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## Fitness to Practise Performance Report

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### Executive Summary

This paper is to update Council on the Fitness to Practise (FtP) department's performance following the changes we made (and continue to make) as part of the FtP Improvement Programme.

Following the last detailed update we provide to Council in November 2021 we review our performance over the last year and the benefits we have started to see following the improvement projects we delivered in 2021.

This paper also focusses on the targets we set ourselves on improving quality and timelines of case management.

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Previous consideration	In 2021 the Council have received updates 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 note the update.
Next steps	The next report on progress will be provided to Council on 23 March 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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## 1. Introduction

- 1.1 In January 2021 we commenced an accelerated programme to improve our performance in Fitness to Practise (FtP). One year on we have delivered 16 projects that span all areas of the fitness to practise process and targeted both the quality and timeliness of our work.
- 1.2 Our main focus last year was on the delivery of that improvement programme. Whilst there is still progress to be made, we have begun to see the benefits of that work. This paper provides Council with a view of our performance one year on, looking at the following key measures:
  - 1.2.1 Quality of case management – including risk, interim order performance and case planning
  - 1.2.2 Timeliness measures
  - 1.2.3 Staff retention
- 1.3 We also provide a summary of the key risks and mitigations as we move into a new year.

## 2. Our performance in 2021 and the impact of the FtP Improvement Programme to date

- 2.1 In this section we provide an overview of our performance during the last year focusing on quality and timeliness measures.
- 2.2 Change of this scale takes time and it is worth reflecting that between January and July we were delivering against 16 improvement projects. It is common to see a decline in performance during the process of change. However, we have not only sustained our performance we have seen improvements during the year. We updated Council on this throughout 2021 and we provide some further details below.
- 2.3 There is of course much more we need to do (both embedding the changes we have made and continuing to improve our processes and ways of working) but the data is showing that we are seeing the signs of improvement.

