Social Work England
Board Meeting

MEETING

16 May 2025 10:00 BST

PUBLISHED
16 May 2025

Social Work England Board Meeting

Friday 16 May 2025, 10.00 – 12.30

at The Don, Social Work England and by videoconference

AGENDA

Item	Time	Topic	Paper / Ref.	Board Action	Lead
		Welcome			Chair
1.	10.00	Apologies for absence and declarations of interest • Board members' register of interests link	Verbal	**To note/ declare**	Chair
2.	10.05	Minutes of the meeting held on 14 March 2025	Paper 01	**To approve**	Chair
3.	10.10	Matters arising and action log	Paper 02	**To discuss and note**	Chair
4.	10.15	Chair's report	Verbal	**To note**	Chair
5.	10.20	Chief executive's report	Paper 03	**To discuss and note**	Chief Executive
6.	10.30	Audit and risk assurance committee chair's report • Audit and risk assurance committee chair's annual report 2024/25	Paper 04* Annex 04a*	**To note**	Audit and Risk Assurance Committee Chair
7.	10.45	Remuneration committee chair's report	Verbal	**To note**	Remuneration Committee Chair
8.	10.50	Finance and commercial report • Management accounts to 31 March 2025	Paper 05	**To discuss and note**	Executive Director, People and Business Support; Head of Finance and Commercial
9.	11.00	Quarter 4 performance report 2024/25	Paper 06	**To discuss and note**	Executive Directors; Head of Business Planning and Improvement

Item	Time	Topic	Paper / Ref.	Board Action	Lead
10.	11.30	Risk appetite statement	Paper 07	**To discuss and note**	Executive Director, People and Business Support; Head of Business Planning and Improvement
11.	11.40	Corporate risk register	Paper 08*	**To discuss, note and approve**	Head of Business Planning and Improvement; Risk Manager
12.	11.50	Digital, Data and Technology review: update on key findings	Verbal	**To discuss and note**	Executive Director, People and Business Support
13.	12.00	Sustainability plan – progress in 2024/25 and priorities for 2025/26	Paper 09 Annex 09a	**To discuss, note and approve**	Executive Director, People and Business Support
14.	12.10	Corporate Governance: policy update: • Anti-fraud, bribery and corruption • Financial control handbook • Whistleblowing (internal)	Paper 10 Annex 10a Annex 10b Annex 10c	**To discuss, note and approve**	Executive Director, People and Business Support; Head of Finance and Commercial
15.	12.20	Scheme of regulatory delegations	Paper 11	**To discuss, note and approve**	Executive Director, Regulation
16.	12.25	Any other business Date of next meeting: **25 July 2025 10.30 – 13.00**	Verbal	**To note**	Chair
	12.30	Meeting ends			
	12.45 – 15.00	**Board strategy session**			Chair

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

LIST OF ATTENDANCE

Board members:	Dr Andrew McCulloch	Chair, Non-executive Director
	Ann Harris	Non-executive Director
	Dr Adi Cooper	Non-executive Director
	Simon Lewis	Non-executive Director
	Dr Sue Ross	Non-executive Director
	Colum Conway	Chief Executive
Staff in attendance:	Clarissa Allford	Risk Manager
	Grace Barnes	Executive Assistant
	Joe Stockwell	Assistant Director, Assurance and Improvement
	Linda Dale	Executive Director, People and Business Support
	Natalie Day	Assistant Director, Policy and Strategy
	Philip Hallam	Executive Director, Regulation
	Rachel McAssey	Assistant Director, Regulation (Registration, Advice and Adjudications)
	Stephen Barnett	Assistant Director, Regulation (Investigations)
	Richard Simpson	Head of Finance and Commercial
	Neil Smith-McOnie	Head of Business Planning and Improvement
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement

Sponsor team:	Andrew Wise	Department for Education
	Kate Phillips	Department for Education
	Sonia Mosley	Department for Education
Public observers:	Ben Jones	Unison
	Gill Archer	Unison
	Colette Higham	Professional Standards Authority
	Abdul-Rahman Lawal	Professional Standards Authority
Staff observers:	James Tynemouth	Business Improvement Officer
Minute taker:	Chloe Corbett	Corporate Governance Manager
Apologies:	Bhavna Chandra	Boardroom Apprentice

Minutes of the Social Work England board meeting for approval
14 March 2025, 10.30-13.00
at The Don, Social Work England and by videoconference

Board Members:	Dr Andrew McCulloch	Chair, Non-executive Director
	Dr Adi Cooper	Non-executive Director
	Simon Lewis	Non-executive Director
	Dr Sue Ross	Non-executive Director
	Ann Harris	Non-executive Director
	Colum Conway	Chief Executive
Board Apprentice:	Bhavna Chandra	Boardroom Apprentice
Staff in attendance:	Linda Dale	Executive Director, People and Business Support
	Sophie Rees Rumney	Executive Assistant
	Joe Stockwell	Assistant Director, Assurance and Improvement
	Sarah Blackmore	Executive Director, Professional Practice and External Engagement
	Katie Florence	Assistant Director, Communication, Engagement and Insight
	Ahmina Akhtar	Head of Equality, Diversity and Inclusion *(Item 8)*
	Natalie Day	Assistant Director, Policy and Strategy
	Philip Hallam	Executive Director, Regulation
	Rachel McAssey	Assistant Director, Regulation (Registration, Advice and Adjudications)
	Stephen Barnett	Assistant Director, Regulation (Investigations)

	Katie Newbold	Head of Policy *(Item 11)*
	Calvin Ngwenya	Registration and Advice Manager – Renewals and CPD *(Item 11)*
	Richard O'Connell	Interim Head of Finance and Commercial *(Items 9 and 10)*
Sponsor team:	Andrew Wise	Department for Education (DfE)
	Kate Phillips	Department for Education (DfE)
	Catherine Pearson	Department for Education (DfE)
Public observers:	Richard West	Professional Standards Authority
	Ben Jones	Unison
	Gill Nixon	Unison
	Andrew Middleton	Derbyshire Integrated Care Board (attending in a personal capacity for CPD)
Staff observers:	Ian Crawford	Lay Case Examiner
	David Mellers	Senior Finance Business Partner
Minute taker:	Chloe Corbett	Corporate Governance Manager

1. Welcome

1.1 The chair welcomed board members, colleagues and public observers to the meeting, and noted that no apologies had been received.

1.2 Non-executive director, Dr Sue Ross, declared an interest: having advised on an appeal on behalf of kickboxing Great Britain regarding a lifetime ban imposed following safeguarding concerns.

1.3 Non-executive director, Dr Adi Cooper, declared an interest: chairing the Newham practice improvement board from August 2024. Their role as chair of the City and Hackney Council safeguarding adults board had also ceased 31 January 2025, and their role as chair of Haringey Council safeguarding adults board would end in April 2025.

2. Minutes of the last meeting — Paper 01

2.1 The minutes of the meeting on 31 January 2025 **were approved as a correct record.**

3. Matters arising and action log — Paper 02

3.1 There were no matters arising. The chair reviewed the action log.

3.2 Closed actions following the last meeting:

- **Action 102:** The executive office team to diarise an annual meeting between the chair and the DPO around April/May. *A meeting between the chair and the DPO has been scheduled for the 15 May 2025. The meeting request has been added to the executive office team's annual meeting schedule.* **Action closed.**
- **Action 106:** The executive office team to plan a forward schedule for the board to reflect the arrangements agreed in the board effectiveness review action plan. This will include two strategy days per year, one stakeholder visit/meeting at a location away from Sheffield convenient to the board and two meetings per year dedicated to the non-executive director discussions only. *A forward schedule of regular agenda items for the board and each committee was approved at the board strategy awayday on 27 September 2024. While the requirements and arrangements for the proposed forward schedule will be reviewed regularly, this item can now be closed.* **Action closed.**
- **Action 113:** The executive director, people and business support to ensure dedicated time is allocated during the May board strategy session agenda to further develop the culture and behaviours work, ensuring the board understand and are aligned to the behaviours framework. *The executive office team have added an item on culture and behaviours work to the draft agenda for the board strategy session.* **Action closed.**
- **Action 115**: The corporate governance manager to seek feedback from non-executive director Simon Lewis on his experience of board induction. *Non-executive director Simon Lewis has provided feedback on his induction experience to the corporate governance manager.* **Action closed.**
- **Action 116:** Corporate governance manager to add continuing professional development to the 2025/26 board and committee work programme. *The board will receive an update on CPD at the 14 March 2025 meeting. As part of efforts to redesign the CPD framework and ensure board involvement, an item titled 'CPD: reimagining our processes and developing proposals' has been added to the board work programme for 31 October 2025.* **Action closed.**

3.3 Actions pending sign off at the 14 March 2025 meeting:

- **Action 101:** Executive director, people and business support to arrange cyber awareness training in consultation with the IT team, the chair and the ARAC chair. *Planning has been underway to develop and deliver a focused session that will take place after the 14 March 2025 board meeting. This training had originally been scheduled for the 31 January 2025 but had been deferred at the request of a board member to enable them to participate.* **Action to close.**
- **Action 105:** An updated caseload volume report to be presented at the Social Work England board meeting on 31 January 2025. This report will provide an overview of end-of-month caseload volumes and allow for reporting and

identification of any emerging trends. *In discussion with the chair, this report was re-scheduled for the 14 March 2025 meeting so that it could provide a more complete picture of activity and the planned next steps. The report will be presented with a new title 'Fitness to practise 2025/26 - case throughput and actions'*. **Action to close.**

3.4 Progress on the open items was **noted** by the Board.

4. Chair's report — Verbal

4.1 The chair informed the board that the non-executive director recruitment was progressing well. It was hoped that the appointments would be made soon so that we can begin the process of welcoming and inducting new colleagues. The chair noted that this was a positive step, and that the new appointments would bring more capacity to board, which would resolve the biggest issue raised in the board effectiveness report, and in the 2024/25 board effectiveness review.

4.2 The board noted that this was an encouraging update, with the number of high-quality applications in part due to the wide dissemination of the advertisement by both the communications department and the DfE. The diversity of applicants was also noted, and the learning from this proactive approach would support future recruitment.

5. Chief executive's report — Paper 03

5.1 The chief executive informed the board that a lot of work was taking place in relation to planning for the year ahead, and year-end reporting, with business and budget planning to be discussed later in the meeting.

5.2 Additional funding had been secured for phase two of the change the script campaign. The executive director, professional practice and external engagement updated the board on the purpose of phase two of the campaign. This would build upon the successful initial campaign, with a focus on partnership working to change the narrative and negative media stereotypes often presented in relation to social workers and the social work profession. A "re-framing" guide was being developed with partners to support a better and more accurate narrative around the social work profession, particularly in relation to media reporting. Engagement was noted to be positive, with a number of partners working together in a constructive way. An initial stakeholder group meeting had taken place with follow-up discussion scheduled in two weeks' time, with a view to launching the reframing guide in April 2025.

5.3 The board queried whether phase two of the campaign would demonstrate the broad nature of social work, particularly in relation to work with young adults, older people and mental health. The executive director, professional practice and external engagement confirmed that Social Work Week would reflect some of this, and that there was more they would like to do to showcase the breadth of social work. The campaign would showcase children's and adults' services, but not the more specialised areas, and would highlight what social work does for those in difficult circumstances, to help to shift negative media stereotypes.

5.4 The chair noted that it was positive to see the campaign progressing further, and that it had received strong support from partners last year. The chief executive informed the board that the positive feedback received in relation to the first

phase of the campaign was one of the reasons phase two had been developed. It would be a more collaborative campaign this time.

5.5 The chief executive updated the board on the consultation on the potential increase in registration and renewal fees that was launched in February 2025. This was noted to be an important consultation in the sector, as it was the first time that the question has been asked since 2015. It was positive to see that a large number of people had engaged in the consultation so far, as the organisation was keen to hear feedback. Recent discussions, particularly within government, had raised the importance of considering the balance of contributions to the cost of regulating social work, i.e. the balance between grant-in-aid and contributions from the social work profession. This was an important conversation to have within the sector. The board would be regularly updated on in the response to consultation.

5.6 The chief executive shared the outcomes of current year business plan commitments to review the annual registration renewals process and the approach to continuing professional development (CPD). The review of renewals had resulted in positive feedback and current systems and processes were found to be working well. There was no need for a comprehensive consultation on rules. A consultation would be launched at the end of the month that would have a more limited focus.

5.7 CPD had also been considered as part of the review process and would be explored further during the coming year. The process for uploading CPD as part of annual registration renewal was working well; future activity would focus more on the broader approach i.e. future expectations regarding CPD, the content of CPD and how it would be evaluated or used by Social Work England. There would be a phased approach to engagement with the sector and others. A paper would be brought to the next board meeting to set out the plan and timeline.

Action: Further information in relation to the plan for developing the future approach to CPD to be shared at the next board meeting.

5.8 The board queried whether the annual renewal process and CPD could be de-coupled, as there had been feedback that linking CPD to renewals could be a constraining factor. The chief executive agreed that this was an important factor to consider, which was why there was a need for a broader conversation with the sector. At the very least, a declaration confirming that CPD had been undertaken would be needed as part of the renewal process. Currently, evidence was also uploaded as part of this process, but that could be managed in other ways.

5.9 The executive director, professional practice and external engagement informed the board that there appeared, sometimes, to be a misconception that CPD related to a training course rather than other activities, such as reflection on a scenario that didn't go well or learning from an article or paper. CPD was a fundamental activity that should be embodied as part of a social worker's professional identify, contributing to their ongoing fitness to practise to ensure their knowledge and skills remained up to date, rather than for the purpose of meeting a regulator's renewal requirement.

5.10 The board noted that it would be beneficial for the chief executive's report to include a list of upcoming meetings, in addition to meetings that had taken place

in the previous period. This would enable the board to highlight anything they would wish to contribute to those meetings.

Action: Chief executive's report to include a list of upcoming meetings going forward.

6. Audit and risk assurance committee chair's report — Paper 04

6.1 The audit and risk assurance committee (ARAC) chair presented the report and highlighted discussions that had taken place by the committee. The internal audit plan for 2025/26 had been discussed and approved. This also set out a plan for future years, however the board was assured that this would be flexible and could be re-prioritised if needed. At the chief executive's suggestion, it had been agreed that the proposed internal audit plan and the organisation's own internal quality assurance plan would be presented to the committee in parallel in future years, to enable a clearer overview of assurance.

6.2 In terms of external audit, a paper had been provided by NAO to explain the rationale for increased audit fees in 2024/25 and 2025/26. The ARAC chair and executive director, people and business support had also attended a meeting with wider NAO colleagues who were leading a piece of work to explore proportionality of audit and accountability arrangements for smaller bodies. It was not clear whether this would lead to change.

6.3 The risk management framework had been shared with the committee, this was a useful document and could be included in the induction pack for new non-executive directors, when they were appointed.

Action: Risk management framework to be included in the induction pack for new non-executive directors.

6.4 The ARAC chair confirmed that their term of appointment ended in July, so they expected to remain in post until the 2024/25 annual report and accounts were signed off.

7. Policy committee chair's report — Paper 05*

7.1 The policy committee chair presented the report. The committee had discussed planning for the education landscape report, the first since 2016. This was noted to be a significant undertaking by Social Work England and would provide an important opportunity for learning.

7.2 Headline findings from the stakeholder survey had also been discussed, and how this might inform different areas of work including the refresh of the next Social Work England strategy. The importance of stakeholder views in framing how the organisation worked across the sector was noted.

7.3 The revised approach of carrying out deep dives into one or two items at each meeting had been successful in enabling a thorough discussion of complex areas.

7.4 It was noted that one of the new non-executive directors would most likely sit on this committee. Other non-executive directors were encouraged to observe meetings, as the experience of observing meetings had been helpful for individual board members and also for the committee.

8. Co-production paper — Paper 06

(Discussion of this item was delayed to allow the head of equality, diversity and inclusion to attend for the item. The head of equality, diversity and inclusion joined the meeting at 11.32am)

8.1 The head of equality, diversity and inclusion informed the board that they became responsible for co-production in September 2024, and it had been helpful to align the two areas, as they were both key principles within the 2023 to 2026 strategy.

8.2 There was discussion regarding proposals in the paper to support the relationship between the board and members of the NAF. NAF members had been involved in board member recruitment and this would continue. An annual joint meeting, aligned to the regular board and NAF meeting cycle, was also proposed.

8.3 Work was also taking place to consider how the NAF worked with other groups, such as the education and training advisory form and practice education group, to align co-production with key areas of work taking place across the organisation. A broader approach to co-production was also being developed; for example, to utilise networks within the organisation including social workers that were employed by Social Work England. The board had held a joint session with NAF colleagues to support the development of the previous corporate strategy. The board expressed a desire to hold a similar joint session to support development of the next strategy.

8.4 The policy committee chair informed the board that the committee was missing a NAF member, an outstanding issue they had not yet been able to respond to from the effectiveness review of the committee. Resolution of this would allow colleagues in the organisation, and non-executive directors, to have more informed discussions at board meetings. The head of equality, diversity and inclusion updated the board on active NAF member recruitment that was taking place. The intention was to recruit more members, including those with lived experience and students.

8.5 In addition to NAF involvement in the development of the new strategy, their input would be sought in relation to the new equality, diversity and inclusion and co-production action plan, which would be aligned to the 2025/26 business plan.

8.6 The board questioned value for money in this area and were informed that a focus had been placed on quality assurance and impact. Measures would be developed to support reporting to the executive leadership team and the board. The assistant director, communication, engagement and insight noted the intention to use existing forums in addition to the NAF where possible, and that value for money was a key consideration in this approach.

8.7 The chair noted that some form of evaluation of the co-production approach, including impact and value for money, would be helpful at some point.

8.8 The chief executive added that the organisation had been deliberately incremental in terms of how it had approached this work. An increasingly important issue for all regulators was how they engaged with those they were regulating, and others in the sector, including people with lived and learned experience. We had been operating our own model so far, and would have an opportunity to benchmark when other regulators started to develop their own approaches. This was also an area of focus for the Professional Standards

Authority (PSA), and being able to demonstrate value and impact was a good opportunity for us.

8.9 The chair noted that others, including the chair of the General Medical Council, had asked about Social Work England's model. A document detailing what we do, how we do it, and how it adds value would be very beneficial.

8.10 The chair requested more opportunities for the board to meet with NAF members informally in the future. He asked that at least 2 opportunities per year were scheduled which any board members could join. Clear parameters would need to be set, but discussions could focus on other areas outside of the organisation, such as members' experiences of services, for example, to inform board members about the wider context of social work. The timing of those meetings would also need to be considered, for example, it would be beneficial to meet before or after a NAF meeting.

8.11 Non-executive director Dr Adi Cooper supported this approach, which would assist the policy committee in understanding emerging themes, and any areas of the policy agenda that NAF members might be concerned about. The executive director, professional practice and external engagement and head of equality, diversity and inclusion agreed to take this forward and would follow up with the board to schedule informal meetings.

Action: Executive director, professional practice and external engagement and head of equality, diversity and inclusion to arrange at least 2 informal meetings between board members and members of the NAF per year.

(The head of head of equality, diversity and inclusion left the meeting at 11.56am)

9. Finance and commercial report — Paper 07

Management accounts to 31 January 2025

9.1 The executive director, people and business support introduced the report and noted that the position was similar to that presented to the 31 January 2025 board meeting. A year-end underspend was still forecast, work was taking place to try to address this and target as much of the available funding as possible towards fitness to practise, although scaling up activity in a short period of time was a challenge, particularly when coupled with uncertainty about future years' funding. The underspend had originated in an accounting policy change early in the year, alongside the unwinding of the 2023/24 vacancy pause. The agreed budget mitigation plan had been only partially successful, due to the aforementioned difficulty in being able to scale up in Fitness to Practise, particularly hearings. In addition, there had been lower levels of expenditure than expected on annual education quality assurance activities.

9.2 In terms of capital, a small end-year underspend was forecast, although this was subject to the final confirmation once the finance team had verified the allocation of funding to capital projects.

9.3 In relation to commercial activity, planning was underway for the re-procurement of cleaning, maintenance and travel booking services.

9.4 The chair questioned the lower level of annual education quality assurance expenditure, and was informed that this partly caused by the unwinding of accruals that had been made for partner invoices in previous years. Invoices had not been received, and after a long period of time, it had been determined that

this expenditure would not be incurred. Some of the underspend related to cautious assumptions being made in budget planning. For example, some inspections had been planned to take place in person, but had taken place online, which impacted on the associated travel budget.

9.5 A better understanding of the costs of education quality assurance was now available following the completion of the first full inspection cycle. Communications with partners had also taken place to inform them of the importance of timely invoicing and a more robust process implemented. Planning for 2025/26 would be carefully considered and tested, to ensure that the education quality assurance budget was set at an appropriate level.

9.6 The board noted the report and the forecast end-year budget outturn for 2024/25.

10. Draft budget 2025/26 — Paper 08*

10.1 The executive director, people and business support introduced the report.

10.2 At the time of writing, the allocation of grant in aid from the Department had not been confirmed, and it was uncertain when decisions would be made. Given the proximity to the new financial year, a clear approach to prioritisation had been developed, which would enable the budget and business plan objectives to be finalised quickly following confirmation of the grant in aid amount.

10.3 The executive director informed the board that several scenarios were set out in the report. The first scenario set out the baseline budget that would be needed to maintain the current staffing establishment and to meet essential cost increases, such as employer national insurance contributions.

10.4 The executive director, people and business support explained that scenario 2 envisaged that additional grant-in-aid would be available, which would enable further progress towards key organisational priorities. In particular there would be a focus on improving timeliness within fitness to practise and starting to address the backlog of cases awaiting a final hearing. Scenario 3 was contingent on the outcome of the current fees consultation. If a decision was taken to increase fees, following consultation, this would generate additional income in the second half of the year which would also be targeted towards fitness to practise.

10.5 The executive director assured board members that they would be informed of the budget outcome as soon as details were known. If the outcome was different to the scenarios presented, a revised budget plan would be presented for sign off.

10.6 The board confirmed that it was aware of the current uncertainty regarding the 2025/26 budget and noted the need to reflect efficiency planning clearly in the business plan, following finalisation of the budget. If the outlined scenarios were not viable, an extraordinary meeting of the board could be arranged to finalise the budget plan as this was critical to the business.

11. Draft business plan 2025/26 — Paper 09*

11.1 The executive director, people and business support introduced the new assistant director, assurance and improvement, who had been continuing to develop the business plan following the departure of the head of business planning and improvement at the end of January.

11.2 The assistant director, assurance and improvement informed the board that, following the discussions and feedback provided at the board meeting on 31

January 2025, the business plan had been further refined and was being presented for consideration and approval.

11.3 The assistant director presented an overview of the ten key objectives within the plan, and explained that there were some proposed amendments to KPIs for the year ahead. A supporting document providing further detail in relation to outputs, risks and dependencies had been shared separately with the board to provide context to the business plan.

11.4 The board noted that the narrative was good, in terms of what the organisation was trying to achieve, but that further information was needed in relation to target dates for activities to be completed, for example, the quarter in which activity would be carried out, alongside further information to demonstrate how this would be measured. The board also noted the need for the plan to refer more explicitly to value for money and suggested that the guiding principles could be reconsidered to add this as an additional principle

11.5 The chair acknowledged the challenge in creating a business plan when the budget was not confirmed, and that once the budget position was understood, the plan could be revised to ensure the external narrative explained what the organisation would be doing, and to make it clear how the board would assure itself of progress made. Work had taken place in relation to KPIs, which were looking stronger. There was also a need for clarity regarding other targets and indicators, and to have qualitative impact and outcome measures linked to the strategic objectives.

11.6 The board commented that it had not been easy to see the principles of equality, diversity and inclusion and co-production threaded through the business plan. Some further consideration was needed to make these more explicit and ensure they would be visible in the work that was taking place.

11.7 The head of equality, diversity and inclusion noted that discussions had taken place with the assistant director, assurance and improvement, to consider opportunities to better integrate development of the annual business plan and the EDI and co-production action plan.

Action: Assistant director, quality and assurance and head of equality, diversity and inclusion to further evidence and articulate the equality, diversity and inclusion and co-production principles in the annual business plan.

11.8 The chief executive highlighted the additional information that was available in the supporting document, which had been more recently shared with the board. Some of this additional information could be drawn into the plan itself. The chief executive asked board members to provide any feedback on the format and content of the supporting document by the end of that week, to support with further development of the business plan.

Action: Board members to review the business plan supporting document and provide any further feedback.

11.9 The chair summarised the outcomes from the discussion, indicating that there was a need for some fine-tuning and to bring more of the supporting detail into the plan. There was also a need to develop the business planning approach, to consider whether we have the right tools and how the board can support in moving towards an accountability document. This would be a focus of the strategy session in May.

11.10 The board discussed timescales for the publication of the plan. It may not be possible to publish for the start of the business year (1 April) due to uncertainty regarding the budget. It was agreed that the plan would be published as early as possible in April, following revisions made in response to board feedback.

Action: Executive director, people and business support and assistant director, assurance and improvement, to further refine the draft business plan in light of the board's feedback, and circulate for final approval once the budget outcome is known.

