
Fitness to Practise Performance Report

Executive Summary

This paper provides:

- an update on the progress of the Fitness to Practise (FTP) improvement programme against the targets we set ourselves on improving quality and timeliness of case management.
- an update on the usage of the Registrant Support Service.
- an update on changes to our Practice Notes

The 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 the Council on 5 December 2024.
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 budget for 2024-25.
EDI impact	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 FTP cases and who are particularly vulnerable or in need of additional support and reasonable adjustments.

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Fitness to Practise Performance Report

1. Introduction

- 1.1 As the Council is aware, improving our performance in Fitness to Practise (FTP) remains a priority for the HCPC. A key area of focus is on improving the timeliness of our case investigations, as well as continuing to monitor, embed and develop the changes we have delivered in the earlier phases of the improvement programme, which focussed on how we identify and manage risk on cases, quality and consistency of decision making and how we engage and support those involved in the FTP process in a fair and compassionate way.
- 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;
 - an update on our Registrant Support Service, as requested by the Council at its meeting in July 2024;
 - an update on our continuous improvement activity, including work undertaken in HCPTS in relation to our Practice Notes for panels; and
 - 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; and
 - 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 August 2024

we met our three week key performance indicator (KPI) for this measure, which is consistent with previous months.

- 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 August 2024 our performance was 21 weeks. This was 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 third-party cases were excluded from the data set, our performance would have been 12 weeks, meeting our KPI.

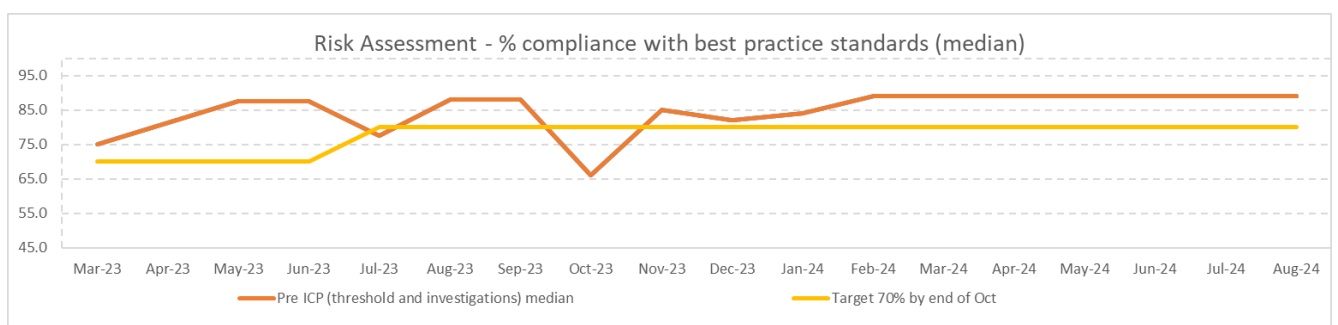
Figure 1 – Interim Order performance



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. Figure 2 shows that we have consistently achieved or exceeded the 80% target since November 2023. We have achieved 89% compliance with the Best Practice Standard in every month since February 2024, meaning we are close to meeting our stretch target. We have achieved greater consistency in our risk assessment performance over the last six months, but we are not complacent and are working with our FTP Training and Development Partners and team managers to explore how we can continue to improve performance.

Figure 2 – quality of risk assessments: performance against target

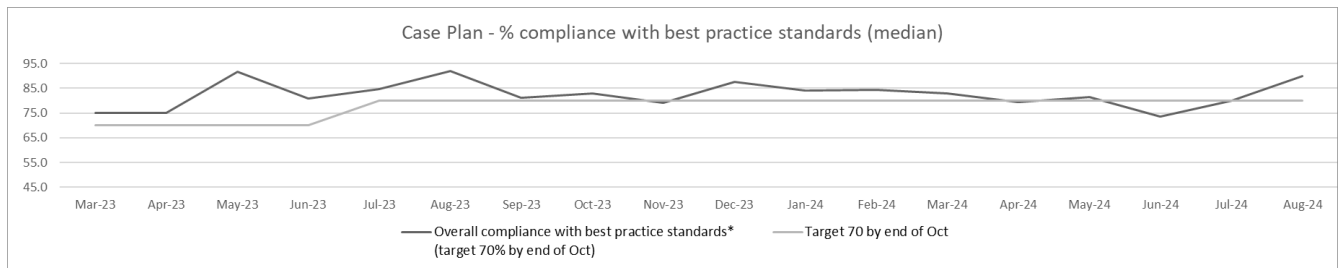


Case planning – adherence with our Best Practice Standard

- 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. In June 2024 our performance fell below target for the first time since November 2023. However, in July and August 2024 we achieved or exceeded our target. In

August, we achieved 90% compliance with the Best Practice Standard. This 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:

- 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.

