and Social Work England’s ambitions for the future.

9.2 The research into practice education demonstrated that course providers recognised the value of the practice educator role and advocated for greater recognition for practice educators, including improved remuneration and workload relief. Course providers highlighted the high workload faced by practice educators in local authorities as a challenge to their recruitment and retention, and the impact of practice educator numbers on placement sufficiency.

9.3 It was reported that practice educators recognised the importance of their role to improving recruitment and retention in the wider workforce, sustaining practitioners in practice, and driving up standards. However, the hidden emotional labour within the role, the strain of working with students who are at risk of failing, and lack of protected caseloads was a persistent challenge. Overall, practice education helped social workers feel that they were making a meaningful and lasting contribution to the profession.

9.4 The Independent Review of Children’s Social Care recommended that Social Work England take on a greater role in overseeing practice educators and their work. Given the central role practice educators played in the development of the future workforce, it was agreed that it would be important to develop closer relationships with them.

9.5 Options for the future regulation of practice education would be considered and some of those options may require changes to Social Work England rules and/or regulations. Consideration of resources would be required, and options needed to be proportionate, risk-based and in the public interest. Options could include:

- Annotation of the register.
- Additional standards for practice educators.
- New education and training standards for the courses that train practice educators.
- Continuing professional development requirements for practice educators.
- Amendments to our education and training standards for qualifying courses.
- New guidance for course providers.

9.6 The Board welcomed the report and enquired about developing closer relationships with practice educators and the costs that could potentially be incurred with the options discussed. The Board was advised that further scoping work would be needed to understand the resource implications and that there was a clear pathway to developing relationships and engagement with practice educators; this had been demonstrated through the research.

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9.7 The Board agreed that practice education was key to the sustainability of the profession and this research was pivotal in taking options forward and welcomed further discussion on the research and options in due course.

9.8 The Board **noted** the report.

## 10. Finance and Commercial Update

Paper 08

10.1 Head of Finance and Commercial reported that year to date expenditure, net of fee income, was £10,276k compared to the budgeted amount of £10,157k. This represented a year to date overspend of £119k which was an improvement of £295k from the year to date position at the time of the implementation of the financial mitigation plan, 31 November 2023, which had included the recruitment pause.

10.2 Whilst it was anticipated that the end year outcome would be a small revenue underspend of around £2k, there was a number of variables in March which were outside of Social Work England control. These included the amount of fee income received from overseas applicants to join the register, which can vary significantly from month to month, as well as litigation costs. Realistic provision had been made for these in the forecast.

10.3 Year to date capital expenditure was £2,047k, which was £32k higher than the year to date budget. This represented a reduction in the year to date overspend of £57k, compared to the prior period. There would be a continued slowdown in capital expenditure in March and it was anticipated there would be a small underspend of approximately £8k on the capital budget at the end of the year.

10.4 In addition to ongoing budget management:

- Preparation for the year end audit was well advanced and the interim audit had been completed in February 2024. A 'dummy run' of the final accounts would be undertaken utilising the February month end to be used internally for review and learning.
- A modern slavery statement had been drafted for approval and would be published in spring 2024. The statement included activity that would be undertaken in the next financial year. Further information would be provided to the Board once the statement had been finalised and approved.
- Collaborative work was taking place with the Department for Education consolidation team on some calculations in the budget including leases.
- A business case would be submitted to ARAC in May 2024 for the re-procurement of translation and subscription services.

10.5 The Chief Executive advised the Board that there had been a collaborative leadership approach to the budget position, leading up to year end, and thanked all those involved.

10.6 The Board thanked everyone for their work and contributions.

10.7 The Board **noted** the report.

## 11. Performance Data Quality Assurance

Paper 09

11.1 The Executive Director, People and Business Support introduced the report.

11.2 The Board was advised that improving data quality, data governance and data architecture were key strands of the data and insight strategy, which had been published internally in summer 2023 and shared with the Board.

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- 11.3 It was recognised that, for the present, there continued to be a degree of risk in relation to performance reporting. Risk was mitigated through frequent review and testing, but the risk of error in the current reporting set-up could only be fully mitigated by changes to the data architecture. Funding had been approved and work had started to implement a data lakehouse during 2024/25.
- 11.4 A data lakehouse would enable Social Work England to store historical data on static tables, simplify data queries, reuse standardised calculations across reports and increase the efficiency and reliability of our reporting mechanisms. The new data architecture would also provide improved options for data governance and quality monitoring.
- 11.5 Information and assurance was provided to the Board in relation to sickness absence reporting. Further to the information provided to the Board at its last meeting in relation to the identification of an error in the KPI sickness reporting, the Board were advised that this had been corrected and testing had been undertaken and a more detailed analysis of revised set of sickness absence figures would be provided to the Remuneration Committee in April 2024.
- 11.6 The Board were also assured that all KPI reporting had been reviewed and was found to be producing accurate calculations. KPI reporting would continue to be monitored.
- 11.7 The Board asked for details of the cost of the data lakehouse and were advised that a figure would be provided outside of the meeting.
- 11.8 The Board **noted** the report.

## 12. Corporate Risk Register\*

Paper 10

- 12.1 The Business Planning Manager introduced the report.
- 12.2 The Board was advised that in quarter 3, prompted by a discussion at the Audit and Risk Assurance Committee (ARAC), corporate risk owners undertook a major review of the corporate risk register. This had resulted in a reduced number of corporate risks. Some had been re-focused, some merged and others de-escalated to the operational risk register. Risk mitigations had been updated to reflect 2024-25 business plan proposals.
- 12.3 The Board enquired about the risk CRR07 registration demand, as the pre and post mitigation risk scores were the same.
- 12.4 The Executive Director, Regulation advised the Board that notwithstanding the mitigations that had been put place in relation to timeliness and volume it was still a significant risk and impact if the organisation was unable to meet requirements due to high volumes and therefore may become a risk that does not reduce but is tolerated.
- 12.5 The Board agreed that some risks would remain year on year and could not be mitigated easily. It was queried whether there was a possibility of focusing and reporting on the trend analysis, i.e. whether actions taken had influenced the risk scores over time.
- 12.6 The Executive Director, People and Business Support and Chief Executive advised the Board that work would be undertaken to cross reference risk through performance reporting.
- 12.7 The Board **noted** the report.

## 13. Business Plan 2024/25 final draft\*

Paper 11

- 13.1 The Head of Business Planning and Improvement introduced the item.

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- 13.2 The paper set out the approach to business planning for 2024-25. The final draft of the plan was included at Annex A to the report and the plan would be published following the agreement of the Board at the end of March 2024.
- 13.3 The Board welcomed the report and noted that they would be keeping track of efficiencies generally, and at the triage stage of Fitness to Practice, in terms of monitoring delivery and performance.
- 13.4 The Chief Executive reminded the Board that a paper would be submitted to the Board in May 2024 on efficiency and effectiveness around triage, investigation and case examiners.
- 13.5 The Board **approved** the final draft of the plan.

14. Budget 2024/25 final draft\*

- 14.1 The Executive Director, People and Business Support introduced the report.
- 14.2 The Board was advised that the Secretary of State had not confirmed budget allocations for 2024/25 at this time. Therefore, the paper set out two potential budget scenarios for the 2024/25 financial year, along with the key assumptions and a summary of what the outcomes would be for the organisation under each scenario.
- 14.3 Board members had previously seen a draft of the budget report during February. Following circulation of the draft budget to the Board, the fee income assumptions had been amended to reflect the latest expected outturn for the current financial year. This amendment had reduced the budgeted level of fee income by a further c£200k and the expenditure plans had been reduced accordingly.
- 14.4 It was further reported that whilst the level of funding used in preparing this budget scenario was sufficient to meet general inflationary cost pressures, it was not sufficient to begin to address the challenges that were faced in fitness to practise (FTP), or to meet the anticipated level of non-FTP legal fees.
- 14.5 There was a strong focus on budget planning for efficiencies across all processes within the organisation.
- 14.6 The Chief Executive advised the Board that the finance and registration teams had undertaken work to model the fee income assumptions due to variability in previous years and the Board would be given regular monitoring information about fee income during the year, within the finance and commercial report.
- 14.7 The Board asked for further clarity in terms of a breakdown of the different types of fee income when the budget is next considered by the Board.
- 14.8 The Board **approved** both budget scenarios with the caveat that the current funding situation was difficult.

15. Corporate Governance: Board and Committee terms of reference, Board code of conduct policy, Board declarations of interest and conflict resolution policy, Gifts and hospitality policy  
Paper 12

- 15.1 The Executive Director, People and Business Support introduced the report.
- 15.2 The Board was advised that the Board terms of reference were largely unchanged, they included the appointment and responsibilities of the senior independent director role that was agreed during the year.

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15.3 Following an effectiveness review in October 2023 the Remuneration Committee requested various amendments to its terms of reference which had been incorporated.

15.4 The Board code of conduct policy, the Board declarations of interest and conflict resolution policy and the gifts and hospitality policy were presented with minor amendments.

15.5 The chair of ARAC requested an amendment to the ARAC terms of reference to include 'deep dives' in the committee responsibilities.

15.6 The Board **approved**:

- the report, terms of reference and policies.
- the inclusion of 'deep dives' in the ARAC terms of reference

## 16. Any other business

### 16.1 Carbon literacy training

16.2 The Board agreed to undertake carbon literacy accreditation provided by the department for education.

### 16.3 Remuneration Committee appointment

16.4 The Board agreed that Simon Lewis was to be appointed to the Remuneration Committee

### 16.5 'Change the script campaign'

16.6 The Board was presented with a short video as part of the communications campaign 'change the script' which was developed to help educate and inform the public on the important role social work plays in society.

Date and Time of Next Meeting: Friday 17 May 2024 10.30am.

*The meeting ended at 12.16pm.*

## Summary of Actions

- A discussion on the professional registration of children's residential workforce and the inspection process for Approved Mental Health Professionals and Best Interests Assessors course to form part of a strategy session with the Executive and Board.
- Executive Director, People and Business Support to prepare a paper for the Board meeting 17 May 2024 proposing key priorities for early action to include:
  - the shaping of the agenda for the next strategy day
  - enhancing the role of the policy committee
  - Board composition and discussions with the sponsor department.
  - performance measurement
  - medium to longer term financial plan.
- Assistant Director, Policy and Strategy to circulate weekly summary of the policy landscape to Board members.

\* Papers marked with an asterisk are 'private' to protect confidentiality according to our guidance for publishing Board papers.

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# Summary of Actions from Board meetings up to 17 May 2024

Agenda Item 3    Paper Ref 02

**Paper for the**  
Social Work England Board

**Sponsor**  
The Chair

**Author**  
Sophie Rees Rumney, Executive Assistant

**Date**  
17 May 2024

**Reviewed by**  
Colum Conway, Chief Executive

**This paper is for**  
Assurance and Noting

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
Governance and compliance - Averse

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Summary

The actions below provide an audit trail of items closed at or since the last meeting on 22 March 2024. Actions still in progress or yet to complete since the last meeting are listed on the log that follows.

Closed actions following the last meeting:

- **Action 92:** The Executive Director, People and Business Support to prepare a report for the Remuneration Committee on 26 April 2024 providing sickness absence analysis. *This report was discussed at the Remuneration Committee meeting on 26 April 2024. Action closed.*
- **Action 93:** The Corporate Governance Manager to ensure meetings with National Advisory Forum are included in the Board work programme and an in-person lunch time session is arranged between the Board and members of National Advisory Forum. *Board members have been asked about their availability for the Board and National Advisory Forum 'meet and greet' on 10 July 2024. This would form part of the NAF's annual in-person meeting, which coincides with co-production week. Action closed.*
- **Action 97:** Assistant Director, Policy and Strategy to circulate weekly summary of the policy landscape to Board members. *Board members have been added to the weekly distribution list for policy insights. Action closed.*

Actions pending sign off at the 17 May 2024 meeting:

- **Action 89:** The Executive Director, Regulation to provide the Board with a broader critical view of how the challenges with funding would be addressed in the medium/long term to include details of the effective use of resource and securing efficiency in fitness to practice. *A paper on the impact of the 2022 Rules and Regulation changes will be discussed during the 17 May 2024 meeting. Further updates will be shared with the Board during 2024/25 on the progress of objectives relating to resourcing and efficiency improvements. Action to close.*
- **Action 96:** Executive Director, People and Business Support to prepare a paper for the Board meeting on 17 May 2024 proposing key priorities for early action to include:
  - o the shaping of the agenda for the next strategy day
  - o enhancing the role of the policy committee
  - o Board composition and discussions with the sponsor department.
  - o performance measurement
  - o medium to longer term financial plan.*The outlined topics will be discussed as part of the 'Board Effectiveness Review' item during the 17 May 2024 meeting. Action to close.*

Updates on open actions are noted in the action log that follows.

## 2. Action required

The Board is asked to note the progress against the actions.

Social Work England Board  
Action Log

Action no.	Date of Meeting	Action	Owner	Due By	Update	Next review	Status
95	22/03/2024	A discussion on the professional registration of children's residential workforce and the inspection process for Approved Mental Health Professionals and Best Interests Assessors course to form part of a strategy session with the Executive and Board.	Assistant Director, Policy and Strategy	17/05/2024	Planning for the strategy day is underway; this topic is included in the agenda discussions.	26/07/2024	Open

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# CEO Report to the Board 17 May 2024

Agenda Item 5 Paper Ref 03

**Paper for the**  
Social Work England Board

**Sponsor**  
Colum Conway, Chief Executive

**Author**  
Colum Conway

**Date**  
17 May 2024

**Reviewed by**  
Executive Leadership Team

**This paper is for**  
Assurance and Noting

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
Strategic approach - Open

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Overview

The CEO report will use a slightly different format for this meeting, largely because much of the detail I wish to highlight is contained in other reports presented at this meeting or can be found elsewhere.

At this time of the year there is a focus on our preparations for the publication of our Annual Report and Accounts which includes our external audit by the National Audit Office. This meeting includes the Q4 performance report which along with the performance reports through the year provides the basis for the performance section of the annual report. Our quarterly reports to the Board have tracked our progress and highlighted the achievements and the challenges. Our overall assessment is that we have delivered the majority of our business plan objectives for 2023/24. The Board will be aware that this year has presented capacity and resource challenges, it is therefore pleasing to be reporting such an outcome against our objectives. More detail can be found in the Q4 report.

Also included in the report is our performance against our KPIs. This chart is a little more colourful than the objectives chart! To note we reported in detail at the last Board meeting on our sick leave position and plans for the year [ahead](#). At this meeting there is a separate agenda item and paper on the position on KPIs in triage and investigations which gives more detail on our approach this year and the plans for the year ahead. There is also a paper on the impact of the changes in rules and regulations in fitness to practise as implemented this year and the efficiencies gained. We continue to explore a range of options to ensure we have the right balance of timeliness in case management and quality in decisions. We are committing more resources and capacity to triage and investigations in the year ahead.

Since our last Board meeting the Professional Standards Authority published its review of Social Work England's performance for 2022/23. The report shows we have met 17 out of the 18 standards of good regulation. We did not meet standard 15 due to our continuing challenges in processing fitness to practise cases in a timely manner. Our challenges in timeliness, particularly in hearings cases have been regularly reported to the Board. We continue to work in every way we can to meet the challenges.

The Board will be aware of the recently published Employment Tribunal judgements in relation to Rachel Meade. We have published our response to the judgements [here](#). The Board will also be aware of the joint statement published by BASW, Unison and the Social Workers Union. Our response to the statement is published [here](#) and we are arranging to meet with the joint group in the near future.

The agenda today also contains an update and early evaluation of Social Work Week and the campaign Change the Script. As the Board will be aware the campaign was supported by the Department of Education (DfE), the feedback on both events has been very positive from many of our key stakeholders. We are considering the evaluation and what might be

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possible for the next phase of the campaign. We are also reviewing Social Work Week to build on what we have learned over the past few years. Papers will be brought to the Policy Committee and the Board in due course.

We continue to work with the DfE on their plans for the new Early Career Framework (ECF). Proposals for this, and our key role as regulator, are being considered and are likely to go out to the sector for consultation in due course. We are also working with DfE colleagues and Ofsted on proposals for the professional registration of the children’s residential home workforce, this work will take the form of a more detailed scoping exercise across the sector. With support from the DfE we are building capacity in the policy and legal teams to take forward both pieces of work in the year ahead.

I was pleased to attend an event celebrating the appointment of Andy Smith, Strategic Director of Children’s and Adults Services at Derby City Council, as the new President at the Association of Directors of Children’s Services. We have also been invited to attend an event celebrating the appointment of Melanie Williams, Corporate Director Adult Social Care and Public Health Nottinghamshire County Council, as the new President of the Association of Adult Social Services. Congratulations to Andy and Melanie, we look forward to working with them and their teams in the year ahead. The associations play a very important role in the delivery of statutory services and the work of social workers across the country.

The Remuneration Committee and the Audit and Risk Assurance Committee have met since the last Board meeting and the chairs will report at this meeting, the Policy Committee is due to meet in early June.

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## 2. Annexe

### Annex 1: Chief Executive's meetings

Director – Institute of Regulation

Chief Social Workers Office at Department Health and Social Care

Chief Social Worker – Children's

Presidential Reception, Association of Directors of Children's Services (ADCS)

New President of Association of Directors of Adult Social Services (ADASS)

Chair and CEO – Professional Standards Authority

Skills for Care Adult Social Care Workforce Strategy Steering Group

International Social Work Regulators Network

UK & RoI Alliance Partnership

National Practice Group

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# Finance and Commercial Update

Agenda Item 8 Paper Ref 05

**Paper for the**  
Social Work England Board

**Sponsor**  
Linda Dale, Executive Director, People and Business Support

**Author**  
Richard Simpson, Head of Finance and Commercial

**Date**  
17 May 2024

**Reviewed by**  
Linda Dale, Executive Director, People and Business Support

**This paper is for**  
Assurance and Noting

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
Financial governance - Cautious

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Summary

This paper provides an update on the following:

- Management accounts for the period ending 31 March 2024
- Budget 2024/25 update
- Preparation for the 2023/24 financial year external audit
- Commercial update

## 2. Action required

For discussion and noting.

## 3. Commentary

### Management accounts

A summary set of the Management Accounts for the year to 31 March 2024 can be found in Annex A. Key highlights are:

Full year revenue expenditure, net of fee income, is £11,283k which is £6k higher than the figure reported to ARAC at its meeting on 3 May, due to a VAT adjustment made to a year-end accrual. This represents a year-to-date underspend of £9k, compared to the full year budget of £11,292k. This underspend is an improvement of £429k from the position at the time of the implementation of our financial mitigation plan in December 2023. The plan included the following temporary measures; a recruitment pause, a reduction in hearings activity and an adjustment to our EQA inspection programme. The underspend is comfortably within our finance KPI of a +/- 1.5% variance from budget.

Full year capital expenditure is £2,192k, which is £6k underspend compared to budget.

### Budget 24/25 update

The Department for Education (DfE) has recently confirmed that our annual budget for the 24/25 financial year has been approved by the Secretary of State and we have begun implementing the budget plan reported to the board in March 2024. Our immediate priority is to return headcount to normal operating levels following the end of our recruitment pause with priority to roles within our regulatory functions. At the end of the financial year there were 30 vacant roles, double our normal vacancy level, and any prolonged delay in recruiting these roles would restrict capacity in a number of key areas.

We have identified a number of budget pressures and risks, which includes landlord service charges as we no longer benefit from a “cap” to the level of these charges, fee income and legal fees. We have introduced new budgetary control measures to manage these risks. These include a more granular reporting of fee income, improved tracking and reporting of legal fees and regular spend control meetings with the landlord.

### Preparation for the 2023/24 financial year external audit

At the time of writing the National Audit Office (NAO) are in the process of completing their interim audit and updated ARAC at its meeting on 3 May on their progress. The full year

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audit will commence in May and the NAO have highlighted that in addition to their normal testing they will focus on the accounting for intangible assets and legal fees. As with recent years the audit will be conducted through a mix of onsite visits and offline work with a written report on the outcome of the audit presented at the ARAC meeting in June.

#### Commercial update

At its meeting of 19 May 2023, the Board approved business cases for the re-procurement of legal services and software licences for our Forge system. Both of these contracts were awarded in December 2023 and are now “live”. Our next major procurement is the re-procurement of translation and transcription services, and a business case was approved by ARAC at its meeting of 3 May 2024.

We have recently completed our first modern slavery statement with the executive leadership team (ELT) approving this document in March 2024 and was presented to ARAC at its recent meeting. The statement will be published on our public website and registered with the Cabinet Office. A copy of the statement can be found in Annex B.

The new Public Procurement Act is due to become law in quarter 3 and the commercial team is attending training sessions in quarter 1. Due to our size, we expect the Act to have a limited impact on our processes.

### 4. Conclusions and/or Recommendations

N/A

### 5. Annexes

Annex A – Management accounts

Annex B – Modern slavery statement

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## 5. Annexes

### Annex A – Management accounts at 31 March 2024

#### Income and Expenditure Statement

	Full Year Actual £	Full Year Budget £	Variance £	Variance %
<b>Fee Income</b>	(10,088,151)	(10,605,000)	(516,849)	4.9%
<b>Executive Leadership Team</b>				
Wages & Salaries	548,306	504,814	(43,491)	
Support	27,558	10,000	(17,558)	
<b>Total</b>	<b>575,864</b>	<b>514,814</b>	<b>(61,050)</b>	<b>(11.9%)</b>
<b>People &amp; Business Support</b>				
Wages & Salaries	2,197,296	2,435,835	238,540	
Support	2,499,620	2,423,029	(70,366)	
<b>Total</b>	<b>4,696,916</b>	<b>4,858,864</b>	<b>161,949</b>	<b>3.5%</b>
<b>Regulation</b>				
Wages & Salaries	5,923,284	5,850,773	(72,511)	
Support	7,381,845	7,683,441	301,596	
<b>Total</b>	<b>13,305,129</b>	<b>13,534,214</b>	<b>229,085</b>	<b>1.7%</b>
<b>Professional practice and external engagement</b>				
Wages & Salaries	2,092,142	2,063,578	(28,565)	
Support	700,858	925,529	224,671	
<b>Total</b>	<b>2,793,001</b>	<b>2,989,107</b>	<b>196,106</b>	<b>6.6%</b>
<b>Total Expenditure</b>	<b>21,370,910</b>	<b>21,897,000</b>	<b>526,091</b>	<b>2.4%</b>
<b>Net Revenue Expenditure</b>	<b>11,282,759</b>	<b>11,292,000</b>	<b>9,242</b>	<b>0.1%</b>
<b>Depreciation/Amortisation</b>	<b>2,034,655</b>	<b>2,162,000</b>	<b>127,345</b>	<b>5.9%</b>
<b>Net Expenditure inc Depreciation</b>	<b>13,317,414</b>	<b>13,454,000</b>	<b>136,586</b>	<b>1.1%</b>
<b>Capital Expenditure</b>	<b>2,192,657</b>	<b>2,199,000</b>	<b>6,343</b>	<b>0.30%</b>
<b>Grand Total</b>	<b>15,510,071</b>	<b>15,653,000</b>	<b>142,929</b>	<b>1.0%</b>

## Balance Sheet

	Cost £	Depreciation £	N.B.V £
<b>Fixed Assets</b>			
Buildings	1,264,299	(919,292)	345,007
Lease - right of use	1,124,002	(359,588)	764,414
IT Equipment	1,196,619	(895,339)	301,280
Fixtures & Fittings	326,459	(319,170)	7,289
Intangible assets	7,807,986	(1,951,996)	5,855,990
Assets under construction	2,749,918	0	2,749,918
	<u>14,469,283</u>	<u>(4,445,385)</u>	<u>10,023,898</u>
<b>Current Assets</b>			
Prepayments			1,573,840
Bank			3,050,197
Debtors			19,202
			<u>4,643,239</u>
<b>Current Liabilities</b>			
Accruals			(976,940)
Deferred Income			(3,462,979)
Trade Payables			(56,381)
			<u>(4,496,300)</u>
Working Capital (Current Assets less Current Liabilities)			146,939
<b>Non-Current Liabilities</b>			
Lease Liability			(869,167)
Provisions			(354,718)
			<u>(1,223,885)</u>
<b>Total Assets and Liabilities</b>			8,946,952
<b>Taxpayers Equity</b>			(8,946,952)

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## Annex B – Modern Slavery Statement

### Introduction

Modern Slavery is an international crime which has been described as the greatest human rights issue of our time.

It is essential that due diligence is applied to root out Modern Slavery and ensure that taxpayers' money is not spent with third parties who exploit vulnerable people.

The way we conduct our activities is crucial in preventing and eliminating modern slavery, particularly commercial activities throughout our supply chains.

As a small Executive Non-Departmental Public Body (NDPB) it is not a mandatory requirement for Social Work England to publish a Modern Slavery statement.

However, Social Work England recognises the seriousness and the impact of Modern Slavery across the world today. We have therefore chosen voluntarily to set out our approach and our commitment to tackling and eliminating Modern Slavery from our supply chains, through publication of this statement.

### Scope of the statement

This Modern Slavery statement is our first such statement and relates to the period of 1 April 2024 to the 31 March 2025.

The statement covers the steps Social Work England has implemented already, and our aims and objectives for this next reporting year.

### Organisational structure and supply chains

Social Work England is a specialist body taking a new approach to regulating social workers in their vital roles. We believe in the power of collaboration and share a common goal with those we regulate to protect the public, enable positive change, and ultimately improve people's lives.

Our core role is to regulate. We set educational and professional standards for social workers in England. We maintain a social work register and investigate concerns about social workers.

Our aim is to be a sustainable organisation, one that operates with minimal negative impacts and helps solve societal and environmental challenges.

Our values are important to us. They shape and steer our interactions with each other and with everyone that we come into contact with, both internally and externally. Our Modern Slavery statement and internal control processes align with these values. Modern slavery is a crime and a violation of human rights. It takes various forms, such as slavery, servitude, forced and compulsory labour and human trafficking, all of which have in common the

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deprivation of a person's liberty by another in order to exploit them for personal or commercial gain.

In order to run our organisation and deliver its objectives, there is a need for us to engage with different external suppliers. These suppliers deliver goods and service including the hosting and development of our critical IT services. We also have commercial arrangements in place for building costs, software licences and legal support. We are committed to making commercially and socially responsible decisions that have a positive impact on the people and the world around us and to have effective systems, processes, and controls in place to safeguard against any form of Modern Slavery taking place within our supply chain.

Social Work England recognises that managing Modern Slavery risks effectively in our supply chain is a difficult challenge requiring careful management and due diligence throughout the procurement lifecycle.

We work collaboratively with suppliers to understand their working practises to assure ourselves that we have applied rigorous due diligence when procuring goods and services.

### Policies, due diligence, and risk management

Our commercial team promotes the use of compliant government procurement frameworks as our preferred route to market when purchasing our goods and services.

The suppliers on framework agreements have already been subject to rigorous due diligence through application of the Modern Slavery Assessment Tool (MSAT) by the awarding organisation.

When undertaking new procurements we apply best practice to identify high risk areas as described in the Government Commercial Function's [Modern Slavery guidance](#) and use the Home Office's Modern Slavery Prioritisation Tool.

We ensure that all business cases for new procurements include an analysis of Modern Slavery risks.

As part of our own internal commercial policies and procedures where the risk of Modern Slavery is deemed high, despite the rigor already applied at framework stage, Social Work England will also ask the winning supplier to complete a further MSAT. This provides Social Work England with confidence and assurance that the risk of Modern Slavery in our supply chain is minimised.

In situations of high risk where there is no suitable framework available to meet our needs, suppliers must successfully complete a MSAT as part of the tender process.

Existing contracts are reviewed annually to ensure that any contracts classified as high risk of Modern Slavery are managed appropriately. This review is undertaken in conjunction with contract managers.

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The commercial team collaborates internally with Equality, Diversity, and Inclusion experts in designing and using appropriate wording in our evaluation criteria which is used as part of our selection process.

Due to the nature of our business, the type of goods and services we procure and the due diligence we apply, we believe the risk of Modern Slavery occurring within our supply chains is extremely low.

### Modern Slavery training and awareness

Through our Learning and Development platform, Grow, Social Work England has rolled out a number of mandatory training modules that all staff must complete. The commercial team will also promote this training as part of its regular discussions with internal stakeholders.

In addition to this, our internal policies, and the measures below support awareness of human rights risks and how they can be identified and addressed.

Our staff have access via our intranet to the following policies:

- Whistleblowing
- Procurement
- Code of Conduct
- Modern slavery

### Goals and key performance indicators

We will continue to build capability across Social Work England particularly in contract management, so that our staff understand what steps they should be taking to prevent modern slavery in government supply chains. To achieve this, in 2024/25 we will:

- Support and build the knowledge, skills and confidence of our commercial team and contract managers so that they can manage Modern Slavery risks in effective ways through implementation of contract management plans and promotion of mandatory training.
- Our commercial team will continue to conduct formal assessments of Modern Slavery risks.
- Our commercial team will continue to collaborate with our directorates when defining their procurement needs. Building in Modern Slavery prevention measures and relevant social value themes into our specifications, and award criteria, to assess a bidder's commitment to improving the wellbeing of their workforce, due diligence, sustainability, and anti-slavery activity.

We will include the outcome of these goals in our annual commercial report to our Audit and Risk Assurance Committee.

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# Performance Report Q4 2023-24

Agenda Item 9

Ref Paper 06

**Paper for the**  
Social Work England Board

**Sponsor**  
Colum Conway, Chief Executive

**Author**  
Andy Leverton, Head of Business Planning and Improvement

**Date**  
17 May 2024

**Reviewed by**  
Executive Leadership Team

**This paper is for**  
Assurance and Noting

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

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

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Executive summary

This report presents our performance for Q4 of 2023-24. We publish our performance and data on a quarterly basis.

## 2. Overall assessment

Table 1: Overview of business plan objectives for 2023-24

Business plan objective for 2023 to 2024			RAG
Prevention and Impact	1.1	Develop an inclusive communications and engagement approach to improve understanding about social work and the value of our professional standards	Green
	2.1	Implement our data and insight strategy	Green
	3.1	Influence and advise development of national policy and statutory guidance	Green
	4.1	Implement the readiness for professional practice guidance	Amber
	4.2	Review approach to course inspections, reapprovals and quality assurance	Green
Regulation and protection	5.1	Identify opportunities to improve the timeliness, fairness and quality of our registration and advice processes	Green
	5.2	Identify ways we can improve the timeliness of overseas applications	Green
	5.3	Review approach to concerns about misuse of title of 'social worker'	Green
	6.1	Identify opportunities to bring more investigative activity into earlier stage of the FtP process	Green
	6.2	Optimise our approach to accepted disposals	Green
	6.3	Ensure our hearings process is efficient and delivers value for money	Green
	6.4	Demonstrate impact following changes to revised legislative framework	Green
Delivery and improvement	7.1	Develop our SPOC network and explore local resolution pathways	Green
	8.1	Conduct user research to identify how to improve digital user experience	Green
	9.1	Implement our people strategy	Green
	10.1	Further develop and communicate quality and assurance frameworks	Green
	10.2	Evaluate our economy, efficiency, and effectiveness, and demonstrate value for money improvements	Green
	10.3	Implement our corporate sustainability plan	Green

Green: Complete	Amber: Refocused objective, partly complete or ongoing	Red: Not completed
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Table 2: Overview of key performance indicators for 2023-24

ID	KPI Description	Target	Q4	Last Q	YTD
EQA1	Percentage of course reapproval decisions made	70% by March 2024	74%	68%	74%
REG1	Time taken to approve UK registration applications	≤ 10 working days (median)	2	2	3
REG2	Time taken to approve restoration applications	≤ 20 working days (median)	5	2	3
REG3	Time taken to conclude misuse of title cases	Monitor (working days)	60	21	55
REG4	Time taken to answer emails	≤ 5 working days (median)	5	1	2
REG5	Time taken to answer phone calls	≤ 8 minutes (median)	5	5	6
FTP1	Age of triage caseload	≤ 14 weeks (median) by March 2024	23	23	23
FTP2	Age of investigation caseload	≤ 54 weeks (median) by March 2024	62	66	62
FTP3	Time taken to complete case examination process	≤ 12 weeks (median)	13	11	10
FTP4	Time from receipt of referral to final FtP outcome	Monitor (weeks)	95	109	110
FTP5	Time taken to approve interim orders	≤ 20 working days (median)	20	17	18
FTP6	FtP cases internal quality score	≥ 90% meet our internal standards	91%	96%	92%
IG1	Time taken to complete FOI requests	≥ 90% within deadline	100%	100%	100%
IG2	Time taken to complete subject access requests	≥ 90% within deadline	99.5%	100%	99.5%
C1	Corporate complaints response time	≥ 70% within 20 working days	83%	92%	90%
P1	Retention rate	≥ 80%	86%	86%	86%
P2	Sickness absence over last 12 months	≤ 5.4 days per person	8.9	8.6	8.9
FIN1	Forecast year-end variance to budget <sup>1</sup>	+/- 1.5%	0.1%	0.04%	0.1%
IT1	System availability excluding planned outages	≥ 99%	100%	99.9%	99.9%

<sup>1</sup> Year-end position reflects actual variance to budget

### 3. Performance 01 January to 31 March 2024

#### Strategic theme: Prevention and impact

##### Our objectives

##### **Objective 1.1: Develop an inclusive communications and engagement approach to improve understanding of social work and professional standards**

Communications and engagement help us to facilitate positive, long-term change in our role as a specialist regulator. We aim to proactively create opportunities to educate and inform people on social work and why it is deemed important enough by society to be regulated. Our work in this space, year on year, aims to incrementally grow confidence in the way we regulate and the proportion of social workers who value our professional standards.

