
Fitness to Practice Performance Report - July

Executive Summary

This paper provides:

- 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 and on the support we provide to those involved in the FTP process.
- As agreed at the last meeting of Council in May we also provide an analysis of our older cases.
- a brief update on the projects we started in September 2021 as part of Phase 2 of our Improvement Programme.

Council is asked to note the progress made.

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	The Council is asked to note the update.
Next steps	The next report on progress will be provided to Council on 21 September 2023
Strategic priority	Strategy priority 1: Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation.
Financial and resource implications	Financial and resource implications are provided for in the FTP 2023/24 budget.
EDI impact	Improving the quality and timeliness of our management of fitness to practise cases will support all involved in the cases. In particular, Phase 2 improvement projects include developments that will improve our communication and support for those involved in

fitness to practise cases and who are particularly vulnerable or in need of additional support and reasonable adjustments.

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Fitness to Practise Performance Report – July

1. Introduction

- 1.1. As Council is aware, improving our performance in Fitness to Practise (FTP) remains a priority for the HCPC. The focus remains on embedding the changes we have made to date and continuing with further improvements.
- 1.2. Our overarching aim is to improve the quality and pace of our management of FtP cases.
- 1.3. This paper provides:
 - An update on our performance in relation to the quality and timeliness of case investigations, with a focus on our older cases.
 - An update on the phase 2 improvement projects we began in September 2021 (Appendix 1)
 - A summary of key risks and mitigations

2. Quality of case management

- 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 this part of our improvement work. 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. We now meet PSA Standard 17 which relates to how we assess and manage risk on cases. Whilst we are pleased that the improvements we have made in this area have been recognised by the PSA we will continue to monitor our performance in managing risk. Identifying high risk cases as soon as possible is a key part of ensuring we protect patients and service users.
- 2.3. A measure of how effectively we complete and keep up to date the risk assessments of our cases is the time it takes to apply for an Interim Order. Figure 1 shows our performance against the two measures of timeliness in relation to Interim Orders.
- 2.4. In May 2023, 21 Interim Order applications were made, which is a significant increase on previous months. In March 2023 we made 11 applications and in April 2023 we made eight applications. We have reviewed the cases where an application was made and there are no discernible trends in the cases where

an IO was applied for. The increase in May appears to be a result of receiving relevant information on cases in April and early May that increased the risk profile of those cases. We expect the number of IO applications in June to return to normal levels, which is on average 9 applications a month.

- 2.5. The orange line in Figure 1 shows how quickly we progress a matter to an Interim Order hearing once we have identified the need for an Interim Order. Despite the increase in volume, we have continued to maintain our target of three weeks in May 2023.
- 2.6. The blue line identifies how quickly we progress a matter to an Interim Order hearing from receipt of the concern. Our target for this measure is 12 weeks. In May 2023 our performance was 15 weeks. This includes six cases where we had to wait for a third-party investigation to conclude or reach a particular evidential stage before we could apply for an interim order. Performance against this measure was also impacted by a long-running case where new information was received that increased the risk profile.
- 2.7. The risk presented in a case can change as we progress the investigation. It may be that on receipt of the initial concern the risk is identified as low, but this increases on receipt of further information and a greater understanding of the scale or seriousness of the concern.

