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## Fitness to Practise Improvement Plan - Progress update

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### Executive Summary

This paper is to update Council on the progress of the Fitness to Practise (FtP) Improvement Plan against the targets we set ourselves on improving quality and timelines of case management.

As provided at the previous Council meeting in September, we also give an update on our forward trajectory on our case load and age profile of cases.

This paper also includes a brief update of the projects we started in September 2021 following the successfully completion of the first 16 projects in July 2021.

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|-------------------------------------|---|
| Previous consideration              | Standing item at Council (as of February 2021) to update Council on the progress of the FtP Improvement Plan.   |
|                                     | Oversight of the progress of our FtP Improvement Plan is also provided by the FtP Improvement Board.  |
| Decision                            | Council is asked to discuss the update.   |
| Next steps                          | The next report on progress will be provided to Council on 3 February 2022.   |
| Strategic priority                  | Strategic priority 1: Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation.   |
| Financial and resource implications | None as a result of this paper.   |
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# Fitness to Practise Improvement Plan - Progress update

## 1. Introduction

1.1 Improving our performance in Fitness to Practise (FtP) is the priority for the HCPC in 2021. This means improving the quality and pace of our management of FtP cases.

1.2 This paper provides:

- An update on our performance and the impact the improvement projects we completed in July 2021 have had to date.
- The targets we have set ourselves and our forward trajectory on the age profile and volume of our case load.
- An update on the improvement projects we began in September 2021.
- A summary of key risks and mitigations.

## 2. Our performance and the impact of the FtP improvement programme to date

2.1 In this section we provide an overview of our performance and impact the projects we completed between January 2021 and July 2021 have had to date. We have broken this down by themes of the key benefits we are seeking to achieve through the FtP Improvement Programme. These are:

- Quality of case management - including risks assessment of cases and the case planning
- Quality of investigations - findings from the 'frontloading' pilot.

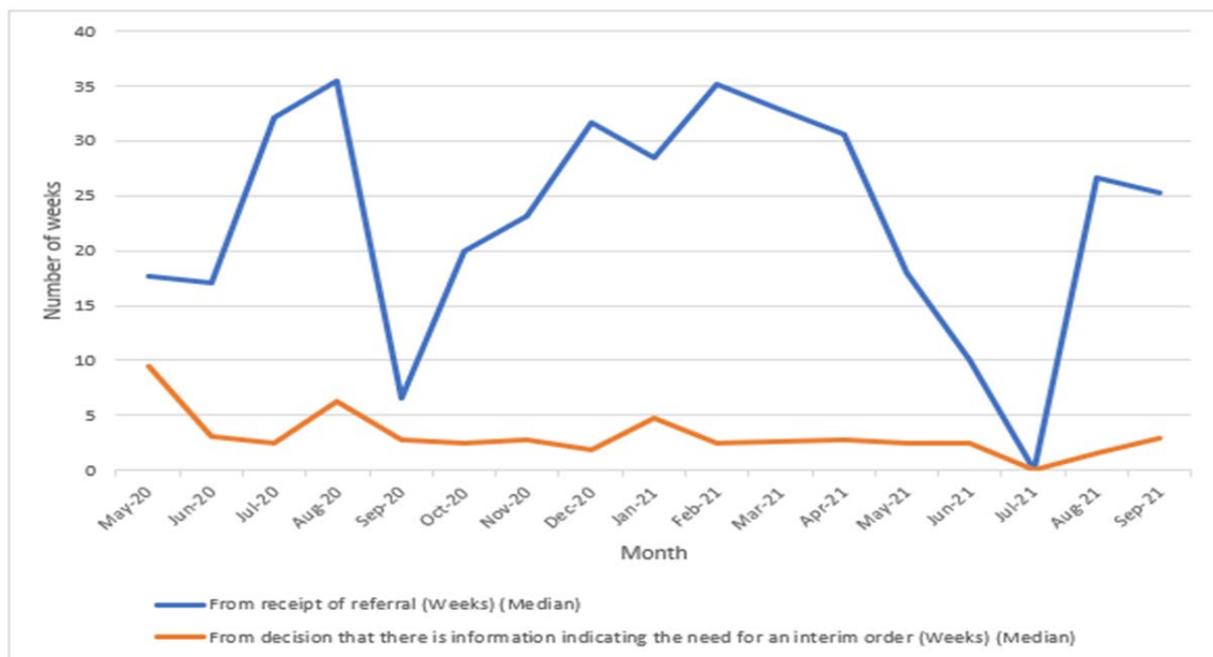
### Quality of case management – risk management and case planning

#### Risk management – Interim Order performance

2.2 One of the measures of how effectively we complete and keep up to date the risk assessment of our cases is the timeliness of the interim orders we get. Since January 2021, we have seen an improvement in our performance in this area.

2.3 Figure 1 shows the time taken to obtain an interim order from receipt of the concern (blue line) and from the time we receive information that gives rise to the need for an interim order (orange line).