12. Fitness to practise 2025/26 – case throughput and actions Paper 10*

12.1 The executive director, regulation introduced the report which presented an overview of the current position in relation to case throughput in fitness to practise, how performance would be addressed in 2025/26, and how progress would be reported. The board were informed of a significant slowdown in case throughput at triage. This was primarily caused by a careful approach to dealing with cases where there were further legal considerations, and also by the attempt to find the right balance in making initial enquiries. There was a need to make enough enquiries to establish whether cases should be put through the triage test, but not so many that cases were effectively being investigated at the triage stage.

12.2 The board were given an overview of current and expected volumes of cases and throughput at the triage, investigation, examination and hearing stages, with the report illustrating what the board could expect over the next 12 months, and in the medium to long term as processes were reviewed and reengineered.

12.3 There would be some changes to the KPIs in 2025/26. Some would be split apart, as the current KPIs were masking what was happening at the triage and investigation stages. The new key performance indicators FTP1, FTP2 and FTP3 would provide a clear view of how long cases were spending at each stage of the process (triage, investigations and case examination). Timescales would not be cumulative, e.g. the time cases had spent in triage would not be carried through and added to the time cases spent in investigations. Key performance indicators FTP4 and FTP5 would measure the overall length of time cases were taking. FTP6 remained unchanged, tracking the number of working days for interim orders to be approved. Changes to the KPI targets were also highlighted.

12.4 The executive director, regulation informed the board of activity that was taking place to increase early engagement of social workers within the process, to ensure that people understood the process and how it worked. Early engagement was likely to improve timeliness and enable some cases to be resolved at an earlier stage.

12.5 A new leadership team was now in place in triage and investigations, and were reviewing processes to consider potential changes. In the future, it was hoped that a legal firm could also be engaged to review the quality of decision making, as part of audit and review work. The intention was to first review and enhance processes, to then consider bringing others in to help.

12.6 The board suggested that colleagues across the regulation sector, including health regulators, might be able to provide input into this process review work.

The board expressed their support for the review, and emphasised the value in seeking advice from others, at the right time, to support this work.

12.7 The board noted and welcomed the report. They acknowledged current work to develop additional functionality within the case management system, Forge, to support efficiency within the fitness to practise process and better manage communications.

12.8 Plans to create a new in-house legal advocacy team were discussed. The board noted the potential challenge in recruiting to the new team, a challenge other organisations were also experiencing. The executive director, regulation explained that subject to successful and timely recruitment, it was hoped that all advocacy roles would be in place by the end of quarter three, to enable mandatory work (reviews of interim orders) to be brought in-house from quarter four.

12.9 The chief executive noted that this was an area where efficiencies, including financial efficiencies, could be gained and articulated.

12.10 The executive director, regulation thanked the assistant director, regulation (registration, advice and adjudications) and assistant director, regulation (investigations) for their work, and the work of their teams, on the proposals set out in this paper.

13. Reimagining renewals and CPD update — Paper 11

(The head of policy and the registration and advice manager – renewals and CPD joined the meeting at 12.00pm)

13.1 The registration and advice manager – renewals and CPD introduced the report and gave the board an overview of the work that had taken place on this shared project. The review had sought to learn more about how social workers used CPD, review the organisation's requirements for how social workers demonstrated they met the professional standard in relation to CPD, and review the approach to annual registration renewal to consider whether the current arrangements offered the right balance between proportionality and protection of the public.

13.2 The board were presented with an overview of the work that had been carried out as part of this project. Engagement had taken place through a range of surveys and workshops. For the registrational renewals strand, renewals data from previous renewal cycles had been collated and analysed. Findings suggested that the annual registration renewals process was fit for purpose and appropriately balanced proportionality with our objective of public protection. The majority of social workers found our systems easy to use. Some operational changes had been identified to refine processes and deliver incremental improvements.

13.3 The findings in relation to CPD indicated that social workers continued to value CPD and saw the importance of this to maintaining the quality of their practice. CPD was carried out regularly, although most social workers only uploaded (to Social Work England) the amount needed to fulfil registration renewal requirements. At times the recording of CPD was seen as a burden, due to social workers being busy, but the system was easy to use. Some social workers suggested that the need to record only two pieces of CPD implied that we did not

value CPD, and saw a need to connect the regulatory requirement to carry out CPD with employment and practice.

13.4 The next phases of the project would further explore the role of employers in relation to CPD, and the purpose and impact on practice. There would be further engagement, to support further consideration of what our future approach to CPD might look like.

13.5 In response to a query from the board, it was confirmed that some engagement had taken place with employers via a survey, and employers would be approached in the next phase of the project.

13.6 The board suggested discussions with employers around safeguarding, as this was a common CPD topic.

13.7 The board discussed the role of employers, and the importance of CPD for social workers as professionals, rather than just for registration and renewal purposes. Aligning regulatory requirements with employer recruitment, retention and appraisal activity could support social workers to consider CPD further as part of their practice, and support their development in terms of skills, experience and learning. The importance of CPD in relation to fitness to practice, and assuring the public that the social workers on the register were safe and could continue to deliver effective practice, was also noted.

13.8 It was observed that work was underway to develop post qualifying frameworks. Consideration would need to be given to the implications of this, and whether CPD should look different according to the experience and specialism of social workers, rather than having one model for all.

13.9 The assistant director, regulation (registration, advice and adjudications) thanked colleagues for their work on this ongoing project.

(The head of policy and the registration and advice manager – renewals and CPD left the meeting at 12.35pm)

14. Corporate Governance: policy update — Paper 12, Annex 12a, 12b, 12c

14.1 The executive director, people and business support reminded the board that these three policies (code of conduct, declaration of interest and conflict resolution, gifts and hospitality) had been refreshed as part of the annual review cycle. Minor amendments were proposed to the board code of conduct as detailed in the covering report. No changes were proposed to the other policies.

14.2 The board **approved** the policies.

14.3 The board asked about the status of the framework document, which was due for review by February 2025. The executive director, people and business support informed the board that work was taking place to update this currently, with no significant changes expected. The document was with the Department to consider and finalise.

15. Any other business

15.1 The chair noted that a large volume of work was due to take place between now and the next meeting of the board and thanked everyone for their hard work.

Date and time of next meeting: Friday 16 May 2025 10.00am.

The meeting ended at 12.42pm.

Summary of actions

- **Further information in relation to the approach to the activity taking place on CPD to be shared at the next board meeting**
- **Chief executive's report to include a list of upcoming meetings going forward.**
- **Risk management framework to be included in the induction pack for new non-executive directors**
- **Executive director, professional practice and external engagement and head of equality, diversity and inclusion to arrange at least 2 informal meetings between board members and members of the NAF per year**
- **Assistant director, quality and assurance and head of equality, diversity and inclusion to further evidence and articulate the equality, diversity and inclusion and co-production principles in the annual business plan**
- **Board members to review the business plan supporting document and provide any further feedback**
- **Executive director, people and business support and assistant director, assurance and improvement, to further refine the draft business plan in light of the board's feedback, and circulate for final approval once the budget outcome is known.**

Summary of actions from board meetings up to 16 May 2025

Agenda Item 3 Paper Ref 02

Paper for the
Social Work England Board

Sponsor
The Chair

Author
Chloe Corbett, Corporate Governance Manager

Date
16 May 2025

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
Governance and compliance – Minimalist

Equality Impact Assessment (EIA)
N/A

1. Summary

The actions below provide an audit trail of items closed at or since the last meeting on 14 March 2025. 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 114:** The corporate governance manager to coordinate an additional informal board meeting in December, to be utilised if information sharing on key developments is required. *The corporate governance manager consulted board members to identify a suitable date for an additional board meeting in December. A board update meeting has been scheduled for the 2 December 2025.* **Action closed.**
- **Action 119:** Risk management framework to be included in the induction pack for new non-executive directors. *A list of key materials for the induction pack for new non-executive directors has been compiled by the corporate governance manager, which includes the risk management framework.* **Action to close.**
- **Action 121:** Assistant director, assurance and improvement and head of equality, diversity and inclusion to further evidence and articulate the equality, diversity and inclusion and co-production principles in the annual business plan. *In response to the board's feedback, an updated version of the business plan was shared with the board on 11 April 2025 inviting further feedback. This feedback was considered and a final version of the plan was published on 30 April 2025 - Business plan 2025 to 2026 - Social Work England.* **Action closed.**
- **Action 122:** Board members to review the business plan supporting document and provide any further feedback. *A revised draft of the business plan supporting document was circulated to the board on 11 April 2025 for feedback.* **Action closed.**
- **Action 123:** Executive director, people and business support and assistant director, assurance and improvement, to further refine the draft business plan in light of the board's feedback and circulate for final approval once the budget outcome is known. *A revised business plan for final approval was shared with the board on 11 April and published on 30 April 2025.* **Action closed.**

Actions pending sign off at the 16 May 2025 meeting:

- **Action 117:** Further information in relation to the approach to the activity taking place on CPD to be shared at the next board meeting. *An update on CPD is included in the chief executive's report.* **Action to close.**
- **Action 118:** Chief executive's report to include a list of upcoming meetings going forward. *The chief executive's report now features a standing list of upcoming meetings.* **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
120	14/03/2025	Executive director, professional practice and external engagement and head of equality, diversity and inclusion to arrange at least 2 informal meetings between board members and members of the National Advisory Forum (NAF) per year.	Executive director, professional practice and external engagement and head of equality, diversity and inclusion	25/07/25	Efforts are underway to coordinate two convenient dates between the board and the NAF.	25/07/25	Open

Chief executive's report

Agenda Item 5 Paper Ref 03

Paper for the
Social Work England Board

Sponsor
Colum Conway, Chief Executive

Author
Colum Conway

Date
16 May 2025

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

1. Introduction

As part of the agenda for our meeting today we will have the opportunity to consider our Q4 performance report and our finance report. Work is well under way on the production of our annual report and accounts for 24/25 which will confirm our year end position for performance and finance, however our Q4 reports give us a strong indication of what we have achieved across the year.

I am pleased to see the reports showing that the organisation has delivered on most of our business plan objectives and KPIs for the year. This is a strong outcome, our staff, partners, and collaboration partnerships and advisors should be commended for their hard work, commitment and endeavour across the year. Equally it's important to acknowledge the ongoing challenge presented by timeliness in FtP and the impact this has on everyone involved. The board will have noted the paper presented at the March meeting on the plans and projections in place to make better progress on this area in the year ahead.

Also of note is that, since the mid-year, we have been forecasting an under spend against budget and while the underspend reported at the meeting today is outside our 1.5% target it is an improved position against forecast.

The board will be aware that in early April the Cabinet Office, at the request of the Chancellor of the Duchy of Lancaster, has commissioned a review of all Arm's Length Bodies of Government which of course includes Social Work England. I will update the board when there is more information available.

Since our last meeting the Professional Standards Authority has published its monitoring report for 23/24. We are pleased that the Authority is reporting we are achieving 17 of the 18 standards of good regulation. As noted elsewhere we continue to work on achieving standard 15 which relates to timeliness on fitness to practise.

CPD update

At our meeting in March the board were keen to keep the development in our approach to CPD on the board agenda. The policy team will bring a paper to the board later in the year following the planned engagement process. In the meantime, I think a short update here would be useful.

In March we completed the first evidence-gathering phase of our work on the Reimagining CPD project. The first phase has raised a number of questions in relation to gaps in existing research, which will be explored further, including how technology can be used to support our CPD model and processes. Drawing on the findings from this review, we are now preparing for the next phase, working closely with the sector to consider options and shape our long-term ambitions for CPD. This will include talking to social workers and employers to understand more about their role, and to people with lived experience. We'll host a number of events towards the end of September that will include discussions on our approach to CPD. During

this time, we will also engage the board on the design a model for CPD for consultation early in 2026. This will include the development of an implementation plan.

Digital development

The board will have an opportunity at our meeting today to receive an update on the recent Digital, Data and Technology (DDaT) review which adds significantly to our plans and ambitions for ongoing digital development. It is a welcome review which has underpinned the quality of what we have achieved to date within our delivery framework and within the context of startup. It also highlights the areas and priorities for focus going forward. Of note is an overall assessment that Social Work England DDaT function is generally performing more strongly than other similar organisations assessed by the review team.

There was an opportunity to discuss the review at our recent ARAC meeting. Also at this meeting was an update on our digital development plans for the year ahead and an overview of our activity in relation to cyber security. The board will be aware, following our recent training in cyber security, that there will always an element of risk in this area, however given recent high-profile events I think it is important to keep our approach to cyber security under review in this way.

Internal quality assurance and corporate feedback and complaints annual report

While this will be included in our annual report and accounts it may be worth noting for the board the internal quality assurance and corporate feedback and complaints annual report received at the recent ARAC meeting. Significant progress has been made on the organisational quality assurance framework with a focus on strengthening existing controls to drive improvement. The committee noted in particular from the report the significant reduction in corporate complaints this year in comparison to the previous year, representing the lowest level of corporate complaints received in a year since our establishment. This has been driven in part by the impact on improvements made to our international registration applications process and in improvements in communication. There will always be more work to do, and improvement is a continuous process not a destination, however it is very encouraging to see such impact on a key indicator.

Business plan and budget 25/26

Since the last meeting we have now published our business plan for 25/26 and concluded work on our budget for the year ahead. I would like to thank the board for the detailed feedback on drafts of the business plan which has contributed significantly to the final draft. We are planning an improved approach to performance reporting this year and intend to be in a position to take this forward for the Q1 report. We are also working in the senior team and with the board on continuing to refine and develop our approach to business planning and performance reporting which we can discuss further at our planning meeting later.

While we await a final grant in aid letter, we are aware of the settlement from the department this year which will allow us to take a positive approach to our financial planning for the year

ahead and follow the best-case scenario projections presented to the board earlier in the year.

Next strategic plan

Our current strategy comes to an end in March 2026, and so planning and development of the next strategy is underway and presents an important opportunity to shape our vision and ambition for our organisation from 2026-2029. We have established a steering group of colleagues from across the organisation as well as NAF representatives to help deliver this work, which we will aim to launch at Social Work Week 2026. Focused on inclusivity and collaboration and underpinned by our organisational values, our aim is to develop a compelling and ambitious vision of where we want to be as an organisation by 2029, and we look forward to working closely with Board to shape this future direction.

Consultation on fees

This week on Tuesday 13 May 2025, our consultation on an increase in fees was closed. We have received a good level of response to the consultation, and we are now analysing these responses in preparation for the board to consider what our next steps may in relation to fees.

2. Conclusion

There is a good deal of activity at a range of levels that may have an impact on Social Work England over the coming months. We are pleased to have a business plan and budget in place for the year ahead and it is good to have started the strategic planning process in preparation for our new strategic period from next year. There are also developments in the regulation and social work sector which we will need to track and assess for impact. We are also looking forward to the potential of welcoming new NEDs onto the board, so overall it is a period of change for all of us.

3. Annexes

Annex 1: Chief Executive's meetings

Since the last meeting

Social Worker of the Year Awards Parliamentary Reception

Professional Standards Authority CEO and Board

CEOs of the UK Social Work Regulators

CEOs of the Health and Care Professional Regulators

National University of Singapore – Social Work Department

President of the Association of Directors of Children's Services

CEO Arthur Rank Hospice, Cambridge

National Practice Group

Professional Regulators Forum – Department for Business and Trade

Minister for Children and Families

Planned meetings

ERG Advisory Group at Ofsted

CEO of the NMC

CEO Think Ahead

UK and RoI Social Care Regulation Alliance

International Social Work Regulators Network

Social Worker of the Year Awards Panels

Finance and Commercial Update

Agenda Item 08 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
16 May 2025

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

1. Summary

This paper provides an update on the following:

- Management accounts for the period ending 31 March 2025
- Our budget for 2025/26
- Recent commercial activity

2. Action required

For discussion and noting.

3. Commentary

Management accounts

A summary set of the Management Accounts for the year to 31 March 2025 can be found in Annex A. Key highlights are set out below.

Full year revenue expenditure, net of fee income, is £11,054k compared to the budgeted amount of £11,373k, an underspend of £319k. This represents a variance from budget of 2.8%, much improved from the end-year forecast reported to the board at its 14 March meeting.

This underspend is due to a shortfall in legal expenditure as the result of the impact of a change in accounting policy (£760k), a higher level of vacancies than budgeted (£520k) and lower than planned expenditure within our Education Quality Assurance service (£266k) These areas of underspend have been partially offset by provisions we have made in respect of anticipated future expenses and liabilities and higher than anticipated revenue expenditure relating to our case management system (a combined £1.3m). In addition, we received £73k more fee income than originally budgeted.

Year to date capital expenditure is close to budget, with a small underspend compared to budget of c£31k, a 1.5% variance.

Budget 2025/26

The Department for Education has confirmed our grant in aid settlement amount for the 2025/26 financial year and it is line with the funding request we made as part of the wider government Spending Review in August 2024. This level of funding will enable us to progress all of our published 2025/26 business plan priorities, including action to start to address timeliness within our Fitness to Practise process. Whilst we have not yet received the grant in aid letter we have begun to implement our budget plans for the year ahead.

Commercial update

Since the last board meeting, we have not undertaken any major procurement activity but have commenced planning for the procurement of a second legal advocacy provider. As the value of this procurement will be greater than £500k we will seek approval for this expenditure at a future board meeting, as required by our scheme of delegation.

4. Conclusions and/or Recommendations

N/A

5. Annexes

Annex A – management accounts

5. Annexes

Annex A – Management accounts at 31 March 2025

Income and Expenditure Statement

Directorates	Full Year Amount £	Full Year Budget £	Full Year Variance £	Full Year Variance %
Fee income	(10,183,190)	(10,109,706)	73,484	(0.7%)
Executive Leadership Team				
Wages & Salaries	582,284	518,265	(64,019)	(12.4%)
Support	37,347	35,000	(2,347)	(6.7%)
Total	**619,631**	**553,265**	**(66,366)**	**(12.0%)**
People & Business Support				
Wages & Salaries	2,697,101	2,830,215	133,114	4.7%
Support	3,067,093	2,688,006	(379,087)	(14.1%)
Total	**5,764,194**	**5,518,221**	**(245,973)**	**(4.5%)**
Regulation				
Wages & Salaries	5,861,164	6,245,544	384,380	6.2%
Support	6,281,663	6,165,782	(115,881)	(1.9%)
Total	**12,142,827**	**12,411,326**	**268,499**	**2.2%**
Professional practice and external engagement				
Wages & Salaries	2,168,162	2,235,116	66,955	3.0%
Support	542,496	764,776	222,280	29.1%
Total	**2,710,658**	**2,999,893**	**289,235**	**9.6%**
Total Expenditure	**21,237,310**	**21,482,705**	**245,395**	1.1%
Net Expenditure	**11,054,120**	**11,372,999**	**318,879**	**2.8%**
Depreciation/Amortisation	1,997,004	2,262,000	264,996	**11.7%**
Net Expenditure inc Depreciation	13,051,124	13,634,999	583,875	**4.3%**
Capital Expenditure	2,100,960	2,132,000	31,040	**1.5%**
Total	**15,152,083**	**15,766,999**	**614,915**	**3.9%**

Balance Sheet

	Cost £	Depreciation £	N.B.V £
Fixed Assets			
Buildings	1,264,299	(991,925)	272,374
Right of Use Asset	1,124,002	(522,229)	601,772
IT Equipment	1,380,228	(1,071,623)	308,605
Fixtures & Fittings	336,397	(320,314)	16,083
Intangible Assets	7,807,986	(3,513,594)	4,294,392
Assets under development	4,489,261	0	4,489,261
	16,402,172	**(6,419,685)**	**9,982,487**
Current Assets			
Prepayments			798,682
Bank			4,204,568
Debtors			27,940
			5,031,190
Current Liabilities			
Accruals			**(3,378,685)**
Deferred Income			**(3,679,233)**
Payables			**(884,592)**
			(7,942,510)
Working Capital (Current Assets less Current Liabilities)			**(2,911,321)**
Non-Current Liabilities			
Lease liabilities			**(698,830)**
Lease interest			**(71,272)**
Provisions			**(1,035,542)**
			(1,805,644)
Total Assets & Liabilities			**5,265,523**
Taxpayers Equity			**5,265,523**

Q4 performance report 2024/25

Agenda Item 9 Paper Ref 06

Paper for the
Social Work England Board

Sponsor
Colum Conway, Chief Executive

Author
Joseph Stockwell, Assistant Director Assurance and Improvement

Date
16 May 2024

Reviewed by
Executive Leadership Team

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
Strategic approach - Open

Equality Impact Assessment (EIA)
N/A

1. Executive summary

This report presents our performance for Q4 of 24-25 against our business plan objectives and our key performance indicators (KPIs).

Key points

At the end of Q4, we have achieved all of our 15 business plan objectives, an improvement from 13 out of 15 in Q3. A draft of our business plan for 25-26 was discussed with our board at the meeting on 14 March 2025. This plan builds on the progress made during this reporting period and sets out our priorities for the final year of our strategy for 23-26.

Progress against our business plan objectives is described in more detail in section 3.

We met 14 of our 17 performance targets in Q4, this is consistent with Q3.

The year-end variance to budget exceeded our target of +/- 1.5%. This is due to underspends arising from the change in accounting practice for legal fees and higher than expected vacancies leading to a payroll underspend.

The age of the triage caseload and the age of the investigation caseload remains a challenge. We continue to take actions to address the timeliness within our fitness to practise process.

Progress against our key performance indicators is set out and explained in more detail in section 4.

2. Overall assessment

Table 1: Overview of business plan objectives for 2024-25

Business plan objective for 2024 to 2025			RAG
Prevention and Impact	**1.1**	Further develop our engagement and communication with the social work profession, key stakeholders and the public, to build trust and confidence in social work.	
	2.1	Publish our research findings, thematic reviews and analysis of the data we have to increase openness and transparency, and support wider learning, as part of our ongoing communication and engagement	
	3.1	Inform, influence, and support the development of government reform for social care and social work.	
	3.2	Develop a model of regulating specialist and advanced practice, with the potential for annotations to a social worker's registration status.	
	3.3	Learn more about how social workers use continuing professional development (CPD) and review our related requirements for how social workers demonstrate that they meet our professional standards.	
	4.1	Develop our approach to inspections, reapprovals and quality assurance for education and training courses that prepare social workers for specialist practice, including approved mental health professionals and best interest assessors.	
	4.2	Review learning from our inspections of social work courses and conduct an initial review of our education and training standards in preparations for a public consultation in 2025 to 2026.	

	4.3	Launch our readiness for professional practice guidance, including knowledge, skills and behaviour statements developed with the sector, in partnership with the Education and Training Advisory Forum.	
Regulation and Protection	**5.1**	Review our approach to registration renewal and consider whether existing arrangements offer the right balance between public protection, public confidence in the profession, and efficiency.	
	6.1	Review the options for bringing aspects of our fitness to practise advocacy in-house, to improve timeliness and reduce cost.	
	6.2	Explore alternative options for disposing of cases referred for a hearing and review the further use of options available in our legislation to support more efficient hearings processes.	
	6.3	Apply learning to improve the timeliness, efficiency and effectiveness of our triage, investigations, and case examiner processes, with a focus on early engagement with social workers.	
	7.1	Grow and develop our single points of contact network to cover all major employers of social workers in England and increase engagement with the network to support preventative responses to emerging regulatory concerns.	
Delivery & Improvem	**9.1**	Enhance our leadership and management development offer and review our behaviour framework to support this.	
	9.2	Review our ways of working to ensure they recognise and reinforce behaviours that support our organisational culture and values.	

For objectives 8 and 10 in our strategy for 2023 to 2026, we have no specific objectives in our business plan for 24-25. Work continues towards achieving these two strategic objectives.

Green: On track	Amber: Some issues, being managed and closely monitored	Red: Significant issues, action plan required

Table 2: Overview of key performance indicators for 2024-25

ID	KPI Description	Target	Q4	Q3
EQA1	Percentage of course reapproval decisions made	100% by March 2025	100%	95%
REG1	Time taken to approve UK registration applications	≤ 10 working days (median)	4	5
REG2	Time taken to approve restoration applications	≤ 20 working days (median)	11	4
REG3	Time taken to conclude misuse of title cases	≤ 60 working days (median)	12	0[1]
REG4	Time taken to answer emails	≤ 5 working days (median)	3	2
REG5	Time taken to answer phone calls	≤ 8 minutes (median)	5	3

[1] This reflects cases that were closed within the same day as they were opened.

FTP1	Age of triage caseload	≤ 14 weeks (median) by March 2025	17[2]	28
FTP2	Age of investigation caseload	≤ 54 weeks (median) by March 2025	77	74
FTP3	Time taken to complete case examination process	≤ 12 weeks (median)	11	13
FTP4	Time from receipt of referral to final fitness to practise outcome	Monitor (weeks)	128	106
FTP5	Time taken to approve interim orders	≤ 20 working days (median)	18	18
IG1	Time taken to complete Freedom of Information requests	≥ 90% within deadline	100%	100%
IG2	Time taken to complete subject access requests	≥ 90% within deadline	100%	100%
C1	Corporate complaints response time	≥ 80% within 20 working days	94%	94%
P1	Retention rate	≥ 80%	87%	87%
P2	Sickness absence over last 12 months	≤ 8.1 days per person	7.9	7.4
FIN1	Forecast year-end variance to budget	+/- 1.5%	2.8%[3]	11.0%
IT1	System availability excluding planned outages	≥ 99%	100%	100%

3. Business plan objectives 01 January to 31 March 2025

Strategic theme: Prevention and impact

Objective 1.1: Further develop our engagement and communication with the social work profession, key stakeholders and the public, to build trust and confidence in social work.

