Council

25 March 2020

Chief Executive's report on organisational performance

Executive Summary

This paper provides the Council with updates on the organisation's performance since the December 2019 Council meeting. It includes an assessment of performance against the key indicators agreed with Council, specific projects and activities for the Council to note, stakeholder engagement activity and a forward look at priorities.

We are working on the format of this paper and the presentation of the metrics. We will share progress with the Council for comment and feedback.

Previous consideration	This is a standing item, considered at each Council meeting.
Purpose of report	The Council is asked to discuss the paper.
Next steps	The next report will be received in May 2020.
Strategic priority	This report is relevant to all the strategic priorities.
Risk	This report is relevant to all strategic risks and risk appetite.
Financial and resource implications	None as a result of this paper.
Author	John Barwick, Chief Executive john.barwick@hcpc-uk.org

Executive summary – 25 March 2020

1   Introduction

1.1   Priorities in this period have focused on activities within the Change Plan, including collating the responses to the PSA's targeted review questions and the FtP cases audit; preparation of the 2020-21 budget, progressing the registration fee proposals, FtP business improvement work, recruitment to key roles and employee engagement. It has included significant efforts to prepare for the Covid-19 pandemic, the consultation on proposed changes to the Standards of proficiency, and stakeholder engagement.

2   Performance against key indicators

2.1   Below are a number of areas for the Council to note.

Fitness to Practise

2.2   The open caseload has decreased following the transfer of social workers. However, we are continuing to see the trend of receiving more new concerns than those being concluded. The focus of the FtP improvement plan is about addressing these challenges so we can move to a more sustainable position in the medium to long term.

2.3   The figures also show that once a case has been concluded at ICP we are able to progress those with a case to answer to final hearing within the measure set.

Human Resources

2.4   Employee voluntary turnover has steadily risen since November 2019. This is because of the number of fixed term contracts that have ended following the social workers transfer in December. We will continue to monitor this metric.

2.5   The figures also show a dramatic increase in sickness absence. This is not unusual given the programme of change. However, a small number of employees are on long term sick leave which skews the numbers significantly. Employee engagement is a focus, and we are progressing health and wellbeing initiatives. We are working to improve data capture and analysis.

3 Accelerating the strategic priorities (Change plan)

3.1 This has been a significant focus for the SMT in this period, and a more detailed update is provided to Council in a separate report.

4 Progressing other strategic priorities

Covid-19 planning

4.1 We continue to work closely with the UK Government, NHS agencies and others to create a COVID-19 temporary register. This will ensure there are no regulatory barriers to certain groups from practising on a temporary basis.

4.2 We are also drawing up contingency plans for managing our regulatory processes at this time, and for managing remote working for employees when this becomes a necessity. Information has been published on the website, and further communications planned. The Executive is meeting daily.

Regulatory reform

4.3 Members of the Executive attended a meeting with the Departments of Health & Social Care and the other regulators to consider the proposed FtP and Operational Framework legal instructions. A high level timetable including engagement with each regulator and the proposed consultation on the draft legislation was also discussed.

Advanced practice

4.4 We are currently planning four workshops with stakeholders including employers, professional bodies, NHS bodies, registrants with experience of advanced practice and service users. Whilst plans may be affected by the current pandemic, we are scheduling these across the four countries from early summer. An update paper with initial findings will follow and be presented to the Education & Training Committee and Council in the autumn.

Data & Intelligence

4.5 An initial discussion with the SMT has taken place to progress this work. The Head of Policy, working with other members of the Executive, is drawing together an options paper for the SMT to consider in April. This will include the scope of the work and how resources can be appropriately deployed across the organisation. There is also provision within the draft 2020-21 budget for the development of data & intelligence capability. Further updates will be provided to Council at their next meeting.

Equality, diversity and inclusion

4.6 The action plan, as agreed by Council, will be published shortly. Members of the Executive, working with a sub group of Council, will undertake a six month review, the outcomes of which will be considered by Council in September.

Independent Inquiry into the issues raised by Paterson

4.7   On 4 February the report from this Inquiry was published. It raised a number of issues relevant to our regulatory work, and a specific recommendation for Government to ensure the 'current system of regulation and the collaboration of the regulators serves patient safety as the top priority ..'