Figure 1 – Interim Order performance

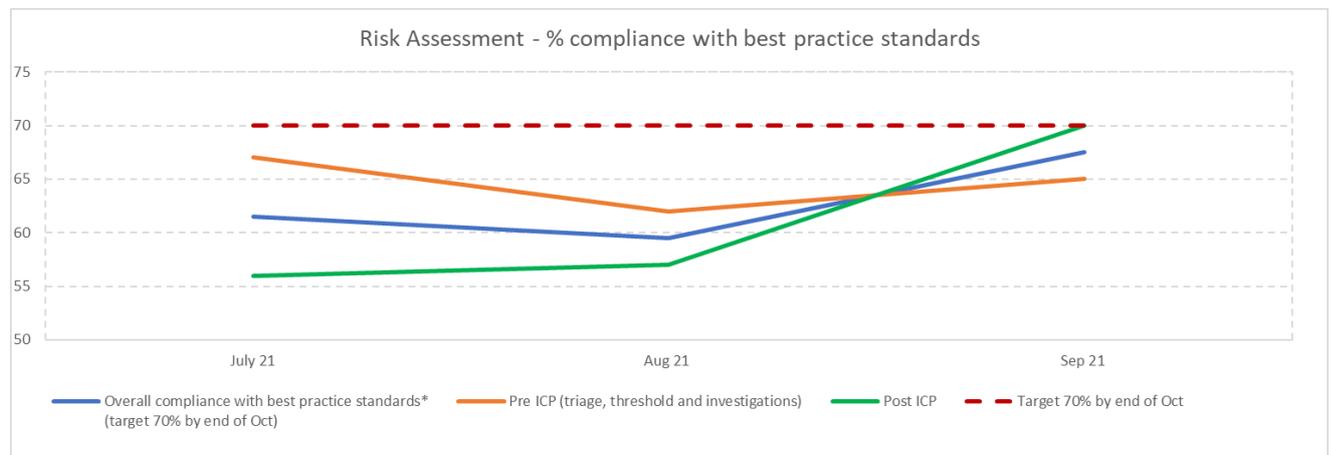


- 2.4 For the time from receipt of a concern to IO panel decision we have set a target of 12 weeks in 90% of cases. In 2021, we have seen an improvement between January and July and we achieved our target in June (there were no IO hearings in July).
- 2.5 In August and September we did not meet our target. This was due to long running criminal investigations concluding which meant we could apply for an interim order once charges had been filed. There was also an instance where we received two further referrals about a registrant who already had an open FtP case, which increased the risk profile of the matter such that the test for an IO application was met. The interim order was applied for against the first, older case which has affected the data.
- 2.6 For performance against the measure from 'length of time information came to light that an IO may be required and the IO panel decision' we have set a target of 3 weeks. Our performance against this target has improved during 2021 and we have met this target between February and September 2021.
- 2.7 In the first week of November, we held Interim Order Management training for all case management teams in the department. The training focused on how potential interim order cases are identified, how they should be managed, prioritised and monitored during an investigation and the nature and level of evidence required to support an application for an interim order.

## Risk management – Adherence with our Best Practice Standard

- 2.8 To monitor how our new approach to risk assessments are embedding in July we started monthly checks on the quality and timeliness of our risk assessments.
- 2.9 Our target is to achieve 70% adherence with our Best Practice Standard for Risk Assessments by the end of October, increasing to 90% adherence by the end of the year. Our Best Practice Standard was developed following a benchmarking exercise against the risk assessment approach and guidance of other regulators, and in collaboration with our Quality Assurance team.

**Figure 2 – Quality of risk assessments: performance against our targets**



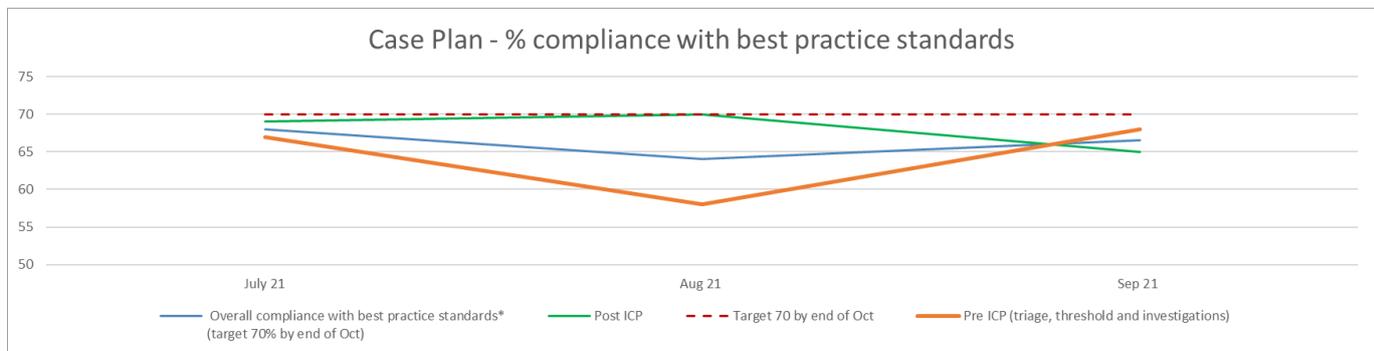
- 2.10 At the end of September, our adherence to our Best Practice Standards was at 68% across the department as a whole and just short of the 70% target we have set ourselves to reach by October. This was an improvement on July and August when adherence was at 62% and 60% respectively.
- 2.11 In the pre-ICP teams adherence was at 65% and in the post-ICP teams it was at 70%. The lower adherence in the pre-ICP teams was due in part to the quality assurance checks focusing on areas where there has been a performance concern or monitoring performance during probation periods, rather than more broadly across the team. This will inevitably impact the data. Going forward the sample will be taken from all case owners in the relevant teams and more frequent checking of case files during performance management and probation periods will be part of the performance management process.

## Case planning

- 2.12 In June we also launched our new case plans for all new cases received into the Threshold team from Triage, and for new cases that have met the Threshold and are transferred to the Investigations team.

- 2.13 The benefits of the introduction of the case plans will take a few months to realise in full, as we need to monitor the case plans through the life of the investigation.
- 2.14 Our target is for 70% of case plans to adhere to the Best Practice Standard for Case Planning by the end of October 2021, increasing to 80% by the end of the year.
- 2.15 At the end of September our adherence to the Best Practice Standard for case planning was 67% across the whole of the department just short of the target we have set to reach in October (see Figure 3). This is in line with the performance in July (68%) and an improvement on August (64%). We expect that it will take longer for improvement to be seen in the case plans as cases work through the system and we are able to monitor how case plans are updated.

**Figure 3 – Quality of case planning: performance against our targets**



- 2.16 The key learning points related to the length of time to complete the case plan on allocation of a new case from the Triage team, and to providing more detail in relation to the potential fitness to practise concerns and the evidence obtained. In September we provided training on case planning to our case management teams, supported by one of our legal providers.