We have had a strong and consistent year in developing our strategic communication and engagement approach, aligned to our 3-year strategy. We are pleased to now have benchmarks in place to measure confidence in both our work and the profession. This allows us to explore incremental shifts and impacts directly resulting from our communication and engagement efforts. This stands us in good stead for 25-26, and our new strategy cycle in 26-27.

[2] This significant reduction in age relates to a large volume of cases being opened in pre-triage. Please see the performance section for more detail.
[3] Underspend. Year-end position reflects actual variance to budget

Media relations

In Q4 there were 107 articles in total referencing Social Work England. Sentiment analysis showed that 93 of these were positive or neutral, and 14 were negative. Positive coverage included: regional, sector and national coverage of Social Work Week, including in the Guardian (links: article one; article 2; article 3; and article 4). There was also positive coverage on the social worker survey results in Community Care; a reference to our workforce research on BBC Radio 4; and updates on our work to understand the challenges and opportunities artificial intelligence presents to social work. Negative coverage focused on our fees consultation and fitness to practise delays.

Stakeholder survey

We presented our findings from the stakeholder survey to our executive leadership team and our policy committee for discussion. We look forward to further discussions on how to address key themes and maintain positive relationships, aligned to our shared goal of ensuring social work succeeds.

Change the Script

We have progressed our planning for phase 2 of the 'Change the Script' campaign, which will be launched in Q1 of 25-26. This builds on our activity in 24-25 to encourage more accurate portrayals of social work in the media. During Social Work Week, we worked with award-winning author, Beth Moran, to develop a film showing the positive impact of the profession on the lives of millions of people, every day. A behind the scenes short video was shared and the full video will be published in May.

We are also working with stakeholders to develop a reframing guide that will influence language and societal norms regarding social work. This will improve public understanding that social work is a highly skilled, regulated profession that works to professional standards. Several positive workshops have taken place with stakeholders to gather their insights and co-create the guide.

Social Work Week

In March we held our fifth annual Social Work Week. During the week, 15 free sessions were delivered by 58 presenters, joined by 6,754 participants. Social media coverage was very positive. Many local and national organisations used our free marketing toolkit to help celebrate the profession. Sessions were recorded and will be added to our YouTube channel to prolong the longevity of the content. A full evaluation is underway and will be shared with the board. The 3 most attended sessions were:

- Childhood trauma – 'why was my world invisible in sight of Professionals?'
- Safeguarding, identity and wellbeing in the age of social technology and AI
- Responding to emerging needs – what's the future of Social Work in England?

We thank the board for the active role they played to support and chair the sessions.

National Advisory Forum

We are continuing to embed our updated approach to co-production, which places a greater focus on quality assurance and impact evaluation.

We sought to build on the current membership of the National Advisory Forum, focusing on students and people with lived experience of social work. We had a lot of interest and held a recruitment event on 30th April.

Objective 2.1: Publish our research findings, thematic reviews and analysis of the data we have to increase openness and transparency, and support wider learning, as part of our ongoing communication and engagement

Over Q4, we successfully commissioned and have been completing research on several key policy areas. Work is nearing completion on 2 pieces of research that will help us to understand the challenges and opportunities that AI presents to social workers and social work employers, as well as its potential impacts on public safety and public confidence in the profession.

Work is well underway on the research into seriousness and to map the education landscape for practice education. Over Q4, activity has included a literature review, interviews with other regulators across the UK and Ireland, and preparation for focus groups with Social Work England colleagues. We expect to receive findings from all pieces of research during Q1 and plan to share those findings in Q2.

Objective 3.1: Inform, influence and support the development of government reform for social care and social work.

We have worked closely with government departments across the year to inform and influence the social care reform agenda, working with them on key policy areas such as the children's social care national framework and our proposal for an approach to professional regulation of the children's residential care homes workforce.

In Q4, we continued to liaise with the Department for Education on their proposals for a new social work induction programme for children's social work, previously called the early career framework. We fed into draft proposals for the consultation they have now launched on post qualifying standards that would support the programme.

We continued discussions with the Department for Education on the next steps within broader children's social care reform agendas.

Objective 3.2: Develop a model of regulating specialist and advanced practice, with the potential for annotations to a social worker's registration status.

Over the course of the year, we have explored and established the tools at our disposal for regulating specialist and advanced practice roles. We have introduced education and training standards for approved mental health professionals (AMHP) and best interest assessors (BIA), which will be implemented later this year. We thank all subject matter experts who have fed into the design of our approach to quality assuring these courses.

Over Q4, we have continued scoping work on the regulation of practice education, including exploring options for deepening our understanding of the size and shape of this workforce. As detailed in objective 2.1, we have commissioned an independent provider to map this education landscape to help inform our next steps. This positions us well for the year ahead, as we consider a model of regulation for practice education.

Objective 3.3: Learn more about how social workers use continuing professional development (CPD) and review our related requirements for how social workers demonstrate that they meet our professional standards.

During Q4, we completed a literature review of research on the purpose and impact of CPD. This completed our initial data gathering and analysis for our review of how social workers use CPD and our related regulatory requirements. We shared the findings and next steps with our executive leadership team and the Board at the end of Q4.

Objective 4.1: Develop our approach to inspections, reapprovals and quality assurance for education and training courses that prepare social workers for specialist practice, including approved mental health professionals and best interest assessors.

Over the course of the year, we have recruited 25 additional inspectors who have AMHP and/or BIA experience to undertake our planned inspection activity. Workshops took place in December, and we have consulted with a wide range of external stakeholders inform our proposed inspection model for AMHP and BIA courses. Inspector training took place as planned in March 2025 and we are planning for some more specific AMHP and BIA training in May 2025. We are also planning course provider engagement sessions in May and June to support preparation for BIA inspections, which start in September 2025.

Objective 4.2: Review learning from our inspections of social work courses and conduct an initial review of our education and training standards in preparation for a public consultation in 2025 to 2026.

We have continued to consider the learning from our education quality assurance inspections to help shape our future strategic approach to education and training. We are finalising our internal report on our learning from inspections, which considers all elements of the reapproval process and reflects on improvements. We will share some of these findings and what we've learned about social work education in a public report later in 25-26.

Our learning from inspections has also informed our review of our education and training standards and has prepared us for a public consultation in 25-26 as planned. During Q4 we

engaged with our Education and Training Advisory Forum on proposals, to gather feedback on our developing proposals. Work will continue in the year ahead, including a series of pre-consultation workshops with key external stakeholders in Q1.

Objective 4.3: Launch our readiness for professional practice guidance, including knowledge, skills and behaviour statements developed with the sector, in partnership with the Education and Training Advisory Forum.

As described previously, we published our knowledge, skills and behaviour statements in Q3. However, we will need to make changes to our education and training standards to bring them into regulation. Work has begun to develop the readiness for professional practice guidance that will support the standards, which will be published in alignment with this review. We have been working with our Education and Training Advisory Forum on both the standards and guidance and will continue to do so in preparation for the aforementioned consultation on the standards later this year.

Risks related to prevention and impact

CRR03: Education provision – *Our work in policy and standards does not lead to improvement in social work education*

We remain confident that our work demonstrates an evidence-based approach and enables informed, robust decisions regarding our policy and approach to social work education. This risk remains stable. We expect to see the risk score reduce to our desired level by June 2026, as activities undertaken as part of this strategy begin to take effect.

CRR06: External environment – *We fail to be ready to respond to strategic, political or workforce changes*

We continue to use our political monitoring tool and media monitoring to stay abreast of developing issues, sharing developments through weekly policy briefings for internal use and for our board.

We continue to embed our approach to managing regulatory risk, using internal forums to explore, monitor and mitigate identified risks. This ensures we are best prepared to respond to developments in the external regulatory landscape more systematically.

This risk remains stable and within our risk appetite.

Strategic theme: Regulation and protection

Registration and advice

Objective 5.1: Review our approach to registration renewal and consider whether existing arrangements offer the right balance between public protection, public confidence in the profession, and efficiency.

The review of renewals is complete, with the conclusion that our current approach to annual registration renewal is proportionate, effective and offers the right balance between public protection and efficiency. The review indicated that the annual renewal cycle remains effective in ensuring compliance and is well accepted by social workers. We have identified some operational changes to refine our processes, which will be taken forward over time and in line with other digital priorities. As such, this objective is now complete.

Fitness to practise

Objective 6.1: Review the options for bringing aspects of our fitness to practise advocacy in-house, to improve timeliness and reduce cost.

This objective is complete. Options have been reviewed during the year and a preferred approach has been selected. A 2-year implementation plan is in place, and we are currently recruiting for the manager of the service. If recruitment for this and other advocacy roles is successful, then the service will be operational towards the end of 25-26.

Objective 6.2: Explore alternative options for disposing of cases referred for a hearing and review the further use of options available in our legislation to support more efficient hearings processes.

At the end of Q4, our 2-person panel pilot project concluded. Once we have completed our analysis of the pilot, an options paper will be discussed with our executive leadership team. This is scheduled for Q1 25-26.

Progress on identifying possible alternative approaches to disposing of cases for a hearing has progressed during Q4. We held an internal workshop to consider the research we have undertaken and sought legal advice on potential approaches. Work will continue in 25-26 to conclude the project and determine the way forward.

Objective 6.3: Apply learning to improve the timeliness, efficiency and effectiveness of our triage, investigations, and case examiner processes, with a focus on early engagement with social workers.

Timeliness in triage continues to be a significant issue. As discussed with the board at its meeting in March 2025, additional resources have been identified and a resourcing plan to support the triage service is now in place for 25-26. A new leadership team across the triage and investigation functions has been in place from February 2025, which is providing the leadership capacity to begin delivering improvements alongside the resourcing plan.

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

Regional engagement leads are capturing any fitness to practise engagement and insights. Including both national and regional sessions that aim to prevent inappropriate fitness to practise referrals being made. We use our data on the common themes in fitness to practise

referrals, such as dishonesty and the misuse of social media, to educate and inform the profession on the challenges and risks in these areas.

In Q4, we recorded 30 engagements that focused specifically on fitness to practise, including 8 regional sessions where 256 attendees engaged with us on emerging local themes.

A single point of contact forum was held on 4 March with 64 attendees. This network improves communication between us and employers, helping employers understand regulatory requirements and sharing preventative approaches to fitness to practise issues. So far, we have scheduled 3 further SPOC forums for 25-26.

A review of the SPOC information pack is also underway, this will include an update to the guidance on disclosing family court documentation.

Risks related to regulation and protection

CRR07: Registration demand – *We are unable to meet registration demand and process renewals and applications to join the Register within reasonable timescales with existing resources*

This risk remains stable. The lean resourcing of the registration team can make it challenging to balance the different workstreams and maintain performance across all key performance indicators. We are on track to conclude the identified mitigations to this risk by end of 24-25, and further mitigations will be identified for 25-26.

We continue to anticipate a reduction in this risk score by the end of 25-26.

CRR10: Timeliness and quality within triage and investigations – *We cannot achieve quality and timeliness within triage and investigations*

We remain confident that decision-making is high-quality, proportionate and effective. In Q4, timeliness in triage has continued to be impacted by challenges in leadership resource and our careful management of concerns that reference family court proceedings. Our fitness to practise legal team has been assisting with triage case progression and decision making. During Q4, we have increased capacity within the triage service and further resources will be in place from Q1 of 25-26.

Whilst we are taking less time to investigate cases, the median age of the investigation caseload is increasing. This reflects the increased time cases are taking at triage, and several long-standing investigations that are taking time to resolve. We have developed plans to mitigate risks relating to quality and timeliness in investigations during 25-26, including undertaking a process review of both triage and investigations during the financial year.

CRR30: Financial resources – *We are unable to secure the uplift in financial resources that we need to achieve efficient and timely delivery of all our regulatory functions (notably hearings)*

The risk score for this risk has reduced, following allocation of additional grant-in-aid by the Department for Education to begin to address the backlog of cases awaiting a final hearing. Other mitigations continue to be progressed to ensure that we have the resources that we need to deliver all of our regulatory functions in an efficient and timely way in the longer term. This includes budget planning for future years in consultation with the Department for Education and our current consultation on increasing fees. We continue our work to secure efficiencies within our fitness to practise function and across the organisation. The risk score is on a positive trajectory but is not yet within risk appetite.

CRR20: Misjudged decisions – *We seriously misjudge a decision we make in exercising our regulatory responsibilities*

This risk remains stable and is within risk appetite. All mitigations are on track to be completed, with new mitigations being identified for 25-26. We continue to undertake activities across our regulatory services, and through our quality assurance activities, to mitigate against misjudged decisions where possible and consolidate our position. We ran training for fitness to practise partners in February 2025 and for case examiners in March 2025. We are progressing further development work for our case examiners, which will further support our assurance activities. We continue to update guidance to ensure there is clarity and incorporate learning.

Strategic theme: Delivery and improvement

For objectives 8 and 10 in our strategy for 2023 to 2026, we have no specific objectives in our business plan for 24-25. Below is a summary of our activity in Q4 towards achieving these 2 strategic objectives.

Strategic objective 8: Further develop our digital channels and services, to ensure they are inclusive and focused on user experience

We have made good progress on digital development in Q4. Further development work has taken place to increase accessibility and usability of our employee intranet. We delivered an important update to the content management system for our website, without any significant website downtime. Work to improve how we manage communications within our case management system, Forge, is on track. Planning to extend the case management system functionality to include education quality assurance is also progressing well.

In Q4, we supported our external partners, MH&A, to complete the review of our digital, data and technology arrangements that we commissioned in Q3. A wide range of input was sought to inform the review, including engagement with staff, digital suppliers and members of our National Advisory Forum. This has given us a comprehensive assessment of current achievements and strengths, alongside a clear set of recommendations for how we can continue to develop and improve our digital, data and technology services to ensure they remain fit for the future. We will share the outcomes with the board later in Q1, along with an outline plan for implementation.

Objective 9.1: Enhance our leadership and management development offer and review our behaviour framework to support this.

The first cohort of managers has now completed our new manager development programme. The programme covered 9 topics over 36 workshops and achieved an 82% attendance rate. A further cohort of new managers began the programme during Q4. We are now working to evaluate the programme and confirm what the 'steady state' management development offer will look like.

Objective 9.2: Review our ways of working to ensure they recognise and reinforce behaviours that support our organisational culture and values.

Our work with the Employee Experience project has progressed as planned through Q4. Engagement with our people has been at the centre of the project. Focus groups and workshop sessions have been used to shape and refine the draft behaviours framework and then to test it out using specific scenarios. The leadership team will be meeting later in April to approve the final framework, implementation plan and recommendations for leadership development that will help us to champion and embed the new approach.

Alongside development of the behaviours framework, we continue to support and nurture our staff networks and have set up an internal 'taskforce' to consider ways to strengthen their impact. Positively, we have seen an increase in people joining the networks and engagement in events that the networks are hosting.

Strategic objective 10: Continually develop and improve how we work, ensuring we are a well-run organisation that delivers the right outcomes and provides value for money

Value for money is one of our guiding principles. In Q4, we continued to develop our efficiency plan for 25-26 and beyond. We continued to explore ways to strengthen our governance and assurance and ensure that systems and processes are streamlined and efficient. We began to review our commercial operating procedures and processes, following implementation of the Procurement Act 2023. We implemented our new joiners, movers and leavers process and tested this through internal audit. We adapted the civil service people standard to fit our organisational arrangements (as we are not civil servants) and assessed our people activities against the standard to inform our priorities for 25-26.

We progressed some key quality assurance activities in Q4, including a qualitative review of fitness to practise cases to help gain a deeper understanding of the potential factors that may result in overrepresentation of particular groups. We also undertook a follow up review of our reapproval processes for approved education and training courses.

Work to develop our internal audit programme and the schedule of quality assurance activities led by our internal quality assurance function for 25-26 was completed. Both were agreed by our executive leadership team and audit and risk assurance committee in March.

The Professional Standards Authority published its annual review of Social Work England, and we are pleased to have met 17 of the 18 Standards of Good Regulation for the second consecutive year. The standard we do not meet is standard 15, timeliness in fitness to practise. We have been open with the board and with all key stakeholders about our challenges in this area, which relate primarily to resourcing issues, and the work we are doing to address these. As this is the third year in a row that we have not met standard 15, the Professional Standards Authority has sent an escalation letter to the Secretaries of State for Education and Health and Social Care.

Risks related to delivery and improvement

CRR11: Our people capability and capacity – *We do not have the capacity and resources, skills sets, talent development and sustainable people strategy that we need to effectively deliver our business and strategic objectives*

CRR12: Cultural shift – *We continue to evolve and develop as an organisation, we inadvertently lose aspects of our culture that we consider to be positive and important*

Objective 9.1 and 9.2 of our business plan are intended to mitigate these risks and we are on track with our planned work. Our retention rate is stable and has remained well above our target of 80%. Our sickness absence has increased slightly in Q4. We have carried out a 'deep dive' into sickness absence to understand our current position and agreed several actions to help us manage absence better and support people back into work.

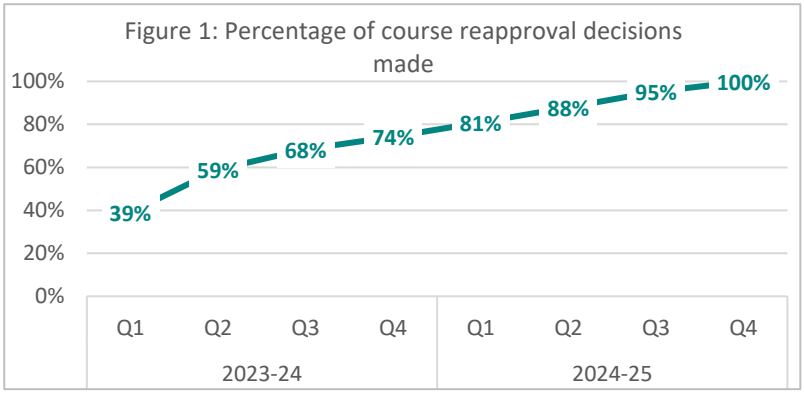
4. Performance data 01 January to 31 March 2025

Strategic theme: Prevention and impact

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	100% by March 2025	100 %



By the end of Q4, we have made 100% of reapproval decisions, this concludes our reapproval cycle. During the quarter, we made 12 reapproval decisions and 3 approval decisions.

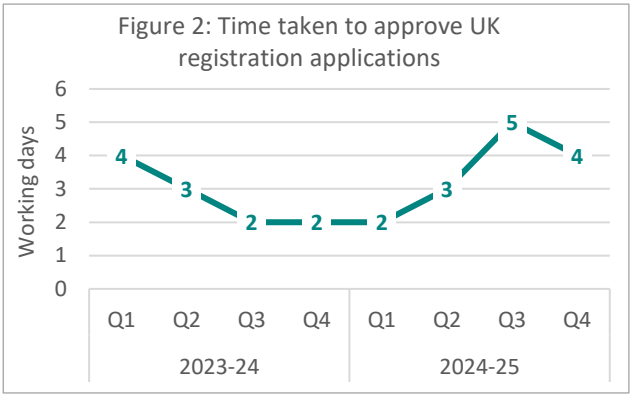
Strategic theme: Regulation and protection

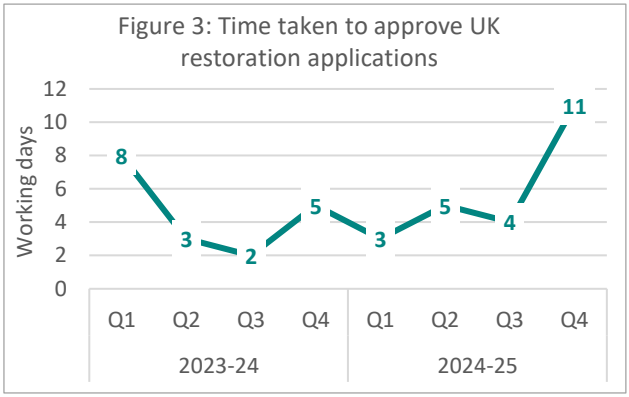
Registration and advice

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	4	3
REG2	Time taken to approve restoration applications	≤ 20 working days	11	6





In Q4, we met our targets for approving UK registration applications and restoration applications. During the quarter, we received 876 applications from people who qualified in the UK, compared to 906 applications in Q4 23-24. We continue to monitor this small downward trend in applications.

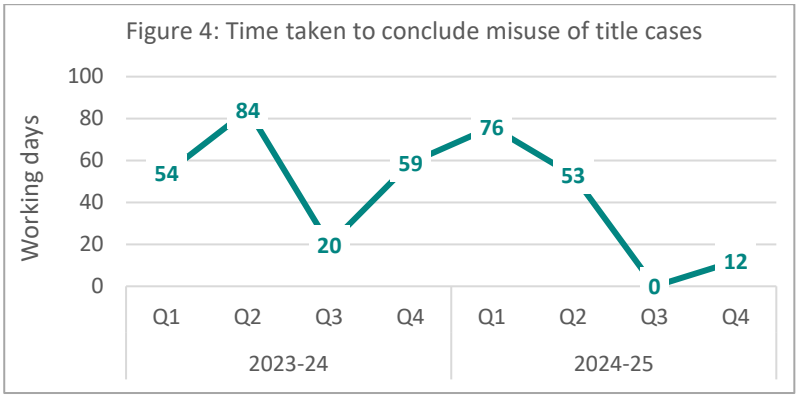
We have continued to focus on timeliness for assessing applications from social workers who qualified overseas. The median time to approve these applications has significantly decreased and stabilised since last year (17 working days in Q4 compared to 72 working days in Q4 23-24).

In Q4, we received 240 applications to restore to the register compared to 283 applications in Q4 23-24. The approval of these applications remains within target, at 11 working days, compared to Q4 23-24 of 5 working days. We are monitoring the timeliness of restoration applications, which has been affected by staff absence and an increase in misuse of title cases, as discussed below.

Time taken to conclude misuse of title cases

Table 5: Misuse of title key performance indicator

ID	KPI Description	Target	Q4	YTD
REG3	Time taken to conclude misuse of title cases	≤ 60 working days	12	24



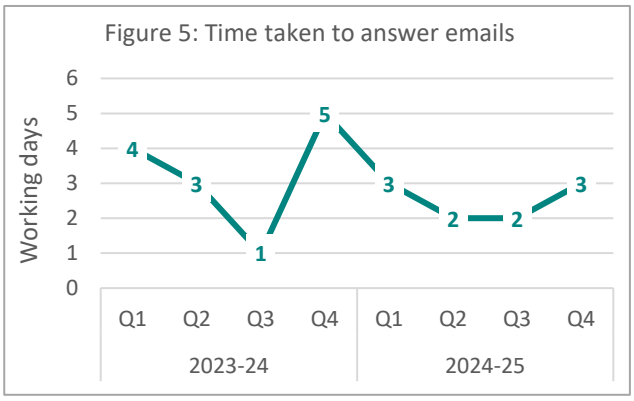
This is the first year that we have had a target for the time taken to conclude misuse of title cases. The median time to conclude these cases was 9 working days in January, 0 working days in February and 16 working days in March, compared to 49, 44 and 74 working days in the same period last year. Volumes of misuse of title cases have been higher this quarter (59) compared to the same quarter last year (29).

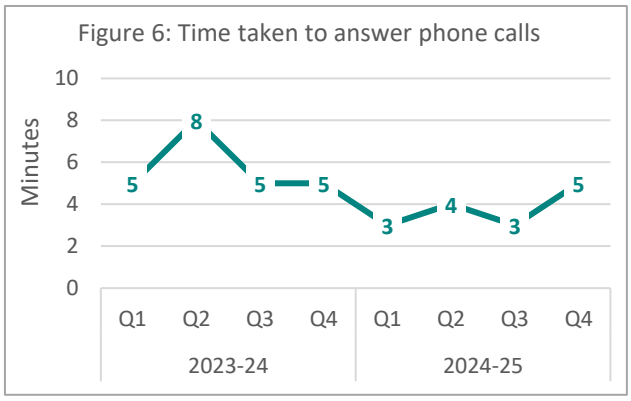
The median time taken to conclude misuse of titles cases can significantly fluctuate due to the small number of cases and their levels of complexity. We have discussed with the Board what may be an effective measurement of performance for the next business year.

Time taken to answer emails and phone calls

Table 6: Phone call and email key performance indicators

ID	KPI Description	Target	Q4	YTD
REG4	Time taken to answer emails	≤ 5 working days	3	2
REG5	Time taken to answer phone calls	≤ 8 minutes	5	4





We continue to meet our targets for answering emails and phone calls. We received 4,902 phone calls during Q4 compared to 5,694 in the equivalent period last year. We received 7,867 emails during Q4, compared to 12,466 emails received in Q4 23-24.

