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## Fitness to Practise Performance Report

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### Executive Summary

This paper provides Council with an update 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.

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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 26 May 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 Improving our performance in Fitness to Practise (FtP) remains a priority for the HCPC in 2022. The focus is embedding the changes we made during 2021 and continuing to make further improvements. Our overarching aim is to improve the quality and pace of our management of FtP cases.
- 1.2 This paper provides:
- An update on our performance in relation to the quality and timeliness of case investigations.
  - An update on the targets we set ourselves to improve the performance of the open caseload against our KPIs.
  - An update on the improvement projects we began in September 2021.
  - A summary of key risks and mitigations.
  - In Appendix 2 we have also provided data on our Protection of Title caseload. This is because improving our Protection of Title processes is a key part of our phase two improvement programme this year.

### 2. Quality of case investigation

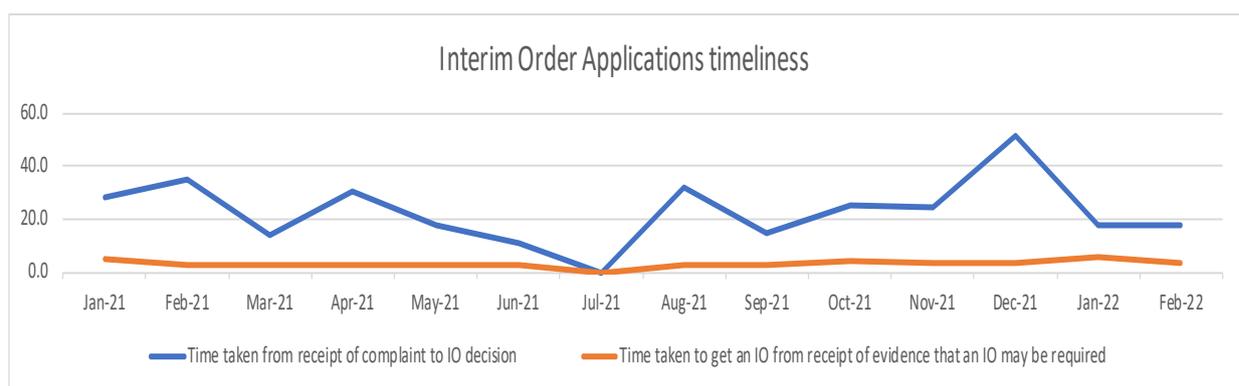
- 2.1 In this section we provide an overview of our performance in relation to the quality of our case investigations. As we have done previously we have broken this down by themes of the key benefits we are seeking to achieve through the FtP Improvement Programme. These are:
- Risk management and Interim 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.

- 2.3 Figure 1 shows performance against the two measures of timeliness. 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 target. In January the target was missed due to the Christmas holidays, which meant that interim order hearings did not take place for two weeks in December. In February we were back within our KPI.
- 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 increased in December, due to a criminal investigation on a case we received in 2019 concluding with a charging decision in October 2021.
- 2.8 In January and February we have improved our performance, reducing the time taken to 17 weeks in both months. This is the lowest time since September 2021. Whilst this is still short of our 12 week target, when factors outside of our control are excluded we are able to demonstrate improvement in our performance.

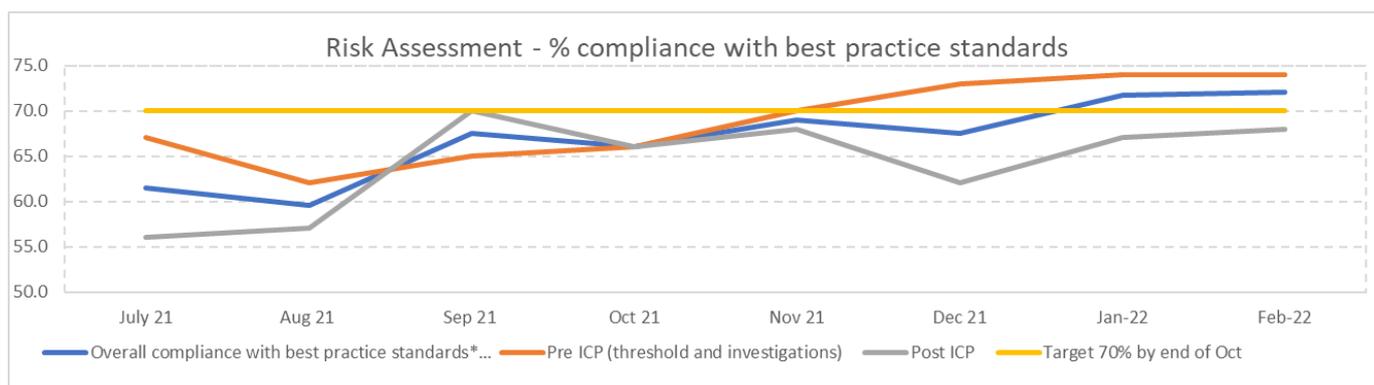
**Figure 1 – Interim Order performance**



*Risk management – Adherence with our Best Practice Standard*

- 2.9 We continue to monitor the quality and timeliness of our risk assessments through monthly front-line checks. 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).