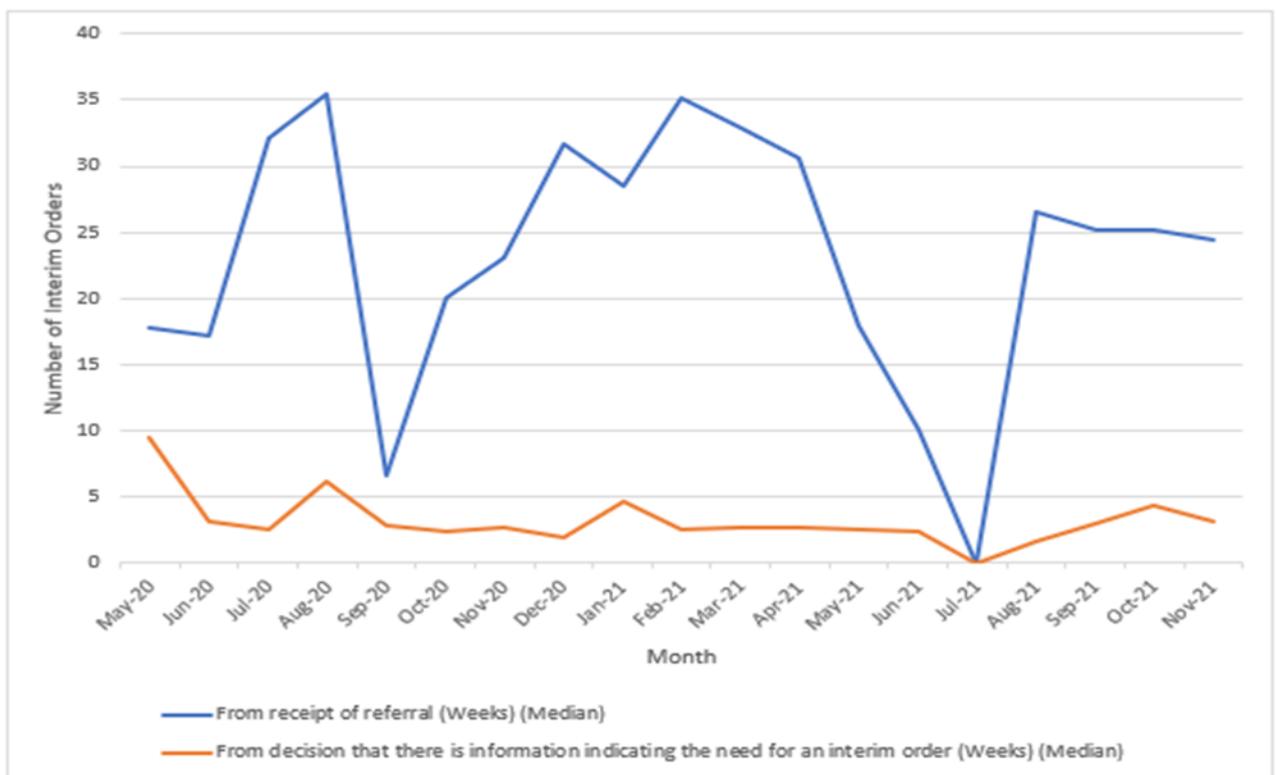
### Quality of case management

#### Risk management – Interim Order performance

- 2.4 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.
- 2.5 Figure 1 shows performance against the two measures of timeliness.
- 2.6 The orange line shows how quickly we progress a matter to an Interim Order hearing once we have identified the need for an Interim Order. During last year we maintained our performance at or exceeding the target we set ourselves (3 weeks), except for one month.

- 2.7 The blue line shows how quickly we progress a matter to an Interim Order hearing following receipt of a referral. Our target for this measure is 12 weeks.
- 2.8 Performance against this measure is impacted by ongoing third-party investigations which must either be concluded or reach an appropriate evidentiary stage before we can apply for an interim order. Most often these are criminal investigations and/or ongoing court proceedings.
- 2.9 We have provided training to the teams throughout the year, most recently in January 2022, on the evidence required for an Interim Order.

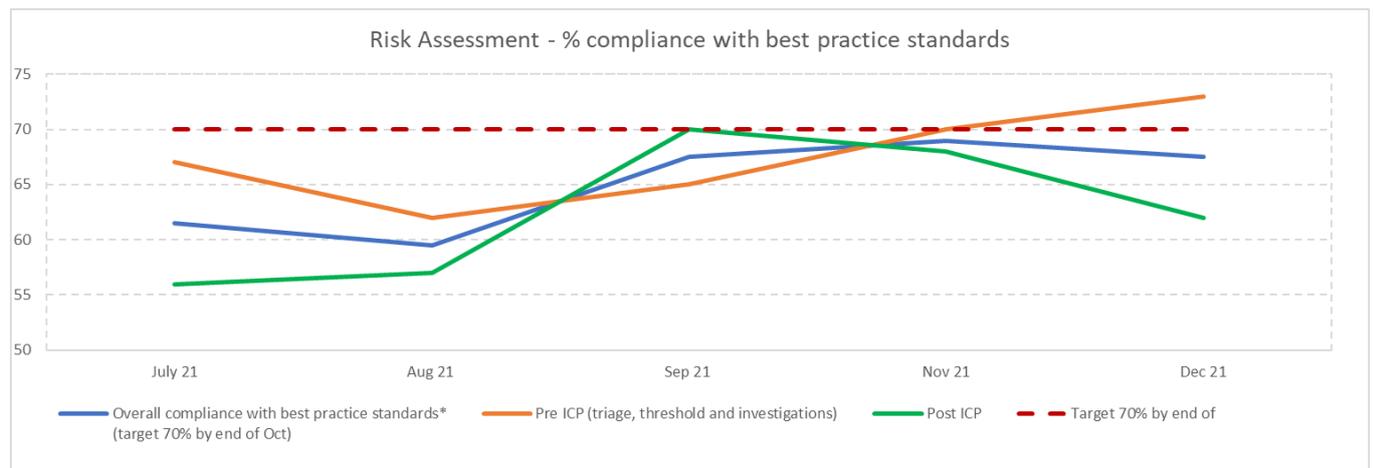
**Figure 1 – Interim Order performance**



**Risk management – Adherence with our Best Practice Standard**

- 2.10 In July 2021 we introduced a new risk assessment tool and new guidance on our risk assessment process (our Best Practice Standard). Since then, we have completed monthly checks of the timeliness and quality of our risk assessment process.
- 2.11 Our target is to achieve 70% adherence with our Best Practice Standard for Risk Assessments by the end of October 2021, increasing to 90% adherence (as our stretch target). 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**



2.12 Since the introduction of the quality checks our performance as a department as a whole has steadily improved. At the end of the year adherence to the Best Practise Standard was at 68% (just short of our 70% target). In the pre-ICP teams, adherence reached 73% by the end of the year.