### Quality of investigations – frontloading pilot

- 2.17 95 cases were included as part of the frontloading pilot. Our target was for all cases to be returned to us by the legal providers ready for an ICP by the end of September (this was against a stretch target of 16 weeks to complete the full investigations). About a third of those cases did not meet that target date due to complexities with the investigations. However, 78% of the remaining cases are due to be returned by November, with the rest due to be returned in December.
- 2.18 As at the end of October, 59 frontloaded cases have been considered by the ICP. The ICP made a case to answer decision in 46% of cases and in 54% of cases decided there was no case to answer. In our standard non-frontloaded caseload, the case to answer rate at ICP is 51% and 49% no case to answer.

- 2.19 One case that was referred on to a practice committee by the ICP has already been listed for a final hearing in December, under the new direct listing process. This is a reduction of 5 months against our standard listing KPI.
- 2.20 At the end of September we commenced our evaluation of the frontloading pilot, and have received invaluable and insightful feedback from this pilot.
- 2.21 Some of the key points arising from the pilot relate to: the point in the process the threshold decision is made; escalating requests for information; SLA adherence and progression of caseloads of mixed complexity; the level of particularisation of allegations at the ICP stage.
- 2.22 We will build any learning from the evaluation into our operating model for the next financial year.

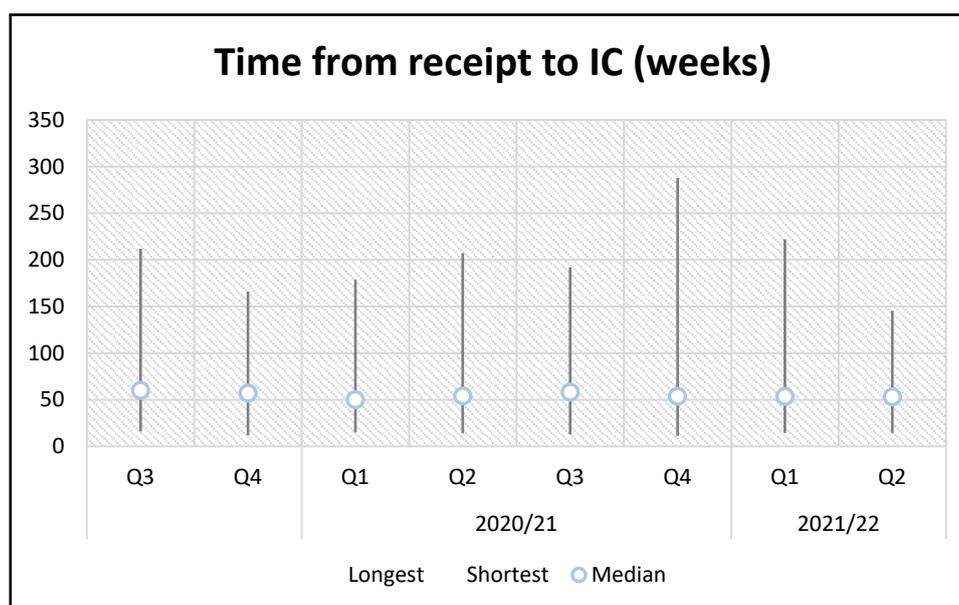
### Our progress at progressing our oldest cases

- 2.23 As we reported to Council at the last meeting, at the end of September the temporary in-house team we had created to manage some of our oldest cases came to a close. At the time the team was closed they had progressed to an ICP 200 of the 250 cases they had started with.
- 2.24 The remaining 50 cases were absorbed into the two permanent Investigations teams for progression to ICP. At the end of October, 49 of those cases are still being actively investigated and are expected to be ready to be listed by an ICP by the end of the year.

## 3. Age profile of case load – the forward view of our trajectory

- 3.1 In our quarterly reporting to the PSA we provide the age profile of our caseload based on the median age of cases. There are two median age measures we are required to report on: from receipt of a concern to a final Investigating Committee decision, and from the Investigating Committee decision that there is a case to answer to disposal at a final hearing.
- 3.2 In our last data set reported to the PSA (end of Quarter 2), the median time from receipt of a complaint to the Investigating Committee was 53 weeks (see Figure 4 below). This was the same as the previous quarter and continued the trend of improvement from Q4 (54 weeks) and Q3 (58 weeks) 2020/21.
- 3.3 The longest time it has taken a case to reach an ICP decision has continued to come down, with a significant improvement in Q2 2021/22 with the oldest case now at 146 weeks compared to Q1 when it was 222 weeks. This is the lowest that this metric has been in nearly four years (since March 2017).
- 3.4 The fact that the median has remained consistent over the last three quarters demonstrates that newer cases continue to be progressed to ICP in addition to the older cases.

Figure 4 – receipt to ICP decision median



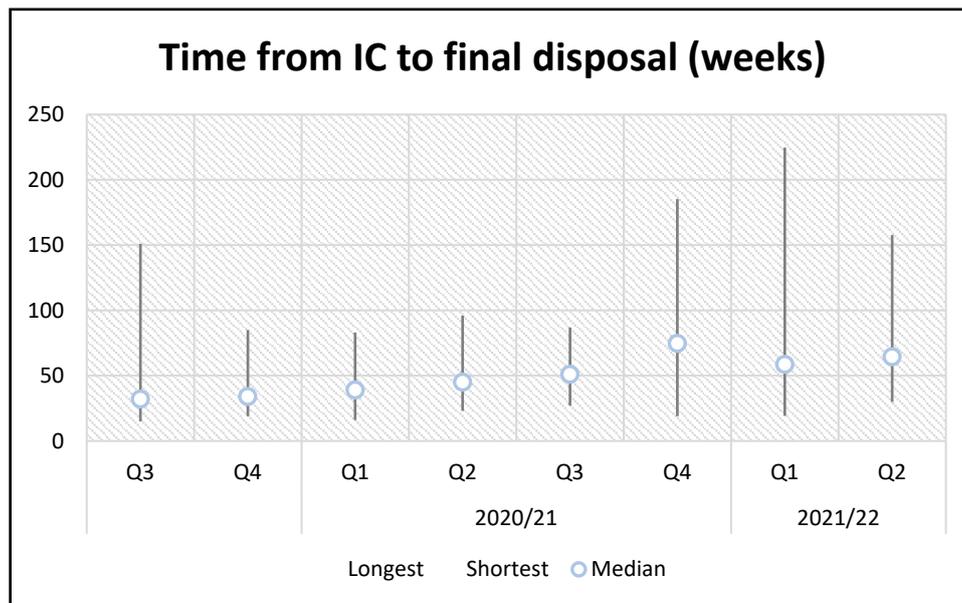
- 3.5 The median data reported to PSA is measured to the final outcome at the ICP. This does not include cases that we have closed against our Threshold Policy following an initial investigation and before the Investigating Committee.
- 3.6 45% of concerns that pass our triage test are later closed against our Threshold policy. This therefore represents a significant proportion (nearly half) of the fitness to practise cases we manage and of the work of the team.
- 3.7 If the length of time from the receipt of a concern to the decision to close against the Threshold Policy was included, our performance pre-ICP would be noticeably improved by a factor of 32.9 weeks, as shown below:

