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## Chief Executive's report on organisational performance – July 2020

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### Executive Summary

This paper provides the Council with updates on the organisation's performance since the May 2020 Council meeting. It includes specific projects and activities for the Council to note, stakeholder engagement activity, an update on the Corporate Plan January – July 2020 and an assessment of performance.

Background data to the KPI performance is available to Council and on our website for reference.

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Previous consideration	This is a standing item, considered at each Council meeting.
Purpose of report	The Council is asked to discuss the paper and provide any feedback on future format and information to be included.
Next steps	The next report will be received in September 2020.
Strategic priority	The Corporate Strategy for 2021-26 is in development with Council expected to agree a draft for consultation at its September 2020 meeting.
Risk	This report is relevant to all strategic risks and risk appetite.
Financial and resource implications	None as a result of this paper.
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## 1. Chief Executive's agenda overview – 28 July 2020

**Corporate Plan July - December 2020** - as the reporting period for the Corporate Plan January -July 2020 comes to an end, the Executive is proposing seven priorities for focus from July-December 2020 for Council agreement. We have also undertaken a review of the overall progress of the Change Plan map from which the priorities are taken.

Whilst the areas outlined in the Corporate Plan will be our priorities from the Change Plan, this is by no means the only change activity ongoing for the HCPC. Important work continues across the organisation, through projects and otherwise, for example the pilot of the new quality assurance model in education, the Equality Diversity and Inclusion (EDI) action plan and the professionalism and prevention framework.

**Finance update and quarter one budget review** - this iteration of the finance update includes the first quarterly budget review completed as part of the revised budgeting process. This revised process was a key deliverable of the Corporate Plan January-July 2020 and I am pleased that the organisation has effectively undertaken the first quarterly review.

**EDI action plan** - recent events have re-energised the focus on our EDI agenda and the Executive has harnessed that focus to generate a robust blueprint which will make substantial improvements to our organisational approach to EDI. This includes the development of our strategic approach, governance and accountability structures, and resourcing measures, to support the effective strengthening of our approach to EDI work going forward. This supports our ambition that those we work with, and for, are confident that we are a fair, diverse and supportive, regulator and employer of choice.

**FTP experiences research report** - In 2019 we commissioned Surrey University to undertake research to explore the experience of registrants who had engaged our fitness to practise processes. We will use the report findings in developing the Registrant health and wellbeing strategy and action plan, including changes to our processes, approach to communication, timeliness and support offer. This work will help to further our aim to have a more human-centred FTP operating culture.

**FTP Improvement Programme update** - FTP performance improvement is a key HCPC focus for the foreseeable future as we strive to meet the PSA standards of good regulation. This report sets out how operationally we will make improvements in performance, both in reducing the backlog of cases and increasing the quality of our investigations and decision making. The report provides more detail on the deliverables for the FTP improvement priority in the Corporate Plan July-December 2020 and proposes FTP KPI measures for future Council oversight of FTP performance.

**Professionalism and prevention framework** - this is a discussion paper, seeking the Council's steer in this important area through a series of structured questions. We will build on the outcome of the discussions and develop a framework for Council to consider in September 2020.

## 2. Performance against Key Performance Indicators (KPIs)

As Council has previously noted the KPIs have been in place since early 2018 and require review for ongoing suitability. The FTP Improvement Programme update paper on this agenda proposes revised KPIs for FTP for the Council's agreement. Additionally, the HCPC's internal auditors BDO LLP are currently undertaking a review of the HCPC's performance reporting processes including a benchmark of KPIs. The recommendations and findings from this report will assist us in proposing a new suite of KPIs to the Council at a future meeting.

The current KPIs are included in this report, whilst the background data is provided to members separately for information in order to keep the report concise.

KPI performance results to highlight to Council:

- FTP - The FTP performance dashboard is included in this paper along with executive narrative of what the data is telling us about performance in the period.
- Registration - The closure of the office due to the pandemic and the management of the COVID-19 Temporary Registers initially impacted on the processing of EMR and international applications which due to the time delay is seen in the June figures. We are confident that performance has returned to compliance with the KPI and that this will be seen in the September report.
- Finance - Performance against forecasted operating expenditure is not within the optimum range, with an underspend against budget. This is mainly due to the impact of COVID-19. Full financial information including the variance commentary, income and expenditure figures and the statement of financial position can be found in the finance update paper
- HR - Sickness rates have reduced significantly; as employees are not travelling, and children have been home schooled there is lower exposure. In addition, employees may be less likely to register sick leave if they don't have to travel and are able to flex working hours if they are feeling unwell. We continue to highlight the wellbeing resources available to our employees, which include confidential employee assistance helpline and a virtual GP service. We also continue to promote internally the need to continue to take breaks during the day when working from home and to continue to take annual leave.

## 3. Stakeholder engagement

### *COVID-19 Temporary Registers*

Over the last month we have engaged with key stakeholders including the Chief Allied Health Professions Officers, the Chief Scientific Officers, the Council of Deans of Health and unions to discuss proposals for closing the COVID-19 temporary register(s). These have been productive discussions which have informed our approach, and we are now working to close the temporary student register based on the feedback we have received. We will continue to engage these stakeholders to

inform our plans for the temporary register for former registrants. I also attended a summit chaired by the Minister of State, Helen Whately to consider medium to longer term options for bringing back into service those former registrants who indicated a willingness to support the NHS during the initial crisis phase of the pandemic.

### *Fee increase*

In addition to engaging the Unions on our approach to the temporary register(s), we also discussed with them the need to now progress implementation of proposed registration fees increases. We met with representatives from Unison, Unite, and GMB, including Scottish colleagues. At the same time, we have engaged with officials from the UK and Scottish Governments to discuss how best to move forward. These have been useful meetings; with the Unions recognising and understanding our position. In these meetings, we were also able to reiterate our intention to work closely with the Unions and as a result of some of these meetings, I have been invited to attend some of their Committees

### *Professional bodies*

The Chief Executive's introductory meetings with the professional bodies continue. In June I met with the Royal College of Occupational Therapists and had a wide ranging discussion including our work relating to COVID-19, advanced practise, professionalism, registrant wellbeing strategy, EDI and statistical trends in FTP. Further meetings are scheduled including with the Royal College of Speech and Language Therapists, the Chartered Society of Physiotherapists and the Chartered Society of Radiographers. Our intention is now to press ahead with the necessary parliamentary approvals so that the fee increase is in place by the end of this year.

The Executive Director of Policy and External Relations represented HCPC at the AHP Workforce and Education Strategic Oversight Forum; the agenda included the NHS response to COVID-19 and the work being undertaken to better understand EDI amongst NHS workers.

### *Strategy development*

A significant focus over the coming months will be our engagement with key stakeholders on the development of our new Strategy. This will include conversations with the Chief Officers, unions and professional bodies on the vision, key themes and strategies we are proposing. The aim is to gain their feedback before the wider consultation we are planning with all stakeholder groups in the autumn.

### *Social media*

Our engagement with registrants continues; at the end of June we participated in a UniteinHealth Facebook Live event and published In Focus to all registrants, in early July we ran a virtual CPD presentation and published a new video with registrants sharing their tips on how they find time for CPD in a hectic schedule and we held a MyStandards webinar. We have also supported various celebrations and awareness days on our social media feeds and continue to publish registrant stories on our website.