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

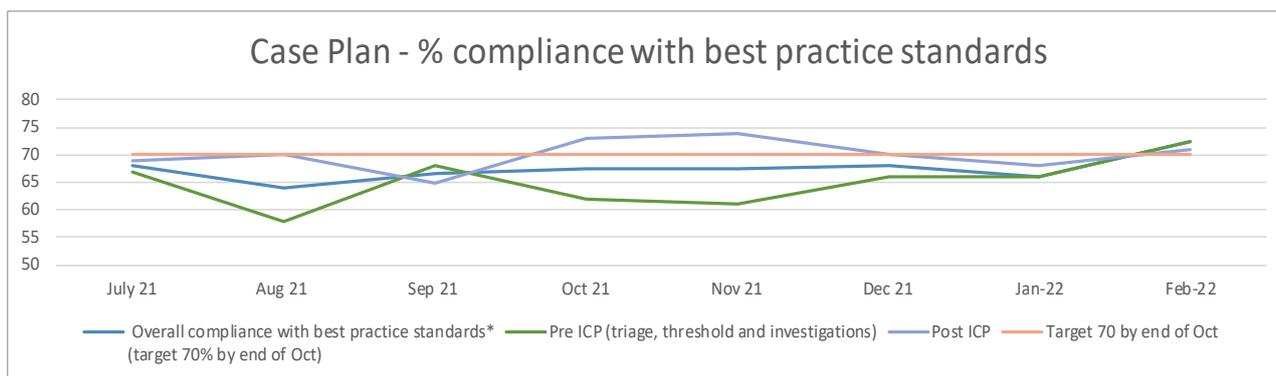


- 2.10 In January 2022, we achieved 72% adherence to the Best Practice Standard as a department overall. This was the first time we have met this target when measured across the whole of the department. We continued to meet this target in February.
- 2.11 In the pre-ICP team adherence was at 74% and in the post-ICP team it was 68%. The learning identified for the post-ICP team in particular related to the level of detail in the risk assessment and consistency of approach to updating a risk assessment when there has been no change to the risk profile.
- 2.12 There is still more to do to reach the 90% adherence stretch target we set ourselves. Our aim is to achieve 80% adherence with Best Practice Standards across all teams by the end of Quarter 1 2022-23. During February and March we have completed a series of three workshops involving all those who carry out the quality checks, supported by the Quality Assurance team. The objectives of the workshops 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. We will also be making improvements to the risk assessment workflows as part of the Phase 2 development of our case management system.

*Case planning – adherence with our Best Practice Standard*

- 2.13 The quality of our case planning is also monitored on a monthly basis through front-line checks. 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% as our stretch target.
- 2.15 In February we achieved the target of 70% for the department overall for the first time, with 73% of case plans assessed as adhering to our standards. This result was matched at the team level, with both pre-ICP and post-ICPs teams meeting the target.

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



2.16 Our key areas for improvement in case planning continue to 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.

2.17 In addition to the workshops mentioned at paragraph 2.14, we are providing further training to the teams in March 2022 with a focus on the development of the case plan during the investigation.

### 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
- Performance against our KPIs
- Team productivity

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

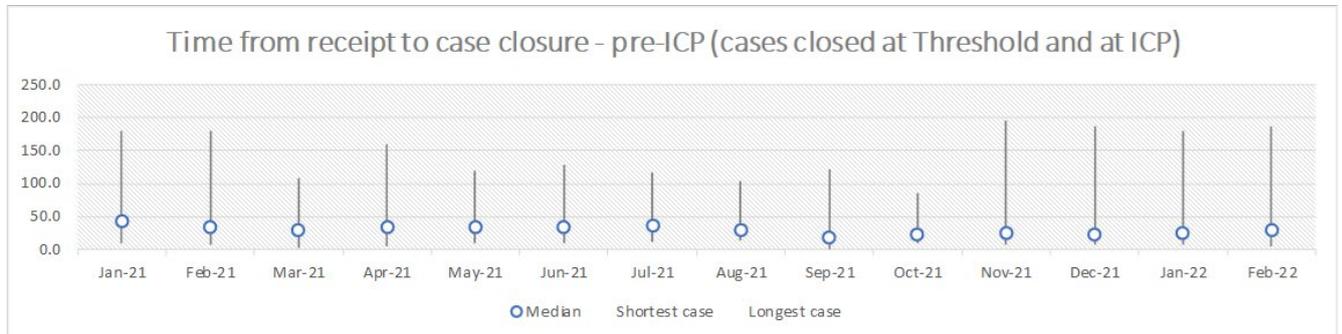
3.2 Building on the data provided to Council in November 2021, Figure 4 below shows the median age of cases closed at the Threshold and ICP stages (i.e. all pre-ICP case closures) month on month.