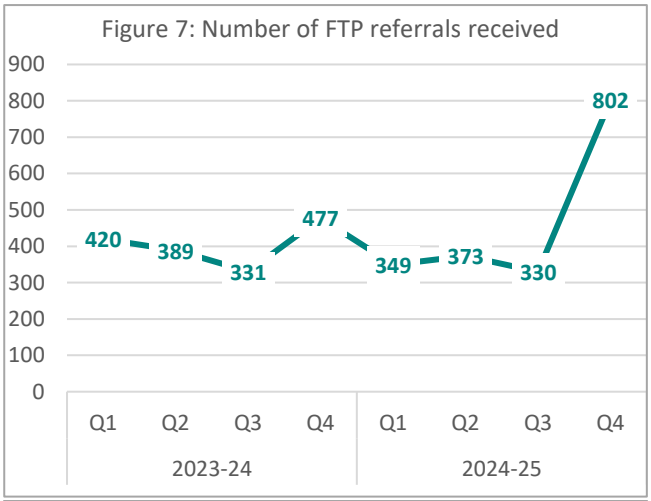
Fitness to practise

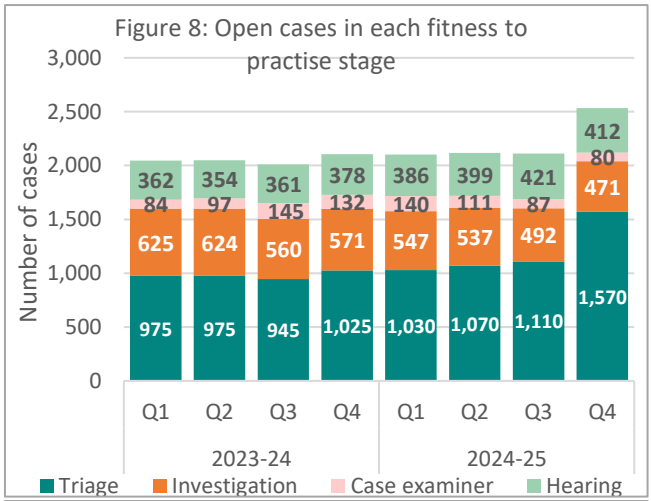
Overview of the fitness to practise process

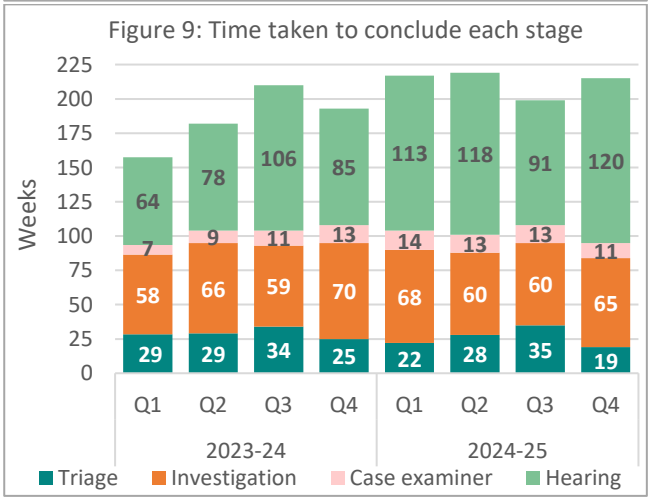
Triage performance continues to be very challenging. The number of referrals (figure 7) and open cases at triage (figure 8) has significantly increased in Q4. This is because we moved a higher number of cases from the 'concern' stage to the 'pre-triage' stage of the process. As mentioned under objective 6.3, a plan for improving triage performance was discussed with the Board in March 2025. Of the 345 cases we concluded at triage, only 73 were progressed to an investigation.

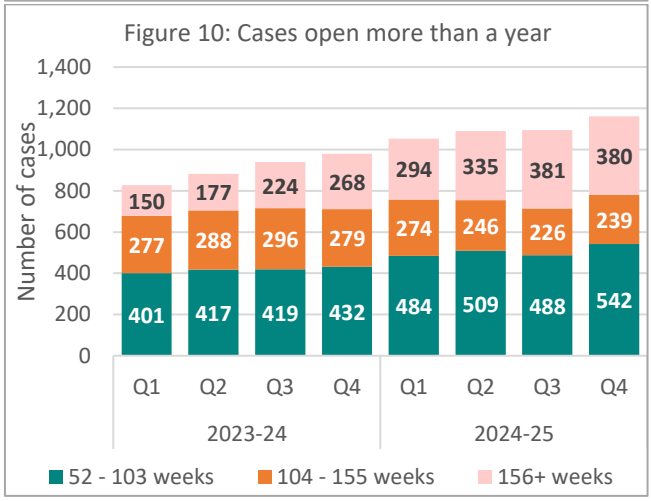
The number of open investigation cases has reduced over the last 12 months from 571 in Q4 23-24 to 471 in Q4 24-25 (figure 8). The number of cases at case examiner stage has also reduced from 132 in Q4 23-24 to 80 in Q4 24-25 (figure 8). Of the 105 cases we concluded at the case examiner stage in Q4, 29 were progressed to hearing (figure 12).

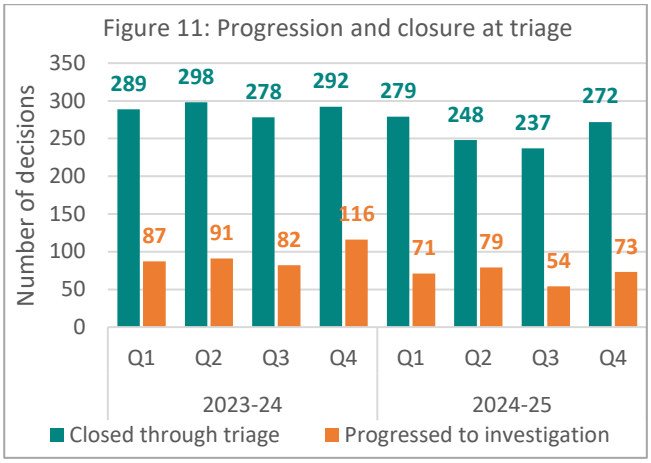
The hearings caseload has increased from 378 in Q4 23-24 to 412 in Q4 25-26 (figure 8). We optimised listing of hearings in Q4, resulting in the hearing caseload reducing slightly from Q3 (421).

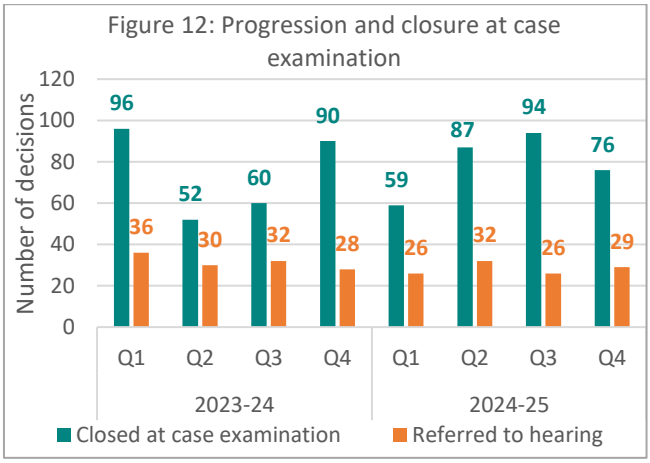












Fitness to practise internal quality standards

We have one ongoing appeal by the Professional Standards Authority in relation to a final hearing decision. We also have one ongoing High Court appeal by a registrant relating to a final order review meeting; the hearing has taken place, and we are waiting for judgment. We also have one County Court claim in relation to a case closed at triage.

Alongside this, we continue to receive learning points from the Professional Standards Authority relating to cases they have considered through their section 29 process. This process allows for the Professional Standards Authority to review final fitness to practise panel decisions and disseminate any learning identified. We review these learning points and share internally and with our partners.

Our Decision Review Group continues to review decisions from across the different stages of the fitness to practise process. Our internal quality score for Q4 is 94%.

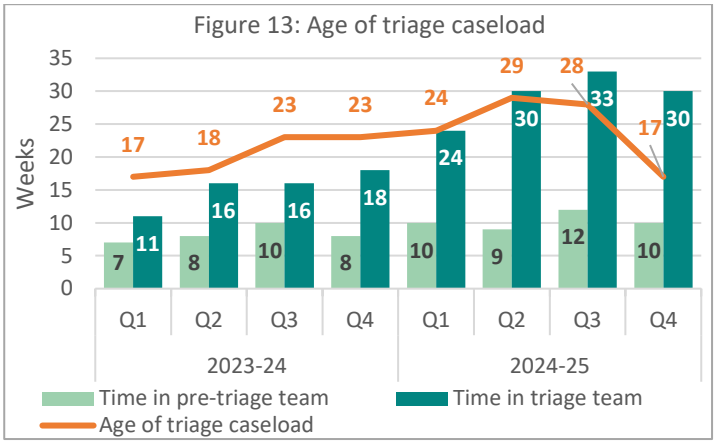
In Q4, our legal team received 6 new applications to review a case examiner decision, and we had 6 applications ongoing. Of these applications:

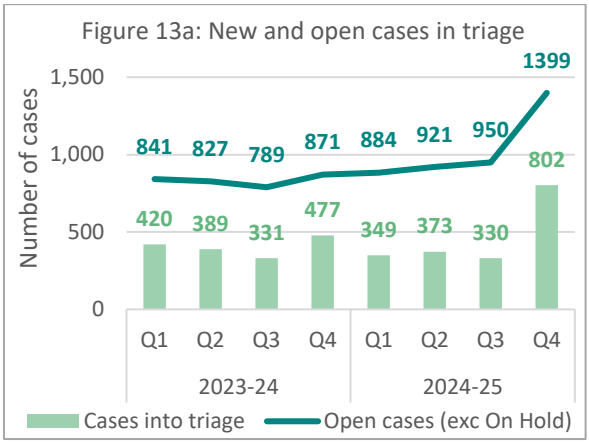
- 5 were determined ineligible for review
- 2 were considered at stage 1 of the process, one of which was closed and one progressed to and considered at stage 2 of the process
- 2 cases were referred back to the case examiners for a fresh decision
- 4 applications remained ongoing at the end of the quarter and are awaiting a stage 1 decision.

Age of triage caseload

Table 7: Triage and investigations key performance indicators

ID	KPI Description	Target	Q4
FTP1	Age of triage caseload	≤ 14 weeks by March 2025	17





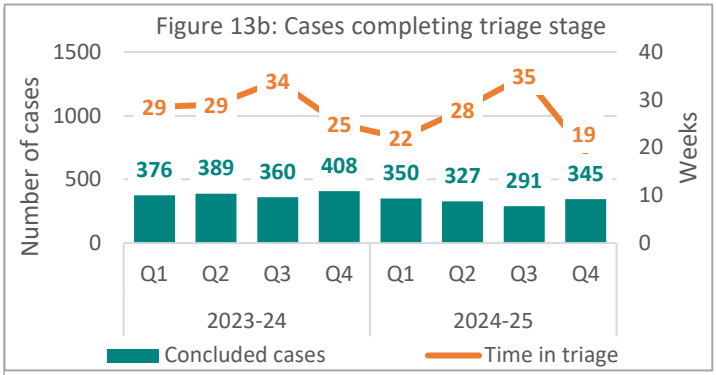
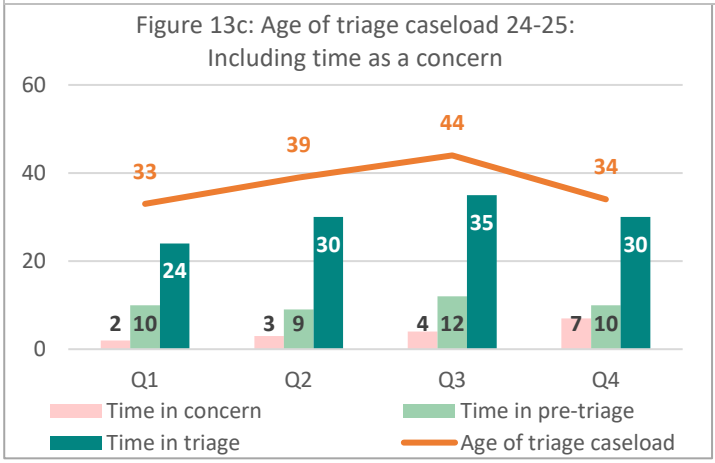


Table 7a: Triage decisions

FY	Q	Progressed		Closed	
2023-24	Q1	87	23%	289	77%
	Q2	91	23%	298	77%
	Q3	82	23%	278	77%
	Q4	116	28%	292	72%
2024-25	Q1	71	20%	279	80%
	Q2	79	24%	248	76%
	Q3	54	19%	237	81%
	Q4	73	21%	272	79%



In Q4, we moved a high number of 'concerns' into the 'pre-triage' part of the triage process (see figure 13a). As a result of this, FTP1 shows a reduction in the median age of open cases to 17 weeks. This is because the age of a triage case (in the 24-25 FTP1 definition) starts from the date we identify the social worker, and the case is moved into 'pre-triage'. The quantity of newer cases progressing from the concern stage in Q4 has temporarily reduced the age of the triage caseload, without constituting a substantive change in the age of cases.

From Q1 25-26, we are amending our KPI to monitor the median time it takes for a case to conclude the triage process, starting from the date that we receive it as a 'concern'. This will be a clearer approach to monitoring our performance in triage, taking into account the ongoing delays at this stage of the fitness to practise process. When including this additional time at 'concern', the current median age of open cases in triage is 34 weeks (figure 13c). We continue

to close most of our cases at the triage stage (79%), as they do not meet the threshold for investigation (table 7a).

Our performance has been impacted by capacity issues in both the staffing and management of the service. We are addressing these issues, as discussed under objective 6.3 and risk CRR10. A new management team is now in place across the triage service and additional operational resources are being recruited to increase capacity during 25-26.

Age of investigation caseload

Table 8: Triage and investigations key performance indicators

ID	KPI Description	Target	Q4
FTP2	Age of investigation caseload	≤ 54 weeks by March 2025	77

Figure 14: Age of investigation caseload

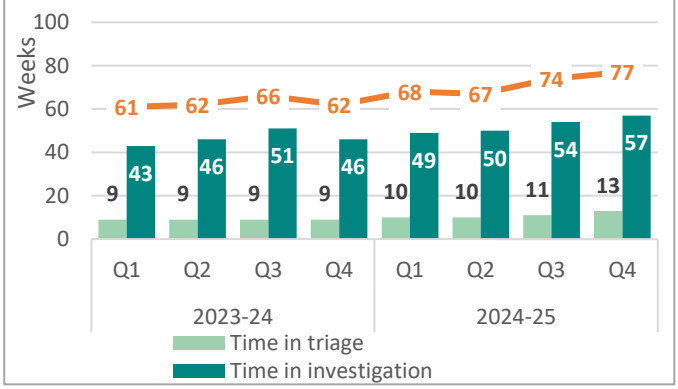


Figure 14a: New and open cases in investigaton

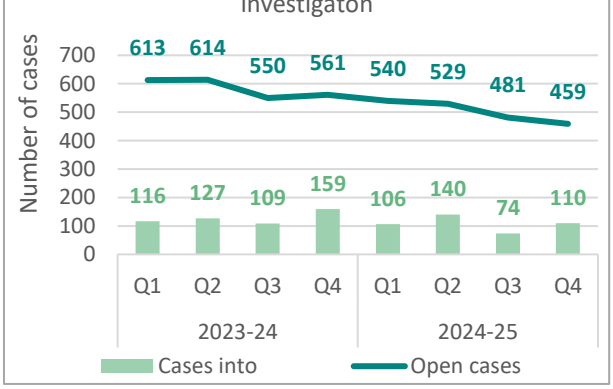
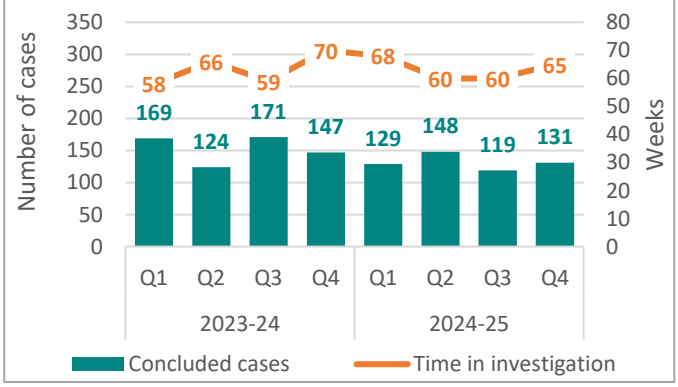


Figure 14b: Cases completing investigation stage



Over the last 12 months, we have seen a reducing number of open investigation cases. At the same time the median age of our investigation caseload has increased to 77 weeks, compared to 62 weeks in Q4 23-24. As mentioned under risk CRR10, this reflects the time cases are taking to conclude at triage, as well as several long-standing investigations. As a result, we did not meet our target to reduce the age of the investigation case to 54 weeks by March 2025.

Performance in investigations during Q4 has been impacted by capacity issues in both the staffing and management of the service, as detailed previously. We have a new investigation

management team in place in Q4, and we have recently recruited for both investigators and investigations leads.

Time taken to complete case examination process

Table 9: Case examination key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP 3	Time taken to complete case examination process	≤ 12 weeks	11	13

Figure 15: Time taken to complete case examination process

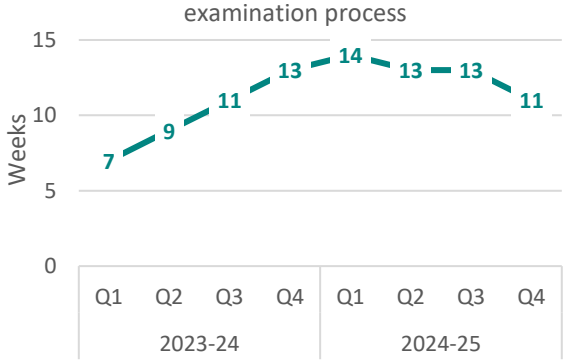


Figure 15a: Age of Case Examiner caseload

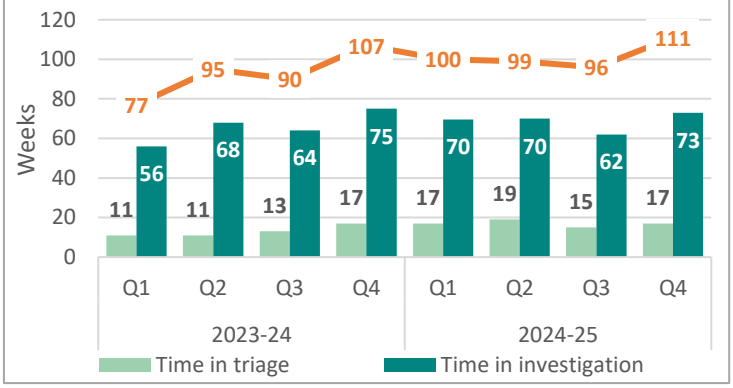


Table 9a: Number of open cases at case examination stage	2023-24				2024-25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	84	97	145	132	140	111	87	80

Figure 15b: Cases completing case examination stage

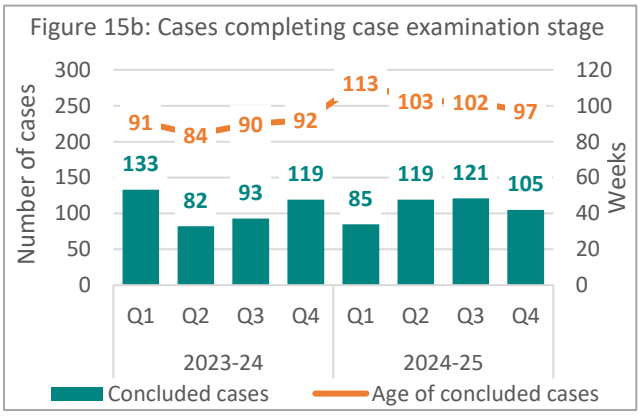


Table 9b: Case examiner decisions							
FY	Q	Closed		Accepted Disposal		Referred to hearing	
2023-24	Q1	75	56%	21	16%	36	27%
	Q2	30	37%	22	27%	30	37%
	Q3	49	53%	11	12%	32	35%
	Q4	55	47%	35	30%	28	24%
2024-25	Q1	34	40%	25	29%	26	31%
	Q2	53	45%	34	29%	32	27%
	Q3	63	52%	31	26%	26	21%
	Q4	52	50%	24	23%	29	28%

In Q4, the time taken to complete the case examination process was within target at 11 weeks (figure 15). Our performance was supported by effective working with our legal team to progress cases that had previously been waiting for legal advice.

We continue to share learning on cases that are adjourned back to investigations from case examiners. We continue to prioritise these cases for a decision once they are received back into case examination.

During Q4, we concluded 105 cases at the case examination stage. Of these, 50% of cases were closed with no impairment, 24% were closed through accepted disposal and 28% were

referred to a hearing (table 9b). We continue to explore how we can optimise accepted disposal.

Time from receipt of referral to final fitness to practise outcome

Table 10: Final fitness to practise outcome key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP4	Time from receipt of referral to final fitness to practise outcome	Monitor (weeks)	128	113

Figure 16: Time from receipt of referral to final FTP outcome

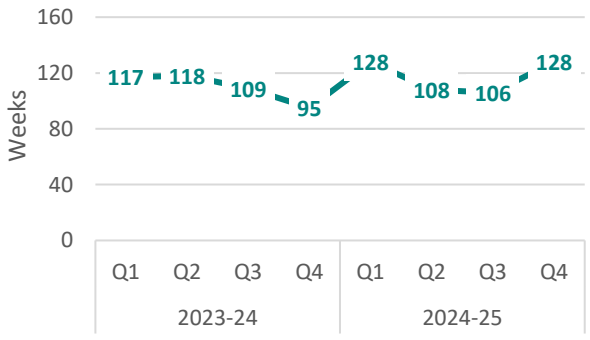


Figure 16a: Time from receipt of referral to case examiner and hearing outcomes

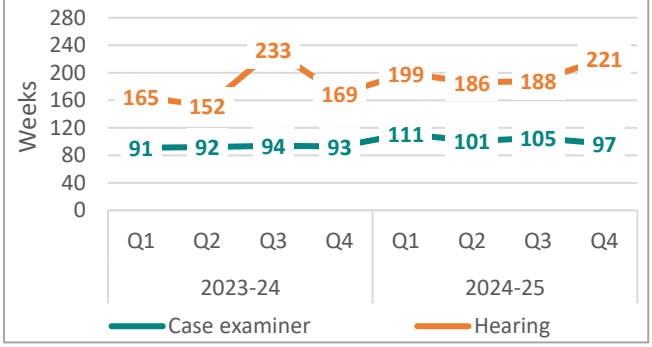


Table 10a: Number of open cases at hearing stage	2023-24				2024-25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
	362	354	361	378	386	399	421	412

Figure 16b: Number of cases at hearing stage

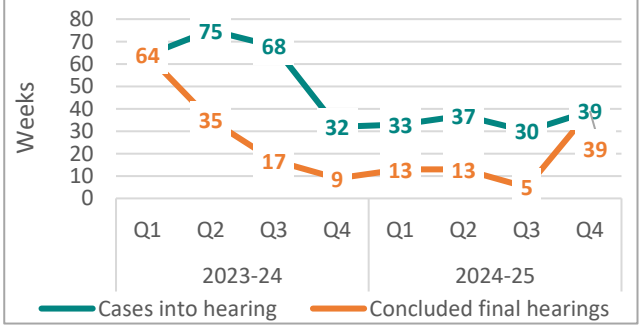


Figure 16c: Age of hearing cases and time awaiting hearing

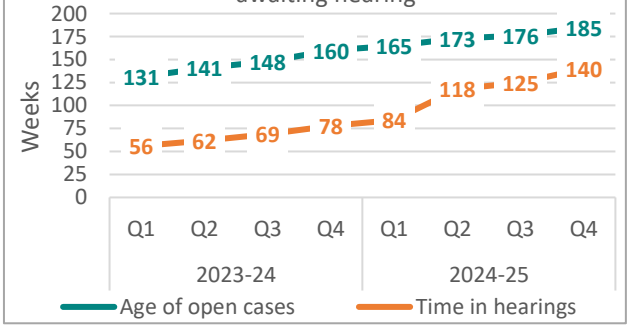


Table 10b: Hearing outcomes	2023-24				2024-25			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
No impairment, no further action	13	13	4	0	4	1	1	6
No impairment, advice	0	0	0	0	0	0	0	0
No impairment, warning	6	2	3	0	2	0	0	2
Impaired, no further action	2	0	0	0	0	0	0	0
Impaired, advice	0	0	0	0	0	0	0	0
Impaired, warning order	7	3	0	1	0	0	0	8
Impaired, conditions of practice order	2	3	1	1	2	1	0	1
Impaired, suspension order	20	10	3	4	3	3	0	8
Impaired, removal order	14	4	6	3	2	8	4	14

The time from receipt of referral to final fitness to practise outcome has increased to 128 weeks in Q4 (figure 16). This is because we concluded several of our older cases at hearings. The time taken to conclude cases at case examination stage decreased to 97 weeks in Q4 from 105 weeks in Q3 (figure 16a). Our ability to conclude only a small number of final hearings within the available budget continues to affect the time taken to conclude cases at the hearing stage, which has increased from 125 weeks in Q3 to 140 weeks in Q4 (figure 16c).

We held 41 final hearings during Q4 (concluding 39 cases), as well as undertaking 20 reviews of final orders. There are currently 412 cases awaiting a hearing (table 10a).

In March 2024, we committed to holding 34 final hearings across 24-25, following the mid-year review of budget in September, we committed to holding a further 47 final hearings across Q3 and Q4. Consequently, our revised target was to list 81 final hearings (made up of 94 cases) in 24-25. We have concluded 70 cases at final hearing and a further 7 cases have been disposed of by other means.