4.8   The Policy team is currently reviewing the report and will add relevant action points to the Inquiries Tracker. More immediately, we published information for registrants which signposts to sources of support on raising concerns about patient safety, and a blog on the relevant themes from the Inquiry.

Progressing the review of education quality assurance

4.9   The Education & Training Committee agreed two work streams in the next financial year. The first will focus on identifying and embedding Higher Education Statistics Agency (HESA) data within the approval and monitoring processes. The second will focus on running pilots of revised approval and monitoring processes. See the Review of education quality assurance update.

5   Stakeholder engagement

5.1   This highlights some of the stakeholder engagement in this period.

Professional bodies

5.2   The Chief Executive has begun a series of introductory meetings with Chief Executives from all the professional bodies. The purpose being to reset the relationship, discuss the change plan and strategic priorities, and update on key regulatory work. These meetings have been 1to1 and also joint, with the Chief Executive attending the AHP Federation Council Meeting.

Health Education Improvement Wales (HEIW)

5.3   The Chief Executive and Executive Director of Policy & External Relations met with the Chief Executive and Deputy. This introductory meeting enabled us to update on our key work and discuss HEIW's strategic priorities.

Departments of Health & Social Care (DHSC) and NHS bodies

5.4   As already reported in the change plan paper, the Executive has been in regular contact with representatives from the DHSC. This has included attendance at the DHSC's regulatory round table to discuss regulatory reform, and tele-conferences on Covid-19 and registration fees.

5.5   The Chief Executive represented the HCPC at the AHP Workforce & Education Strategy Oversight Forum, and the Executive Director of Policy & External Relations attended the AHPs into Action Progress Board. Both meetings are led by NHS England and support our relationship with key stakeholders and the Chief Allied Health Professions Officer for England.

Conferences, seminars and fora attendance

5.6   Members of the Executive have attended conferences, including a seminar led by the PSA and Welsh Government on regulatory developments and the Welsh context and the Council of Deans of Health Northern Ireland Forum.

5.7   The Chief Executive delivered the keynote address at the recent Westminster Health Forum conference on 'Opportunities for increasing regulatory autonomy and streamlining the fitness to practise process', with the speech being turned into two blogs for our website.

5.8   The Chair and Executive also attended the PSA's annual academic and research conference, titled 'Regulation in the future – will it matter? We delivered two seminars, presenting on research projects including registrant health & wellbeing and the clinical and peer supervision literature review.

Professional liaison and registrant engagement

5.9   In this period we have published a series of blogs and updates relevant to registration including information on supervision, returning to practice, cpd and renewals. We have also held MyStandards workshops, supported the 'We are the NHS' campaign and published an animation to explain how we regulate and the benefits of being registered.

6   Upcoming priorities

Covid-19 planning and response

6.1   Our focus over the coming days and weeks will be the necessary response to the developing situation, particularly business continuity, our obligations to employees and emergency registration of former registrants and students.

Accelerating the strategic priorities (change plan)

6.2   A second area of focus is progressing the work set out in the change plan, in particular the six work streams we have identified as a priority: the PSA performance review; organisational development and resilience; the 2020-21 budget; registration fees; digital transformation; and FtP improvement.

Standards of proficiency review

6.3   We anticipate consulting on the Standards of proficiency for each profession from April 2020 to September 2020. This will take place in four groups, after which we will analyse the responses and make final amendments in time for the Education & Training Committee and Council meetings in December.

Council meeting, 25 March 2020

Performance report

Contents

Council meeting, 25 March 2020

Key Performance Indicators

KEY PERFORMANCE INDICATORS DASHBOARD

TIMELINESS

Fitness to Practise

Measure	**Median length of time from receipt of allegation to Investigating Committee Panel (ICP): 33 weeks**						**Period**		Nov, Dec, Jan, Feb			
							Strategic priorities: 1 and 3					
Executive commentary	The number of Pre-ICP cases continues to grow with Nov, Jan and Feb having the highest number of new concerns (excluding SWs) per month. The number of concerns being concluded continues to increase with the gap between new concerns and concluded concerns closing.											
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Weeks	64	56	67	63	60	65	59	65	48	58	62	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Weeks	58	54	56	63	63	53	67	50	58	72	62	84