##### ***Engaging with the sector***

Our new national advisory forum members have now been inducted and all worked well with us to support Social Work Week 2024. Over 6,500 people attended the 21 main sessions we hosted. All of these sessions were recorded and will be made available on our YouTube channel. The programme for the week also included 40 independent sessions and a celebration of World Social Work Day. Social media response was positive, with social workers and employers getting involved using the #SocialWorkWeek2024 hashtag. We have started an evaluation so we can consider how best to continue this hugely valuable annual event.

Work continued to strengthen our relationships with key stakeholders. We are prioritising our engagement so it is strategically focused on key areas of the business plan, whilst considering which areas of the business plan will require co-production. In the year ahead, we will increase reporting on engagement activities to inform our overall approach to stakeholder engagement and to help us map our relationships more strategically. We will launch our stakeholder survey in Q1 of 24-25 to provide a benchmark and further insight on the relationships we hold.

We have also launched an annual survey that will help us to understand and track social worker perceptions and confidence in us and in the profession. We will use the findings to help inform our activities for the coming business year. Social workers have until Monday 20 May 2024 to respond to the survey. At the end of March we had over 1,000 responses to the survey.

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## ***Informing and educating***

We continue to work closely with the Department for Education (DfE) to educate people on the vital role that social work plays within society. This also supports our ambition to promote social work as a rewarding profession. This is a key focus within the '[stable homes built on love](#)' report and our own aim to promote public confidence in social work.

We have delivered a new national campaign this quarter to coincide with Social Work Week 2024. We want to understand and learn more about public awareness, as well as inform and educate the public on the nature of social work, that it requires professional training, skills and expertise. Drawing on important research we commissioned and published about perceptions of social work and the workforce, "Change the Script" calls on the entertainment industry to more accurately reflect the reality of social work, rather than the predominantly negative stereotypes typically shown.

The campaign featured in over 35 national, regional, and broadcast outlets, plus coverage in 3 leading social work sector publications. There were over 1,800 views of the short film we produced as part of the campaign on our website and YouTube, and almost 100,000 social media impressions of the video on our other social media platforms. There was a wider reach still through social media influencers who shared to their accounts. The campaign received endorsement from several of our priority stakeholders through their own communication channels, including key government departments, chief social workers and other social work leaders.

### **Objective 2.1: Implement our data and insight strategy**

In Q4, we began work to improve our data architecture. This will improve analytical efficiency and data quality, as well as reducing the risk of errors in reporting. The work is expected to continue through to Q3 of 24-25.

We continued our work on phase 2 of the analysis of diversity data. We have focused on understanding how the types of concerns affect progression of fitness to practise cases. We plan to review our approach to this part of the analysis with the recently established data oversight group comprising colleagues from a number of other regulators.

We have started to review the delivery plan for our data and insight strategy as we move into the second year of the strategy. Key workstreams include improvements to our technology, how our teams use data to improve how they work, responsible use of data, and how we might share more of our data externally. This work to share our data, research and analysis is reflected in our business plan for 24-25 and builds on work to date to create more accessible data [on our website](#), such as transparent monthly data reports on our social work register and fitness to practise cases.

**Objective 3.1: Influence and advise on the development of national policy and statutory guidance**

We have continued our work to respond to the challenges faced by the social work workforce in England. Our national roundtable meeting of sector leaders and representatives continues to meet, and we are planning an in-person action-focused workshop in Q2 of 24-25.

We continue to work with the DfE on their plans for the new Early Career Framework (ECF). Proposals for this, and our key role as regulator, are being confirmed and are likely to go out to the sector for consultation in Q2. We are also working with DfE colleagues and Ofsted on proposals for regulation of the children’s residential home workforce, including more detailed scoping. A dedicated project team, funded by the DfE, is being established to take forward both of these pieces of work.

Work is in progress on long awaited course approval standards and guidance for approved mental health professionals (AMHP) and best interest assessors (BIA), which we intend to release in Q1. This builds on extensive consultation with the sector.

**Objective 4.1 Implement the readiness for professional practice guidance**

The Education and Training Advisory Forum (ETAF) met in person and agreed the focus for 24-25. There will be a particular focus on practice education, building on the research published during Social Work Week. The ETAF was also instrumental in helping shaping the readiness for professional practice guidance, will be published later this year alongside some initial thinking around our proposed review of education and training standards in 2025-26.

**Objective 4.2 Review approach to course inspections, reapprovals and quality assurance**

In 24-25, we will analyse and publish our evaluation of the inspection process to date and what we have learnt about the social work education and training landscape in England, as we conclude our first round of reapproval inspections. We are on target for completion of all course reapproval inspections in this first three-year cycle by March 2025. This has allowed for additional capacity to be made available for new course approvals.

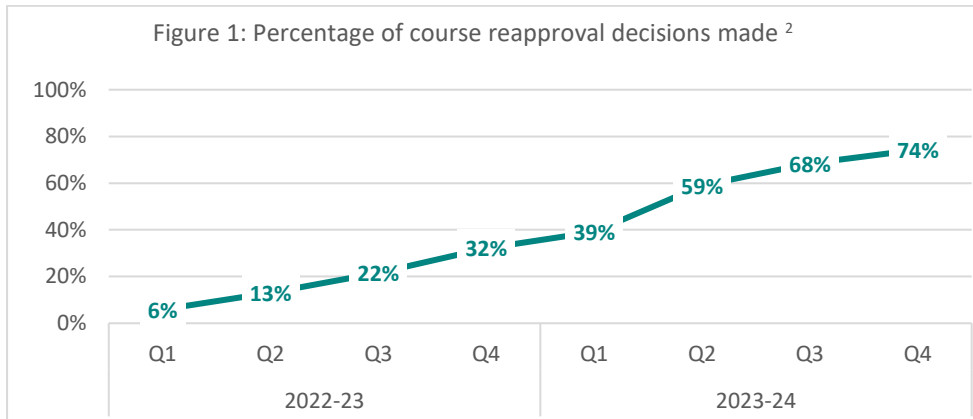
Annual monitoring has now concluded and we have communicated with all 308 education and training providers in England. As we finalise new standards and guidance for BIA and AMHP courses, we are preparing for inspection processes in these areas, with close involvement of our policy team.

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## KPI: Percentage of course reapproval decisions made

Table 3: Education and training key performance indicator

ID	KPI Description	Target	Q4
EQA1	Percentage of course reapproval decisions made	70% by March 2024	74%



We met our target for 23-24 to make over 70% of course reapproval decisions by March 2024. Our current cycle of course reapproval inspections is on track to be completed by March 2025. This has allowed for additional capacity to be made available for new course approvals.

Since our last quarterly performance report, the percentage of reapproval decisions made in each quarter since Q4 of 22-23 has increased by 1-2 percentage points. This is because we identified a small number of course reapproval decisions that we added retrospectively to our records.

We have continued to work with higher education institutions to review evidence from courses with conditions and to ensure that appropriate improvement action is taken against areas of concern. We have identified two courses in Q4 where there have been significant concerns, and we are working closely with both providers, as well as the Office for Students and the Office of the Independent Adjudicator. As a relatively young regulator of education and training, we will be reflecting on these two cases to draw further learnings and to refine our approach.

<sup>2</sup> EQA1: Figures from Q4 22/23 have increased by 1-2 percentage points since previous reports

## Strategic theme: Regulation and protection

### Registration and Advice

#### Objective 5.1: Identify opportunities to improve the timeliness, fairness and quality of our registration and advice processes

We have completed the annual review of selected CPD records following the completion of this year's registration renewal process. All social workers who were selected for review have been provided with the outcome.

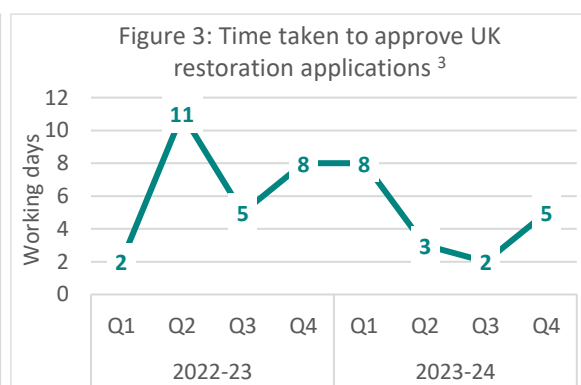
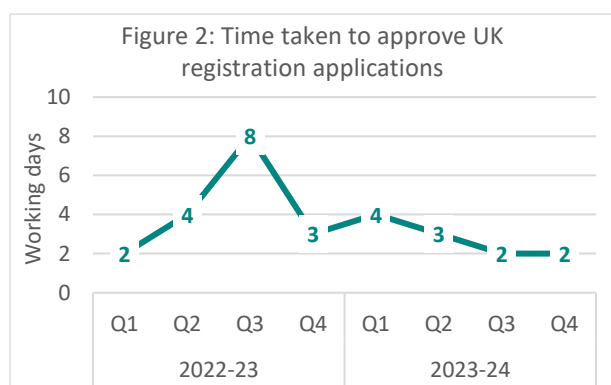
All activity relating to the 2023 registration renewal process has now been completed, and we have published an update on our website:

<https://www.socialworkengland.org.uk/news/registration-renewal-and-cpd-progress-report-6-february-2024>

#### Time taken to approve registration and restoration applications

Table 4: Registration and restoration applications

ID	KPI Description	Target	Q4	YTD
REG1	Time taken to approve UK registration applications	≤ 10 working days	2	3
REG2	Time taken to approve restoration applications	≤ 20 working days	5	3



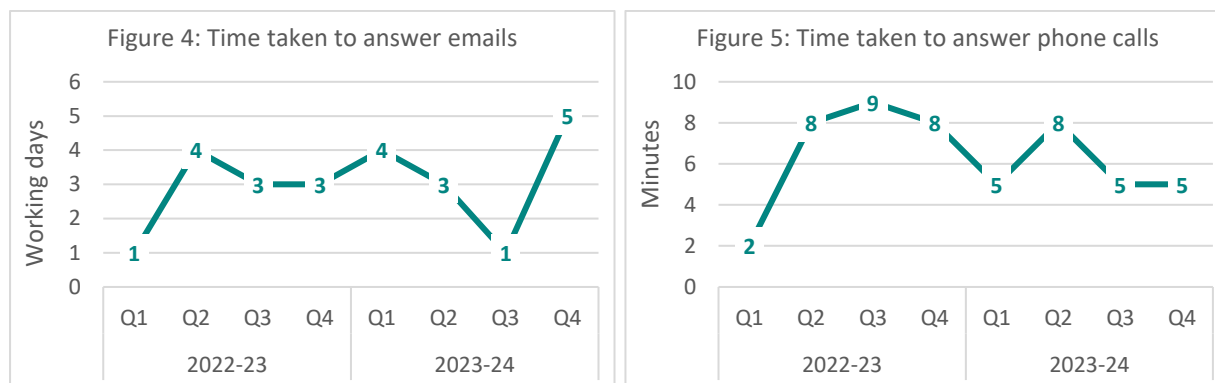
We continued to meet our targets for assessing applications to join and restore to the register from UK applicants during Q4. We received 906 UK registration applications between January 2024 and March 2024, compared to 1,058 during the same period last year. We anticipate an increase in UK applications during quarters 1 and 2 of 24-25, in line with previous years.

<sup>3</sup> REG2: Q2 23-24 figure has changed from 4 to 3. These amendments are anticipated each quarter due to retrospective changes being captured on the system after the data has been compiled and reported.

## Time taken to answer emails and phone calls

Table 5: Phone call and email key performance indicators

ID	KPI Description	Target	Q4	YTD
REG4	Time taken to answer emails	≤ 5 working days	5	2
REG5	Time taken to answer phone calls	≤ 8 minutes	5	6



We met our targets for time taken to answer phone calls and emails in Q4. We received 5,694 calls during the period, which is lower than the 6,624 calls received in the same period last year. We received 12,466 emails during the quarter, which is higher than the 5,291 received in the same period last year. We believe this is partly due to some enquirers sending more than one email in relation to the same enquiry, and partly due to better data capture through our new email system. In March 2024 there was a higher than usual volume of people enquiring about voluntary removal (VR) from the register (575 emails). However, this has not yet led to an increased number of VR applications.

### Objective 5.2: Identify ways we can improve the timeliness of overseas applications

A paper on our work to continue to ensure an efficient and effective overseas application process was presented to the Board at their meeting of 2 February 2024. There was a decrease in overseas applications in Q4 (371) compared to the 495 applications received in the same period in 23-24, and we are continuing to work with employers where possible to understand future fluctuations in applications.

The team has continued to focus on progressing applications during the quarter, with high volumes of closures and acceptances in February and March, which continues to bring the caseload down. As we progress older applications the median time to approve overseas applications has increased over Q4. We anticipate that the median time will reduce in Q1 24-25 as the cohort of older applications are approved or closed.

### Objective 5.3: Review our approach to concerns about misuse of the protected title 'social worker'



We continue to investigate misuse of title cases, and we receive a combination of misuse of title cases linked to people continuing to practise when their registration has lapsed and cases raised by members of the public. We continue to remind social workers, employers and members of the public that they can check our public register to confirm someone’s registration status and that social workers should ensure that they read any emails that we send, copies are also available in their online account.

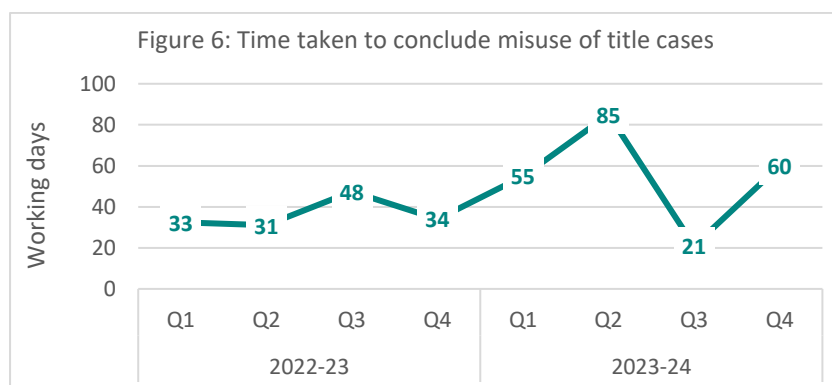
Our work in this year has been commented on in social work sector press:

<https://www.communitycare.co.uk/2024/03/04/social-work-england-cuts-timeframes-for-investigating-staff-alleged-to-be-practising-illegally>

### Time taken to conclude misuse of title cases

Table 6: Misuse of title key performance indicator

ID	KPI Description	Target	Q4	YTD
REG3	Time taken to conclude misuse of title cases	Monitor (working days)	60	55



We received significantly fewer misuse of title cases during Q4 (23) compared to the 63 we received in the equivalent period in the previous year. We consider that this is linked to the guidance and engagement activity that commenced in Q3 and the successful renewals period where fewer social workers unintentionally lapsed their registration.

During the quarter there was some unplanned absence of key staff, which alongside vacancies meant that progressing misuse of title cases was challenging during this period. This is reflected in the increased median time in this quarter.

### Fitness to practise

#### Objective 6.1: Identify opportunities to bring more investigative activity into the earlier stage of the fitness to practise process

In Q4, we delivered internal learning sessions that built on externally provided communications training to support our teams to build confidence, particularly with contacting people over the phone. This is an important part of the work we are doing to

support early engagement with social workers at the triage and investigation stages. This work will continue into 24-25.

We conducted a targeted review of over 40 of our oldest cases at the investigation stages, ensuring that case progression plans were in place to conclude these investigations. In 24-25 we will continue this approach of conducting targeted reviews of cohorts of older cases grouped by age, to strengthen our oversight of these cases and help deepen our understanding of the factors that contribute to delay.

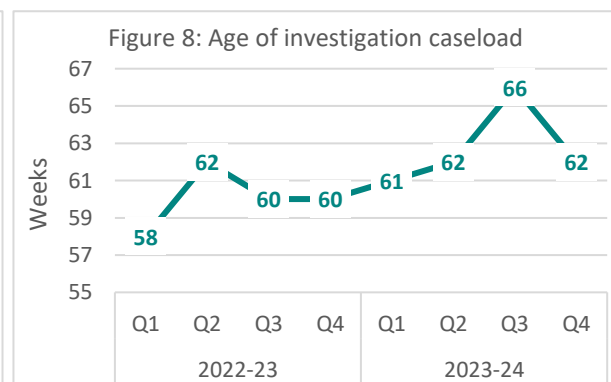
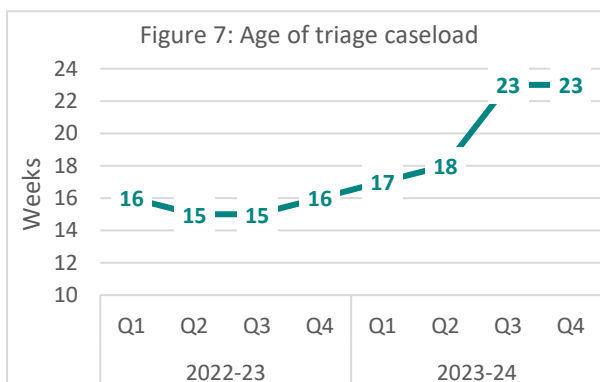
We held the first of our monthly complex case drop-in sessions. These meetings aim to target cases where it is challenging to progress and to identify any additional actions required to complete the investigation. Investigators and lead investigators bring cases to the meetings, which consist of investigation managers, professional advisors and a senior lawyer to discuss. The meetings will give assurance that any internal factors, which are contributing to drift and delay, are identified and addressed. These meetings will also help us to better understand the factors that contribute to complexity and delay at the investigations stage.

Alongside the activity described above, we have completed a review of both the triage and investigations services to identify actions to support improvements in timeliness, whilst maintaining quality, at both stages in 24-25. The Board is provided with a detailed paper on this activity at this meeting.

### Age of triage and investigation caseloads

Table 7: Triage and investigations key performance indicators

ID	KPI Description	Target	Q4
FTP1	Age of triage caseload	≤ 14 weeks by March 2024	23
FTP2	Age of investigation caseload	≤ 54 weeks by March 2024	62



### Triage

As expected, we did not make progress in reducing the median age of the triage caseload in Q4. This was due to vacancies in Q3 and high volumes of new concerns (519 new

concerns in Q3, compared to 448 in Q2, and 438 in Q1). We continued to receive higher than expected new referrals in Q4 (477 new referrals against a forecast of 459).

We welcomed two new starters in the triage team in Q4, which brought the team back to its full establishment. In 24-25, we will be recruiting 4 additional triage officers and a new triage lead. This will build capacity and resilience in the triage team and enable us to reduce case volumes to a sustainable level during 24-25. This will assist with improvement in timeliness.

Due to the high volumes of new concerns and new joiners not being ready to hold full caseloads, we have focused in Q4 on risk assessing new concerns and taking a risk based approach to case progression. Our capacity to progress cases at the triage stage was also impacted by sickness absence in Q4.

### ***Investigations***

We reduced the median age of the investigations caseload by 4 weeks to 62 weeks in Q4. This is as a result of a targeted review of our oldest cases which enabled some of these investigations to conclude. We will continue to undertake targeted reviews of our oldest cases in 24-25.

As a result of higher volumes of referrals at the triage stage in Q3 and Q4, more new cases were referred into the investigations team in Q4 (117 compared to 82 in Q3). Despite 5 investigator vacancies out of an establishment of 21.6 investigators, we were able to maintain a stable caseload. All but one of the vacancies have now been filled.

We undertook a review in January 2024 to establish why the median age of the caseload had not reduced during 24-25 despite our focus on cases that exceed the target median age of 54 weeks. We knew that the median age of the caseload at the investigations stage is affected by the median age of the incoming caseload from the triage stage. We identified that cases adjourned by the case examiners and returned to the investigations team also affect the age of the caseload. A recent review of adjourned cases identified that they added 2 weeks to the overall median case age at the investigations stage.

As part of the review and as mentioned above, we undertook comprehensive reviews of more than 40 of our oldest cases in the service. Case progression plans have been put in place for all cases reviewed and these will be monitored regularly. We will continue to report on the findings of these comprehensive case reviews so that we can build a more detailed picture of the factors that contribute to delays.

In 24-25 we will review cohorts of cases according to age, and work downwards through the age cohorts. We anticipate that over time this, coupled with work to improve our performance against the timeliness target in triage, will reduce the median age of the investigation caseload.

## Objective 6.2: Optimise our approach to accepted disposals by reviewing the case examination stage

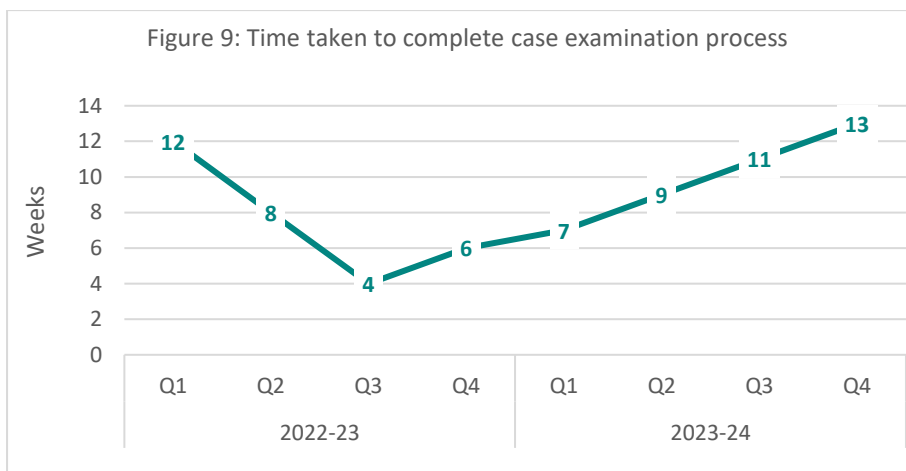
During Q4, 41 accepted disposals (AD) were offered, and 35 cases were closed through AD, an increase in 24 closures since last quarter. We continue to review cases where ADs are offered but not accepted, in order to identify learning that can be shared with the case examiners. In February, we held an internal workshop with the case examiners to look at how the drink and drug driving policy is used in AD cases. We will continue to hold thematic reviews to further support our learning and improvement.

The case examiner operations team recently updated the AD response form to provide further guidance and clarity to social workers in responding to a proposed AD via the case examiners. The case examiner operations team will also shortly be publishing a video guide which will explain how AD works, to further assist social workers in responding to an offer of AD.

### Time taken to complete case examination process

Table 8: Case examination key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP3	Time taken to complete case examination process	≤ 12 weeks	13	10



Whilst the overall time taken to complete the case examiner process has gradually risen since Q3 of 2022-23, we forecast that this trend will start to reverse due to staff returning from long-term absence and due to new efficiencies in batching and grading cases. We have also been able to increase lay case examiner capacity by offering additional hours that were underutilised within the existing case examiner establishment budget.

The case examiners are also continuing to attend investigations team meetings to identify and share any learning that arises out of the case examination process in order to keep adjournment rates as low as possible.

### Objective 6.3 Ensure our hearings process is efficient and delivers value for money

The pilot of two-person panels continued in Q4 with agreement to extend the pilot in 24-25 to ensure that there are sufficient cases from which to draw learning.

We continued to deliver learning and development to our team to build continued confidence with servicing hearings and to support staff with difficult and challenging conversations.

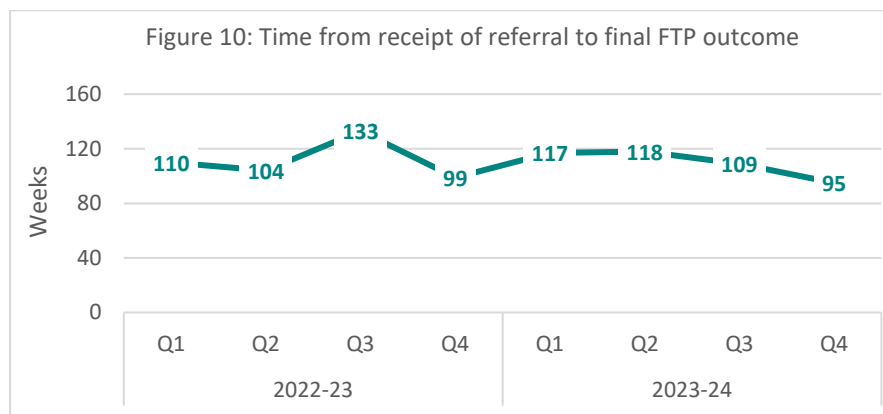
We continue to review adjournments and identify where there is learning. The activities we have undertaken have led to a 4% reduction in the adjournment rate compared to 22-23. During Q4, we ran a reduced number of final hearings which means each adjournment has a greater impact on the adjournment rate, and this volatility will continue into 24-25.

During Q4, we held 135 mandatory hearings (interim order applications, interim order reviews and final order reviews) and 17 final hearings. All social workers who have an order have an allocated case review officer who monitors their compliance with the restrictions.

#### Time from receipt of referral to final FtP outcome

Table 9: Final FtP outcome key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP4	Time from receipt of referral to final FtP outcome	Monitor (weeks)	95	110



As has been previously discussed with the Board, the budget available this year did not enable a reduction in the number of cases awaiting hearing. Consequently, the time from receipt of referral to final FtP outcome is expected to increase through 24-25. We have concluded our work to determine the position of cases awaiting hearing, and we continue to manage the progression of these cases within our available resources. We have written to social workers, complainants and witnesses waiting for a hearing to advise them of the situation. The listing schedule for final hearings in 24-25 has been confirmed and is now full.

**Objective 6.4: Demonstrate impact following the changes to our revised legislative framework, focusing on interim order timeliness, quality of voluntary removal decisions, and efficiency and outcomes of case examiner decision review process**

In Q4, our legal team received two new applications to review a case examiner decision using the powers given to us in our revised legal framework. At the start of Q4, we also had 5 ongoing applications, 3 of which concluded during Q3 and two are ongoing. No applications were referred back to the case examiners for a fresh decision in Q4.

In Q4, the case examiners made 4 removal decisions via the AD process, which prior to the rules and regulations changes made in December 2022, would have been cases that would otherwise had to have been referred to a hearing

We considered 10 applications for VR by registrants with open FTP cases in Q4. Of those, 3 were granted and 7 were refused. 16 VR decisions were considered through the decision review process in Q4. Of these, 15 (94%) were RAG rated green and one decision was RAG rated amber. In this case, the decision was deemed reasonable, but there could have been further exploration of possible exceptional circumstances raised by the applicant.

We completed our analysis of the impact of the changes to our legislative framework and the outcomes of this review will be shared with the Board in July.

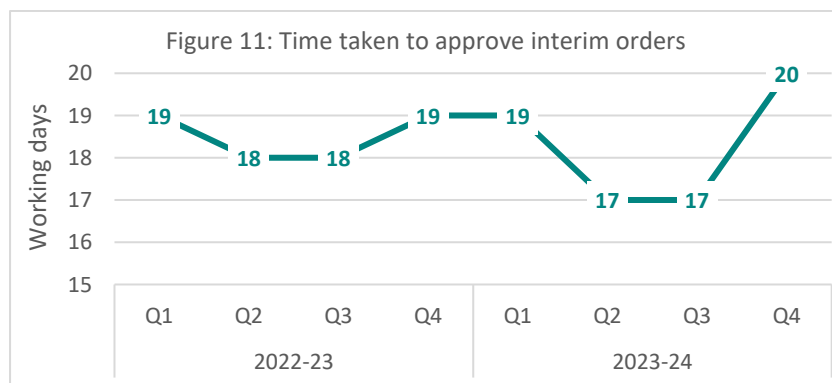
Our periodic performance review by the Professional Standards Authority (PSA) was published on 28 March 2024: <https://www.socialworkengland.org.uk/news/professional-standards-authority-performance-review-2023>

We are pleased to have met standard 17 (which relates to risk assessments and interim orders) for the first time, particularly in the context of introducing new processes in 2023, which were associated with amendments to our legislative framework for interim orders.

**Time taken to approve interim orders**

Table 10: Interim orders key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP5	Time taken to approve interim orders	≤ 20 working days	20	18



We continue to meet our timeliness target for approving interim orders. The median time taken increased in Q4 due to two cases that had to be adjourned, both of which were to allow the social worker time to get access to representation which had been difficult over the Christmas period.

**Objective 7.1: Develop our single point of contact network and explore local resolution pathways**

We continue to proactively engage with employers through our regional engagement leads to support and maintain the single point of contact (SPOC) network. At the end of Q4, we had established contacts in 98% of local authorities. We have started to establish contacts in NHS trusts.

SPOC network	Number of SPOCs	Local Authorities	% of LAs with a SPOC	SPOCs in NHS trusts
March 2024	325	155	98%	2

The SPOC network forum met twice in 23-24, following our launch event in 22-23. Over 160 contacts joined our latest meeting in Q3 to discuss our analysis of diversity data in fitness to practise processes. We are developing guidance for employers to follow on from this.

The ambition to further develop the network is reflected in our business plan for 24-25. We have completed an evaluation of the network, which will inform its development and define an approach to preventative and targeted interventions.

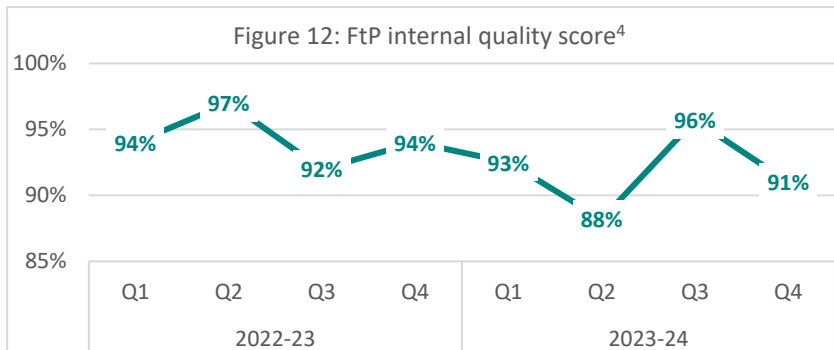
**Fitness to practise cases internal quality score**

*Table 11: FtP cases internal quality key performance indicator*

ID	KPI Description	Target	Q4	YTD
FTP6	FtP cases internal quality score	≥ 90%	91%	92%

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<sup>4</sup> FTP6: Q3 23-24 figure has changed from 93% to 96%. These amendments are anticipated each quarter due to retrospective changes being captured on the system after the data has been compiled and reported.



