End Project Report

Project name: Onboarding of Social Workers

1	**Achievements Against the Project's Objectives**
	The aim of the project was to take over responsibility for the regulation of Social Workers in England from the General Social Care Council (GSCC). The project was a result of a decision by Government. The project was not a merger of the two organisations. No assets or liabilities were transferred and TUPE did not apply. The Department of Health provided funding to the HCPC to meet the costs of this project. The subsequent core objectives were to: • Migrate the GSCC register into HCPC systems - As detailed in the Agreement of Requirements (AOR) with the GSCC, the GSCC Register data was migrated to the agreed project timescales. • Transfer any GSCC Registration department Work in Progress – Transferred as per the agreed AOR and processed with the exception of GSCC International application WIP which continue to be managed together with all HCPC International applications. • Migrate GSCC registrant direct debits to HCPC – HCPC successfully migrated around 35,000 direct debit details into NetReg. • Migrate the GSCC approved programmes into HCPC systems – Data on 271 approved social worker programmes and 31 approved mental health professional (AMHP) programmes was successfully transferred into HCPC systems ahead of the Register opening on 1 August 2012. Additional information on closed/historic social worker and AHMP programmes was transferred and published on-line. • Migrate live GSCC FTP cases to HCPC - All 246 live cases referred by GSCC to HCPC have been logged onto the FTP CMS system. Relevant Net Regulate statuses have also been updated. • Provide input into the drafting of legislation - Regular meetings took place with DH officials and GSCC colleagues. Relevant legislation is now in force. • Develop Social Worker SOPs and SETS - This objective was delivered successfully. Standards of proficiency for social workers in England were developed by a Professional Liaison Group (PLG),

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	subject to public consultation and subsequently agreed in March 2012. A consultation was also held on the threshold level of qualification for entry to the Register for social workers in England (SET 1) which forms part of the Standards of education and training and the new standard agreed in March 2012. • Communicate the change of regulator and impact to stakeholders (including registrants) - A communications plan was developed, activities monitored and reviewed on a regular basis. The department undertook proactive work, e.g. events, mailings, online and media as well as reactive work in order to respond to issues that arose during the project. • Develop an MOU with the three other UK Social Worker regulators – The HCPC and three care councils worked collaboratively to develop the MOU which was duly signed prior to the transfer of the Register from the GSCC to the HCPC. • Review the HCPC's approach to student registration and implement any resulting actions - The issue of student registration was considered in light of the register of social work students maintained by the GSCC. A consultation was held on the issue and a decision reached not to maintain a register of social work students in May 2012. A student suitability scheme for social work students to manage the transition to the HCPC's standards was subsequently agreed by Council and this has been implemented by both the Education and Fitness to practise departments. The scheme has been operational since 1 August 2012. • Recruit required Social Worker partners - The required number of Partners were successfully recruited and trained ahead of the transfer. • Appoint Social Work member to the Education and Training Committee - This was completed. • Develop and initiate a quality assurance process for all GSCC approved programmes transferred to the HCPC - All 271 social worker and 31 AMHP programmes will be subject to an approval visit over the next three academic years. The schedule and resourcing was agreed by Committee/Council in June/July 2012 and subsequently communicated to education providers.
2	**Review of Benefits Achieved to Date**
	This was a statutory project which resulted in neither a Business Case nor a Project Initiation Document being prepared. The benefits arising from the transfer of the register were identified in various Government publications such as the February 2011 Command Paper.

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3	**Performance Against Cost and Time**
	The original proposed date of transfer of the register was 1st April 2012 however this was delayed by Government due to the review of the Health and Social Care Bill. The revised date of transfer was 1st August with a project end date of September 2012. The transfer went ahead on the 1st August as planned and although project-related activity was complete by the end of September, there were a number of invoices being processed during October.

The HCPC's third party costs were fully funded by the Department of Health (DH). In addition some direct Fitness to Practise costs were funded by DH. The HCPC Finance department are providing DH with evidence of expenditure and managing the collection of funding. A total of £929,833 has been spent. This is broken down as follows:

Year	Capex (£)	Opex (£)	Total (£)
2010-11	66,549	166,909	**233,458**
2011-12	0	279,234	**279,234**
2012-13	15,261	401,880	**417,141**
Total	**81,810**	**848,023**	**929,833**

4	**Key Lessons Learned and Recommendations**

As can be seen from the above, the project achieved its objectives in good time and within budget.

The project was the largest external register transfer project that the HCPC has conducted and has been considered a success. Even so, there are always some activities within a project that could be improved on.

Therefore, the Project Board conducted a lessons learned workshop. The findings and recommendations are detailed below. The recommendations are to assist future project teams and EMT in ensuring that their projects are conducted in the most efficient manner with the minimum amount of additional workload to employees in undertaking project work in addition to their everyday roles.

However, it should be reiterated that overall, this project was successful in its delivery.

Project Management
1. A Business Case and Project Initiation Document were not produced and the project did not go through the standard HCPC Start Up or Initiation project stages. This was due to the project being a statutory requirement, but the Project Board felt that the project was at more of a risk because of this. It is recommended that such projects do go through standard pro forma HCPC project

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processes in future.

