

REPORT TO DH/DCSF MINISTERS – GSCC PROGRESS ON ITS RESPONSE TO CHRE’S REPORT ON THE GSCC CONDUCT FUNCTION

Introduction

1. This report and appendices give a detailed progress report on the GSCC’s work in response to the recommendations contained in the CHRE report on the Council’s conduct function.

Background: June-December 2009

2. In June 2009, the GSCC identified a number of significant and serious operational weaknesses in its conduct function that had given rise to a backlog of 201 cases. The Secretary of State commissioned a review of the conduct function by CHRE which was carried out between late July and early September.

3. The CHRE published a report and recommendations on 4th November 2009 which confirmed serious failings in the GSCC’s conduct function and related processes for ensuring a focus on public protection, governance and executive scrutiny. The report made twenty recommendations designed to correct these failings, some of which were addressed to Government in respect of primary legislation.

4. The Council agreed a response to the CHRE which we published on 7th December 2009, accepting all the CHRE recommendations addressed to us and setting out commitments on each one in a comprehensive work programme. Our work programme centred on a Conduct Recovery and Transformation Plan but also covered strategic policy, legislation and governance issues.

Management and assurance

4. In October 2009, we established a Programme Board with the executive management team as its members and chaired by the then interim chief executive, to oversee this work and account to the Council for delivery of the full response. The Programme Board has since met fortnightly, accounting to Council through regular progress reports and to Government through reports to monthly accountability meetings. The most recent progress report is attached as appendix 1.

The work programme – (i) key components

5. Our work programme contains four key components:

- *conduct recovery* – to provide assurances to people who use services, Registrants, Ministers and other stakeholders that public protection risks are assessed and addressed immediately; and that conduct investigations are progressed rigorously and expeditiously to hearings or earlier closure;
- *conduct transformation* – to ensure lasting and continuous improvement through an operation that delivers against a number of objectives
 - securing public protection,
 - enforcing high standards of conduct,
 - promoting confidence in the integrity of the social care register and in social workers as professionals,
 - fairness to registrants,
 - equality and diversity,
 - adherence to the principles of better regulation and
 - value for money;
- *governance, scrutiny and risk management* – to address identified weaknesses in the Council's governance and scrutiny arrangements; and improve our organisational management of risk;
- *policy and strategy* – to support and engage with government in addressing those CHRE recommendations that were directed to government; to help ensure that the strategic policy and legislative issues raised by CHRE are not considered in isolation from the related developments to emerge from the Social Work Task Force.

The work programme - (ii) progress

Conduct recovery

6. We have improved the quality, rigour, consistency and timeliness of our risk assessments so that all decisions on the progress of cases are taken on a clear public protection basis. We lowered the threshold for applications for Interim Suspension Orders (ISO) in July 2009, and all matters coming into the conduct function through the Conduct Intake and Assessment Service (CIAS) are now risk-assessed within one day of receipt. All decisions are reviewed by a Team Leader. Borderline decisions and cases where ISOs are considered necessary are referred to the Head of Conduct for decision. Risks to public protection are reviewed monthly and whenever further evidence is received. Those assessments are carried out by the Investigating Officer assigned to the case using a single risk assessment framework.

7. When we identified the serious weaknesses in the conduct operation that were confirmed by the CHRE's report, we had a backlog of 201 cases. Our case management process and management information were ineffective, performance was patchy and inconsistent, we were failing to manage and clear cases in sufficient volume and were unable to track progress. In early September, when we began to run weekly reports from the new reporting system we had developed, we had 425 cases in the Casework Intake and Assessment Service (CIAS); 257 cases undergoing investigation; 14 cases at hearing; and 139 cases were unallocated.

8. We have put new case allocation and management procedures in place, with new targets for case capacities. A new reporting system is enabling us to track cases by volume, age profile, ISO status and individual caseworker allocation. As at 1st April, there were 72 cases in CIAS; 520 cases undergoing investigation; 130 cases scheduled for hearing; and no unallocated cases. The investigation of all the pre-2008 cases was completed in February and the remaining 16 cases which have not been closed are now scheduled for hearing. Appendix 2 shows the position on each of these.

9. Following a systematic review, we have confirmed that the functionality of the current OSCAR system does not meet our longer term requirements for an electronic case management system. Outputs from our work to transform processes will be used to develop the necessary specifications for such a system towards the end of 2010-11. We are developing an IT strategy to enable us to integrate an electronic case management system with the registration database (OSCAR).

Conduct transformation

10. The transformation of our conduct function has four elements designed to build on the immediate changes we have made, maintain the strengthened emphasis on public protection and secure lasting, continuous improvements.

11. First, we are working closely with departmental colleagues to secure Rules changes to enable us to work more effectively and in particular, to enable us to impose a wider range of sanctions to address misconduct in a more proportionate and targeted manner. Second, we are redesigning our policies, processes and procedures to enable us to bring the new Rules into operational effect. Third, we are reforming the operation of our conduct and registration committees. And fourth, we are re-shaping the conduct function and staff roles in alignment with these re-designed processes.

12. We have set up an Advisory Group of external interests and experts which is advising and supporting us through this transformation process, with members from the other UK care councils, ADASS, ADCS, LGA, Cafcass, GMC, General Teaching Council and Independent Safeguarding Authority, as well as DH and DCSF.