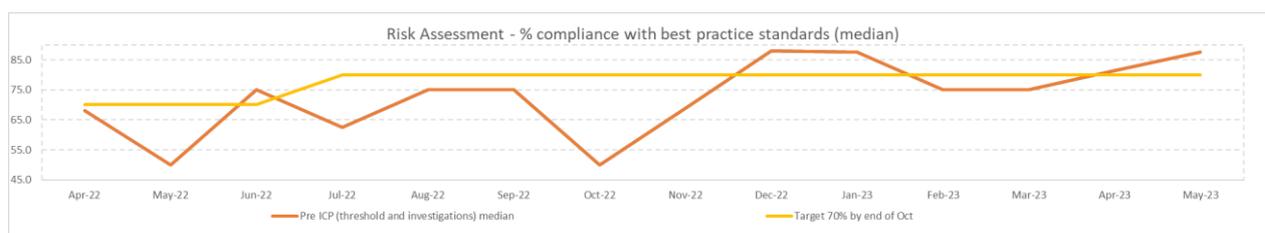
Figure 1 – Interim Order performance



Risk management – adherence with our Best Practice Standard

- 2.8. Monitoring the quality and timeliness of our risk assessments continues. In March 2022 we increased our target to 80% adherence from the end of Q1 2022/23, to support our aim to achieve 90% stretch target we have set ourselves.
- 2.9. Figure 2 shows, that we dipped slightly below this target in February and March 2023. In response we provided additional coaching, support and oversight to newer and less experienced Case Managers.
- 2.10. In April 2023, we began to achieve the target and in May 2023, achieved 87% compliance with our best practice standard. This shows that the steps we have taken have enabled us to correct our course quickly and again achieve our quality target.

Figure 2 – quality of risk assessments: performance against target



Case planning – adherence with our Best Practice Standard

2.11. Monitoring the quality and timeliness of our case plans also continues, and we increased this target to 80% adherence in March 2022 after meeting our initial target of 70% adherence to our best practice standard in January and February 2022.

2.12. Between December 22 and February 2023 we exceeded the 80% target, and this dipped in March 2023 to 75%.

2.13. Additional coaching, support and oversight was provided to newer and less experienced Case Managers to ensure that we again achieved and maintained our performance at or above our 80% target. In April 2023, our compliance remained at 75%, and in May 2023 it has increased to 92%. As outlined above, this again shows that monitoring our performance closely and taking action when performance does dip enables us to get performance back to our expected levels quickly.

Figure 3 – quality of case planning: performance against target



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:

- Case volumes at each stage of the process
- Age profile of the live caseload
- An analysis of cases in the upper age quartile
- Age profile of cases at the point of case conclusion

Case volumes at each stage

- 3.2. Figures 4 to 6 show the number of open cases in our Threshold, Investigations and Post-ICP teams respectively.
- 3.3. In March 2023, we provided some additional coaching and support to our Triage team, as we were beginning to see an increase in the volume of open triage cases. In March 2023, we had 179 open triage cases and this investment has enabled that number to reduce to 102 at the end of May 2023. At the time of writing, the number of open triage cases was 71.
- 3.4. We can see the impact of this work on the volume of open Threshold cases, which has increased slightly to 573 in May 2023. 43 of these cases are on hold pending the conclusion of a third-party investigation.
- 3.5. In February 2023, we began introducing new ways of working within our Investigations team, to respond to an increasing caseload for that team. This has included working closely with the management team responsible for our investigations to ensure they have the governance structure and oversight required to drive performance and throughput of cases.
- 3.6. Our open Investigation case load has begun to reduce, from 891 in March 2023 to 794 in May 2023. 66 of these cases are currently listed for a future Investigating Committee Panel. 44 of them are on hold pending the conclusion of a third-party investigation. This means the number of cases under active investigation in the Investigating team is 684.
- 3.7. The number of cases at the post-ICP stage continues to reduce. In March 2023, we had 495 open post-ICP cases, and in May 2023 we had 489. 70 of these cases are listed for a future final hearing and a further 69 are in the process of being scheduled for a final hearing.