We met our target for 23-24 of more than 90% of the FtP cases reviewed by the Decision Review Group meeting our internal quality standards.

In Q4, we managed 5 registrant appeals relating to the outcome of an FtP hearing (including interim orders, final hearings and review hearings), and a referral of hearing decision by the Professional Standards Authority for Health and Social Care to the High Court.

We also received two judicial reviews, and a pre-action letter relating to a potential third judicial review. Where we are successful in defending litigation, we consider whether it is appropriate and take steps to recover our legal costs from the appellant. The team has continued to advise on our involvement in a number of Family Court proceedings where documents may be disclosed to us. Any learning identified from this work continues to be shared and followed up with the relevant teams.



## Strategic theme: Delivery and improvement

### Our objectives

#### Objective 8.1: Carry out user research to identify how to improve digital user experience

This year we prioritised our concerns journey for user research. We held 20 sessions with people with lived experience of social work. The sessions tested two different versions of the process for raising a concern for accessibility, clarity of information, and how participants felt during the experience. We are using this learning to continue to optimise our service and ensure that the concerns we receive are appropriate for us to take forward as the regulator rather than an employer. More generally, we are close to being ready to launch a wider user research database and have begun mapping stakeholders to launch this with relevant networks. This will provide the organisation with a pool of people to draw from to test and learn about how we continually improve both new and existing digital services.

We have updated and published our [accessibility statement on our website](#), ensuring that we are transparent with users on where improvements are required. Further updates to the statement will be made periodically in line with work to resolve 7 key priority areas for improvement identified in an accessibility audit last year. We are working to conclude this work by summer 2024.

We have delivered an internal campaign and training sessions to better educate our people on why digital accessibility matters. This is a commitment in our EDI action plan, to ensure that we embed considerations relating to accessibility as part of our business as usual delivery so that they are not an afterthought, but central to how we deliver our work as an arms-length body across digital platforms in accordance with Government Digital Service best practice. This early exploration work forms the beginning of a set of principles to guide both 'how' we deliver an ongoing, significant package of digital projects and any future digital strategy.

#### Objective 9.1: Implement our people strategy

In 23-24, we agreed and launched our people strategy. By the end of Q4, we have achieved the goals that we set for year one.

We have made a number of improvements to our recruitment process throughout 23-24. These include:

- Improvement to the 'careers' page on our website, so that this provides:
  - A link to current vacancies
  - Guidance on the application process, including hints and tips on completing your application and our process
  - Equality, diversity and inclusion statement

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- Our behaviours and values
- Testimonials from our people
- Developing the diversity section of the data we request from candidates, so that we can better understand how we are progressing towards our objective to ensure that our workforce is more representative of the national population and the communities we serve. Work is continuing on the analysis of this data and building the reports.

We have also researched good practice by other regulators and arms-length bodies, including Social Care Wales, Department for Education, Ofsted, GMC and NISCC. We will use our data and research to establish a baseline and measure progress towards our people strategy objectives, as well as to identify priority areas for further improvement.

We currently use apprenticeships for internal qualifications, with 4 of our people actively participating in apprentice qualifications. We are looking to widen the use of apprenticeships through the remainder of the strategic period, as part of the development and implementation of a talent framework and career pathways.

360 feedback for executive directors, assistant directors and heads ran across Q3 and Q4. During Q4, individual feedback and facilitation sessions were delivered, and all participants have been contacted to support with any identified development requirements.

During Q4, we agreed and launched our management development programme, and delivered the first introductory session at our all-team day in February. We have now published dates for all sessions during 24-25 and begun to design and develop the content.

We have completed our 23-24 objective to identify a suitable standard to benchmark our people and development function. After researching the available standards, we have agreed to adopt the Government functional standard. We will work with our internal quality and improvement team in the coming year to develop a regular assessment and review process to support continual improvement.

**Objective 10.1: Further develop and communicate quality and assurance frameworks.**

As reported in Q3, we have completed the objectives in our 23-24 business plan to further develop and communicate our quality and assurance frameworks. Following successful launch of our new assurance framework across our regulatory functions, in March the executive leadership team approved the schedule of non-regulatory functions which will be covered during the year 2 roll out. The 24-25 schedule of quality assurance activities was also agreed in March. This includes a programme of work to further develop local quality and assurance frameworks within the regulatory functions. This work is due to commence in Q1 24-25.

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**Objective 10.2: Evaluate our economy, efficiency, and effectiveness, and demonstrate value for money improvements.**

We completed the evaluation of our economy, efficiency and effectiveness in Q4. We are finalising our value for money report ahead of internal sign-off. This report, along with the work that has contributed to it, will be a valuable resource for us to inform our preparations for the independent review anticipated to start in early 2025.

We have completed work on our benefits realisation plan. The plan outlines our approach to identifying and monitoring benefits. We will use this approach to track the key value for money improvements identified in our value for money report.

**Objective 10.3: Implement our corporate sustainability plan**

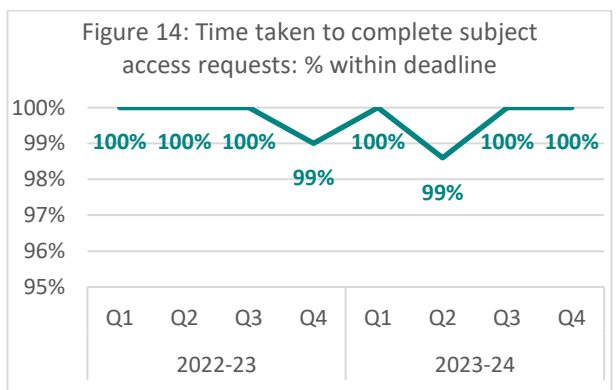
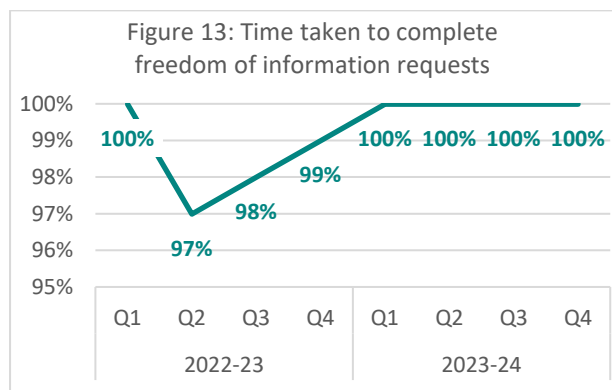
We have completed most objectives in our 23-24 sustainability action plan successfully and provided a detailed progress report to the audit and risk assurance committee on 3 May. Key highlights during Q4 include the development of our first modern slavery statement and our new volunteering policy. We are preparing to publish the modern slavery statement on our website. The volunteering policy launched in April 2024, and enables employees to access a day of paid volunteering leave where the activity supports one of our sustainability plan objectives. A sustainability action plan for 24-25 has also been agreed by the audit and risk assurance committee.

**Our key performance indicators**

**Information governance**

Table 12: Information governance key performance indicators

ID	KPI Description	Target	Q4	YTD
IG1	Time taken to complete FOI requests	≥ 90% within deadline	100%	100%
IG2	Time taken to complete subject access requests	≥ 90% within deadline	100%	99.5%

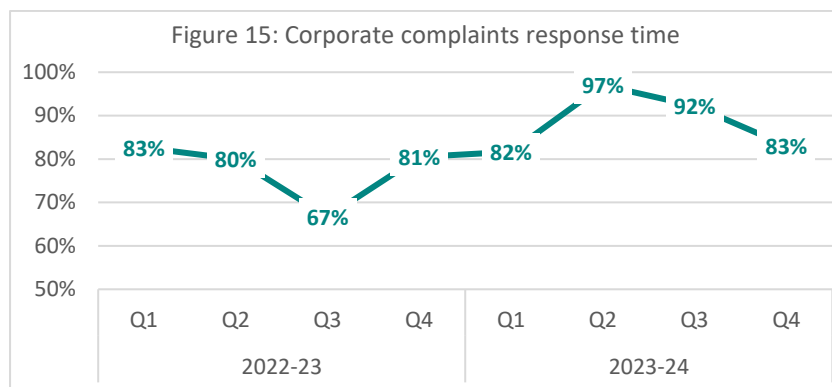


In Q4, we responded to all freedom of information requests and all subject access requests within the statutory deadlines.

## Corporate complaints response time

Table 13: Corporate complaints key performance indicators

ID	KPI Description	Target	Q4	YTD
C1	Corporate complaints response time	≥ 70% within 20 working days	83%	90%

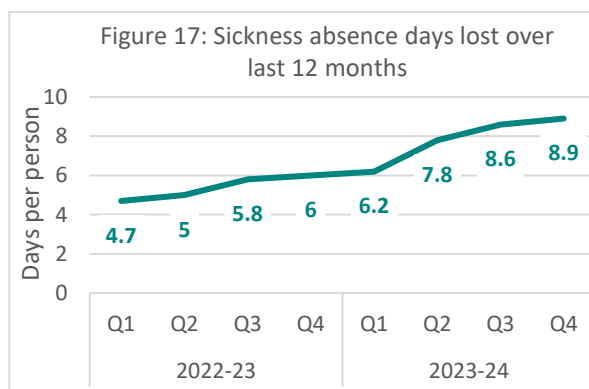
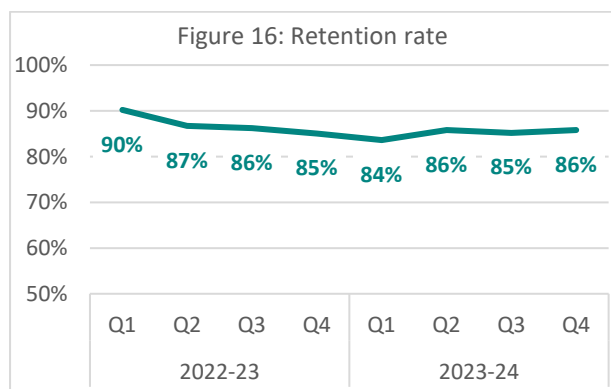


We continue to exceed our target for responding to corporate complaints in this quarter, and comfortably met our target for the year. We are increasing our target for 24-25 accordingly.

## People

Table 14: People key performance indicators

ID	KPI Description	Target	Q4
P1	Retention rate	≥ 80%	86%
P2	Sickness absence days lost over previous 12 months <sup>5</sup>	≤ 5.4 days per person	8.9



Retention has remained consistent during this financial year. Where we are seeing a higher turnover in specific roles, such as an investigator, this has been expected due to overall

<sup>5</sup> Figures revised since publication of Q3 performance report

length of service, life span on the role, and opportunities for promotion being more limited due to a relatively flat team structure.

The issue in relation to sickness reporting has now been resolved and a paper was presented to the Board in March explaining the impact on our data and actions taken to ensure accurate reporting going forward. A further paper analysing our absence position was presented to the Remuneration Committee on 26 April.

The increase in absence days during 23-24 is primarily due to an increase in long term absence cases during Q2, which was followed by an increase in seasonal illness during Q3 and Q4. The increase in long term sickness coincided with a time of significant organisational change, with a number of fixed term contracts coming to an end, and changes in line management.

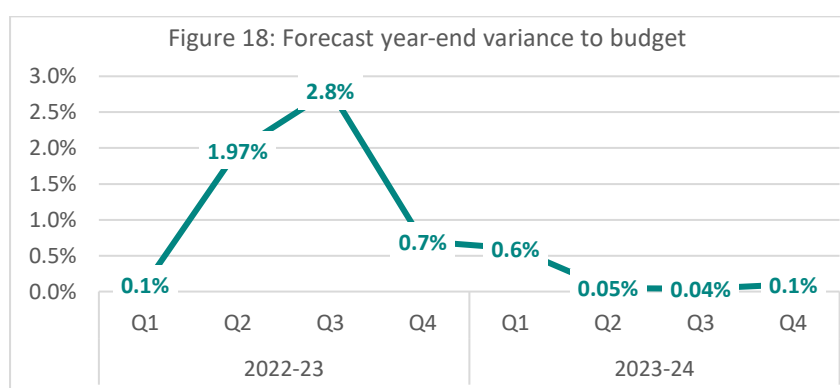
We have supported those experiencing long term illness through one to one support, occupational health assessment and phased return to work. At the end of March 2024, there were no ongoing cases of long-term absence.

Although the end-year figures appear to show a further rise in 12-month sickness absence rates to the end of Q4, the rate peaked in February 2024 and began to reduce in March. We expect to see the numbers continue to return to normal levels over the next financial year.

### Forecast year-end variance to budget

Table 15: Finance key performance indicator

ID	KPI Description	Target	Q4
FIN1	Forecast year-end variance to budget	+/- 1.5%	0.1% <sup>6</sup>



Full year expenditure, net of fee income, is £11.28m compared with a budget of £11.29m. This represents an underspend of £12k or 0.1% of the total budget, comfortably within the

<sup>6</sup> Year-end position reflects actual variance at year-end.

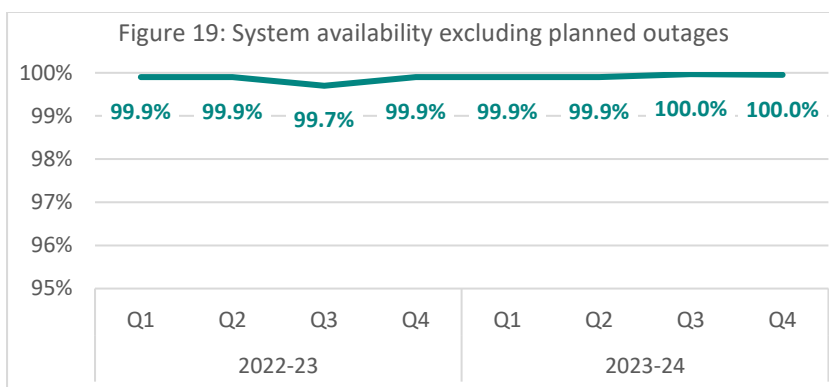
KPI of +/- 1.5%. Following the implementation of a financial improvement plan in December 2023, the budget position has improved from a year-to-date overspend of £414k (5.4%). This improvement plan included a recruitment pause and a reduction in hearings activity.

Overall, during 23-24 we responded to unexpected pressures on our budget totalling close to £900k, due to the unfunded cost of living payment in July 2023 and a shortfall in fee income compared to forecast. These financial pressures have been managed, however it is important to recognise that there has been an impact for some social workers and witnesses, whose cases could not be heard as planned in 2023/24. There has also been some impact on business objectives where teams have experienced higher levels of vacancies and were impacted by the recruitment pause.

### System availability

Table 16: IT key performance indicator

ID	KPI Description	Target	Q4	YTD
IT1	System availability excluding planned outages	≥ 99%	100%	99.9%



Our systems were available within the agreed tolerances throughout 23-24, despite a significant system load during the registration renewals period and a general increase in website traffic.

## Annex A

### Statistical data 2023-24

Education and training		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of concerns received <sup>i</sup>	2023-24	0	0	0	0	0	0	0	0	0	0	0	0	
	2022-23	0	0	0	0	1	1	0	1	0	0	0	0	
Number of re-approval inspections started	2023-24	11	16	13	11	0	0	6	7	6	5	2	10	
	2022-23	5	14	12	20	7	0	0	2	0	1	15	24	
Re-approval decisions	Number completed	2023-24	3	2	12	21	7	21	8	6	10	0	11	5
		2022-23	2	0	4	6	4	9	8	6	9	11	11	5
	Number re-approved	2023-24	1	0	0	1	3	7	0	0	0	0	0	3
		2022-23	0	0	1	4	2	5	0	0	6	0	0	0
	Number re-approved with conditions	2023-24	2	2	12	20	4	14	8	6	10	0	11	2
		2022-23	2	0	3	2	2	4	8	6	3	11	11	5
	Number not re-approved	2023-24	0	0	0	0	0	0	0	0	0	0	0	0
		2022-23	0	0	0	0	0	0	0	0	0	0	0	0
Approval decisions	Number completed	2023-24	3	0	6	10	3	2	0	1	6	0	1	3
		2022-23	0	0	0	3	3	2	0	2	1	2	3	0
	Number approved	2023-24	0	0	0	0	1	1	0	0	0	0	0	0
		2022-23	0	0	0	0	2	0	0	0	0	0	0	0
	Number approved with conditions	2023-24	3	0	6	9	2	1	0	1	6	0	1	3
		2022-23	0	0	0	3	1	2	0	2	1	2	3	0
	Number not approved	2023-24	0	0	0	1	0	0	0	0	0	0	0	0
		2022-23	0	0	0	0	0	0	0	0	0	0	0	0

Registration		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of registered social workers	2023-24	99,893	100,316	100,677	101,460	102,388	103,284	104,138	103,324	101,779	102,179	102,475	102,861	
	2022-23	98,512	98,640	98,725	99,326	99,909	100,856	101,523	100,654	98,236	98,792	99,190	99,567	
Number of social workers joining the register	2023-24	437	468	504	822	989	985	1,130	368	726	414	312	400	
	2022-23	243	161	295	798	534	1,007	963	588	1,341	559	408	426	
Number of social workers leaving the register <sup>ii</sup>	2023-24	112	43	124	37	58	85	273	1,185	2,286	7	12	14	
	2022-23	181	41	215	59	43	146	306	1,461	3,768	11	14	54	
Number of new registration applications received	All applications	2023-24	535	726	694	1,333	1,230	1,321	999	638	337	442	367	468
		2022-23	275	358	594	1,236	1,129	1,475	948	632	310	437	436	680
	UK graduates	2023-24	394	537	519	1,151	1,064	1,184	863	508	222	335	246	325
		2022-23	152	188	463	1,075	954	1,338	777	501	201	308	254	496
	Overseas graduates	2023-24	141	189	175	182	166	137	136	130	115	107	121	143
		2022-23	123	170	131	161	175	137	171	131	109	129	182	184
Median time taken to approve registration applications (working days)	All applications	2023-24	5	6	4	3	4	4	3	2	3	3	5	3
		2022-23	4	5	3	3	4	6	8	9	7	3	4	3
	UK graduates	2023-24	5	5	3	3	4	3	2	1	2	3	2	2
		2022-23	2	3	1	3	3	6	8	8	7	8	3	3
	Overseas graduates	2023-24	52	56	56	57	56	56	52	59	57	62	74	75
		2022-23	8	14	12	13	20	25	33	33	34	35	46	53
Number of restoration applications received	2023-24	79	85	95	81	65	76	82	129	495	119	76	88	
	2022-23	83	82	75	66	94	127	142	105	1,232	194	97	102	
Median time taken to approve restoration applications (working days)	2023-24	15	8	3	1	9	2	2	1	3	4	8	4	
	2022-23	2	2	5	13	11	10	9	11	4	8	7	8	
Number of misuse of title cases opened	2023-24	18	13	13	8	9	5	15	19	25	11	6	6	
	2022-23	6	7	13	3	7	6	9	13	37	30	26	7	
Median time taken to conclude misuse of title cases (working days)	2023-24	60	71	43	70	62	115	54	48	1	50	45	75	
	2022-23	20	35	45	31	35	22	59	38	31	22	34	38	



Registration		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of phone calls received	2023-24	1,770	1,843	2,171	2,627	2,696	3,845	4,243	6,775	3,627	2,328	1,774	1,592
	2022-23	1,304	1,578	1,543	1,976	2,404	3,808	4,347	7,030	6,058	2,677	1,883	2,064
Median time taken to answer phone calls (minutes)	2023-24	6	5	6	6	5	12	9	3	6	7	4	4
	2022-23	1	3	3	4	8	12	8	8	25	15	6	6
Number of emails received <sup>iii</sup>	2023-24	1,643	1,850	1,977	2,057	2,557	4,376	4,481	6,109	3,488	3,474	3,297	5,695
	2022-23	931	1,344	1,480	1,648	1,802	2,863	3,058	4,281	2,993	1,803	1,592	1,896
Median time taken to answer emails (working days)	2023-24	3	4	3	5	2	5	4	1	1	5	5	4
	2022-23	1	1	1	3	5	4	4	2	2	5	2	2

Continued professional development		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Percentage of social workers that have submitted at least one piece of CPD	2023-24	4%	5%	7%	10%	13%	20%	35%	96%	0.3%	1%	2%	3%
	2022-23	5%	7%	8%	10%	12%	20%	34%	95%	1%	1%	2%	4%
Percentage of social workers meeting all CPD requirements	2023-24	1%	2%	3%	4%	7%	14%	27%	96%	0.06%	0%	1%	1%
	2022-23	2%	2%	3%	4%	6%	12%	26%	95%	0.04%	0.2%	0.6%	1%
Total number of valid CPD items recorded (cumulative)	2023-24	7,414	9,004	13,406	18,451	26,328	43,756	77,756	222,148	441	1,709	3,077	4,872
	2022-23	7,710	9,968	13,720	17,379	24,072	41,788	75,663	220,937	759	1,793	3,478	5,731

Fitness to practise		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Number of concerns received	2023-24	141	142	155	146	156	146	170	202	147	222	147	123	
	2022-23	155	121	130	128	163	154	179	177	162	151	128	153	
Triage	Median age of pre-triage and triage caseload (weeks) <sup>iv</sup>	2023-24	17	17	17	19	19	18	20	19	23	22	23	
		2022-23	18	17	16	16	15	15	14	14	15	16	16	
	Number of new pre-triage cases	2023-24	123	151	146	138	144	107	101	136	94	214	154	109
		2022-23	125	146	144	95	150	155	152	176	131	209	126	160
	Number of open pre-triage cases	2023-24	307	294	305	263	272	316	282	272	195	252	254	262
		2022-23	350	321	316	272	309	316	319	330	354	342	307	321

Fitness to practise			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Triage	Percentage of cases closed at the pre-triage stage	2023-24	13%	21%	12%	22%	30%	16%	22%	17%	16%	20%	23%	22%
		2022-23	27%	40%	22%	15%	15%	11%	16%	29%	22%	16%	14%	9%
	Median time taken to complete pre-triage stage (weeks)	2023-24	6	7	8	6	4	4	9	7	8	4	4	5
		2022-23	8	10	7	9	6	6	4	3	0	7	8	6
	Number of cases that progressed to triage	2023-24	120	130	120	140	95	53	105	122	143	125	119	80
		2022-23	114	110	111	122	96	135	123	117	84	186	141	133
	Number open triage cases (excluding on hold cases) <sup>v</sup>	2023-24	490	527	536	615	623	567	588	589	594	680	713	723
		2022-23	484	483	485	405	365	409	380	376	366	439	448	460
	Percentage of cases closed at the triage stage <sup>vi</sup>	2023-24	70%	69%	74%	62%	66%	77%	82%	73%	54%	70%	58%	58%
		2022-23	49%	58%	61%	60%	62%	73%	57%	46%	61%	71%	79%	46%
Median time taken to complete triage stage (weeks)	2023-24	13	19	22	18	25	27	24	29	17	25	16	17	
	2022-23	8	17	23	25	18	19	15	12	19	16	20	12	
Investigation	Number of cases that progressed to investigation	2023-24	26	32	31	31	35	27	17	41	24	42	43	32
		2022-23	24	48	44	39	48	27	59	66	34	30	24	62
	Number open investigation cases (excluding on hold cases)	2023-24	667	648	613	606	612	614	574	561	550	562	569	561
		2022-23	824	784	735	731	733	731	718	720	708	702	640	665
	Median age of investigation caseload (weeks)	2023-24	63	64	61	63	61	62	64	63	66	64	62	62
		2022-23	63	61	58	61	62	62	61	58	60	62	63	60
Median time taken to complete investigation stage (weeks)	2023-24	31	51	69	55	70	68	65	53	58	66	70	73	
	2022-23	79	129	103	57	50	78	62	63	73	57	44	75	
Case examiner	Number of open case examiner cases	2023-24	77	82	84	101	96	97	111	134	145	148	151	151
		2022-23	222	177	166	140	74	58	43	68	75	59	70	82
	Percentage of cases closed at the case examiner stage	2023-24	72%	80%	67%	70%	44%	85%	63%	80%	54%	79%	74%	78%
		2022-23	51%	59%	63%	58%	63%	54%	49%	65%	54%	59%	64%	73%
	Median time taken to complete case examiner stage (weeks)	2023-24	7	8	6	6	9	11	12	11	11	13	13	12
2022-23		12	11	12	11	7	8	4	4	4	7	5	4	

Fitness to practise			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Case examiner	Number of accepted disposals offered <sup>vii</sup>	2023-24	2	14	13	9	8	8	8	10	9	15	13	14	
		2022-23	14	13	7	9	13	9	7	8	1	11	7	8	
Hearings	Number of cases that progressed to hearings	2023-24	8	9	19	7	19	4	15	6	11	6	11	11	
		2022-23	32	46	26	32	33	25	24	15	13	27	18	7	
	Number of open cases in hearings (excluding post-hearing cases)	2023-24	386	378	362	356	366	354	362	361	361	365	373	378	
		2022-23	321	351	364	375	385	392	395	392	394	406	412	394	
	Number of concluded final hearings	2023-24	17	19	28	14	7	14	4	6	7	3	3	3	
		2022-23	6	18	12	18	21	21	16	20	12	12	11	25	
Interim orders	Median time take to approve interim orders (working days) <sup>viii</sup>	2023-24	19	20	19	18	18	17	20	n/a	17	28	19	18	
		2022-23	12	25	19	19	18	12	17	21	11	19	18	19	
	Number of applications for interim order hearings <sup>ix</sup>	2023-24	6	4	7	4	7	4	4	4	1	4	5	2	4
		2022-23	2	10	6	12	17	11	6	11	5	7	7	7	
	Number of interim orders imposed <sup>x</sup>	2023-24	6	3	6	4	6	4	4	4	0	4	5	1	3
		2022-23	1	6	6	11	15	9	6	10	5	5	7	8	
Number of final order reviews held		2023-24	10	14	11	8	14	11	10	15	7	10	7	6	
		2022-23	8	9	11	8	11	9	9	7	6	12	7	7	
Median time from receipt of referral to final FtP outcome (weeks) <sup>xi</sup>		2023-24	99	127	118	113	128	129	86	119	126	112	93	85	
		2022-23	86	128	107	114	88	105	131	134	117	86	90	138	
FtP internal quality score <sup>xii</sup>		2023-24	93%	93%	92%	93%	85%	85%	92%	94%	100%	86%	89%	97%	
		2022-23	93%	94%	96%	n/a	96%	97%	92%	91%	92%	95%	89%	97%	

People			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Retention rate	2023-24	83%	85%	84%	86%	87%	86%	86%	86%	86%	85%	86%	86%	86%
	2022-23	91%	89%	90%	89%	87%	87%	86%	85%	86%	85%	85%	85%	
Headcount of staff	2023-24	249	247	245	240	237	238	242	242	241	239	239	236	
	2022-23	228	231	237	246	250	257	262	255	252	253	252	256	

People		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Days lost to sickness per employee over previous 12 months <sup>xiii</sup>	2023-24	5.7	6.0	6.2	6.5	7.1	7.8	8.1	8.4	8.6	9.2	9.4	8.9
	2022-23	4.8	4.7	4.7	4.9	5.0	5.0	5.3	5.6	5.8	5.8	5.9	6.0

Corporate complaints		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate complaints responded to within timescales	2023-24	87%	86%	77%	97%	100%	91%	96%	88%	94%	89%	81%	75%
	2022-23	80%	83%	86%	82%	75%	80%	57%	82%	61%	71%	88%	89%
Number of corporate complaints received (stage 1 only) <sup>xiv</sup>	2023-24	23	20	27	37	33	24	26	15	23	24	9	13
	2022-23	8	8	11	11	10	12	14	18	30	26	16	18
Number of corporate complaints that missed 20-day timescale	2023-24	2	3	8	1	0	2	1	4	1	4	3	4
	2022-23	2	1	1	3	2	3	3	2	7	10	3	2
Median response time over previous 12 months (working days)	2023-24	18	18	18	18	18	16	15	16	15	15	15	15
	2022-23	16	16	16	16	16	16	16	16	17	18	18	18

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<sup>i-xii, xiv</sup> Figures under these measures have been updated since the previous performance report. These amendments are anticipated each quarter due to retrospective changes being captured on the system after the data has been compiled and reported.

<sup>xiii</sup> Figures under this measure have been updated since the previous performance report.