Measure	**Median length of time from ICP to final Hearing: 39 weeks**						**Period**		Nov, Dec, Jan, Feb			
							Strategic priorities: 1 and 3					
Executive commentary	Final Hearings occur reasonably quickly once the ICP has concluded that there is a Case-To-Answer. This is driven by the KN SLA and Hearings capacity.											
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Weeks	32.1	32.6	37.3	33.9	38.0	31.6	32.9	33.0	31.9	34.9	34.2	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Weeks	54	57	51	55	64	53	53	43	46	42	43	50

Measure	Median length of time from receipt to final hearing: 73 weeks							Period		Nov, Dec, Jan, Feb		
								Strategic priorities: 1 and 3				
Executive commentary	This metric reflects the delays pre-ICP. Improving this KPI is dependent on reducing the pre-ICP case load.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Weeks	89.6	96.6	123.7	98.1	122.0	100.3	106.0	94.2	99.3	90.1	105.0	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Weeks	85	105	106	100	113	103	103	85	108	90	112	102

Measure	Median length of time of interim order cases from receipt to decision: 16 weeks							Period		Nov, Dec, Jan, Feb		
								Strategic priorities: 1 and 3				
Executive commentary	This metric is impacted by an IO that was first obtained. The metric is measured when a decision is made and therefore does not reflect the age of the WIP. As a result the metric in Jan-20 was impacted by a decision on 3 IOs that were over 3 years in age.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Weeks	11.3	11.3	13.6	13.6	19.3	17.4	22.4	35	18	55	17	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Weeks	16	17	19	14	13	41	16	18	23	13	34	34

Measure	Number of open pre-ICP cases (not including Rule 12 cases*) 1600 (700 post-SW) open cases by 31/3/20							Period		Nov, Dec, Jan, Feb		
								Strategic priorities: 1 and 3				
Executive commentary	The number of Pre-ICP cases continues to grow with Nov, Jan and Feb having the highest number of new concerns (excluding SWs) per month. The number of concerns being concluded continues to increase with the gap between new concerns and concluded concerns closing.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Number	1,958	2,003	2,070	2,174	2,192	2,225	2,231	2,311	1,056	1,047	1,061	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Number	1,721	1,804	1,867	1,946	1,936	1,960	1,939	1,959	1,984	2,008	1,988	1,938

Registration

Measure	Median processing time for UK graduates: 10 working days								Period		Nov, Dec, Jan, Feb	
									Strategic priorities: 1 and 3			
Executive commentary	This indicator is in line with the optimum figure.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Working days	9	2	4	10	10	12	12	9	10	2	3	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Working days	5	4	6	8	10	10	7	5	7	6	7	10

Measure	Median processing time for International applications (European Mutual Recognition): 60 working days								Period		Nov, Dec, Jan, Feb	
									Strategic priorities: 1 and 3			
Executive commentary	This indicator is in line with the optimum figure.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Working days	38	39	41	42	45	53	58	50	47	48	44	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Working days	55	56	64	55	40	42	49	46	54	52	55	55

Measure	Median processing time for International applications (Non-European Mutual Recognition): 60 working days								Period		Nov, Dec, Jan, Feb	
									Strategic priorities: 1 and 3			
Executive commentary	This indicator is in line with the optimum figure.											
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Working days	39	40	46	42	44	53	56	48	49	44	48	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Working days	51	51	67	45	41	35	49	46	54	51	57	51

Education

Measure	Median time to produce visitors reports following a visit: one calendar month							Period		Nov, Dec, Jan, Feb		
								Strategic priorities: 1 and 3				
Executive commentary	This indicator is in line with the optimum figure.											
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Days	28	28	27	27	27	27	27	25	26	27	26	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Days	27	28	28	28	27	27	28	28	28	28	21	22