### *Internal communications*

The focus for our internal communications has been preparations for returning to the office, with the team recording a video message setting out the work that is being undertaken to make the offices COVID-19 secure. We have also continued with the now monthly all employee briefings with live SMT Q&A and the Chief Executive's weekly briefing email.

## **4. Regulatory Development**

### **4.1 Regulatory reform**

The DHSC is re-engaging with regulators after work to progress regulatory reform was paused due to Covid-19 response priorities. In addition to the policy instructions regarding reforms to Fitness to Practice and the overarching operational framework under which regulators operate which were being progressed before Covid-19, DHSC is now also progressing the policy instructions for Education and Registrations. Whilst there will inevitably be slippage to the reform timetable previously shared with us, there appears to be a shared desire to regain momentum in this important area.

### **4.2 Education quality assurance model pilot**

At its meeting on 11 June, the Education and Training Committee (ETC) agreed to pilot a new approval and monitoring approach in the next academic year. This follows a significant investment to date working alongside stakeholders since 2019 to develop our thinking in this area.

We believe that the proposed model will enable bespoke, proportionate and effective regulatory engagement with education providers. The pilot will run from December 2019, with full implementation expected in January 2022 dependent on the outcomes of the pilot. ETC will receive progress updates throughout this timeline.

### **4.3 Advanced Practice**

In order to ensure an informed approach to our work on advanced practice (AP) we have [published a call for proposals](#) for extensive research and engagement, to identify a range of facts, opinions and experiences, from a range of stakeholders, across a range of settings, professions and geographies. We began [publicising the project on our website](#) and InFocus newsletter to registrants in late May. To date this has attracted 400+ responses from registrants across professions, settings/areas of practice, levels of practice, and across the four countries of the UK.

We are currently developing our Stakeholder Engagement Plan and holding preliminary meetings with the professional bodies and national education bodies to provide a high-level overview of our project plans and to signify our intent to include and engage them as key stakeholders throughout the project. The stakeholder engagement plan will also set out our broader communications plans for social media, our website and attendance/evidence gathering at relevant external fora throughout the project.

We have appointed HCPC employee subject matter experts across our regulatory functions as members of a standing internal project team and have also appointed six HCPC Council as members of a standing Expert Reference Group (ERG) to advise and guide the project.

In July/August we will be appointing the external research team and developing materials with them. We will also be continuing communications and stakeholder engagement. Regular updates on the project will be presented to the Education and Training Committee and Council. We expect to present the interim findings research report to Council at its meeting in September 2020.

#### **4.4 Prevention**

A focus of our prevention work over the last month has been to seek opportunities to work with the paramedic profession to enable changes in culture and support for paramedics. We have been building our relationships with key stakeholders working within the profession, including engaging with the College of Paramedics, unions, and the paramedic leadership group and foundation for higher education of paramedic science.

We have also engaged specifically with identified Ambulance Trusts to explore opportunities to work more closely with them and deliver workshops and learning for their managers and paramedics. These engagements have all been very positive and we continue to explore how we will work collaboratively in the future.

#### **4.5 Professionalism research**

In March 2020, the HCPC and the GCC jointly commissioned Community Research to undertake research on professionalism, patient safety and prevention with the aim of developing a toolkit and resources to support understanding of professionalism.

The research team recruited 40 registrants from across both registers to participate in an online discussion board. Here participants have been able to share their experiences of professionalism and their views on what resources we should develop. This platform has proven highly successfully, with participants able to take advantage of the flexible nature of participation and anonymity. This has led to highly engaged and interesting discussions, and positive feedback from participants.

The research team is also in the process of conducting 10 key stakeholder interviews with education stakeholders, trade unions and professional bodies. The findings of this work, alongside our past research on professionalism, will be used to develop resources for our website. We expect to bring the final report from this research to the December 2020 Council meeting.

#### **4.6 Standards of Proficiency Consultation**

We launched the Standards of proficiency consultation on 17 June 2020. Due to the impact of COVID-19 on our stakeholders we are consulting on the standards for all professions at once instead of staggering this in groups as initially planned. The launch was successful, and we have already received 170 responses to date, largely from registrants (72%).

Over the next few months, the Communications and Policy teams will be developing blogs for the website covering each of the five key themes from the proposed changes:-

- the role of equality, diversity, and inclusion in the standards;
- the central role of the service-user, including the importance of informed-consent and effective communication;
- the importance of maintaining fitness to practise, considering the roles of mental health and seeking help where necessary;
- digital skills and new technologies; and
- the role and importance of leadership at all levels of practice.

These will be used to build continued interest in the consultation throughout the consultation period. The consultation closes on 30 October 2020, although this will be kept under review in light of the ongoing impact of COVID-19.

#### **4.7 PSA HCPC performance review 2019-20 revised timetable**

We have received a revised timetable for the completion of the 2019-20 PSA HCPC performance review. The timetable will enable the Council to review the final report at its meeting of 24 September 2020 before its publication on 12 October.

PSA Panel meeting and notification of outcome to HCPC	10 August 2020
Draft report provided to the HCPC for checking of factual accuracy	7 September 2020
HCPC response provided	21 September 2020
Report published	12 October 2020

#### **4.8 Inquiries and external reports**

##### *The report of the Independent Medicines and Medical Devices Safety Review*

'First Do No Harm', the report of the Independent Medicines and Medical Safety Devices Review, was published on 8 July 2020. Whilst the report doesn't name the HCPC, it details avoidable harm suffered by many thousands of patients and families over decades, and we support its assertions about patient safety. We have reviewed the findings and will be reflecting on them over the coming weeks and months. In particular in relation to our approach to:-

- data and intelligence; ensuring we improve our ability to hold, access, analyse and share (where appropriate) data and intelligence;
- patient-centred care and our role in ensuring patient voices are heard; through our review of the Standards of proficiency and the development of our corporate strategy; and
- the regulation of advanced practice; this report recommends the GMC register doctors' clinical interests with supporting accreditation; we will consider this as part of our assessment of the approach to annotation of advanced practice.

We have also published a [blog](#) exploring some of the key patient safety themes set out in the Review.

## *Inquiry into non-surgical cosmetic procedures*

The HCPC responded to the call for written evidence from the All Party Parliamentary Group (APPG) on Beauty, Aesthetics and Wellbeing as part of their Inquiry into non-surgical cosmetic procedures. Our response outlined the HCPC's current position with regards to cosmetic practice with reference to our standards, as well as our experiences of relevant fitness to practise cases and the enquires we have received from registrants and members of the public on the subject. We also highlighted the HCPC's plans to explore this area in the coming months

## **5. COVID-19 Response**

### **5.1 Temporary register statistics**

The tables below set out the number of temporary registrants on each of the registers as of 7 July 2020. In summary there are 27,129 temporary registrants across both registers.