13. We have appointed KPMG to support the process re-design and we are on course to complete this phase of work by 30th April. In phase two we will develop the products needed for effective implementation of the new processes by 1st October.

14. The timing of process re-design is aligned with the intended timetable for Rules changes, which has been developed in close consultation with departmental colleagues and which makes provision for consultation in May leading through post-consultation review and agreement to proposed Ministerial sign off in late August, with an implementation date of 1st October 2010. We are conscious that this timetable is tight, and we have developed our proposals so that they include only those changes which are essential to strengthening the public protection focus and which can be made on a relatively fast track.

15. Following a review of our conduct and registration committees we are reforming these committees so that they are in cultural and operational alignment with our revised processes and ways of working. We have trained all Panel (the new designation we will use) Chairs; assessment and development centres are now running for members who have signalled a willingness to continue on new terms and conditions and for new recruits. Owing to contractual commitments, we may not complete the process for all members until 2011, but we are encouraging those members on contracts until 2011 to participate in the process now.

16. We are re-shaping the investigations and hearings functions to ensure that they fit with the requirements of the new processes and ways of working. We have revised the relevant organisational structures and staff role descriptions. During the first part of 2010/11 we will be consulting on these revisions, running development centres, recruiting as necessary and supporting staff development in order to ensure effective operation of the new processes from 1st October.

Governance, scrutiny and risk management

17. In 2009 we took immediate steps to improve the quality of the management information on the performance of our conduct function and used this as the basis for more effective and rigorous scrutiny. We built on this improved management information to develop new KPIs, which are now enabling consideration of performance against strategic priorities and which ensure more effective accountability and scrutiny arrangements. We now report separately to Council on the organisation's performance at each of their meetings.

18. We completed a review of our governance arrangements and we are now implementing the recommendations to a timetable that allows for the engagement of recent permanent appointments to the top team. The key changes and improvements we will be making include:

- setting outcome-based, strategic objectives for delivering the Council's public protection purpose;
- building more effective engagement with stakeholders;
- developing sharper, more focused arrangements for the Council to be assessed on performance and delivery;
- a re-alignment of the Council's committee structure to focus on scrutiny and accountability;
- a strengthened, programme management approach to key business in support of a focus by Council and Committees on strategy rather than process;
- a closer alignment between budget and strategy.

19. We have also reviewed our organisational approach to risk management, informed by both a 'bottom up' and a 'top down' review of risks and a Council review of our strategic objectives in a planning workshop for 2010-11. We are now drawing up plans to address the training implications which have emerged from these reviews.

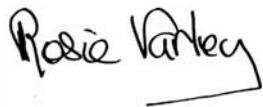
Policy and strategy

20. The CHRE report made a number of recommendations which were not directed to GSCC, but in which of course we need to engage. The recent report of the Social Work Task Force and the government's implementation plan will be aligned with the CHRE recommendations in these areas. We are pleased that the government has given us a key role in taking forward their social work reform programme and we are playing a full part in the Reform Board and associated mechanisms.

21. Plans to reform the regulation of social work education, develop an assessed year in employment and a licence to practise system of registration will bring about a step change in the way we regulate and have a positive impact on the status and reputation of social workers. In all of these areas the GSCC will be a major contributor over the coming years. For example we will develop more transparent and effective regulation of social work education, to give greater assurance of consistency and quality and to ensure proportionate regulation, targeting weak course providers and encouraging the best. Only by getting the proactive aspects of regulation right – setting standards, accrediting career-long education and maintaining the professional register – can we ensure the highest standards of practice amongst social workers, thereby strengthening the focus on public protection and reducing the likelihood of misconduct. We are in discussion with departmental colleagues about the resource implications of taking forward these proposals and our corporate plan for 2010-13 will set this out in much more detail.

Conclusion

22. We have achieved much in the five months since publishing our response to the CHRE report, building on the arrangements put in place through the summer of 2009 to deliver sustained performance improvements and a clear focus on public protection. Our work to transform the function is on track and already driving further, lasting improvement, whilst we have succeeded in tightening our internal controls and in making the scrutiny and accountability arrangements work more effectively. Much more remains to be done, but the progress so far gives grounds for confidence that lasting change can be achieved and that the Council can at the same time fulfil its role in driving up standards and re-shaping the future social work landscape.



Rosie Varley OBE
Chair

GSCC report to Ministers - progress on its response to CHRE's report on the GSCC conduct function - Appendix 1

PROGRESS REPORT - GSCC ACTION IN RESPONSE TO CHRE RECOMMENDATIONS

CHRE RECOMMENDATION	ACTION AGREED	PROGRESS	LEAD / RAG STATUS
<p><i>1. That an effective case management system to support the conduct function should be implemented as a matter of urgency. This must then be supported by oversight by managers who must be responsible for the allocation of cases and ongoing management of the caseload to ensure that appropriate and timely action, including risk assessment, is taken at each stage.</i></p>	<p>1.1 Improve management of cases in order to address problems with backlog and throughput.</p>	<p>1.1 Interim improvement measures have been implemented pending a review of OSCAR (action 1.2) and re-design of the conduct casework process (action 1.3). Casework management specialist is in place, all pre-2008 cases have been reviewed, new target times introduced, individuals' caseload capacity reviewed and new capacity targets introduced. The case allocation process has been reviewed - no cases are now unallocated and all new cases are allocated within 5 days of receipt. Weekly conduct management team meetings on performance are now ongoing and managers are required to keep all cases under continual review. A database and reporting tool have been designed and put in place, enabling us to record and track cases by volume, age profile, ISO status and individual case-worker allocation. Weekly data are reported to senior management, the Council, DH and DCSF.</p>	<p>Hilary Lloyd / Amber – <i>improvement measures are working but demand, volumes and throughput continue to test them and it remains too early for us to predict accurately the 'steady state' resourcing of our conduct function and the level of capacity that will be needed to</i></p>

