
Fitness to Practise Performance Report

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 timeliness of case management.

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

Previous consideration	Standing item (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 note the update.
Next steps	The next report on progress will be provided to Council on 28 September 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 Performance Report

1. Introduction

- 1.1 As Council is aware from our regular updates improving our performance in Fitness to Practise (FtP) remains a priority for the HCPC in 2022. The focus remains on embedding the changes we made during 2021 and continuing to make further improvements.
- 1.2 Our overarching aim is to improve the quality and pace of our management of FtP cases.
- 1.3 As usual, this paper provides:
 - An update on our performance in relation to the quality and timeliness of case investigations.
 - An update on the improvement projects we began in September 2021 (Appendix 1).
 - A summary of key risks and mitigations.

2. Quality of case investigation

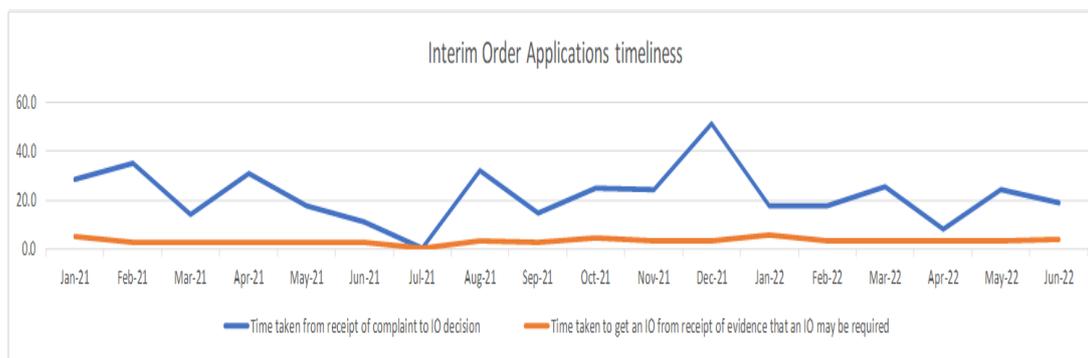
- 2.1 In this section we provide an overview of our performance in relation to the quality of our case investigations. As we have done previously, we have broken this down by themes of the key benefits we are seeking to achieve through the FtP Improvement Programme. These are:
 - Risk management and Interim Order performance
 - Quality of our risk assessment of cases
 - Quality of our 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. Figure 1 shows performance against the two measures of timeliness.
- 2.3 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. Our target for this measure is three weeks.
- 2.4 We have consistently maintained our performance at or better than our three week target.
- 2.5 The blue line shows how quickly we progress a matter to an Interim Order hearing following receipt of a concern. Our target for this measure is 12 weeks.

- 2.6 Performance against this second measure can be 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.
- 2.7 The length of time it has taken from receipt of a concern to consideration by a panel was 24 weeks in May and reduced to 18 weeks in June. In both months, the conclusion of third-party investigations impacted our performance.