Figure 4 – number of open Threshold cases

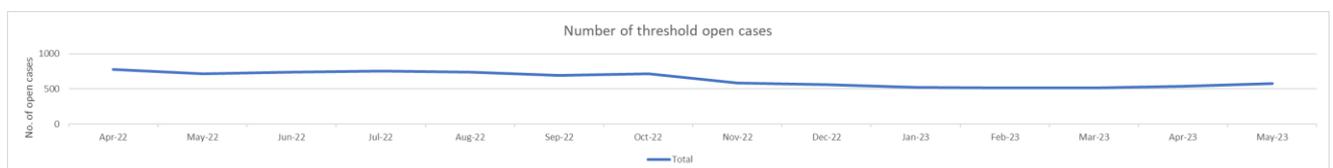


Figure 5 – number of open Investigations cases



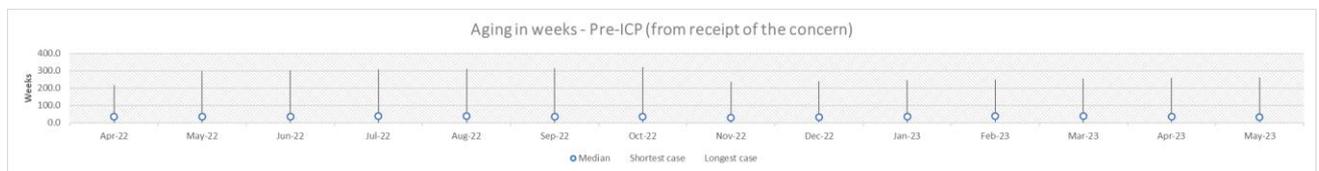
Figure 6 – number of open post-ICP cases



Age profile of the live caseload

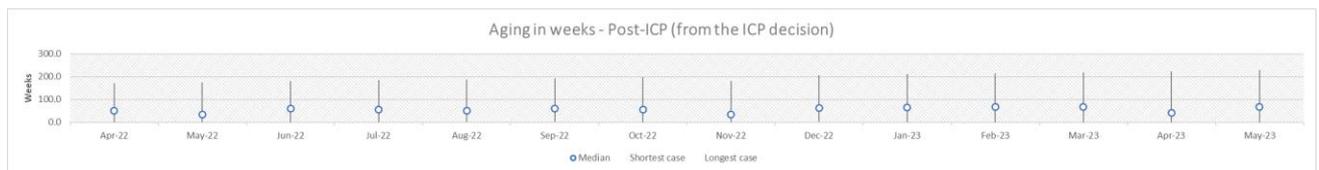
3.8. Figure 7 shows the median age of our live pre-ICP caseload. At the end of May 2023, the median age of our open pre-ICP caseload was 33 weeks which meets our KPI of 33 weeks for this stage of the process. The youngest case was 1 week and the oldest was 263 weeks. The oldest case was subject to a third-party investigation that impacted our ability to progress our investigation. It has now been closed.

Figure 7 – median age of live pre-ICP caseload



3.9. As our older cases progress through to the post-ICP stage, the median age of cases at this stage of the process increases. At the end of May 2023, the median age of cases at this stage was 67 weeks, which continues to sit above our KPI of 39 weeks from the ICP decision. The youngest case at this stage was 1 week and the oldest at 227 weeks.

Figure 8 – median age of the live post-ICP caseload



Analysis of cases in the upper age quartile of live cases

3.10. We understand that being involved in an FtP case can be stressful. Therefore, any case that is over our KPIs should be considered ‘old’. This can be due to cases that are on hold due to a third-party investigation or are complex in terms of the issues raised or the nature of the investigation we need to carry out. It can also be because we have not progressed the case as quickly as we could have done. For the purposes of this analysis, we have looked at the oldest cases in the caseload based on the median age range in figures 7 and 8 above.

3.11. At the end of May 2023, 320 cases are in the upper quartile of the median age range of the pre-ICP caseload. This represents 17% of the total pre-ICP

caseload. 10% of those 320 cases are currently on hold due to a third-party investigation.