<b>TOTAL Ex-registrants 20200707</b>			
	Total	Reg	Non-reg
AS	272	266	6
BS	3188	3123	65
CH	864	832	32
CS	590	576	14
DT	542	524	18
HAD	156	154	2
ODP	673	634	39
OR	171	165	6
OT	3747	3626	121
PA	1842	1784	58
PH	3210	3087	123
PO	108	107	1
PYL	1457	1418	39
RA	3455	3347	108
SL	1722	1671	51
Total	21997	21314	683

<b>TOTAL Student/Grads 20200707</b>			
	Total	Reg	Non-reg
AS	2	2	0
BS	399	396	3
CH	139	139	0
CS	256	255	1
DT	285	285	0
HAD	2	2	0
ODP	206	203	3
OR	63	63	0
OT	1138	1134	4
PA	367	317	50
PH	1547	1539	8
PO	25	25	0
PYL	174	174	0
RA	894	874	20
SL	414	407	7
Total	5911	5815	96

*Registered = added to the temporary register*

*Non-registered = added to the temporary register but subsequently removed*

### **5.2 Temporary register survey**

Following Council's recommendation in May 2020, the HCPC issued a survey to those on the temporary register to better understand their deployment, demographics and future intentions. We received responses from 1,922 (35.6%) of students and 5,249 (23.9%) of former registrants on the temporary registers. The full analysis will be published to our website, this can be summarised as follows:-

- 646 students were still practising on the Temporary Register at the point of the survey and the majority had felt valued and supported in doing so. Most

students had not yet applied to join the Register, but the Executive is working to transfer this group over as soon as possible; and

- 283 former registrants were still practising on the Temporary Register at the point of the survey and the majority had felt valued and supported in doing so. Of the 4,385 respondents who indicated their future practice intentions, 393 (9.0%) said they would return to the full Register, and 1,042 (23.8%) said they were unsure.

We will use the findings of this survey in our stakeholder discussions on temporary registration, as well as informing our direct communication with these registrants in our aim of transitioning as many as possible into the permanent register.

### **5.3 Closure of the temporary register for students**

We plan to close temporary registration for students by the end of September 2020. This would mean eligible students currently on the temporary register would no longer be able to practice lawfully using a protected title unless they complete their HCPC approved programme and make a successful application to the full Register.

The decision to close the temporary register for students at this time is on the basis that:

- deployment numbers for students to paid employment in regulated roles supporting the COVID-19 response are low;
- education providers are facing challenges in securing placement learning for their students in light of the COVID-19 impact and the reconfiguration of non-essential care pathways to manage the pandemic; and
- the education sector is encouraging student progression to be prioritised over their inclusion in the temporary workforce, to ensure there are no delays to students entering the full register and permanent workforce.

The HCPC's proposals for the closure of the temporary registers is included as an appendix to this report. These proposals have been discussed with relevant stakeholders.

### **5.4 Remote FTP hearings**

At the start of the COVID-19 lockdown on 23 March 2020 we made a number of adaptations to our Fitness to Practice process to enable us to continue to operate as usual whilst working from home. A statement setting out those adaptations and our approach to Fitness to Practice during the pandemic is available on our website and regularly updated. We have continued to receive, triage and investigate fitness to practise concerns as usual throughout the period of the pandemic.

Due to the restrictions placed on travel and the need to maintain social distancing since March, we have not been able to conduct physical hearings. Final substantive hearings that had been scheduled for a hearing date after March were postponed. All interim order activity and substantive order review hearings have continued remotely, either on the papers or using Microsoft Teams. From May we were able to resume some final substantive hearing activity remotely, and full substantive final hearings will take place remotely from July.

The feedback we have received from panel members and participants on remote hearings has been broadly positive. Whilst we have experienced some technical teething problems, these have been resolved and have not prevented any hearings from taking place. We are also preparing to hold hybrid hearings from September, where some participants attend virtually and some in person at a physical venue, to allow us to continue with cases where a fully remote hearing is not possible or appropriate.

At present, there are 52 postponed final hearings that require relisting, and a further 84 new cases for scheduling that were received after 23 March 2020 and which we were initially unable to progress due to the restrictions. Our priority is to ensure that all 136 cases are listed by the end of September.

We are also preparing a remote hearings protocol, which sets out our approach to conducting hearings during the pandemic, which we aim to publish on our website at the end of July.

## **5.5 Remote education approval and monitoring**

We have continued with our approval visits for new education programmes and monitoring through virtual visits and we have received positive feedback from providers and partners on this approach. We will therefore be consulting the Education and Training Committee at its September 2020 meeting on embedding virtual engagement as part of our 'new normal'.

## **5.6 Registration operations**

As previously discussed with Council we are in the process of implementing a remote telephony solution to enable registration enquiry calls. A solution has been identified and will be in place in August, in the interim we are operating a call back service. As assurance that the HCPC is still able to provide timely enquiry responses, in June the department received 244% more emails than the same period in the 2-year last renewal cycle. All 10,726 emails were answered within an average of 2 working days.

# **6. Organisational development**

## **6.1 Black Lives Matter (BLM) and Equality Diversity and Inclusion**

Given the enormity of the events and response sparked by the tragic events in America and the highlighting of long standing inequalities in the UK through the Public Health England report on the disparities in risks and outcomes of Covid-19, we have reflected on how we can meaningfully communicate our support to our BAME registrants and employees.

We published a [statement](#) in support of BLM and recognising the disproportionate impact of COVID-19 on BAME communities. I also published a Chief Executive's [blog piece](#) on my personal reflections on the impacts of inequality and our plans for stepping up our efforts to ensure we are a fair and inclusive regulator. Internally we

are working with the Employee Forum and EDI Policy lead to consider how we can raise the profile of EDI and the support structures this requires. I have asked the Employee Forum for views on possible initiatives such as:

- An EDI Group that can feed into policy development, highlight issues and lead on celebration initiatives
- Support for the conduct of Equality Impact Assessments including peer review
- Reverse mentoring
- Creating virtual spaces for employees to share their experiences, ideas and educational materials to support everyone's awareness
- External speakers to educate, challenge and inform
- Learning from other organisations

We have also been engaging on a 1:1 basis with employees who have reached out to senior management to discuss their feelings on equality and share their ideas.

As noted above the HCPC's EDI action plan and EDI development approach is on this Council meeting agenda. We have also recently issued a [research brief](#) for an analysis of HCPC registrants' equality, diversity and inclusion data. The results of this will better evidence where we need to focus our improvement efforts.

## **6.2 HCPC Reset and Renewal - Principles for establishing a new normal**

The lockdown period has shown us the HCPC is capable of quick and significant change. Reflecting on this experience, SMT have agreed some draft principles on which we will base the 'new normal' for the HCPC post (or rather coexisting with) COVID-19. These are: -

1. Embed a renewed agile and flexible working culture
2. Establish new operating models that incorporate virtual delivery of key processes
3. Improve user experience for registrants and key stakeholders
4. Have technology solutions that support new ways of working
5. Adopt an agile approach to prioritising and managing projects
6. Collaborate to jointly solve problems
7. Ensure equality, diversity and inclusion underpins what we do
8. Support and develop our people with easy access to relevant learning and wellbeing support
9. Establish a learning culture – creating safe spaces to reflect, challenge and learn
10. Reduce our costs and environmental impacts through reducing the size of the estate and the amount of activity that requires travel

I will be leading an internal working group including employees from various levels across the HCPC to develop an action plan for establishing a new normal at HCPC based on these principles.