Figure 1 – Interim Order performance



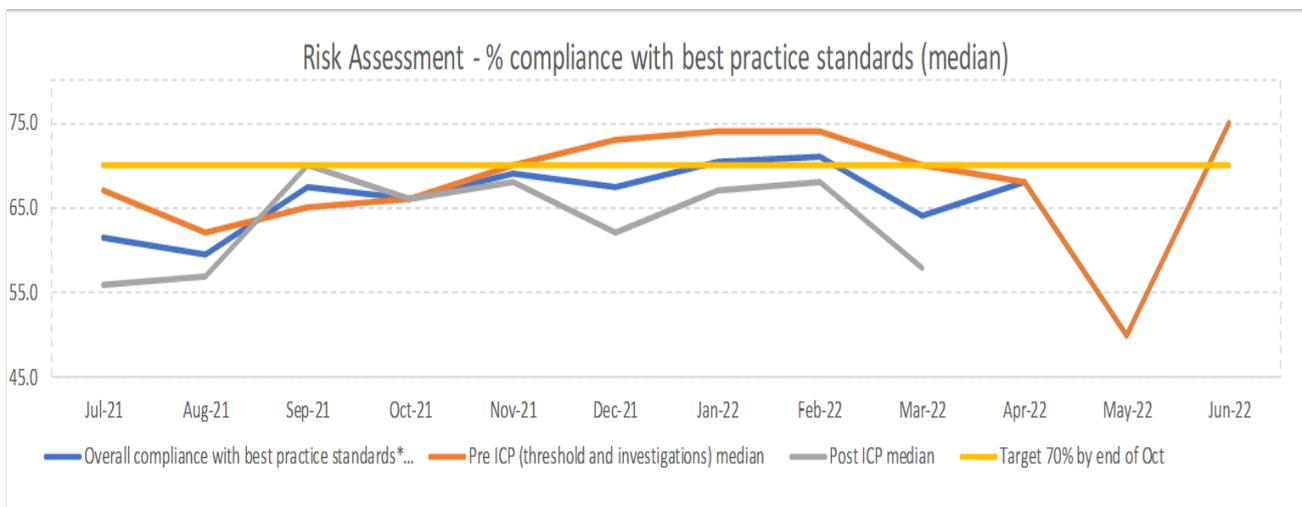
Risk management – Adherence with our Best Practice Standard

- 2.8 We continue to monitor the quality and timeliness of our risk assessments through monthly front-line checks. Our original target was to achieve 70% adherence with our Best Practice Standards. We achieved this target overall in January and February 2022 and at Council in March 2022 we increased our target to achieve 80% adherence by the end of Quarter 1 of 2022-23 (as part of our journey to achieve the 90% stretch target we have set ourselves).
- 2.9 As Council will be aware, we have recently undertaken some work supported by our Quality Assurance team to develop and enhance our front-line checks process. Changes to the process include the checks being conducted by a manager from another team than carried out the work, the introduction of monthly calibration meetings to ensure a consistent approach to the checks and improved feedback mechanisms to the team. These changes came into effect for both the risk assessment and case planning front-line checks carried out in May and June.
- 2.10 As shown in figure 2, in June overall compliance with the Best Practice Standard was 75%. This is based on the work of our pre-ICP teams. In May, we saw a decrease in compliance with our standards as a result of performance concerns in the team that have now been resolved.
- 2.11 The main learning arising from the front-line checks related to being clear whether an IO had been considered in low-risk cases, and not dating the risk assessment when it had been updated.

2.12 In June we provided training to the teams on the evidential basis for applying for an Interim Order, which was supported by one of our external legal providers

2.13 Front-line checks have not been carried out on post-ICP cases since March. This is partly linked to our move to new contracts with our panel law firms in April. The legal providers complete the risks assessments on the cases they are instructed on post-ICP and we monitor the quality of their performance through the quality SLAs we have in place for the new contracts.

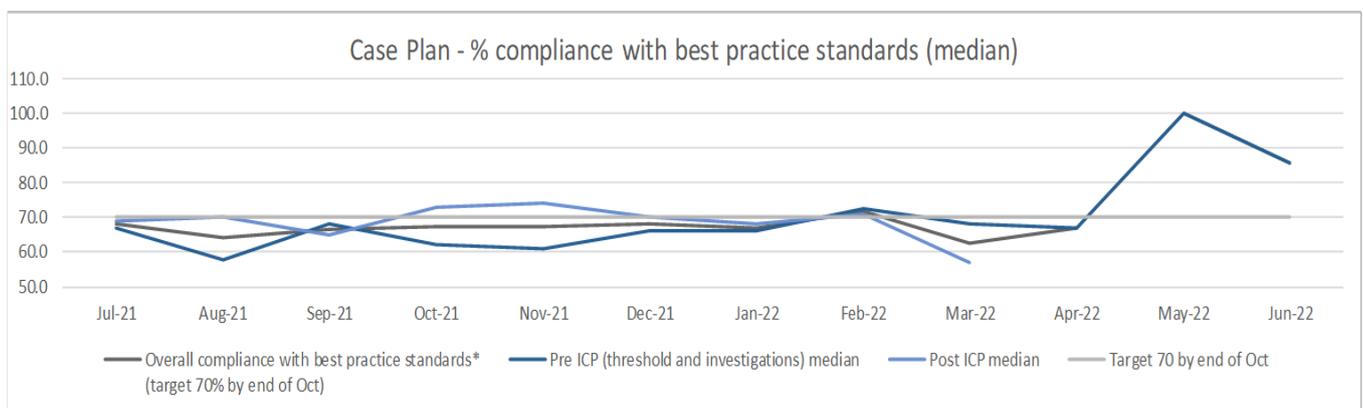
Figure 2 – Quality of risk assessments: performance against our targets