The availability of legal resource and participants, including social workers and witnesses, remain the greatest barriers to listing at pace. Alongside our final hearing activity, we have progressed investigations on over 100 other cases that are awaiting a final hearing. We continue to update parties about the status of their case, as well as providing updates to stakeholders.

Time taken to approve interim orders

Table 11: Interim orders key performance indicator

ID	KPI Description	Target	Q4	YTD
FTP 5	Time taken to approve interim orders	≤ 20 working days	18	18

Figure 17: Time taken to approve interim orders

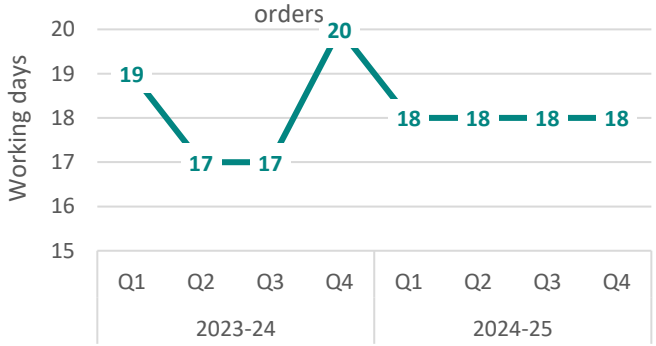
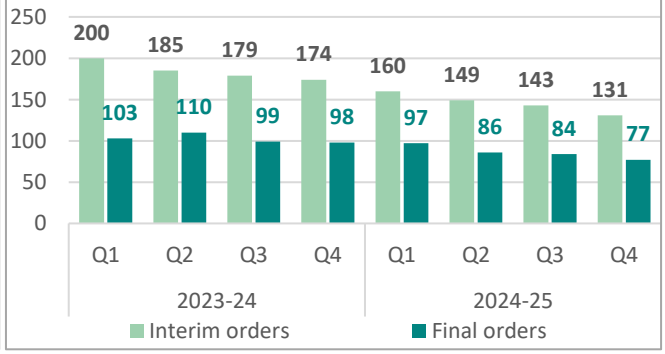


Figure 17a: Number of interim and final orders



In Q4, we met our target for time taken to approve interim orders. We held 126 mandatory hearings, including 7 interim order applications, 83 interim order reviews, 19 final order reviews and 17 high court extensions. All statutory review timescales were met.

Strategic theme: Delivery and improvement

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 %	100 %

Figure 18: Time taken to complete freedom of information requests

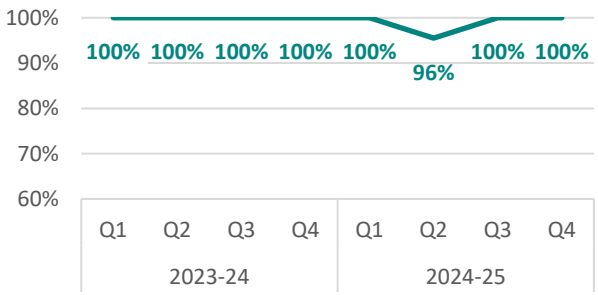
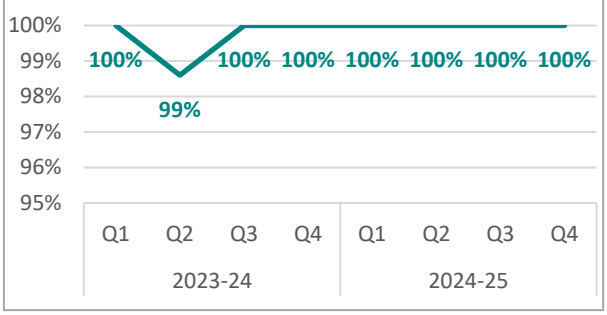


Figure 19: Time taken to complete subject access requests: % within deadline



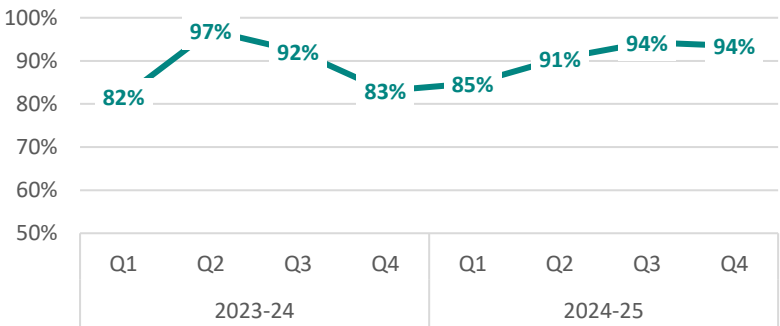
All deadlines were met for both subject access requests and freedom of information requests. We remain above our 90% target for Q4.

Corporate complaints response time

Table 13: Corporate complaints key performance indicators

ID	KPI Description	Target	Q4	YTD
C1	Corporate complaints response time	≥ 80% within 20 working days	94%	91%

Figure 20: Corporate complaints response time

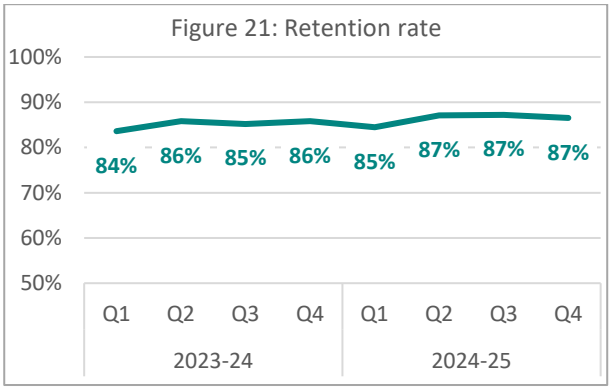


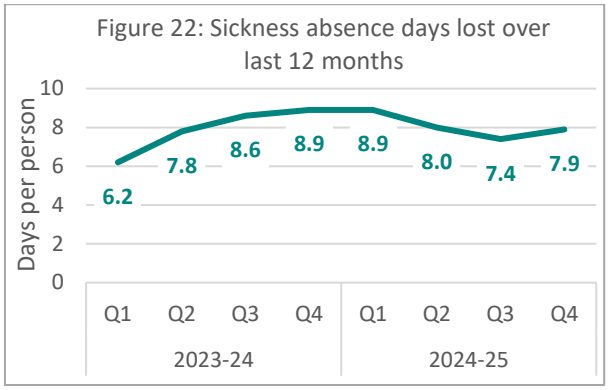
In Q4, we continued to exceed our target for corporate complaints response time of 80%.

People

Table 14: People key performance indicators

ID	KPI Description	Target	Q4
P1	Retention rate	≥ 80%	87%
P2	Sickness absence over last 12 months	8.1 days	7.9





Our retention has remained stable at 87%. We continue to focus on retention and the early identification of risk areas to plan mitigations.

We have seen an increase in the number of sickness days per employee over Q4 from 7.4 days in Q3 to 7.9 days in Q4. At the end of Q4 we had cases of 5 long term absence. We continue to work closely to support a sustained return to work for these employees.

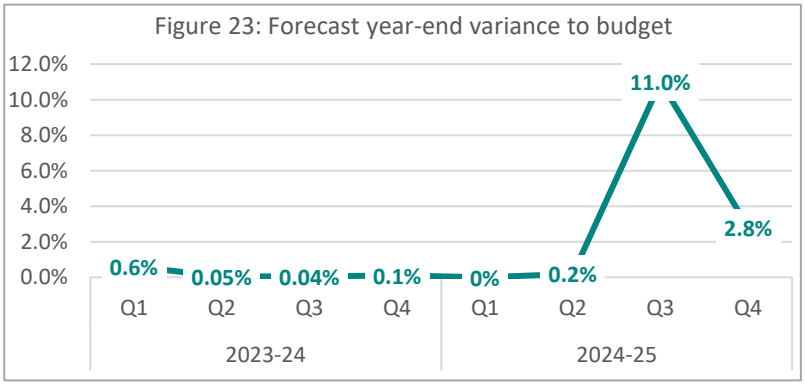
A comprehensive review of our sickness has been completed with recommendations approved to form part of our 25-26 people plan.

Absence and retention remain key aspects of our business partner discussions and bespoke support is provided to managers. We continue to work with our occupational health service to commission advice for returning to work and to help people remain in work with the right support.

Forecast year-end variance to budget

Table 15: Finance key performance indicator

ID	KPI Description	Target	Q4
FIN 1	Forecast year-end variance to budget	+/- 1.5%	2.8%[4]



Our full year-to-date expenditure, net of fee income, is £319k below budget, predominantly due to the change in accounting policy for legal fees and a higher-than-expected staff vacancy rate in the early part of the year, which led to an underspend on our payroll budget.

[4] Underspend. Year-end position reflects actual variance to budget

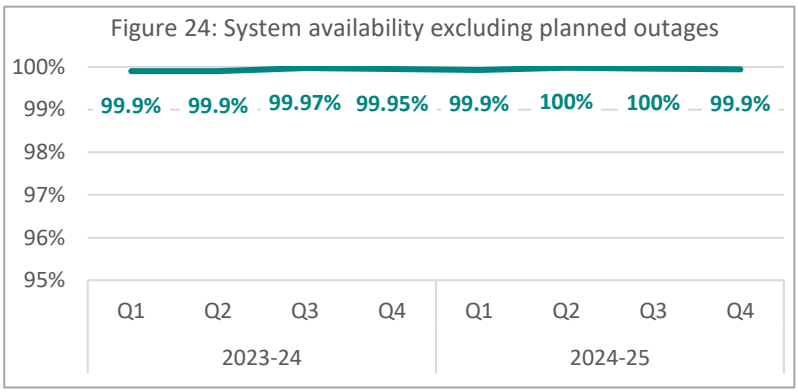
The final outturn represents a variance from budget of 2.8%, compared to forecast variance in Q3 of 11%.

The improvement from the forecast variance reflects an increase in hearings activity, a faster progression of fitness to practise cases, provision that has been made for increased partner costs and additional temporary capacity for the triage team. We also utilised some of the underspend on our payroll budget to fund the review of our digital, data and technology architecture, resourcing and strategy.

System availability

Table 16: IT key performance indicator

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



We continued to exceed our target for system availability in Q4, with minimal downtime of the website to complete an essential update to our content management system.

Annex A[5]

Statistical data 2024-25

Education and training			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of concerns received		2024-25	0	0	0	0	0	0	0	0	1	1	0	0
		2023-24	0	0	0	0	0	1	0	0	0	0	0	0
Number of re-approval inspections started		2024-25	5	7	5	13	3	0	3	8	0	0	0	0
		2023-24	11	16	13	11	0	0	6	7	6	5	2	10
Re-approval decisions	Number completed	2024-25	6	5	6	7	2	9	11	3	5	3	7	2
		2023-24	3	2	12	21	7	21	8	6	10	0	11	5
	Number re-approved	2024-25	0	4	0	2	1	0	0	1	3	2	0	0
		2023-24	1	0	0	1	3	7	0	0	0	0	0	3
	Number re-approved with conditions	2024-25	6	1	6	5	0	9	11	2	2	1	6	2
		2023-24	2	2	12	20	4	14	8	6	10	0	11	2
	Number not re-approved	2024-25	0	0	0	0	1	0	0	0	0	0	1	0
		2023-24	0	0	0	0	0	0	0	0	0	0	0	0
Approval decisions	Number completed	2024-25	4	3	3	6	2	3	4	2	4	3	0	1
		2023-24	3	0	6	10	3	2	0	1	6	0	1	3
	Number approved	2024-25	1	3	0	1	1	0	0	0	0	1	0	0
		2023-24	0	0	0	0	1	1	0	0	0	0	0	0
	Number approved with conditions	2024-25	3	0	3	5	1	3	4	2	4	2	0	1
		2023-24	3	0	6	9	2	1	0	1	6	0	1	3
	Number not approved	2024-25	0	0	0	0	0	0	0	0	0	0	0	0
		2023-24	0	0	0	1	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		2024-25	103,000	103,133	103,353	104,270	105,025	105,814	106,395	105,625	103,893	104,351	104,594	104,857
		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
Number of social workers joining the register		2024-25	245	198	332	966	812	946	843	378	515	479	267	319
		2023-24	437	468	504	822	989	985	1,130	368	726	414	312	400
Number of social workers leaving the register		2024-25	103	65	109	48	56	157	263	1,186	2,216	16	23	56
		2023-24	112	43	124	37	58	85	273	1,185	2,286	7	12	14
Number of new registration applications received	All applications	2024-25	298	255	580	1,356	976	1,569	677	542	285	411	283	525
		2023-24	535	725	694	1,333	1,230	1,321	999	648	337	442	367	468
	UK graduates	2024-25	139	122	451	1,221	858	1,442	535	431	190	312	172	392
		2023-24	394	536	519	1,151	1064	1,184	863	517	222	335	246	325
	Overseas graduates	2024-25	159	133	129	135	118	127	142	111	95	99	111	133
		2023-24	141	189	175	182	166	137	136	131	115	107	121	143
Median time taken to approve registration applications (working days)	All applications	2024-25	8	12	2	3	3	4	7	3	4	5	8	3
		2023-24	4	6	4	3	4	4	3	2	3	3	5	3
	UK graduates	2024-25	2	2	1	2	2	4	6	2	3	5	6	2
		2023-24	4	5	3	3	4	3	2	1	2	3	2	2
	Overseas graduates	2024-25	65	48	35	26	21	23	19	15	21	19	17	19
		2023-24	52	55	55	56	54	54	51	58	56	62	74	75
Number of restoration applications received		2024-25	59	61	72	60	49	71	62	85	526	101	72	67
		2023-24	79	85	95	81	65	76	82	129	495	119	76	88
Median time taken to approve restoration applications (working days)		2024-25	3	3	2	3	7	5	5	6	4	9	12	17
		2023-24	14	7	3	1	9	2	2	1	2	4	8	5
Number of misuse of title cases opened		2024-25	9	4	10	4	3	6	11	7	25	18	22	19
		2023-24	18	13	13	8	9	5	15	19	25	11	6	6

Registration		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of misuse of title cases closed	2024-25	14	7	5	12	8	8	1	9	18	4	5	11
	2023-24	15	17	17	13	6	18	8	10	19	11	8	13
Median time taken to conclude misuse of title cases (working days)	2024-25	88	32	54	53	62	64	5	24	0	9	0	16
	2023-24	59	64	42	69	61	114	53	47	0	49	44	74
Number of phone calls received	2024-25	1,455	1,400	1,473	1,782	1,793	2,670	3,381	5,107	4,208	1,912	1,377	1,613
	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
Median time taken to answer phone calls (minutes)	2024-25	3	3	3	3	3	6	3	2	8	5	4	5
	2023-24	6	5	6	6	5	12	9	3	6	7	4	4
Number of emails received	2024-25	3,387	2,793	2,473	2,973	3,022	4,074	4,058	4,402	3,462	2,595	2,513	2,759
	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
Median time taken to answer emails (working days)	2024-25	4	1	5	3	4	2	1	2	2	3	3	3
	2023-24	3	4	3	5	2	5	4	1	1	5	5	4

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	2024-25	4%	5%	6%	7%	10%	17%	33%	96%	0.3%	1%	2%	3%
	2023-24	4%	5%	7%	10%	13%	20%	35%	96%	0.3%	1%	2%	3%
Percentage of social workers meeting all CPD requirements	2024-25	1%	2%	2%	3%	5%	11%	26%	96%	0.04%	0%	0%	1%
	2023-24	1%	2%	3%	4%	7%	14%	27%	96%	0.06%	0.2%	0.5%	1%
Total number of valid CPD items recorded (cumulative)	2024-25	6,406	8,272	10,146	13,337	20,066	36,212	72,695	219,318	316	1,332	2,614	4,154
	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

Fitness to practise			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Number of concerns received		2024-25	128	158	151	158	140	156	155	150	193	180	191	175
		2023-24	141	142	155	146	156	146	170	202	147	222	147	123
Triage	Median age of pre-triage and triage caseload (weeks)	2024-25	22	22	24	27	28	29	29	29	28	19	16	17
		2023-24	17	17	17	19	19	18	20	19	23	22	22	23

Fitness to practise			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Triage	Number of new pre-triage cases	2024-25	131	119	99	92	132	149	120	111	99	378	282	142
		2023-24	123	151	146	138	144	107	101	136	94	214	154	109
	Number of open pre-triage cases	2024-25	269	283	290	272	299	343	378	385	413	660	808	808
		2023-24	307	294	305	263	272	316	282	272	195	252	254	262
Triage	Percentage of cases closed at the pre-triage stage	2024-25	24%	25%	33%	15%	34%	31%	33%	26%	35%	22%	33%	34%
		2023-24	13%	21%	12%	22%	30%	16%	22%	17%	16%	20%	23%	22%
	Median time taken to complete pre-triage stage (weeks)	2024-25	6	6	5	11	6	7	8	7	7	10	10	10
		2023-24	6	7	8	6	4	4	9	7	9	4	4	5
	Number of cases that progressed to triage	2024-25	96	82	63	93	71	72	57	78	47	102	92	99
		2023-24	120	130	120	140	95	53	105	122	144	125	119	80
	Number open triage cases (excluding on hold cases)	2024-25	592	590	594	590	585	578	543	546	537	557	586	591
		2023-24	490	527	536	590	583	511	531	511	594	566	598	609
	Percentage of cases closed at the triage stage	2024-25	71%	76%	70%	71%	69%	58%	85%	70%	60%	70%	67%	63%
		2023-24	70%	69%	74%	62%	66%	77%	82%	69%	53%	70%	58%	58%
	Median time taken to complete triage stage (weeks)	2024-25	21	26	27	32	20	31	30	48	22	27	27	18
		2023-24	13	19	22	18	25	27	24	29	17	25	16	17
Investigation	Number of cases that progressed to investigation	2024-25	32	22	19	28	25	27	15	20	19	26	20	27
		2023-24	26	32	31	31	35	27	17	42	24	42	43	32
	Number open investigation cases (excluding on hold cases)	2024-25	557	547	540	545	527	529	513	495	481	475	452	459
		2023-24	667	648	613	606	612	614	574	561	550	562	569	561
	Median age of investigation caseload (weeks)	2024-25	62	64	68	66	66	67	69	71	74	75	77	77
		2023-24	63	64	61	63	61	62	64	63	66	64	62	62
	Median time taken to complete investigation stage (weeks)	2024-25	71	79	51	70	72	40	61	53	68	54	63	80
		2023-24	33	51	70	59	71	68	70	54	66	67	70	73

Fitness to practise			Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Case examiner	Number of open case examiner cases	2024-25	133	142	140	122	123	111	82	89	87	91	101	80
		2023-24	77	82	84	101	96	97	111	134	145	148	151	132
Case examiner	Percentage of cases closed at the case examiner stage	2024-25	45%	91%	80%	78%	69%	72%	79%	83%	74%	67%	70%	78%
		2023-24	72%	80%	67%	70%	44%	84%	63%	79%	54%	79%	74%	78%
	Median time taken to complete case examiner stage (weeks)	2024-25	15	13	14	11	14	14	15	13	11	14	13	9
		2023-24	7	8	6	6	9	11	12	11	11	13	13	12
	Number of accepted disposals offered	2024-25	14	7	11	21	20	11	10	14	7	10	15	14
		2023-24	2	14	13	9	8	8	8	10	9	15	13	14
Hearings	Number of cases that progressed to hearings	2024-25	18	2	6	9	12	11	12	5	9	9	10	10
		2023-24	8	9	19	7	19	4	15	6	11	6	11	11
	Number of open cases in hearings (excluding post-hearing cases)	2024-25	392	391	386	386	393	399	410	414	421	426	426	412
		2023-24	386	378	362	356	366	354	362	361	361	365	373	378
	Number of concluded final hearings	2024-25	5	6	2	6	4	3	3	1	1	4	13	22
		2023-24	17	19	28	14	7	14	4	6	7	3	3	3
Interim orders	Median time take to approve interim orders (working days)	2024-25	17	18	26		18	18	18	18	21	18	17	18
		2023-24	19	20	19	18	18	17	20	N/A	17	28	19	18
	Number of interim order application hearings held	2024-25	1	3	1	0	3	3	1	2	4	3	2	2
		2023-24	6	4	7	4	7	4	4	1	4	5	2	4
	Number of interim orders imposed	2024-25	1	3	1	0	3	3	1	2	4	3	2	1
		2023-24	6	3	6	4	6	4	4	0	4	5	1	3
Number of final order reviews held		2024-25	11	8	11	7	7	10	6	12	8	10	4	3
		2023-24	10	14	11	8	14	11	10	15	7	10	7	6
Median time from receipt of referral to final FtP outcome (weeks) - Including on hold cases		2024-25	125	126	140	108	97	110	113	101	98	107	128	144
		2023-24	99	127	118	113	128	126	77	110	119	112	93	85
Median time from receipt of referral to final FtP outcome (weeks) - Excluding on hold cases		2024-25	125	126	135	108	92	108	108	101	98	98	128	140
		2023-24	99	118	118	113	128	120	66	107	126	112	78	72

Fitness to practise		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
FTP Internal quality score	2024-25	97%	88%	94%	87%	90%	88%	97%	97%	97%	100%	87%	94%
	2023-24	93%	93%	92%	93%	85%	85%	92%	94%	100%	86%	89%	97%

People		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Retention rate	2024-25	85%	85%	85%	85%	85%	87%	86%	87%	87%	86%	86%	87%
	2023-24	83%	85%	84%	86%	87%	86%	86%	86%	85%	86%	86%	86%
Headcount of staff	2024-25	233	232	234	237	241	247	250	255	258	263	264	275
	2023-24	249	247	245	240	237	238	242	242	241	238	238	236
Days lost to sickness per employee over previous 12 months	2024-25	8.9	8.8	8.9	8.9	8.5	8.0	7.7	7.5	7.4	7.1	7.4	7.9
	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

Corporate complaints		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Corporate complaints responded to within timescales	2024-25	74%	94%	91%	83%	100%	92%	96%	100%	88%	94%	100%	89%
	2023-24	87%	86%	74%	96%	100%	91%	96%	88%	94%	89%	81%	75%
Number of corporate complaints received (stage 1 only)	2024-25	18	12	6	9	8	16	15	10	12	11	5	11
	2023-24	23	20	19	37	33	24	25	15	23	24	9	13
Number of corporate complaints that missed 20 day timescale	2024-25	5	1	1	2	0	1	1	0	2	1	0	1
	2023-24	2	3	8	1	0	2	1	4	1	3	3	4
Median response time over previous 12 months (working days)	2024-25	15	15	15	15	16	16	16	15	16	16	16	16
	2023-24	18	18	18	18	18	16	15	16	15	15	15	15

[5] There have been slight changes to some figures in Annex A, which have been identified following additional year-end data validation processes. These amendments are anticipated due to retrospective changes being captured on the system after the data has been compiled and reported and are captured each year in the Q4 report.

Annex B

Course reapproval decisions Q4 2024-25

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	To		
University of Bradford	BA (Hons) Social Work	Yorkshire & Humber	22 October 2024	25 October 2025	https://www.socialworkengland.org.uk/media/txqoy3ej/20241220_ubrr1_cp162_cp163_ba_ma_final_report.pdf	Approved
	MA Social Work	Yorkshire & Humber	22 October 2024	25 October 2025	https://www.socialworkengland.org.uk/media/txqoy3ej/20241220_ubrr1_cp162_cp163_ba_ma_final_report.pdf	Approved
University of Kent	Pg Dip Social Work - Step Up	South East	08 October 2024	10 October 2024	https://www.socialworkengland.org.uk/media/jecpwmxa/280125_ukr3-inspection-report_step-up_final.pdf	Approved with conditions
De Montfort University	BA (Hons) Social Work	Midlands	19 November 2024	22 November 2024	https://www.socialworkengland.org.uk/media/v3oj0bwd/20250220_dmur1_ba_ma_pgdipexit_reapproval_inspection_final_report_.pdf	Approved with conditions
	MA Social Work	Midlands	19 November 2024	22 November 2024	https://www.socialworkengland.org.uk/media/v3oj0bwd/20250220_dmur1_ba_ma_pgdipexit_reapproval_inspection_final_report_.pdf	Approved with conditions
	PG Dip Social Work (masters exit route)	Midlands	19 November 2024	22 November 2024	https://www.socialworkengland.org.uk/media/v3oj0bwd/20250220_dmur1_ba_ma_pgdipexit_reapproval_inspection_final_report_.pdf	Approved with conditions

Middlesex University	BA (Hons) Social Work	London	05 November 24	08 November 2024	https://www.socialworkengland.org.uk/media/rngn5wo3/reapproval_inspection_report_mu.pdf	Approved with conditions
	BA (Hons) Social Work Degree Apprenticeship	London	05 November 2024	08 November 2024	https://www.socialworkengland.org.uk/media/rngn5wo3/reapproval_inspection_report_mu.pdf	Approved with conditions
University of Gloucestershire	BSc (Hons) Social Work Degree Apprenticeship	South West	12 November 24	14 November 2024	https://www.socialworkengland.org.uk/media/3581/20200923_ug-final-report-with-conditions.pdf	Approved with conditions
	MA Social Work	South West	12 November 2024	14 November 2024	https://www.socialworkengland.org.uk/media/ws0la2kd/140325_ugr2-inspection-report_mapluspgdip_rd.pdf	Approved with conditions
	Pg Dip Social Work (masters exit route)	South West	12 November 2024	14 November 2024	https://www.socialworkengland.org.uk/media/ws0la2kd/140325_ugr2-inspection-report_mapluspgdip_rd.pdf	Approved with conditions

Course approval decisions Q4 2024-25

Provider	Course	Region	Inspection dates		Link to inspection report	Decision
			From	To		
Kingston University	PG Dip Social Work Degree Apprenticeship	London	19 November 2024	21 November 2024	https://www.socialworkengland.org.uk/media/gmlbabok/kiucpp480_pg_app_approval_report_final.pdf	Approved with conditions

Keele University	PG Dip Social Work Apprenticeship	Midlands	22 October 2024	24 October 2024	https://www.socialworkengland.org.uk/media/qteou0g1/20250122_kucpp472_pgdipapp_approval_final_report.pdf	Approved
University of Hull	PG Dip Social Work	Yorkshire & Humber	15 October 2024	17 October 2024	https://www.socialworkengland.org.uk/media/utrlhida/20250120_uhulcpp475_final.pdf	Approved with conditions
University of Derby	BA Social Work Degree Apprenticeship	Midlands	03 December 2024	05 December 2024	https://www.socialworkengland.org.uk/media/utrlhida/20250120_uhulcpp475_final.pdf	Approved with conditions

Our risk appetite statement 2025/26

Agenda Item 10 Paper Ref 07

Paper for the
Social Work England Board

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Clarissa Allford, Risk Manager

Date
16 May 2025

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

1. 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.