| Time from receipt of referral to final IC decision (weeks): | Excluding cases closed at Threshold (ICP decisions only) | Including cases closed at Threshold (threshold and ICP decisions) |
|---|--|---|
| <b>Median</b>   | 53.1   | 20.2  |
| <b>Longest case</b>   | 145.5  | 145.5   |
| <b>Shortest case</b>  | 14.5   | 0   |

- 3.8 In the Quarter 2 dataset provided to the PSA, the median age of cases from the ICP decision to conclusion at a final hearing was 64 weeks. See Figure 5 below.
- 3.9 The very small number of cases reaching a final hearing in Q1–Q3 2020/21 due to COVID-19 has had an ongoing impact on the time taken for a case to get to final hearing. We continue to experience the impact of the pandemic on hearings, such as through panel members or witnesses being unwell with COVID and therefore unable to participate.

3.10 For Q2 2021/22, the youngest case that has got to a hearing from ICP has gone up to 30 weeks, and the median time remains higher than we would like at 64 weeks from IC to final disposal (although this is an improvement since 2020/21 Q4 where performance was at 75 weeks). However, it should be noted that the longest time taken for a case to reach a final hearing from ICP (158) is significantly shorter than for Q1 2021/22 (225). This reflects cases previously postponed or not scheduled due to COVID-19 now being heard.

Figure 5 –ICP to final hearing decision median



### Comparator analysis

3.11 Based on the most recently available PSA performance reports, we have compared our current performance against these median measures of case age to that of the four other larger healthcare regulators. Where published, we have also benchmarked against the regulators’ current performance.

3.12 Figure 6 below indicates that our current median age to Investigating Committee is not out of step with that of the other larger regulators, and is lower than two of those regulators.

3.13 Figure 7 below indicates that our current median age from ICP to final hearing is higher than the other four regulators when compared with their 2019-20 performance. This may not take into account the impact of the pandemic on the other regulators’ hearing activity as this is data from the 2019/20 Performance Reports. Where performance against the current data for the NMC is taken into account, our median age in this measure is lower.

Figure 6 – Median age from receipt to decision by Investigating Committee or Case Examiner Decision

| Regulator | Current median (weeks) if published | Median (weeks) in last PSA Performance Review 2019-20* |
|-----------|-------------------------------------|--|
| GDC       | N/A                                 | 43   |
| GMC       | N/A                                 | 37   |
| GPhC      | N/A                                 | 60.4   |
| NMC       | 99                                  | 58   |

\*Regulators' reports from 2019-20 will not show the full impact of the pandemic on their performance as the review period does not capture all of 2020.

**Figure 7 – from ICP or Case Examiner decision to conclusion at a final hearing**

| Regulator | Current median (weeks) if published | Median (weeks) in last PSA Performance Review 2019-20* |
|-----------|-------------------------------------|--|
| GDC       | N/A                                 | 41   |
| GMC       | N/A                                 | 23   |
| GPhC      | N/A                                 | 39.9   |
| NMC       | 133                                 | 25   |

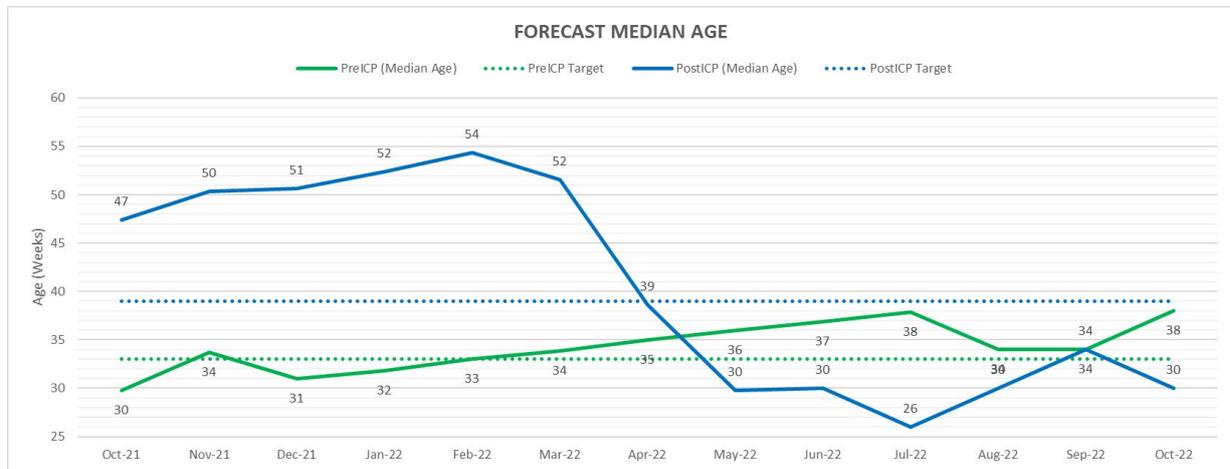
\*Regulators' reports from 2019-20 will not show the full impact of the pandemic on their performance as the review period does not capture all of 2020.