	<p>1.2 By 31-12-09</p> <ul style="list-style-type: none"> • report of review covering UK care councils on OSCAR functionality, visioning business requirements and gap analysis; • initial scope of GSCC-specific case management functionality requirements. 	<p>Weekly data and reports to Council and DH are demonstrating the effects of improvement measures. Investigations into all pre-2008 cases have been completed, and cases are moving towards hearing. Since January, supply has been meeting demand through the transfer rate from referrals to investigations and closures. Though referrals in Sep-Dec 09 ran at an average of 33 per week, the average for Jan-Mar has been 16. We are unable to identify any specific causes.</p> <p>A new Head of Investigation took up post on 9th March. The current interim Head of Investigations will continue in post into the summer and if necessary beyond to ensure that we have sufficient expert resource for both ongoing management of casework and transformation of the processes for hearings and investigations.</p> <p>1.2 The review of the mechanics of OSCAR is under way, in parallel looking at how the other UK care councils use OSCAR for case management of conduct matters. The reviews will help GSCC determine whether OSCAR functionality can meet its requirements for a case management system, including the tracking of cases and the production of performance information.</p>	<p><i>resource the full range of work we have to do in 2010-11</i></p> <p>David Clark / Green</p>
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	<p>1.3 By 31-3-10 review and re-design the conduct casework process and ensure that case management is aligned, if appropriate (and subject to funding if necessary) using OSCAR or some other electronic functionality. On 1-10-10 re-designed processes become fully operational following transitional arrangements including testing, refinement and training to ensure a smooth transition and effective implementation.</p>	<p>Review on mechanics of OSCAR completed. We are now clear that OSCAR functionality as it stands will not meet GSCC's longer-term needs for an electronic case management system. The necessary specifications for such a system will be developed on the back of the process re-design work referred to at 1.3, with an interim solution to support the changes to be implemented from 1-10-10.</p> <p>1.3 We held a successful first meeting with our external Advisory Group on 26-2-10, who agreed terms of reference and offered suggestions on Rules changes, our draft operating model and our proposed work with consultants on re-design of processes. The Group also agreed a timetable and issues for three further meetings. Representatives from the UK care councils, ADASS, Cafcass, GMC and the General Teaching Council attended this first meeting. Others including DH, DCSF and CQC were unable to attend, and we await nominations from ADCS, LGA and Ofsted.</p> <p>There has been some slight slippage on the plan for review and re-design of the processes for hearings and investigations. The completion date for this work remains 1-10-10 and is not at risk,</p>	<p>Hilary Lloyd / Amber – <i>timetable for re-design very tight and volume of normal business in this period will make input from in-house experts difficult; this remains at amber though it is being actively managed.</i></p>
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		<p>though it will be adjusted if this is necessary to stay in alignment with the timetable for Rules changes. We have appointed KPMG to support the re-design of processes and remaining key milestones are:</p> <ul style="list-style-type: none"> • 30-4-10 complete re-design; • 31-8-10 complete suite of products for new processes; • September 10 publicise process changes and train staff and panel members; • 1-10-10 introduce new processes in alignment with Rules coming into force. 	
<p><i>2. That KPIs should be developed to measure clear regulatory outcomes. In the short term, the KPIs should reflect the improvements required to the conduct function and will, therefore, enable the GSCC to report on progress against a valid and effective improvement plan. In the longer term, the KPIs should focus on the progress of cases and the demonstration of public protection.</i></p>	<p>2.1 By 31-1-10 new KPIs agreed by Council.</p> <p>2.2 By 31-3-10 embed new KPIs in GSCC's business plan and risk register for 2010/11.</p> <p>2.3 By 1-10-10 review and revise KPIs as necessary in alignment with development and introduction of new conduct casework process (action 1.3).</p>	<p>Pending development and introduction of new KPIs for the conduct function and as ongoing assurance, improvements were made to management information that plays into reports. Weekly reports ongoing to DH, DSCF, Council and GSCC senior management with statistical data and commentary on progress of conduct investigations and hearings. Achieved - 26th Jan Council considered new KPIs and agreed slight adjustment to process of finalisation; Council workshop on 26th Feb re-visited new KPIs and these were confirmed and finalised by 31-3-10.</p>	<p>Vaughan Willmore / <i>Green</i></p>
<p><i>3. That all decisions affecting the progress of cases should be taken on a public protection basis.</i></p>	<p>3.1 By 31-1-10 implement new processes for all low risk matters (usually declared by Registrants on initial application or</p>	<p>The GSCC lowered the threshold for applications for ISOs in July and improved the rigour with which cases</p>	<p>Hilary Lloyd / <i>Green</i></p>