FINANCE AND RESOURCES

Finance

Measure	Performance against budgeted operating expenditure in range of 97.5% to 102.5%						Period		Nov, Dec, Jan, Feb			
							Strategic priorities: 3					
Executive commentary	Performance against forecasted operating expenditure is within the optimum range. Full financial information including the variance commentary, income and expenditure figures and the statement of financial position can be found in the finance update paper.											
Year to date	**(,000)**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	YTD Actual	3,606	6,466	9,356	12,306	15,025	17,973	21,149	23,942	26,456	28,001	30,393	
	YTD Budget	4,016	7,069	10,076	13,129	16,111	19,191	22,221					
	YTD Forecast								24,027	26,919	28,164	30,720	
	YTD Variance	410	603	720	822	1,087	1,218	1,488	85	463	164	327	
	Actual as % of budget	90%	94%	93%	94%	93%	94%	95%	100%	98%	99%	99%	
Previous year	**(,000)**	**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	YTD Actual	3,376	6,299	9,324	12,239	14,910	17,436	20,377	23,398	26,083	28,879	31,522	34,957
	YTD Budget	3,891	6,821	9,656	12,505	15,140	18,079						
	YTD Forecast							20,564	23,671	26,727	29,047	32,151	35,472
	YTD Variance	515	521	332	265	230	642	187	273	644	168	628	516
	Actual as % of budget	87%	92%	97%	98%	98%	96%	99%	99%	98%	99%	98%	98%

Human Resources

Measure	Employee voluntary turnover: 22% (21.8% London average, Xpert HR labour turnover rates, published 5 May 2018)						Period		Nov, Dec, Jan, Feb		
							Strategic priorities: 3				
Executive commentary	Turnover in this financial year has increased from 19% to 37%, due to the number of fixed term contracts coming to an end following the transfer of social workers.										
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Turnover	19%	21%	21%	21%	22%	23%	25%	31%	32%	35%	37%	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Turnover	25%	26%	25%	23%	23%	23%	22%	22%	23%	22%	21%	19%

Measure	Employee sickness absence						Period		Nov, Dec, Jan, Feb		
							Strategic priorities: 3				
Executive commentary	Sickness absence appears to have increased dramatically from last year. Given the change programme, this is not unusual, and it should be noted that we have 3 or 4 employees on long term sick leave, which has skewed the number of sick days significantly. HR is currently working with Errol from the Business Improvement Team to see how we can better capture meaningful data and how often this should be scrutinised in a 'deep dive' and time comparators necessary that would provide meaningful data.										
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Sick days	128	153	98	124	94	170	156	202	163	208	221	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Sick days	62	102	76	71	60	109	98	114	75	154	106	125

QUALITY

Fitness to Practise

Measure	Number of cases per case manager: 45							Period		Nov, Dec, Jan, Feb		
								Strategic priorities: 1 and 3				
Executive commentary	The number of cases per case manager has decreased with the departure of social workers. The number of case managers has not decreased proportionally.											
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Number	48	45	47	47	42	43	54	52	38	33	40	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Number	55	54	52	53	54	54	49	54	57	53	49	53

Registration

Measure	Number of upheld appeals against registration decisions							Period		Nov, Dec, Jan		
								Strategic priorities: 1 and 3				
Executive commentary												
Year to date		**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**
	Concluded	7	6	5	4	4	4	3	5	5	4	4	
	Upheld	4	5	4	1	2	2	1	5	1	2	2	
	Upheld/ no new info	0	0	0	0	0	0	0	0	0	0	0	
Previous year		**Apr-18**	**May-18**	**Jun-18**	**Jul-18**	**Aug-18**	**Sep-18**	**Oct-18**	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**
	Concluded	5	6	5	5	4	7	4	6	4	6	5	5
	Upheld	3	3	2	3	2	4	2	4	1	3	4	2
	Upheld/ no new info	0	0	0	0	0	0	0	0	0	0	0	0

INFORMATION TECHNOLOGY

Information technology

Measure	Availability of HCPC websites (including Register and online portal): 99.5%						Period		Nov, Dec, Jan, Feb			
							Strategic priorities: 1 and 3					
Executive commentary												
Year to date		Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20
	Availability	99.52%	99.4%	98.9%	99.9%	99.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Previous year		Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
	Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.6%	99.9 %	100.0%	100.0%	100.0%

Strategic priority 1: Improve our performance to achieve the PSA's Standards of Good Regulation

Strategic priority 3: Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment

*Rule 12 is a designation that is typically applied to cases where there is limited anticipated case activity due to the existence of an on-going Police investigation. The designation allows the Fitness to Practise Department to more accurately monitor case progression and distinguish between cases that can be expeditiously progressed and those cases which cannot be progressed because any progression is dependent on a third-party investigation.