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 2025-2026 is reflective of:

- Our role as a regulator
- This being the final 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 2 May.

ELT discussion	ARAC discussion	Amendments made	Board sign off
March	2 May	6 May	16 May

The revised draft risk appetite statement can be found at appendix A.

2. Action required

The board is invited to approve the risk appetite statement for 2025/26.

3. Commentary

Risk categories that 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.

Change from 'reputation and credibility' to 'credibility'

The category 'reputation and credibility' has been changed to 'credibility' to better reflect organisational values. The appetite has changed from 'cautious', to 'open', as it was felt that the organisation could afford to be more open as it has become more established.

Change from 'regulatory functions' to 'statutory regulatory functions'

The category 'statutory functions' has been changed to 'statutory regulatory functions' as it was felt that this distinction better separates our statutory work from other types of work we do.

Our appetite has been changed from ‘cautious’ to ‘open’, and the wording of the appetite descriptions has been changed to make them more distinct.

Governance and compliance

Our appetite for governance and compliance risk has changed from ‘minimalist’ to ‘cautious’ so that it is aligned with our cyber security risk appetite.

Strategic approach

The appetite for strategic approach has remained ‘open’. However, we have changed the wording of two appetite descriptions to make the distinction between them more meaningful.

Processes

The appetite for processes has remained ‘cautious’. However, we have changed the wording of the ‘cautious’ appetite description to remove the implication that we will not try out systems and processes unless another organisation has done so first.

Innovation and change

We have changed the wording of all appetite descriptions within this category to make them more distinct.

4. Annexes

See the following page.

Annex A– DRAFT risk appetite statement 2025/26

	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.
Statutory regulatory functions (previously 'regulatory functions')	This includes risks arising from failing to deliver on our statutory regulatory duties or poor management of our statutory regulatory functions.	**Open** (previously 'cautious')	We use learning to evolve the way we regulate. We test any change to the way we regulate thoroughly before embedding it to ensure it does not adversely affect statutory requirements.
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.
Credibility (previously '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.	**Open** (previously '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. 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.
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.	**Cautious** (previously '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. 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. We review and test our plans on an annual basis, or more regularly as the likelihood of an incident increases.

	Averse	Minimalist	Cautious	Open	Hungry
FINANCIAL GOVERNANCE	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.
STRATEGIC APPROACH	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 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.	~~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 approach to creating and implementing the strategy is ambitious and fearless. We want to push boundaries in some areas where we are confident that outcomes from achieving the objective outweigh the risks of failure.	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.
PROCESSES	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~~ without testing the quality or building an evidence base. 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.
PEOPLE AND CULTURE	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 to 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.
STATUTORY REGULATORY FUNCTIONS	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 only accept risk when the benefits are apparent from the beginning. We approach all change carefully, thoroughly evaluating all new ideas before moving forwards.	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 test any change to the way we regulate thoroughly before embedding it to ensure it does not adversely affect statutory requirements.	We encourage different ways of operating our regulatory functions. We are willing to accept the consequences of changes to the way we regulate.
INNOVATION AND CHANGE	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.~~ We avoid innovation and change wherever possible, preferring to maintain existing ways of working. Any change is taken only when legally or operationally necessary, with extensive controls in place to minimise disruption.	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 only engage in change if it is backed up by robust information and/or evidence. We have a preference for proven approaches with minimal deviation from established ways of working.	~~We are keen to innovate, but continuously balance innovation against outcomes. We test our ideas before rolling them out across our organisation.~~ We recognise the benefits of innovation and change but approach them carefully. Changes are planned and tested thoroughly, with a focus on minimising potential risks before implementation.	~~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 actively seek opportunities for innovation and change, sharing knowledge and ideas with others and adapting to reform. We accept that some calculated risk is necessary for progress. Continuous improvement initiatives are encouraged, with a balanced approach to risk-taking and mitigation.	We place a high value on innovation and change. ~~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.~~ Risk will always be a consideration, but we are prepared to tolerate more risk in pursuit of our ambitions. We encourage experimentation and recognise that some change initiatives may fail but bring valuable learning.
CREDIBILITY	~~We have minimal tolerance for any decisions that could lead to scrutiny. We will not accept any loss of credibility. All external engagement activities are solely focused on providing information. We do not engage with the media.~~ We have zero tolerance for any decisions or risks that could undermine credibility. We will not accept any loss of credibility and will avoid any actions that might lead to reputational damage. All external engagement activities are focused solely on providing information. We do not engage with the media.	~~We play it safe. Our tolerance for risk taking is limited to those events and external engagement activities where there is no chance of any significant reputational damage and no impact on our credibility as the regulator. We provide information when requested but do not encourage dialogue or two-way communication. We keep media engagement to a minimum.~~ We take a highly cautious approach to decisions affecting credibility, accepting only minimal risk. Our tolerance for risk taking is limited to those events and external engagement activities where there is no chance of any significant reputational damage and no impact on our credibility as the regulator. We provide information when requested but do not encourage dialogue or two-way communication. We keep media engagement to a minimum.	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. 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.	~~We rely on our reputation to influence and secure the engagement of those we regulate and other stakeholders. Our external engagement activities are conscious of our reputation and credibility but are not limited by this. 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. 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.~~ The organisation is willing to take measured decisions that may be difficult, opposed by some parties, or impact our credibility, provided there is a strong rationale and potential for positive long-term impact, and where we believe it is necessary to achieve our statutory objectives. Our external engagement activities are conscious of our credibility but are not limited by this. We welcome and encourage dialogue and challenge and respond openly without being defensive. We work with the media and take a public position on relevant issues, even if we know this may expose us to criticism.	We will take chances in our work and external engagement 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. We regularly speak publicly about our approach and address any challenge head-on.
CYBER SECURITY	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	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 external threats and how services and sites are used ~~systems and sites, both~~ within our organisation ~~and other businesses~~ and adapt our approach, as necessary. We strive to invest in prevention and detection of cyber-threats in proportion to our overall budget and assessed risk. We focus on training, policies and 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.

	much seen as an IT issue and managed by IT only.				
EQUALITY, DIVERSITY AND INCLUSION	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.
GOVERNANCE AND COMPLIANCE	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. We invest heavily in protection against disruption. We regularly undertake business continuity exercises to test our plans. 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. 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. 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 we believe our approach is sound and all mitigating actions have been taken. We have a ~~reasonable~~ good interpretation of data protection law with a ~~reasonable~~ good 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. We undertake a business continuity exercise every year. We use tried and tested governance approaches to develop our own. 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~~ reasonable 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.

Sustainability plan: 2024/25 end year report and priorities for 2025/26

Agenda Item 13 Paper Ref 09

Paper for the
Social Work England Board

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Sophie Rees Rumney, Executive Assistant

Date
16 May 2025

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
Governance and compliance - Minimalist

Equality Impact Assessment (EIA)
Completed

1. Summary

This end-year report presents the board with a summary of progress in the second year of our 2023-2026 Sustainability Plan, and our proposed priorities for 2025/26.

2. Action required

The report is for discussion, assurance and noting.

3. Commentary

The table below provides a RAG-rated summary of high-level deliverables for the second year of the plan, covering the period from 1 April 2024 to 31 March 2025.

Section 5 gives further detail of key achievements, priorities for the year ahead and areas where we've experienced delays.

The annex provides the board with an overview of planned deliverables for 2025/26.

4. Summary of deliverables for 2024/25

Strategy pillar:	Key actions to be completed 2024/25:	Status at end Q4:
People action	Use our internal communication channels to inform and engage people on our sustainability journey and empower them to take steps as individuals to assess and reduce their individual carbon footprint.	
	Provide carbon literacy training and modern slavery training to our people, partners and board	
	Explore opportunities to work with Sheffield City Council and Chamber of commerce on community initiatives.	
	Join the Sheffield Sustainability Network, working with colleagues across the city on opportunities for collective action.	
	Broaden our support for our nominated charities to include collaborating together on specific initiatives.	
	Develop our volunteering offer.	
Greener workspaces	Increase recycling including paper, cardboard, plastic, glass, aluminium cans, batteries, and electronic equipment and printer inks; Ensure our organic waste is turned into energy.	
	Maintain our buy back scheme for depreciated laptops, with the proceeds from these sales returned to the Department for Education.	
	Where possible regenerate other assets including furniture and other electrical equipment.	
	Actively encourage use of public transport over taxis. Stipulate low carbon hire vehicles and use companies that can supply electric cars.	

	Implement a salary sacrifice cycle to work scheme and work with the landlord to increase the number of secure bike racks.	
	Survey our people on the feasibility of introducing a car share scheme.	
Responsible sourcing	Update Finance & Commercial Policy to deliver sustainable procurement.	
	Ensure our commercial team undertake Chartered Institute of Procurement & Supply ethical training.	
Governance	Report our progress bi-annually to the executive leadership team and board and in the sustainability section of our annual report and accounts.	
	The board provides strategic oversight of our Sustainability Plan	

Key:
Green = On track / complete
Amber = Minor delay in some or all areas/ on hold
Red = Off track and new plan needed

5. 2024/25 achievements

People action pillar:

- **Internal communications:** From April 2024 to April 2025, we published 15 internal articles relating to sustainability. Collectively, these received 2,195 views. We have covered topics such as cycle to work, our car sharing scheme, sustainable and second-hand shopping, carbon literacy, World Refill Day, Buy Nothing Day – how to be more sustainable over the festive period, No Mow May and plant biodiversity. As well as content for our staff intranet, members of the sustainability group have hosted Weekly Connect to present our progress on the sustainability plan.

- **Volunteering policy:** The volunteering scheme was introduced in April 2024, with 1 day of additional leave allowance available per staff member each financial year to be used for volunteering. To date, sixteen individuals have participated in the scheme. A review of the policy and how people are choosing to use their volunteering time is planned for 2026/27 when we will have two years' worth of comparable data.

- **Partner charities:** We remain committed to supporting our nominated charities by raising funds, donations and awareness. During our all-team meeting in October 2024, we hosted a charity bake sale and throughout October, collected donations for a local harvest appeal including clothing, toiletries and non-perishable food.

- **External collaboration:** We continue to build relationships with local partners, to identify opportunities for joint-working and exchange. This includes the DfE's Sheffield site and the Sheffield Policy Campus network. Efforts are underway to learn more about university outreach initiatives, including year-long

placements, to gain insights that could inform the organisation's approach to talent development.

Greener workspaces pillar:

- **Cycle to work scheme:** We continue to offer our staff the opportunity to purchase a bike and equipment through the cycle-to-work scheme. Seven people have taken advantage of this offer, with four people currently paying for their bikes through a monthly salary sacrifice.

- **Electric vehicle scheme:** We assessed the feasibility of an electric vehicle salary sacrifice scheme but determined early in the year that a scheme would be too costly to administer.

- **Facilities and waste:** We avoid single-use plastics in the office and opt for eco-friendly products wherever possible. Additionally, we have introduced a new food waste recycling process. Last year, 99% of our waste was diverted from landfill, now 100% of it is. We have also upgraded our facilities by installing energy-efficient dishwashers and adjusting light sensor timers in meeting rooms to prevent unnecessary energy usage and have ensured our LED lights are energy efficient. The landlord has recently upgraded the air conditioning system to improve efficiency and reduce consumption. The new system is still in trial, so it's too early to assess its effectiveness.

- **Network equipment:** Network equipment that has reached the end of its useful economic life continues to be recycled through a third party, to ensure that items are repurposed or sold. We have continued to sell fully depreciated laptops to employees; 110 were sold between 1 April 2024 and 31 March 2025 and the proceeds returned to DfE.

Governance pillar:

- **Climate and sustainability related risk:** During Q3 and Q4, we reviewed our risk register to ensure it appropriately considers climate change and sustainability, in line with the Task Force on Climate-related Disclosures (TCFD) reporting requirements.

Responsible sourcing:

- **Commercial:** We published our Modern Slavery Statement on our public facing website in Q1. All procurements managed via frameworks or open tender processes that exceed £30,000 now have a minimum 10% social value requirement.

Areas of slippage or challenge

Although we have made good progress overall in delivering our 2024/25 sustainability plan priorities, there have been a few areas of slippage or challenge. These relate to:

- **Sustainable travel:** We have reviewed our travel and expenses policy as planned, to further align with our sustainability commitments. Our guidelines encourage the use of low-carbon transport options, such as buses and trains, whenever possible. If public transport is not a viable option, we recommend opting for an electric hire vehicle to minimise our environmental impact. However, data shows an increase in car usage (mileage claimed) this year compared to last, alongside a reduction in the use of public transport. This is in the context of an overall reduction in travel. We are exploring the reasons and plan further internal communications in 2025/26 to promote more sustainable travel options.

- **Car sharing:** we have developed principles for an informal car sharing scheme though uptake has been low so far. We will further promote this in 2025/26.

- **Charitable payroll giving scheme:** This was originally planned to launch in 2024/25, however it was determined that pay remit approval needs to be sought. This will now be progressed in 2025/26.

- **Quarterly reporting to Department for Education (DfE):** We remain committed to supporting progress towards the DfE group's Greening Government Commitments. Due to staff turnover in key roles, we have not yet begun to report our data regularly to DfE and will be taking this forward in 2025/26.

- **Carbon literacy training:** Due to capacity constraints, this has not yet been progressed. The people team has developed an overview of a module for staff which is expected to launch in 2025. We have scheduled carbon literacy training for our board following the meeting on 25 July 2025. The training will be delivered virtually by colleagues from the Department for Education.

6. Conclusions and/or recommendations

The board is invited to note the progress which is being made and discuss and approve the priorities for 2025/26.

7. Appendices

Appendix 1 – 2025/26 Sustainability plan priorities.

Sustainability Plan 2025/26

People Action Pillar Ref	Timeline	Sustainability Plan commitment	Activity	Measures	Lead	Support
PA1 Links to PA2	Runs through to 31 March 2026 with themed campaigns and comms updates	• Use our internal communication channels to inform and engage people on our sustainability journey and empower them to take steps as individuals to assess and reduce their individual carbon footprint • Raise awareness of opportunities to protect and restore biodiversity. Biodiversity means the variety of all living things • Ensure that we share the breadth of initiatives that our organisation and people are involved with to strengthen our brand and enhance our reputation as a good employer	• Produce regular content for internal communications campaign Turn Teal • Secure engagement slots at all team meetings to focus on different aspects of sustainability • Join Sheffield Sustainability Network • Explore opportunities to deliver sustainability related content as part of Social Work 2026 and the road shows that are taking place in 2025/6	• Inclusion on all team meeting agendas • Publication of sustainability resources on the staff intranet • Publication of sustainability related Your Voice articles • Evaluation of impact and actions taken by our people • Promotion and publication of our actions in this area internally and externally	• Corporate communications manager	• Communications team • Executive assistant • People forum chair

PA4	July 2025	• Introduce sustainability training for our people • Provide carbon literacy training to our board	• Finalise and launch new e-learning module to provide an understanding and overview of sustainability and our plan priorities • The module will offer practical guidance on how individuals can contribute to sustainability, empowering them to take meaningful action. • Carbon literacy training to take place in 2025/26 for board members, with full accreditation	• Delivery of the training and attendance/ completion/ accreditation rates • Training evaluation feedback	• Corporate governance manager • People and development business partner (L&D) and team	• Head of finance and commercial and team • People and development team • Executive assistant • Communications team

PA5.3	Runs through to 31 March 2026	• Broaden our support for our nominated charities to include collaborating together on specific initiatives	• We remain committed to supporting our nominated charities, by raising both funds and awareness • We will assess the viability of implementing a payroll charitable giving scheme within the upcoming year's payroll remit.	• Regular contact maintained and opportunities for collaboration and support identified, including volunteering • Quantity / value of donations and volunteering activity • Payroll giving scheme implemented	• Executive director, people and business support	• People forum chair • Head of people and development • Head of finance and commercial • Executive assistant • Communications team
Greener Workspaces Pillar Ref	**Timeline**	**Sustainability Plan commitment**	**Activity**	**Measures**	**Lead**	**Support**
GW2	Runs through to 31 March 2026	• Increase recycling including paper, cardboard, plastic, glass, aluminium cans, batteries, and electronic equipment and printer inks	• Continue to work to reduce waste/ food waste • Deliver engagement workshops and other opportunities to raise awareness for our people e.g. an opportunity to visit recycling site	• Year on year increase in recycling; reduction in food waste	• Corporate governance manager	• Executive assistant • Head of finance and commercial • Facilities team • Comms team
GW2.1	Runs through to 31 March 2026 Target recycling campaigns	• Ensure we continue to remain compliant in our use of single use plastics, in line with	• Review purchasing of all plastic products to ensure ongoing compliance	• Ongoing monitoring to ensure that we remain compliant in our purchasing and	• Head of finance and commercial	• Facilities team • Comms team

	planned for June 2025	the government ban on the supply of single use plastic items in England	with the ban on single use plastics	use of single use plastics		
GW4	Runs through to 31 March 2026 Review to be completed by June 2025 Policy and guidance to be developed by September 2025	• Where possible regenerate other assets including furniture and other electrical equipment	• Using our existing practice of recycling IT equipment, assess other fully depreciated assets - furniture, fittings and equipment – to evaluate the scope to recycle or reuse • Develop recycle, reuse policy / guidance, including what to do if something breaks.	• Review to be completed • Policy and guidance to be developed • Consider reporting that can be carried out in this area to demonstrate volume/impact	• Head of finance and commercial	• Head of IT and data • IT and data team • Facilities team
GW5	Runs through to 31 March 2026	• Review our use of IT to explore how we can cut CO2 emissions	• Explore current energy use relating to our digital services, and explore potential opportunities to reduce C02 emissions • Compare our practice with other regulators and arms-length bodies to inform best practice approaches	• Review will be completed, options identified and assessed.	• Head of IT and data • Corporate governance manager	• Head of finance and commercial

GW6.3	Runs through to 31 March 2026	• Monitor the office thermostat to ensure it is appropriately set for the time of year and office usage to reduce our energy consumption	• Continue to explore appropriate and affordable options with the landlord to reduce energy consumption whilst maintaining comfortable working conditions	• If appropriate measures are identified with our landlord and implemented, we would expect to see a reduction in energy consumption compared with previous year data in our annual report and accounts • Data on effectiveness of the upgraded air conditioning • Measured consistency of office temperature and feedback from our staff	• Head of finance and commercial	• Finance business partner • Facilities team
Governance and Reporting Pillar Ref	**Timeline**	**Sustainability Plan commitment**	**Activity**	**Measures**	**Lead**	**Support**
G2	Runs through to 31 March 2026	• The board provides strategic oversight of our sustainability plan	• Ensure our sustainability plan is embedded into board processes wherever appropriate, including recruitment, induction, appraisal and evaluation,	• The sustainability plan, progress and impact are reviewed by ARAC before providing regular assurances to the board • Progress and impact of board oversight to be evaluated as part	• Executive director, people and business support	• Corporate governance manager • Executive assistant

			strategy and planning, risk management	of the board annual review process		
	Review of governance and development of impact metrics to be carried out in Q1	• Review governance arrangements and carry out regular reporting on impact metrics	• Develop impact metrics and measures • Ensure that future governance reporting addresses the impact of all activities, where measures are available. • Implement process of quarterly reporting to Department for Education on Greening Government Commitment targets • Undertake a review of the current governance arrangements and senior level engagement and ownership to support successful completion of the plan and commitments	• Regular reporting covers the impact of measures (both qualitative and quantitative)	• Executive director, people and business support	• Head of finance and commercial • Corporate governance manager • Executive assistant

Corporate governance: policy update

Agenda Item 14 Paper Ref 10

Paper for the
Social Work England Board

Sponsor
Linda Dale, Executive Director, People and Business Support

Author
Chloe Corbett, Corporate Governance Manager

Date
16 May 2025

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 - Minimalist

Equality Impact Assessment (EIA)
N/A

1. Summary

In accordance with good corporate governance practice Social Work England conducts an annual review of policies. This paper is provided for information purposes as part of the scheduled cycle of policy updates/reminders for board members.

2. Action required

The board is invited to review and approve the policy documents contained in the annexes that follow.

3. Commentary

The related policies that are due for review and reapproval at this time are:

- Anti-fraud, bribery and corruption
- Financial control handbook
- Whistleblowing (internal).

4. Conclusions and/or recommendations

Anti-fraud, bribery and corruption:
The only substantive change to this policy was the addition of a requirement for executive directors to complete an annual declaration of interests which has been added to the policy. A number of minor amendments were also made, and these are highlighted in the document.

Financial control handbook:
There are 2 substantive amendments to this handbook:

- Adding an approval level of £50,000 to the scheme of delegation (for committing Social Work England to the purchase of goods or services and the authorisation of invoices) in order to accommodate the role of assistant director. This reflects the position of the role within the organisational structure, sitting between that of a head and an executive director, and will support the effective management of budgets for which an assistant director is responsible.
- Within the levels of delegated authority for committing payments (Matrix C) we have added a requirement that one of the 2 approvers for payments above £100,000, List C, must be the chief executive. We have made some further changes to the roles in Lists A and B to more accurately reflect current positions/job titles within the organisation. We have clarified that Matrix C only relates to payments, and that invoices must have already been approved for payment in line with the delegated authorities in Matrix A.

Other minor changes were made to add clarity, and these are highlighted in the document.

Whistleblowing (internal):
Minor amendments were made to amend language and terminology to better align the policy to legal definitions, incorporating advice from an ARAC committee member with relevant professional knowledge and experience.

5. Annexes

Annex 14a: Anti-fraud, bribery and corruption policy
Annex 14b: Financial control handbook
Annex 14c: Whistleblowing (internal).

Anti-fraud, bribery and corruption policy

Why do we need this policy?

The purpose of this policy is to provide (both of the following):

- definitions of fraud, bribery and corruption
- an overview of responsibilities for reporting in the event of suspected, attempted or actual fraud, bribery or irregularity

Who needs to follow this policy and why?

This policy applies to (all of the following):

- our people
- our board
- our partners

Bribery, fraud and corruption have corrosive effects within society in the UK and around the world. We are all responsible for reporting all suspicions of fraud, bribery or corruption, and for acting with honesty and integrity at all times. We must do so to (do all of the following):

- safeguard public funds
- tackle all forms of financial impropriety and corruption
- uphold our values and comply with the law (in particular The Bribery Act 2010)

What's our policy and how will we implement it?

We have adopted several procedures to minimise the risk of fraud, bribery and corruption:

- our employee code of conduct
- our internal systems of control and assurance. This includes training, standard operating procedures, performance reporting and review
- our travel and expenses policy and booking systems
- the gifts and hospitality policy provides guidance as to how employees, partners and board members should deal with and report any gifts or hospitality they are offered
- any employee, partner or board member who is offered gifts or hospitality should record this on the gifts and hospitality register (whether they accept or decline)

- we require all board members and executive directors to complete an annual declaration of interests, hospitality and gifts
- ~~we require all executive directors to complete the register of gifts and hospitality annually~~
- we will select any individual, organisation or supplier working with (or on behalf of) us through a transparent and, wherever possible, competitive selection method
- we are committed to ensuring due diligence has been carried out on third parties who work with (or on behalf of) us prior to entering contracts

Reporting a concern

People should immediately report any suspected or actual instances of fraud, bribery or corruption. This includes (any of the following):

- offers to pay bribes
- solicitation of bribes
- demands to make facilitation payments

Failure to report could result in disciplinary action. Reports should be made to the head of finance and commercial (or the executive director for people and business support, if the concern relates to the head of finance and commercial). If individuals are not comfortable reporting their concerns to these role-holders, they should contact the CEO.

In the event of a report being made to the head of finance and commercial, they will inform the executive director for people and business support. The executive director will then inform the CEO.