	<p>renewal, and presenting little or no risk) in registration so that conduct staff focus on higher risk work.</p> <p>3.2 Keep this under review - public protection the primary objective of Recovery and Transformation Plan, key factor in review and redesign of conduct process, and underpinning all the action delivered by the Plan.</p>	<p>were risk-assessed. Fixed penalty and health declarations now being dealt with in registration rather than by conduct casework staff. Council have similarly considered registration's handling of protection of title cases and a further report was considered by Council on 23rd March.</p> <p>The new operational target is to apply for ISOs within two days of the referral being received into the conduct function. Risks are reviewed on a monthly basis and whenever new evidence is received. Over the summer, every file was reviewed against a risk framework based on public protection, and new matters are assessed in the same way.</p>	
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<p>4. <i>That the two geographically distinct teams and the external investigators should be managed and operated as a single team. Managers need to take a coherent approach with consistent oversight of the function. All processes, deadlines, performance management and allocations and record keeping should be consistent. There should be more regular, formal and structured engagement within the conduct team at the different locations.</i></p>	<p>4.1 By 31-1-10 introduce internal quality assurance and technical coaching support within the conduct function.</p> <p>4.2 By 31-3-10 include in GSCC's Corporate Plan 2010-2013, consideration of whether all conduct staff should be located on a single site as part of an accommodation strategy, and identify any specific risks associated with people working remotely.</p>	<p>In place. Internal and external investigators are working to the same standards, operational processes and targets in respect of quality, timeliness and cost. Each investigator has been issued with an operations manual setting out the framework for investigating and bringing cases to conduct hearings. Cases are allocated one of five categorisations denoting the complexity of the case and targets for completion of investigations are set according to the case banding. All investigators are assessing risk against the same framework.</p> <p>Internal investigators meet with their managers each week to review investigations against agreed plans, and performance against targets; external investigators are required to report on progress against agreed plans on a weekly basis. Managers (of internal staff and those managing external contracts) are accountable for the performance, including quality outcomes, of those that they manage. (Action in hand on location as at 5 below.)</p>	<p>Hilary Lloyd / <i>Green</i></p> <p>Hilary Lloyd / <i>Green</i></p>
<p>5. <i>That a conduct team skills audit and development plan should be produced. This should review all staff members' current competencies and identify the competencies required for</i></p>	<p>5. By 31-3-10 re-design the structure of the conduct team, review the current job roles and assess the skills and abilities of staff in relation to the requirements of those roles; plans agreed with individuals</p>	<p>A project plan has been implemented with key milestones and activities as set out below (there has been some slight slippage on interim milestones which is not critical to the final completion date)</p>	<p>Hilary Lloyd / <i>Amber – there will be risks associated</i></p>

<p><i>each role. Where there are discrepancies, training needs should be identified and appropriate training should be provided.</i></p>	<p>to help address any development needs identified; any training needs arising from process or system changes also to be met.</p>	<ul style="list-style-type: none"> • by 28-2-10(completed) review and revise conduct role job descriptions and person specifications • by 31-3-10 review and revise organisational structure of conduct function and related services • 1-4-10 to 30-4-10 (provisional) consultation with TUs and staff on confirmed structure and process and with individuals re personal impact • by 30-6-10 run assessment/development centres for conduct staff • Recruitment activity • by 31-7-10 devise personal development plans for all conduct staff • Tbd devise plan to meet development needs • consideration of whether all conduct staff should be located on a single site as part of an accommodation strategy to be included in the 2010-13 Corporate Plan. 	<p><i>with delivering this plan in parallel with ongoing management of volumes on casework investigations and hearings.</i></p>
<p><i>6. That the GSCC and DH should review the current primary and secondary legislation relating to the conduct process and replace it with a fitness to practise process which allows it to assess conduct and competence.</i></p>	<p>6.1 By 1 July 2010 agree Rules changes and by 1-10-10 Rules changes come into effect. The outline timetable and milestones reflect discussions between GSCC and DH, and a proposal to be confirmed that agreed Rules changes should come into effect after a period to be used for smooth transition and effective implementation:</p> <ul style="list-style-type: none"> • by end January 2010 policy 	<p>6.1 The review of Rules governing conduct and registration processes is under way. The project plan developed in discussion with DH and reported to Council in January has been reviewed with DH and amendments agreed, with the following key milestones - (note - discussion with DH is ongoing and milestones may be subject to change; when finalised, key dates and process</p>	<p>David Rowland / Amber – <i>though the timetable for Rules changes is necessarily tight it is workable,</i></p>

