

Council

Meeting Date	22 May 2025
Title	Fitness to Practise Performance Report
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Executive Sponsor	Laura Coffey, Executive Director of Fitness to Practise and Tribunal Services
<p>Executive Summary</p> <p>This paper provides:</p> <ul style="list-style-type: none"> • an update on the performance of the Fitness to Practise (FTP) directorate; and • an update on our ongoing improvement activity. <p>The Council is asked to note the progress made.</p>	
Action required	The Council is asked to note the update.
Previous consideration	Standing item to update the Council on the performance of the FTP directorate.
Next steps	The next report will be provided to the Council on 17 July 2025.
Financial and resource implications	Financial and resource implications are provided for in the FTP 2025-26 budget.
Associated strategic priority/priorities	Continuously improve and innovate

Associated strategic risk(s)	1. We are unable to deliver our regulatory requirements effectively in a changing landscape, affecting our ability to protect the public
Risk appetite	Regulation - measured
Communication and engagement	Not applicable
Equality, diversity and inclusion (EDI) impact and Welsh language standards	Improving the quality and timeliness of our management of FTP cases will support all involved in the cases. Particular activities in the improvement programme 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.
Other impact assessments	Not applicable
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Fitness to Practise Performance Report

1. Introduction

- 1.1. This paper provides the Council with an update on our performance in relation to the quality and timeliness of our fitness to practise investigations. It also provides an overview of our key improvement activity for 2025-26.
- 1.2. Our performance areas of focus are determined by the foundational improvement work we have delivered in previous years, and which are now embedded in our business as usual process and continuous improvement approach.

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. These key quality areas 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. 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. 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. In April our performance was 4 weeks, slightly above our 3 week key performance indicator (KPI). This was due to an adjourned hearing.
- 2.5. 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 April 2025 our performance was 26 weeks, which is noticeably above our 12 week KPI. This was primarily due to a number of cases that had been subject to a third party investigation reaching the evidential stage required for an interim order. If those cases are excluded from the data our performance would be 13 weeks.

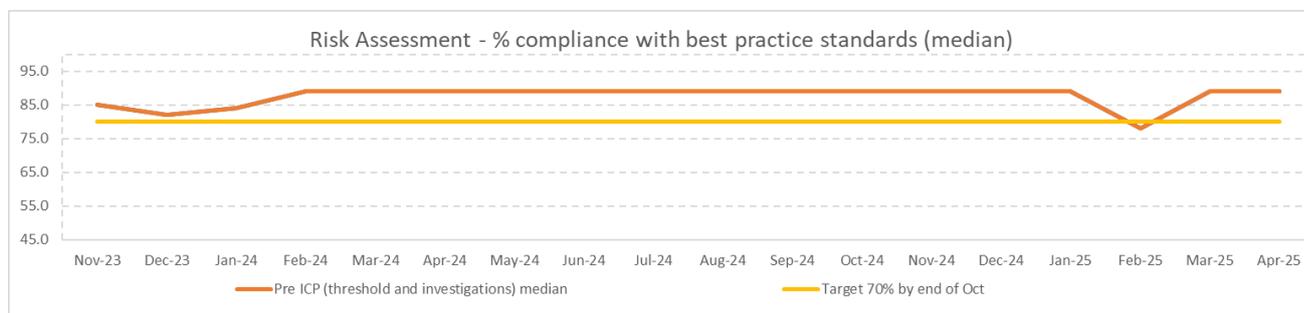
Figure 1 – Interim order performance



Risk management – adherence with our best practice standard

- 2.6. Monitoring the quality and timeliness of our risk assessments continues. Our target is to achieve 80% adherence with our best practice standard with a stretch target of achieving 90% compliance.
- 2.7. As we reported to the Council at their meeting in March, our performance against this measure was slightly below target at 78% in February 2025. This was due to the onboarding of a new cohort of case managers in the new year and we expected to see performance dip as we supported new members of the team to become familiar with the process and our standards for this area of work. At the end of April performance had improved to 89%, consistent with our performance prior to February. This shows that our performance monitoring and targeted support can help us improve performance quickly.

Figure 2 – quality of risk assessments: performance against target



Case planning – adherence with our best practice standard

- 2.8. Monitoring the quality and timeliness of our case plans also continues, and our target is 80% adherence with our best practice standard.
- 2.9. We have exceeded the 80% target in each month since January 2025, with our performance in April at 83%.