## Annex B

### Course reapproval decisions Q4 2023-24

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
Goldsmiths University, London	BA (Hons) Social Work	London	11 July 2023	14 July 2023	<a href="https://www.socialworkengland.org.uk/media/p2iez35i/20240228_gulr1_ba_ma_social_work_final-report.pdf">https://www.socialworkengland.org.uk/media/p2iez35i/20240228_gulr1_ba_ma_social_work_final-report.pdf</a>	Approved with conditions
Goldsmiths University, London	MA Social Work	London	11 July 2023	14 July 2023	<a href="https://www.socialworkengland.org.uk/media/p2iez35i/20240228_gulr1_ba_ma_social_work_final-report.pdf">https://www.socialworkengland.org.uk/media/p2iez35i/20240228_gulr1_ba_ma_social_work_final-report.pdf</a>	Approved with conditions
City College Norwich	BA (Hons) Social Work Degree Apprenticeship	East	17 October 2023	19 October 2023	<a href="https://www.socialworkengland.org.uk/media/crbvm0b/20231010_ccnr1_cp34_final_report.pdf">https://www.socialworkengland.org.uk/media/crbvm0b/20231010_ccnr1_cp34_final_report.pdf</a>	Approved with conditions
New College Durham	BA (Hons) Social Work	North East	07 November 2023	09 November 2023	<a href="https://www.socialworkengland.org.uk/media/ehwd2jy3/20231107_ncdr1_final.pdf">https://www.socialworkengland.org.uk/media/ehwd2jy3/20231107_ncdr1_final.pdf</a>	Approved with conditions
Middlesex University	Pg Dip Social Work - Step Up	London	12 December 2023	14 December 2023	<a href="https://www.socialworkengland.org.uk/media/45lpb3wh/20231212_reapproval_inspection_report_mur3-final.pdf">https://www.socialworkengland.org.uk/media/45lpb3wh/20231212_reapproval_inspection_report_mur3-final.pdf</a>	Approved with conditions
Kingston University	BA (Hons) Social Work Degree Apprenticeship	London	17 October 2023	19 October 2023	<a href="https://www.socialworkengland.org.uk/media/Oi4dgiyh/20231017_kiur3_final.pdf">https://www.socialworkengland.org.uk/media/Oi4dgiyh/20231017_kiur3_final.pdf</a>	Approved with conditions
Edge Hill University	BA (Hons) Social Work	North West	17 October 2023	20 October 2023	<a href="https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf">https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf</a>	Approved
Edge Hill University	MA Social Work	North West	17 October 2023	20 October 2023	<a href="https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf">https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf</a>	Approved
Edge Hill University	PG Dip Social Work (exit route)	North West	17 October 2023	20 October 2023	<a href="https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf">https://www.socialworkengland.org.uk/media/ibdgiqax/20231017_ehur1-inspection-report_ba-ma_rd.pdf</a>	Approved

University of Sunderland	BA Social Work Degree Apprenticeship	North East	12 December 2023	15 December 2023	<a href="https://www.socialworkengland.org.uk/media/i4nfoe2c/20240213_usunr2_bada_pgda_final_inspection_report.pdf">https://www.socialworkengland.org.uk/media/i4nfoe2c/20240213_usunr2_bada_pgda_final_inspection_report.pdf</a>	Approved with conditions
The Frontline Organisation	Pg Dip Social Work	London	16 January 2024	18 January 2024	<a href="https://www.socialworkengland.org.uk/media/zvjntt4w/26032024_tfor1_final.pdf">https://www.socialworkengland.org.uk/media/zvjntt4w/26032024_tfor1_final.pdf</a>	Approved with conditions
Sheffield Hallam University	MA Social Work	South Yorkshire	14 November 2023	17 November 2023	<a href="https://www.socialworkengland.org.uk/media/hbjaegtu/20231222_ma_pgdir_final_reapproval_inspection_report_shur1.pdf">https://www.socialworkengland.org.uk/media/hbjaegtu/20231222_ma_pgdir_final_reapproval_inspection_report_shur1.pdf</a>	Approved with conditions
Sheffield Hallam University	Pg Dip Social Work (masters exit route)	South Yorkshire	14 November 2023	17 November 2023	<a href="https://www.socialworkengland.org.uk/media/hbjaegtu/20231222_ma_pgdir_final_reapproval_inspection_report_shur1.pdf">https://www.socialworkengland.org.uk/media/hbjaegtu/20231222_ma_pgdir_final_reapproval_inspection_report_shur1.pdf</a>	Approved with conditions
Sheffield Hallam University	BA (Hons) Social Work	South Yorkshire	14 November 2023	17 November 2023	<a href="https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf">https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf</a>	Approved with conditions
Sheffield Hallam University	BA (Hon) Social Work Practice - Degree Apprenticeship	South Yorkshire	14 November 2023	17 November 2023	<a href="https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf">https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf</a>	Approved with conditions
Sheffield Hallam University	BSc (Hons) Nursing (Learning Disabilities) and Social Work	South Yorkshire	14 November 2023	17 November 2023	<a href="https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf">https://www.socialworkengland.org.uk/media/i5mka4bk/20231123_final_reapproval_inspection_report_shur2.pdf</a>	Approved with conditions

## Course approval decisions Q4 2023-24

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	to		
New College Durham	BA (Hons) Social Work	North East	07 November 2023	09 November 2023	<a href="https://www.socialworkengland.org.uk/media/ehwd2jy3/26022024_ncdr1_final.pdf">https://www.socialworkengland.org.uk/media/ehwd2jy3/26022024_ncdr1_final.pdf</a>	Approved with conditions
Birmingham City University	BSc. Social Work Degree Apprenticeship	Midlands	05 December 2023	08 December 2023	<a href="https://www.socialworkengland.org.uk/media/4nylxu1/190324_bcu1184-inspection-report_lv6-7-apprenticeships.pdf">https://www.socialworkengland.org.uk/media/4nylxu1/190324_bcu1184-inspection-report_lv6-7-apprenticeships.pdf</a>	Approved with conditions

	Pg Dip Social Work Degree Apprenticeship	Midlands	05 December 2023	08 December 2023	<a href="https://www.socialworkengland.org.uk/media/4nylxyu1/190324_bcu1184-inspection-report_lv6-7-apprenticeships.pdf">https://www.socialworkengland.org.uk/media/4nylxyu1/190324_bcu1184-inspection-report_lv6-7-apprenticeships.pdf</a>	Approved with conditions
University of Sunderland	PG Dip Social Work Degree Apprenticeship	North East	12 December 2023	12 December 2023	<a href="https://www.socialworkengland.org.uk/media/i4nfoe2c/20240213_usunr2_bada_pgda_final_inspection_report.pdf">https://www.socialworkengland.org.uk/media/i4nfoe2c/20240213_usunr2_bada_pgda_final_inspection_report.pdf</a>	Approved with conditions

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# Our risk appetite statement 2024-2025

Agenda Item 10 Paper Ref 07

**Paper for the**  
Social Work England Board

**Sponsor**  
Linda Dale, Executive Director, People and Business Support

**Author**  
Amy Lamb, Business Planning Manager

**Date**  
17 May 2024

**Reviewed by**  
Linda Dale, Executive Director, People and Business Support

**This paper is for**  
Decision

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
N/A

**Equality Impact Assessment (EIA)**  
N/A

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## Summary

This paper provides the Board with an overview of the changes made to our risk appetite statement following discussion and agreement by the executive leadership team and audit and risk assurance committee (ARAC).

The draft 2024-25 risk appetite statement can be found at appendix A.

## Commentary

Risk appetite is the amount of risk we are willing to seek or accept in the pursuit of our long-term objectives.

Our risk appetite statement provides decision-makers across the organisation with clarity on what our organisational stance is regarding various types of risk. It allows for more devolved decision making, provides a consistent approach and ensures all decisions made are in the context of where we are and what we want to achieve.

To have a useful risk appetite statement which allows us the room to grow and achieve our objectives, we must balance the cost of mitigating the risk (either in resources, funding or preventing achievement of our objectives) with the cost of the risk being realised.

Our risk appetite is determined on an annual basis and in line with the business planning cycle; however, our risk appetite should be reviewed in the event of strategy change.

Our risk appetite for 2024-25 is reflective of:

- Our role as a regulator
- This being the second year of our second Strategy (2023-2026)
- The controls we have in place
- Our resources
- External factors

ARAC endorsed the draft risk appetite statement at appendix A for sharing with the Board at its meeting on 3 May. The committee recognised that there have been recent changes to Board membership and that further appointments are expected later in the year. It was suggested that we arrange a session, once appointments have been confirmed, for the new Board membership to understand and explore risk appetite together. We will look for a suitable date potentially in late Q2 or early Q3.

ELT discussion	ARAC discussion	Board sign off
✓ March	✓ 3 May	17 May

### **How our approach has evolved**

In our first two years as the regulator, our risk appetite was reflective of the phase we were in: start up. It was driven by the need for innovation, flexibility, and speed – all of which required a less restrictive risk appetite statement.

We worked closely with the Board on our first two risk appetite statements, holding scenario-based discussions with Board members and the executive leadership team. This approach worked well to establish the right risk appetite balance during start-up.

We have adapted our risk appetite as we have matured. We have become more cautious in our approach to some risks and more realistic in balancing appetite and what is possible within the restrictions of our resources and the scope of our role.

Our current approach is reflective of our assurance framework with three lines of defence. The executive leadership team and heads of functions which are directly impacted by the risk appetite statement (such as IT, finance or data protection) discuss the draft risk appetite for the year ahead to ensure that our risk appetite statement is workable within the resources we have. Our audit and risk assurance committee act as a critical friend, providing challenge and feedback on our draft risk appetite statement. The Board approve the risk appetite statement.

### **Risk categories we have amended this year**

The executive leadership team agreed that the risk appetite statement for 2023-2024 remained broadly reflective of our risk appetite for 2024-2025, with only the following amendments.

### **Governance and compliance**

Our approach to governance and compliance risk will move from ‘averse’ to ‘minimalist.’

Our previous appetite was driven primarily by our desire to protect the data we hold. However, we take a more proportionate approach to meeting our responsibilities under data protection law as long as our position is defensible and reasonable, rather than taking no risk at all. For this reason, ELT considered that our risk appetite more closely aligns to the definition of ‘minimalist’ which is based on a conservative interpretation of data protection law.

We have also amended the ‘minimalist’ descriptor for this risk category. We have added a sentence referencing our approach to business continuity planning and amended the wording for ‘cautious’ to ensure that there is a clear increase in level of risk we are willing to take between the two descriptors. We have removed the following sentence from ‘minimalist’ as we would not go ‘beyond’ and start to operate outside our agreed corporate

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governance framework: *We are willing to work beyond our corporate governance framework*

**Cyber security**

Our cyber security risk appetite will move from ‘minimalist’ to ‘cautious.’ We recognise that to achieve a ‘minimalist’ response to cyber security risk would require significantly greater investment than we can justify for our size and budget. Taking a cautious approach to cyber security risk also affords us more flexibility in our approach, which is imperative to being able to quickly adapt to the ever-changing cyber risk landscape.

We will continue to monitor and adapt our approach to cyber security risk as necessary, ensuring everyone understands their role in protecting the organisation. There will be elements of our approach which are ‘minimalist,’ but we will work within our means.

**Reputation and credibility**

We have amended the appetite descriptors for this category to reflect our appetite more explicitly for engagement and media risk.

**Action required**

The Board is invited to approve the risk appetite statement for 2024/25.

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Annex A – Our risk appetite statement (newly added wording in blue)

	Definition	Appetite	Appetite description
Financial governance	This includes risks arising from poor financial management which does not meet prescribed requirements, financial constraints resulting in reduced benefits, poor anti-fraud controls, failing to achieve value for money and/or non-compliant financial reporting and governance.	Cautious	VfM still the primary concern, but we are willing to consider other benefits or constraints. Resources are generally restricted to existing commitments. The anti-fraud controls we have in place are robust without delaying processes.
Strategic approach	This includes risks arising from a poorly defined strategy, weak governance, assumptions based on inaccurate or flawed data, a lack of capability or capacity, failing to deliver on our commitments, failing to consider environmental factors (political, economic, social, technological, environmental, legislative, organisational).	Open	We are prepared to be ambitious in our strategy. We have mitigations in place to ensure that any risk we take on is managed to a tolerable level and we consider our resources as part of decision-making.
Processes	This includes risks arising from inadequate/ineffective/inefficient/poor systems and processes.	Cautious	We are willing to try out systems and processes which are new to us but are cautious in rolling them out unless they are proven to be effective elsewhere. Decisions on how we operate are dependent on how crucial the change is to the effectiveness of our operations and our ability to achieve value for money.
People and culture	This includes risks arising from poor wellbeing, productivity, inconsistent or negative behaviours which are not consistent with our values, ineffective leadership and recruitment and retention issues.	Open	Our culture is focused on learning and encouraging improvement, responsibility, and accountability. Coproduction is a core part of how we identify, agree, and make improvements to the way we work and shape who we are. We actively evolve the way we work whilst ensuring that wellbeing, equality, diversity, and inclusion remain at the heart of what we do. Our people can shape how we approach our organisation, with EDI and wellbeing at the core.
Regulatory functions	This includes risks arising from failing to deliver on our regulatory duties or poor management of our regulatory functions.	Cautious	We balance being ambitious in the way we regulate against the need for consistent and sound regulatory outcomes. We ensure that any change to the way we regulate is tested before embedding it.
Innovation and change	This includes risks arising from ineffective project management, basing innovation and change on flawed or inaccurate data and information or lack of/poor change management.	Open	We innovate based on what we have learned. Effective use of data and information are key components of our approach. Any innovations are risk assessed and necessary mitigations put in place.
Reputation and credibility	This includes risks arising from systemic, repeated or perceived failings which reduce credibility with the departments, other stakeholders, the public and social workers.	Cautious	We have an appetite to take decisions which have the potential to expose us to additional scrutiny but only where appropriate steps have been taken to minimise any reputational damage from our decisions. We draw the line at anything that will impact on our credibility, even in the short term. <b>Our external engagement activities are delicately balanced to be both informative and transformative, without undermining our role. We tentatively work with the media, but in a very limited way, controlled by us.</b>
Cyber security	This includes risks arising from failing to prevent inappropriate/unauthorised access to services and devices, poor communication and response to a cyber-attack, lack of financing to protect, use of out-of-date/ineffective security measures.	Cautious	We have measures in place to prevent, detect and respond to cyber-security risks. We monitor systems and sites, both within our organisation and other businesses and adapt our approach, as necessary. Anyone in the organisation can raise a concern regarding a site or system.
Equality, diversity and inclusion	This includes risks arising from loss of trust in our policies and processes, questioning of our priorities and focus, feelings of exclusion based upon what we focus our attention on, and an inability to balance freedom of speech with respecting sensibilities.	Open	We will invest in equality, diversity and inclusion because we think this is the right thing to do and because it will help us to be effective. We will provide a safe space for our people to ask challenging questions. We have a two-way conversation with the sector on equality, diversity and inclusion.
Governance and compliance	This includes risks arising from poor data protection security, poor business continuity planning and disaster recovery, ineffective governance or non-compliance with other laws and duties.	Minimalist	We are only willing to accept legal risks which are very low impact or have a very low likelihood of occurring, and with all mitigating actions having been taken. We have a conservative interpretation of data protection law with a good prospect of success were it to be challenged in court, and where challenge is thought to be unlikely. <b>We undertake a business continuity exercise every year. We invest in proven protective activities, processes and products to ensure business continuity. where good practice has been tried and tested, endorsed by our sponsor and would not expose us to any additional risk.</b> We review and test our plans on an annual basis, or more regularly as the likelihood of an incident increases.

## Risk appetite descriptors (newly added wording in blue)

	<b>Averse</b> 'We avoid risk in this space.'	<b>Minimalist</b> 'We will only do what others have done and only if there are controls in place to reduce the impact and likelihood to a suitable level.'	<b>Cautious</b> 'We will accept some risk, but with our resources in mind and mitigations in place.'	<b>Open</b> 'We are happy to be the first to try something, but we will consider the risks and rewards first and put mitigations in place.'	<b>Hungry</b> 'We are driven primarily by potential reward and risk is a secondary consideration.'
<b>FINANCIAL GOVERNANCE</b>	We will only invest where a return on investment is guaranteed. We strictly manage and control our finances, with strict anti-fraud controls in place.	VfM is the primary concern. We have robust management and control of our finances, with robust anti-fraud controls in place.	VfM still the primary concern, but we are willing to consider other benefits or constraints. Resources are generally restricted to existing commitments. The anti-fraud controls we have in place are robust without delaying processes.	We are prepared to invest for return and minimise the possibility loss by managing the risks to a tolerable level. Value and benefits considered (not just cheapest price). Resources allocated to capitalise on opportunities. Fraud prevention is primarily focused on training and culture.	We invest for the best possible return and accept the possibility of financial loss (with controls in place). Resources allocated without firm guarantee of return – 'investment capital' type approach. We have limited anti-fraud controls in place.
<b>STRATEGIC APPROACH</b>	Our strategy only focuses on what we know we can achieve over the next 3 years. We are not ambitious in our goals and we seek to be 100% certain that we will succeed.	Our strategy shows some ambition, but there is a general trend towards ensuring we can fulfil our ambitions without taking on much risk or stretching our capabilities in any way.	Our strategy balances ambition against what we can realistically achieve. We want to push boundaries in some areas where we are confident that outcomes from achieving the objective outweigh the risks of failure.	We are prepared to be ambitious in our strategy. We have mitigations in place to ensure that any risk we take on is managed to a tolerable level and we consider our resources as part of decision-making.	Our strategy encourages us to take risks. We may not have the resources required to achieve some of our strategic objectives, but we strive to come as close as possible. Our approach to creating and implementing the strategy is ambitious and fearless.
<b>PROCESSES</b>	We only use tried and tested systems and processes to ensure we can deliver. Decisions on how we operate are carefully considered, with changes only made if the benefits greatly outweigh the risks.	We use tried and tested systems and processes but look to make minor improvements as issues arise. Decisions on how we operate are made based upon whether the benefits outweigh the risks.	We are willing to try out systems and processes which are new to us but are cautious in rolling them out unless they are proven to be effective elsewhere. Decisions on how we operate are dependent on how crucial the change is to the effectiveness of our operations.	We are open to new ways of operating to improve, but we are keen to ensure that any risk associated with this is mitigated to a tolerable level.	We actively seek out new and improved ways to deliver. We are not afraid to take a high level of risk if the potential benefits are great, even if we are not completely confident that these benefits will come to fruition.
<b>PEOPLE AND CULTURE</b>	We stick rigidly to a hierarchical structure, with decisions and information flowing downwards only. We have very stringent recruitment and training in place to ensure we have the best employees. We have processes and procedures in place to ensure we fulfil our duties with regards to equality, diversity and inclusion and mental health.	We are willing to make small changes to our culture in a considered way, but control is a key part of who we are. We maintain a hierarchical structure, with decisions and information coming from the top. We have a robust recruitment and training process in place to ensure our employees mirror our culture. Equality, diversity, and inclusion considerations are part of decision-making when this relates to our people.	We are careful to ensure that our culture works for us and is focused on results and purpose. Our culture encourages productivity, and our people feel comfortable in what is expected of them. Recruitment and training ensure that our culture is maintained, with equality, diversity and inclusion and wellbeing being key components of both.	Our culture is focused on learning and encouraging improvement, responsibility, and accountability. Coproduction is a core part of how we identify, agree, and make improvements to the way we work and shape who we are. We actively evolve the way we work so that wellbeing, equality, diversity, and inclusion are at the heart of what we do. Our people can shape how we approach our organisation, with EDI and wellbeing at the core.	We are dynamic, entrepreneurial and value innovation. We are not afraid to take risks, both with the people we recruit and changes to our culture, in pursuit of our goals. Anyone can suggest a new way of working and decision-making is heavily devolved. We share our learning with others. Our people play an active role in shaping our approach to EDI and wellbeing, with all voices listened to.
<b>REGULATORY FUNCTIONS</b>	We only regulate in a way that is tried and tested. We will not entertain new or alternative ways of regulating due to concerns we will fail.	We will only adapt the way we regulate if there is evidence that the method has been successful elsewhere. Everything we choose to do must be backed up by information and/or evidence.	We balance being ambitious with the way we regulate against regulatory outcomes. We ensure that any change to the way we regulate is tested before embedding it.	We use learning to evolve the way we regulate. We risk assess all changes to our regulation and ensure necessary mitigations are in place.	We encourage different ways of operating our regulatory functions. We are willing to accept the consequences of changes to the way we regulate.
<b>INNOVATION AND CHANGE</b>	We will only work in a manner that is proven to work. We will not entertain new or alternative methods of working for fear of their failure.	Innovation is limited to areas where we have evidence that such an approach will be successful. We are unwilling to try something unless it is backed up by robust information and/or evidence.	We are keen to innovate, but continuously balance innovation against outcomes. We test our ideas before rolling them out across our organisation.	We innovate based on what we have learned. Data and information are key components of our approach. Any innovations are risk assessed and necessary mitigations put in place.	We place a high value on innovation. We are not afraid to take risks in pursuit of our ambitions. We are continuously looking to improve what we are doing. We are willing to accept the consequences of the system or process not meeting our requirements.
<b>REPUTATION AND CREDIBILITY</b>	We have minimal tolerance for any decisions that could lead to scrutiny. We will not accept any loss of credibility. <b>All external engagement activities are solely focused on providing information. We do not engage with the media.</b>	We play it safe. Our tolerance for risk taking is limited to those events <b>and external engagement activities</b> where there is no chance of any significant reputational damage and no impact on our credibility as the regulator. <b>We provide information when requested but do not encourage dialogue or two-way communication. We keep media engagement to a minimum.</b>	We have an appetite to take decisions which have the potential to expose us to additional scrutiny but only where appropriate steps have been taken to minimise any reputational damage from our decisions. We draw the line at anything that will impact on our credibility, even in the short term. <b>Our external engagement activities are delicately balanced to be both informative and transformative, without undermining our role. We tentatively work with the media, but in a very limited way, controlled by us.</b>	We rely on our reputation to influence and secure the engagement of those we regulate and other stakeholders. <b>Our external engagement activities are conscious of our reputation and credibility but are not limited by this.</b> We are prepared to take a stance which may be difficult, opposed or impact our reputation where we believe it is necessary to achieve our statutory objectives and it will have limited impact on our credibility in the short term. <b>We welcome and encourage dialogue and challenge and respond openly without being defensive. We are broadening our approach to working with the media and taking a more public position on relevant issues, even if we know this will expose us to criticism.</b>	We will take chances in our work <b>and external engagement</b> if the benefits are likely to outweigh any scrutiny of us. We are willing to accept some reputational damage and short term loss of credibility in pursuit of our goals. <b>We regularly speak publicly about our approach and address any challenge head-on.</b>
<b>CYBER SECURITY</b>	We tightly monitor use of our systems and are quick to shut down access to sites and systems which may pose a security threat, however small this might be. We are willing to invest heavily in cyber security measures and willing to take the risks to our culture by preventing our people from accessing potential threats. Cyber security is very much seen as an IT issue and managed by IT only.	We manage access to systems and sites to ensure that cyber security is robust. Our people are aware of their role in protecting our organisation from cyber-attacks via regular training, our policies, and reminders. We develop relationships with other organisations and businesses to ensure that we are informed quickly of any breaches elsewhere and can adapt our own systems and site access to prevent this within our own organisation.	We monitor systems and sites, both within our organisation and other businesses and adapt our approach, as necessary. Anyone in the organisation can raise a concern regarding a site or system.	We actively balance risk of cyber-attack against organisational development. If cyber security measures are likely to encroach on our development, we will opt not to have the measure.	We are reactive. We only put measures in place if a system or site experiences a breach. We value time and effort spent on improving systems above protecting them.
<b>EQUALITY, DIVERSITY AND INCLUSION</b>	We only use a strict interpretation of equalities law. We are conscious of being challenged and avoid anything that could call into question what we are doing. All staff must complete generic training.	We use a strict interpretation of equalities law, but we will take up initiatives developed by others which can be implemented with minimal resource required.	We will go further than adopting a strict interpretation of our basic legal obligations. We are more ambitious where limited resource is required, or mitigations can be put in place quickly and easily.	We will invest in equality, diversity and inclusion where the opportunity outweighs the risk. We will provide a safe space for our people to ask challenging questions. We have a two-way conversation with the sector on equality, diversity and inclusion.	We invest heavily in funding and resource to improve equality, diversity and inclusion. We are driven by the potential outcome, rather than concerns over challenge. We run internships to remove barriers e.g. women in tech. We tailor our approach to our people and the people we work with and for.
<b>GOVERNANCE AND COMPLIANCE</b>	We avoid of as much risk as possible within our resources and remit, only taking a very strict interpretation of the law, regulation and data protection. We do so even where this limits some opportunities to innovate. <b>We invest heavily in protection against disruption. We regularly undertake business continuity exercises to test our plans.</b> We work to a governance framework agreed with DfE and DHSC.	We are only willing to accept legal risks which are very low impact or have a very low likelihood of occurring, and with all mitigating actions having been taken. We have a conservative interpretation of data protection law with a good prospect of success were it to be challenged in court, and where challenge is thought to be unlikely. <b>We undertake a business continuity exercise every year. We invest in proven protective activities, processes and products to ensure business continuity. where good practice has been tried and tested, endorsed by our sponsor and would not expose us to any additional risk.</b> We review and test our plans on an annual basis, or more regularly as the likelihood of an incident increases.	We are willing to take moderate legal risks, but only if all mitigating actions have been taken. We have a reasonable interpretation of data protection law with a reasonable prospect of success were it to be challenged in court, but where challenge is recognised as possible. We have tried and tested plans in place for all areas of the business which have been agreed based upon our resources and the level of protection that is appropriate. <b>We undertake a business continuity exercise every year. We use tried and tested governance approaches to develop our own.</b> We are willing to be pragmatic in our corporate governance approach as the operational needs of our Board require, so long as risks can be mitigated and are determined to be short term.	We are prepared to accept fully understood legal risks, when making decisions about the future of the organisation, with proportionate mitigations in place. We take on a viable interpretation of data protection law albeit with a limited prospect of success were it to be challenged in court, but where challenge is recognised as likely to occur. We are willing to try new or innovative ways of protecting our organisation where we have considered the risks and put appropriate mitigations in place. Where we have learnt from our own experience, or the shared good practice of other comparable entities, that a new approach to our corporate governance operation would achieve an overall improvement for the organisation, we are willing to consult with our sponsors on the proposed innovation, seeking their approval ahead of implementation.	We are prepared to accept significant legal risk, as well as the financial and reputational costs this incurs, to stretch our aims as far as possible. We have a stretched interpretation of data protection law which it is understood would be unlikely to be accepted by the courts, but where some advanceable legal argument could be made. We will only put business continuity plans in place for the most business-critical areas of the organisation and only if doing so does not detract from day-to-day operations or reduce our ability to be innovative and flexible. We are comfortable for our Board and Committee business to be scheduled to fit with our business cycle, allowing our corporate governance structure to flex and adapt accordingly.



# Review of the impact of the fitness to practise Regulation changes of December 2022

Agenda Item 11 Paper Ref 08

**Paper for the**  
Social Work England Board

**Sponsor**  
Philip Hallam, Executive Director, Regulation

**Author**  
Charlotte Lees, Performance Manager (Fitness to Practise)  
Ellis Christie, Head of Internal Quality Assurance.

**Date**  
17 May 2024

**Reviewed by**  
Berry Rose, Assistant Director, Regulation

**This paper is for**  
Discussion and Advising

**Associated Strategic Objective**  
SO6: Review our fitness to practise case resolution approach, to improve service quality and fairness, and ensure value for money.

**Impact: Risk Type and Appetite**  
Regulatory functions - Cautious

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Introduction

The first two years of Social Work England’s regulation involved a period of intense activity in unexpectedly challenging circumstances. In particular, we inherited a larger than expected workload from the previous regulator and had to adapt our systems to the changing ways of working during the Covid pandemic. During this time, we also learned from and reflected on our work and tested our legislative framework; as the first new health and care professional regulator in England in almost a decade, our legislation was intended to create new ways of regulating. This both presented real opportunities and meant that some of our new provisions hadn't been tested. As we established our regulatory systems and put them into practice, we collated learning and areas where we wanted to amend the Social Workers Regulations 2018 and our rules. In particular, but not exclusively, we identified:

- That the period of time between interim order reviews (3 months) did not allow sufficient time for hearings to be listed and for social workers to demonstrate how the risk of them practising unrestricted may have changed
- That there were cases where it would be possible for a social worker to leave the register while they had ongoing fitness to practise proceedings, while still protecting the public
- Contrary to the intention of the legislation, it was not possible for the case examiners to agree the removal of a social worker from the register by accepted disposal
- The process of making an interim order was unnecessarily complicated, as the application needed to go to adjudicators twice
- There were cases (albeit limited) where it would be appropriate to revisit case examiner decisions, as the General Medical Council and Nursing and Midwifery Council already had the power to do

Much work was conducted on these changes internally during 2021 and in December of that year, the Department for Education secured a slot in Parliament where it was agreed that the Regulation amendments would become effective from December 2022. During 2022, consultations on the changes to both the Regulations and the rules were conducted. In April and July of that year we made changes to our rules. In October of that year the amendments to the Regulations were laid before Parliament. In November, Parliament made the amendments to the Regulations and on 16 December 2022 the changes came into force, along with further changes to our rules.

The five main regulation changes are summarised as follows:

- **Interim Order Review (IOR) period of review** – a change in the frequency of interim order reviews, from every 3 months to every 6 months.
- **Voluntary Removal (VR) during FTP proceedings** – the ability for the regulator (at its discretion) to remove social workers who are subject to a fitness to practise process from the register.

- **Case Examiner (CE) power to remove** – the ability for case examiners to remove social workers from the register with the social worker’s agreement.
- **Interim Order Application (IOA) process** – the transfer of the power to refer a case for an IOA from the case examiners to the regulator and the removal of the requirement for the adjudicator interim order proposal<sup>1</sup> element of the IOA process. The change enables the regulator to refer directly to the adjudicators for an IOA.
- **Power to review CE decisions** – the ability for the regulator to review and seek a new case examiner decision (based on its own review or upon request from an interested party), where the regulator has reason to believe either that new information has become available or that the decision may be materially flawed.

In understanding that making the changes to the legislative framework was the correct course of action due to the reasons given above, assessment of the *impact* of the changes on the quality of casework and decision making and on cost efficiency provides an important assurance that the amended legal framework is operating as expected.

As such, a commitment to conducting this assessment was made within objective 6.4 of the 2023/24 business plan; to:

*“Demonstrate impact following the changes to our revised legislative framework. We will focus on interim order timeliness, quality of voluntary removal decisions and efficiency and outcomes of the case examiner decision review process”.*

The work also supports strategic objective 6 more broadly; to *“review our fitness to practise case resolution approach, to improve service quality and fairness, and to ensure value for money”.*

In line with these objectives, this report provides an assessment of the quality of fitness to practise casework and decision making associated with the five key Regulation changes, where this is available at the time of writing.

Our internal quality and improvement (IQI) team undertook several quality assurance activities throughout 2023 to assess the impact on quality of a number of the key changes to our rules and Regulations. In addition, the Decision Review Group (DRG) also undertook a review of voluntary removal decisions as well as decisions made by the regulator to refuse an interim order application. The findings from the IQI team’s assurance activities and the DRG’s reviews are summarised in this report.

The report also includes an analysis of the avoided costs and costs incurred that have been calculated to have been made as a result of the main Regulation changes, with a comparison to the figures that were anticipated to occur, earlier in the 2023/24 financial year.

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<sup>1</sup> Panel of adjudicators who, under the original regulation, would review the IO application and, where necessary, refer the case for an IO application hearing.

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In summary, the quality of casework and decision making in connection with the revised legal framework, is assessed as being positive overall within the scope of the samples available for analysis, with no significant concerns identified.

In terms of cost, against a *maximum* anticipated cashable cost avoidance as a result of all five key Regulation changes of around £1.3m (of which, a more conservative £900k was relied upon for 2023/24 budgeting purposes), calculations in this report show the actual cost avoidance achieved to be in the region of £912k.

These are positive findings. They show that, alongside the legislative changes being the right course of action in terms of the efficiency and effectiveness of our regulatory framework, there has been no negative impact identified in the quality of our casework and decision making and in addition, cost efficiencies slightly over what was relied upon have been calculated to have been achieved.

All of these findings support our efforts to deliver our strategic objective. They also build confidence in our approach to identifying opportunities to improve our fitness to practise process and implementing these improvements.

## 2. Action required

This paper is for review and discussion.

## 3. Commentary

### Analysis and findings

Sections 3.1 to 3.5 consider the impact of each Regulation change in turn.

They provide an overview of the reviews of quality conducted in each area, with case studies where available.

In addition, a summary of both the anticipated and actual positions in terms of cost and the differences between the two are also provided, with commentary to explain the findings.

#### Background to and summary of cost findings

Between June 2022 and May 2023, a variety of work was conducted to forecast the likely cashable cost efficiencies that were expected to be realised during the 2023/24 financial year, as a result of the amended legal framework.

This current review aims to assess the *actual* efficiencies or incurred costs realised as a result of the changes, when comparing the 2023 calendar year under the changed framework, with what would have been expected to have been spent had the legal framework not changed.

A comparison is made between the *anticipated* position with what is calculated to have *actually* occurred based on volumes and costs experienced during the year since the changes.

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Although sections 3.1 to 3.5 below compare the 2023 actual position with the *maximum* potential cost avoidances totalling £1.3m that were calculated, the more important finding is the comparison to the cautious £900k cost avoidance that was used for budgeting purposes for the 2023/24 financial year. This cautious approach was taken due to the high volume of assumptions required in the forecast and to reflect that if those assumptions changed, even by a relatively small degree, then the maximum cost efficiencies realised may not be as calculated.

The table below summarises the *maximum* anticipated position for each of the five key Regulation changes (2<sup>nd</sup> column), alongside the actual costs in 2023 (3<sup>rd</sup> column) and the final column shows the difference between the two.

Overall, against a maximum anticipated cashable cost avoidance as a result of all Regulation changes of around £1.3m, with £900k of this relied upon for budgeting purposes, calculations in this report show that the actual efficiencies are in the region of £912k; a positive finding.

Regulation change	Anticipated cost efficiency (green) or incurred cost (red)	Actual cost efficiency (green) or incurred cost (red)	Difference between anticipated and actual
IOR period of review	£870,959.95	£513,515.80	-£357,444.15
VR during FTP	£473,595.25	£225,503.00	-£248,092.26
CE Power to Remove	£140,293.13	£225,967.56	£85,674.43
IOA process	-£126,081.60	-£52,966.00	£73,115.60
Power to review CE decisions	-£51,566.59	£0	£51,566.59
<b>Total maximum anticipated</b>	<b>£1,307,200.14</b>	<b>£912,020.36</b>	<b>-£395,179.79</b>
<b>Relied upon for 2023/24 budget</b>	<b>£900,000.00</b>	<b>N/A</b>	<b>+£12,020.36</b>

### 3.1) IOR period of review

#### Quality review

The regulatory changes with regards to IORs concern the frequency of the reviews, rather than elements which may affect the quality of casework or decision making. As such, there has been no targeted quality review activity in this area.