	<p>agreement between GSCC and DH and approval by Council on Rules changes;</p> <ul style="list-style-type: none"> • Feb-June 2010 Ministers approve proposals, consultation, post-consultation adjustment, agreement on final changes; • 1 July 2010 new Rules signed into force by Ministers; • July-Sept 2010 new processes related to Rules changes trialled and refined as necessary, staff/Committee members trained; • 1-10-10 new Rules come into effect. <p>6.2 Support DH in any review of the existing primary and secondary legislation which may be necessary, recognising that it is a complex area requiring careful consideration with Government, partners and stakeholders, including Registrants and people who use services. Currently the GSCC investigates competence to the extent that it amounts to misconduct. If GSCC's regulatory remit were to be extended to include responsibility for all competence issues, this would need to be taken forward in the 2010-13 Corporate Plan, including work on costing the various possible models and a regulatory impact</p>	<p>points will be subject to external forces outside GSCC control)</p> <ul style="list-style-type: none"> • 19-4-10 (after agreement with DH) regulation Committee Council consider draft consultation papers for Council agreement by correspondence; • 13-5-10 consultation launch; • 25-6-10 consultation close; • 19-7-10 consultation outcome report to Council; • 19 July - 31 August 2010 post-consultation review, impact assessments, drafting of final Rules, Council agreement, submission to Ministers, Rules approved; • 1-10-10 new Rules come into effect. <p>6.2 We are fully engaged in work which the Social Work Reform Board is now sponsoring and which is considering the appropriateness of moving towards a fitness to practise model.</p>	<p><i>with main risks arising from (i) the capacity of key operational staff whose input will be needed (ii) external factors outside the control of the project.</i></p> <p>Owen Davies / Green</p>
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	assessment.		
<i>7. The conduct committee should be given the power to use all of the sanctions now available to the fitness to practise committees/panels of the majority of the health professional regulators. The DH should consider this in the context of CHRE's work on harmonising sanctions across health professional regulators.</i>	<p>7.1 By 13-8-10 review of Rules will widen the range of sanctions.</p> <p>7.2 By 1-3-10 the re-design of the conduct process (action 1.3) will be predicated on an expectation that GSCC will be able to assume new powers and that wider sanctions will be available to GSCC.</p>	<p>This milestone shifts to 31-8-10 as set out for 6.1 above.</p> <p>This milestone shifts to 30-4-10 as set out for 1.3 above.</p>	David Rowland /Amber - as for item 6.1
<i>8. The relevant legislation should be amended so that appeals against decisions made by the conduct committee are heard by the High Court rather than the Care Standards Tribunal.</i>	8. Explore relevant issues with DH and if necessary include implementation of this recommendation in GSCC's 2010-13 Corporate Plan, similarly to action 6.2 outlined above and including benchmarking against appeals processes from other professional regulatory bodies.	Following preliminary consideration of how to address CHRE recommendations directed to Government, we are in discussion with DH about how best to take these forward, including where appropriate through joint programme arrangements.	John Fraser / Green
<i>9. That the GSCC should adopt a lower threshold of referral of cases to the conduct committee. Cases should be referred if there is a realistic prospect of a sanction being imposed. This must be incorporated into the relevant guidance for staff. The availability of conditions as a sanction would greatly aid a proportionate approach to fitness to practise.</i>	9.1 By 31-1-10 look at the volume and cost consequences of bringing to conduct hearings all cases in which there is a realistic expectation that a wider sanction might be imposed.	It has been agreed in principle that the GSCC ought to use the full range of sanctions. The GSCC is committed to adopting a lower threshold for referring matters to a conduct committee, where this is a proportionate response to the risks to public protection. This has already been done in relation to applications for ISOs. Currently, the GSCC's powers are limited to removal from the Register, suspension from the Register for a period up to two years, and admonishment. A further lowering of the threshold is anticipated to coincide with the introduction of a wider range of	Hilary Lloyd / Amber as for item 1

	<p>9.2 Examine with DH the resource and proportionality issues raised by such an approach.</p>	<p>powers. To date, as outlined in CHRE's report, cases have been brought to a full conduct hearing only where there is a realistic prospect of the Registrant being suspended or removed from the Register. Being embedded as at 5th February: the first cases affected are now coming through and their completion will allow us to evaluate the impact of lowering the threshold for investigation. Keeping this in view will inform judgements on whether any re-calibration is needed.</p> <p>9.2 We are discussing with DH, in the context of GSCC's 2010-11 budget, the resource implications of the substantially increased levels of activity which have flowed from lowering the threshold.</p>	<p>David Clark/ <i>Green</i></p>
<p><i>10. That with immediate effect all new cases are risk assessed, including being signed off promptly by a person with sufficient competence and authority. Ongoing risk assessments should be completed within similar timescales. The risk assessment should include consideration of whether there is a need for an ISO.</i></p>	<p>10. By 31-3-10 re-designed conduct process and related practices maintain the improvements made to risk assessments.</p>	<p>This milestone shifts to 30-4-10 as set out for 1.3 above. Interim improvements have addressed this following implementation in July as an immediate priority action, and will be maintained in re-design action in hand at 1.3. All matters coming into the conduct function through the Conduct Intake and Assessment Service (CIAS) are now risk-assessed within one day of receipt. The assessment is carried out by an Assessment Officer using the GSCC's risk assessment framework. All decisions are reviewed by a Team Leader. Borderline</p>	<p>Hilary Lloyd / <i>Green</i></p>