The executive director for people and business support and the CEO will decide the appropriate course of action. This includes informing (any of the following):

- the chair of the board
- the chair of the audit ~~risk~~ and risk assurance committee
- other key stakeholders (if necessary)

In deciding the appropriate course of action and who needs to be informed, the CEO and executive director will consider whether the concern has had (or may have) a material impact on (any of the following):

- Social Work England
- registered social workers
- the public
- other stakeholders

Investigation and sanctions
We take all reports of actual or suspected fraud, misuse of public money, bribery and corruption seriously. We will investigate proportionately and appropriately, as set out in this policy.

Where staff or partners are involved, the resulting actions may include (any of the following):

- disciplinary procedures
- contract termination, dismissal or removal
- criminal prosecution

Where a board member is involved, they may be removed from the board.

Certain offences carry criminal liability for corporate entities as well as individuals. Sanctions include significant fines and/or imprisonment.

Referral to external agencies
The chief executive will decide whether, and at what stage, a concern should be reported to the police or other external agency. For example, the Serious Fraud Office (SFO).

Recovery action
We will make all efforts to recover any gain, asset and/or benefit which has been obtained through a fraudulent act or where public money has been misused.

Where we have identified a loss, we may obtain legal advice about the need to trace and/or freeze a person's assets through the court (pending conclusion of the investigation). We will also obtain legal advice relating to the recovery of losses through the civil and criminal courts or deducting losses from any salary payments.

During an investigation, an individual may offer to repay the amount that they have obtained improperly. The investigating officer must neither solicit nor accept such an offer. This is because it may be construed as having been obtained under duress. The investigating officer should record any offer and refer it to the executive director of people and business support.

Reporting to our chair and chair of the audit~~, risk~~ and risk ~~assurance committee~~

During any investigations of a material impact relating to impropriety, we will report our progress to (both of the following):

- our chair
- the chair of the audit~~,~~ and risk ~~and~~ assurance committee

We will share (all of the following):

- a description of the incident, including (all of the following):
  - the value of any loss
  - the people involved
  - the means by which public money was misused or fraud perpetrated
- the measures we have taken to prevent a recurrence
- any action needed to strengthen future responses to fraud or ensure public funds are appropriately used
- a follow-up report on whether these actions have been taken

Roles and responsibilities

Our people, board and partners

We expect everyone working with and for us to always to be aware of the possibility of fraud, bribery, corruption and theft in the workplace. They should (do all of the following):

- act with integrity and promptly share any concerns they may have
- follow our employee code of conduct and relevant policies and procedures at all times
- complete mandatory training in relation to bribery, corruption and fraud
- ensure that all Social Work England resources, including money, equipment and staff time are used appropriately and efficiently. Intentional misuse of resources to benefit an employee or another person can fall within the definition of fraud
- ~~refuse to~~never give, promise to give, or offer, a payment, gift or hospitality with the expectation or hope that a business advantage will be received, or to reward a business advantage already given
- not give or accept a gift or hospitality during any commercial negotiations or tender process (if this could be perceived as intended or likely to influence the outcome)
- not accept a payment, gift or hospitality from a third party, knowing or suspecting it is offered with the expectation that we will provide a business advantage for them (or anyone else) in return
- not accept hospitality from a third party that is unduly lavish or extravagant
- ~~Not~~ not discourage, threaten or retaliate against another individual who has raised concerns under this policy
- always ask for advice and guidance if they are uncertain about anything

Specific risk mitigation measures

To manage the exposure to fraud, bribery and corruption, everyone should comply with our employee code of conduct and all relevant policies and procedures. In particular, our procurement guidelines, policy on travel and expenses and policy on gifts and hospitality. No employee should give or receive a payment, gift or service without notifying the head of financial and commercial for approval first.

Conflicts of interest increase the risk of fraud. All staff who have an interest in an actual or potential supplier must report this to the head of finance and commercial. This is expected whether they know the supplier personally, or through family members, close friends or associates.

Related policies, procedures and information sources

Internal whistleblowing policy

Gifts and hospitality policy and register

Travel and expenses policy

Employee code of conduct

Procurement and commercial guidelines

Queries?

If you have a query about this policy, please contact the head of finance and commercial.

Definitions

Fraud

Fraud is a dishonest act which is committed with the intention of making a gain, or causing loss, or risk of loss to another. The Fraud Act 2006 defines three class of fraud:

1. **Fraud by false representation**
   This is to dishonestly make a false (i.e. knowingly untrue or misleading) express or implied representation of fact or law to a person, system or device, with the intention to make a gain themself or for another, or to cause loss to another or to expose another to a risk of loss.

2. **Fraud by failing to disclose information**
   This is to dishonestly fail to disclose to another person information which they are under a legal duty to disclose with the intention to make a gain themself or for another, or to cause loss to another or to expose another to a risk of loss.

3. **Fraud by abuse of position**
   This is where a person occupies a position in which they are expected to safeguard, or not to act against, the financial interests of another person, and dishonestly abuses that position, by an act or omission, with the intention to

make a gain themself or for another, or to cause loss to another or to expose another to a risk of loss.

Corruption
Corruption is the abuse of entrusted power for private gain and often involves bribery. It may include impropriety, fraud, theft, loss of assets, or other irregularity.

Bribery
Bribery is defined as giving someone a financial or other advantage, to encourage that person to perform their functions or activities improperly, or to reward that person for having already done so.

The Bribery Act 2010 requires our people, board and our partners to not either directly or indirectly (do any of the following):

- pay or offer a bribe;
- receive or request a bribe;
- bribe a foreign public official.

Bribery includes seeking to influence a decision maker by giving some kind of extra benefit which amounts to more than can legitimately be offered as part of a tender process.

Social Work England must take adequate steps to ensure it does not commit the corporate offence of “failing to prevent bribery” by our staff, partners, board and also by our associates.

“Associates” means anyone doing business on our behalf under a contract for services anywhere in the world.

Version number: 2.2

Last reviewed: April 2025

Next review date: April 2026

Policy Owner: Executive Director People and Business Support

Financial Control Handbook

Table of Contents

Any queries, please contact: finance@socialworkengland.org.uk

Last reviewed: April 2025~~Interim Review November 2024~~

Next review date: April 2026~~Full Review January 2025~~

Document owner: Head of Finance and Commercial

Introduction

Purpose of the financial control handbook

The Financial control handbook (FCH) defines the framework of financial control that applies across our organisation.

It sets out the broad principles and policies, as well as certain key controls, which govern our financial transactions. These principles, policies and controls form the basis of the system of internal control that safeguards the organisation's financial assets.

The purpose of the FCH is to provide an easy reference guide to the financial principles and policies for those who need to apply them.

Standard processes and procedures

Standard processes and procedures support the routine application of financial policies and controls to Social Work England's financial transactions. They form part of the system of internal control.

Standard processes and procedures also improve customer service and reduce processing costs, allowing greater resource to be expended on achieving Social Work England's vision.

Processes and procedures are updated as and when required to reflect changes in Social Work England's activity and environment, they are set out in separate documents that can be accessed via the intranet or by contacting the Finance and Commercial team.

Who should refer to this handbook?

The primary users of the FCH will be the management and budget holders of Social Work England and members of the Finance and Commercial team who have any of the following responsibilities relating to financial transactions:

- initiating
- authorising
- recording
- reporting
- planning and managing
- review and challenge.

Managers and finance & commercial staff with such responsibilities should be aware of their role in the financial control of the organisation as outlined in the FCH.

Other Social Work England personnel involved in financial transactions should be guided by either:

- the standard process (for routine transactions), or
- their line manager or a member of the Finance & Commercial team.

Our Internal Auditors have a particular role in relation to the financial control of Social Work England, reporting on the system of financial control to the Audit and Risk Committee. In that capacity, the Internal Auditors may also have reference to the FCH.

How is this handbook organised?

Fundamental aspects of the financial control system are considered first.

Then, key activities or balance sheet items where specific principles, policies and controls apply are addressed.

Standard processes and procedures and other relevant documents are referenced throughout.

Updates

This document will be updated when there are any changes to policy or process.

Financial control system

Overview

Certain aspects of how Social Work England is organised and operates, as well as key principles and policies, are fundamental to the operation of the financial control system. These are outlined in this section.

Context

Social Work England is a Non-departmental Public Body ~~Arm's Length Body~~ of central government and is sponsored by the Department for Education (DfE) in consultation with the Department of Health and Social Care (DHSC). The DfE is the lead sponsor. Our relationship with the DfE concerning governance and financial matters is set out in a Framework Agreement and our funding arrangements are confirmed annually with the DfE.

Personnel with financial control responsibilities

One of the most important aspects of the system of financial control is clarity with regard to the responsibility and role of individuals.

Key personnel with financial control responsibility are:

- Board members
- Audit and risk assurance committee
- Management and budget holders
- Finance and commercial staff
- Any personnel with delegated authority to enter into financial transactions on behalf of Social Work England.

It is a basic internal control principle that individuals are suitably qualified and trained and adequately supervised to carry out their financial responsibilities. It is a key financial control that the work of one person is confirmed by the work of another. It is the responsibility of managers to organise the workplace accordingly.

Board members

In relation to financial control board members have the following responsibilities:

- ensuring that any statutory or administrative requirements for the use of public funds are complied with
- review regular financial information concerning the management of Social Work England and approves the annual budget and accounts
- ensure effective arrangements are in place to provide assurance in risk management, governance and internal control
- approve commitments and transactions which are above the limit of the authority delegated to the CEO.

Audit and risk assurance committee

The audit and risk assurance committee is responsible for assuring the board of the effectiveness of risk management and internal control, including high value procurement, and for on-going monitoring.

Management

The CEO is also the accounting officer and accountable for the system of financial control that operates throughout Social Work England.

The CEO delegates responsibility for financial control through the management chain.

The CEO and all managers exercise responsibility relating to financial transactions through:

- initiating
- authorising
- planning and managing
- review and challenge

Finance and commercial personnel

Members of the finance and commercial team have specific roles within the system of financial control. The finance and commercial team is part of the people and business support directorate with the executive director of the directorate accountable for the performance of the directorate and a head of function responsible for day to day activities of the finance and commercial team.

A summary of the roles of the executive director and the head of finance and commercial is set out below:

The executive director:

- is a member of the executive leadership team (ELT) and reports to the chief executive. The executive director supports the ELT, the audit and risk assurance committee as well as the board providing guidance in financial matters.
- is part of the executive team and plays a leadership role in formulating and implementing our corporate strategy and business plan.
- ensures that business services and systems are configured to deliver in a robust, agile and cost-effective way.
- oversees the management of risk, audit and assurance to ensure that risks are appropriately mitigated within available resource and that assurances are provided to the audit and risk assurance committee as well as the board.
- ensures that financial and commercial policies and practices protect the organisation from risk and meet statutory requirements.

The head of finance and commercial:

- is the head of function reporting to the executive director and is responsible for day to day internal controls and driving organisational financial performance, including budget budgetary control.
- supports the development of financial and commercial strategy, advising and assisting the ELT in its implementation.
- ensures that ELT and the board have accurate management accounts, forecasts and financial models that provide sufficient insight to inform their strategic decision making.
- ensures that an appropriate financial policy framework is in place to guide decision making and development, particularly in relation to expenditure and fees income.
- ensure that annual accounts meet statutory requirements and audit standards.
- Act as the main contact and liaise with auditors, bankers, pension and sponsor team to ensure long-term security and stability.

More generally finance & commercial staff have the following responsibilities in relation to financial transactions:

- recording and processing transactions
- reporting management and statutory accounts and key performance indicators
- reviewing and challenging management performance against financial targets and reporting on outcomes
- managing the process of and reviewing procurement activity
- designing and monitoring standard financial processes
- managing and reporting on specific control accounts and processes that ensure the timeliness, accuracy and completeness of financial transactions and accounts.

Other personnel with delegated authority:

Any personnel who have been delegated authority to enter into financial transactions on behalf of Social Work England have responsibility:

- to ensure they understand the limits of their authority
- to apply the standard processes, which have built-in controls.

Authorisation

Evidenced authorisation is fundamental to the system of financial control. The principle is that all transactions which commit Social Work England financially are pre-authorised, and evidenced as such, with rules in place to define who can authorise which transaction.

Social Work England's policy is to limit authority to commit by:

- amount
- position in the organisation
- type of transaction.

There are three main types of transaction where authority limits apply:

- purchases
- payroll & reimbursement of personal expenses
- payments

A Scheme of Delegation has been developed setting out the authority limits for individuals holding positions of responsibility in Social Work England. The current Scheme of Delegation is set out in Annex A.

Approvers are not permitted to self-approve a transaction they have initiated. Instead, they must refer the transaction to the next approval level of the Scheme of Delegation.

It is the responsibility of the CEO to ensure that any authority they delegate is in line with the Scheme of Delegation, and that individuals understand their responsibilities in this regard.

It is the responsibility of any individual seeking to make a financial commitment to ensure they have authority to do so, or to escalate the decision appropriately.

Recording and reporting

The financial control principle is that recording of financial transactions:

- is timely and accurate
- supports accurate records of assets and liabilities
- supports the production of accurate reports for review and publication.

Systems used in recording and reporting should have sufficient functionality to meet Social Work England's needs and be reliable and secure.

Social Work England's policy relating to recording of financial transactions is that:

- a standard coding and reporting structure is operated to enable consistency and comparability. This facilitates analytical review, which is a key control
- standard processes, with built-in financial controls, are issued by the finance and commercial team to govern how transactional data is gathered, submitted and coded
- all responsible personnel operate to agreed service levels.

Both the preparation of statutory accounts, as required by the Children and Social Work Act 2017, and finance management reporting is carried out by the finance team. The accounting policies approved by the board are applied for management reporting as well as statutory reporting.

Managers have responsibility to ensure that accurate information is provided to the finance team in a timely fashion.

The finance team is responsible for producing:

- annual statutory accounts, which are subject to independent examination by the external auditors

- monthly management accounts, in accordance with best practice and following detailed operating procedures
- other schedules relating to some aspects of financial performance which may be requested on an ad hoc basis.
- Management accounts are reviewed by managers with budget responsibility.

Budgetary control

Budgetary control is an important strand of financial control. Its efficacy relies on the quality of financial planning and effective review and follow-up. The principle is that:

- financial performance is reviewed against approved financial plans for which managers are held responsible
- variances from plan are investigated and understood
- action is taken on a timely basis to manage any underperformance.

Social Work England's policy is to:

- produce annual budgets for all areas of responsibility
- create annual forecasts and update these regularly
- produce monthly management accounts for comparison
- investigate and report on material variances from budget each month
- action significant variances or negative trends and report on outcomes.

Managers are responsible for:

- producing budgets for approval, with the support of the finance team and in accordance with current guidelines
- reviewing the budgetary performance of budget holders within their area of responsibility
- ensuring action is taken to remedy underperformance.

Finance staff are responsible for:

- consolidating budgets and outcomes
- reporting on trends or underperformance
- highlighting issues for the attention of management.
- Further aspects of budgetary control are outlined under 'Review and challenge', below.

Budget approval process

The principle of budget approval in Social Work England is that the budget strategy, aims and objectives are set by the CEO after consultation with key stakeholders and are consistent with the business plan. Detailed budgets are then prepared by managers with operational responsibility to deliver them and approved to ensure they are consistent with the budget strategy and provide a benchmark for performance that is both realistic and challenging.

In Social Work England, the approval process involves review and challenge at a number of stages by the Finance team, ELT, with the CEO ultimately reviewing and challenging the consolidated budget.

When satisfied, the CEO submits the consolidated budget to the Board and Sponsor Team for further review and approval.

Review and challenge

Review and challenge are fundamental to sound financial control, which is why it forms part of the responsibility of management, the finance team, the audit and risk assurance committee and the board.

Key control areas and responsibilities for review and challenge are outlined under the following headings:

- Analytical review
- Budget approval process
- Review of budgetary variances
- Challenge by authorisers
- Challenge by audit and risk assurance committee
- Control accounts and reports

Analytical review

The principle of analytical review is to compare categories of expenditure and income across business units and time periods, often using key performance indicators to enable valid comparisons. This process highlights both trends and exceptions.

The finance team is responsible for carrying out routine and ad hoc review and bringing both concerns and opportunities to management attention at the appropriate level.

Managers are responsible for assimilating, investigating, acting, and reporting on the information provided.

Managers are also responsible for raising concerns and requesting further analysis.

Review of budget variances

If realistic budgets have been approved, then significant variances from budget should be capable of explanation.

The finance team produces variance reports and analyses.

Managers provide explanations for their line manager and ultimately the CEO, as well as action plans to remedy any underperformance. Action plans are reviewed in subsequent months.

The finance team supports managers, where necessary, in judging the materiality of variances.

Budget virement

Budget virement is defined as the transfer of amounts between expenditure headings and cost centres without affecting the bottom line of the annual budget. Virements are authorised in line with the limits set out in Matrix A of the Scheme of Delegation. Virements between cost centres must be agreed by the relevant budget holders, reported to the Finance team with the forecast amended as appropriate. In addition, amounts over £25,000 must be agreed by the head of finance and commercial.

Challenge by authorisers

Those with delegated authority to commit Social Work England to a financial obligation have responsibility to ensure that their authorisation is in respect of goods and services required by the organisation and purchased in line with Social Work England policies. To this end, they must ask whatever questions or take whatever other steps they need to satisfy themselves that this is the case.

Challenge by the audit and risk assurance committee

If the audit and risk assurance committee is not satisfied with any aspect of the system of financial control it may raise queries with the CEO, executive director of people and business Support or other ELT members. If the committee remains unsatisfied, it can highlight the issue to the board.

Control accounts and reports

Certain key control accounts and reports are maintained and reconciled by the finance team as a check on the operation of processes and the integrity of Social Work England's assets, liabilities and financial statements.

These relate in particular to areas which are of high risk due to:

- amounts involved
- nature of the transaction
- regulation surrounding the transaction
- customer impact, or
- a known weakness of the process or system.

Where issues are identified from the reconciliation of such accounts and reports, they could relate to a weakness in the operation of a process, or of the process itself. In such cases, the finance team will work with the relevant specialist managers to rectify the situation.

Income

Financial control principles relating to income

The principle of financial control with regard to income is that activities to raise income are in line with strategic objectives, and all income to which Social Work England becomes entitled is received and accounted for properly.

Where IT systems are operated, they have in-built financial controls in line with these principles.

Registration fee income

Social Work England collects fee income from Social Workers who are named on the Register.

The policy of Social Work England in relation to fee income is that:

- annual registration fees are usually paid in full or in two instalments, 1 October and 1 April
- other fees are paid in advance
- receipts are recorded in the corporate registration systems against the individual account of each Social Worker or applicant
- receipts are also recorded in the corporate finance system and reconciled in a timely manner to the bank account
- Social Workers who do not pay the relevant renewal fee are removed from the register. Applicants who do not pay the relevant fee may not have their application approved.
- the standard coding structure is operated.

Other income

Other transactions Social Work England enters into to raise income must be in line with Social Work England's strategic objectives and the terms of the Framework Agreement as agreed with the DfE.

In all cases, the policy is that:

- invoices are raised on the corporate invoicing system following the standard process
- invoices are raised, issued to customers and recorded in the ledgers in a timely fashion
- the standard coding structure is operated.

In instances where assets are sold these should be conducted by open tender or auction. A register should be kept of those assets sold ~~expressing an interest in the purchase of these goods~~ and the amount they have paid~~offered~~.

Sundry income, such as insurance claim receipts, should be notified to finance staff who will advise on the appropriate accounting treatment.

Expenditure

Financial control principles relating to expenditure

The financial control principles are that all expenditure to which Social Work England is committed to, is required by the organisation and:

- is pre-authorised in accordance with the Scheme of Delegation (Annex A)
- employees and suppliers are paid in line with agreed terms
- compliant with UK legal and regulatory requirements
- included in the annual budget or forecast
- accounted for properly.

Purchases from external suppliers

It is Social Work England policy that its procurement activities and processes are:

- transparent, accountable, and auditable
- providing value for money
- initiated by persons authorised to do so in accordance with the Scheme of Delegation (Annex A)
- aligned with current government procurement guidance, and our values and aims as an organisation
- proportionate to the risks and opportunities associated with the activity

Procurement activity must be in line with the standard processes set out in the Commercial Hub~~Procurement Process Guide~~, including ensuring that action points from supplier meetings are minuted.

Payroll

Payroll constitutes the largest single element of Social Work England's revenue expenditure and, in addition, is highly regulated, principally through reporting to HMRC. Financial control responsibility rests with managers, as well as with the finance team and HR staff. A number of key controls are in place.

It is Social Work England policy that:

- any specified HR recruitment processes are followed
- staff are remunerated in accordance with contractual arrangements
- all staff are paid through the payroll using the corporate system and standard processes are followed with regard to joining the payroll, leaving the payroll, occasional payments and all other payroll transactions
- all payments are authorised in accordance with the Scheme of Delegation (Annex A)
- employment costs are correctly reflected in the accounts of the period in which they are incurred and standard coding is applied

- Advice from the finance team should be sought before an agreement with an individual is made if there is any doubt as to the correct treatment for taxation purposes.

Additional key controls are that:

- proposed payments, together with relevant exception reports, are reviewed and approved prior to payroll being committed
- payroll reports are provided to ELT members each month, who review them for completeness and accuracy and report any discrepancies immediately
- payroll error logs are maintained and reported
- control accounts are reconciled and reviewed each month.

Expense claims

Certain types of expenditure on behalf of Social Work England are most conveniently made by individuals expending personal funds and reclaiming.

Social Work England's policy with regard to expense claims is set out in the travel, subsistence and expenses policy, which can be accessed via Social Work England's intranet.

Personnel must familiarise themselves with the detail of that document before:

- expending funds they wish to recover
- authorising expense claims.

Managers are responsible for ensuring that the expenses policy is understood by their teams.

Expense claims must be made in line with the standard process and authorised in accordance with the Scheme of Delegation (Annex A).

Use of procurement cards

Procurement cards are credit cards issued to responsible personnel for use when immediate payment for goods or service is necessary, or for small value payments. They avoid the need for individuals to use personal funds to pay for expenses and the need for petty cash.

Social Work England's policy is that:

- cards are issued to those who have need of them for business purposes
- any purchases using a procurement card must comply with Social Work England's policy regarding expenses set out in the Procurement Card Policy
- a monthly return is made by each cardholder, as outlined in the standard Procurement Card Procedures, and is authorised in accordance with the Scheme of Delegation (Annex A).

Assets

Financial control principles relating to assets

The financial control principles are that all assets belonging to Social Work England are:

- safeguarded
- managed in accordance with Social Work England strategy and policies
- accounted for properly.

Fixed assets

Fixed assets are defined as those with a life extending beyond one year. Instead of being treated as a cost to Social Work England in the year the cost is incurred, they are capitalised and depreciated over their expected useful life.

It is Social Work England policy that:

- fixed assets are recorded at cost and depreciated at standard rates currently in force
- minor additions to fixed assets, defined as costing less than £2,000 per item, are not normally capitalised but are taken as a cost in the year they are incurred
- where the valuation of an asset falls below book value (cost less depreciation), the asset is written down to that valuation in the period it is identified
- any gain or loss on disposal of a fixed asset is reflected in the income and expenditure account in the period it arises
- leased assets are accounted for in accordance with the nature of the lease
- a register of fixed assets is maintained by the finance team which allows assets to be identified separately, and the register is agreed to the ledger each month
- where possible, physical inspections of assets, matching them to the register, are carried out on a periodic basis

The finance and commercial team will provide guidance to managers on accounting or procurement issues relating to fixed assets which may affect their financial results.

Managers need to be aware of agreements they enter into that may appear to be rentals but are in fact leases that need to be capitalised.

Banking

Due to its nature, banking transactions require careful management to ensure its security.

Social Work England policy is that:

- cash receipts are not accepted
- all cheques received are safeguarded prior to banking, banked as quickly as possible and recorded in accordance with the standard process
- bank accounts are managed by the finance team in line with the bank mandate
- bank interest and charges are accounted for when receivable or payable

- payments are made in line with the standard processes and in accordance with the Scheme of Delegation (Annex A)
- procurement cards are issued to named individuals who are responsible for their use in line with Procurement Card Procedures
- direct debits are set up only by the finance team and requested in line with the standard process
- use of cheque books is not allowed, unless pre-approved by the head of finance and commercial~~restricted to specified individuals, and they are held securely~~

Additional key controls are that:

- bank reconciliations are prepared and reviewed each month
- procurement card statements and returns are reviewed each month

Intangible assets

Intangible assets are those without a physical presence, for example the development of the corporate registration and case management system (Forge).

It is Social Work England policy that:

- intellectual property rights over all material published or produced by Social Work England is retained and may only be assigned with the written permission of the CEO
- where an outside agency develops material for Social Work England, personnel who commission the work ensure the copyright has been assigned Social Work England
- expenditure on intangible assets is capitalised and depreciated (amortised) over its useful life from the date the asset is fully in use
- the useful economic life and impairment of each intangible asset is reviewed each year and accounting adjustments made to reflect a change in value.~~.~~

Liabilities

Financial control principles relating to liabilities

The financial control principles that apply are that liabilities:

- are created by those authorised to do so and are in accordance with the strategy of Social Work England
- are recognised when created
- are accounted for properly
- are managed in accordance with Social Work England policy.