#### Cost review

##### Anticipated position

Anticipated annual spend under original Regulation	Anticipated annual spend under changed Regulation	Anticipated maximum cost avoided comparing the original and changed Regulation
£1,748,183.90	£877,223.95	<b>£870,959.95</b>

In summary, we anticipated that under the new Regulations we would conduct half the volume of IORs but that our costs for early reviews would increase slightly<sup>2</sup>.

### Actual position

Actual calculated annual spend under original Regulation	Actual calculated annual spend under changed Regulation	Actual cost avoided comparing the original and changed Regulation
£1,272,679.42	£759,163.62	<b>£513,515.80</b>

### Overall findings

- Anticipated *maximum* cost avoidance = **£870,959.95**
- Actual cost avoidance = **£513,515.80**
- Difference = a smaller cost efficiency has been achieved than the maximum that was anticipated by **£357,444.15**

### Commentary on findings

There are three main reasons that explain why the cost efficiency achieved is smaller than the maximum that was anticipated:

- It was anticipated that we would avoid the costs of 415 IORs in a year, whereas we actually only avoided the costs of 280. This is partly because we simply did fewer IORs in 2023 than we anticipated (378 against an anticipated 415). Although this makes for a smaller *difference* between the original and the changed Regulation, it is a positive finding because it means we have spent less on IORs in 2023 than we expected to.
- With the method that was used to calculate the anticipated figures, it was expected that we would conduct half the volume of IORs under the new Regulations compared to the old. Although not too different, this has not quite transpired; the volume conducted in 2023 (378) is 57% of what would have been expected in 2023 under the old Regulations (658), giving a slightly smaller difference overall.
- The average panel fee has reduced slightly in comparison to forecast, deflating all associated costs so even though the same panel fee has been used in the original and changed Regulation calculations in the actuals section, the cost difference will be smaller than originally anticipated as it is used as a multiplier.

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### 3.2) Voluntary Removal (VR) during FTP proceedings

#### Quality review

100% of VR decisions made by the regulator (i.e. not including those cases that fall away at earlier stages through social worker disengagement for example) were reviewed and RAG rated through the DRG process. At the time of writing, 34 decisions had been reviewed. Of these, 88% were rated green, 6% amber and 6% red.

VR is a new power so there is no previous performance to compare against. However, the information suggests that the quality of decision making on VR cases is of a good standard.

In its periodic review of Social Work England (2022-23), the PSA commented:

“We have...seen relatively small numbers of voluntary removals. Social Work England publishes the names of those social workers who have gone through the voluntary removals process, in which it notes that the social worker has confirmed they are not practising as a social worker, they do not intend to practise, and they will not restore to the register in the future. We do not have any concerns about this process”.

#### Cost review

##### Anticipated position

Anticipated annual spend under original Regulation	Anticipated cost avoided under changed Regulation	Anticipated maximum cost avoided comparing the original and changed Regulation
N/A – no provision for VR previously	£473,595.25	<b>£473,595.25</b>

##### Actual position

Actual calculated annual spend under original Regulation	Actual calculated cost avoided under changed Regulation	Actual cost avoided comparing the original and changed Regulation
N/A – no provision for VR previously	£225,503.00	<b>£225,503.00</b>

##### Overall findings

- Anticipated *maximum* cost avoidance = **£473,595.25**
- Actual cost avoidance = **£225,503.00**
- Difference = a smaller cost efficiency has been achieved than the maximum anticipated by **£248,092.26**

##### Commentary on findings

The main reason why the actual calculated cost efficiencies have not been as high as the maximum anticipated is because the volume of agreed VR applications during FTP proceedings has not been as high as anticipated, at 18 against an anticipated 25 (28% fewer cases than originally assumed).

In addition, the VR cases have been received at later stages in the FTP process than was assumed. Assumptions for the stages at which cases would be received were based on the overall breakdown of open cases within the fitness to practise function when the calculations were made. However, the actual figures show that VR cases were more likely to be received in the latter stages of the FTP process than was initially predicted. This means that more of the FTP process has already taken place before the application is received and therefore smaller cost efficiencies are made.

### 3.3) CE power to remove from the register

#### Quality review

In October 2023 the IQI team carried out an audit of accepted disposal decisions made by the case examiners between 1 January 2023 and 31 July 2023. This was the third such audit, and the first following the changes to the Regulations allowing the case examiners to offer a removal order as an accepted disposal outcome. Cases to be audited were selected at random, taking a proportionate sample of each type of accepted disposal outcome. The IQI team reported adequate assurance in relation to accepted disposal decision making. This is the same level of assurance they provided in their previous audit prior to the changes to the Regulations. A single case examiner removal order was audited during the most recent audit. Although the IQI team identified issues with the suitability of this case for accepted disposal, these concerns were not related to or as a consequence of the eventual outcome (removal).

A separate accepted disposal removal decision was reviewed through the DRG process. There were no concerns noted and the decision was RAG rated green.

The quality assurance information in relation to this particular change is limited and therefore caution should be exercised in drawing inferences from the outcomes of the DRG and IQI reviews to date. The PSA also reviewed a small number of removal decisions as part of their periodic review and did not identify anything of concern in the decisions they reviewed.

A case study of a removal order reviewed at DRG is given below:

#### Case study

The DRG reviewed an accepted disposal removal order where the concerns related to a social worker failing to safeguard children by not communicating or sharing information with appropriate agencies, failing to maintain clear and up to date records, failing to maintain a professional relationship by attempting to contact a young person that was no longer allocated to them and providing misinformation during Social Work England's investigation which was put forward as dishonest behaviour.

In their decision, the case examiners found a realistic prospect of the adjudicators finding most of the facts to be proven and that the behaviour was a significant departure from the professional standards of what would be expected of a social worker and therefore found there also to be a realistic prospect of the concerns amounting to the statutory ground of misconduct and of the adjudicators making a finding of current impairment.

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The DRG felt that the removal order was proportionate in light of the number of concerns and due to the social worker's lack of insight and attitude towards the concerns. The group felt that the level of detail in the decision allowed members of the public to fully understand the concerns and that it would have allowed the social worker who was offered the accepted disposal the chance to fully consider whether or not they wished to accept the accepted disposal or not. In reviewing the decision, the DRG also felt that the decision adequately considered the other sanctions available to the case examiners and that in offering the removal order, it was one that ultimately protected the public and upheld the standards of the profession.

### Cost review

#### Anticipated position

Anticipated annual spend under original Regulation	Anticipated cost avoided under changed Regulation	Anticipated maximum cost avoided comparing the original and changed Regulation
N/A – no CE power to remove previously	£140,293.13	<b>£140,293.13</b>

#### Actual position

Actual calculated annual spend under original Regulation	Actual calculated cost avoided under changed Regulation	Actual cost avoided comparing the original and changed Regulation
N/A – no CE power to remove previously	£225,967.56	<b>£225,967.56</b>

#### Overall findings

- Anticipated *maximum* cost avoidance = **£140,293.13**.
- Actual cost avoidance = **£225,967.56**
- Difference = a larger cost efficiency has been achieved than the maximum anticipated by **£85,674.43**

#### Commentary on findings

The larger than anticipated cost efficiency calculated to have been made as a result of this Regulation change, is largely due to having completed more removals than expected (6, compared to just over 4, nearly a 50% increase, albeit numbers are very small).

### 3.4) IOA process

#### Quality review

The IQI team carried out an audit of interim order decision making in September 2023. This followed a previous audit completed in June 2022 prior to the changes to the Regulations. All interim order cases created between 1 February and 30 April 2023 were audited. There were no concerns regarding the quality of decisions or the reasons provided for them. Adequate assurance was reported by the IQI team on the basis that there were opportunities to improve existing controls and record keeping.

In addition, 19 decisions made by operations managers to refuse an IO application were considered through the DRG process. 79% were RAG rated green, 10.5% amber and 10.5% red.

As this is a new power there is no previous performance to compare against. However, the information suggests that in general, the quality of decision making is of a good standard.

A review of the IOA decision form and standard operating procedure (SOP) by the head of investigations is due to take place early in the 2024/25 financial year and will consider the views of FTP decision makers and our external legal provider. Once the review is complete and any necessary changes made to the decision form or SOP, training and support will be provided to relevant teams, where applicable.

#### Timeliness of IOA processing

We committed to reviewing the timeliness of the interim order process as part of business objective 6.4. This section considers performance against our internal KPI for interim order timeliness and both relevant Professional Standards Authority (PSA) indicators.

#### FTP KPI 5 – time taken to approve interim orders<sup>3</sup>

The target for this KPI is to approve interim orders within a median of 20 working days.

Financial year performance is as follows:

- 2021/22 = 20 working days
- 2022/23 = 18 working days
- 2023/24 = 18 working days

This shows that in the year since the Regulation change, performance against this KPI has remained within target and consistent with the year previous to the change; both positive findings.

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<sup>3</sup> The time is calculated either from when the regulator agrees that an interim order may be necessary or from when the IO case was created, depending if the case falls under the original or changed regulation. The end date is the date of the outcome of the IOA hearing.

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## PSA interim order timeliness indicators – PSAa and PSAb

- PSAa – median number of weeks from receipt of the concern case to the IOA hearing decision:
  - 2021/22 = 38.9 weeks
  - 2022/23 = 33.0 weeks
  - 2023/24 = 44.0 weeks
- PSAb – median number of weeks from the start of the IO case (same parameters as for KPI 5 above) to the IOA hearing decision:
  - 2021/22 = 4.1 weeks
  - 2022/23 = 3.7 weeks
  - 2023/24 = 3.9 weeks

The data shows some increases in the 2023/24 financial year, although this is minimal for PSAb. These indicators are not targeted.

In relation to PSAa, the IQI team undertook a review of all cases that exceeded 20 weeks from the date of receipt of concerns to the IOA hearing decision in December 2023 and January 2024 as part of the PSA performance review process. The IQI team did not find avoidable delays in trying to obtain relevant information or evidence in any of the cases reviewed. However, they did find a number of cases where there were external factors outside of the FTP department's control which impacted on this timeliness measure.

In our 2022/23 PSA performance review<sup>4</sup> we met Standard 17 (which relates to risk assessment and interim orders) for the first time. The PSA found no evidence of any systemic issues with our risk assessment processes, was assured by our explanations of the specific circumstances that caused delay in progressing some of our cases for interim orders and acknowledged the particular challenges we face in the context of social work Regulation.

### Cost review

#### Anticipated position

Anticipated costs no longer required to be spent under the changed Regulation compared to the original Regulation	Anticipated cost incursions required to be spent under the changed Regulation compared to the original Regulation	Anticipated maximum cost incursion comparing the original and changed Regulation
£196,200.00	£322,281.60	<b>£126,081.60</b>

<sup>4</sup> [Periodic Review Report – Social Work England 2022-23 \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk/periodic-review-report-social-work-england-2022-23)



### Actual position

Actual costs no longer required to be spent under the changed Regulation compared to the original Regulation	Actual cost incursions required to be spent under the changed Regulation compared to the original Regulation	Actual cost incursion comparing the original and changed Regulation
£98,675.00	£151,641.00	<b>£52,966.00</b>

### Overall findings

- Anticipated cost incursion = **£126,081.60**.
- Actual cost incursion = **£52,966.00**
- Difference = a smaller cost incursion has been achieved than anticipated by **£73,115.60**

### Commentary on findings

Cost incursions are calculated in this section, rather than cost efficiencies because costs per IOA were expected to increase under the new Regulations as a result of associated changes to the process.

Despite increased costs for IOA, because we didn't conduct as many IOA hearings as anticipated (63 compared to 118), the loss as a result of the increased cost under the new Regulations is not as high as anticipated. In addition, although costs have increased, the increase has been lower than expected due to fewer complex IOAs in 2023 than anticipated.

### **3.5) Power to review CE decisions (Rule 12G)**

#### Quality review

The legal team provide an overview of any learning that arises from Rule 12G cases once they have concluded, which is provided to the investigations and case examiner teams.

Of the 8 Rule 12G applications received in 2023, learning has been identified in 3 cases and includes the need to ensure that case examiner decisions are sufficiently clear on the reasoning on facts and the need for case examiners to avoid attempting to resolve factual conflicts. Other learning was identified around the need for investigators to ensure that regulatory concerns are drafted in a way which supports the evidence underpinning a case and training on drafting regulatory concerns has been delivered to the investigations team.

Further work is planned to ensure that any learning that arises out of concluded Rule 12G cases can be shared appropriately with teams using our 'Grow' learning platform.

#### Case study

A Rule 12G request for a review of a final case examiner decision which had resulted in a one-year warning via accepted disposal, was made by the complainant in the case. In their

application, the complainant stated they felt that the case examiners' decision was materially flawed and that they had new information which could have led to a different decision being made.

In reviewing the case, the Rule 12G team did not consider that a full review was necessary and nor that there was any material flaw within the decision. However, they identified some learning points for the case examiners with regards to the reasoning that had been applied at the impairment stage of the decision, as well as the fact that incorrect guidance had been used in the decision.

Feedback was provided to the case examiners on the importance of ensuring that the reasoning at the impairment stage of the decision clearly concluded whether or not the conduct was capable of remediation and if so, whether or not they were satisfied that the social worker had remediated, as well as ensuring that they clearly set out their conclusions as to whether or not there was a realistic prospect of the social worker being impaired on both the personal and public limbs of impairment.

### Cost review

#### Anticipated position

Anticipated annual spend / incursion under original Regulation	Anticipated cost incursion under changed Regulation (the balance between some cost incursions and some cost efficiencies)	Anticipated cost incursion comparing the original and changed Regulation
N/A – no power to review CE decisions previously	£51,566.59	<b>£51,566.59</b>

#### Actual position

Actual calculated annual spend / incursion under original Regulation	Actual calculated cost incursion under changed Regulation (the balance between some cost incursions and some cost efficiencies)	Actual calculated cost incursion comparing the original and changed Regulation
N/A – no power to review CE decisions previously	£0	<b>£0</b>

#### Overall findings

- Anticipated cost incursion = **£51,566.59**
- Actual cost incursion = **£0** at the time of writing. Equally no costs have been avoided as a result of the Regulation change.
- Difference = a smaller cost incursion has been achieved than anticipated by **£51,566.59**

### Commentary on findings

A cost incursion was originally calculated to be expected with this Regulation change.

This was based on assumptions about the outcomes of cases after a review of the CE decision had been made, compared to the outcome if the case had not been reviewed (i.e. under the original Regulations).

Costs were expected to be *incurred* from:

- 1) Any cases requiring a final hearing after the review decision, where they did not under the initial CE decision, both:
  - a. Cases requiring a hearing and final order reviews thereafter, and;
  - b. Cases requiring a hearing only; no reviews or other case review input.
- 2) Any cases resulting in an Accepted Disposal (AD) suspension or conditions order by the CEs after the review decision, where they did not under the initial CE decision (and therefore requiring final order reviews).

Costs were expected to be *avoided* from:

- 1) Cases that close after the review where they were previously AD suspension or condition cases (requiring final order reviews) under the initial CE decision.

No costs were expected to be avoided from cases that had been referred to a hearing under the initial CE decision but then resulted in a different outcome post review. This is because cases that were initially referred to hearing are not included in the changed Regulation.

At the time of writing, no costs had been incurred as a result of the outcomes of the reviews. This is the reason why the actual incurred cost is £0, based on the data and timeframes used.

However, due to the small volume of cases involved in this Regulation, it may be beneficial to undertake a further review of the outcomes and associated costs at the end of the 2024/25 business year.

## 4. Conclusions and/or Recommendations

The changes made to the Social Workers Regulations 2018 (and associated Fitness to Practise Rules 2019 (as amended)) in December 2022, were made in order to increase the efficiency and effectiveness of the legal framework in which we carry out our function.

This report uses data gathered during the 2023 calendar year, our first year of operations under the revised legal framework, to assess the impact of the changes on the quality of casework and decision making and on cost efficiency.

The analysis provides 3 key findings with regard to the impact:

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- In making the changes, no issues have been identified in the quality of casework and decision making in the relevant areas as a result of the changes.
- In achieving the changes whilst upholding quality, cost efficiencies in the region of £912k have also been realised. This has enabled the avoided costs to be reinvested back into fitness to practise activity.
- The positive findings provide validation as to the initial decision to instigate the changes to the framework and this validation should provide confidence in similar decision making in the future.

These are encouraging findings as we strive to meet our strategic objective to improve service quality and fairness, and to ensure value for money.

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# Triage and Investigations; current position and future activities

Agenda Item 12 Paper Ref 09

**Paper for the**  
Social Work England Board

**Sponsor**  
Philip Hallam, Executive Director, Regulation

**Author**  
Triage and Investigations Leadership Team

**Date**  
17 May 2024

**Reviewed by**  
Berry Rose, Assistant Director, Regulation

**This paper is for**  
Discussion and Advising

**Associated Strategic Objective**  
SO6: Review our fitness to practise case resolution approach, to improve service quality and fairness, and ensure value for money.

**Impact: Risk Type and Appetite**  
Regulatory functions - Cautious

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Summary

This paper sets out the current position in relation to performance of the triage and investigations services within the fitness to practise function. It discusses the learning we have gained through the first years of our operation, and how that learning is being used to undertake a range of activities to maintain and improve quality in decision-making, and further understand and improve the timeliness of the triage and investigations services.

## 2. Action required

This paper is for review and discussion.

## 3. Commentary

As set out in our legal framework, any referral or information that we receive that may relate to a social worker's fitness to practise must be investigated<sup>1</sup>. The initial stages of consideration of referrals are triage (where a decision is made to further investigate the concern if certain criteria are met), and investigation (where further enquiries are made so that a decision can be reached as to what, if any, action needs to be taken in relation to the social worker's registration).

### **Triage**

The triage service is comprised of 3 stages. First, new referrals are received and subject to a high level assessment to determine if they relate to a social worker in England. Second, referrals pass to the pre-triage stage, where information is gathered and an assessment is undertaken to determine if the concerns raised relate to any of the statutory grounds of impairment<sup>2</sup>. Cases can be closed at this stage, or referred to the third stage, where the triage test is applied to determine if there are reasonable grounds to investigate<sup>3</sup>.

### **Investigations**

Once a case has passed the triage test (there being reasonable grounds to investigate) it is moved into the investigations service. Investigators then work to gather evidence, including the response from the social worker, and prepare this evidence so that case examiners can make a decision on what should happen next.

Further information about how concerns move through the triage and investigations stages is available on our website<sup>4</sup>.

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<sup>1</sup> Social Workers Regulations 2018 (as amended) Schedule 2, paragraph 1.

<sup>2</sup> Regulation 25 (2), [The Social Workers Regulations 2018 \(legislation.gov.uk\)](https://www.legislation.gov.uk/uksi/2018/1000/contents/schedule-2/paragraph-1)

<sup>3</sup> Rule 3, [Fitness to practise rules 2019 \(as amended\) - Social Work England](https://www.socialworkengland.org.uk/concerns/fitness-to-practise-guide/)

<sup>4</sup> <https://www.socialworkengland.org.uk/concerns/fitness-to-practise-guide/>

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## Volumes and timeliness to date

Social Work England became the regulator of Social Workers in England in December 2019. Prior to that date, a number of assumptions relating to volumes of referrals we might receive, the time it would take to progress those referrals through the triage and investigations stages of the fitness to practise process, and the number of staff required to undertake this work, were made.

Once operational, we have made further assumptions as to the volumes of referrals we would receive into the triage service, and set key performance indicators for the volume (2020/21 and 2021/22) and the timeliness (2022/23 onwards) of progression of cases through the triage and investigation stages of the fitness to practise process.

Assumptions about referral volumes were initially made using information about the previous regulator's performance, as well as a consideration of performance of other regulators overseen by the Professional Standards Authority for Health and Social Care (PSA), and whose legal frameworks and processes are broadly similar to our own.

We have refined our assumptions based on our understanding of our performance, and in the context of our funding, and the world in which we work. We have now created a more accurate modelling tool to forecast volumes at each stage of the fitness to practise process, and the forecast and the tool are reviewed regularly throughout the year.

Set out below is information on the assumptions we made, and how we have performed against those assumptions.

### *Triage performance*

	<b>Predicted volume of referrals into pre triage, per year</b>	<b>Actual volume</b>	<b>Relevant KPIs</b>	<b>Performance against KPI</b>
<b>2019/20</b>	1,174	1,545	N/A	N/A
<b>2020/21</b>	N/A	2,159	Number of open cases in triage stage	Target: 300 March 2022 Actual: 723
<b>2021/22</b>	2,044	2,049	Number of open cases in triage stage	Target: 300 March 2022 Actual:417
<b>2022/23</b>	1,836	1,769	Age of triage caseload	Target: 12 weeks March 2023 Actual: 16
<b>2023/24</b>	1,836	1,617	Age of triage caseload	Target: 12 weeks March 2024 Actual:23

Over the last 4 years of operations we have received over 30% more referrals than was anticipated during the planning for our establishment. In April 2021, we initiated an upstreaming project to understand and respond to the increased volumes of new referrals.

Our analysis at the end of the project showed that there appeared to be a correlation between certain activity undertaken during the project and a decrease in the volume of referrals raised by members of the public. Since the project was initiated, we have seen year on year reductions in the volume of incoming referrals. Notwithstanding this, we have continued to see higher volumes of referrals than were anticipated during the planning for our establishment.

Information on volumes and timeliness in the triage stage have been provided on a quarterly basis through reporting to the Board at its public meetings.

At this point in time, we consider that the pre-triage stage of the process to be relatively stable. On average, over 2023/24, 135 pre-triage cases were received each month and 140 were concluded. However, at the triage stage, during the same period an average of 115 cases entered the triage stage and 101 concluded each month.

Because the volume of cases entering the triage stage of the service has exceeded the volume leaving, a backlog of cases awaiting a triage decision has built during 2023/24 (from 639 cases awaiting a triage decision in April 2023 to 763 cases at end March 2024). Work we have and are undertaking to address this is discussed below.

#### *Investigations performance*

The increase in referrals raised has also made an impact at the investigations stage, as the greater number of referrals understandably leads to a greater number of investigations. Additionally, during the first 18-24 months of our operation, the investigations service investigated 1,269<sup>5</sup> fitness to practise cases transferred to us by the previous regulator, and more work was required than anticipated to conclude these cases, or prepare them for decision at the case examination stage. As with other regulators, our performance was impacted by the covid pandemic, and our ability to gather the information required to progress cases through the triage and investigations stages was reduced as external parties were less able to engage with us.

	<b>Predicted caseload volume at end of year</b>	<b>Actual volume</b>	<b>Relevant KPIs</b>	<b>Performance against KPI</b>
<b>2019/20</b>	N/A due to impact of legacy caseload	1,497	No KPIs	No KPIs
<b>2020/21</b>	N/A due to impact of legacy caseload	1,455	Number of open cases under investigation <sup>6</sup>	Target: 1,230 by March 2022 Actual: 1,276
<b>2021/22</b>	1100	898	Number of open cases	Target: 1,230 by March 2022

<sup>5</sup> Out of the total 1,459 open legacy cases that were transferred.

<sup>6</sup> This excludes cases awaiting observations from the social worker and will therefore not match the predicted caseload volumes which include all cases at the investigations stage.



			under investigation <sup>6</sup>	Actual: 773
<b>2022/23</b>	683	680	Age of investigation caseload	≤ 54 weeks by March 2023 Actual: 60
<b>2023/24</b>	644	567	Age of investigation caseload	≤ 54 weeks by March 2024 Actual: 62

Over the course of 2023/24, we have continued to reduce the number of cases at the investigations stage. However, we have not been able to improve performance against the KPI at this stage of the service. Our work to address this is discussed below.

### Staffing

Our original and current establishment in triage and investigations can be seen below:

Triage		Investigations	
Original establishment (Sept 2019)	Current establishment (Mar 2024)	Original establishment (Sept 2019)	Current establishment (Mar 2024)
4	17	24	31

Over the course of our first years of operation, we have increased our establishment where possible to address challenges posed by increased volumes, and to implement aspects of our learning from our work (see below). In triage, we received additional funding over the 2020/21 and 2022/23 financial years to boost our capacity to respond to higher than forecast volumes of new referrals. Additional funding was no longer available in 2023/24 and capacity within the triage service has not been sufficient to deliver the forecast volumes of case conclusions in 2023/24. We have adjusted our model for 2024/25 to account for this. In investigations, we increased our establishment to assist with concluding those cases transferred to us by the previous regulator. These additional posts were on a fixed term basis, and were no longer included in the establishment, or moved into permanent roles, from April 2023.

Staff turnover through our first few years has also presented challenges to effective case management. Additionally, as we have reviewed the way in which we work, we have identified some inefficiencies in our processes that relate to team capacity and the way in which work is transferred through the service. These issues have also required additional resource to assist in their resolution.

### Decision making

As we have developed our confidence and applied our learning, we have increased the proportion of cases concluded at the triage stage. Over the last 2 years, on average, we have

concluded 65% of referrals at the triage stage. This is in comparison to an average of 47% of referrals concluded at triage in 2020/21.

We are satisfied that the quality of our decision making has been maintained as we applied our learning. Our internal quality assurance team's audit of triage decision making in Q1 2023/24 provided a substantial assurance level. In addition, as part of their periodic performance review in 2023, the PSA audited a sample of triage decisions and did not raise concerns that Social Work England was not making decisions in line with its processes.<sup>7</sup>

Decisions following the conclusion of the investigations process are made by case examiners. We have worked closely with case examiners (CEs) to gather learning from their review of cases, and made changes to our processes to ensure that as far as possible CEs are able to make decisions without the need for adjournment. We monitor the number of, and reasons for, adjournments at this stage of the process. During 2023/24, 20% of cases<sup>8</sup> referred to CEs were adjourned. Work to address this is discussed below.

In 2023/24, 21% of cases referred to CEs were closed via the accepted disposal route, 50% were closed with no further action or another outcome, and 29% were referred for a hearing. Our internal quality team have undertaken a review of decision making at the CE stage, and the PSA have not raised concerns about CE decision making. These activities provide an insight into the quality of investigations.

### Our learning

As we have learnt more about our fitness to practise process since December 2019, a number of changes to how we work have been made. We have adjusted our website, concerns journey, staffing establishment and structure, and triage processes. Additionally, we have identified and taken forward the following learning in the triage and investigation services.

### Triage

We have learned that undertaking more extensive enquiries than were initially envisaged at the triage stage has enabled us to appropriately conclude more cases at this point. This must be carefully balanced as our legislative framework does not envisage Social Work England undertaking a full investigation prior to the triage test being applied.

We have also identified some inefficiencies in the triage process due to the current structure of the team. The current structure means that one member of the team (a triage officer) is required to hand cases over to another role (a triage case officer) for the triage test to be applied. This is a legacy of the original establishment and process but is not efficient as it requires cases to be handed over between staff.

### Investigations

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<sup>7</sup> [Periodic Review Report – Social Work England 2022-23 \(professionalstandards.org.uk\)](https://www.professionalstandards.org.uk)

<sup>8</sup> Unique cases referred to CE. Those that were referred twice due to be adjourned are removed to avoid double counting.

As we have developed our understanding of how to appropriately investigate cases relating to social workers, we have identified a number of themes that have required us, and continue to require us, to refine and develop our approaches.

It has become clearer that the gathering of evidence from employers, social workers, and other parties is more challenging than was originally anticipated. Many of our cases require us to seek primary evidence in order to understand the context in which the social worker was involved, and whether and how the issues raised by the third party relate to professional judgements exercised by the social worker. This process can take time, as often records are not available or forthcoming, staff involved have left their roles, and service users can be unwilling to engage with us.

Unlike in other, more established regulatory settings, there are not long-established relationships between the variety of social work employers and the regulator. This means that mechanisms with all employing organisations for sharing sensitive information about vulnerable adults and children are not consistent. Whilst we are working hard to build these through our single point of contact (SPOC) network<sup>9</sup>, this work takes time to embed. We have also noted that within the SPOC network that we have established there is a significant level of staff turnover. This presents challenges both in terms of building and maintaining relationships, and practically in terms of continuity within the organisations to facilitate the timely provision of information to support the prompt investigation of concerns.

Although not unique to social work, the high prevalence of agency work within social care coupled with high turnover rates has been widely reported. This can pose particular challenges in obtaining information from organisations when concerns are raised. For example, where an agency worker's contract is terminated the relevant employer is less likely to have undertaken an investigation into the concerns identified, requiring us to obtain primary evidence from the employer. This evidence will often be in the form of case records for vulnerable adults, children and families, including highly sensitive data. Understandably, employers are frequently concerned about sharing this information, even in redacted form. Where redactions are required this can add to the delays in providing this to us. This is often exacerbated when managers leave post and contact and requests for information have to be re-established with incoming post holders.

As with the triage service, we have identified that some aspects of our processes are contributing to delays in timely progression of cases. For example, handover of cases (where a member of staff leaves or is otherwise unavailable for an extended period) can lead to delay as the new member of staff responsible for those cases 'reads in' once they have completed their initial training. This delay can then be exacerbated when new members of the service start, and cases are transferred again. We consider that it can take on average 6 months for a new investigator to be ready to hold a full caseload.

### Actions taken and underway

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<sup>9</sup> The single point of contact network is a network of senior staff members at local authorities in England and Cafcass who act as a point of contact for Social Work England in the investigation of fitness to practise concerns. The network was established to support the timely progression of fitness to practise investigations.

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## Triage

We have undertaken work throughout 2023/24 to review our establishment and processes and a range of activity is planned in 2024/25 to improve the efficiency and effectiveness of the triage service. We are considering the team structure and actions we can take to address inefficiencies associated with case handovers between triage officers and triage case officers.

### *Staffing and capacity*

The triage service establishment was reviewed in 2023/24 and increased by 1.8 FTE in Q3 (by redirecting funds from the investigation establishment budget). Staff commenced in role in February 2024. Due to the timing of the posts being recruited, the benefits of the increased capacity will not start to be seen until Q1 2024/25.

Further resource modelling work was undertaken as part of our 2024/25 budget planning process and the following permanent increase to the triage establishment has been agreed:

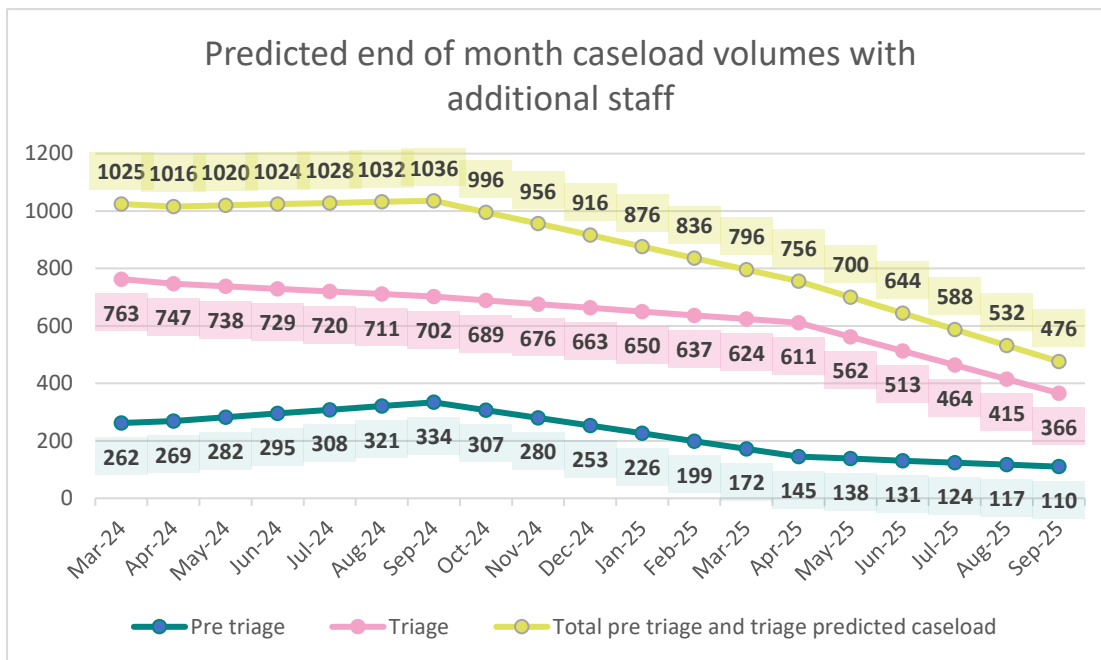
- 1 x Triage Lead
- 2 x Triage Officer
- 2 x Triage Case Officer

We anticipate that this increase in staffing will enable us to make around 1,000 extra decisions across both pre triage and triage<sup>10</sup> in the 12 months after the new staff begin working at full capacity (around October 2024), compared to the 12 months prior to this. This will enable caseloads in the triage service to be reduced to a more sustainable level by end of March 2025 (with further reductions to optimum levels forecast by September 2025) and build resilience within the service to respond to fluctuations in referral rates, as well as unplanned absences. We expect that as case volumes reduce, so will the median age of the triage caseload.