		<p>decisions and cases where ISOs are considered necessary are referred to the interim Head of Conduct for decision. Applications for ISOs are made the following day. Registrants are given seven days' notice of the Hearing. Risks to public protection are reviewed monthly and whenever further evidence is received. Those assessments are carried out by the Investigating Officer assigned to the case using the risk assessment framework.</p>	
<p><i>11. That comprehensive guidance on good file management should be given to all staff, and that managers should ensure that it is complied with routinely and that all files are capable of being audited.</i></p>	<p>11. By 31-3-10 re-designed conduct casework process to</p> <ul style="list-style-type: none"> • reflect the need for effective and efficient file, document and records management and • be included amongst the key business requirements for the new IT systems to be developed and recommend for the transformed conduct function. 	<p>This milestone shifts to 30-4-10 as set out for 1.3 above. This has been addressed as an immediate priority in the GSCC Recovery and Transformation Plan and we are monitoring compliance with the arrangements put in place. Clear instructions have been given to all staff in conduct about how files are to be stored and managed in paper form, and in electronic copy; and managers are aware of their accountability for this. Standard guidance documents are being reviewed, and as new documents are introduced they are circulated and stored in a shared electronic drive to ensure that everyone has access to them and know when they came into operation. Policies and procedures are also displayed on the GSCC intranet. Managers are held to</p>	<p>Hilary Lloyd / <i>Green</i></p>

		account for ensuring that their staff use the correct procedures and supporting documentation, and follow instructions and guidance. Re-design action in hand at 1.3.	
<i>12. That the GSCC should attempt to strengthen its relationships with employers in relation to conduct issues, with the aim of increasing the level of co-operation and information sharing. The Government should provide the GSCC with additional powers to require employers and others to provide information or concerns about a social worker's fitness to practise to the GSCC.</i>	<p>12.1 By 28-2-10 introduce an escalation procedure for cases so that if an employer fails to co-operate despite progressively senior management engagement, GSCC will close the case and notify DH/DCSF accordingly.</p> <p>12.2 By 28-2-10 develop comms and engagement strategy for consultation on Rules changes; by 31-8-10 develop comms and engagement strategy for promotion and implementation of Rules and related process changes.</p>	<p>12.1 Escalation process put in place wef 12-1-10. A wider-ranging response to this recommendation is also being put in place, through implementation of a strategy, led by the new CEO, for engaging with employers and improving our relationships with them.</p> <p>12.2 The 28-2-10 milestone shifts slightly, in alignment with the new timetable for Rules changes.</p>	<p>Hilary Lloyd</p> <p>Lisa Watch / <i>Green</i></p>
<i>13. That the GSCC should give clear reasons when they close a case explaining why the social worker should not be referred to the conduct committee on the basis that they do not present a risk to the public. The GSCC should also clarify, and strictly apply, its policies on how to handle social workers who have not renewed their registrations and those who apply for voluntary removal whilst under the conduct process.</i>	<p>13.1 By 13-8-10 review of and changes to Rules informed by the need to move away from the concept of complaints.</p> <p>13.2 By 1-10-10 guidance for caseworkers reviewed and refreshed in line with re-designed conduct process (NB this linked to operationalisation of the re-designed process on 1-10-10 as per action 6.1).</p>	<p>13.1 This milestone shifts to 31-8-10 as set out for 6.1 above. The GSCC has begun to implement these recommendations and ensure that the reasons for its decisions are clear and transparent for the benefit of the referrer and the registrant. Pending the introduction of new Rules, we are looking closely at the reasons given for closing files without referral for Hearing. We will ensure that the reasons are clear for all concerned and are not based on a technical interpretation of the Rules. The second element of CHRE's</p>	<p>David Rowland (13.1) / <i>Amber as for item 6</i></p> <p>Head of Investigation and Enforcement (13.2) / <i>Green</i></p>

		<p>recommendation surrounds removal from the Register during the course of an investigation into misconduct. From July, as soon as a matter is transferred for a conduct investigation, a warning flag is placed on OSCAR (our online Social Care Register), to prevent removal from the Register, pending determination of the conduct matter.</p>	
<p><i>14. That Council and Committee members should provide effective scrutiny by challenging information provided and requiring senior management to demonstrate what they have done to address identified issues.</i></p>	<p>14.1 By 31-1-10 new KPIs agreed by Council; by 31-3-10 embed new KPIs in GSCC's business plan and risk register for 2010/11, based on outcome measures and enabling effective scrutiny; by 1-10-10 review and revise KPIs as necessary in alignment with development and introduction of new conduct casework process (action 1.3).</p> <p>14.2 On 1-4-10 implement any changes recommended by review of governance arrangements.</p> <p>14.3 By June 2010 and June 2011 implement the recommendations following a review of the operation of GSCC's Conduct and Registration Committees:</p> <ul style="list-style-type: none"> • By 31-1-10 train Committee Chairs to ensure all ISOs dealt with in line with changed emphasis. • By 1 June 2010 assess, re- 	<p>14.1 New KPIs in place to timetable as noted at 2 above. We have introduced improved management information in respect of conduct and this is now played into a weekly report to Council on the status of the conduct function, with statistics drawn from a newly-developed database.</p> <p>14.2 Review completed; the implementation date will be aligned with establishment of the new Executive Team.</p> <p>14.3 After adjustment to accommodate non-critical slippage that was reported in January we are well on course with a project plan with key milestones below. All Chairs have been trained, with support from GMC; all members have responded to the request expressions of interest. 57 applications have been made; it may be</p>	<p>Vaughan Willmore / <i>Green</i></p> <p>David Clark / <i>Green</i></p> <p>Claire Cooper / <i>Green</i></p>