### **6.3 Corporate Strategy development**

At its seminar on 2 July the Council discussed the approach to developing the HCPC's Corporate Strategy 2021-26. Since that date, I have held further discussions with SMT on the draft proposals and launched the first stage of targeted stakeholder engagement. I anticipate presenting a draft Strategy for consultation to Council at its September 2020 meeting.

### **6.4 Digital transformation**

The purpose of this section is to update Council on progress with Digital Transformation prior to presenting the Emerging Digital Strategy at the September Council Meeting. This is in line with the commitment made in May to ensure Council was updated at each meeting.

#### *Digital Strategy Development*

Since the May Council meeting all areas of the organisation have been engaged and consulted with, to support the development of the digital transformation strategy. It has always been made clear that this work is an organisational enabler and will complement the core HCPC strategy the Chief Executive is leading on. The key areas of discussion were:-

- Digital Definition;
- Digital Vision;
- Scope of Digital Transformation;
- Changing the way HCPC does things.

Feedback will be developed over the coming weeks to provide the basis of the emerging strategy that will be presented to Council in September.

#### *Governance*

To ensure Council has the necessary oversight and assurance of the Digital Transformation strategy we will create a peer advisory "forum". The "forum" will review our Digital approach, strategy and plans to help assure Council there has been external oversight and peer review. The aim will be to have an initial session, ideally, prior to September Council.

The Director of Digital Transformation has met three credible CIO candidates to support this activity, who are recommendations from outside his network, or sufficiently arms-length to avoid any conflict of interest.

#### *Immediate priorities*

- eBundles - as part of HCPC's Covid-19 response, the Electronic Bundles workstream successfully went live at the start of July 2020. The online portal significantly reduces the effort required to change and distribute content and increases the data security of the content.
- Telephony – we have selected a provider to deliver remote telephony technology to any employee that needs it. In the first instance this will allow

the Registrations Call Centre and FTP telephony to get back up and running. In the longer term it is expected to become the strategic telephony solution to allow colleagues to work seamlessly between the office and remote locations. This is scheduled to deliver in late August.

- FTP CMS replacement - as Council is aware HCPC put a hold on any further development of a new FTP Case Management System last year. We have now re-initiated the project with a change in strategy to move away from bespoke systems, we believe this change will deliver a more cost effective system in a much shorter timescale. We are currently conducting a procurement process to select a suitable tool. This progress is in line with the guiding principles outlined in May's paper.

### *Planning*

There are a number of areas that are in the scope of the Digital Transformation that will be developed as part of the Organisational Strategy and Digital Strategy that we are progressing:

- Data Insight and Analytics - the organisation has been introduced to various concepts of data management that will allow us to architect, design and build out our data assets in an incremental way to support our many needs regarding better insight (e.g. prevention agenda) and the need to for predictable, repeatable, SLA driven reporting.
- Organisational Design - the capability and capacity for application management, supplier management and data management are of variable quality and fragmented across the organisation. As part of the transformation activity we will consolidate and reshape these activities. That doesn't necessarily mean they all need to report into the Digital Transformation Directorate, however within the consolidation we need to build in the ethos of collaboration and working collegiately across HCPC for shared goals.

## **6.5 Communications review**

The Communications restructure is now complete, and we will be recruiting for vacant roles (media and public affairs) in the next few weeks. In the meantime, the team at Luther Pendragon have been supporting us, in particular our responsiveness to external issues. This includes publishing a news story responding to a Ministry of Justice consultation and a blog post on the recent Independent Medicines and Medical Devices Review. The team are now reviewing our media and public affairs monitoring services to ensure we are alert to issues of interest and in a position to comment as appropriate.

## **6.6 Annual Report and Accounts 2019-20 timetable**

The timetable for the completion of the 2019-20 Annual Reports and Accounts has been revised to enable the Audit Committee to provide the Council with assurance on a developed draft. The timetable is set out below.

<i>3 August 2020</i>	Audit Committee review the draft Annual Report and Accounts 2019-20.
<i>August 2020</i>	Audit Committee minutes and draft of the Annual Report and Accounts 2019-20 circulated to Council members for informal feedback.
<i>August 2020</i>	Consultation with Chair and Council member Gavin Scott on yearly highlights report.
<i>10 September 2020</i>	Audit Committee review draft Annual Report and Accounts 2019-20 and Annual Highlights Report for recommendation to Council.
<i>24 September 2020</i>	Council approve Annual Report and Accounts 2019-20 and Annual Highlights Report for publication.
<i>October 2020</i>	Annual Report and Accounts 2019-20 laid in parliament; Annual Highlights Report published.

## Appendix A

### Chief Executive's Meetings

#### Meeting schedule period covering 22 May 2020 – 31 July 2020

Simon Whale – Luther Pendragon	25 May, 9, 25 June
Chief Executive Officers Regulatory Board (CEORB) meeting	28 May
Regulation Summit – Good Governance Institute	9 June
BDB Pitmans monthly meeting	12 June
Suzanne Rastrick, Chief Allied Health Professions Officer – NHS England	15 June
Julia Scott, Chief Executive and colleagues – Royal College of Occupational Therapists (RCOT)	16 June
Nicola Hill – Kingsley Napley	17 June
DHSC – Mark Bennett	18 June
Approach to closing Temporary Registers – Chief Allied Health Professions Officers and Council of Deans for Health	18 June
Approach to closing Temporary Registers – Chief Scientific Officers	19 June
Approach to closing Temporary Registers/Fees– Unison	22 June
Chief Executive's Steering Group meeting	26 June
Interview for HCPC Annual Report – Luther Pendragon	1 July
Approach to closing Temporary Registers/Fees – Unite	1 July
Summit on future of Bring Back Staff Returners – Chaired by Minister of State, Helen Whately	2 July
GMB Union	6 July
Approach to closing Temporary Registers/Fees – Willie Duffy, Unison Scotland	6 July
Regulatory reform Education and Registration HSC	9 July
British Association of Arts Therapists	14 July
Approach to closing Temporary Registers – Health Education Improvement Wales (HEIW)	15 July
BDB Pitmans monthly meeting	15 July
DHSC quarterly meeting	16 July
CEORB Meeting	24 July
Introduction meeting with Ruth Crowder, Chief Therapies (Allied Health Professions) Adviser – HEIW	27 July
PSA / HCPC Quarterly Meeting	28 July
Introduction meeting Kamini Gadhok, Chief Executive – The Royal College of Speech and Language Therapists (RCSLT)	29 July
Introduction meeting Karen Middleton, Chief Executive – The Chartered Society of Physiotherapy (CSP)	30 July

[1] CASE FLOW (exc. Rule 12)