2. The Project Board contained the same members as the Project Team which meant that the Project Board was unsuitably large and led to a lot of information about specifics that not everyone was involved with or interested in. Consideration should be given to whether a Project Board and Project Team should be established with the Project Board focusing on a higher level and the Project Team chaired effectively to ensure points are kept relevant and not labored.

Planning

3. It took longer than anticipated for HCPC to establish budgetary requirements and also for DH to confirm available funding. HCPC should be cautious to committing funds without confirmation of funding.

4. Operational planning was developed at a business unit level rather than in a coordinated fashion by the Project Team which led to some silo working. Workshops involving the Project Team should be held to ensure that the business unit operational planning is shared and dependencies/interfaces identified.

5. Business units used approaches for onboarding the profession that had been used previously by the HCPC. HCPC will continue to reflect on lessons learned from previous projects; however will only act on a lesson learned when it is within the context of a new register transfer project.

6. The Fitness to Practise (FtP) department had access to GSCC cases early and in advance of transfer which allowed the FtP team to have foresight of the nature and volume of work post transfer. For any similar project in the future, the HCPC should continue, wherever possible, to gain access to work that it is likely to inherit in order to better prepare.

7. The Registration department developed a Work in Progress (WIP) process for the first time for live activity that needed to be transferred from the GSCC. To aid this, monthly management information from GSCC helped inform potential HCPC workload and resource requirements. In future, this model should be considered but only after it has been confirmed that WIP transfers are required as part of a transfer.

8. At the start of the project, the HCPC did not fully understand the GSCC's corporate organisational structure and department remits. This led to time being wasted on issues that could have been avoided. HCPC should hold workshops/presentations to understand corporate structure and team responsibilities of other organisations. This should be conducted early in the project so

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project team members can engage with the right people.

Use of Resources

9. The fixed transfer date meant employees had to ensure their tasks were completed on time. Consideration should be given to having a transitional period where different operational aspects are transferred in a staggered approach. Also, it is vital to have clear separation of duties for involved organisations.

10. Employees were under-resourced during peaks of activity. In the future, consideration should be given to planning for temporary resource to backfill employees working on projects.

Standards

11. The Social Worker Standards development consultation was positively received. HCPC's policy of working with SW stakeholders on standards development allowed HCPC to have confidence in the final Standards and how to promote and communicate standards.

Legislation

12. HCPC helped to shape legislation by working closely with the GSCC and DH. HCPC should continue to be as involved as possible in legislation development.

13. There were good relationships with the three other UK Social Worker Councils for Memorandum of Understanding development. The HCPC should continue to foster good working relationships with third parties.

Risk

14. Due to the significance of the project, a corporate risk register and newsletter were regularly made available to Council. It is understood that this provided reassurance to Council & Committees. Engagement with Council & Committees should be planned and extraordinary measures considered if a project is significant.

15. The Social Workers project was a standing item on agendas at HCPC Statutory and non-Statutory Committee meetings. It is understood that this provided reassurance to Council & Committees. Engagement with Council & Committees should be planned and extraordinary measures considered if a project is significant.

16. There was a sufficient level of risk management with the right level of interaction with risk owners. Risk Logs should be used for all projects and a monthly review of risk statuses with risk owners is sufficient.

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Stakeholder Management

17. The Communications department developed and managed an effective stakeholder and communications strategy which described the extensive approach to working with stakeholders. Updates about the project were provided regularly through various communication channels. The communications for a project which is far-reaching with a significant internal and/or external impact should continue to be planned and communicated effectively.

18. HCPC were rigorous in their pursuit of information and clarity from GSCC, however GSCC were hesitant to act on certain elements (e.g. notifications to registrants on transfer of direct debits to HCPC). However, GSCC gained more comfort and confidence in HCPC as time went by through strong relationships and demonstrating of understanding. This worked very well with this project and it is important to continue to foster a good relationship with third parties to encourage trust and sharing of information in similar projects.

19. HCPC reviewed the GSCC's plan to charge fees up to the end of their existence with DH and GSCC and identified the negative effect this would cause. Also, the HCPC Chief Executive, in SWROG meetings, advised against pursuing this approach. GSCC went ahead and the HCPC has managed the impact of this. HCPC should continue to advise third parties in relation to decisions being made that are likely to cause problems later on ensuring that the likely impacts are clearly communicated.

20. HCPC managed as much as possible the negative impact from the GSCC fees issue through their communications strategy. Information was provided on the HCPC website, at all conferences and HCPC events as well as in information mailings and correspondence with social workers.

Technology

21. GSCC did not adhere to the Agreement of Requirements or the Data Transfer Plan despite developing them together and formally approving them. It is important to ensure in future that third parties can deliver what they have agreed to and that plans are developed with all effected business units (not just IT).

22. HCPC ensured data was secure and suitably treated once received. In future projects, we should continue to ensure that IT systems and infrastructure are suitable and secure and if not, ensure that suitable workarounds are established in consultation with the IT department

23. The volumes of transferred data were significantly larger than we had been led to believe and caused challenges with our IT software and providers. It is important to consider the impact large

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| | volumes of data will have on HCPC and third party systems. Challenges were also encountered due to releasing updates to technology for more than one project in the same release. Again, in future the HCPC should try to isolate releases by project.

24. The Name Change project caused prioritisation conflicts especially in IT. In future the HCPC should try to avoid project go live clashes.

A full log of all of the lessons learned is available upon request. |

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