	<p>appoint/replace on new ts and cs, and train on revised processes those members whose contracts expire in June 2010. NB some of this assessment and training activity to also cover members whose contracts run to 2011.</p> <ul style="list-style-type: none"> • By 1 June 2011 re-appoint or replace as necessary all members whose contracts expire in June 2011. 	<p>necessary to go to external recruitment. The 52 members whose contracts expire in 2011 have been told they are able to participate in the 2010 exercise that is ring-fenced for existing members, and that the 2011 exercise will be an open competition. A management challenge will arise in this period when hearings will need to be scheduled in increased volumes whilst member resource and availability may be temporarily reduced. We will continue to report progress to the Task and Finish Group.</p> <ul style="list-style-type: none"> • By 31-1-10 seek expressions of interest from members for participation in assessment/ development centres. • By mid-February 2010 train Committee Chairs to ensure all ISOs dealt with in line with changed emphasis. • By 12-4-10 run assessment/development centres for members. Completion ahead of schedule. • By 1-6-10 assess, re-appoint/replace on new ts and cs, and train on revised processes those members whose contracts expire in June 2010. NB some of this assessment and training activity might also cover members whose contracts run to 2011. • By 1-6-2011 re-appoint or replace as 	
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		necessary all members whose contracts expire in June 2011.	
<i>15. That the GSCC review their approach to risk management to ensure that it is effective in identifying, recording and managing risks within the organisation. Where required, training should be provided. This should include Council members, senior management and all operational staff.</i>	<p>15.1 By 31-3-10 complete a review of risk management and development of training programme to be taken forward in the 2010/11 business plan.</p> <p>15.2 In January 2010 Council will review its strategic risks; informing a 'top down' review of risks Jan – March.</p>	<p>15.1 Early in 2009, the GSCC reviewed and revised its approach to risk management, and established a staff Risk Management Working Group, chaired by the Director of Corporate Resources, which meets on a monthly basis. An internal audit of risk management has been completed and will report to the next meeting of the Audit Committee.</p> <p>15.2 A 'bottom up' review of risks has been completed and will be married with the 'top down' review in January-March. On course with plan to -</p> <ul style="list-style-type: none"> • by 31-1-10 Council review strategic objectives (done at Council workshop 26-1-10) • by 10-3-10 Audit Committee endorsement of review and training implications • by 31-3-10 <ul style="list-style-type: none"> ○ complete 'top down' review of risks ○ address training implications. 	<p>David Clark / Green</p> <p>David Clark / Green</p>
<i>16. That the Council should assure itself of the quality of decisions taken under the conduct function by commissioning regular internal and external audits and by ensuring that the terms of the audits provide a sufficient level of scrutiny linked to an</i>	16.1 By 31-3-10 further strengthen the scrutiny provided by an Independent Screening Panel through re-designed structure of the conduct team and associated skills assessment/development (action 5) - ensuring that staff are suitably skilled and supported to carry out their	Currently, decisions not to progress conduct cases to a hearing are reviewed by an Independent Screening Panel made up of a non-lay and lay-member of the conduct committee. This Panel meets on a monthly basis. Although not a decision-making body, recommendations and	Hilary Lloyd / Green

<p><i>evaluation of risk. The internal auditors also need to have the skills and experience necessary to make informed judgements on cases if that is required within the scope of their audit.</i></p>	<p>duties and meet targets in relation to quality, timeliness and cost, and including establishment of a quality assurance and technical coaching function to provide ongoing internal assurance and support.</p> <p>16.2 By 31-3-10 determine how best to take forward the recommendation for periodic external audit of decision-making in conduct, to supplement the role of the Independent Screening Panel (as part of re-design of conduct processes and involving auditors and Audit Committee).</p>	<p>advice received from the Panel are routinely acted on by the executive. The Panel has been in operation for around 18 months and its terms of reference are currently under review.</p> <p>16.2 An audit of conduct's compliance with procedures has been completed and we await the formal report and recommendations. We are arranging an audit exercise with the other UK care councils to take place in April – we will each review a sample of other councils' cases.</p>	<p>Hilary Lloyd / <i>Green</i></p>
<p><i>17. That the executive should be open, transparent and comprehensive when reporting to Council and its committees and should be able to do so with confidence of support through constructive challenge.</i></p>	<p>17. On 1-4-10 implement any changes recommended by the review of governance arrangements (action 14.2), to include the roles of Council and its committees.</p>	<p>Action in hand as at 14.2 and implementation date to be finalised, linked to establishment of new senior team. The Council has recognised the importance of accurate, transparent information, appropriate challenge and good governance. A clearer performance report is now being used with new indicators on conduct.</p>	<p>David Clark / <i>Green</i></p>
<p><i>18. That the Government reforms the role and legal responsibilities of the GSCC to ensure clarity of purpose in protecting the public and maintaining the standing of the profession to enable it to operate as an effective and independent regulator committed to public protection and to building public confidence in the profession.</i></p>	<p>18. Support any DH review in line with this recommendation and make provision for this if necessary in GSCC's Corporate Plan 2010-2013.</p>	<p>The Council has accepted that Government needs to be clear about what it sees as the role of the GSCC in the light of the CHRE report and the recommendations of the Social Work Task Force; and has recognised the importance of these functions for a regulatory body, particularly in relation to an emerging profession.</p>	<p>John Fraser / <i>Green</i></p>