2.13 There is still more to do to reach the 90% adherence stretch target we set ourselves. To help us achieve this we are running a workshop in early February with all those who undertake the quality checks, supported by the Quality Assurance team. The objectives of the workshop are to improve consistency of how the checks are completed as well as how we record learning and monitor the impact of feedback and training.

#### Case planning – Adherence with our Best Practice Standard

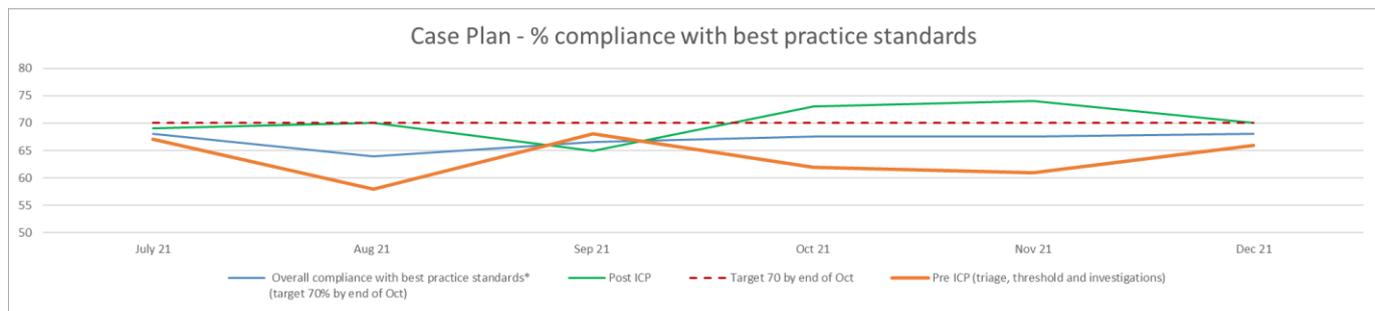
2.14 In July 2021 we also launched our monthly quality checks of the case plans that we introduced in June 2021.

2.15 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.

2.16 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% as our stretch target.

2.17 At the end of the year our overall performance was at 68% compliance with the Best Practise Standard (just short of achieving our target). Our post-ICP team have exceeded the 70% target since October, reaching a high of 74% adherence in November.

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



2.18 The key learning points we are identifying relate to the timeliness with which case plans are updated throughout the lifetime of the case, and the level of detail given around the type of evidence required.

2.19 In addition to the workshop mentioned in 2.13 above, we are providing further training to the teams before March with a focus on the development of the case plan during the investigation.