Creditors

Social Work England policy is that:

- goods or services are normally received before an invoice is processed and the liability is created
- payment is normally made within 30 days of invoice date, unless available discount or legislative requirements necessitate earlier payment
- the creditors ledger is reviewed regularly to identify overdue amounts or debit or withheld balances
- issues identified as a result of the ledger review are notified to managers responsible, who take action to resolve.

Accruals and provisions

Social Work England policy is that:

- where known or probable liabilities exist, accruals and provisions are raised in the accounts to recognise them
- accruals are capable of verification against either specific invoices or calculated estimates
- the basis of estimation of any provision is documented.

Managers are responsible for making the finance team aware of any probable liability.

Finance staff are responsible for satisfying themselves as to the overall reasonableness of accruals and provisions.

Taxation and other regulatory issues

Taxation, including VAT and income tax, and other finance regulation will normally be properly dealt with where standard processes are in place and followed. Where any doubt exists, the finance team should be contacted for advice.

Annex A – Scheme of Delegation

General principles

It is a financial control principle that all transactions which commit Social Work England financially are pre-authorised, and evidenced as such, and that there are rules in place to define who can authorise which transaction.

Social Work England's policy is to limit authority to commit by:

- amount
- role in the organisation
- type of transaction
- Authorisation limits for the main types of transaction are outlined as follows:
- Matrix A - purchases
- Matrix B - payroll
- Matrix C - payments

The finance team maintains a list of individuals who have been delegated authority in accordance with these matrices. This listing is approved once a year by the chief executive officer and executive director of people & business support.

Contracts must be signed in accordance with the level of delegated authorities contained in these matrices. Copies of signed contacts should be securely stored.

Purchases

Subject to the provisions below the levels of delegated authority for committing Social Work England to the purchase of goods or services and subsequent approval of invoices are set out in Matrix A.

The chief executive has delegated authority to commit to expenditure below the level requiring board approval.

The delegated levels apply equally to the acceptance of tenders and the signing of contracts.

Expenditure can only be committed to the extent it:

- is envisaged as part of the normal annual budgets or
- has been approved as 'out of budget' expenditure

Prior to the commencement of any procurement activity business cases are required for expenditure of amounts of £30,000 or greater. Business cases must be approved in line with the Scheme of Delegation.

For amounts less than £30,000 the initiator should normally obtain three supplier quotations to demonstrate value for money and an informed balance between cost and quality. As a record

of the completion of this process a “three quotes” form is to be completed, authorised in line with the

Scheme of Delegation and submitted to the commercial team for registering on the contracts log.

Matrix A – Purchases and authorisation of invoices for payment	
Maximum authority levels (including VAT)	**Role of authoriser**
£10,000	Budget Holder
£25,000	Head of Function
£50,000	Assistant Director
£100,000	Director
£500,000	CEO
£500,000+	Board, on recommendation of ARAC
Unbudgeted expenditure out with agreed DfE budget allocations	Board + DfE
Notes: **1** Authority levels represent the gross value of an order (inc VAT) or contract rather than value of individual invoices **2** Business cases are required for amounts of £30,000 and above	

Payroll

Commitments to pay an individual through payroll are subject to different rules and are not, in general, limited by value.

However, any specified HR process must be followed before offers are made and contracts for existing employees are amended.

Payroll authorisation limits are defined in Matrix B below and payroll standard processes must be followed.

Matrix B – Payroll			
Type of payroll transaction	**Role of authoriser**		
	Line Manager	**Director**	**CEO**
Approval of a new role			X
Appointment to a role		X	
Leaver (note 2)	X		
Contract change			X
Additional payment (note 2) • overtime • bonus		X	 X
Loans • salary advance • other		X	 X
Payroll corrections (note 2) • overpayment write off			X
Other • Start SSP, SMP, SAP, SPP • buy holiday (within amount permitted by contract of employment) • buy holiday (outside amount permitted by contract of employment)	 X X	 X	
Notes: 1: No member of staff may authorise for themselves or a superior officer 2: The approval of certain additional payments is required from REMCO, and/or DfE. Guidance must be sought from the Head of Finance & Commercial 3: Monthly payroll to be approved by two of - CEO, Executive Director of People & Business Support or Heads of Finance and Commercial and Head of People & ~~Learning~~Development			

Payments

Payments to 3rd parties and employees are made by the finance team. Payments are made by electronic means (such as BACS). Payments are only made following the receipt of appropriately authorised instructions, according to the delegation thresholds in Matrix A.

The levels of delegated authority for committing payments are set out in Matrix C. All payments require approval from two separate individuals on the lists. Payments are also made in accordance with the Bank Mandate, held by Social Work England's bankers.

Matrix C - Payments		
Signing Levels		**Signatures**
Up to and including £2,500		Any two from List A, List B or C
Over £2,500 and up to and including £100,000		Any two from List B or List C
Over £100,000		Two from List C, one which must be the Chief Executive
List A	**List B**	**List C**
Finance Officer	Senior Finance Business Partner	Chief Executive
Commercial Manager~~Officer~~	~~Commercial Manager~~Senior People Business Partner	Executive Director
Finance Business Partner~~Officer~~	Assistant Director	Head of Finance and Commercial
		Head of People and ~~Learning~~Development
Notes: 1: Signing levels relate to individual payments not batch totals		

Whistleblowing Policy and Procedure

1 Why do we need this document?

We are committed to high standards of integrity, honesty and professionalism in all that we do.

We all have a right and responsibility to speak up if there are any concerns or if we notice any behaviour that contravenes our values. Some whistleblowers have legal protection under the Public Interest Disclosure Act 1998 ("PIDA"), which we are required to comply with.

2 Who needs to follow the policy and procedure outlined in this document and why?

This policy applies to our people, our BBoard and our partners. Whistleblowing is an important safeguard to ensure that organisations such as ours continue to work for the protection of the public and in the public interest. By encouraging our people to speak up we can ensure that we are continuing to act in accordance with our overarching objective of the protection of the public.

3 What's our policy and how to follow it?

You do not need to wait for proof when reporting wrongdoing: you only need to have a reasonable ~~suspicion~~belief. It is not for you to investigate or prove that your concerns are justified, that is our responsibility.

Whistleblowing is the term used when an employee passes on information concerning wrongdoing. It can be referred to as 'making a disclosure' or 'blowing the whistle.'

You should 'blow the whistle' if you have a concern, that you reasonably believe is of public interest, about the conduct of others in the organisation or the way in which the organisation is run.

You're protected by law under PIDA if you reasonably believe that the disclosure tends to show past, present or likely future wrongdoing falling into one or more of the following categories:

- A criminal offence, for example fraud
- Someone's health and safety is in danger
- Risk or actual damage to the environment
- A miscarriage of justice

• A breach of a legal obligation

• You believe someone is covering up wrongdoing

To have legal protection, you must also have a reasonable belief that the disclosure is in the public interest.

If you 'blow the whistle' or raise a concern in a way that meets the requirements of PIDA, you will not be treated unfairly or lose your job as a result of your disclosure.

This policy and procedure sets out how to raise a concern and the process we will follow.

Raising a concern

To raise a concern around perceived wrongdoing under this policy, in the first instance you should raise a concern with your line manager. If you feel that you cannot speak to your manager, talk to another manager or discuss your concern with an executive Director.

If you do not feel that you can raise your concern with anyone up to and including executive director or you feel the response is inadequate, you can escalate your concern to the CEO. If you are unable to do this or have an inadequate response then you should discuss your concern with the chair of the ~~B~~ board or the chair of the audit ~~A~~and risk assurance committee.

If you do not wish to raise your concern with anyone in the business, or your response from the business has been inadequate, you can contact the Sponsor team in the Department for Education (sonia.mosley@education.gov.uk); or if you cannot do this or need to escalate your concern this should be addressed with the Senior Sponsor in the Department of Education (jobshare.percival-pearson@education.gov.uk). Y~~, y~~our ~~complaint~~ concern will then be ~~heard~~ considered in line with the appropriate ~~d~~Department for Education policy.

Anonymous whistleblowing process

We encourage you to raise your concern in your own name wherever possible. It is easier for us to investigate, and we can keep you updated on the issues or concerns you have raised. We also cannot ensure that you receive legal protection if we do not know your name. If you need to, you can still raise a concern anonymously. This is better than saying nothing about a serious wrongdoing.

If you are happy to provide your name to us but do not want other people to know about it, we will respect this as far as possible, and restrict information to a 'need to know' basis. In such cases, we will inform you about the proposed use of your personal information and discuss potential safeguards that may be taken to protect you from identification. However, it is important to note that there may be occasions when we are unable to resolve a concern without revealing a whistle-blower's identity.

It is possible to report a concern without providing your name at all but, without knowing your identity, we would not be able to enter into any communication with you. This may

create challenges relating to an investigation, as we would be unable to contact you to obtain further information or clarifications.

Investigation

Once a concern has been raised, the person receiving the ~~complaint~~ concern will investigate the matter themselves or ~~immediately~~ pass the issue to someone in a more appropriate position.

A meeting with the whistle-blower (who may be accompanied by a colleague who is not involved in the issue that is being raised, or their trade union representative) will be arranged to gather ~~all~~ the information needed to understand or clarify the situation.

In some situations, the matter may be concluded informally with satisfactory explanations. It is important to note that, if the matter is concluded in this way and the disclosure was ~~found to be untrue~~not substantiated, it does not automatically mean that it was raised maliciously.

If necessary, a formal investigation will be carried out. If there are any other individuals involved they will be invited to an investigation meeting to discuss the matter and to gather facts.

Once ~~all relevant~~sufficient information has been gathered, the line manager or person who carried out the investigation will then prepare a written report for the CEO or, if the CEO has investigated, then this will be given to the chair of the board.

All the information will be reviewed and a decision made regarding outcomes, including reporting the matter to any appropriate government department or regulatory agency.

On conclusion of any investigation, the outcome will normally be shared with the whistle-blower together with confirmation of what has been done or is proposed to be done about it. In situations where not all of this can be shared, for example if it involves the personal information of another employee, as much will be shared as possible and ~~possible~~appropriate. If no action is to be taken, the reason for this will be explained.

If disciplinary action is required, the line manager (or the person who carried out the investigation) will refer the matter to the People and Development team who will make arrangements to start the disciplinary procedure, ensuring that the person carrying out the disciplinary has not been involved in the matter and is ideally a manager of a higher level than the line manager.

If the whistle-blower is concerned that the person investigating their disclosure is involved in the wrongdoing, has failed to ~~make a proper~~ carry out a reasonable investigation or has failed to report the outcome of the investigations, they should inform the Head of People and Development, who will arrange for another manager to review the investigation carried out, make any necessary enquiries and make their own report as above.

The people and development team will document any decisions or action taken after a concern has been raised. They will record the date and number of whistleblowing disclosures

that are received, their nature and the action taken, if any, along with content of the feedback provided to the whistle-blower.

You can also contact Protect for free advice and guidance via their website at www.protect-advice.org.uk.

If this policy isn't followed, the most appropriate course of action will be agreed by the head of people and development and executive director, people and business support, dependent on the circumstances.

4 Roles and responsibilities

4.1 Our people, board and partners

Everyone working with and for us ~~are~~ is expected to 'blow the whistle' if they have a concern, that they reasonably believe is of public interest, about the conduct of others in the organisation or the way in which the organisation is run. Those specifically mentioned in section 3 should carry out their duties as outlined in the section.

5 Related policies, procedures and information sources

Board Code of Conduct

Employee Code of Conduct

Disciplinary Policy

6 Queries?

If you have a query about this document, please contact Head of People and Development

7 Definitions

7.1 Whistleblowing

The disclosure by a person, usually an employee of mismanagement, corruption, illegality, or some other wrongdoing.

7.2 PIDA

The Public Interest Disclosure Act 1998.

7.3 Anonymous

Anonymity refers to where someone's identity is not disclosed. There are two types. Anonymity might refer to where the whistleblower's name is disclosed to the person

they report their concern to, but their name is not shared any further, if possible. It may also mean that a name is not provided at any point during the process.

7.4 Disclosure

The act of ~~making something known.~~conveying information.

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Last reviewed: April 2025

Next review date: April 2026

Author: Head of People and Development

Owner: Executive Director People and Business Support

Schedule of regulatory delegations

Agenda Item 15 Paper Ref 11

Paper for the
Social Work England Board

Sponsor
Philip Hallam, Executive Director, Regulation

Author
Holly Bontoft, Head of Legal (Senior Lawyer)

Date
16 May 2025

Reviewed by
Philip Hallam, Executive Director, Regulation

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
Regulatory functions - Cautious

Equality Impact Assessment (EIA)
N/A

1. Summary

The Schedule as it applies to the Social Workers Regulations 2018 has been updated in line with our corporate documents process with only minor changes. We intend to update the Schedule as it applies to our rules as soon as is feasible.

2. Action required

The board is asked to confirm it has no objections to the changes made.

3. Commentary

Our Schedule of Delegations, which sets out where each function in the Social Workers Regulations 2018 are delegated within the organisation, is included on our website and is due for review. We have used this as an opportunity to review and update the Schedule. After review by the relevant assistant directors and heads of department listed in the Schedule, we are proposing some minor updates:

- Updating some job titles;
- Delegating some tasks from triage leads to triage investigation officer's and triage case officer's (TIOs and TCOs);
- Delegating the disclosure of information under Regulation 7A from the executive director, regulation to the assistant directors (AD's);
- Recognising notification tasks completed by our external legal provider;
- Ensuring that functions performed by both triage and investigations have delegated roles for each team;
- Splitting out the various appointments made under Regulation 25(7) (i.e. of investigators, case examiners and adjudicators) to recognise that these are different processes;
- Delegating restoration applications to the head of registration and advice, rather than an AD;
- Recognising that it is investigators that require attendance and information from witnesses, rather than the case examiners.

We also intend to complete this update process for the accompanying Schedule for our rules. Unlike the Schedule for the Regulations, this has not previously been placed on the website. Once this Schedule for the rules is complete it will be sent to the executive leadership team and the audit and risk assurance committee for approval.

4. Conclusions and/or Recommendations

The board is asked to approve the Schedule of Delegations.

5. Annexes

- Schedule of Delegations – March 2025

Schedule of Statutory Delegations

Introduction

This table sets out all the powers and requirements of the regulator in the Social Workers Regulations 2018, which have been delegated to the Chief Executive by the Board.

Highlighted rows are those functions that must be performed by the registrar (or those delegated to by the registrar) under Regulation 8(1)(a)(ii). The regulator may also delegate any other functions to the registrar.

Where the Delegated Responsibility column for the Regulations includes a reference to the Rules, this means that a delegation is not required for the Regulation, because the same power is referred to in the Rules.

Delegations

Regulation	What	Delegated responsibility
3(2)	Consultation before making rules	ED, Professional Practice and External Engagement
3(3)(a)	Deciding when rules come into force	ED, Professional Practice and External Engagement
3(4)(b)	Modification of rules with which SoS disagrees	ED, Professional Practice and External Engagement
3(5)	Deciding whether rules amendments are minor or not substantive	Head of Legal
3(6)	Keeping rules under review	Head of Legal
4(1)	Appointment of advisors, partners, inspectors and investigators etc	ED, People and Business Support
4(3)	Appointment of panels of advisers	Hearings case manager
4(4)	Making facilities available to advisers	ED, People and Business Support
4(5)	Deciding the terms on which advisors are appointed	ED, People and Business Support

5	Making rules in relation to advisers	ED, People and Business Support
6(1)	Publishing information and advice in relation to the regulatory functions	Chief Executive Officer
6(2)	Publishing the strategic plan	ED Professional Practice and External Engagement
7A	Disclosure of information	~~ED, Regulation~~Assistant Directors
8(1)	Appointing the registrar	Chair
8(4)	Ensuring information is recorded and accessible	ED, Regulation
8(5)	Amending incorrect information on the register	Repeated in Registration Rule 29(1).
8(7)	Signing certificates of registration	Head of Registration and Advice
8(9)(a) and (b)	Publishing information on the register	Head of Hearings Operations and Case Review
8(9)(c)	Deciding whether annotations are in the public interest to be published	Head of Registration and Advice
9(3)	Recording on the register any other information it thinks appropriate	Head of Hearings Operations and Case Review
9(5)(a)	Determining how long certain information should be published on the register	ED, Regulation
10(2)	Registering individuals	Head of Registration and Advice
10(3)	Notifying applicants of the refusal to register	Registration and Advice Officer
11(1)	Registration decisions	Head of Registration and Advice

11(2)(a)(ii)	Setting additional education, training and experience requirements	Head of Registration and Advice
11(3)	Placing conditions on registration	Head of Registration and Advice
11(4)	Requesting further application information	Registration and Advice Officer
12(1)	Annotation of entries in the register	Registration and Advice Officer
~~12A(1)~~	~~Registering temporary registrants~~	~~Registration and Advice Officer~~
~~12A(4)~~	~~Imposing, varying or revoking conditions on temporary registration~~	~~Head of Registration and Advice~~
~~12A(6)~~	~~Revoking temporary registration~~	~~ED, Regulation~~
13(2)	Removing from register	Head of Registration and Advice
13(3)	Renewing registration	Head of Registration and Advice
13(4)	Determining whether someone has met the requirements for registration	Registration and Advice Officer
13(4)	Determining what additional education, training or experience requirements apply to an applicant	Head of Registration and Advice
13(6)	Notifying failed applicant of right to appeal	Registration and Advice Officer
14(1)(a)	Deciding whether registration was fraudulently procured or incorrectly made	Head of Registration and Advice
14(1)(d)	Deciding whether a registrant had failed to comply with registration conditions	Head of Registration and Advice
14(1)(e)	Deciding that a registrant has failed to renew their registration	Head of Registration and Advice

14(1)(g)	Deciding that we have evidence that a registrant has died	Registration and Advice Operations Manager
14(1A)	Deciding that a registrant can be voluntarily removed whilst subject to FtP proceedings	ED, Regulation
14(3)	Requiring attendance/production of documents for fraud & error registration hearing	Head of Registration and Advice
14(5)	Notifying registrant that they have been removed under fraud and error proceedings	Head of Registration and Advice
14(7)	Consider whether an interim order may be necessary	Registration and Advice Operations Manager
14(8)	Maintaining and publishing list of those removed	ED, Regulation
14(9)	Regulator decides what information to include in relation to FTP VR on the published list	ED, Regulation
15(6)	Restoring registration and notifying registrant	Head of Registration and Advice
15(7)	Determining whether an applicant for restoration meets the requirements for registration and the additional education, training and experience requirements	~~AD, Regulation~~Head of Registration and Advice
15(8)	Deciding to restore to the register after quashed conviction	Head of Registration and Advice
15(9)	Restoring to the register	Registration and Advice Officer
15(10)	Notifying of decision not to restore	Registration and Advice Officer (for registration decisions)

		Hearings Support Officer (for adjudicator decisions)
15(12)	Appointing adjudicators for the purpose of registration procedures	Hearings Case Managers
16(3)	Requesting information necessary to meet objectives	Registration and Advice Officer (in relation to registration applications) Investigators (in relation to fitness to practise matters)
16(4)	Appointing adjudicators where a registrant fails to provide requested information	Head of Registration~~s~~ and Advice (in relation to registration requests) Head of ~~Fitness to Practise~~ Investigations (in relation to fitness to practise)
17(1)	Charging registration fees	Registration and Advice Officer
17(4)	Paying fees to the Secretary of State, unless agreed otherwise~~.~~	Chief Executive Officer
~~18(2)~~	~~Registering Exempt Persons~~	~~Registration and Advice Officer~~
19(3)	Appointing adjudicators for registration appeals	Hearings case manager
19(4)	Requiring witnesses to attend and give evidence to registration appeals	Head of Registration and Advice
19(7)	Informing applicants of their right to appeal registration appeal decisions	Hearings Support Officer
19(8)(d)	Disposing of matters remitted from the County Court as a result of a registration appeal.	Head of Registration and Advice
20(1)	Operating education and training approval scheme	Head of Education Programmes

20(3)	Keeping the education and training approval scheme under review	Head of Education Programmes
20(4)	Maintaining and publishing lists of (formerly) approved courses	Repeated in Education and Training Rule 16(3)
20(5)	Requiring information from training providers	Repeated in Education and Training Rule 7(1), 8, 13
21(1)	Appointing inspectors	AD, Policy and Strategy, or where delegated, Head of Education Programmes
21(4)	Making staff and facilities available to inspectors	Repeated in Education and Training Rule 7(2)(b)
22(1)	Attaching conditions to training approvals	Repeated in Education and Training Rule 12
22(2)	Notifying the training provider of the proposed condition	EQA Officer
22(4)	Notifying training provider of the final condition	EQA Officer
23(1)	Refusing/withdrawing approval of courses	Repeated in Education and Training Rule 14
23(2)	Notifying the provider of the intention to refuse/withdraw approval	EQA Officer
23(3)	Notifying the provider of the decision to refuse/withdraw approval	EQA Officer
24(1)	Charging fee for course approvals	Repeated in Education and Training Rule 19
24(3)	Paying fees to the Secretary of State, unless agreed otherwise	Repeated in Education and Training Rule 19
25(1)	Ensuring that fitness to practise proceedings are carried out in accordance with legislation	ED, Regulation

25(2)	Considering public interest of grounds that took place outside the UK or pre-December 2019	Triage Lead, Lead Investigator
25(7)	Appointing investigators~~, case examiners and adjudicators~~	~~AD, Regulation~~Lead Investigators
25(7)	Appointing case examiners	Case Examiners Operations Managers
25(7)	Appointing adjudicators	Hearings Case Managers
26(2)	Notifying the registrant of a proposed automatic removal	Head of Registration and Advice
26(3)	Considering submissions from registrant in case of automatic removal and determining whether there is an error of fact	Head of Registration and Advice
26(4)	Notifying that a proposed automatic removal is not going ahead	Head of Registration and Advice
26(5)	Deciding on and notifying of an automatic removal	Head of Registration and Advice
27(3)	Disposing of remitted automatic removals	Head of Registration and Advice (depending on Court direction).
35(3)	Making representations to SoS if they are investigating a default of our powers	Chief Executive Officer
37(8)	Cooperating with appointee where there has been a failure to take remedial action	Chief Executive Officer
Sch 1, para 1	Considering qualifications and determining if they are satisfied	Head of Registration and Advice

Schedule 2		
Para 1(1)	Determining whether there are reasonable grounds for investigating a concern (triage)	Repeated in Fitness to Practise Rule 3(a)
Para (1A)	Requiring the supply of information or documents in accordance with paragraph 5(1)	Senior Triage Officer (for triage)
Para 1(3)	Notifying of investigation and inviting written submissions	Investigator
Para 2	Informing complainant that there will not be an investigation	Triage ~~and~~ Investigation~~s~~ Officer, Triage Case Officer
Para 3(1)	Appointment of investigators and case examiners	Lead Investigator (for Investigators) Case Examiner Operations Manager (for Case Examiners)
Para 5(1)	Requiring a person to attend and give evidence, or produce documents, in FtP proceedings	Investigators~~, Case Examiners, Adjudicators~~
Para 5(5)(a)	Consider whether an interim order may be necessary	~~Triage Lead~~Triage Investigations Officer, Triage Case Officer (triage) Investigator (investigations) Case examiners External legal provider (adjudications)
Para 5(5)(b)	Propose an interim order be made	Triage ~~Lead~~ Investigations Officer, Triage Case Officer (triage) Investigator (investigations) Case examiners

		External legal provider (adjudications)
Para 5(6)	Consider whether an interim order may be necessary following notification by investigator or case examiner	Triage manager (triage) Investigations manager (investigations)
Para 5(7)	Appointment of adjudicators for interim orders	Hearings Case Managers
Para 8(1A)	Appointment of adjudicators for interim orders	Hearings Case Managers
Para 8(3A)	Regulator must inform social worker that interim order may be made and reasons why it may be made	~~AD, Regulation~~External legal provider
Para 8(3B)	Regulator must give the social worker the opportunity to make written submissions or attend before the adjudicators.	~~AD, Regulation~~External legal provider
Para 8(4)	Regulator must inform a number of parties of the terms of the interim order	Hearings support officer
Para 9A	Review a decision of the case examiners	Legal Manager (Regulation)
Para 10	Appointment of adjudicators for ~~substantive~~ final hearings	Hearings Case Managers
Para 14(1)	Reviewing interim orders	Adjudicators
Para 14(2)	Applying for High Court extensions	Head of Hearings Operations and Case Review
Para 14(4)	Notifying of High Court extensions	~~Head of Hearings Operations and Case Review~~External legal provider
Para 14(5)	Decisions on review of interim orders	Adjudicators
Para 14(6)	Informing registrant of proposed interim order review decision	External legal provider

Para 14(7)	Notifying registrant of decision on review of interim order~~.~~	Hearings Support Officer
Para 15(1)	Review of ~~substantive~~ final orders before expiry	Adjudicators
Para 15(2)	Review of ~~substantive~~ final order where there is new evidence	Adjudicators
Para 15(5)	Notification of social worker of proposed action at ~~substantive~~ final review	External legal provider
Para 15(6)	Notification social worker of outcome of ~~substantive~~ final order review	Hearings Support Officer
Para 16(3)	Disposing of remitted cases in accordance with High Court order	Head of Hearings Operations and Case Review

Updated: ~~January 2023~~April 2025