Case planning – adherence with our Best Practice Standard

2.14 We continue to monitor the quality and timeliness of our case plans through monthly front-line checks. Our original target was to achieve 70% adherence with our Best Practice Standards. We achieved this target overall in January and February 2022 and at Council in March 2022 we increased our target to achieve 80% adherence by the end of Quarter 1 of 2022-23 (as part of our journey to achieve the stretch target we have set ourselves).

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



- 2.15 In May and June, overall compliance with the Best Practice Standard was 100% and 86% respectively. While this exceeds our target, we remind Council that the front-line checks look at a sample of cases. Although compliance is positive we know we have more work to do to continue to embed the changes we have made and ensure that every single case plan is to the standards we have set.
- 2.16 The learning from the checks related to ensuring case plans continued to be updated regularly during the lifetime of the case.
- 2.17 As we explained in our Council paper in May, from April the responsibility for the case plan post-ICP now sits with our legal providers, who will prepare the plan which will be checked by the HCPC case management team. The quality of these case plans are monitored through the SLAs we have in place with our legal providers. Case plans post-ICP are therefore no longer reviewed as part of the front-line checks work.

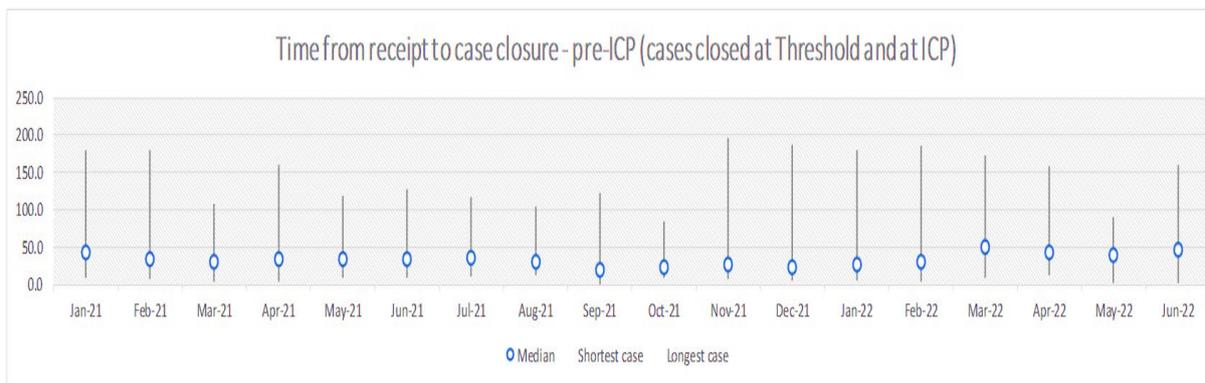
3. Timeliness of case investigation

- 3.1 In this section we provide an overview of our performance in relation to the timeliness of our investigation and the age profile of our cases. We have broken this down by:
- Age profile of case at the point of case conclusion
 - Case volumes at each stage of the process
 - Age profile of the live caseload.