3.3 Since November 2021, the age range of cases that we have closed pre-ICP has increased as we have progressed our older cases through to the ICP stage. However, the median age of cases closed has remained within our 33-week pre-ICP KPI since August 2021.

3.4 The fact that the median has remained consistent as the age of the oldest cases closed increases demonstrates that newer cases continue to be

progressed to ICP in addition to the older cases. In February 2022, the age of the youngest case to be closed was 4.5 weeks.

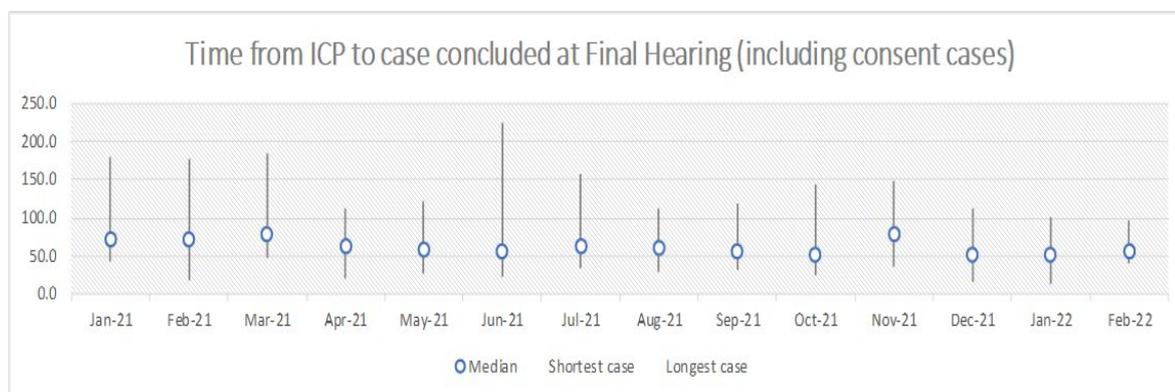
**Figure 4 – receipt to closure at Threshold or ICP decision median**



3.5 Figure 5 below shows the median age of cases that were closed at a final hearing (including cases resolved by consent). Since December the median age has been between 53 and 56 weeks, against our KPI of 39 weeks. We expect the median age at the point of case conclusion to be above KPI as our older cases progress through the system.

3.6 Since December we have seen younger cases being concluded at a Final Hearing. The youngest cases concluded in December and January were 16 and 14 weeks respectively. This reflects the impact of the direct listing process, as we held our first final hearings for cases that had been involved in the frontloading pilot.

**Figure 5 – ICP to final hearing decision median**



*Case volumes at each stage*

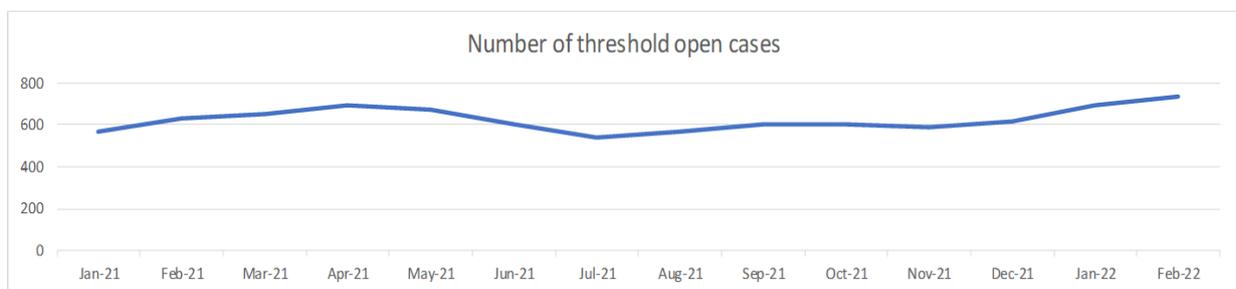
3.7 Figures 6 to 8 below show the number of open cases in our Threshold, Investigations and post-ICP teams respectively.

3.8 We have seen an increase in the number of cases in the Threshold stage since December (Figure 6), related to an increase in cases coming through from the Triage team. This is due to increased capacity leading to efficiencies