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:

- age profile of cases at the point of case conclusion;
- Case volumes at each stage of the process; and
- age profile of the live caseload.

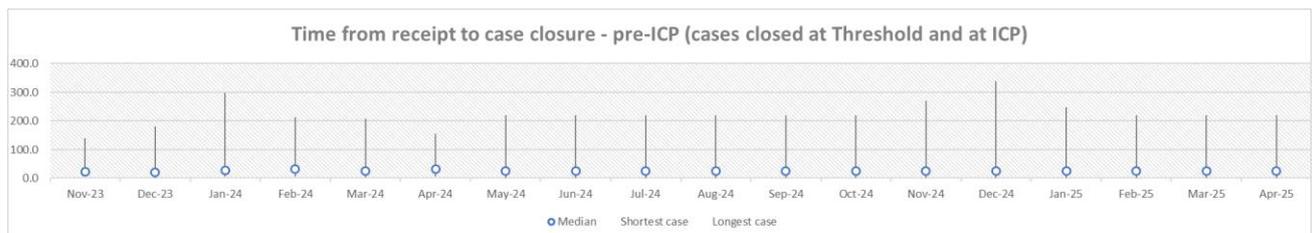
Age profile of cases at the point of case conclusion

3.2. 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.

3.3. Figure 4 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.

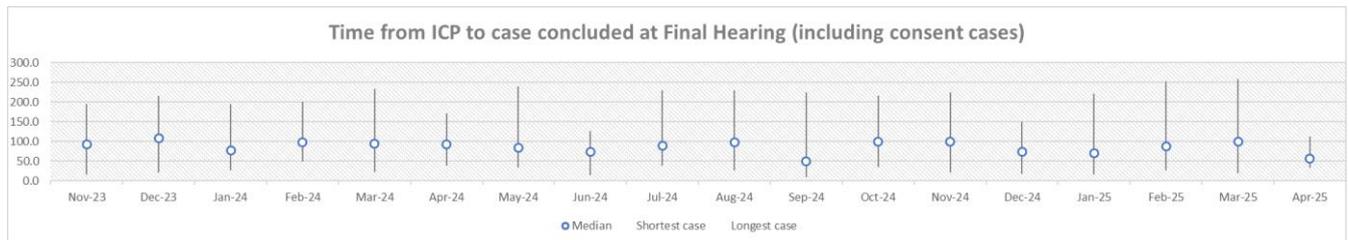
3.4. In April 2025, the median age of cases closed at the pre-ICP stage was 26 weeks, which falls within our 33 week KPI. The median age has been consistently at 25-26 weeks since May 2024. The oldest case closed was 220 weeks and the youngest case was two weeks old. This shows we continue to progress our oldest cases, alongside those more recently received.

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



- 3.5. Figure 5 shows the median age of cases that were closed at a final hearing (including cases resolved by consent). We expect the median age at this point of case conclusion to be above our KPI of 39 weeks as our older cases move through the process.
- 3.6. The median age of cases concluded at a final hearing in April 2025 was 57 weeks, with the oldest case at 112 weeks and the youngest case at 33 weeks, which is below the 39 week KPI for this stage of the process. The shortest age to conclusion continues to reflect the positive impact of frontloading, and the benefits we are realising in progressing frontloaded cases to a final hearing more quickly.

Figure 5 – ICP to final hearing decision median



Case volumes at each stage

- 3.7. Figures 6 to 8 show the number of open cases in our Threshold, Investigations and Post-ICP teams respectively.
- 3.8. In 2024-25 we received 2164 FTP concerns, which is an average of 180 new FTP concerns a month. In April 2025 we received 187 new concerns. We have increased case manager and team manager resource in our Threshold and Investigations teams, though there have been challenges in being able to recruit to fill all the additional posts we have created. We still carry some vacancies and have not been able to reach the total additional headcount in those teams.
- 3.9. The continued high volume of new concerns is reflected in the volume of cases at the threshold stage. There are currently 1,100 active investigations in the team. We continue to support the team to manage these cases and streamline our processes where possible. We are also using capacity in our Triage team to assist with focused case management support tasks.
- 3.10. At the end of April 2025 the active investigations caseload was 936. New team managers joined the team in April and this has allowed us to create smaller teams to improve support and guidance for case managers.
- 3.11. The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In April 2025 the caseload was 469. 92 of these cases are listed for a future final hearing.