Age profile of cases at the point of case conclusion – medians and age range

- 3.2 Figure 4 below shows the median age of cases closed at the Threshold and ICP stages (i.e. all pre-ICP case closures) month on month.
- 3.3 Since November 2021, we have continued to close older pre-ICP cases as a result of the changes we made in 2021. In June, the median age of the cases concluded was 46 weeks. This is above our 33 week KPI, though consistent with the median over the last four months. We expect the median age of closed cases to increase as we progress our older cases to conclusion. It is therefore important to view this data alongside our live case data (see Figures 9 and 10) to get a more rounded view.
- 3.4 In June the oldest case closed was 160 weeks, which is the oldest case closed since March. In May and June the youngest cases closed were 1 and 2 weeks old respectively, which are the youngest case closed since September 2021 showing we are not progressing the oldest cases at the expense of new complaints we receive.

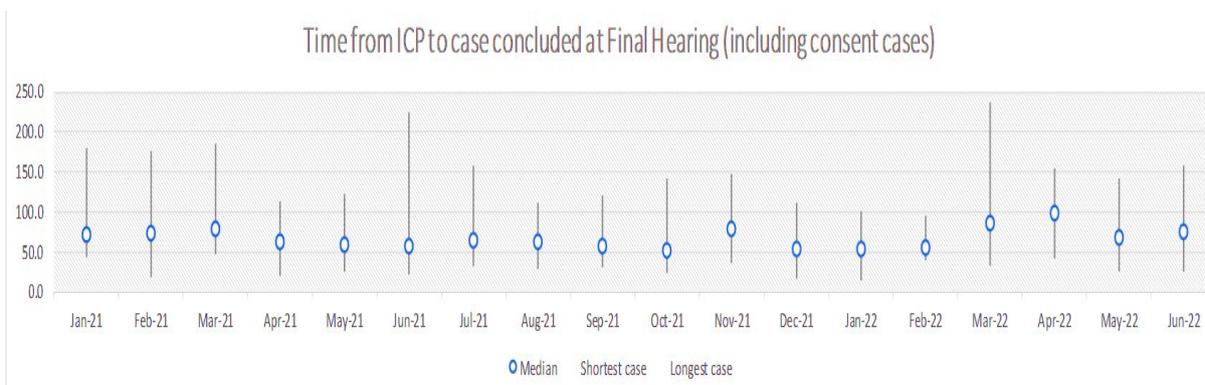
Figure 4 – receipt to closure at Threshold or ICP decision median



3.5 Figure 5 below shows the median age of cases that were closed at a final hearing (including cases resolved by consent). We generally expect the median age at the point of case conclusion to be above KPI as our older cases progress through the system.

3.6 In May and June, the median age decreased to 68 and 76 weeks respectively as we concluded frontloaded cases through our direct listing process. The youngest cases in both months were concluded at a final hearing was 25 weeks since the ICP decision. This is significantly lower than our KPI of 39 weeks. This is as a result of frontloading investigations. The age range show we are continuing to conclude our older cases.

Figure 5 – ICP to final hearing decision median



Case volumes at each stage

3.7 Figures 6 to 8 below show the number of open cases in our Threshold, Investigations and post-ICP teams respectively.

3.8 At the start of the year we saw an increase in cases in the Threshold team (Figure 6), related to an increase in cases coming through from an expanded Triage team. This has now started to plateau. We have created additional capacity to manage these cases by using resource provided by our external legal providers. We are also prioritising the progression of our Investigations teams cases for cases which meet our Threshold criteria.

3.9 The Investigations caseload (Figure 7) increased during March and April reflecting the work we have done to prioritise the flow of cases that meet our threshold criteria. The caseload includes 73 cases which are subject to the conclusion of a criminal or other third-party investigation, which means we are unable to progress the case to the ICP stage. As at the end of June, a further 116 cases are listed for a future ICP, which is the highest number of listed ICPs since December 2021.