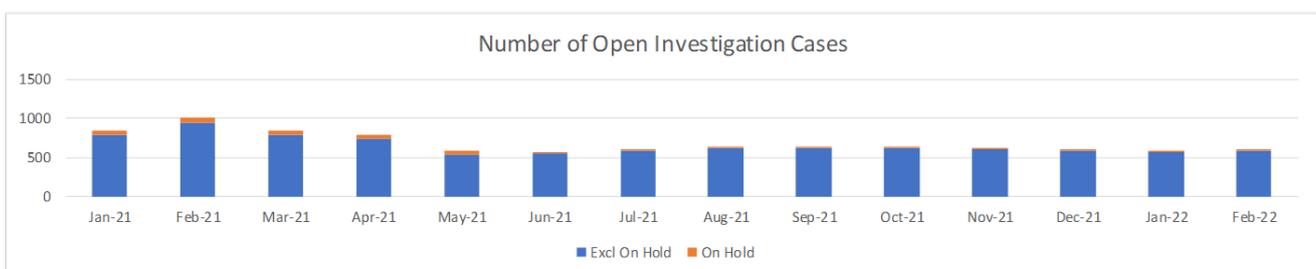
in the Triage team. We have created additional capacity to manage these cases by using resource provided by our external legal providers. We are also prioritising the progression of cases in our Investigations teams for cases which meet our Threshold criteria.

- 3.9 The data for the Investigations team now includes the serious case team. Cases relating to ongoing criminal investigations which we are unable to progress are excluded from the data as they are outside of our control.
- 3.10 The Investigations caseload (Figure 7) has decreased during 2021 and remained broadly consistent over the last few months. The caseload includes 52 cases which are subject to the conclusion of a third-party investigation (non-criminal investigation), which means we are unable to progress the case to the ICP stage.
- 3.11 During 2021 we 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 February 2022. We were unable to conclude as many final hearings as we planned for this year. This was due to the impact of COVID on panel member availability, registrants and witnesses, as well as resourcing of the Scheduling team. We have planned to increase the number of final hearings in our budget assumptions for the next financial year, to reduce the number of cases waiting for a final hearing.

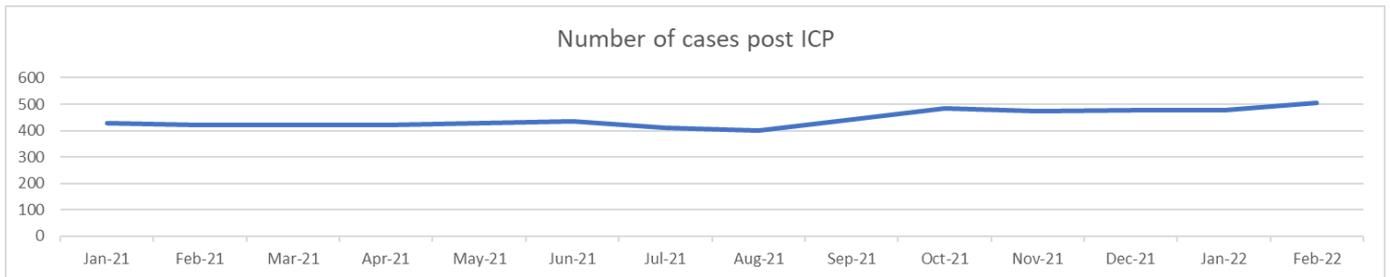
**Figure 6 – number of open Threshold cases**



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



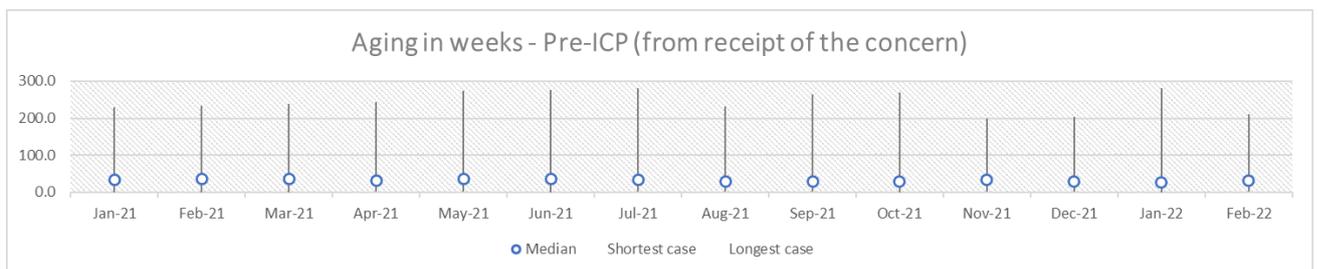
**Figure 8 – number of open post-ICP cases**