Figure 6 – number of open threshold cases

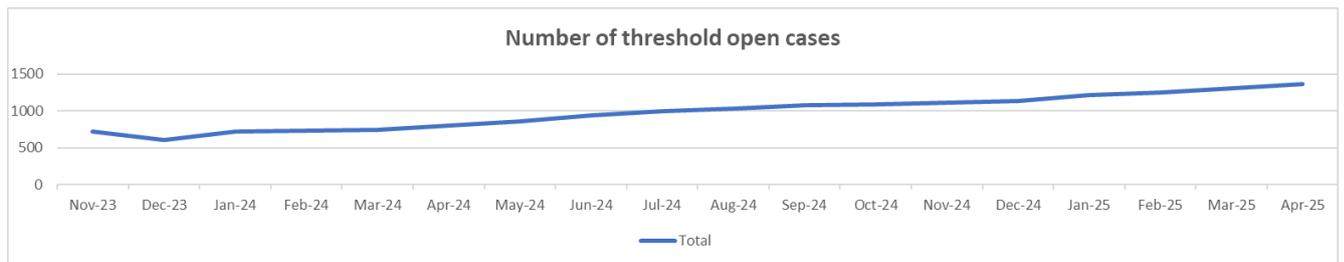


Figure 7 – number of open investigations cases

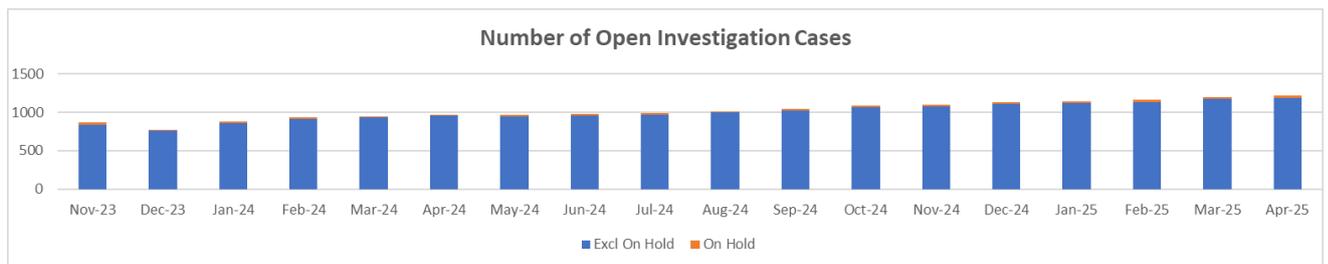
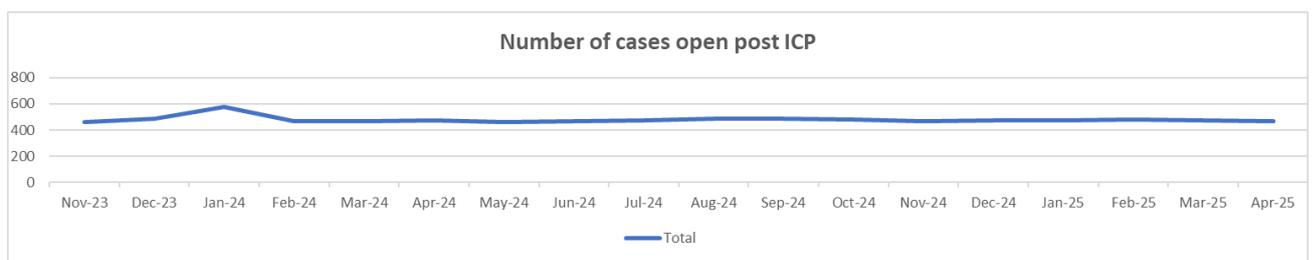