3.10 We have generally maintained our post-ICP caseload at under 500 cases. There has been a slight uplift in the number of post-ICP cases at the end of June 2022, due to a number of cases that went part-heard in the month. Reasons for cases going part-heard include witness evidence taking longer than expected, participant illness and/or availability, additional evidence being provided during the hearing. In addition, as set out at paragraph 5.1 below, we have experienced some challenges with Legal Assessor availability. This means we have had to list hearings in two parts which increases the time before a hearing concludes. Recruitment to increase our pool of Legal Assessors is underway.

Figure 6 – number of open Threshold cases

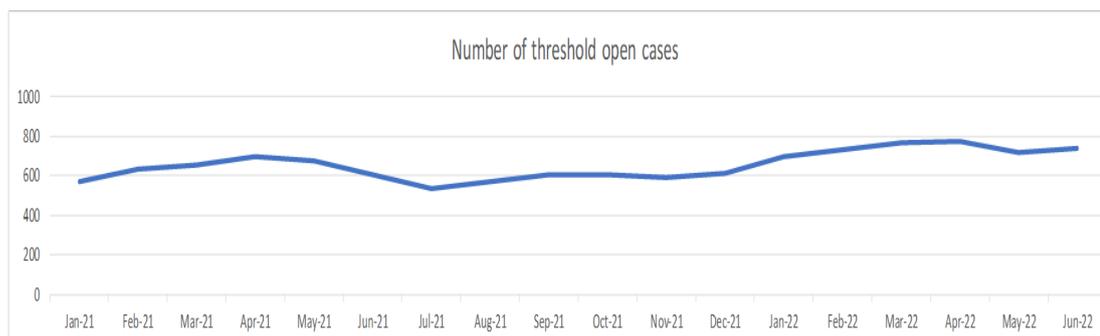


Figure 7 – number of open Investigations cases (including SCT)

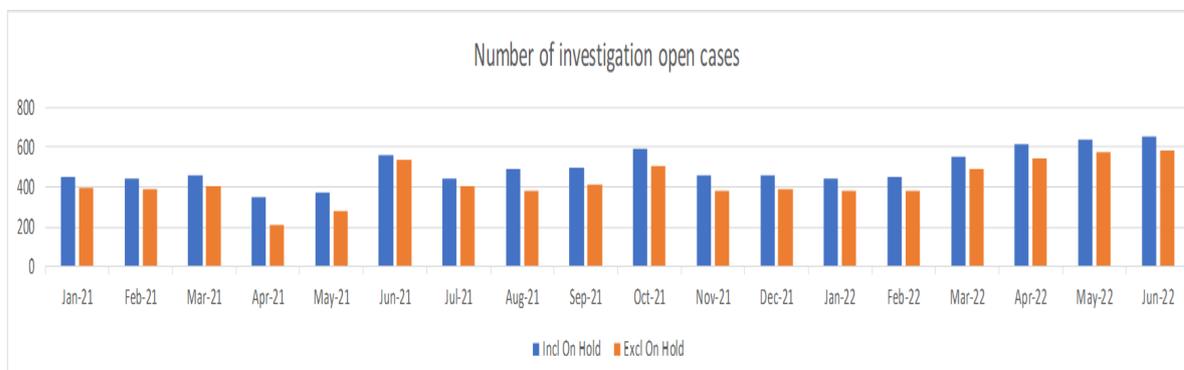
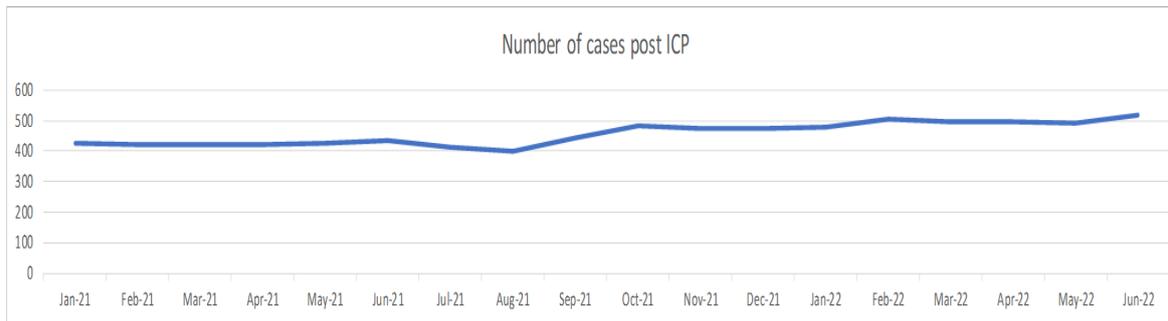