*Age profile of the live caseload - medians*

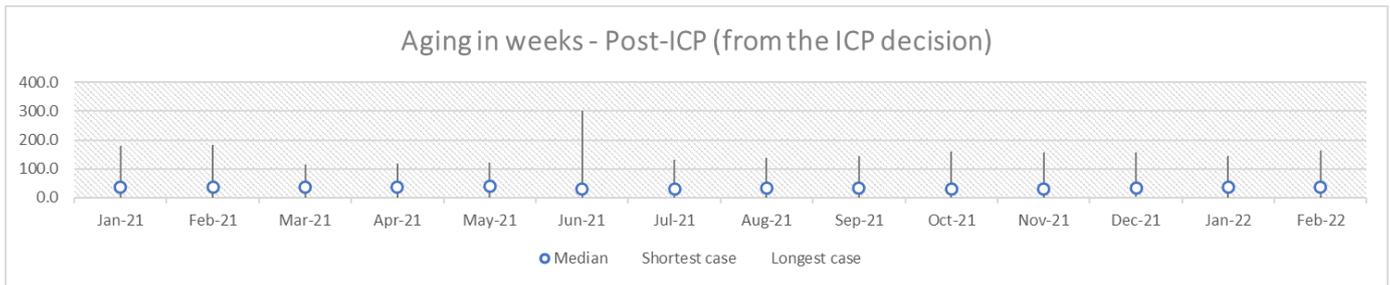
- 3.12 We know that improving the age profile of cases takes time, particularly when measuring to the point a case is concluded at the ICP stage or HCPTS panel.
- 3.13 As we set out to Council in November 2021, the median age of cases closed is a retrospective measure and will be affected by the volume of cases considered by an ICP or HCPTS panel in each quarter and the proportion of those cases that are aged. Progressing our oldest cases through the process will therefore also affect that median age.
- 3.14 Alongside case volumes and age at point of case conclusion (as outlined above), looking at the median age of our live caseload provides a rounded view of our performance.
- 3.15 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. At the end of February 2022, the age of the oldest case had reduced by 72 weeks since January as one of our older cases concluded at ICP.

**Figure 9 – median age of live pre-ICP caseload**



- 3.16 The median age of the live post-ICP caseload (Figure 10) is below our 39 week KPI, and has been so since May 2021.
- 3.17 The age of the oldest case post-ICP has increased slightly at the end of February 2022 on previous months. 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**

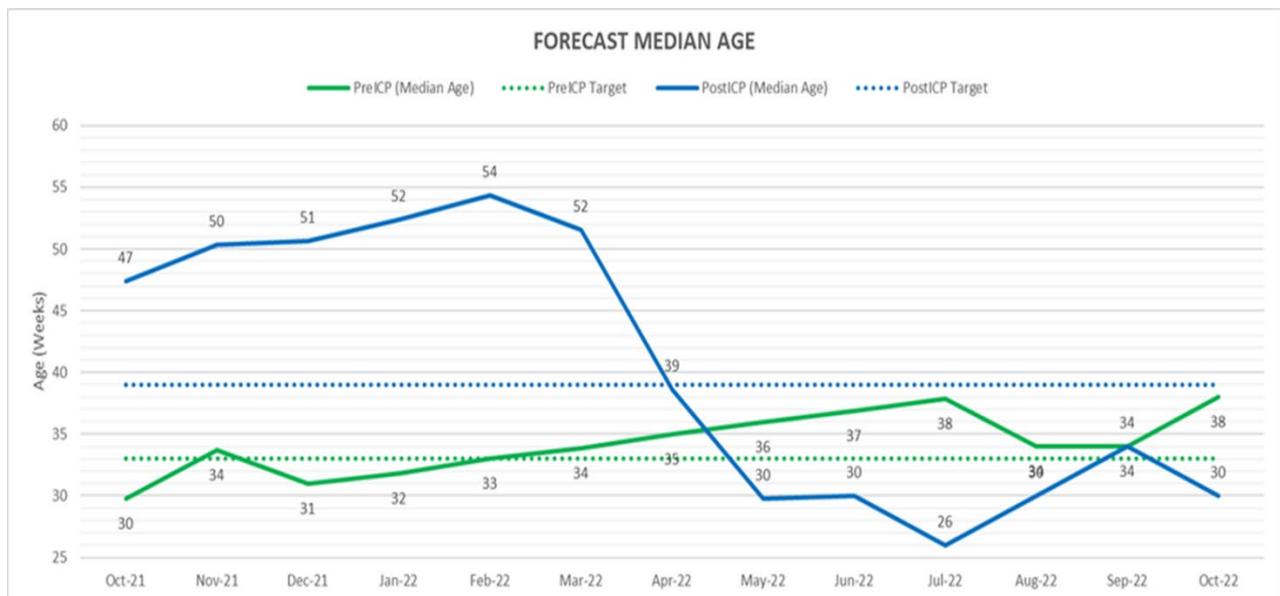


3.18 In November we provided Council with a forecast of the median age of our open caseload over the next 12 months based on a model we had developed (Figure 11 below).

3.19 The median age of the pre-ICP caseload at the end of February 2022 was 33 weeks, in line with our forecast.

3.20 The median age of the post-ICP caseload at the end of February 2022 was 37 weeks, which is ahead of our forecast median of 54 weeks.

**Figure 11: Forecast median age of the open caseload**



*Live performance of the teams – performance against KPIs*

3.21 In November we shared with Council the improvements we had seen since January 2021 in the proportion of our caseload at each stage that was within our KPI.