- 3.12. Once a case ceases to be on hold, and is being actively progressed again, the age of the case will include the time accrued whilst it was placed on hold. Our reporting is not currently able to subtract from the total case age the period of time a case(s) was previously on hold. We know, however, that a sizeable proportion of our 320 oldest cases (in addition to the 32 currently in this status) have been on-hold at some time during the investigation. To understand the impact on our case age of the time accrued due to a case having been on hold we would need to manually go through each case to review why and how long they were on hold for. Cases that are on hold are monitored regularly by case managers and team managers to ensure that active investigation resumes as soon as we are able to do so. All old cases have a corrective case plan to target any blockers to progression and to ensure we are focused and proportionate in progressing the case to the next decision-making stage.
- 3.13. If those oldest cases were extracted from the total pre-ICP caseload, the median age of the live pre-ICP caseload would be 23 weeks, which is significantly below our 33-week KPI.
- 3.14. 123 cases are in the upper quartile of the median age range of the post-ICP caseload. If these oldest cases were extracted from the total post-ICP caseload, the median age of the caseload would be 46 weeks. This is noticeably less than the current median of 67 weeks and closer to the KPI of 39 weeks.
- 3.15. We know that we have cases that are taking longer than they should do to investigate. The FtP Improvement programme included measures to improve the quality and timeliness of our investigations. We continue to benefit and learn from new ways of working with our external legal providers, and as explained in 3.21 and 3.22 below the introduction of frontloaded investigations has reduced the time it takes to progress cases to a final hearing. Building our capacity to deliver frontloaded investigations in-house will increase the number of cases we are able to manage in this way. There is still more for us to do to improve the timeliness of our investigations.
- 3.16. We have a number of measures in place at an operational level to ensure monitoring and progression of our older cases. This includes corrective case plans, case surgeries, case reviews, escalation processes and a monitoring process for third party investigations. We also have steps in place to help identify at the earliest opportunity post-ICP those cases that may be suitable for consensual disposal. The wider FtP management team meet weekly to discuss case progression and priorities. The senior FtP management team also meet weekly to discuss case volumes, case age and case progression.

Age profile of cases at the point of case conclusion

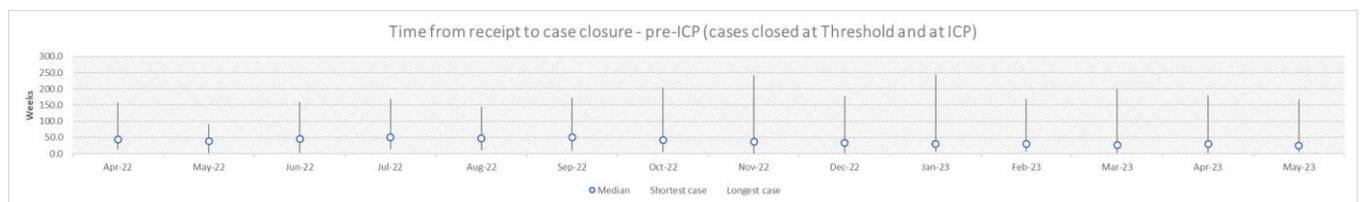
- 3.17. To reduce the overall number of cases over our KPI it is important to make sure we do not progress older cases at the expense of younger cases. The median

age of cases at the point they are closed provides a useful measure of how well we are balancing the progression of cases across the caseload.

3.18. Figure 9 shows the median age of cases closed at the Threshold and Investigating Committee Panel (ICP) stage (i.e., all pre-ICP case closures) month on month.

3.19. In May 2023, the oldest case closed was at 168 weeks, and the youngest at 3 weeks. The median age of cases closed in May 2023 was 24 weeks, which falls within the KPI of 33 weeks. This shows we continue to progress our oldest cases, alongside those more recently received. Our KPI report to Council shows that the percentage of cases closed pre-ICP that are within KPI has been improving since November 2022, and in May was 63%.

Figure 9 – receipt to closure at Threshold or ICP decision median



3.20. Figure 10 shows the median age of cases that were closed at a final hearing (including cases resolved by consent). We expect the median age of this point of case conclusion to be above our KPI of 39 weeks as our older cases move through the process.

3.21. The median age of cases concluded at a final hearing in May 2023 was 77 weeks, with the longest case at 170 weeks and the shortest at 28 weeks. The shortest age to conclusion reflects the positive impact of frontloading, and the benefits we are realising in progressing frontloaded cases to a final hearing more quickly. In general, for frontloaded cases the time taken from Investigating Committee panel to final hearing has reduced to 28 weeks, almost three months (11 weeks) faster than our 39 week service standard.