		<p>As for action 8 above, and applying to 19 and 20 below, following preliminary consideration of how to address CHRE recommendations directed to Government, we are in discussion with DH about how best to take these forward, including where appropriate through joint programme arrangements.</p>	
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<p><i>19. That in the longer term the GSCC becomes more financially independent of the Department of Health and that this change is phased in over a number of years. The GSCC should have more straightforward lines of accountability and oversight.</i></p>	<p>19.1 Take forward with DH and if necessary include in the GSCC's Corporate Plan for 2010-13 work such as preparation of a business model and business case including any further consideration of Next Groups.</p> <p>19.2 Participate in any work on lines of accountability and oversight through our accountability arrangements with DH.</p>	<p>The GSCC was established as an arm's length body of Government, sponsored by, accountable through and primarily funded by DH, with a small contribution from Registrants. GSCC believes that it should be an independent professional regulator. As signalled in the recent White Paper <i>Building The National Care Service</i>, over time the Council will move to financial independence and become independent of Government.</p>	<p>David Clark / <i>Green</i></p> <p>Paul Snell / <i>Green</i></p>
<p><i>20. That the Government reviews the risks in relation to the work and supervision of domiciliary care workers and their managers and reconsiders if inclusion in the GSCC's statutory register is proportionate and targeted. Other approaches such as a statutory licensing scheme or an employer-led approach based on codes of conduct and practice and induction standards may be more appropriate.</i></p>	<p>20. If this is taken forward, engage in debate with government, partners and stakeholders around the perceived risks presented by domiciliary care-workers and other groups of social care workers and discuss the most appropriate forms of regulation to mitigate those risks. Include provision for work on this in GSCC's Corporate Plan 2010-13.</p>	<p>At its meeting on 29th September, the Council had agreed that its current focus should be on the regulation of social workers and had suggested that DH should review its current proposals for the regulation of other groups of social care workers.</p> <p>Again as signalled in the recent White Paper <i>Building The National Care Service</i>, the GSCC will focus solely on the regulation of social workers and social work education, ensuring that the social work profession in England sets the international standard.</p>	<p>John Fraser / <i>Green</i></p>

GSCC report to Ministers –
progress on its response to CHRE’s report on the GSCC conduct function – Appendix 2

Confirmed hearing date		Current position
1.	8 th April	The case was adjourned after the first hearing when Committee proposed conditions (rather than refusal as the GSCC had recommended), to allow the applicant/registrant to make representations on the conditions. On the date of the adjourned hearing a committee member notified they were unable to attend, so the committee was not quorate and had to adjourn again until 8 th April.
2.	7 th – 9 th April	Registrant’s unavailability throughout February and March prevented an earlier hearing.
3.	19 th – 20 th April	The hearing was originally listed to last three days, revised to one after the Registrant’s admission of facts. However, at the hearing the Committee concluded that proceedings could not be completed in a day and it has been re-listed accordingly.
4.	26 th – 30 th April	At the pre-hearing review on 12 th January, a 28 day extension was granted to GSCC for it to serve the formal allegation, and these were the first available dates suitable for both parties.
5.	26 th April – 5 th May	These are the first available dates suitable for both parties.
6.	3 rd – 5 th May	The case was originally listed for 22 nd – 24 th February and postponed owing to registrant ill health, with 2 months allowed. The provisional listing for 3 rd – 5 th May will be confirmed on receipt of a medical report now being actively chased – the Registrant’s GP has been asked to report on their fitness to attend a hearing and be ready to give evidence on this if required.
7.	10 th – 12 th May	The case has been delayed until 10 th – 12 th May because Registrant wishes to use evidence which GSCC has to obtain on their behalf.
8.	10 th – 18 th May (tbc)	After a postponement request was received and refused, the Committee Chair decided that a further postponement request should be considered and this was granted at a Conduct Hearing in March.

(cont)

Confirmed hearing date		Current position
9.	13 th – 21 st May	Originally listed for 22 nd – 30 th March, the case was then re-scheduled because the Registrant had not had an opportunity to agree those dates.
10.	17 th – 18 th May	The Registrant's ill health prevented their participation in the process and this in turn delayed determination of hearing date and location.
11.	17 th – 20 th May	The Registrant was unable to attend on the April dates originally proposed and these May dates were the first available and suitable to both parties.
12.	24 th – 28 th May (tbc)	A March hearing was postponed at GSCC request because the Council's witnesses were not aware of the hearing dates. These May dates have now been proposed and we are awaiting confirmation of the Registrant's availability.
13.	31 st May – 14 th June (tbc)	This case will be listed for a four day hearing in the period shown. The pre-hearing review was unable to schedule a date for this hearing because the parties were not prepared with witness availability.
14.	7 th – 9 th June	These are the first available dates suitable for both parties.
15.	29 th – 30 th June	A formal allegation was received on 8 th March, and the June listing has been set because of a possible health procedure application from the Registrant which the Council has opposed, with a request for a skeleton argument to be produced by 14 th April.
<i>Outstanding case - postponed from 12th – 14th April, new dates to be confirmed.</i>		<i>Following the weekly position report on all pre-2008 cases at 25th March, a postponement was sought and granted on 7th April, on the advice of the GSCC's presenting officer, in order to secure evidence needed for the hearing.</i>