### Live performance of the teams - medians

- 3.14 We know that improving the age profile of cases takes time, particularly when measuring to the point a case is disposed of by an ICP or HCPTS panel. We did not plan to see the median age of our case load improve significantly this year; our aim was to maintain median performance as we delivered our improvement work and continued our COVID recovery. We are pleased we have maintained performance and seen a slight improvement during our improvement work in relation to this measure.
- 3.15 As the data presented above takes the data set from the point at which cases are concluded by an IPC or HCPTS panel it is a retrospective measure - it looks at case work that has been concluded. The median age will therefore be affected by the volume of cases considered by an ICP or HCPTS panel in each quarter and the proportion of those cases that are aged. Progressing our oldest cases through the process will therefore also affect that median age.
- 3.16 The data above therefore does not fully represent the current position of our open, active case load and the live performance of our teams.
- 3.17 We have developed a model to track the trajectory of the median age of our live caseload over the next 6-12 months (see Figure 8). The trajectory is based on our current caseload, headcount, processes and budgeted activity. The forecasted performance is vulnerable to the risks highlighted in section 6 below.
- 3.18 It is important to note that median age is only one measure of performance and one that is affected by some older cases that we are unable to progress due to

third party investigations. It should be considered alongside other measures of performance such as case volumes and the proportion of cases within KPI.

**Figure 8 – Forecast median age of live caseload**



3.19 For our pre-ICP caseload, the median age at the end of October 2021 was below our KPI of 33 weeks. Our assumptions are that the median will increase in the first two quarters of next year as the older cases in our threshold stage move through to the ICP stage, returning to KPI by quarter three.

3.20 The median age of our current post-ICP caseload is 8 weeks above the KPI of 39 weeks. Our forecast is that this will increase until April of next year as older cases are considered at a final hearing.

3.21 It's important to note that the data for the next six months is based on our current actual caseload. After that, the forecast is based on assumptions about the new cases we will receive and the make up of our caseload. It is therefore less accurate over a longer period of time as actual caseload data is replaced with expected caseload data. Therefore we will continue to refresh the model regularly.

### Live performance of the teams – performance against KPIs

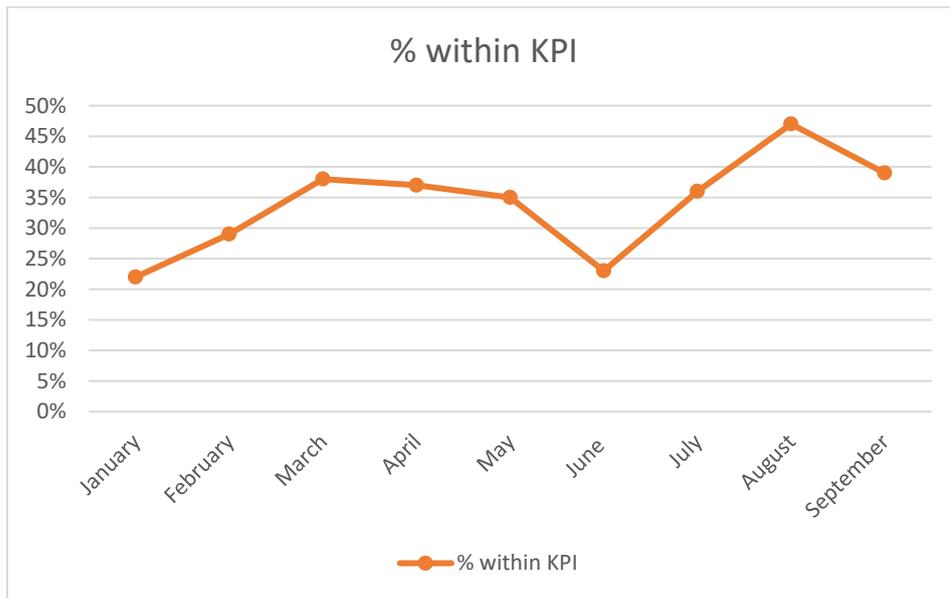
3.22 Improving performance against timeliness measures takes time (particularly when ensuring that new concerns received are also progressed appropriately). As explained in paragraph 3.19 above, median age should be considered in the context of other performance indicators of our live caseload.

3.23 Since January 2021 we have tracked the proportion of our caseload that is within the KPI for each stage of the process.

3.24 We have seen the following improvement in performance, as shown in Figures 9-11 below:

- 3.24.1 Threshold: an improvement of 17% between January and September 2021 in the percentage of the caseload within KPI (from 22% to 39% (reaching 47% in August))
- 3.24.2 Investigations: an improvement of 18% between January and September 2021 in the percentage of the caseload within KPI (from 35% to 53%)
- 3.24.3 Post-ICP: the KPI for this caseload has remained relatively static with performance at c.50% within KPI. There was some fluctuation over the summer with peaks of 74% and 72% within KPI in June and August, respectively. These fluctuations appear to be a result of a number of new cases being referred to a final hearing from ICP in those months, as well as older cases concluding at final hearing.
- 3.25 It takes time for the age profile of cases to improve. In terms of the current position, we are performing relatively well in Investigations where we have improved and maintained performance with over 50% of the open caseload over KPI, which included the older cases absorbed from the in-house backlog team.
- 3.26 In the Threshold team, whilst there has been a marked improvement since the start of the year, the majority of the caseload remains outside of KPI which is not where we would want it to be. In the post-ICP team, there have been good months of performance which needs to be sustained.
- 3.27 While there has been an improvement, we have the following targets in place to increase the proportion of the open caseload within KPI for each stage of the process and sustain that improvement. These targets are to be reached by the end of March 2022:
- 3.28 Threshold: increase to 55-60% of cases within KPI.
- 3.29 Investigations: increase to 60-65% of cases within KPI.
- 3.30 Post-ICP: increase to 60-65% of cases within KPI.