3.22. The improvements we have made through introducing frontloaded investigations and legally qualified ICP specific Chairs has also reduced the number of cases being referred for a final hearing. The case to answer rate at ICP has reduced from 50% to 35% over the last year.

Figure 10 – ICP to final hearing decision median



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. A decision was taken to stagger the start of the six Phase 2 projects to enable us to embed the improvements delivered in Phase 1. A progress update is provided in Annex A, and the following are highlighted:

- **Tone of voice review** – This project has been carried forward from last year's Corporate Plan. A revised project plan is in place to continue the review of templates supported by colleagues in the Business Change Team. We are on track to complete the review of templates and information sheets by the end of September in line with the revised plan.
- **Protection of title cases** – we have commenced the initial scoping and review of our existing policies, processes and KPIs for the management of our protection of title cases.

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 have seen the impact of phase 1 of our improvement plan, which focused on the quality and consistency of our investigations, decision making and management of risk in cases, in the PSA's Performance Review report for 2022-23. We continue our improvement programme to ensure this work is embedded and sustained. Phase two of our plan has a strong emphasis on the support we provide to those in the FtP process, and we expect to see the tangible impacts of that work during this year.
- **Transition to frontloading** – we have been planning and will shortly begin implementing the changes needed to enable us to undertake frontloaded investigations in-house. This requires changes to our processes and recruitment in all areas. We are carefully phasing in the changes needed to ensure minimal impact on the timeliness and quality of our case management work.
- **Resource** – whilst turnover has improved, we continue to work on ensuring stability across the FTP teams and reducing our dependence on temporary and fixed term contracts. Recruitment remains a challenge and three recent campaigns have resulted in us not being able to fill all the vacancies we advertised for. We have delivered recruitment workshops to managers in the FTP team and refreshed our strategy for recruitment with colleagues in HR. We have recently commenced recruitment for case managers, Case Team Managers and an

Operational Manager and will begin recruitment of new roles that will be required for frontloaded investigations in Q2 of 2023/24

- 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 is a case to answer (which is a low bar) must go to a final hearing. We continue to work 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, or until Council has sufficient assurance of our progress to reduce the frequency of reporting.

Annex A

Project	RAG	Progress update	R&I	Plan
Risk assessment quality and adherence to best practice standard internal review		In progress. Monthly quality assurance checks in the department continue as part of our business-as-usual processes. Ongoing QA team support of the process is in place.		
Improving communications, engagement and support we provide:				
Workstream 1: Tone of voice review		In progress. A project plan is in place to continue the review of templates supported by colleagues in the Business Change Team. The review of all templates and information sheets is expected to conclude by the end of September 2023. This will be followed by training for all team members on tone of voice. This is amber to reflect that this project has been carried over from last year's Corporate Plan. Once we have sufficient confidence we remain on track against the revised plan we will review the RAG status.		
Workstream 2: QA review of case plans and stakeholder engagement		In progress. Monthly quality assurance checks in the department continue as part of our business-as-usual processes. Ongoing QA team support of the process is in place.		
Workstream 3: Developing additional guidance and support for unrepresented registrants and encouraging all registrants to engage earlier in the process		Not yet started. We are phasing the start of this project to ensure we focus on embedding the changes from the projects in Phase 1 and to manage our capacity.		
Workstream 4: Lay advocacy service		Completed. Lay Advocacy service went live in September 2022.		
Workstream 5: Registrant support line		Completed. Registrant support line went live in April 2023.		
Consensual resolution of cases – ensuring our policy is applied consistently and at the point of referral from the ICP		Completed. Regular review of cases for consent is now embedded in the post-ICP case management process.		
Case management and investigation – embedding the learning from the frontloading pilot.		In progress. Frontloading of case investigations with our providers commenced in July 2022. Work to develop our operating model to support in-house frontloaded investigations is underway.		
CMS – phase 2 – this will be managed by the HCPC's Major Projects team		In progress. All changes to workflow processes have been delivered. Final changes to improve functionality of the system are underway and expect to be completed over the summer.		
Review of KPIs and process for Protection of Title cases		In progress – initial project scoping and review of existing policies and processes is underway.		