[1.1] PERFORMANCE

	In month	Avg 3 months	Avg 6 months	Avg 12 months
<b>PRE-ICP CASES</b>				
Open cases at START of period	1,014			
Add: New concerns received	109	109.7	115.3	111.1
Less: Closed at Triage	(6)	(2.7)	(2.3)	(1.9)
Less: Closed at Threshold	(52)	(51.7)	(53.5)	(44.8)
Less: Closed at ICP (NCA)	(24)	(35.7)	(34.8)	(30.3)
Less: Moved to Post-ICP (Hearings) (a)	(14)	(29.0)	(30.2)	(31.9)
Add/Less: Other case movement	(8)	-	-	-
<b>Net cases added/(closed) in period</b>	<b>5</b>	<b>(9)</b>	<b>(6)</b>	<b>2</b>
Open cases at END of period	1,019			
<b>POST-ICP CASES (HEARINGS)</b>				
Open cases at START of period	379			
Add: Cases moved from Pre-ICP (a)	14	29.0	30.2	31.9
Less: Closed concluded at FH	(7)	(4.7)	(11.7)	(15.2)
Add/Less: Other case movement	(2)	-	-	-
<b>Net cases added/(closed) in period</b>	<b>5</b>	<b>24</b>	<b>19</b>	<b>17</b>
Open cases at END of period	384			
<b>HCPC HIGH-LEVEL CASE FLOW SUMMARY</b>				
Open cases at START of period	1,393			
Add: New concerns received by HCPC	109	109.7	115.3	111.1
Less: Closed	(99)	(94.7)	(102.3)	(92.3)
<b>Net cases added/(closed) in period</b>	<b>10</b>	<b>15.0</b>	<b>13.0</b>	<b>18.8</b>
Open cases at END of period (b)	1,403			
Rule 12 cases excluded from above (c)	46			
<b>Total HCPC cases at end of period</b>	<b>1,449</b>			

(a) Internal movement only - not a physical (loss) / receipt of cases  
 (b) Some cases are closed at a point Pre/Post-ICP but may become live at a later stage  
 (c) HCPC have minimal control over progress of these cases and are excluded from case flow performance  
 All R12 cases are pre-ICP

New concerns show a decreasing trend

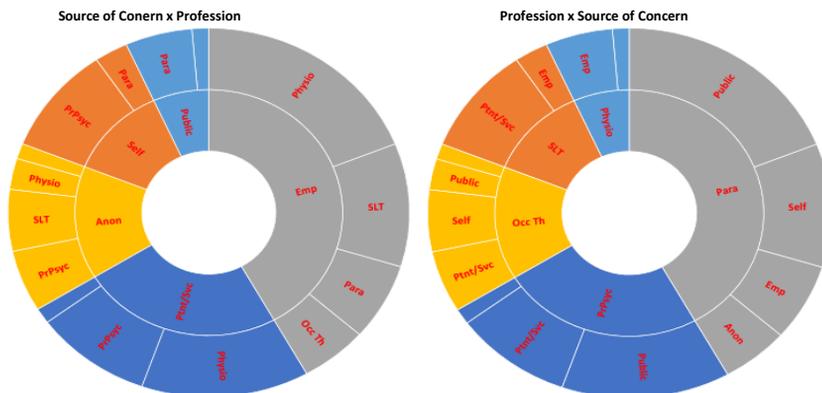
Triage and Threshold throughput is increasing resulting in lower caseloads but there is an issue progressing older cases

The additional throughput in Threshold is resulting in significantly increased caseloads in the Serious Case Team (SCT). The SCT caseload has increased by 41 cases in the month.

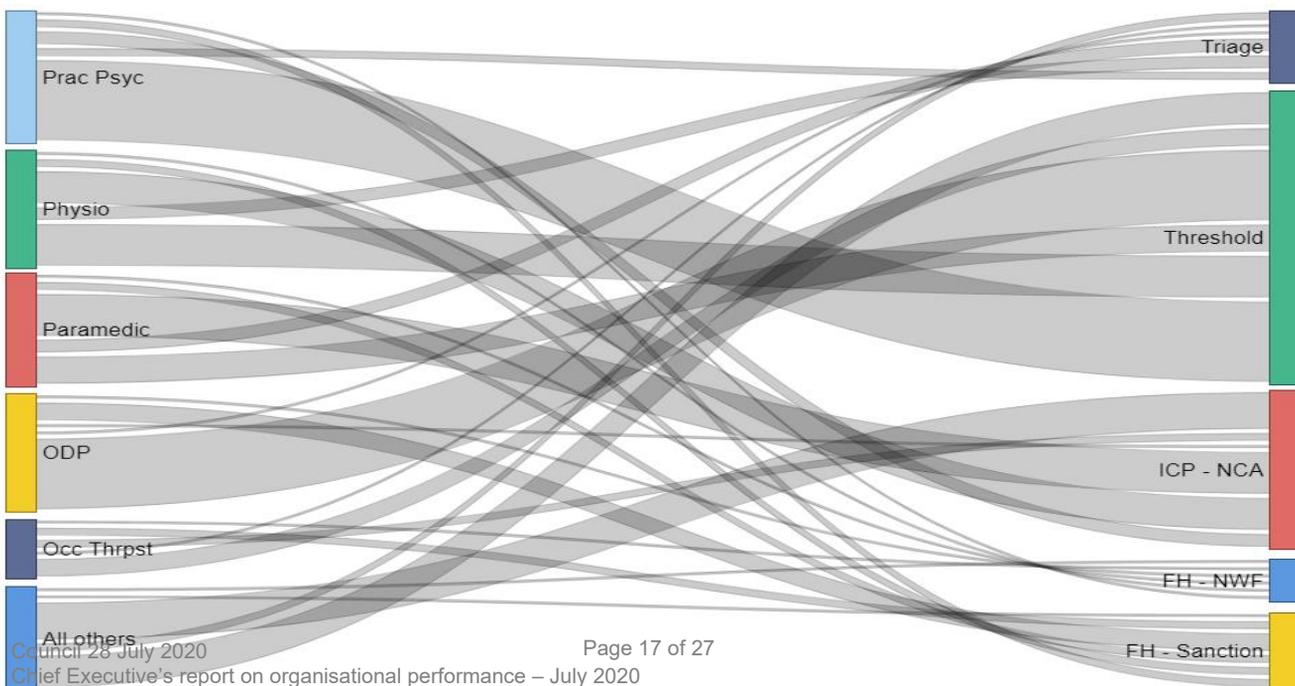
Hearings have re-commenced and Hearings have now been listed through until the end of September

The caseload is increasing. The gains made in the first 3 months of 2020 are being challenged.

[1.2] NEW CONCERNS MIX (Top 5 Professions)



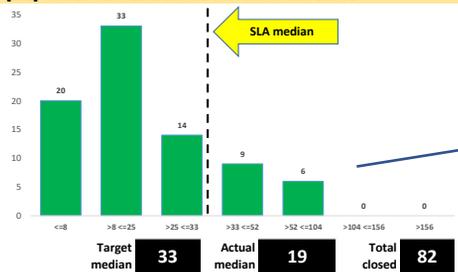
[1.3] SOURCE TO CLOSURE FLOW (Top 5 Professions)



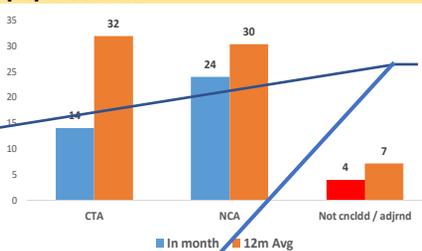
[2] PERFORMANCE

[3] QUALITY - IC PANEL AND HEARING DECISIONS

[2.1] CASES CLOSED BEFORE OR AT ICP IN PERIOD

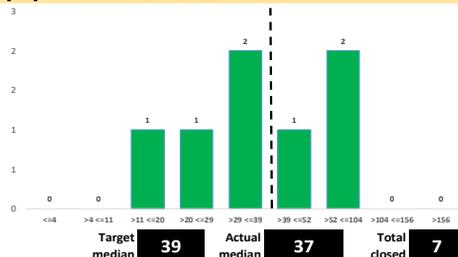


[3.1] ICP DECISIONS

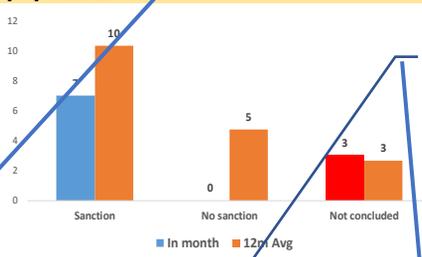


The cases that were concluded in the month are newer cases and there is an increasing issue with older cases becoming more difficult to progress.