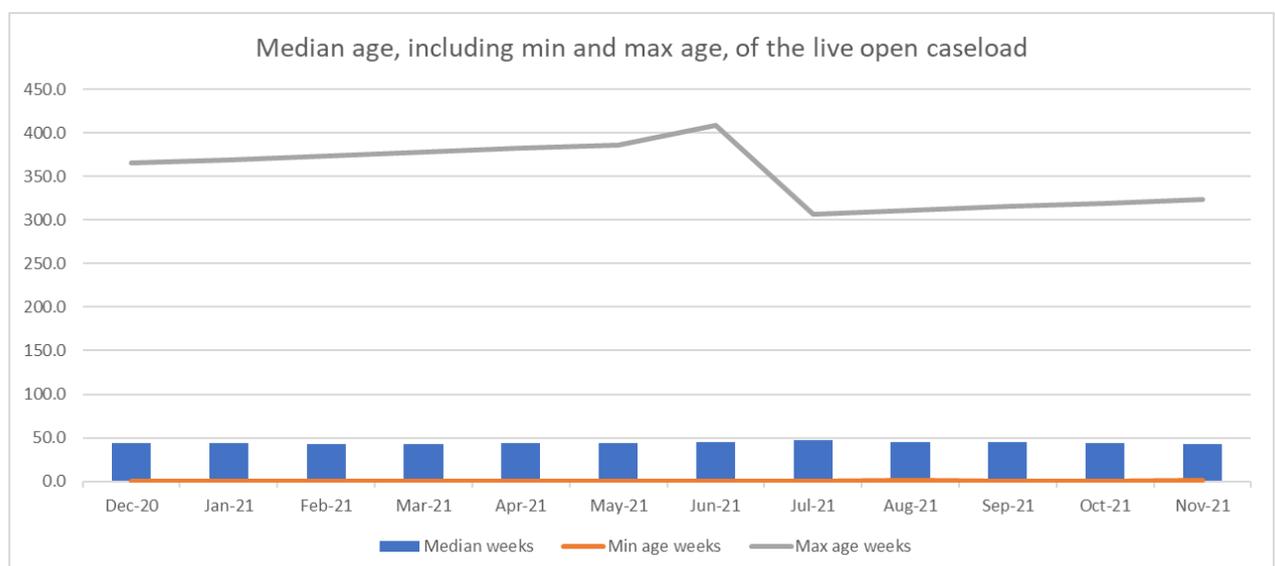
### Timeliness measures

2.20 At the Council meeting in November, we shared details of our performance against measures that focused on the age profile of our open caseload. This is to show our live performance.

2.21 Figure 4 below shows that over the last year we have maintained the median age of our open caseload at just below 50 weeks and made incremental improvements to our performance against this measure throughout the year. At 42.4 weeks in November 2021, our median age was the lowest it had been since 2020.

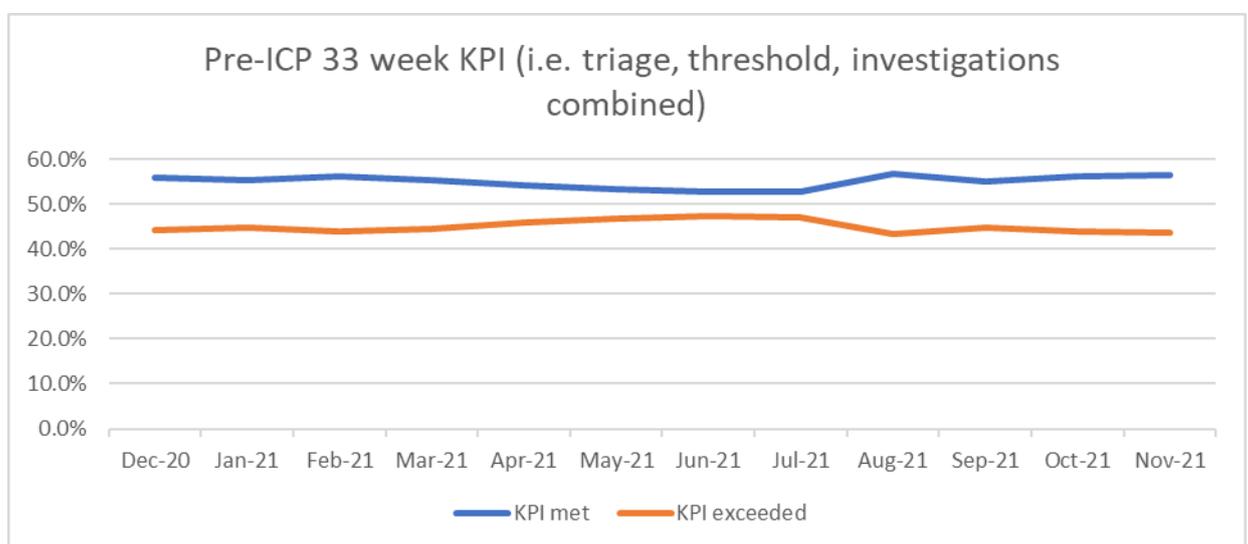
2.22 Whilst the median age of the open caseload has been maintained, we have reduced the maximum age of our open caseload throughout the year as we conclude our oldest cases.

**Figure 4 – Median age of the open caseload**



- 2.23 Since January 2021, we have tracked the proportion of our open caseload that is within and outside of KPI.. As Figure 5 shows the majority of our live pre-ICP caseload has been within KPI consistently throughout the year.
- 2.24 At the pre-ICP stage, our performance peaked at 57% of cases within KPI in August and November 2021. It has never been below 53%.
- 2.25 We set ourselves targets (which we outlined to Council in November) to reach by the end of March 2022 to improve the proportion of the open caseload that is within KPI at each case stage. We will report back to Council in March on our progress.