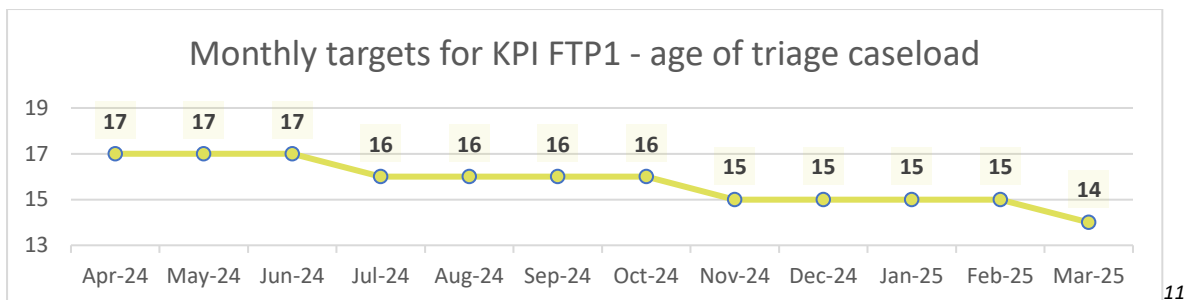
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<sup>10</sup> Hence, many of these decisions will be the same cases, receiving a pre triage decision and then a triage decision.

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We anticipate that increasing resource, reducing volumes, and making more decisions will have a positive impact on timeliness. On that basis, we have reset the Triage KPI (FTP1), and will monitor closely the impact of additional resource of reducing the age of the triage caseload down to a figure of 14 weeks by the end of 2024/25.



In addition to increased resource, we have identified other actions in the triage service to improve performance:

- **Decision Making Group:** An internal review of the decision making group and triage process was undertaken by the Head of Legal in July 2023. Increased capacity in 2024/25 will allow us to take forward the actions from this review.

**Investigations**

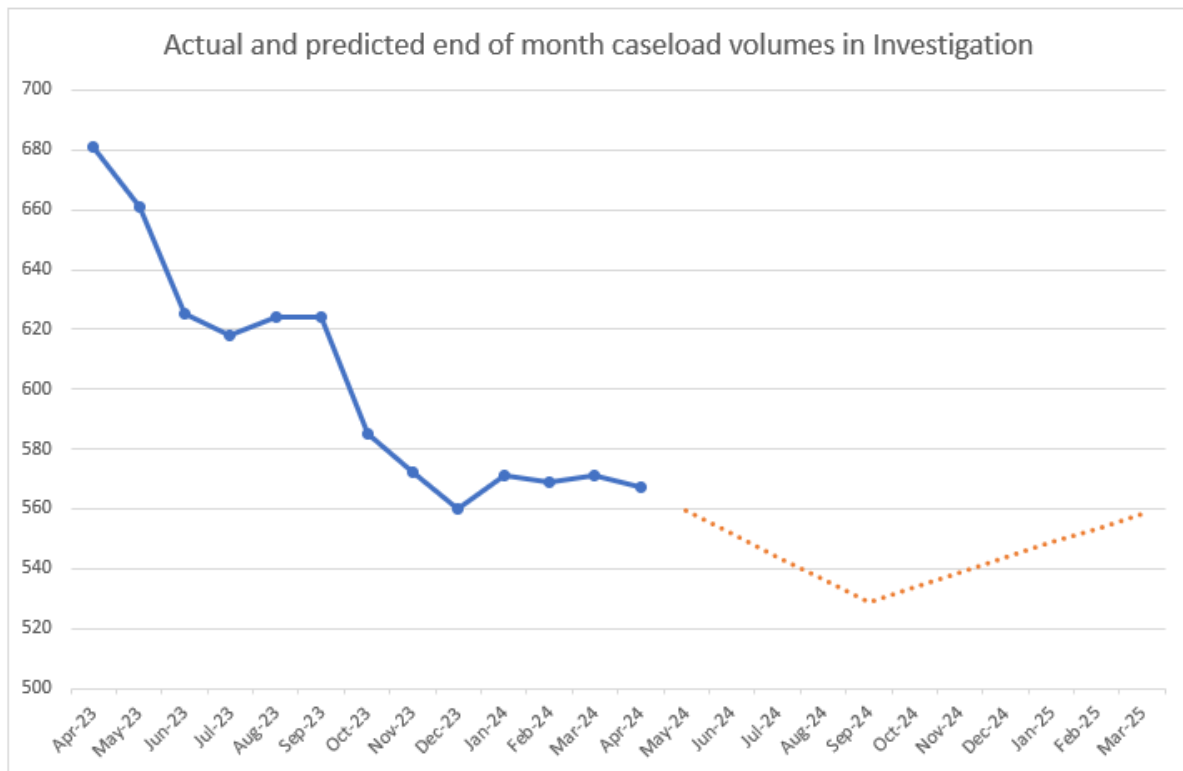
As with the triage service, work has been undertaken throughout 2023/24 to review our establishment and processes, and a range of activity is planned in 2024/25 to improve the efficiency and effectiveness of the investigations service.

<sup>11</sup> The triage decision making group comprises fitness to practise managers, lawyers and professional advisors and considers more complex cases and/or those cases that require legal or social worker professional input

During 2023/24, we further increased the investigations establishment, by recruiting 2 additional investigators. In March 2023 we recruited a second Investigations Manager. This additional role increased management oversight and support to the investigations team.

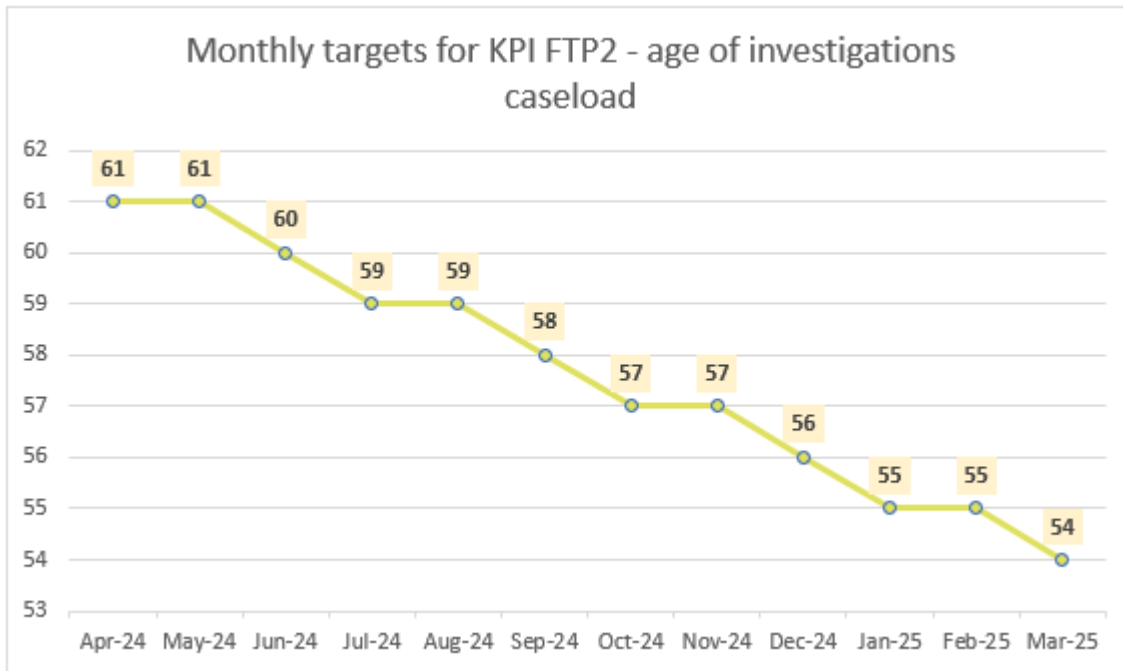
In 2024/25, we will increase the number of investigators by a further 4, to allow for more capacity to manage case handovers, and to support our increasing focus on cases that have been referred for a hearing, and where no hearing date has yet been set.

We consider that the volume of cases at the investigations stage remains stable, and have made an assumption that it will remain so over the course of this financial year.



We anticipate that increased resource, and the actions we will take over the year, will have a positive impact on timeliness. On that basis, we have reset the Investigations KPI (FTP2), and will monitor closely the impact of the actions we have identified on reducing the age of the investigations caseload down to a figure of 54 weeks by the end of 2024/25.

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In addition to the actions identified at the triage stage above, which will also be undertaken in the investigations service, we have also identified the following actions:

- Joint learning with CEs:** We continue to focus on understanding the reasons why cases are adjourned by the CEs and are working to reduce the rate of adjournment. To support this we have recently introduced joint workshops with the investigations and CE teams to help develop a clearer understanding of the ways each team work and what more we can do to further improve our case investigation reports to reduce adjournments.
- Complex case meetings:** We introduced monthly complex case meetings in March 2024. The purpose of these meetings is to target cases that appear to be challenging to progress and to identify any additional actions required to complete the investigation. Investigators and lead investigators bring cases to the meetings, which consist of investigation managers, professional advisors and a senior lawyer to discuss. The meetings will give assurance that any internal factors that are contributing to drift and delay in particular cases are identified and addressed, as well as helping us to better understand the factors that contribute to complexity and delay at the investigations stage.
- SPOC network:** In accordance with our business plan, during 2024/25 fitness to practise and engagement colleagues will work to grow and develop our SPOC network and increase engagement with the network to support preventative responses to emerging regulatory issues. This will include progressing recommendations arising from our 2023/24 evaluation of the SPOC network. We will also ensure the SPOC network is maintained across all major employers of social workers in England and implement a regular review mechanism of the network to ensure contacts remain active, engaged and appropriate. Finally, we aim to increase

engagement with the network, establishing a collaborative response to emerging regulatory concerns.

### Across both triage and investigations

- **Case supervision frameworks:** the framework for supervision in triage is in the process of being reviewed to strengthen its focus on case load management, and to ensure consistency across the teams and give further support where needed. Similar work has been undertaken in the investigations team.
- **Escalation of requests for information:** We are reviewing the escalation process to support case progression whilst developing and maintaining relationships with our stakeholders.
- **Training and support:** over the course of 2023/24, a project was undertaken to review and strengthen the way in which learning and development needs for teams were identified, and learning delivered. Following a successful delivery of learning in that year, this approach is now underway for 2024/25. Additionally, over the course of 2024/25 we will focus on induction pathways for triage and investigations staff, to further improve and refine how staff are trained and supported during their first months in their role. We will also focus on improving case handovers.
- **Increased legal support:** We have identified that increased legal support within the fitness to practise service will allow us to begin to plan for the introduction of in-house advocacy for interim order reviews and applications, and final order reviews, in future years. Additionally, providing additional legal support to the Senior Fitness to Practise Lawyer will allow more capacity for development and upskilling of the triage and investigation teams.
- **Quality assurance activity:** In 2024/25 the IQI team will audit risk management and case progression in triage and investigations. This will assist us in identifying whether our case progression strategies are effective in addressing the barriers to case progression. This activity will also help us to further describe and quantify the extent and impact of delays that are outside of our control so that we can share these insights with stakeholders.
- **Reporting:** we recognise that more detailed reporting to the Board on performance in triage and investigations will be required to assist in understanding the effects of the actions we are taking, and as such over the course of 2024/25 we will increase the information the Board receives at its meetings to provide greater assurance. Additionally, we will further develop and enhance our internal management reporting, to greater support interventions on process and staffing based on more detailed information.
- **Policy activity:** we will work with policy colleagues to undertake work to understand better the nature and composition of our caseload. This will assist us in understanding the kinds of concerns we receive, and so inform the potential development of guidance on seriousness in fitness to practise cases that will support decision making and aid transparency.

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- **Case management system:** in 2023/24 we introduced document and contact management functionality. Both of these are pre-requisites for the case-related email communications functionality that we will focus on in 2024/25 . Anticipated benefits from this functionality are information security, operational efficiency, case integrity and increased staff satisfaction.

## Impact

We expect that the activity set out above will have a positive impact on case volumes in triage and timeliness in both triage and investigations and enable us to meet our KPIs in 2024/25. Additionally, activities we are undertaking will strengthen support and training, provide greater management oversight, and further improve reporting to the Board on performance.

However, we recognise that there are continuing challenges in achieving this anticipated impact and these are set out below.

- **Staffing:** Turnover across investigations and triage for 2023/24 is 26.6%, compared to 14.6% across the organisation. Given the nature of the roles and length of service of individuals within the team, this is expected. While we continue to focus on improving staff retention, our ability to reduce the median age of cases may be negatively impacted by this and absence, which is 9.8 days per worker over the last 12 months. As mentioned above, resourcing gaps can also delay case progression through the case handover process.
- **Relationship between triage and investigations KPI:** addressing the backlog of cases at the triage stage will increase the number of cases which are referred to the investigations team. There is therefore a risk that the KPI at the investigations stage will be impacted over the next 12 months. This will require careful management and monitoring throughout the year.
- **Quality:** Internal quality assurance and external review by the PSA gives us assurance about the quality of decision making in triage and investigations. We will continue to ensure that activity to reduce the median age of the caseload does not compromise quality. We will continue to monitor this through audit activities and the decision review group<sup>12</sup>. We will also closely review the relationship between quality and timeliness to better understand the relationship between one and the other as we undertake all of the activities above.

## 4. Conclusion

A significant amount of work over the previous year has been undertaken to understand the reasons why we have not been able to meet the KPIs we set. Work last year, this year and

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<sup>12</sup> The decision review group comprises senior members of Social Work England’s fitness to practise team, internal quality improvement team, legal team and regional engagement team. It is also attended by members of our National Advisory Forum and an external member from another regulator.

beyond has now been identified to address the barriers to case progression that are within our control. We will continue this work in 2024/25, and regularly report on the outcomes of this work, alongside our performance, to the Board.

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# Board Effectiveness Review Action Plan

Agenda Item 13    Paper Ref 10

**Paper for the**  
Social Work England Board

**Sponsor**  
The Chair of the Board

**Author**  
Liz Frier, Corporate Governance Manager

**Date**  
17 May 2024

**Reviewed by**  
The Chair of the Board

**This paper is for**  
Discussion and Advising

**Associated Strategic Objective**  
SO10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money.

**Impact: Risk Type and Appetite**  
Governance and compliance - Averse

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Summary

Following the recent outcome of the Board effectiveness review, the Chair requested that an interim action plan was developed to address the recommendations made by RedQuadrant, for discussion at this meeting.

Some of the recommendations arising from the review are clear and straightforward to address. Others require more thought and consideration, and can only be progressed incrementally over time, as they relate to qualitative matters such as strengthening relationships, increasing the level of challenge and clarifying the Board's remit.

The plan is proposed to be 'interim' at this stage as there has not yet been sufficient opportunity to discuss and agree a way forward on all recommendations with the Board. We are awaiting appointment of a permanent Chair and expect further changes to Board membership during 2024/25, with recruitment about to start for two non-executive director (NED) roles. It is important that the new chair and NEDs have an opportunity to reflect and contribute to this action plan. It is also important that we understand any practical considerations for new Board members, to ensure that proposed changes (e.g. to meeting arrangements) will be achievable for everyone.

## 2. Action required

The Board is invited to discuss the interim action plan and provide a steer on its further development and content. A steer would be particularly welcome regarding:

- The approach, focus and timing of the recommended two Board strategy sessions per year. As discussed at the last meeting one of these could be reserved for genuine strategic discussion about direction as well as key tactics and the other could be a briefer progress review;
- The proposal that one Board meeting per year is held in a different venue and combined with a stakeholder visit. While the principle of alternating venues is attractive, we have some concerns about the cost and the staff resource that would be needed to achieve this, and would prefer that we commit to a minimum of one meeting per year at a different venue. Initially the Sheffield office could be used for a stakeholder visit combined with a meeting which would reduce costs and accessible venues such as London and Birmingham would work well for Board members. However, we should not rule out visiting other locations in the future, resources permitting;
- We propose that the September 2024 Board strategy session is held at our office in Sheffield - a steer on this meeting would also be welcomed as we will need to start planning for this soon. Some of the key issues in the effectiveness report and strategy will be on the agenda, which will need to be open to revision by a new Chair;

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- Whether the proposed action relating to review/development of the role of the policy committee feels right. It will be important for NED members of the Committee to have a key role in shaping the development of the Committee along with the Chair/Interim Chair;
- What regular information or briefings the Board wishes to receive, and how often. We want to provide information that is useful to the Board and avoid information overload. Where possible, our aim would be to share or adapt existing bulletins or briefings, rather than creating new ones.
- The general approach and content of the draft interim plan attached.

### 3. Annexes

Annex 1 – outline draft of interim BER action plan

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INTERIM BOARD EFFECTIVENESS REVIEW ACTION PLAN 2024/25 (DRAFT)				
Recommendations	Action(s)	Owner	Due by	Review
Help the Board to clarify its role, particularly regarding its strategic role and level of challenge and oversight of the executive and vis a vis the social work profession.	Initial discussion at September 2024 strategy meeting to clarify purpose and scope of the Board's role	Interim Chair/Chair	September 2024	March 2025
Provide an opportunity for NEDs to talk as a group with the Chair and CEO on e.g. a quarterly basis to get a sense of developments in the business/sponsor dept/wider environment.	Board meetings take place on a quarterly cycle, usually there are at least 5 meetings per year. Time will be scheduled on the agenda for each private strategy meeting to update on wider developments. The CEO will bring these to the Board's attention via his report. Additionally there should be an option for the CEO or Chair to convene a short briefing meeting on a key matter which has arisen between Board meetings, if it is sufficiently urgent and important.	Chair/ CEO Executive Office	From May 2024	March 2025
Monthly communication to NEDs with key policy/operational developments to help them keep in touch between meetings.	Our weekly policy brief is now being circulated routinely to Board members; the Board can also be added to the mailing list for our newsletter 'Social Work Now'.  <i>Board members are invited to give a steer on what further briefings/information they would wish to receive on a regular</i>	Corporate governance manager & Assistant Director, Communications Engagement & Insight	From May 2024	March 2025

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	<i>basis, in order to support them in their role.</i>			
Chair to hold one-to-one meetings with NEDs on a regular basis (e.g. every two to three months) particularly for new NEDs.	Chair to arrange regular 1-1 meetings. It is suggested these are quarterly except where he already has a regular meeting.	Interim Chair/ Executive Office	From May 2024	March 2025
Ensure that the revised induction takes account of the Whitehall environment that SWE sits within. The visits set up by SWE's regional engagement leads should be maintained for new NEDs.	Refreshed induction pack and process has been developed and shared with all Board members via the new Board intranet. This includes context about the Whitehall environment.  DfE's induction pack for new NEDs will also be published to the intranet. Induction process to be reviewed after 6 months and regularly thereafter to ensure it is meeting identified needs.	Executive Director, People and Business Support  Executive Office/ Chair	From May 2024	July 2024 and regularly thereafter to incorporate feedback from new Board members
Continue to provide Board/executive/National Advisory Forum (NAF) 'buddies' for new NEDs.	Utilising the reciprocal arrangements agreed at the Board in December 2023, re-launch the reciprocal relationships scheme and ensure that regional engagement lead / NAF contacts and support are in place for new NEDs	Adi Cooper/ Matthew Devlin	Re-launch scheme in June 2024	March 2025
The number of NEDs to be increased (e.g. by two) <ul style="list-style-type: none"> <li>Consider recruiting in the medium term a NED whose experience includes some lived experience of social work</li> </ul>	<i>The recommendation to increase the size of the Board is for DfE to respond to: Chair and CEO to discuss with DfE sponsor team and agree approach and wording.</i>	DfE	TBC	March 2025

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<ul style="list-style-type: none"> <li>Aim to fill the skills gaps identified as new NEDs are appointed (noting that SWE do not lead on the recruitment process)</li> </ul>	<p>CEO and Chair input into forthcoming recruitment process to ensure a wider reach of possible NEDs and that skills needs are considered within the recruitment/appointment process.</p>	<p>Interim Chair/CEO</p>	<p>May 2024</p>	
<p>Create an 18 month forward look for board meetings and committees which shows the key papers brought to each meeting, allowing for sequencing of 'clearance' at committee level before board discussion. Forward look should also identify and timetable papers for decision as opposed to information.</p> <ul style="list-style-type: none"> <li>Forward look items for ARAC/Remco/Policy committee to be added to wider 18 month forward look</li> </ul>	<p>18 month forward look for Board and committee meetings to be developed.</p>	<p>Corporate Governance Manager</p>	<p>September 2024</p>	<p>When future annual meeting cycles are confirmed, including timing and approach to Board strategy days</p>
<p>Face to face attendance at board meetings to be strongly encouraged.</p>	<p>Board members to continue with current practice to attend strategy sessions (2 per year) in person.</p> <p>Chair to discuss with each Board member what would be practical and reasonable for them to achieve beyond this, in terms of joining meetings face to face taking into account reasonable adjustments and caring responsibilities.</p>	<p>Interim Chair and Board members</p>	<p>September 2024</p>	<p>March 2025</p>

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<p>Enhance the role of the Policy Committee. Policy issues to be explored by the Policy Committee and then escalated to the board. Policy Committee to take a lead on policy/education issues at strategy events.</p>	<p>To review with committee members the terms of reference and ways of working, and propose to the Board:  i) Any amendments needed to the terms of reference to enhance the role of the committee and its membership/skills/knowledge  ii) Proposed actions to enable the Policy Committee to support a better flow of information through to the Board on policy and strategy issues, e.g. via agenda planning, reporting and feeding into the planning of strategy sessions</p>	<p>Assistant Director Policy/Chair of Policy Committee in liaison with corporate governance manager and the Chair</p>	<p>July 2024</p>	<p>March 2025</p>
<p>Make the papers and minutes from Audit and Risk Assurance Committee and the Policy Committee available to all Board members.</p>	<p>Ensure all Board Members have access to agendas, papers and minutes on Board Intelligence</p>	<p>Corporate Governance Manager</p>	<p>Action closed, completed 12 April 2024</p>	<p>n/a</p>
<p>Include discussion of the risk register and identification of strategic risk at alternate board meetings.</p>	<p>To have a standing item on the Board agenda at twice per year, aligned with business/budget planning and strategy/horizon scanning discussions.</p>	<p>Corporate Governance Manager</p>	<p>Risk register brought to Board in March 2024; to be added to 18 month forward plan</p>	<p>March 2025</p>
<p>Improve the strategic planning through six monthly (private) off-site strategy events. The strategy events will look at the priorities for the next 12-24 months for SWE, then review and assess progress.</p>	<p>For the 2024-25 year, it is proposed to hold two in person strategy sessions, one in September at our headquarters in Sheffield, and one in <i>[May - TBC]</i> that would be combined with a stakeholder visit. Both would involve an overnight</p>	<p>CEO/EDs/ADs Corporate Governance Manager</p>	<p>From September 24</p>	<p>Annually when meeting cycles confirmed, including timing and approach to Board strategy days</p>

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<ul style="list-style-type: none"> <li>• Alternate strategy sessions should include a focus on horizon scanning and the risks for the organisation.</li> <li>• Board members to agree the key questions to address at the strategy events, so that there is a sense of co-production with the executive.</li> <li>• As there has been a high turnover on the board recently, a team building event be included within one of the strategy events.</li> </ul>	<p>stay and opportunity to network and build relationships.</p> <p>In future years, two in-person strategy sessions per year will be scheduled; at least one of which will incorporate a stakeholder visit and will take place in an alternative off-site venue.</p> <p>The strategy event at mid-year (autumn) could enable a deeper review of our business plan progress; this session might also consider priorities for the upcoming 12-24 months to inform business and budget planning for the following year and/or strategy refresh.</p> <p>The other strategic session in spring could focus more on horizon scanning, external/risk landscape and policy/strategy.</p> <p>Agendas will be flexible according to need; topical issues or challenges could be scheduled for discussion at either of the two events if required</p>			
<p>The Board to continue to develop the performance measures underpinning the strategic objectives, to ensure that they can assure and monitor progress.</p>	<p>Initial discussion at September 2024 Board strategy session, to explore and understand what is needed.</p>	<p>Chair, Board and executive leadership team</p>	<p>September 2024</p>	<p><i>TBC in September 2024</i></p>
<p>Hold alternate Board meetings in different locations to take the</p>	<p>Board members to continue with current practice to attend strategy sessions (2 per year) in person, these would involve an</p>	<p>Chair and Board members</p>	<p>September 2024</p>	<p>Annually when meeting cycles confirmed, including</p>

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<p>opportunity to engage with local stakeholders.</p>	<p>overnight stay and opportunity to network and build relationships. It is proposed that one strategy session per year would take place at an alternative location and be combined with a stakeholder visit.</p>			<p>timing and approach to Board strategy days</p>
<p>Timetable two Board dinners per year (one to include the senior executive team).</p>	<p>Dates to be agreed in diaries to hold Board dinners (one to include the senior executive team). To align with the strategy sessions.</p>	<p>Executive Office Team</p>	<p>Dinner in September 2024 to be confirmed on 17 May 2024; future dates as and when annual meeting cycles agreed</p>	<p>Annually when meeting cycles confirmed, including timing and approach to Board strategy days</p>

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# Board Effectiveness Review

For

**Social Work England**

Report from RedQuadrant

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## Executive summary

### Purpose

RedQuadrant were commissioned to carry out an external board effectiveness review of the Social Work England (SWE) board, to provide an independent assessment of board effectiveness and to offer advice and recommendations for continuous improvement. The last external evaluation took place in 2020 and internal evaluations have been undertaken in the intervening years. This report sets out the findings and recommendations from our review.

### Method

The review was carried out through a combination of one-to-one interviews, board and committee observations, document review and self-assessment questionnaire analysis.

### Key findings and recommendations

We found the board to be working relatively well in somewhat difficult circumstances. The board is in a period of change regarding membership and is not yet a high performing board. We feel that there is more to be done including clarifying the board's specific role in relation to driving change within the organisation, and having a shared view of the board's role vis a vis the social work profession.

Our key recommendations relate to:

- Enhancing the role of the Policy Committee;
- Increasing the number of board members;
- Clarifying the role of the board in relation to the profession;
- Refocussing on face-to-face attendance at meetings;
- Making use of two strategic events per year for the board to set and review strategy;
- Increasing the board's constructive challenge of the executive;
- Focusing on a set of strategic measures that allow success of the strategy to be monitored;
- Making the induction process more comprehensive;
- Linking board meetings to stakeholder events;

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## 1. Introduction

RedQuadrant was commissioned to carry out an external board evaluation of the Social Work England (SWE) board. This report sets out the findings and recommendations from the review. The purpose of the review is to provide an independent assessment of board effectiveness and to provide advice and recommendations for continuous improvement.

### 1.1. Social Work England

SWE was established under The Children and Social Work Act 2017 to be the new single-profession regulator for social workers in England. SWE's over-arching objectives are the protection of the public, promoting public confidence in the profession and improving standards of social work practice.

SWE is a non-departmental public body. [A framework document](#) exists between the Department for Education (DfE), as sponsor department (in collaboration with the Department of Health and Social Care (DHSC)).

The SWE board oversaw the establishment of SWE which became the regulator for social workers in December 2019. The board oversaw the organisation's first three-year strategy (2020-23) and development of the new strategy (2023-2026).

The Principal Accounting Officer (PAO) is the Permanent Secretary of the DfE. The PAO designates the SWE Chief Executive Officer (CEO) as the Accounting Officer (AO) for Social Work England.

It is within this wider governance context that the SWE board and its committees must operate, ensuring compliance with the requirements of its role as a non-departmental public body, while demonstrating day-to-day operational independence. The duties of the board are specified in the framework document which highlight the board's primary responsibilities to concentrate on:

- establishing and taking forward SWE's strategic aims and objectives;
- ensuring financial and human resources are in place to meet its objectives;
- ensuring that any statutory or administrative requirements for the use of public funds are complied with and reviewing management performance and financial management information;
- demonstrating high standards of corporate governance and providing effective leadership within a framework of prudent and effective controls which enables risk to be assessed and managed;

### 1.2. Structure of the board

The board was established with eight members, comprising seven non-executive directors (NEDs) appointed through the public appointments process and one executive director, the CEO.

In early 2023 the Chair (Lord Patel of Bradford) stepped down and Dr Andrew McCulloch, (Deputy Chair) was appointed as interim chair for a period of up to twelve months.

Recruitment is ongoing to appoint a substantive board chair and two new NEDs to replace members whose terms end in 2024.

The board currently meets five times a year and can be observed by members of the public. The board also holds private strategy meetings and awaydays.

The board is supported by an Audit and Risk Assurance Committee (ARAC), a Policy Committee (PC) and a Remuneration Committee (RemCo). The board and Policy Committee have both non-executive and executive members. ARAC and RemCo only have non-executive members, plus executives who attend but are not members.

Committee	Number of meetings per year
Audit And Risk Assurance Committee	4
Policy Committee	4
Remuneration Committee	3

In recent years the board and committees have met as a hybrid mix of online and in person.

### 1.3. Focus of the review

Social Work England commissioned RedQuadrant to undertake a board effectiveness review to assess the effectiveness of the board. The last external evaluation took place in 2020 and internal evaluations have been undertaken in the intervening years.

In assessing overall effectiveness, we were asked to focus on the extent to which the board:

- Provides strategic leadership and direction setting for the organisation;
- Ensures focus and delivery of the core objectives of Social Work England and prevents mission drift;
- Ensures value for money and exercises fiduciary oversight;
- Sets the culture and tone for the organisation and ensures adherence to core values.

More detail on the focus for the review is provided in Appendix 2.



## 2. Methodology

To provide an assessment against these areas, we have carried out a review comprising a mixture of targeted desk research, meeting observation and interviews. We used the following:

- Observation of the board meeting, ARAC and Policy Committee meetings in October, and private board sessions in October and January;
- Observation of the joint board/NAF workshop in October;
- Review of several documents including, framework document, board papers, previous external board review, board effectiveness internal survey from this year, terms of reference for board and committees, appointment letters. (A full list is provided in Appendix 3);
- One to one interviews with all board members, all of the senior executive team, and others associated with the board. (A full list is provided in Appendix 3);
- Interviews with key external stakeholders, including the Chief Social Workers and representatives from the two relevant government departments (DfE and DHSC);
- Questionnaire to all board members and executive. (A full list of questions is provided in Appendix 4 along with the full results from the board effectiveness and skills evaluation questions in Appendix 5 and Appendix 6 respectively);

During the review we met with the Chair and CEO as key sponsors.

This report sets out the detailed findings and recommendations from the review.