[2.2] POST-ICP CASES CLOSED IN PERIOD

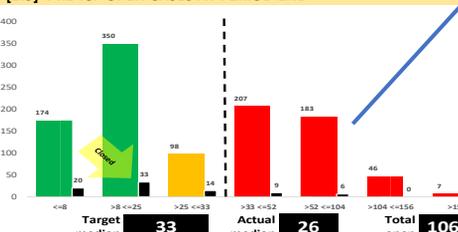


[3.3] FINAL HEARINGS

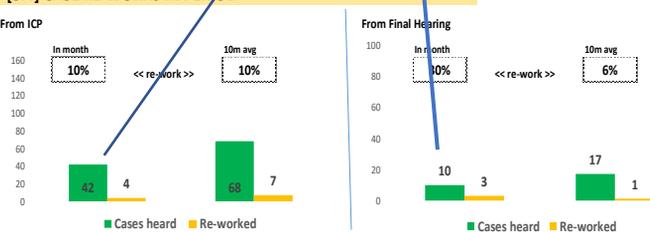


There were 26 ICPs and 7 Final Hearings less than the 10 month average. This is resulting in positive financial variances but is the major driver of caseload increases.

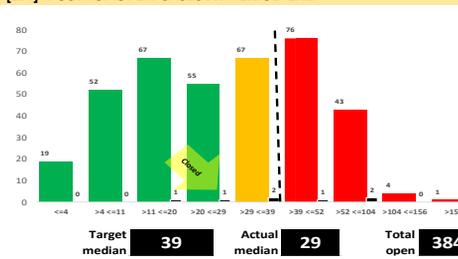
[2.3] PRE-ICP OPEN CASES AT PERIOD END



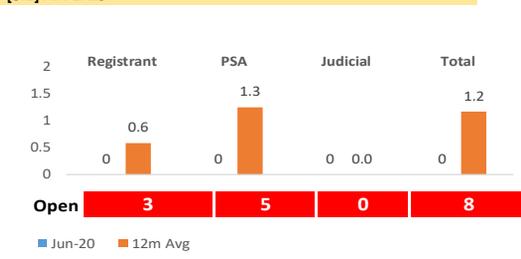
[3.4] CASE RE-WORKS IN PERIOD



[2.4] POST-ICP OPEN CASES AT PERIOD END



[3.2] APPEALS

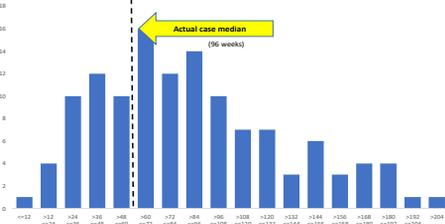


[4] IO CASES

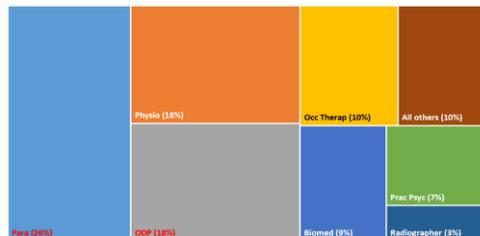
[4.1] PROFILE

	Number	Oldest
Pre-ICP	54	May 16
Post-ICP	71	
<b>Total</b>	<b>125</b>	
Mdn age	96	(wks)

[4.2] AGEING



[4.3] MIX

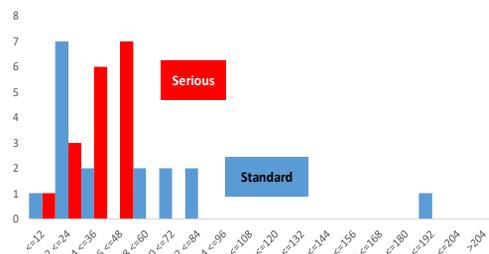


[5] RULE 12 CASES

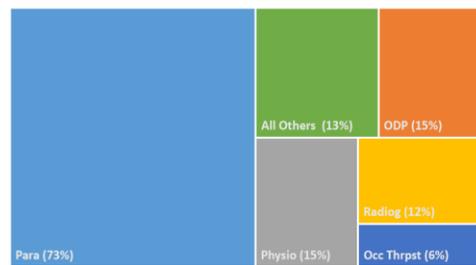
[5.1] PROFILE

	Number	Oldest	Med (wks)
Standard	26	May 16	61
Serious	20	May 18	16
<b>Total</b>	<b>46</b>		

[5.2] AGEING



[5.3] MIX



## KEY PERFORMANCE INDICATORS DASHBOARD

### TIMELINESS

#### Fitness to Practise

<b>Measure</b>	<b>Median length of time from receipt of allegation to Investigating Committee Panel (ICP): 33 weeks</b>											<b>Period</b>	June
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	The median weeks of cases to the ICP is gradually declining but this is due to newer cases being easier to progress during the Covid-19 response. There is an emerging issue with an increasing number of older cases within the cases in progress.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Weeks	63	60	65	59	65	48	58	62	52	52	51	42
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Weeks	63	63	53	67	50	58	72	62	84	64	56	67
<b>20 Measure</b>	<b>Median length of time from ICP to final Hearing: 39 weeks</b>											<b>Period</b>	June
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	Lower numbers of Final Hearings have made this KPI volatile. For example, with only 3 Final Hearings in April the median length of time is the length of time the second oldest case took.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Weeks	33.9	38.0	31.6	32.9	33.0	31.9	34.9	34.2	34.5	32.3	62.4	37.4
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Weeks	55	64	53	53	43	46	42	43	50	32.1	32.6	37.3
<b>Measure</b>	<b>Median length of time from receipt to final hearing: 73 weeks</b>											<b>Period</b>	June
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	This is a volatile KPI at the moment because of the reduced number of Final Hearings as the FTP department is reacting to Covid-19.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Weeks	98.1	122.0	100.3	106.0	94.2	99.3	90.1	105.0	106.9	81.9	117.1	152.3
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Weeks	100	113	103	103	85	108	90	112	102	89.6	96.6	123.7