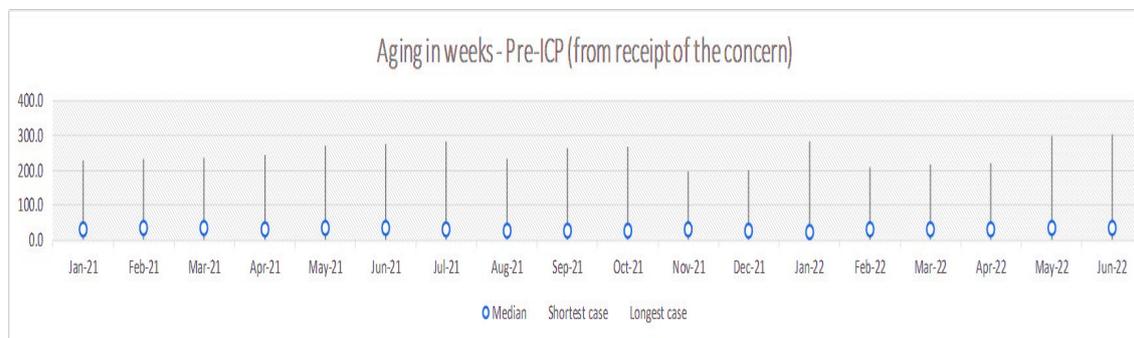
Figure 8 – number of open post-ICP cases



Age profile of the live caseload - medians

- 3.11 We know that improving the age profile of cases takes time, particularly when measuring to the point a case is concluded at the ICP stage or HCPTS panel.
- 3.12 As we set out to Council in November 2021, the median age of cases closed is a retrospective measure and will be affected by the volume of cases considered by an ICP or HCPTS panel in each month. Progressing our oldest cases through the process will therefore also affect that median age.
- 3.13 Alongside case volumes and age at point of case conclusion (as outlined above), also looking at the median age of our live caseload provides a rounded view of our performance.
- 3.14 Figure 9 shows the median age of our live pre-ICP caseload. The median age has been consistently under our 33 week KPI since July 2021. In May and June 2022 this increased slightly to 35 weeks. This is due to a third party investigation being taken out of an 'on hold' status in May.

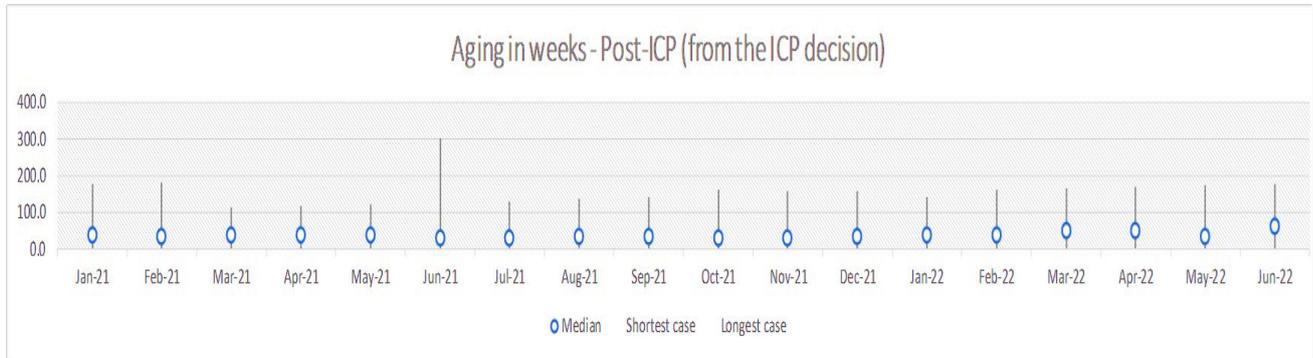
Figure 9 – median age of live pre-ICP caseload



- 3.15 The median age of the live post-ICP caseload (Figure 10) is below our 39 week KPI, and has been so since May 2021.

