

Agenda Item 8(i)

Enclosure 4

**Health and Care Professions Council
24 May 2018**

Chief Executive's report

For discussion

**From Marc Seale, Chief Executive and
Registrar**

Council, 24 May 2018

Chief Executive's report – 24 May 2018

1. Meetings attended

- A list of the meetings the Chief Executive has attended since the last Council meeting is attached.

2. Key areas to highlight to the Council

- The following are the key areas of organisational performance that I wish to bring to the Council's attention.

Independent prescribing for paramedics

- Legislation came into force on 1 April 2018 which enables paramedics to undertake training in independent and supplementary prescribing. We will annotate the registration of paramedics who successfully complete an approved prescribing programme from this date onwards.
- We are currently upgrading NetRegulate to include the new annotation, which is scheduled for completion in September this year. This coincides with when we expect the first cohort of paramedics to complete their prescribing training.

Financial performance year to date

- For the 12 months to 31 March 2018, total income was £33.4m, which is £34k / 0.1% less than both the original budget and the forecast.
- Total expenditure was £34.1m, which includes an accrual of £440k for EMT restructuring costs. Revaluation on Park House and 186 KPR did not result in an impairment charge to the income and expenditure account.
- Excluding the restructuring costs, total expenditure was £33.7m, which is £114k / 0.3% more than month 9 forecast and £123k / 0.4% less than budget.
- Overall result for the year, including the restructuring costs is a deficit of £0.6m. If the restructuring costs were excluded, the result would be a deficit of £0.2m. The original budget was a deficit of £0.4m and the month 9 forecast (including interest receivable) was a deficit of £2k.

- The cash balance as at 31 March 2018 was £18.9m, which is £51k more than in the month 9 forecast and £349k more than in the original budget.
- Deferred income balance as at 31 March 2018 was £21.3m, which is £419k less than month 9 forecast and £1.18m less than the original budget. Variance to forecast and budget is likely to be due to a timing difference.
- The actual results shown above are subject to audit.

Fitness to practise (FTP) improvement and performance

- An update on work that has been completed or initiated since the March Council meeting is set out in Appendix 1.

Human Resources update on turnover

- Employee turnover rates have risen to around 29% and most of this turnover is voluntary. This is above the latest available UK national average of 23% for overall turnover*. It is likely that turnover rates will continue at this level for the rest of the financial year, and may increase further due to uncertainties about the impact on the workforce of the transfer of social work.
- We have a number of measures in place to provide information and support to employees around change and uncertainty. These include intranet news items, a toolkit to help managers in supporting employees through change, an employee assistance programme, and a planned series of change management workshops over the coming months.

* (source: 'XpertHR Labour turnover rates' published 2 October 2017).

Leasing of office space

- At their March meeting, Council authorised the Chief Executive to commit HCPC to the lease of office space to the GCC. On 5 April we signed an agreement with the GCC committing both parties to enter the lease when the refurbishment of 186 KPR completes.

Professional Standards Authority (PSA) performance review

- The PSA has now concluded its targeted review of our performance for 2017-18. They have concluded that we have met all the Standards of Good Regulation except 1, 3, 4, 5, 6 and 8 which are the ones we did not meet in 2016-17. In their letter, dated 20 April 2018, they recognised that a programme of work had started to address their concerns, and that it will take time. They also indicated it would be appropriate to acknowledge this. We will receive their report in due course.

Registration Transformation and Improvement project (CPD)

- The workflow issue, previously noted to Council, has been resolved. The internal project team have worked collaboratively with IBM and Microsoft premier support team in order to implement and test this resolution; a full regression test of this functionality has been executed without any recurrence of the issue. Further to this change a final code quality review has taken place and identified a number of improvements; the intention continues to be to go live with a select number of chiropodists / podiatrists.

186 Kennington Park Road Building works

- The building works are progressing with no change to the previously advised planned completion date of 6 June 2018. The works continue within budget.

3. Updates

External consultations

- The NMC launched a consultation on 4 April 2018 on changes to their fitness to practise process. We are currently drafting our response to this consultation, which is due on 30 May 2018.
- The GPhC has launched a consultation on education and training standards for pharmacist independent prescribers. We are currently drafting our response to this consultation, which is due on 6 June 2018.

Conscientious Objection (Medical Activities) Bill

- The Conscientious Objection (Medical Activities) Bill is intended to clarify the extent to which a medical practitioner with a conscientious objection may refrain from participating in certain medical activities. The Bill is currently at report stage in the House of Lords; date to be announced.

Professional Standards Authority

- The Professional Standards Authority has today published its 'Lessons Learned Review' into the Nursing and Midwifery Council's (NMC) handling of concerns about midwives' fitness to practise at the Furness General Hospital.
- The Review focuses on the NMC's performance, but has made recommendations for the NMC and other regulators. We will be reviewing the report to identify any lessons we can learn to improve our standards and processes.

Appendix 1: Fitness to Practise Improvement Plan – Update Report

Introduction

1. In October 2017, the Professional Standards Authority (PSA) published its report of its annual review of our performance for 2016/17. The PSA had concluded that we had not met six of the ten fitness to practise standards.
2. An outline plan of the improvements we identified in response to the PSA's findings was presented to Council in December 2017.