3.22 We recognise that there is still more to do and we set ourselves the following targets to increase the proportion of the caseload within KPI at each stage by the end of March 2022.

- Threshold: increase to 55-60% of cases within KPI
- Investigations: increase to 60-65% of cases within KPI
- Post-ICP: increase to 60-65% of cases within KPI

3.23 Overall, 68% of the pre-ICP caseload is within KPI. This reached a high of 76% at the end of January.

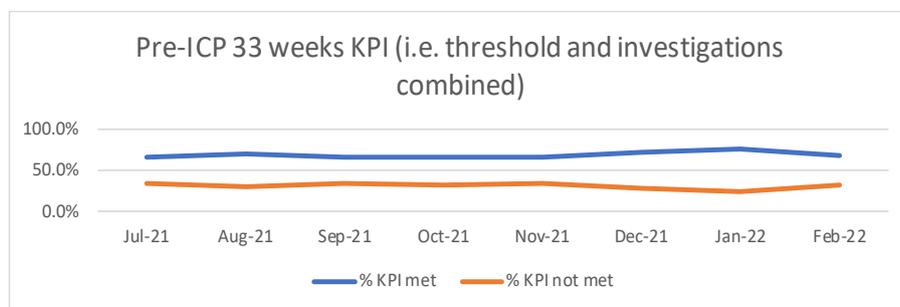
3.24 Our pre-ICP teams have been particularly affected by staff absences due to sickness (including COVID) and annual leave since December.

3.25 The proportion of the post-ICP caseload within KPI at the end of February was 54% compared to 44% at the end of November 2021 (Figure 13). It is still 6% short of the target we set-ourselves to achieve by the end of March.

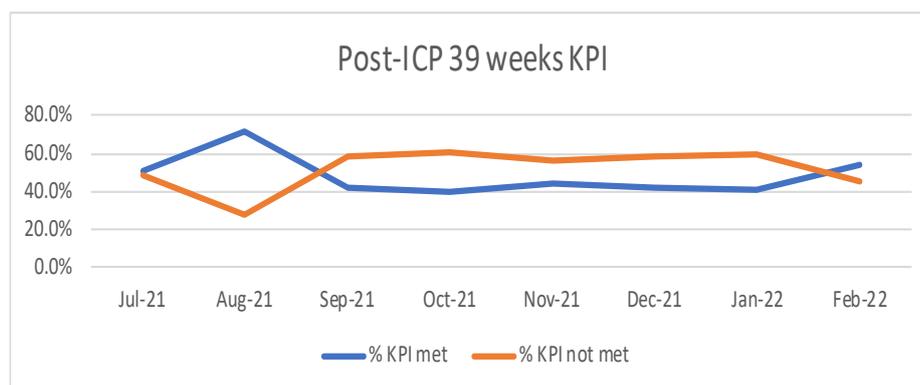
3.26 Whilst there has been some improvement in our performance against the KPI measure, we are still not where we want to be with a month to go before the end of the target.

3.27 We have taken a number of steps to address this, including moving available resource across teams, revising team productivity KPIs in some areas, and identifying threshold-met cases earlier so they can be advanced through the process (e.g. conviction cases).

**Figure 12: pre-ICP performance against KPI**



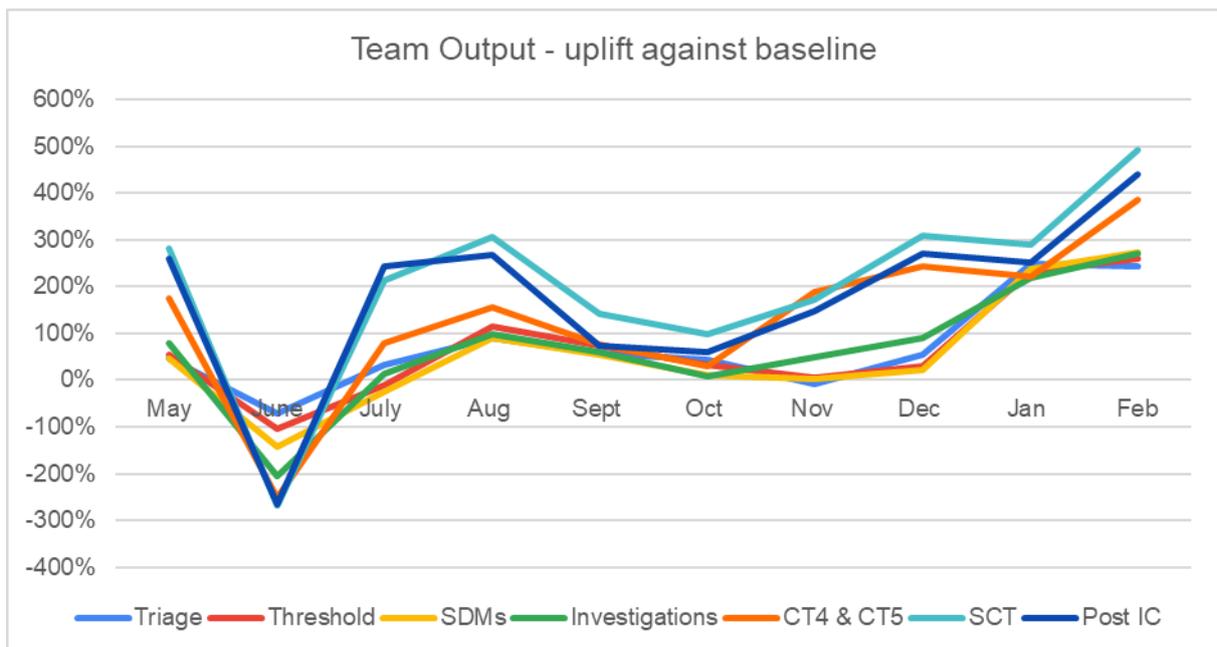
**Figure 13: post-ICP performance against KPI**