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## 3. Findings and recommendations

### 3.1. Overview

The board has succeeded in providing continuity despite the departure of the Chair in 2023. Many of the processes, including the ARAC committee, are working well. We found that there is room for development in some areas including: heightening the role of the Policy Committee, clarifying the specific and strategic roles of the board, renewing the focus on strategic planning, and extending the size of the board so that it is more resilient during times of succession and change.

Our key recommendations relate to:

- Enhancing the role of the Policy Committee;
- Increasing the number of board members;
- Clarifying the role of the board in relation to the profession;
- Refocussing on face to face attendance at meetings;
- Making use of two strategic events per year for the board to set and review strategy;
- Increasing the board's constructive challenge of the executive;
- Focusing on a set of key strategic measures that allow success of the strategy to be monitored;
- Making the induction process more comprehensive;
- Linking board meetings to stakeholder events;

### 3.2. Clarity of the board's role

The role of the board is to oversee the running of SWE, ensuring appropriate resources and governance to deliver the objectives in accordance with its purposes, its statutory, regulatory, common-law duties and their responsibilities under the Framework Document.

A key element for an effective board is that it is clear about its role, both in relation to the organisation and how it relates to other stakeholders, including in this case the social work profession. Given SWE is a relatively young organisation, it is critical that the board is clear on the range of roles held by SWE, and how it balances these duties and responsibilities.

#### 3.2.1. Clarity of purpose

We found that there is not a fully shared view of the purpose of the board. This may be in part because the board is in a period of change, and as a result has not had much opportunity to consider key issues away from the main public board meetings.

We recognise that the board operates within a somewhat restricted strategic framework. As an arms-length body it sits within an environment where policy is often determined by e.g. Whitehall, the Professional Standards Authority and other entities.

We heard mixed views from respondents regarding whether the role of the board was clear. Although questionnaire respondents strongly or partly agreed that there was a shared understanding across the board of their role, when we asked whether ‘the board understands SWE’s business and context as a public sector regulator’ – two out of the ten respondents partly disagreed.

In our interviews, we heard that there is a shared appreciation amongst board members and stakeholders of the ‘public protection’ duty of SWE and the wider role of the board to oversee this. However, there was ambiguity for some board members regarding the role of SWE and of the board. Some see SWE as having a ‘leadership role’ or representative remit for the profession. We noted that some NED respondents felt that the SWE should occupy the policy space left following the demise of the College of Social Work in 2015. We cite this because it seems relevant to creating a shared view of the purpose of the SWE by and for the board.

We noted that SWE’s role in overseeing social work education standards and education providers was mentioned by very few board members when describing their key responsibilities. One respondent said that whilst they feel that the board understand SWE’s role and challenges, the board may not necessarily understand this at a sufficient depth to be able to ask the right questions and to hold the executive to account. For example, a number of respondents felt that sometimes the context around the SWE’s arm’s length body status and the extent to which this limits freedom of decision-making is not fully understood. We also heard that SWE’s distinct role as a regulator – not a member organisation or professional body - is not always fully appreciated. This specifically includes the fact that lobbying (on behalf of the profession) is not part of SWE’s role. One board member felt that the board collectively had a good understanding of its role as a regulator, but less of an understanding of its context, for example in relation to the current challenges within the social work profession.

We heard that the board have been through a number of distinct phases. During the first couple of years, the board was concerned with establishing the organisation. Subsequently, the board entered a period where it was relatively clear on purpose. We feel there is a risk – with the current high turnover of NEDs – that this focus could be lost.

### 3.2.2. Partner/stakeholder views

SWE operates within a complex landscape. The sponsor department is the DfE, and DHSC is a key stakeholder. Other external stakeholders include the social work profession, the wider public and relevant educational establishments.

Some stakeholder organisations questioned whether the board fully holds SWE to account. At least one partner commented that the board could do more to maintain SWE’s focus on critical tasks. They cited the Fitness to Practice backlog as an indicator of where the board could potentially have done more to challenge the executive’s response.

Another stakeholder felt that the board sought to ‘champion’ the social work profession, when it would be more appropriate for the board to be championing the end user. Whilst the delays in progressing Fitness to Practice investigations negatively impact on the social workers involved, they felt it also has a significant impact on the confidence of the public in the regulator’s ability to provide an adequate mechanism for dealing with complaints about

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practice. The absence of a board member with lived experience of the care system was mentioned as a potential weakness.

In a similar vein, the rationale for some of SWE’s external activities (e.g. Social Work week) is not universally understood by some partners.

Whilst some of these observations are external perceptions, it is still necessary for a board to have a shared view of its purpose and role. The more nuanced and complex that role may be, the more clarity is needed.

### **3.2.3. Induction, training and appraisal**

Induction for NEDs has progressed since the board’s inception (when board members were not given an induction, as the organisation was still in process of being established). However, those appointed in the second wave of NED recruitment also questioned the low level of induction they received.

We understand that a new induction process is being introduced for NEDs starting in 2024.

In addition to the introductory meetings forming part of the induction process, there should be guidance given to new NEDs on the role of the board (for example where its responsibilities begin and end), SWE’s strategic direction and how SWE decision making is linked to DfE’s role as sponsor. For any board member new to the public sector, the relationship with Whitehall can be a particularly steep learning curve. Additionally, for any NEDs who are new to governance roles in general, specific training should be arranged to give them the competence and confidence to perform well at board level.

We heard from one board member that meetings with local social workers, which formed part of their induction process, were invaluable. We strongly suggest that these are maintained for new members - and propose that tailored opportunities are provided to connect with those who experience social work as consumers, both adults and children.

It should be remembered that induction needs to involve the opportunity for the executive to get to know the new NEDs, including gaining an understanding of their skills and expertise. It is also a critical time for the new and existing NEDs to get to know each other. Time spent on these activities will bear fruit in the medium term contributing positively to the way the board functions.

Although the board is not large, continuing to provide board ‘buddies’ for new NEDs, within the board, the executive (where relevant), and continuing the National Advisory Forum buddying scheme would be good practice. (We note that this was discussed recently with a proposal to use the term ‘reciprocal partnership’ instead of ‘buddy’).

### **3.2.4. Support and updates for NEDs**

There is certainly a view that communications to the board have significantly improved. Board members agreed that they received sufficient information and data to carry out their role. Some board members felt that more could be done to keep them up to date between meetings. However, with regard to the Fitness to Practice backlog, some NEDs did not feel they had received the comprehensive updates and data which would have assisted them with appropriate scrutiny.

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Where useful, members of the executive supply ad hoc briefings on individual issues for NEDs (outside of board meetings) as needed. We heard from the executive that ensuring that all NEDs understand complex policy issues, where there are differing levels of understanding, can be challenging.

There was not a shared view regarding whether board members are confident in dealing with the subject matter which comes before the board. In this respect, it is important that the annual appraisal process is maintained by the Chair, and that the individual training and knowledge/additional skill needs of individual NEDs are supported.

Areas for future improvement would be to keep NEDs more informed, and to keep the engagement going between NEDs and the executive between board meetings.

### 3.2.5. Recommendations

#### Clarity of the board's role

- R1. Help the board to clarify its role, particularly regarding its strategic challenge and oversight of the executive and vis a vis the social work profession.
- R2. Provide an opportunity for NEDs to talk as a group with the Chair and CEO on e.g. a quarterly basis to get a sense of developments in the business/sponsor dept/wider environment.
- R3. Monthly communication to NEDs with key policy/operational developments to help them keep in touch between meetings.
- R4. Chair to hold one-to-one meetings with NEDs on a regular basis (e.g. every two to three months) particularly for new NEDs.
- R5. Ensure that the revised induction takes account of the Whitehall environment that SWE sits within. The visits set up by SWE's regional engagement leads should be maintained for new NEDs.
- R6. Continue to provide board/executive/NAF 'buddies' for new NEDs.

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### 3.3. Board operation

#### 3.3.1. Board membership

The board is a unitary board with a relatively small membership, with six NEDs and the CEO at present. Two NEDs are currently being recruited to replace departing NEDs.

Our observation, which is mirrored by respondents, is that the board is not currently large enough, particularly in terms of resilience but also in terms of breadth and depth of skills. The board needs to include NEDs who understand the policy making and regulatory environments, and a range of other areas. Because of the skill set of the current (interim) Chair, and the two NEDs who finish their appointments in 2024, there could be a significant skills gap around this area of policy and Whitehall working.

A larger board membership also ensures that there are the full range of skills needed to fulfil the roles of the committee membership including committee chair roles.

We have concluded that the board would be better placed if it had more (e.g. two) non-executive board members. We feel that this would make the board more robust, particularly when there is a turnover of NEDs. We would also advise that terms of office are staggered so that there is only one NED departing in any six month period.

In addition to widening the board membership, there is the opportunity to co-opt specific experts onto committees (e.g. finance/technology/education), where particular skills are required.

#### 3.3.2. Secretariat function and board papers and updates

There has been a change in the secretariat function within the executive, with a hiatus between appointments. This has created some stress for SWE around the secretariat function. This has now been remedied with a new appointment.

Board members felt that the quality of reports to the board was good and gave them the information that they needed to do their job effectively. All board members agreed (five strongly and three partly) that they get the right level of information and data to do their role. Some NEDs were particularly complementary about the Fitness to Practice papers. (We also heard from NEDs who said they had not received clear papers regarding Fitness to Practice.)

Our observation is that while the papers are relatively clear, they often read as a 'fait accompli' report to the board, as opposed to a paper to encourage discussion and/or decision.

This was reflected by respondents, who felt that although the papers were well articulated, they were often presented for information or endorsement/assurance as opposed to discussion and decision-making.

#### 3.3.3. Physical location/logistics

Having observed SWE board meetings and ARAC, we feel that a renewed emphasis should be placed on face-to-face working. There are only five board meetings per year, and our strong recommendation is that standard practice for these meetings is face to face. Our

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experience across multiple boards is that engagement is improved through face-to-face working.

It is understandable that committees will want to meet online/in a hybrid fashion. However, we would still propose that committees meet once a year in person.

In the survey, several respondents agreed that ‘the balance between face-to-face meetings is working well’. However, we also heard from respondents that in person meetings were more effective. In particular, the view was expressed that the hybrid nature of meetings in the last year has limited relationship building at board level. For this reason, we suggest that face to face attendance at all board meetings should be strongly encouraged. We suggest that these expectations are made clear – and possibly in writing – when new NEDs join.

In our observation of meetings, we felt that the distinction between those online and those in the meeting, did not make for strong interaction and discussion.

#### 3.3.4. Chairing

On 28 February 2023 the board chair (Lord Patel of Bradford) stepped down and Dr Andrew McCulloch (Deputy Chair) was appointed as interim chair for a period of up to twelve months.

We heard many positive comments about the Interim Chair, specifically the way he has been able to bring structure and focus to the board. Respondents felt that he has been: ‘instrumental in building the right relationships and dynamics’. Eight out of nine respondents strongly agreed that he leads the meetings with a clear focus. This was one of the highest scoring questions within the questionnaire.

We observed the Chair working hard to ensure that there was a level of debate and discussion on board papers during the public board meeting, although on this occasion there was not much response in terms of direct debate or challenge.

“Andrew McCulloch has been an excellent interim chair, bringing a lot of structure and focus to discussions, whilst improving the dynamics of the board.”

*Questionnaire respondent*

#### 3.3.5. Recommendations

##### Board operation

- R7. The number of NEDs to be increased (e.g. by two).
- R8. Consider recruiting in the medium term a NED whose experience includes some lived experience of social work.
- R9. Create an 18 month forward look for board meetings and committees which shows the key papers brought to each meeting, allowing for sequencing of ‘clearance’ at committee level before board discussion. Forward look should also identify and timetable papers for decision as opposed to information.
- R10. Face to face attendance at board meetings to be strongly encouraged.

## 3.4. Board committees

### 3.4.1. Committee structure

The board is supported by an Audit and Risk Assurance Committee (ARAC), the Policy Committee (PC) and a Remuneration (RemCo) committee. The board and Policy Committee have both non-executive and executive members. ARAC and Remco only have non-executive members, plus executives who attend but are not members.

All three provide written updates for the board. Papers and minutes are only available to members of each committee currently and not to the board as a whole. We suggest that making the papers and minutes from ARAC and the Policy Committee available to all board members would be helpful to share understanding of the work of committees.

We asked about the split of responsibilities between the committees and the board in the survey – nine respondents agreed (five strongly and four partly) that the split was clear and that the right reports were provided to each. One person disagreed. We heard that the committees' structures have evolved over time and that they have become more effective. Other than the concerns around membership as board members retire, there was a suggestion that the way committee discussions are relayed back to the board could be improved in some cases.

We consider the current committee structure to be appropriate and fit for purpose.

### 3.4.2. Policy Committee

We heard from several respondents that there is room to improve the Policy Committee and to give it a more substantive governance role. SWE could also consider making this formally a 'Policy and Education' Committee as there is significant discussion around education at these meetings. As a forum, the Policy Committee could be the first iteration of policy options and impact discussions regarding policy and education decisions for SWE, before they reach board level.

We propose that SWE creates a more formalised relationship between the Policy Committee to the main board. We see a role for the Policy Committee in relation to the six-monthly strategy sessions. There is an opportunity for policy issues to be debated, and for ideas to be developed which then go to the Policy Committee and then upwards to the board. We suggest that the board and Chair of the Policy Committee establish an eighteen month forward look of issues to be addressed by the Policy Committee, so that planning is done in advance.

We heard from one respondent that more education expertise is needed on the Policy Committee and also on the board.

### 3.4.3. Audit, Risk and Assurance Committee

The ARAC meeting which we observed was very well chaired. There seemed to be a strong and transparent relationship between the executive and non-executive members, which created a good level of discussion and intervention.

We found ARAC to be a high performing committee.

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Respondents agreed that ARAC has sufficient expertise, support, time and access to staff to discharge its role effectively.

It is important that the board retains its oversight of the risk register and the identification of strategic risks, and the risk register should be tabled at alternate board meetings for their consideration. The strategic risks should be discussed at one of the six-monthly strategy sessions, on an annual basis.

“As the executive have developed more robust governance of risk, audit and assurance, the risk management area has improved... because of the effort put in by the senior team in this area and with the support of the CEO.”

*Questionnaire respondent*

#### 3.4.4. Recommendations

##### **Board committees**

- R11. Enhance the role of the Policy Committee. Policy issues to be explored by the Policy Committee and then escalated to the board. Policy Committee to take a lead on policy/education issues at strategy events.
- R12. Make the papers and minutes from ARAC and the Policy Committee available to all board members.
- R13. Include discussion of the risk register and identification of strategic risk at alternate board meetings.
- R14. Forward look items for ARAC/RemCo/Policy Committee to be added to the wider 18 month forward look.

## 3.5. Strategic foresight and board performance

### 3.5.1. Holding SWE appropriately to account

One of key roles of a board is to appropriately support and challenge the executive. As the SWE came into being, we heard that there was a tendency for the board to be very supportive and this contributed positively to establishing the culture and team.

We found that there is sometimes a lack of challenge of the executive by board members. A high percentage of the papers are marked for information and/or endorsement, as opposed to decision. So there can be a feeling that the executive are describing their work, as opposed to asking the board for strategic insight and challenge.

While survey respondents felt that the board combines being supportive with providing appropriate challenge, several respondents also raised the question of whether board members presented sufficient challenge to the executive team and felt that more appropriate challenge would be welcomed.

The board need to feel comfortable to challenge each other and to challenge the executive, with a supportive intent. Once the new appointments have bedded in, it would seem like an appropriate time for the level of constructive challenge to be increased.

We heard that there can sometimes be a piecemeal approach to dealing with issues (e.g. efficiency/ Fitness to Practice/policy challenges/digital development) as opposed to seeing the organisation as a whole, and looking at the threats and opportunities in a more holistic way. On a case-by-case basis, there may need to be additional training for NEDs to understand key aspects of the business and equip them in making strategic decisions.

In relation to the Fitness to Practice workload/backlog challenges, we heard a range of views about what the board's role should be in terms of challenging the organisation and in terms of efficiencies. Some NEDs were unclear whether the board had succeeded in challenging the organisation effectively to achieve efficiencies. This is an example where the board should be setting the strategic direction for SWE, then working with the executive to crystallise the challenges and opportunities and supporting/holding the executive to account in carrying them out.

Our observation is that the board needs to be clear that it has set appropriate direction for SWE, and that it has clear measures against which to judge that progress. If sufficient progress is not being made, the board then has a role in escalating the issues (either internally or externally) to support progress and accountability.

We note that there is some confusion about how interventionist the board should be with the executive. This demonstrates that there is more work to be done for the board in clarifying both its own role, and how it wants to balance its support and challenge towards the executive.

### 3.5.2. Strategic vs operational

A typical challenge for boards is to maintain the right focus on strategic issues and not become too involved in operational matters. The board needs enough information to carry out their assurance role, without imposing on the executive function or running the organisation.

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The challenge within any complex organisation is to give the board enough visibility of the issues faced by the organisation, plus surfacing the key issues for decision and debate. A common experience on public sector boards is that the executive do not feel that the board are focussing on the areas of most tension and complexity, whereas the board say they do not feel fully sighted or reassured on the key issues facing the organisation.

The board can be the place where this healthy tension gets resolved, assuming there is sufficient opportunity for dialogue. When asked whether the board has spends an appropriate amount of time on strategy as opposed to operational matters, there was a mixed view. Two questionnaire respondents strongly agreed, one person partly disagreed and the remaining seven, partly agreed. One person mentioned they felt that the current make-up of the board can lead to more operational-focused conversations. When asked about the least successful performance area for the board, many respondents mentioned strategy development and strategic planning.

“There is more work to be done in terms of clarifying the respective roles of the board and the executive.”

“I worry that we are at risk of spending a lot of time on operational matters, less so the strategic scrutiny”

“Although the board find the strategy days useful they perhaps do not dig deep enough and then the strategic focus needs to be sustained throughout the year.”

#### *Questionnaire respondents*

Our observation from working with a variety of boards is that where the board members have an appreciation of the complexity of the policy and operational challenges facing the executive, they feel more confident to let the executive take the strain, and to focus on offering challenge and support as necessary.

We think there could be greater clarity for the board in terms of its assurance role against SWE’s progress and direction. More attention could be placed on medium term planning and monitoring against the delivery of the strategic objectives.

It is important that the board retains its oversight of the risk register and the identification of strategic risks, and this should be tabled at alternate board meetings for their consideration, and discussed at one of the six-monthly strategy sessions.

### **3.5.3. Horizon scanning**

The purpose of horizon scanning is to give the board (and executive) the opportunity to raise their sights and have the chance to consider the future threats and opportunities which the organisation need to consider in their work and planning.

We heard that the policy team produce good horizon scanning reports, but that there was a mixed view about whether the board has sufficient time and information to do horizon scanning.

We would argue that horizon scanning should be carried out with both the board and executive present, and needs to be planned and prepared to be effective. Therefore, we

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have proposed that one of the two annual ‘strategy’ events should consider horizon scanning, and the associated strategic risks of the organisation.

#### 3.5.4. Monitoring performance

We heard that the performance reporting to the board has evolved over time and that the board had more influence on the business plan and its measures this year than previously. Most respondents felt that there is a reasonable balance of data and analysis. One NED questioned whether the ‘key results’ yet fully reflect the organisation’s strategic goals.

The board should continue to review whether they have clear and concise measures to monitor the progress of the organisation against the strategic objectives. There are now a set of approximately 20 indicators which form the basis of the strategic measurement for the board. We heard (and would agree) that there could be more done to bring those measures to life, and to work towards a ‘results on a page’ approach.

That said, all respondents agreed that the executive provide a thorough analysis of performance against budget, targets and key measures of success as set out in the business plan. Eight of the ten questionnaire respondents strongly agreed with this statement. It was also mentioned that there have been some good discussions on performance at board.

The question of whether ‘the board gets early-warning signals of problems ahead that will adversely affect key outcomes, targets or financial performance’ had a more mixed response – whilst six respondents strongly agreed, three respondents partly agreed and one partly disagreed.

“We are still working on the balance of information and communication; I suspect that will nearly always be the case – we are also still working on the right sort of performance management information and matrix but again I think we have made very good progress. It is more difficult when board meetings are in public!”

*Questionnaire respondent*

#### 3.5.5. Recommendations

##### **Strategic planning, horizon scanning and board performance**

- R15. Improve the strategic planning through six monthly (private) off-site strategy events. The strategy events will look at the priorities for the next 12-24 months for SWE, then review and assess progress.
- R16. Alternate strategy sessions should include a focus on horizon scanning and the risks for the organisation.
- R17. Board members to agree the key questions to address at the strategy events, so that there is a sense of co-production with the executive.
- R18. The board to continue to develop the performance measures underpinning the strategic objectives, to ensure that they can assure and monitor progress.

## 3.6. Culture, relationships and engagement

Boards should feel able to challenge each other. This relies on strong, positive relationships between board members and between board members and the executive. As part of the team building process, we recommend that boards have one or two private dinners per year, with at least one to include the senior executive team. This is particularly relevant when there are new board members. Although we acknowledge that this is an investment of time, we observe a qualitative difference in boards where they invest in this time together.

### 3.6.1. Culture and listening

An important element for boards is whether they have an inclusive environment where all members and attendees are able to engage and speak with comfort. Most respondents felt that the culture allows for everyone to contribute equally, even if their view differs from others. However, respondents felt that there was not always equal participation from board members. It is unclear whether this is an issue of confidence or otherwise.

### 3.6.2. Relationships between board members, and between board members and the executive team

Overall the relationships between board members and the executive seem to be working relatively well. The executive (and some NEDs) clearly have timetable challenges, which may mitigate against having regular contact with board members outside of board meetings.

All questionnaire respondents agreed (five strongly and five partly) that board members work together effectively as a team. There was even stronger agreement for the statement that non-executive board members and the executive team work effectively in partnership together. The board and the executive have clearly developed a comfortable and mutually respectful relationship. Board members commented on the positive relations with the executive, of their welcoming nature and of good quality of reports and information to the board. We heard these relationships have improved as the organisation matured.

Where board members are committee chairs or members of committees, this tends to result in natural and positive links with the executive. But all board members should be able to pick up the phone, or email the executive with questions or suggestions. A well-designed induction should help to broker these relationships for new board members, but also the six monthly strategy sessions will be able to create a shared understanding of the strategic and policy issues facing the executive, and help to build a shared focus.

The private sessions held at the start of board meetings provide a good opportunity to deal with complex issues away from the larger group of board attendees. We noted that the discussions in these fora tended to be clear and productive.

### 3.6.3. Stakeholder engagement

A standard role for a board is to act in an ambassadorial capacity for the organisation. Currently external relationships are largely managed by the Chair and the CEO.

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Respondents felt that external stakeholder engagement is an area ripe for board development. SWE have considered holding board meetings around the country, and taking the opportunity to engage with local stakeholders (e.g. local authorities). We recommend that alternate board meetings take place in this fashion.

This could be combined with a board dinner the night before, for board members and the executive to meet in an informal environment.

For the board to be confident external ambassadors, they need clarity on their role, and to understand any key policy or legal points that are likely to be raised by stakeholders, so this is an area for the executive to consider.

Board respondents expressed a willingness to understand stakeholder perceptions more – both the negative as well as the positive. They also felt that more feedback from the National Advisory Forum (NAF) would be useful.

SWE has a NAF with a maximum of 20 members who are either registered social workers representing the breadth of social work, stakeholders from the social work education sector or people with lived experience of social work. The NAF provides expert advice, support and challenge including three challenge sessions per year which explore specific issues in detail.

The system of buddying board members with little previous knowledge of social work with people with lived experience on the NAF was seen as positive by all parties.

We heard that the board would like to strengthen their relationship with the NAF.

#### **3.6.4. Diversity and inclusion**

We note that the board take diversity and inclusion seriously. This is in part evidenced by their concern to engage the NAF as much as possible.

One respondent felt that the absence of voice of someone with lived experience of social work (e.g. as a client) was a gap on the current board. They identified this as a separate aspect from the inclusion of professional social workers as NEDs.

#### **3.6.5. Recommendations**

##### **Culture, relationships and engagement**

- R19. As there has been a high turnover on the board recently, we recommend a team building event be included within one of the strategy events.
- R20. Hold alternate board meetings in different locations to take the opportunity to engage with local stakeholders.
- R21. Timetable two board dinners per year (one to include the senior executive team).

### 3.7. Risk management

Risk management and oversight is largely delegated to the Audit and Risk Assurance committee. The ARAC Chair reports to every board meeting after the committee meets and gives an overview of committee discussions to board. The board should see the corporate risk register for challenge and discussion at least twice per year. Board members highlighted ARAC and its management of risk as one of the most successful performance areas.

As previously stated, we found the level of debate at ARAC to be good, and relationships to be working well between the committee and the executive.

All respondents agreed that the board has a sound process for identifying and reviewing risks and mitigations. All bar one person also agreed that the board receives regular, insightful reports on risk management.

Whilst questionnaire respondents agreed that there had not been any substantial or unexpected problems which the board should have been aware of, it was highlighted that there have been a small number of incidents where the board were not appraised sufficiently about potential risks of reputational damage. We understand that improved systems are now in place to ensure the board is informed of any high-profile cases that may come to public attention.

It is important that the board continues to engage with the risk register, at least twice a year. We have also recommended that the one of the six-monthly strategic sessions should also look at strategic risk on an annual basis.

#### 3.7.1. Recommendations

##### **Risk management**

See R13 and R14

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### 3.8. Skills and experience

As a complex organisation with a wide scope it is a challenge for the board to ensure it has the right skill mix to provide the relevant assurances. We have considered the skills and experience of the current board, current gaps and potential gaps as NEDs come to the end of their tenure.

With two experienced NEDs coming to the end of their terms, committee chair roles will be re-allocated. It is important that those NEDs taking on new chair roles are fully equipped and cognisant of their duties and responsibilities. We noted that some board members expressed a view that they felt only partially confident that they understood their governance responsibilities. Additional training and support for new committee members/Chairs may be needed.

#### 3.8.1. Board skills and experience

We asked board members to carry out a self assessment of their skills and experience. They were asked to rate themselves against a list of relevant skills as follows:

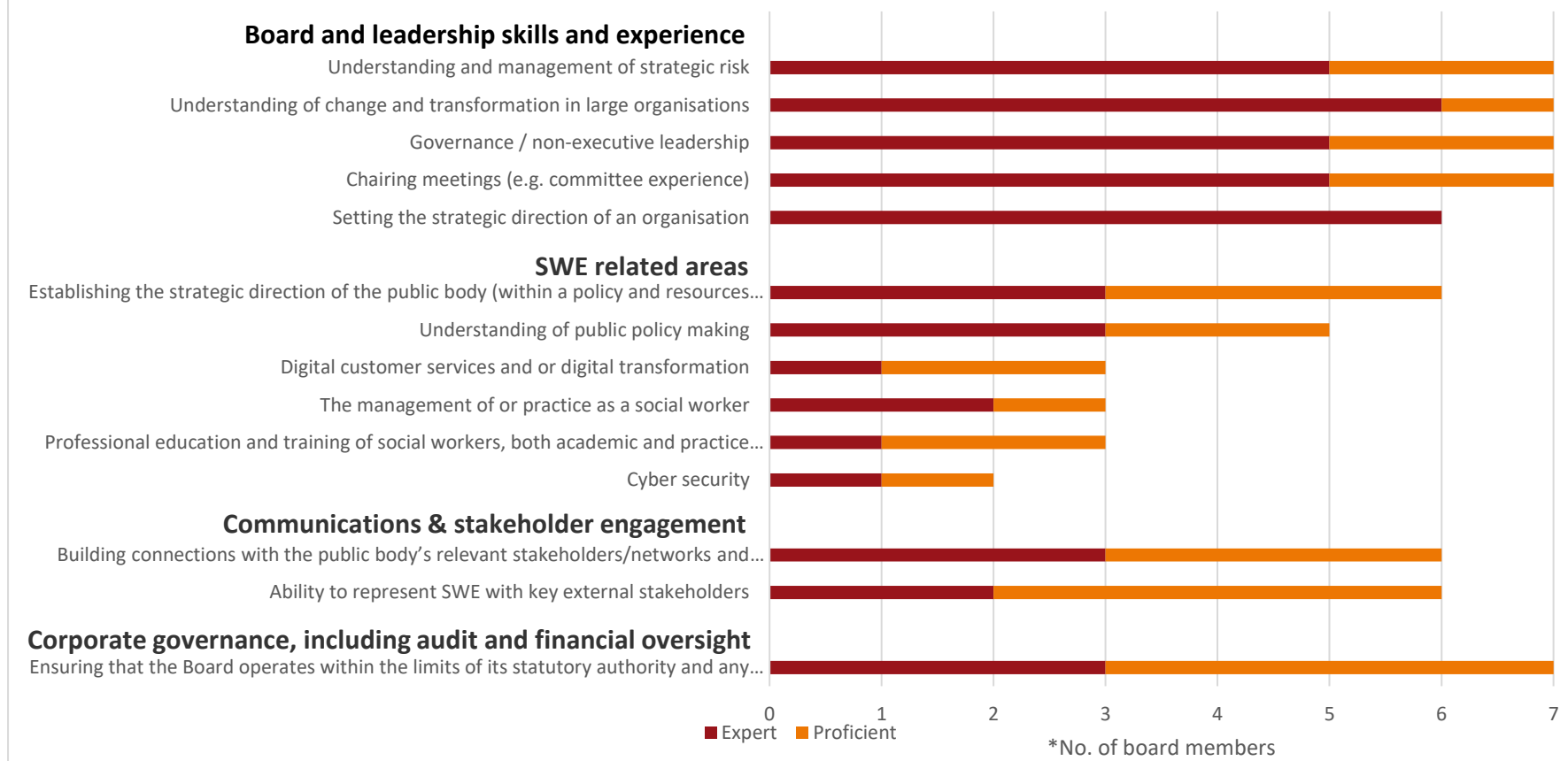
- **Expert** - Specialist, up-to-date knowledge and experience in this area gained through significant work, volunteering or other experience, and/or relevant professional qualification. Ability to use this skill immediately to challenge and add value at board
- **Proficient** - Ability to use knowledge to understand the detail of a board paper and to challenge and add value at board
- **WK=Working knowledge** – Basic overview knowledge or ability in relation to the skill
- Ability to question appropriately in the skill area
- Sufficient understanding to be able to evaluate options and appreciate the implications of a board decision.
- **L/N=Limited/None** - Limited or no experience in relation to the skill area

The chart below outlines our results highlighting the number of board members (out of seven) who rated themselves as having either Expert or Proficient knowledge of this area.

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## Board member skills self-assessment



### 3.8.2. Skills gaps

There was not a consistent view from survey respondents on whether the board has the right blend of skills and expertise to enable it to face current and future challenges successfully: one person strongly agreed with this whilst six respondents partly agreed and the remaining three respondents partly disagreed .

The following are the areas where the **fewest** board members rated themselves as being expert and were acknowledged to be potential skills gaps:

- Cyber security
- Digital customer services and or digital transformation
- Professional education and training of social workers, both academic and practice components.

As mentioned above, experience of the regulatory industry and wider health context will also be less present after the next two NEDs complete their tenures.

One NED said that they felt that more use could be made of the current NEDs' skills and knowledge.