Figure 8 – number of open post-ICP cases



Age profile of the live caseload

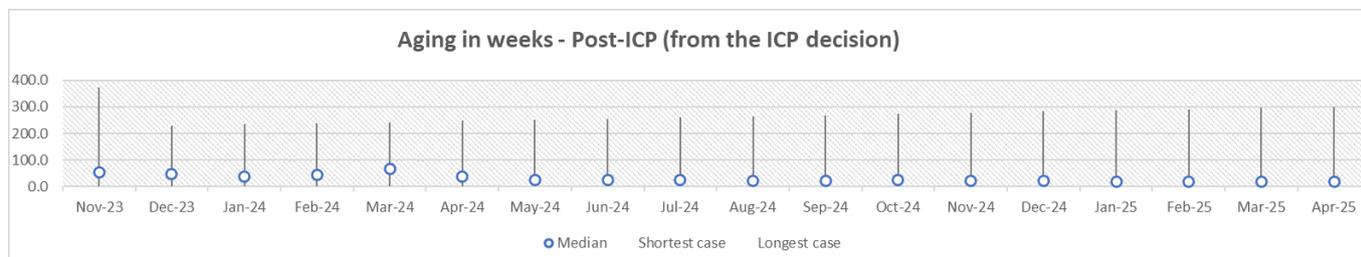
3.12 Figure 9 shows the median age of our live pre-ICP caseload. At the end of April 2025, the median age of our open pre-ICP caseload was 45 weeks. The median age of our live caseload includes cases that are or have been on hold due to a third-party investigation. The youngest case was one week and the oldest was 320 weeks. The oldest case is at the ICP stage.

Figure 9 – median age of live pre-ICP caseload



- 3.13 At the end of April 2025, the median age of cases at the post-ICP stage was 20 weeks, which is within our KPI of 39 weeks from the ICP decision. The youngest case at this stage was under one week and the oldest was 299 weeks. This oldest case is listed for a final hearing.

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



4. Overview of improvement activity

- 4.1. Our improvement activities for 2025-26 build on the work we delivered last year and are focused on improving the efficiency of the FTP process, enhancing participant support and ensuring our operating model and ways of working help prepare us for the future. We also continue to ensure that the quality of our case investigations, risk management and regulatory outcomes are maintained.

- 4.2. Our key improvement areas are:

- **Development of our in-house frontloaded investigations:**

This year we will develop our experience of in-house frontloaded investigations post-ICP as the initial cases we commenced in 2024-25 reach the final hearing stage. We expect to conclude our first three cases at a final hearing in September and October 2025. We also plan to investigate more complex cases through this process in house.

- **Introduction of streaming for non-frontloaded investigations:**

In Q2 we will introduce streaming of non-frontloaded investigations to create a more efficient process from receipt of the case through to Threshold closure or the ICP stage. This will involve more closely aligning the way our case management teams work creating role development. Cases will be managed by a single case manager from receipt to the final pre-ICP decision stage (threshold closure or consideration by the ICP), reducing handover points and providing a better customer service experience for case parties.

- **Scheduling process review Phase 2: exploring and implementing efficiencies in the listing process**

Last year we started work to improve our scheduling and pre-hearing management case management process by putting in place new reporting and management oversight tools. Phase 2 will build on this work to review

and revise our scheduling process to make the end-to-end listing process more efficient.

- **Continue the work we have started to enhance the support provided to witnesses through the FTP process**

We will continue the work we started last year to look at the support provide to participants in the process. This includes how we engage with witnesses during the FTP process, particularly those who have been victims of sexual misconduct.

4.3. We will update the Council with our progress on the delivery of these activities.

5. Key risks and mitigation

5.1. As we have shared with the 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. The monitoring of the improvement work we have delivered to date is embedded into our business as usual activity to ensure this work is sustained, and our next suite of improvement activity builds on the changes and positive outcomes made to date.
- Increase in FTP concerns – in the last two years we have seen a significant increase in the number of new FTP concerns we receive, which makes it even more challenging to progress cases at pace. There are no discernible themes behind the increase in referrals and the trend in increased volumes of new referrals is also being experienced by other regulators. We have taken action to plan our resource and adapt our ways of working to respond to the increase and continue to monitor the number of referrals on a monthly basis.
- Transition to frontloading – we have implemented frontloaded investigations in-house on a small scale. We are now focused on implementing the final planned changes to our operating model to stream non-frontloaded cases. This requires changes to our processes, training of a significant proportion of the teams 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 – while 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 to key roles such as our case management teams remains a challenge, and although we have increased headcount in these teams we have not been able to fill all those new posts. We currently also have vacancies at operational manager level.

- 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 Department of Health and Social Care on the plans for regulatory reform.

6. Next steps

- 6.1. We will continue to update the Council on our performance and continuous improvement activity at each Council meeting.