*Live performance of the teams – team productivity*

- 3.28 We have previously shared with Council data relating to the team’s productivity, following the introduction of the Perform Plus ways of working.
- 3.29 Figure 14 tracks the productivity of each team against the baseline set at the start of the Perform Plus programme.
- 3.30 All teams have seen an increase in productivity against the pre-Perform Plus ways of working. The dip in performance in June 2021 was expected and related to the go live of our new case management system at the start of June. Subsequent, smaller dips in performance are linked to the onboarding and training of new members of the team.
- 3.31 In April we will be reviewing the baselines to ensure they reflect current ways of working and support continued improvement in productivity.

Figure 14 – team productivity



## 4. Overview of phase 2 improvement projects

- 4.1 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 six projects in Phase 2. The key areas of work that have commenced are:
- 4.1.1 **Application of our consensual disposal policy** – between 1 September 2021 and 31 December 2021 we concluded 11 cases by consent. A further 13 consent cases are scheduled for a hearing before the end of March 2022. 29 other cases have been identified as suitable for consensual disposal and are progressing through the approval and listing stages.
  - 4.1.2 **Tone of Voice review** – we have finalised our style guidance and completed the review of a small number of our letters. A prioritisation task for the remaining letters is underway.
  - 4.1.3 **Lay Advocacy** - in October 2021, the framework agreement for the Lay Advocacy providers went live, following a procurement process led by the NMC. We have met with both suppliers to learn more about the service they provide, and are now exploring what the service might look like for us.
  - 4.1.4 **Phase 2 of the Case Management System** – a series of requirements gathering workshops took place in January and February 2022. We are now in the prioritisation phase and working with our supplier on timescales for delivery.
- 4.2 A high-level progress update for each project is provided at Appendix 1. Those projects that have yet to start are included as workplan activities for the next financial year.

## 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. There are budget implications for introducing frontloading which we continue to discuss with Council as we finalise next year's budget. New legal providers have

been appointed following a full procurement exercise. The new contracts come into effect from 1 April 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. Subject to budget approval we plan to introduce dedicated training resource within FtP, who will also be responsible for owning our Best Practice Standards and other guidance. This will not only ensure consistency and quality of our inductions and ongoing training, but will also assist in freeing up team capacity which is currently directed towards training.
- **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.

## 6. Next steps

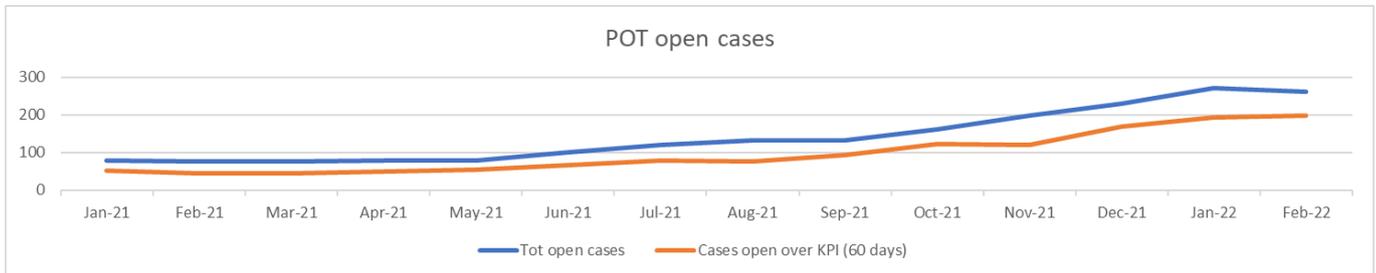
- 6.1 We will continue to update Council on our progress against our improvement plan at each meeting in 2022 or until Council has sufficient assurance of our progress to reduce the frequency of reporting.