- 3.16 The age of the oldest case post-ICP has increased slightly at the end of June. We would expect to see the age profile of the post-ICP caseload increase as the older cases are progressed through the process.

Figure 10 – Median age of the live post-ICP caseload



4. Overview of phase 2 improvement projects

- 4.1 In September 2021, 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 six projects in Phase 2. The key areas of work that have commenced are:

4.1.1 **Application of our consensual disposal policy** – the work we have done to review how we identify suitable cases for disposal by consent is now embedded as business as usual. In May and June, we concluded 3 and 4 cases by consent respectively.

4.1.2 **Tone of Voice review** – we have finalised our style guidance and completed the review of a small number of our letters/emails. A prioritisation task for the remaining template letters/emails is underway.

4.1.3 **Lay Advocacy** – We are in discussions with our proposed supplier. Training for the team is planned for next month as part of the roll out of this new service.

4.1.4 **Phase 2 of the Case Management System** – a series of requirements gathering workshops took place in January and February 2022. We have now completed the prioritisation work and are planning to commence the development of sprint one before the end of July.

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

5. Key risks and mitigation

5.1 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** – 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 (factored into the FY2022-23 budget). New legal providers have been appointed following a full procurement exercise. The new contracts come into effect from 1 April 2022 and frontloading of investigations started in July 2022.
- **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. In June a new senior manager with oversight of the Investigations function joined the team, and our new Deputy Head of FtP starts at the end of July. We have ongoing campaigns for case managers and our new training and standards roles.
- **Legal Assessor availability** – along with other regulators we have seen challenges with the availability of Legal Assessors who sit on all hearings. This is due to the uplift in court activity. This means that we have had to list some hearings in two parts, which increases the length of time for a matter to conclude. Recruitment to increase our pool of Legal Assessors is currently underway and we expect to have them in post by the autumn.
- **Staff absences** – we continue to see high rates of short-term sickness absence in the department (as has been the case across the HCPC and many other organisations). 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. We are also trialling buddy systems in the team to support improved continuity of case management whilst a team member is on leave.

- **Need for regulatory reform** – the changes we are making are helping progress older cases and improve the quality of our decision making and investigations. However, to be able to accelerate the improvement of the timeliness of our FtP process we need legislative change to enable us to conclude cases earlier on in the process. At the moment all cases where there may be a case to answer (which is a low bar) must go to a final hearing. We are working closely with the DHSC on the plans for regulatory reform and proactively working with the DHSC on the GMC's draft legislation which will be the blueprint for the other regulators.

6. Next steps

- 6.1 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 has taken place. Prioritisation of remaining templates is underway.		
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. Contractual discussions underway with supplier. Initial training with supplier took place in June. Further pre-go live training for teams planned for August.		
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 identified cases have either been progressed to a hearing or are in the approval process. Regular review of cases for consent is now embedded in the post-ICP case management process.		
4	Case management and investigation – embedding the learning from frontloading pilot.		In progress. We have appointed our legal providers with the contract starting on 1 April 2022. We are reviewing our frontloaded processes following the pilot as we scale up frontloading with our external legal providers, which started in July 2022.		
5	CMS – phase 2 – this will be managed by the HCPC's Major Projects team.		Requirements gathering exercise commenced in January. Scoping of phase 2 requirements is complete and prioritisation of project workstreams has taken place. Sprint one of the delivery of the change work is set to commence in July 2022.		
6	Review of KPIs and process for Protection of Title cases		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. This project will commence in Q1 2022-23 as discussed with the FtP Improvement Board.		