<http://www.hcpc-uk.org/assets/documents/100055F9Enc05-ProfessionalStandardsAuthorityPerformanceReview2016-2017.pdf>

3. This outline plan has now been developed into a fully planned and managed major project – the Fitness to Practise Improvement Project. This provides a more detailed and timed plan for the delivery of a range of activities to achieve the objective of improving our performance in fitness to practise to achieve and maintain the PSA's Standards of Good Regulation by:
 - identifying the operational processes / practices that underpin the PSA's reported areas of concerns
 - implementing changes to policy, processes and procedures to address the areas of concern identified by the PSA
 - embedding the behaviours and culture that are necessary to improve and sustain performance against the PSA standards
 - identifying the resourcing needs for current and future management of our fitness to practise work to the quality and timeliness required
 - regular measurement of the impact of the performance improvement measures

Update

Activities completed

4. Since our last report to Council in December 2017, we have completed the following elements of the plan:
 - Provision of additional resource – our initial case management resourcing needs were outlined to our Executive Management Team in October 2017. A very successful recruitment campaign has now led to the appointment of 14 new Case Managers, who join our team in April, May and June 2018. This resource fills existing vacancies and provides additional resource to the case management team, reducing our reliance on temporary staff.
 - Development of an extensive induction programme for Case Managers – we have developed and provided a more intense induction programme for

our new case management staff, which includes the provision of training on the application of the Standard of Acceptance and assessing risk.

- Case Progression Plan – we have developed a plan to support the progression of some of our oldest and more challenging cases. Council considered this plan at its meeting in March 2018.
- Health Policy – we have developed a new policy that sets out the approach we will take to investigation of health concerns. Council will be asked to consider this policy at its meeting in May 2018.
- Discontinuance process – we have reviewed and revised our approach to the discontinuance of proceedings. The Tribunal Advisory Committee (TAC) approved a revised Practice Note in February 2018. Our operational guidance was updated and training provided to Case Managers to support the new approach.
- Consent process – we have reviewed and revised our approach to the disposal of cases by consent. The TAC approved a revised Practice Note in February 2018. Our operational guidance was updated and training provided to Case Managers to support the new approach.
- Information to registrants – we have improved the information we provided to our registrants about the observation stage of our process to encourage greater engagement from registrants and speedier provision of good quality information for the Investigating Committee Panel.
- New Partners' training – we have refreshed the training content provided to our new and existing Partners. This includes more focus on the role of the Investigating Committee Panel and decision-making.

Activities initiated

5. We have begun work on the following:

- Standard of Acceptance (SOA) – we have commenced the review of our SOA and are currently undertaking a benchmarking exercise against the published threshold policies and related operational guidance of the other health and social care professionals regulators. Our review of the policy includes an evaluation of our approach to investigating cases under Article 22(6) of the Order, which relates to our powers to investigate fitness to practise matters that may not arise through the traditional referral route. We expect to have completed our review by June and will bring a paper to July Council setting out our proposed revised approach to the SOA. If Council supports the approach, a policy will be developed and we anticipate seeking Council's approval to the new policy in September 2018. This timetable provides time for engagement with key stakeholders on the proposed approach.

- Quality Assurance Framework – we have begun the development of a new Quality Assurance Framework that will provide for the evaluation of the changes we will be making and an assessment of the quality of our work and decision-making.
- KPIs – we are developing operational KPIs that will support our compliance with the corporate KPIs approved by Council in March 2018.
- Risk assessments – we have completed a more targeted review of the risk assessments completed by our Case Managers to identify individual development needs. We have held development workshops for our people managers to help ensure they are equipped with the skills to best support that development of their teams. We are also developing a risk assessment e-learning module that provides for both learning and assessment of delegates.
- Case Progression Plan – we are recruiting the additional staff required to deliver the plan and commenced the procurement of a provider for the outsourced cases.
- We continue to pilot our new approach to investigation planning following a positive initial evaluation.

May 2018

Chief Executive – Marc Seale

Period covering 21 March 2018 – 24 May 2018

General Medical Council Williams Review, London	21 Mar
Chartered Society of Physiotherapy Karen Middleton, Chief Executive, London	5 Apr
Health Inspectorate Wales Kate Chamberlain, Chief Executive, Wales	12 Apr
Health Education National Strategic Exchange Board meeting, London	18 Apr
Department of Health and Department for Education Transition of social work regulation, HCPC	18 Apr
HPC of Zambia Board meeting, HCPC	18 Apr
Institute of Biomedical Science Alison Geddis, President and Jill Rodney, Chief Executive, London	19 Apr
London Southbank University Get set for Success Event, London	19 Apr
Advancing Healthcare Awards Lunch	20 Apr
British Psychological Society Katherine Carpenter, Consultant Clinical Neuropsychologist/ Chair, BPS Division of Neuropsychology and Andrea Finkel- Gates, BPS Director of Qualifications and Standards, HCPC	23 Apr
Forensic Science Regulator Dr Gillian Tully, Forensic Science Regulator and Simon Iveson, Office of Forensic Science Regulator, HCPC	23 Apr
Social Work England Lord Patel, Chair, House of Lords	25 Apr
NHS Education for Scotland 1 st National NMAHP Conference, Edinburgh	26 Apr
CORU – Regulating Health and Social Care Professionals Dublin	30 Apr
CORU – Regulating Health and Social Care Professionals Dublin	1 May

General Pharmaceutical Council Health and Social Care Forum, London	3 May
Greenwich University Professor Karen Bryan, Deputy Vice-Chancellor, London	10 May
The Office of the Committee for Health and Social Care Nicky Gallienne, Head of Social Work, Children and Families Community	10 May
General Osteopathic Council Tim Walker, Chief Executive and Registrar, HCPC	10 May
Health Education England Rob Smith, Director of Workforce Planning and Intelligence, HCPC	11 May
Podiatry Board of Australia Catherine Loughry, Chair and a practitioner member from South Australia, HCPC	14 May
Department of Health and Department for Education Transition of social work regulation, HCPC	16 May
Royal College of Occupational Therapists Strategic Intentions launch, London	17 May
Chief Executive Steering Group	21 May
Award Dinner Hertfordshire University	24 May