**Figure 9 – KPI - Threshold team**



**Figure 10 – Investigations Team**

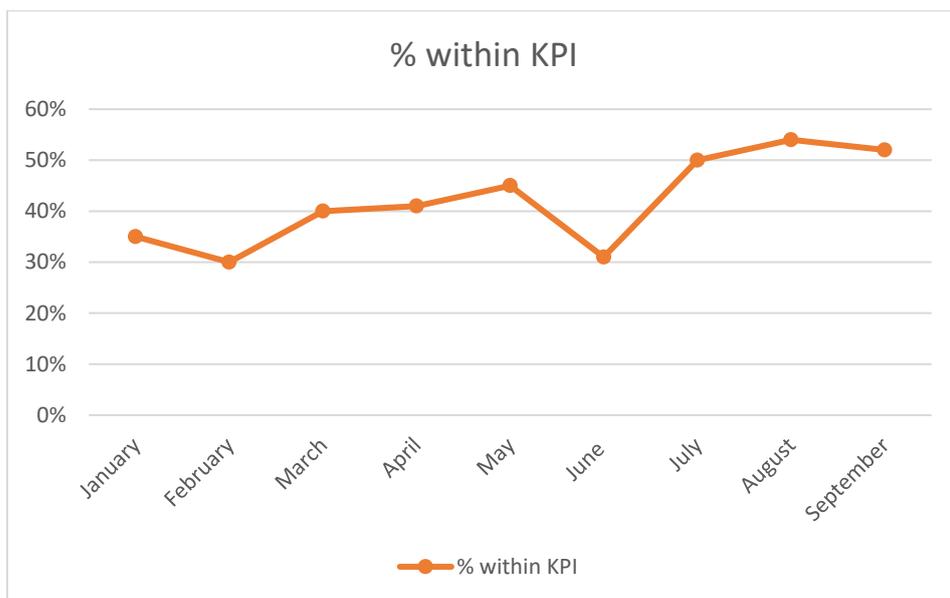
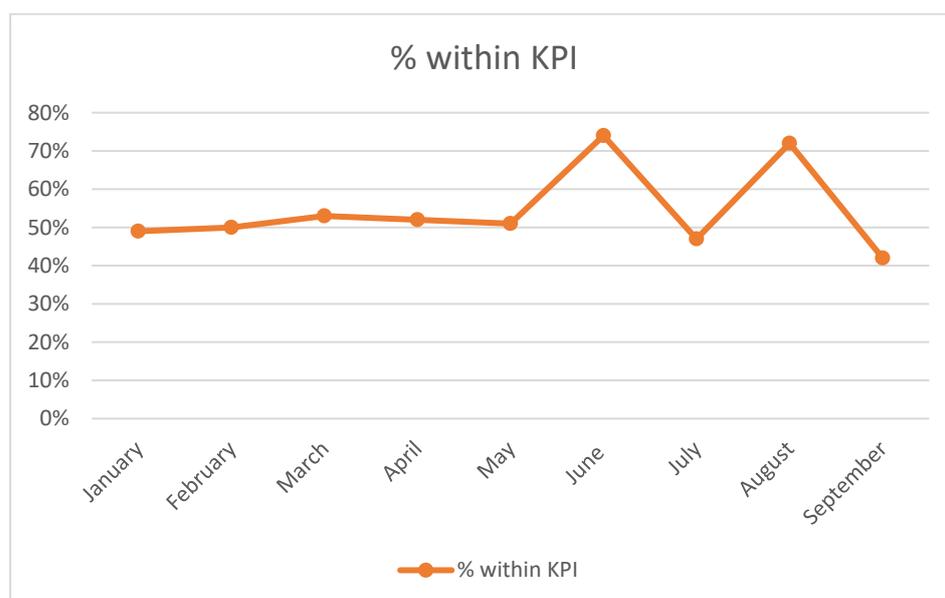