### 3.8.3. Succession planning

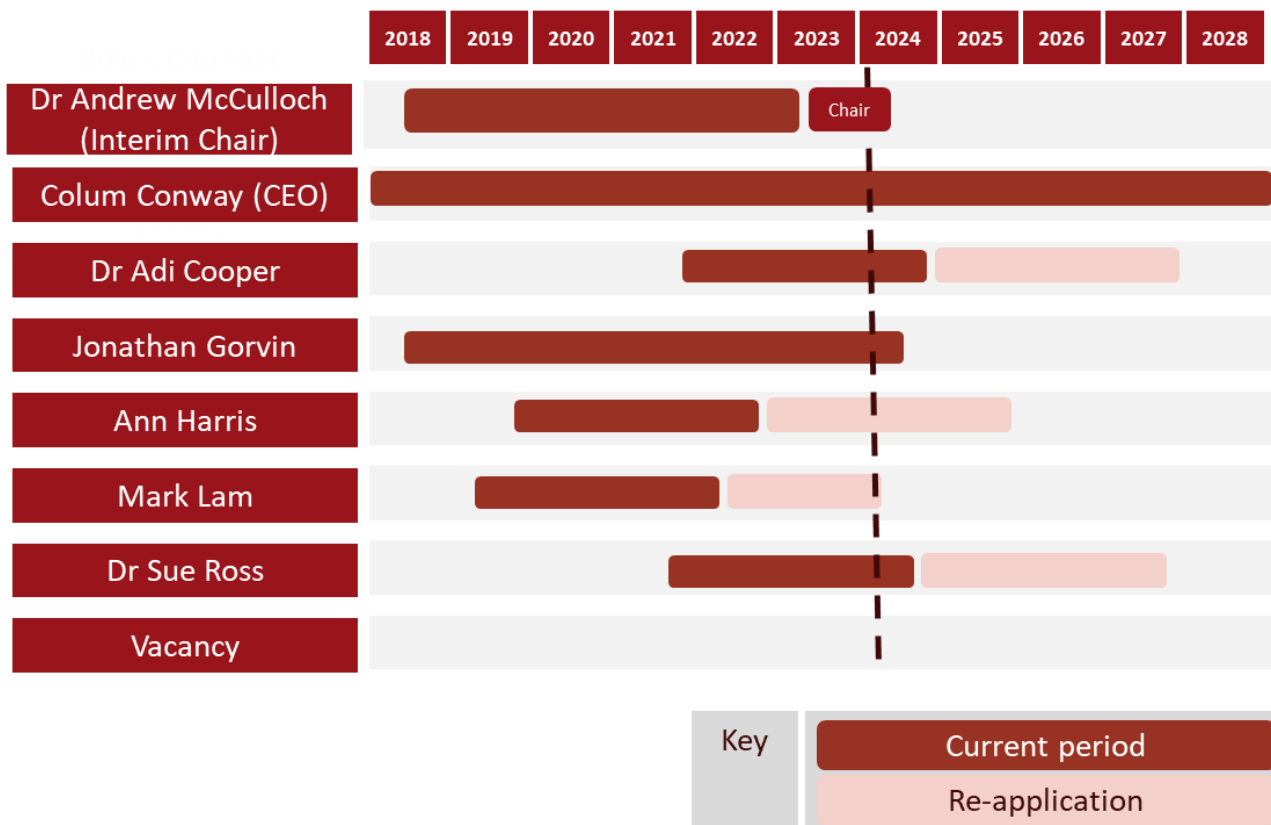
All boards, but particularly a board of this limited size, need to keep a close eye succession planning, including at a senior management level. One respondent was concerned that succession planning for the senior executive team did not receive enough attention at board level. As previously covered in this report, the high turnover of NEDs over the current twelve months may leave the board with gaps in both skills and experience.

We note that SWE is not in control of the recruitment process or timeline, as this is led by their sponsor Department and via the Cabinet Office.

Several respondents highlighted the challenge of maintaining the current skills mix as members of the board leave. The lowest scoring question in the questionnaire related to whether there are effective succession plans in place.

Board members tenures are shown below:

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Key skills that will be lost as current board members leave include digital transformation and data, policy and regulation, health and education.

### 3.8.4. Diversity

SWE is clearly thinking about the diversity of experience of their board members, and aims to influence this through their (limited) role in the appointment process. This is also evidenced through their ongoing commitment to the UK-wide pilot Boardroom Apprentice programme which aims to develop aspiring board members and boost diversity in public boardrooms.

Some respondents raised the question of whether there should be board representation for those with ‘lived experience’ and ideally some younger board members too.

### 3.8.5. Recommendations

#### Skills and experience

R22. Aim to fill the skills gaps identified as new NEDs are appointed (noting that SWE do not lead on the recruitment process).

## 4. Conclusions

We have been impressed by the energy and commitment demonstrated by board members in our interviews and research. To run smoothly and effectively, the board needs access to a range of skills including government/policy, governance, regulation and the social work sector. To ensure that this balance remains, we are recommending increasing the size of the board.

We have also made recommendations in relation to improving strategic planning, the clarity of the role of the board, the way the board measures strategic performance of the organisation, and ways of working together (for example, meeting in person). We believe these measures will support the growth and development of the board and enhance its performance.

The SWE has now been successfully established, in no small part due to the dedication and focus of the board members. We now feel it is time for the board to take more ownership of its identity, to drive more purposeful change inside and outside the organisation, and to take its full leadership role in terms of driving performance within the organisation, and representing SWE externally.

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## Appendix 1 Recommendations

Section	No.	Recommendation
Clarity of the board's role	R1	Help the board to clarify its role, particularly regarding its strategic challenge and oversight of the executive and vis a vis the social work profession.
	R2	Provide an opportunity for NEDs to talk as a group with the Chair and CEO on e.g. a quarterly basis to get a sense of developments in the business/sponsor dept/wider environment.
	R3	Monthly communication to NEDs with key policy/operational developments to help them keep in touch between meetings.
	R4	Chair to hold one-to-one meetings with NEDs on a regular basis (e.g. every two to three months) particularly for new NEDs.
	R5	Ensure that the revised induction takes account of the Whitehall environment that SWE sits within. The visits set up by SWE's regional engagement leads should be maintained for new NEDs.
	R6	Continue to provide board/executive/NAF 'buddies' for new NEDs.
Board operation	R7	The number of NEDs to be increased (e.g. by two).
	R8	Consider recruiting in the medium term a NED whose experience includes some lived experience of social work.
	R9	Create an 18 month forward look for board meetings and committees which shows the key papers brought to each meeting, allowing for sequencing of 'clearance' at committee level before board discussion. Forward look should also identify and timetable papers for decision as opposed to information.
	R10	Face to face attendance at board meetings to be strongly encouraged.

Section	No.	Recommendation
Board committees	R11	Enhance the role of the Policy Committee. Policy issues to be explored by the Policy Committee and then escalated to the board. Policy Committee to take a lead on policy/education issues at strategy events.
	R12	Make the papers and minutes from ARAC and the Policy Committee available to all board members.
	R13	Include discussion of the risk register and identification of strategic risk at alternate board meetings.
	R14	Forward look items for ARAC/RemCo/Policy Committee to be added to the wider 18 month forward look.
Strategic foresight and board performance	R15	Improve the strategic planning through six monthly (private) off-site strategy events. The strategy events will look at the priorities for the next 12-24 months for SWE, then review and assess progress.
	R16	Alternate strategy sessions should include a focus on horizon scanning and the risks for the organisation.
	R17	Board members to agree the key questions to address at the strategy events, so that there is a sense of co-production with the executive.
	R18	The board to continue to develop the performance measures underpinning the strategic objectives, to ensure that they can assure and monitor progress.
Culture, relationships and engagement	R19	As there has been a high turnover on the board recently, we recommend a team building event be included within one of the strategy events.
	R20	Hold alternate board meetings in different locations to take the opportunity to engage with local stakeholders.
	R21	Timetable two board dinners per year (one to include the senior executive team).
Risk management		See R13 and R14

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Section	No.	Recommendation
Skills and experience	R22	Aim to fill the skills gaps identified as new NEDs are appointed (noting that SWE do not lead on the recruitment process).

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## Appendix 2 Focus of the review

Social Work England commissioned RedQuadrant to undertake a board effectiveness review to assess the effectiveness of the board.

In assessing overall effectiveness, we were asked to focus on the extent to which the board:

- Provides strategic leadership and direction setting for the organisation
- Ensures focus and delivery of the core objectives of Social Work England and prevents mission drift
- Ensures value for money and exercises fiduciary oversight;
- Sets the culture and tone for the organisation and ensures adherence to core values.

In addition, we were asked to consider:

- How the board and its committees ensure that Social Work England operates within the limits of its statutory and delegated authority and supports the Accounting Officer in meeting the requirements set out within Managing Public Money.
- How, in reaching decisions, the board takes into account the strategic priorities of Ministers and any guidance issued by the sponsoring department
- The quality of key board relationships; relationships between the executive and non-executive members and relationships between the board and the ALB generally, sponsoring department and Ministers.
- How the board communicates with, listens and responds to, its organisation and other stakeholders.
- The size and composition of the board and its committees; including the balance of skills, experience, knowledge, and diversity (including diversity in its broadest sense) in the context of developing and delivering strategy, the challenges and opportunities, and the principal risks facing the organisation.
- Succession and development plans.
- Evidence that the board is using high quality performance data to assess whether outcomes are being achieved and is challenging whether the data it is provided represents best practice.
- The process the chair uses to ensure sufficient debate for major decisions or contentious issues - including how constructive challenge is encouraged.
- Effectiveness of board committees, including their Terms of Reference, reporting structure and arrangements and how they are connected with the main board.
- Clarity of the decision-making processes and authorities, possibly drawing on key decisions made over the year.
- How the board's practices, relationships and cultural norms compare with other ALBs / best practice.
- Effectiveness of executive office support for the board and its committees.



## Appendix 3 Engagement and review

### List of interviewees

Role	Interviewee
Board member	Dr Adi Cooper
Board member	Ann Harris
Board member	Dr Sue Ross
Board member	Dr Andrew McCulloch
Board member	Jonathan Gorvin
Board member	Mark Lam
Board member and Chief Executive	Colum Conway
Executive team	Linda Dale
Executive team	Philip Hallam
AD for Communications, Insight and Engagement	Katie Florence
BASW representative	Ruth Allen
Chief social worker for Adults	Lyn Romeo
Chief social worker for Children	Isabelle Trowler
Co-optee on Policy sub-committee	Rachael Clawson
Co-optee on Policy sub-committee	Isaac Samuels
DfE sponsor	
DHSC relevant contact	
Professional Standards Authority representative	
UNISON representatives	

### List of documentation reviewed

- Framework agreement
- Strategy 2023-2026
- Business Plan 23/24
- Annual report 22/23
- Professional Standards Authority review
- Social Workers Regulations 2018
- Board and sub-committee schedules
- Board, private strategy awaydays and sub-committee papers for last 12 months
- Board membership and appointment timelines
- Terms of reference for board and sub-committees
- Board Chair and NED recruitment packs
- 2020 External Board Effectiveness Review
- 2022 ARAC effectiveness review
- 2023 Internal board effectiveness survey to board members

## Interview framework

Our one-to-one interviews with board members focused on the following topics:

- What works well at board level and what could be improved
- The working relationship between the executive and NEDs
- The balance of operational/strategic focus at board level
- Current board skills mix and whether there are any gaps
- The culture of the board, relationships, the quality of listening and inclusivity
- NED training/induction and development

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## Appendix 4 Board Effectiveness Review Self-Assessment questions

RedQuadrant have been commissioned by the Social Work England executive to carry out an independent board effectiveness review.

As such, this questionnaire will inform our findings. Please complete all relevant elements of the survey:

1. Board Effectiveness
2. Board Skills Assessment (for all board members)
3. ARAC Skills Assessment (for ARAC members only) (shared with SWE, not included in this report)

All responses will be treated confidentially by the project team and if any quotes are used, they will not be attributable.

Please score each question based on the descriptors below and add any comments or further observations in the boxes as appropriate.

- 1= Strongly Disagree
- 2= Partly Disagree
- 3= Partly Agree
- 4= Strongly Agree

### Clarity of board's role

1. Board members, both individually and collectively understand what is expected of them
2. The board has a shared understanding of its role and that of Social Work England
3. The board combines being supportive of management with providing appropriate challenge
4. I have sufficient understanding of SWE to carry out my role as a NED
5. What additional understanding would assist you?

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### SWE context

6. The board understands Social Work England's business and context as a public sector regulator
7. Please use this box to provide further comments on any of the questions above

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### Boardroom culture

8. An appropriate amount of the board's time is spent on issues related to strategic direction and not day to day management responsibilities
9. The board has sufficient time/information to do horizon scanning
10. The Chair leads the meetings with a clear focus on the key issues facing the organisation and allows full, open discussion before major decisions are taken
11. All board members (including executive directors) are able to engage equally and contribute effectively in discussion and decision making in board meetings
12. I feel able to engage in board meetings
13. I get the right level of information and data to support me in my role
14. Please use this box to provide further comments on any of the questions above

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### Overall board performance

15. The board gets early-warning signals of problems ahead that will adversely affect outcomes, targets or financial performance
16. The executive provide a thorough analysis of performance against budget, targets and key measures of success asset out in the business plan
17. In the past year, what areas has the board performed most effectively?

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18. In the past year, what areas has the board performed least effectively?

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19. Please use this box to provide further comments on any of the questions above

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### Board operations

20. Overall, the board has the right blend of skills, and expertise to enable it to face current and future challenges successfully.
21. There is sufficient diversity of thought, experience and perspective within the board
22. The board has effective succession plans in place (including in relation to committee membership)
23. The non-executive board members and executive team work effectively in partnership together
24. The board members work together effectively as a team
25. I was satisfied with the induction process when I joined the board
26. I receive regular updates on keeping my skills and knowledge up to date
27. Board members are kept appropriately up-to-date on issues as necessary between meetings.

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- 28. The balance between face to face meetings and online/hybrid meetings is currently working well
- 29. The level and quality of support from the secretariat to the board is appropriate
- 30. Please use this box to provide further comments on any of the questions above

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**Board committees**

- 31. The split of responsibilities between committees and board is clear and the right reports considered in each, plus appropriate issues are escalated to the board
- 32. The Risk and Audit Committee has sufficient expertise, support, time and access to key staff to discharge its monitoring and oversight role effectively.
- 33. The Policy Committee has sufficient expertise, support, time and access to key staff to discharge its monitoring and oversight role effectively.
- 34. Please use this box to provide further

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**Risk Management**

- 35. The board has a sound process for identifying and regularly reviewing its principal and strategic risks and makes the necessary arrangements
- 36. The board receives regular, insightful reports on the organisation’s risk management and internal control systems that provide assurance over their operational effectiveness
- 37. No substantial, unexpected problems have emerged which the board should have been aware of earlier
- 38. Please use this box to provide further comments on any of the questions above

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**Skills and experience (Board members only)**

Can you please complete the following self-assessment questionnaire on your skills, and experience – using the rating criteria below:

**E=Expert**

Specialist, up-to-date knowledge and experience in this area gained through significant work, volunteering or other experience, and/or relevant professional qualification. Ability to use this skill immediately to challenge and add value at board

**P=Proficient**

Ability to use knowledge to understand the detail of a board paper and to challenge and add value at board

**WK=Working knowledge**

Basic overview knowledge or ability in relation to the skill

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Ability to question appropriately in the skill area

Sufficient understanding to be able to evaluate options and appreciate the implications of a board decision.

**L/N=Limited/None**

Limited or no experience in relation to the skill area

**Board and leadership skills and experience**

- 39. Setting the strategic direction of an organisation
- 40. Understanding and management of strategic risk
- 41. Understanding of change and transformation in large organisations
- 42. Governance / non-executive leadership
- 43. Chairing meetings (e.g. committee experience)

**SWE related areas**

- 44. Understanding of public policy making
- 45. Establishing the strategic direction of the public body (within a policy and resources framework agreed with Ministers)
- 46. Cyber security
- 47. Digital customer services and or digital transformation
- 48. The management of or practice as a social worker
- 49. Professional education and training of social workers, both academic and practice components

**Board subject matter**

- 50. I am confident in dealing with the subject matter that comes before the board

**Communications and stakeholder engagement**

- 51. Ability to represent SWE with key external stakeholders
- 52. Building connections with the public body's relevant stakeholders/networks and the wider system

**Corporate governance, including audit and financial oversight**

- 53. Ensuring that the board operates within the limits of its statutory authority and any delegated authority agreed with the sponsoring department

**Other**

- 54. Please use this box to provide further comments on any of the skill areas above

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55. What other skills do you have which are relevant?

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56. What other skills do you think should be represented through NED/committee recruitment

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57. Please use this box to provide any further comments on skills

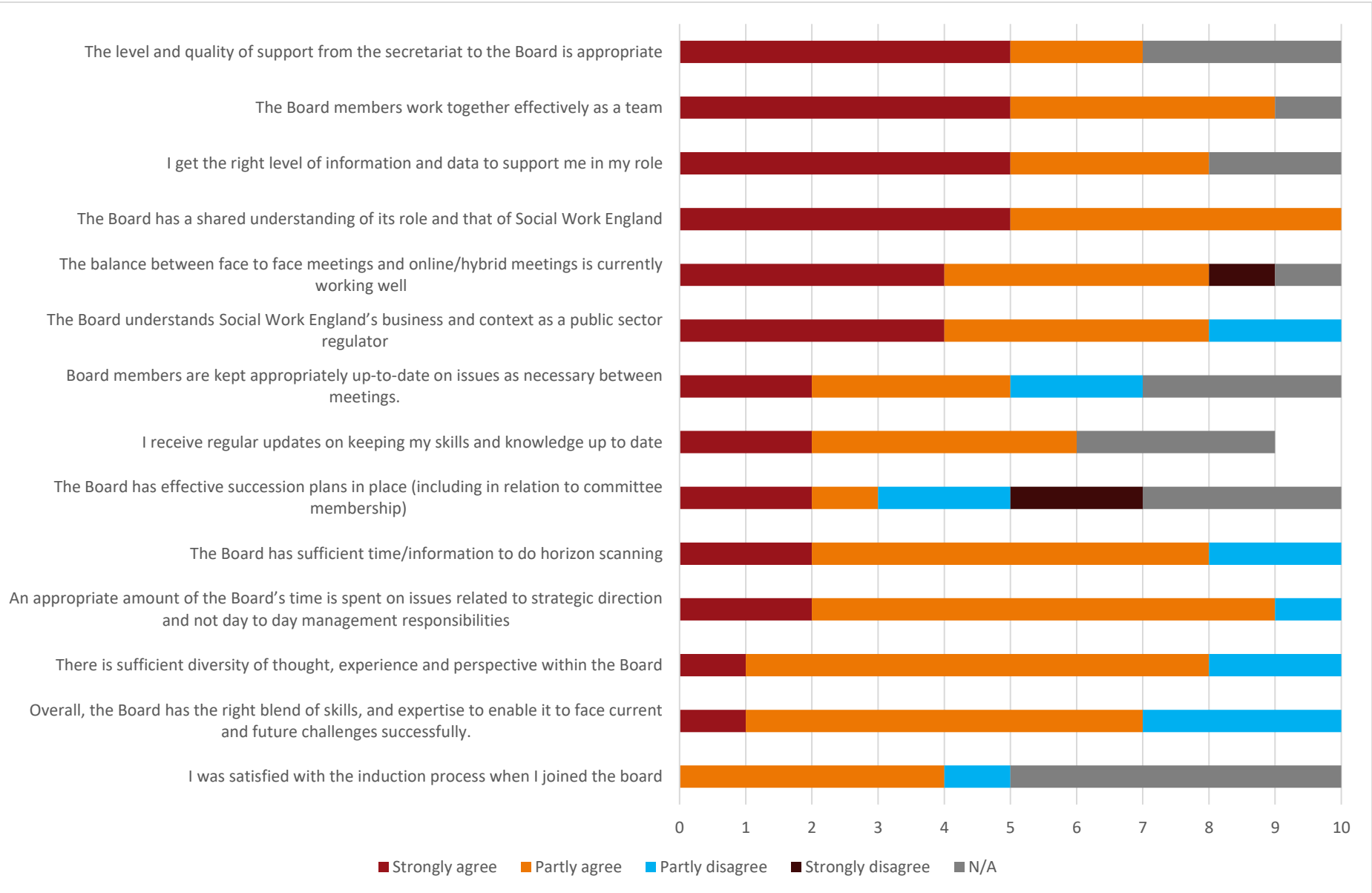
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## Appendix 5 Board Effectiveness Review Self-Assessment results







## Appendix 6 Skills Assessment results

### E=Expert

Specialist, up-to-date knowledge and experience in this area gained through significant work, volunteering or other experience, and/or relevant professional qualification. Ability to use this skill immediately to challenge and add value at board

### P=Proficient

Ability to use knowledge to understand the detail of a board paper and to challenge and add value at board

### WK=Working knowledge

Basic overview knowledge or ability in relation to the skill

Ability to question appropriately in the skill area

Sufficient understanding to be able to evaluate options and appreciate the implications of a board decision.

### L/N=Limited/None

Limited or no experience in relation to the skill area

Skills/experience area	Number of board members			
	Expert	Proficient	Working knowledge	Limited/None
<b>Board and leadership skills and experience</b>				
Setting the strategic direction of an organisation	6	0	1	0
Understanding and management of strategic risk	5	2	0	0
Understanding of change and transformation in large organisations	6	1	0	0
Governance / non-executive leadership	5	2	0	0
Chairing meetings (e.g. committee experience)	5	2	0	0
<b>SWE related areas</b>				
Understanding of public policy making	3	2	2	0
Establishing the strategic direction of the public body (within a policy and resources framework agreed with Ministers)	3	3	1	0
Cyber security	1	1	4	1
Digital customer services and or digital transformation	1	2	3	1
The management of or practice as a social worker	2	1	4	0
Professional education and training of social workers, both academic and practice components	1	2	3	1
<b>Communications and stakeholder engagement</b>				
Ability to represent SWE with key external stakeholders	2	4	1	0

Skills/experience area	Number of board members			
	Expert	Proficient	Working knowledge	Limited/None
Building connections with the public body's relevant stakeholders/networks and the wider health and safety system	3	3	1	0
Corporate governance, including audit and financial oversight				
Ensuring that the board operates within the limits of its statutory authority and any delegated authority agreed with the sponsoring department	3	4	0	0

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# An update on the short-term impact of the inform and educate campaign and Social Work Week 2024

Agenda Item 14 Paper Ref 11

**Paper for the**  
Social Work England Board

**Sponsor**  
Sarah Blackmore, Executive Director, Professional Practice and External Engagement

**Author**  
Jonathan Smith, Head of Communications  
Matthew Devlin, Head of Strategic Engagement

**Date**  
7 May 2024

**Reviewed by**  
Katie Florence, Assistant Director, Communication, Engagement, Data and Insight

**This paper is for**  
Assurance and Noting

**Associated Strategic Objective**  
SO1: Build trust and confidence in the social work profession, and in regulation, by strengthening our relationship with the sector.

**Impact: Risk Type and Appetite**  
Strategy - Open

**Equality Impact Assessment (EIA)**  
N/A

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## 1. Summary

This paper provides an update on the delivery and success of:

1. **Inform and educate campaign**, which aims to explore the consequences of negative depictions of social work. It calls on TV and filmmakers for more accurate portrayals of the profession, with the intent to start a national conversation on the purpose and impact of social work as a regulated profession.
2. **Social Work Week 2024**, which took place in March and aimed to bring people together to learn, connect, and influence change within the profession.

As part of our communication and engagement approach for the current 3 year strategic period, these activities help us to build trust and confidence in the social work profession, and in regulation, by strengthening our relationship with the sector.

The campaign also supports our ambition to promote social work as a rewarding profession. This is a key focus within the governments vision for reform of children's social care [‘stable homes built on love’](#) and our own aim - to promote public confidence in social work.

## 2. Action required

To note impact and planned next steps.

## 3. Commentary

### Inform and educate campaign

#### Introduction

We are committed to learning about social work and to gathering data and intelligence about the profession and people's experiences. In 2023 we commissioned YouGov to help us better understand the social work workforce. This research looked at how social workers move around the profession, the impact vacancies have on the existing workforce, and how workplace culture impacts on the ability to recruit and retain staff.

This, together with the findings from our public perceptions of social work research, helped us to identify where communication interventions might be helpful to increase public understanding and recognition of social work as a regulated profession. Using ring-fenced funding, granted by the Department for Education as part of their reform of children's social care, we took this opportunity to test and learn from a range of national and regional communication tactics, aligned with our mission to enable positive change in social work.

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We intentionally delivered this work during Social Work Week to ensure we not only engaged professionals and stakeholders but encouraged a public facing dialogue on the role of social work plays within society, that it adheres to professional standards and requires academic rigor.

A working group co-produced the campaign alongside a marketing agency who won the contract to deliver this activity via the Crown Commercial Services communications marketplace. This ensured that a diverse range of lived and learned experiences of social work informed decision making and helped us to plan and deliver at pace.

The success of the campaign was built around (all of the following):

- **telling an impactful story.** We leveraged our research to highlight the disparity between the levels of respect for the social work profession. We used this to create a conversational hook, and to ask the entertainment industry to change the script as many social workers believe negative and inaccurate storylines contribute to misconceptions of the profession.
- **credible voices,** as we identified and engaged with several social workers and those with lived experience of social work to tell the real story of social work. This ensured the campaign represented the diverse voices of the profession and the people it supports.
- **compelling assets,** including an emotive video using real life case studies to capture the real story of social work which was shared across our digital channels. A toolkit was also developed to engage the support of stakeholders. Plans were also set in motion for the creation of a writer's guide to be made available to the entertainment industry to help them change the script.

### Evaluation (up to Friday 3 May)

Since launching on 18 March, up to and including the 3 May, impact and reach to date includes:

- **Media coverage of the campaign** has had a potential reach of 17.4million people. This includes featuring in over 36 national, regional, and broadcast outlets including national BBC coverage on BBC Radio 4 Women's Hour and Radio 5 Live, plus regional BBC stations covering large cities and counties. Further to broadcast coverage, so far we have seen extended written coverage in The Big Issue, the Yorkshire Post, and in 3 leading social work sector publications. All coverage has had a positive or neutral sentiment.
- We published a **webpage with content on 'what is social work'** which aims to build trust in ourselves and the profession, and help address misconceptions about social work and its role. This page also hosted the **campaign hero video** and **campaign**

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**toolkit for stakeholders.** This page has been viewed over 2,500 times, and the hero video viewed over 2,400 times.

- Sharing **social media content** to support the campaign that has had over 125,000 impressions across X/Twitter, LinkedIn and Instagram. This reach was extended considerably by **social media influencers** who we used carefully to consider new spaces to reach different audiences.
- The campaign was **endorsed by a wide range of stakeholders** through their own communication and social media channels. This included key government departments, sector leaders, social work employers and social workers themselves.

As well as informing and educating the public on the purpose of social work, we want to better understand how this type of campaign could start to change perceptions longer term. A short survey was produced for a sample of 385 people – this was the number of respondents needed to be able to apply the results as being representative of the general population (with a confidence rating of 95%).

The survey asked people to respond to statements they felt best describe social workers before and after viewing our video. Results showed significant increases in positive references on social workers:

- a 75% increase in people selecting ‘social workers improve people’s lives’
- a 26% increase in people selecting ‘social workers have people’s best interests at heart’
- a 247% increase in people selecting ‘social workers empower people’
- a 44% decrease in people selecting ‘social workers are bossy and incompetent’
- a 61% decrease in people selecting ‘social workers remove children from families’.

There was also a 67% increase in people strongly agreeing that social workers deserve more recognition than they are currently given. This shows the power of an alternative narrative and positive content in shifting public confidence in the profession.

### Next steps

Following the end of our contract with the marketing agency, ongoing deliverables over the next 3-6 months relating to the campaign will be delivered in house in line with our other communications activity. This will include ongoing media relations activity to further raise awareness of the campaign and further digital and case study content.

We are also looking to progress the development of a writer’s guide with key stakeholders to complement existing materials that offer guidance on the representation of social work.

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## Social Work Week 2024

### Introduction

Social Work Week 2024 was an opportunity to build upon the work we have done to date to establish this national moment across the last three years. The week delivered a successful series of free events to promote confidence in social work and explore our role as the regulator at a national, regional and even international level.

This year's event revolved around 3 key themes:

- **Learn:** Sharing a wide range of best practices from a diverse sector.
- **Connect:** Facilitating connections among individuals with lived experiences, learners, and professionals.
- **Influence:** Exploring sector challenges, successes, and innovative solutions.

The Social Work England programme featured 21 virtual sessions, complemented by an additional 49 independently led virtual events from various sector stakeholders. These sessions provided diverse opportunities for attendees to engage and reflect on content from different organisations, individuals and spheres of social work practice.

Our objectives for Social Work Week 2024 were to:

- use this national moment to inform and educate the public on what social work is and why it is regulated
- co-produce the week with those with lived and learned experience, ensuring that the programme reflects the diversity of social work practice and the voices of people who have social work in their lives
- listen to the experiences of social workers and people with lived experience, so that we have a rich picture of professional practice to draw from, to further our work to embed our professional standards
- encourage ownership of the week locally, by having a programme of events developed and delivered independently to those hosted by Social Work England
- bring together leaders across one social work profession, sharing regional and national intelligence on the challenges, influencing discussions on collective solutions

Social Work Week has continued to foster understanding of the profession by driving strategic conversations, unifying adult and children's social work, and reinforcing confidence inside and outside of the profession. It is now embedded as a national moment for the profession, alongside world social work day.

The success of Social Work Week 2024 was made possible by the collaborative efforts of a small planning team within the Professional Practice and External Engagement directorate. Working alongside colleagues in IT and legal, plus drawing on insight from our national

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advisory forum members they have ensured that the week not only reflects the sector but remains focused on explaining key areas of our regulatory functions.

### Evaluation and impact (to date)

#### Ticket Sales:

- A total of 13,468 tickets were 'sold' overall, with significant spikes in sales on specific dates, notably 29 January (2,200 tickets).
- Total attendance throughout the week was 6,549, representing a 49% attrition rate, which is within the expected range for free events.

#### Website:

- 28 website pages were published.
- Social Work Week pages were accessed by 53,208 users from the start of promotion to the event's conclusion.
- Approximately 11,000 visitors accessed the website during the event week, with around 5,000 being new users.

#### Social Media:

- The #SocialWorkWeek2024 hashtag on Twitter reached a potential 1.5 million users.
- Twitter engagement remained robust, with a 3.4% engagement rate during 18-22 March.

#### Social Work Now:

- Information was shared in 6 editions of Social Work Now, reaching over 86,000 people.

#### Media Coverage:

- We secured 12 pieces of press coverage across various publications before, during, and after Social Work Week 2024.

#### Stakeholder Engagement:

- Our communications reached stakeholders such as Skills for Care, Department for Education, and the Social Care Institute for Excellence.

#### Toolkit Requests:

- We received 82 requests for our Social Work Week toolkit, with a quarter of organisations using the toolkit for external communications.

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## Other Achievements:

- Launched alongside the Change the Script campaign for professional and public impact.
- Aligned with and signposted our social worker annual survey.
- First in-person staff event for World Social Work Day held to re-launch a staff social worker network.
- Increased international participation in the Social Work England programme.
- Success of 'bitesize' sessions within the Social Work England programme for busy professionals.

## Next steps

### Evaluation

We are currently collating feedback from Social Work Week 2024 attendees, Social Work England programme contributors, and independently led programme contributors. A summary of some of the feedback received includes:

- *“I found the 2 sessions I have joined so far inspirational. They made me feel stronger as a new ASYE who sometimes struggles and doubts herself. Thank you.”*
- *“Excellent speakers, great enthusiasm in social work - makes me more proud to be a social worker”*
- *“Excellent sessions so far with really relevant and respected peers, great content and very relatable to our place at this time.”*

Social Work Week is offered as a free event. While we don't pay speaker fees and deliver everything at low cost, we do intend as part of the wider evaluation to reflect on the cost of delivering the week in terms of staff time and investment. This will enable a cost breakdown per registrant for the overall cost of Social Work Week 2024.

### Proposed plan for 2025 onwards

As part of the wider evaluation, we will consider Social Work Week as a whole concept, reflecting on all previous years and presenting recommendations that will align with our continued ambition under our strategic objective 1: Build trust and confidence in the social work profession, and in regulation, by strengthening our relationship with the sector. Whilst balancing against the availability of our resources.

## 4. Recommendations

Not applicable.

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