Measure	Median length of time of interim order cases from receipt to decision: 16 weeks												Period	June	
	Strategic priorities: 1 and 3														
Executive commentary	IO cases remain a priority during the Covid-19 response and the targets are close to be achieved.														
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
	Weeks	13.6	19.3	17.4	22.4	35	18	55	17	20	7	18	17		
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
	Weeks	14	13	41	16	18	23	13	34	34	11.3	11.3	13.6		
Measure	Number of open pre-ICP cases (not including Rule 12 cases*) 1600 (700 post-SW) open cases by 31/3/20												Period	June	
													Strategic priorities: 1 and 3		
Executive commentary	We have not been able to reduce the level of Pre-ICP cases. Additional staff are being recruited in line with the Demand and Capacity Model to improve case flow however this has been hampered by the challenges in remote working.														
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
	Number	2,174	2,192	2,225	2,231	2,311	1,056	1,047	1,061	1,052	1,059	1,058	1,065		
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
	Number	1,946	1,936	1,960	1,939	1,959	1,984	2,008	1,988	1,938	1,958	2,003	2,070		

## Education

Measure	Median time to produce visitors reports following a visit: one calendar month												Period	June	
	Strategic priorities: 1 and 3														
Executive commentary	Performance in line with statutory requirement of the measure. To note, figures for Feb-18 and Mar-18 corrected in this return (previous returns recorded the average instead of median).														
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
	Days	27	27	27	27	25	26	27	26	28	28	27	28		
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
	Days	28	27	27	28	28	28	28	28	28	28	28	27		

## Registration

<b>Measure</b>	<b>Median processing time for UK graduates: 10 working days</b>										<b>Period</b>	June	
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	This indicator is in line with the optimum figure.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Working days	10	10	12	12	9	10	2	3	3	5	1	2
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Working days	8	10	10	7	5	7	6	7	10	9	2	4
<b>Measure</b>	<b>Median processing time for International applications (European Mutual Recognition): 60 working days</b>										<b>Period</b>	June	
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	The closure of the office due to the COVID-19 crisis and the management of the COVID-19 Temporary Registers initially impacted the processing of EMR applications.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Working days	42	45	53	58	50	47	48	46	49	38	53	62
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Working days	55	40	42	49	46	54	52	55	55	38	39	41
<b>Measure</b>	<b>Median processing time for International applications (Non-European Mutual Recognition): 60 working days</b>										<b>Period</b>	June	
	<b>Strategic priorities: 1 and 3</b>												
<b>Executive commentary</b>	The closure of the office due to the COVID-19 crisis and the management of the COVID-19 Temporary Registers initially impacted the processing of International applications.												
<b>Year to date</b>		<b>Jul-19</b>	<b>Aug-19</b>	<b>Sep-19</b>	<b>Oct-19</b>	<b>Nov-19</b>	<b>Dec-19</b>	<b>Jan-20</b>	<b>Feb-20</b>	<b>Mar-20</b>	<b>Apr-20</b>	<b>May-20</b>	<b>Jun-20</b>
	Working days	42	44	53	56	48	49	44	47	52	46	58	76
<b>Previous year</b>		<b>Jul-18</b>	<b>Aug-18</b>	<b>Sep-18</b>	<b>Oct-18</b>	<b>Nov-18</b>	<b>Dec-18</b>	<b>Jan-19</b>	<b>Feb-19</b>	<b>Mar-19</b>	<b>Apr-19</b>	<b>May-19</b>	<b>Jun-19</b>
	Working days	45	41	35	49	46	54	51	57	51	39	40	46

## QUALITY

### Fitness to Practise

Measure	Number of cases per case manager: 45										Period	June	
	Strategic priorities: 1 and 3												
Executive commentary	The FTP FTE numbers have not changed significantly but the resource allocation within the Department has moved to ensure that there are fewer vacancies in the Case Manager roles.												
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	Number	47	42	43	54	52	38	32	33	41	36	36	26
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
	Number	53	54	54	49	54	57	53	49	53	48	45	47

### Registration

Measure	Number of upheld appeals against registration decisions										Period	June	
	Strategic priorities: 1 and 3												
Executive commentary													
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20
	Concluded	4	4	4	3	5	5	4	4	3	0	0	0
	Upheld	1	2	2	1	5	1	2	2	3	0	0	0
	Upheld/ no new info	0	0	0	0	0	0	0	0	0	0	0	0
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19
	Concluded	5	4	7	4	6	4	6	5	5	7	6	5
	Upheld	3	2	4	2	4	1	3	4	2	4	5	4
	Upheld/ no new info	0	0	0	0	0	0	0	0	0	0	0	0

## FINANCE AND RESOURCES

### Finance

Measure	Performance against budgeted operating expenditure in range of 97.5% to 102.5%												Period	June
	Strategic priorities: 3													
<b>Executive commentary</b>	Performance against forecasted operating expenditure is not within the optimum range. This is mainly due to the impact of COVID-19. Full financial information including the variance commentary, income and expenditure figures and the statement of financial position can be found in the finance update paper.													
<b>Year to date</b>	(,000)	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
	YTD Actual	12,306	15,025	17,973	21,149	23,942	26,456	28,001	30,393	32,745	2,353	4,251	6,199	
	YTD Budget	13,129	16,111	19,191	22,221							3,204	5,642	8,155
	YTD Forecast					24,027	26,919	28,164	30,720	33,422				
	YTD Variance	822	1,087	1,218	1,488	85	463	164	327	677	851	1,391	1,956	
	Actual as % of budget	94%	93%	94%	95%	100%	98%	99%	99%	98%	73%	75%	76%	
<b>Previous year</b>	(,000)	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
	YTD Actual	12,239	14,910	17,436	20,377	23,398	26,083	28,879	31,522	34,957	3,606	6,466	9,356	
	YTD Budget	12,505	15,140	18,079							4,016	7,069	10,076	
	YTD Forecast				20,564	23,671	26,727	29,047	32,151	35,472				
	YTD Variance	265	230	642	187	273	644	168	628	516	410	603	720	
	Actual as % of budget	98%	98%	96%	99%	99%	98%	99%	98%	98%	90%	94%	93%	

### Information technology

Measure	Availability of HCPC websites (including Register and online portal): 99.5%												Period	June
	Strategic priorities: 1 and 3													
<b>Executive commentary</b>	This measure was met.													
<b>Year to date</b>		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	
	Availability	99.9%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	99.7%	
<b>Previous year</b>		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	
	Availability	100.0%	100.0%	100.0%	100.0%	95.6%	99.9 %	100.0%	100.0%	100.0%	99.52%	99.4%	98.9%	

## Human Resources

Measure	Employee voluntary turnover: 22% (21.8% London average, Xpert HR labour turnover rates, published 5 May 2018)												Period	June	
	Strategic priorities: 3														
Executive commentary	Staff turnover is year to date, and reflects the changes and restructuring that has taken place following transfer of work to Social Work England. % turnover rates for April, May and June 2020 are 0.9%, 3.5% and 1.3% respectively. In May a number of fixed term contracts came to an end.														
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
	Turnover	21%	22%	23%	25%	31%	32%	35%	37%	23%	41%	41%	42%		
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
	Turnover	23%	23%	23%	22%	22%	23%	22%	21%	19%	19%	21%	21%		