## Appendix 1: Project status report

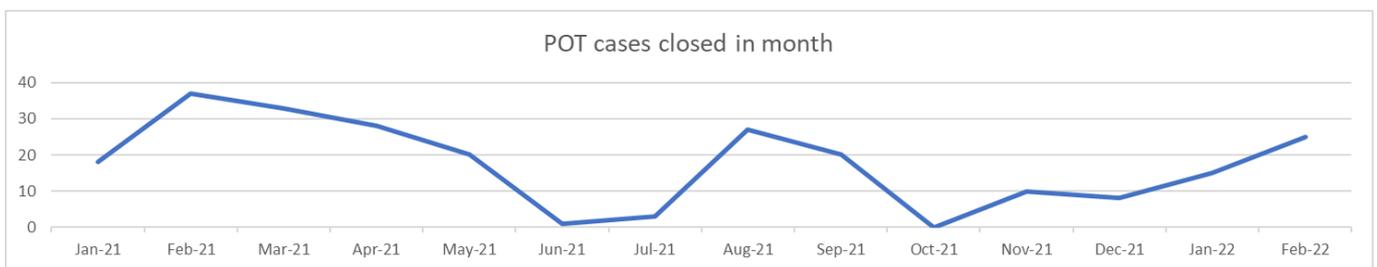
	Project	RAG	Progress update	R&I	Plan
1	Risk assessment quality and adherence to best practice standard internal review		In progress. Monthly quality assurance checks in the department continue. QA team review and support of the process is in progress.		
2	Improving communications, engagement and support 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. 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 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. 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. We have appointed our legal providers with the contract starting on 1 April 2022.		
5	CMS – phase 2 – this will be managed by the HCPC's Major Projects team.		Requirements gathering exercise commenced in January. Prioritisation of deliverables and scoping of project to start in March.		
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.		

## Appendix 2: Protection of Title (POT) Performance data

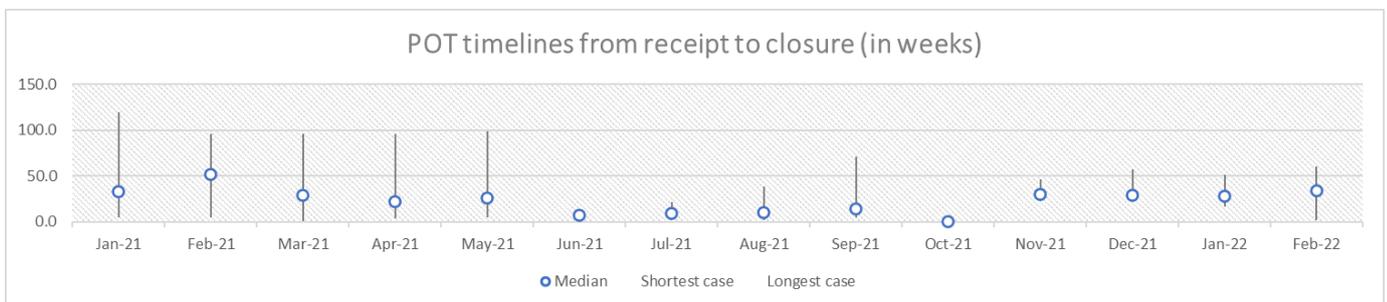
**Figure A: Number of open POT cases and cases open over KPI**



**Figure B: Number of POT cases closed in each month**



**Figure C: Age of POT cases at closure**



- 1.1 In February the number of open POT cases fell for the first time following a period of month on month increases since May 2021. However, the caseload is still higher than our usual work in progress numbers.
- 1.2 There have been challenges to our ability to progress POT cases in the second half of 2021 as we continued to experience some delays in third party providers and organisations being able to provide information due to COVID. This is something we continue to monitor. We have also seen an increase in POT referrals relating to misuse of title details appearing on 'bot' websites, which automatically index content from the internet. It is particularly challenging to request the removal of material from these websites as there is no clear owner or responsible party.

- 1.3 The team that manages POT cases also manage our Health & Character Declaration (DEC) cases. This is because protection of title issues can arise in declaration matters.
- 1.4 As Council will be aware we saw a significant increase in applications to join the Register last year, which meant there was a resultant significant increase in the number of Health and Character declarations that required assessment. In 2021 there was a 62% increase in the number of DEC cases we received (204 in 2021 as opposed to 126 in 2020). Additional DEC cases (a number of which also raised protection of title issues) required additional resourcing which impacted on resourcing for POT cases.
- 1.5 The number of POT cases closed in February was the highest since August 2021 though is still lower than where we would like it to be. The median age of cases closed has also increased as some of the older cases are resolved, though there is still more to do to reduce the number of cases over KPI on the team.
- 1.6 We now have full headcount in the Case Officer team and the two new team members who joined at the end of the year have made a good start to their induction and training. An operational plan to reduce the number of open POT cases is now in place.
- 1.7 The project work to review our POT processes and KPIs, which forms part of Phase 2 of the FTP Improvement Programme, will commence in Quarter 1 2022-23.