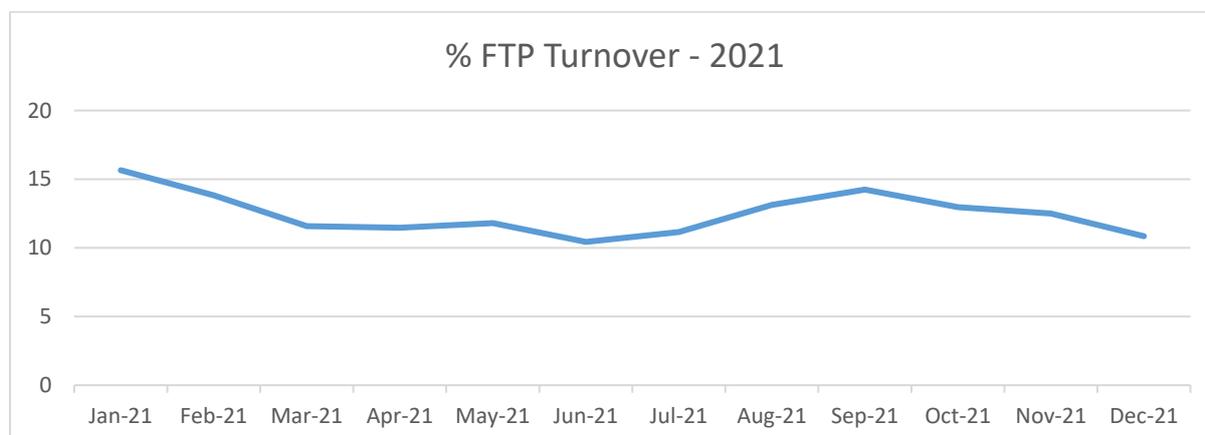
Figure 5 – % of the pre-ICP open caseload within / outside of 33 week KPI



### Staff turnover

- 2.26 At the start of last year staff turnover within the FtP department was high at 16% (Figure 6).
- 2.27 A key workstream in the improvement programme was a review of how we recruit, induct and retain staff within the department. In addition, the adoption and embedding of the Perform Plus approach to operations and team management has provided opportunities to engage and provide development for team members at all levels.
- 2.28 Our turnover within FtP has reduced throughout the year to 11% by November 2021.

Figure 6 – Staff turnover within the FtP department



### 3. Next steps in 2022

- 3.1 The improvements we have made since January 2021 take time to embed and be fully realised as sustained changes across the caseload at all stages of the FtP process. As expected, we are only starting to see the benefits of the improvement work we delivered in the first seven months of 2021.
- 3.2 There is still more to do, and delivering further, sustained improvement across case progression and case quality remains our priority in 2022.
- 3.3 We have commenced phase 2 of the improvement programme with projects on consensual disposal, tone of voice and lay advocacy (to support complainants and witnesses through the FtP process). We have also started the second phase of the development of our case management system.
- 3.4 Where we receive feedback we have been agile in responding to areas that require focused, short term intervention. For example, we have worked with our legal supplier to review the evidential basis of all post-ICP cases following feedback from the PSA's s29 process. To date, we have identified 17 cases where further evidence is required.
- 3.5 We will continue to monitor and report on progress to Council as we did during 2021.

### 4. Key risks and mitigation

- 4.1 As we have shared with Council, the current trend of gradual, incremental improvements are vulnerable to a number of risk factors, both internal and external:
  - Time – as explained in 3.1 above, it takes time for improvement work once delivered to be seen as a sustained and noticeable impact on

performance measures. We need time to support the teams to embed change as business-as-usual ways of working.

- Transition to frontloading – as a result of the pilot we ran last year, it is clear to us that we need to transition to a ‘frontloaded’ FtP process in order to deliver more significant improvements in our performance in the medium to longer term. This requires changes to our processes, new legal provider contract(s) and recruitment in all areas. There are budget implications for introducing frontloading which we continue to discuss with Council as we finalise next year’s budget.
- Resource – whilst turnover has improved there is more we need to do to provide stability across the FtP teams. Reducing our dependence on temporary and fixed term contracts is key, especially where we rely on temporary staff to fill vacancies pending the outcome of recruitment. We have attempted and continue to plan to over recruit in core roles but this has been made challenging by insufficient numbers of appointable candidates following recruitment campaigns.
- Staff absences – in the last three months of 2021 we saw an increase in short term sickness absence in the department (as has been the case across the HCPC and many other organisations). This has been compounded by an increase in COVID-related absences over the same period due to the Omicron variant. In addition, we have a large number of outstanding annual leave days in the department that must be taken before the end of the financial year. As far as we are able we are factoring in these absences into our forecast and planning for the work required to meet our targets.