Council meeting, 25 March 2020

Fitness to Practise performance dashboard

[1] CASE FLOW (exc. Rule 12)

[1.1] PERFORMANCE

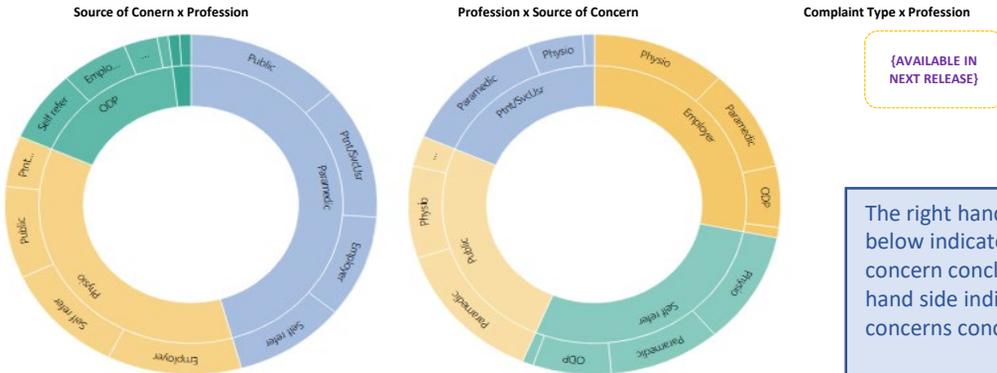|	In month	Avg 3 months	Avg 6 months	Avg 12 months
PRE-ICP CASES				
Open cases at START of period	1,056.0			
Add: New concerns received	127.0	117.0	109.8	104.5
Less: Closed at Triage	(2.0)	(1.0)	(1.3)	(2.5)
Less: Closed at Threshold	(57.0)	(42.7)	(36.8)	(42.4)
Less: Closed at ICP (NCA)	(39.0)	(30.7)	(28.7)	(22.2)
Less: Moved to Post-ICP (Hearings) (a)	(38.0)	(25.7)	(34.0)	(30.8)
Net cases added/(closed) in period	**(9.0)**	**17.0**	**9.0**	**6.7**
Open cases at END of period	1,047.0			
POST-ICP CASES (HEARINGS)				
Open cases at START of period	287.0			
Add: Cases moved from Pre-ICP (a)	38.0	25.7	34.0	30.8
Less: Closed concluded at FH	(18.0)	(21.3)	(19.5)	(16.8)
Net cases added/(closed) in period	**20.0**	**4.3**	**14.5**	**13.9**
Open cases at END of period	307.0			
HCPC HIGH-LEVEL CASE FLOW SUMMARY				
Open cases at START of period	1,343.0			
Add: New concerns received by HCPC	127.0	117.0	109.8	104.5
Less: Closed	(116.0)	(95.7)	(86.3)	(83.9)
Net cases added/(closed) in period	**11.0**	**21.3**	**23.5**	**20.6**
Open cases at END of period (b)	1,354.0			

There has been a significant increase in new concerns received by HCPC. Question whether the Jan-20 number is a catch-up from Dec-19 or a step change?

The number of concerns being concluded is increasing and the gap is closing.