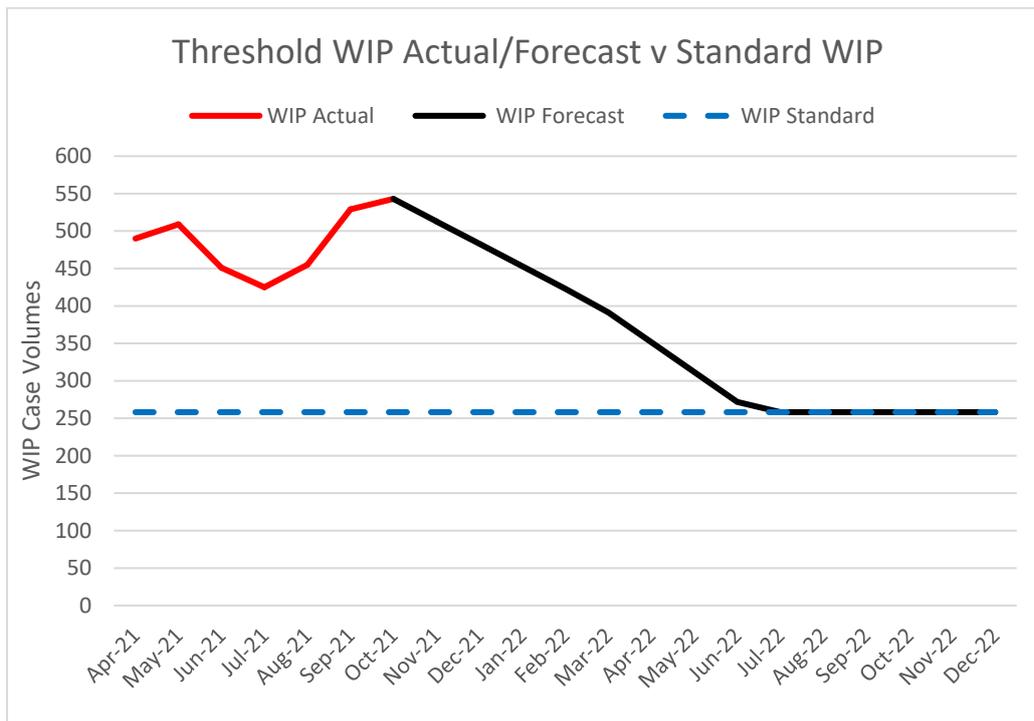
Figure 11 – Post-ICP



#### 4. Projected case load – the forward view of our trajectory

- 4.1 At our September meeting we shared with Council our high-level trajectory model for the FtP caseload. We have updated the model to show the actuals for each FtP stage to date and the forecast going forward. The high-level model can be found in Appendix 2.
- 4.2 Figures 12 – 14 below show the actuals and forecast trajectory for Threshold, Investigations and Post-ICP caseloads in separate charts for clarity.
- 4.3 Based on our actual performance over the last few months, we would expect that our caseload in Threshold would return to steady state in July of next year. This is two months earlier than we forecast when we first reported on the caseload trajectory in September, as the model has adjusted with more data from our actual performance.
- 4.4 We have forecast that the Investigations team caseload will increase in the period to May 2022 as the cases progress from the threshold stage, before starting to reduce again. We can now forecast when other teams may be impacted by case increases and take preventative action to support the teams and reallocate resource if needed.
- 4.5 Our Post-ICP caseload has increased but remains below our work in progress levels. We are forecast to reach our work in progress levels in November.
- 4.6 However, it is important to note that the improvement both to date and projected over the next few months is relatively slow. The incremental improvements forecast in the trajectory are vulnerable to a number of risks that are discussed in more detail in section 6 below.

**Figure 12 – Threshold caseload trajectory**



**Figure 13 – Investigations caseload trajectory**

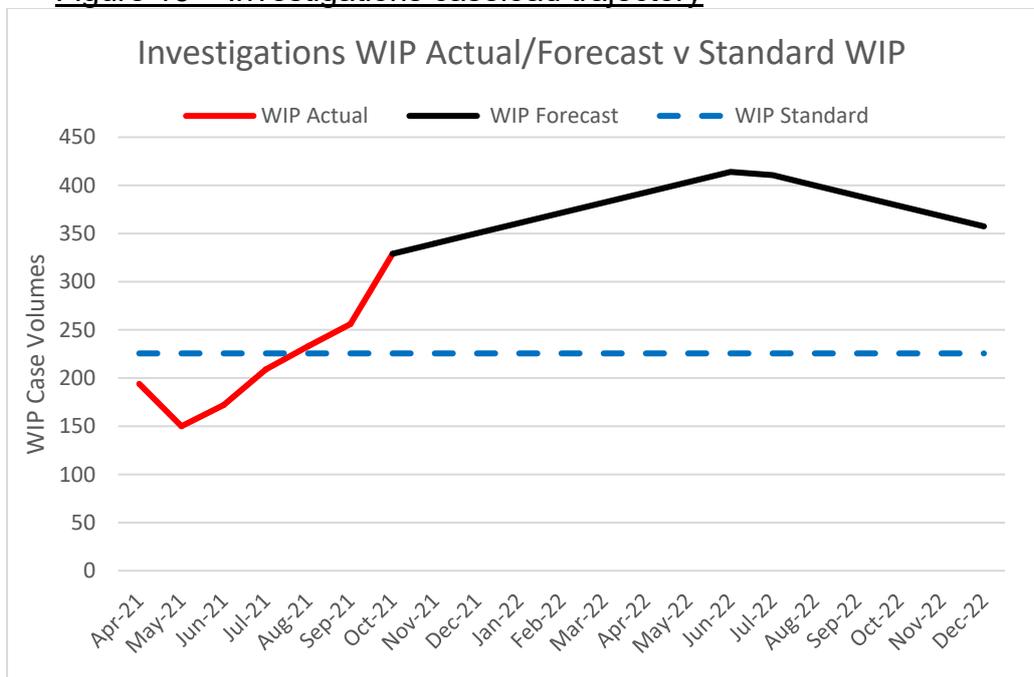
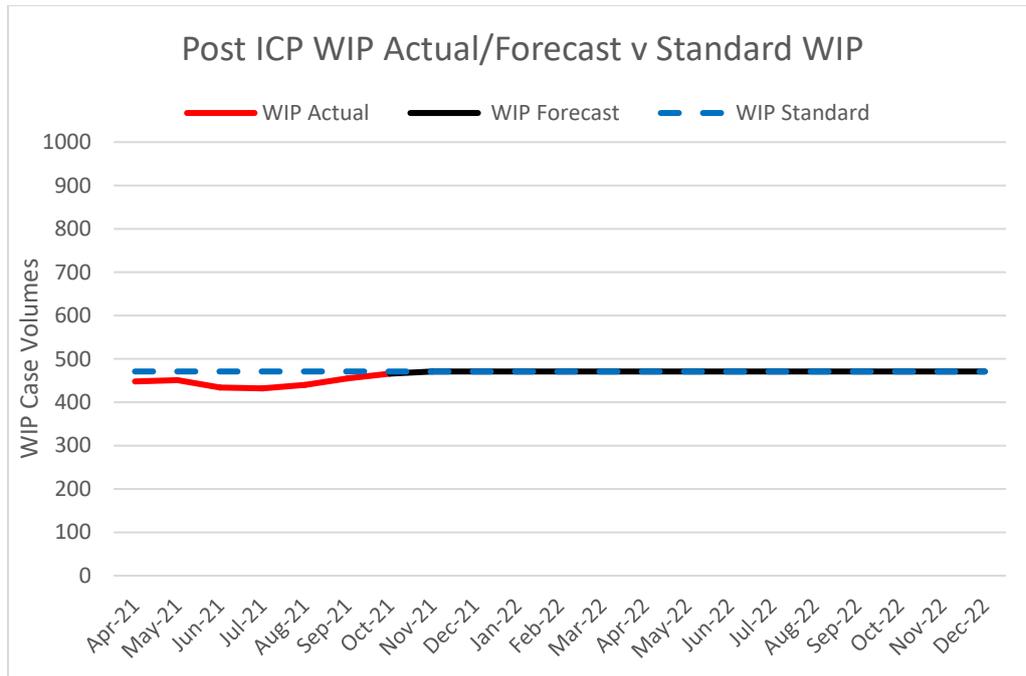


Figure 14 – Post-ICP caseload trajectory



## 5. Overview of next suite of improvement projects

5.1 In September we started work on some of the projects in Phase 2 of the FtP Improvement Programme. Due to our focus on embedding the improvements delivered in the first part of the year, we decided to phase the start of the 6 projects in Phase 2. The key areas of work that have commenced are:

5.1.1 **Application of our consensual disposal policy** – over August and September we reviewed all cases in the post-ICP stage to identify any that might be suitable for resolution by consent. We have identified 60 such cases. Of those, 15 have been approved and are in the case preparation stages of the process. The remaining 45 are still in the process of being approved and/or exploring consent with the relevant party.