Measure	Employee sickness absence												Period	June	
	Strategic priorities: 3														
Executive commentary	Sickness rates are reducing, we assume as employees are not travelling and children have been home schooled, less 'bugs' are being picked up. In addition, employees are less likely to register sick leave if they don't have to travel and are able to flex working hours if they are feeling unwell.														
	The EAP report for 1 <sup>st</sup> quarter was received in May 2020. It records 4 face to face counselling sessions, 15 telephones consultations and 11 live well web chats. The top 3 presenting issues are anxiety/worry, couples issues and parenting. We have contacted EAP providers to obtain quarter two data for comparison to identify how lockdown is affecting wellbeing of employees.														
	In April there were 78 recorded sick days, 42 of which were long term (net short term figure of 36). In May 33 days were recorded, 21 of which were long term. (Net short term sickness of 12 days). In June there were 37 recorded sick days, 10 of which were long term sickness. (Net short term sickness of 27 days)														
Year to date		Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20		
	Sick days	124	94	170	156	202	163	208	221	109	45	31	37		
Previous year		Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19		
	Sick days	71	60	109	98	114	75	154	106	125	128	153	98		

**Strategic priority 1:** Improve our performance to achieve the PSA's Standards of Good Regulation

**Strategic priority 3:** Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment

\*Rule 12 is a designation that is typically applied to cases where there is limited anticipated case activity due to the existence of an on-going Police investigation. The designation allows the Fitness to Practise Department to more accurately monitor case progression and distinguish between cases that can be expeditiously progressed and those cases which cannot be progressed because any progression is dependent on a third-party investigation.

## Appendix D

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### Proposals for closure of the COVID-19 Temporary Register(s)

#### Background

On 17 March 2020, in response to the COVID-19 pandemic, the HCPC published a COVID-19 Temporary register, of two parts. Our intention in doing so was to ensure there were no regulatory barriers to the following two groups practising on a temporary basis:

- Former registrants who had de-registered within the last three years.
- Final year students, on UK approved programmes, who had completed all their work-based learning requirements

As the UK moves through the COVID-19 emergency period, we have turned our attention to the closure of the Temporary register(s). This document sets out our proposed approach. A key aspect of this will be engagement with the sector to inform our understanding of workforce requirements.

#### Key aims

Our key aim is to close the Temporary register(s) in a way which minimises disruption to health and care services and enables us to continue to perform our statutory functions in a timely and effective way to safeguard public protection. Where possible, and recognising the potential differences across professions and the provision of healthcare across the UK, we will work to deliver a unified approach across the healthcare regulators. We believe this will help to support understanding across our shared stakeholders, and safeguard public protection.

#### Proposed approach

The Temporary register(s) should remain in place only for as long as is necessary to manage the emergency response to the COVID-19 pandemic. On this basis, we would seek to close the Temporary register once the UK has passed through that period; and any risk of a second peak has dissipated. This should be done in close consultation with NHS bodies, Chief Allied Health, and Chief Scientific Officers across the four nations, the Department of Health and Social Care, the Council of Deans of Health, and other relevant health and care service partners.

#### Temporary register (students)

We plan to close temporary registration for students by the end of summer 2020. This would mean eligible students currently on the Temporary register would no longer be able to practice lawfully using a protected title unless they complete their HCPC approved programme and make a successful application to the full Register.

Our decision is on the basis that:

- deployment numbers for students to paid employment in regulated roles supporting the COVID-19 response are low;
- education providers are facing challenges in securing placement learning for their students in light of the COVID-19 impact and the reconfiguration of non-essential care pathways to manage the pandemic; and
- the education sector is encouraging student progression to be prioritised over their inclusion in the temporary workforce, to ensure there are no delays to students entering the full register and permanent workforce.

## **Temporary register (former registrants)**

### *Regulatory risks*

Further spikes in COVID-19 infections may require the Temporary register (former registrants) to be open. There could be consequences if this register is closed too early and subsequently need to be re-opened. Impacts might be felt on temporary registrants' willingness to work, public understanding of their role, and the speed with which the NHS is able to call on this group to support any future workforce demand.

Nevertheless, the extended use of the Temporary register beyond that which is necessary presents regulatory risks. There are differences in the regulatory controls we can exert on temporary registrants as compared with full registrants, and there are less formal processes to safeguard registrants, for example providing them with an opportunity to evidence their fitness to practise where concerns are raised.

Retaining the Temporary register(s) too long after the COVID-19 peak presents a real risk of undermining regulatory processes.

Furthermore, those practising on the full Register may also be discouraged by the ongoing temporary registration of a workforce who do not pay fees, and are not subject to the usual regulatory processes; for example obligations to provide evidence of continuing professional development.

### *Workforce demands*

In order to minimise disruption to health and care services and to safeguard public protection, we need clarity about the current deployment figures, future intentions, and workforce demand for our professions to inform our approach to closure of the Temporary register for former registrants. We have some initial data from the Bring Back Staff (BBS) returner survey. However, this data doesn't cover Scotland, Wales and Northern Ireland, and is limited to those who have engaged the NHSEI returner survey; not those who have sought employment through existing/local contacts.

Soft intelligence indicates demand for healthcare professionals in practice may vary by setting (acute care, community care, etc), country and region. There may also be variation in the workforce demand by profession:

- Acute care requirements may be reduced whilst rehabilitation needs increase, engaging professions such as physiotherapists, occupational therapists and speech and language therapists.
- Mental health requirements of the UK population, both professionals and the public (of all ages), may increase as individuals cope with the ongoing pressures, and as they reflect on their experiences. Therefore, there may be an increasing demand for

the services of practitioner psychologists and art therapists as we move through, and out of, the peak COVID-19 pandemic.

- Similarly, community services which have been paused during the lockdown period may face capacity issues as provision resumes, exacerbated by pre-existing shortages in professions such as podiatrists.

With these considerations in mind (and likely others), we will seek key stakeholder views to establish intelligence around current deployment figures, temporary registrants' future intentions, and workforce demand for our professions to inform our approach.

## **Next steps**

### **Survey of the Temporary register**

In order to better understand deployment numbers and future intentions of temporary registrants, we will undertake a short survey of the Temporary register.

### **Stakeholder engagement across the four nations**

Stakeholder engagement will be vital in safeguarding public protection by ensuring

- we can gather information about current and future demand levels so that these are clearly understood (notwithstanding further peaks); and
- temporary registrants, their employers and their service users are clear about their current and future registration status.

### **Supporting former registrants to enter full registration**

The Temporary register should not be used to mitigate pre-existing occupational shortages but we recognise the importance of encouraging those on the temporary workforce who wish to continue to practise to move to the full Register. Whilst we will still require applicants to the Register to evidence their ability to meet our standards, we will ensure flexibility in facilitating them to do so wherever possible:

- Our returning to practice processes will take account of the impact COVID-19 may have had on the timescales within which returnees have been able to complete their period of updating.
- We will support returnees in using evidence of practice as a temporary registrant as proof of 'supervised practice', where appropriate.
- We will consider alternative forms of 'formal study' gained during the COVID-19 pandemic, where these are reasonable and give rise to similar levels of learning.

### **Supporting education providers and students**

As set out above we will at this stage look to close the Temporary register for students by the end of summer 2020. We will take steps to ensure this is communicated to education providers and students on the Temporary register and encourage them to make an application for full registration when eligible to do so.