However until the Net cases added/(closed) in period becomes negative for a consistent period of time, FTP performance will remain challenging, i.e. positive means increasing backlog, negative means reducing backlog.
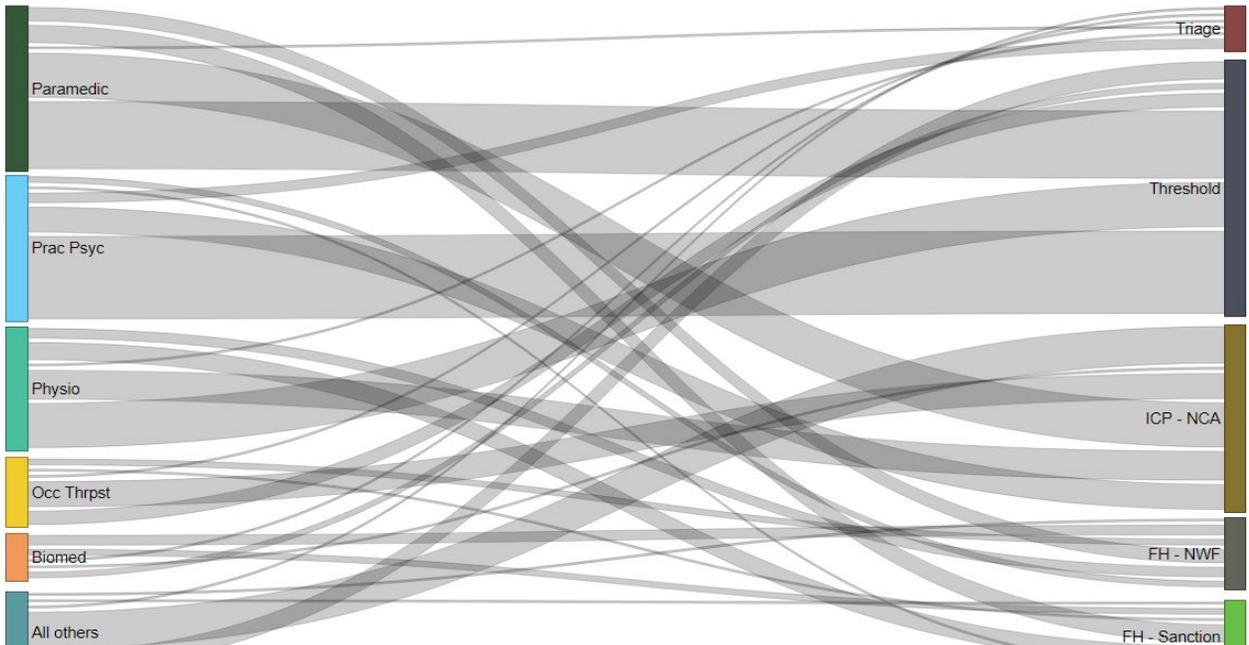
(a) Internal movement only - not a physical (loss) / receipt of cases

(b) Some cases are closed at a point Pre/Post-ICP but may become live at a later stage

[1.2] NEW CONCERNS MIX   (Top 5 Professions)

Source of Conern x Profession

Profession x Source of Concern

Complaint Type x Profession
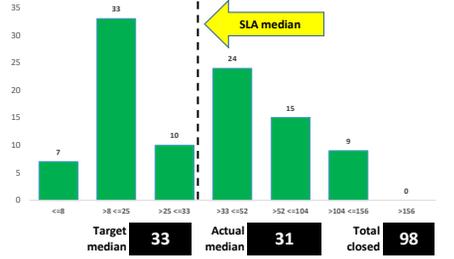
{AVAILABLE IN NEXT RELEASE}

The right hand side of the graph below indicates the outcome of the concern concluded while the left hand side indicates the split of concerns concluded by profession.

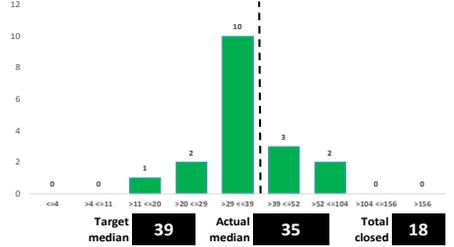**[1.3] SOURCE TO CLOSURE FLOW   (Top 5 Professions)**
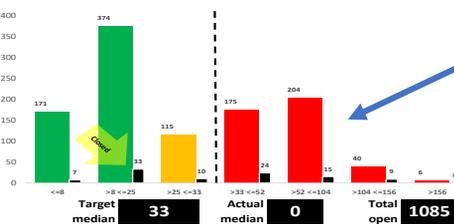
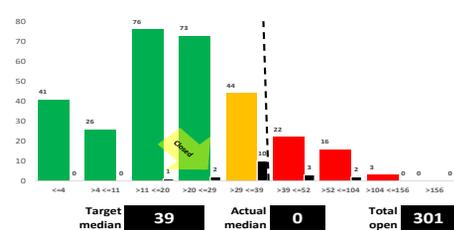## [2] PERFORMANCE