5.1.2 **Tone of Voice review** – we have recently held the second of two workshops with the reviewing team to develop our guidance and approach. The team are now reviewing a small sample of our letters and will meet again at the end of this month to calibrate the approach.

5.1.3 **Lay Advocacy** - in October, the framework agreement for the Lay Advocacy providers went live, following a procurement process led by the NMC. Two suppliers were appointed to the framework and we have met with both earlier this month to understand more about the service they provide.

5.2 A high-level progress update for each project is provided at Appendix 1.

## 6. Key risks and mitigation

6.1 The improvements we have made since January 2021 will take time to embed and be fully realised as sustained changes across the caseload at all stages of the FtP process. This has been acknowledged by the PSA in the recent Performance Report.

6.2 As indicated at paragraph 4.6 above, the current trend of gradual, incremental improvements to our case load volume, age profile and quality are vulnerable to a number of risk factors, both internal and external, as outlined below:

- **Staff turnover and team stabilisation** – we continue to carry vacancies in all teams albeit our turnover has reduced (from 34% to 21%) to below the public sector average. The recruitment, onboarding and training process takes experienced team members away from business as usual work and there is an impact on productivity as new members of the team develop their skills and knowledge. *Mitigation: to mitigate the risks presented by turnover we are looking to overrecruit to case manager roles by 20% (now that turnover has stabilised at around 20%). This will help ensure we retain the number of case managers required and limit the impact of gaps between people leaving the team and new starters joining.*
- **Increases in FtP concerns** – the trajectory model is based on the department continuing to receive an average of circa 113 new FtP concerns a month. Should we receive a significant increase in new FtP concerns, month on month, this would impact on the forecast. *Mitigation: We will factor in a sensitivity analysis into our budget planning for next financial year.*
- **Cost of improvement** – the capacity and demand model underpinning the trajectory forecast is based on the FtP budget for the current financial year. *Mitigation: Any changes to our operating model to deliver a return to steady state at a quicker pace will need to be fully costed as part of next year's budget.*
- **Further dips in productivity** – we may experience further challenges to our ability to maintain and improve productivity, in addition to those that arise through ongoing recruitment. For example, COVID continues to have an operational impact in terms of direct sickness absence of staff, panel members and hearing participants. We also experience indirect impacts of the pandemic such as accrued annual leave allowance in the team that must be taken by the end of March 2022, and the availability of legally qualified panel Chairs and legal Assessors due to the expansion of the court service to clear the backlog.

- **Project Manager resource** – the dedicated FtP Project Manager left the organisation in August. We are currently without resource to manage the FtP Improvement project though recruitment to backfill this position is ongoing. *Mitigation: In the interim we are being provided with significant support by the Head of Business Change, but this is not a sustainable solution.*
- **Relocation of HCPTS hearings into Park House** – the work to move our Hearings service into the main HCPC offices at 184-186 Kennington Park Road is a major project. This planning and delivery of this project has meant an increase in workload and a diversion of resource within the Tribunal Service. *Mitigation: a dedicated project team is now in place*

## 7. Next steps

- 7.1 We will continue to update Council on our progress against our improvement plan at each meeting in 2022 or until Council has sufficient assurance of our progress to reduce the frequency of reporting.

## Appendix 1: Project status report

|     | Project   | RAG | Progress update   | R&I | Plan |
|-----|---|-----|---|-----|------|
| 1   | Risk assessment quality and adherence to best practice standard internal review   |     | In progress. Monthly quality assurance checks in the department continue. QA team review and support of the process is in progress.   |     |      |
| 2   | Improving communications, engagement and support we provide   |     |   |     |      |
| 2.1 | Workstream 1: Tone of voice review  |     | In progress. Two workshops with reviewing team to finalise guidance and approach have taken place. Initial 'trial' review of a small sample of letters is taking place over November, and calibration will take place before the end of the calendar year.                  |     |      |
| 2.2 | Workstream 2: QA review of case plans and stakeholder engagement  |     | In progress. Monthly quality assurance checks in the department continue. QA team review and support of the process is in progress.   |     |      |
| 2.3 | Workstream 3: Developing additional guidance and support for unrepresented registrants and encouraging all registrants to engage earlier in the process |     | Not yet started – as explained in paper we are phasing the start of the projects to ensure we focus on embedding the changes from the projects in Phase 1 and to manage our capacity.   |     |      |
| 2.4 | Workstream 4: Lay advocacy service  |     | In progress. Framework with two suppliers went live in October. Initial exploratory meetings with both suppliers took place in November. Following those meetings we will be scoping the project further.   |     |      |
| 2.5 | Workstream 5: Registrant support line   |     | Not yet started - as explained in paper we are phasing the start of the projects to ensure we focus on embedding the changes from the projects in Phase 1 and to manage our capacity.   |     |      |
| 3   | Consensual resolution of cases – ensuring our policy is applied consistently and at the point of referral from the ICP                                  |     | In progress. Review of all post-ICP cases has been completed and 60 cases potentially suitable for consent have been identified. Process to confirm suitability and/or agreement with the other party has commenced and we are aiming for this to be completed by December. |     |      |
| 4   | Case management and investigation – embedding the learning from frontloading pilot.   |     | In progress. Feedback has been received from the three legal providers and follow up meetings have been held. This will inform a review of our operating model and planning for next FY and adopting frontloading as business as usual.                                     |     |      |
| 5   | CMS – phase 2 – this will be managed by the HCPC's Major Projects team.   |     | Initial scoping begun. Due to commence fully in November.   |     |      |
| 6   | Review of KPIs and process for Protection of Title cases  |     | Not yet started - as explained in paper we are phases the start of the projects to ensure we focus on embedding the changes from the projects in Phase 1 and to manage our capacity.  |     |      |

## Appendix 2: Case load trajectory

### High level trajectory for FtP caseload