[2.1] CASES CLOSED BEFORE OR AT ICP IN PERIOD

SLA median

| Target median | 33 | Actual median | 31 | Total closed | 98 |

[2.2] POST-ICP CASES CLOSED IN PERIOD

| Target median | 39 | Actual median | 35 | Total closed | 18 |

[2.3] PRE-ICP OPEN CASES AT PERIOD END

Closed

| Target median | 33 | Actual median | 0 | Total open | 1085 |

[2.4] POST-ICP OPEN CASES AT PERIOD END

Closed

| Target median | 39 | Actual median | 0 | Total open | 301 |

[3] QUALITY - IC PANEL AND HEARING DECISIONS

[3.1] ICP DECISIONS
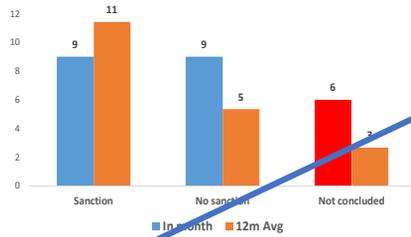
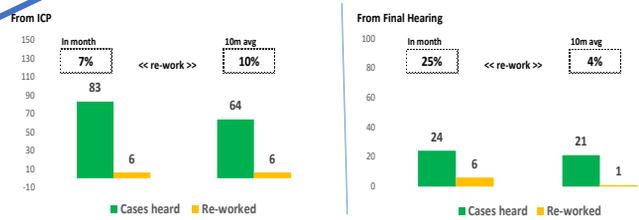CTA 38 / 31, NCA 39 / 22, Not cncldd / adjrnd 6 / 5

■ In month   ■ 12m Avg
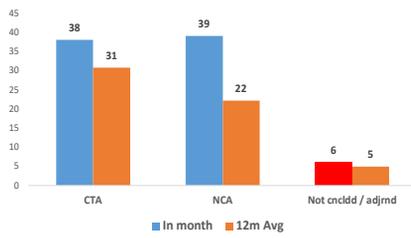
The key challenge is the old Pre-ICP cases. The vast majority of these will require an ICP (i.e. they have passed Threshold.

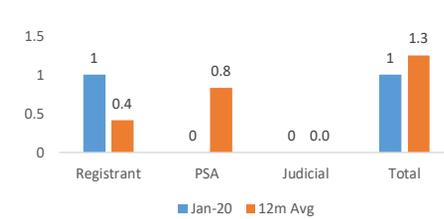There is the expectation that the majority will move to become Post-ICP cases

[3.3] FINAL HEARINGS

Sanction 9 / 11, No sanction 9 / 5, Not concluded 6 / 3

■ In month   ■ 12m Avg

[3.4] CASE RE-WORKS IN PERIOD

From ICP

In month 7%   << re-work >>   10m avg 10%

Cases heard 83 / Re-worked 6, 64 / 6

■ Cases heard   ■ Re-worked

From Final Hearing

In month 25%   << re-work >>   10m avg 4%

Cases heard 24 / Re-worked 6, 21 / 1

■ Cases heard   ■ Re-worked

[3.2] APPEALS

Registrant 1 / 0.4, PSA 0 / 0.8, Judicial 0 / 0.0, Total 1 / 1.3

■ Jan-20   ■ 12m Avg

[4] IO CASES

[4.1] PROFILE

	Number	Oldest case
Pre-ICP	57	Oct 13
Post-ICP	0	
Total cases	57	
Median age (wks)	54	

[4.2] AGEING

Actual case median (54 weeks)

[4.3] MIX

Para (26%), Physio (21%), All others (11%), ODP (18%), Biomed (9%), Occ Therap (7%), Radiogra... (5%), Chirop/Podia (4%)
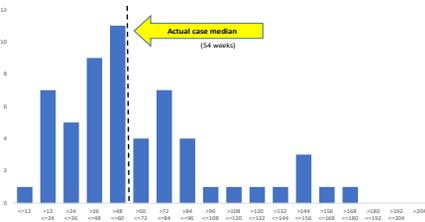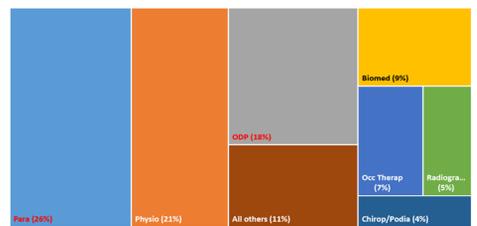
[5] RULE 12 CASES

[5.1] PROFILE

	Number	Oldest case	Median (wks)
Standard	23	Oct 13	42
Serious	14	May 18	42
Total cases	37		

[5.2] AGEING

Serious

Standard

[5.3] MIX

Para (70%), ODP (12%), Physio (12%), Occ Thrpst (6%), Chir/Pod (6%), All Others (5%)