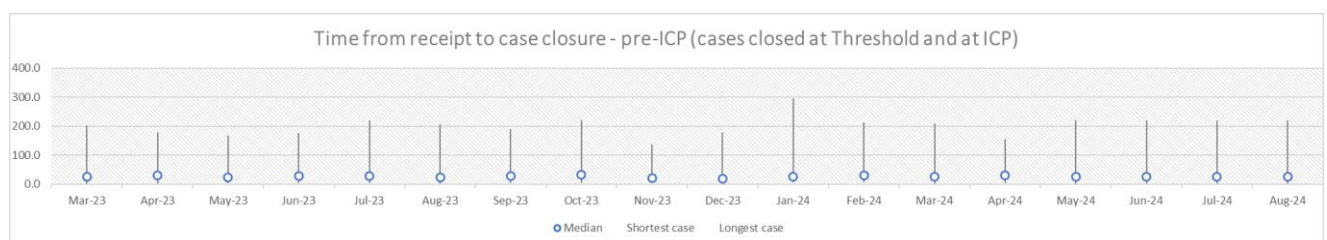
Age profile of cases at the point of case conclusion

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.

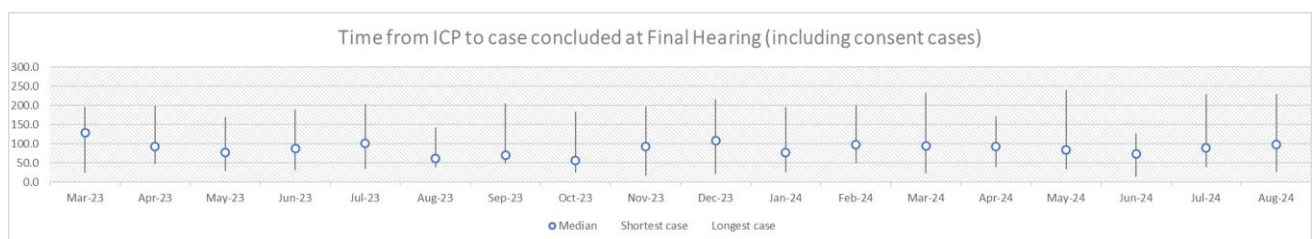
3.4. In August 2024, the oldest case closed was at 219 weeks, and the youngest was two weeks. The median age of cases closed in August was 25 weeks, which falls within the KPI of 33 weeks. This shows we continue to progress our oldest cases, alongside those more recently received.

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 June 2023 was 97 weeks, with the oldest case at 229 weeks and the youngest case at 27 weeks, which is well within our 39 week KPI for this stage of the process. The shortest age to conclusion continues to reflect the positive impact of frontloading, and the work we have undertaken to identify appropriate cases that can be concluded by consent without the need for a fully contested hearing.

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. We continue to receive a large number of FTP concerns. In the first five months of this financial year we have seen an average of 185 new FTP concerns per month, which is tracking at 9% higher than the monthly average in 2023-24.
- 3.9. This increase in new concerns is reflected in the volume of cases at the Threshold stage, which has been above 700 cases since January. There are currently 741 active investigations in the team. We have increased case manager resource in this area and once new team members are onboarded we expect to see the caseload begin to decrease.
- 3.10. At the end of August 2024 the Investigations caseload was at 996. 131 of these cases are currently listed for a future Investigating Committee Panel, which means the number of cases under active investigation in the Investigations team is 865. Although the active caseload has decreased since last month, the caseload is still higher than we would like and we have commenced targeted work with this team to streamline processes and improve productivity.
- 3.11. The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In August 2024 the caseload was 477. 73 of these cases are listed for a future final hearing.

Figure 6 – number of open Threshold cases

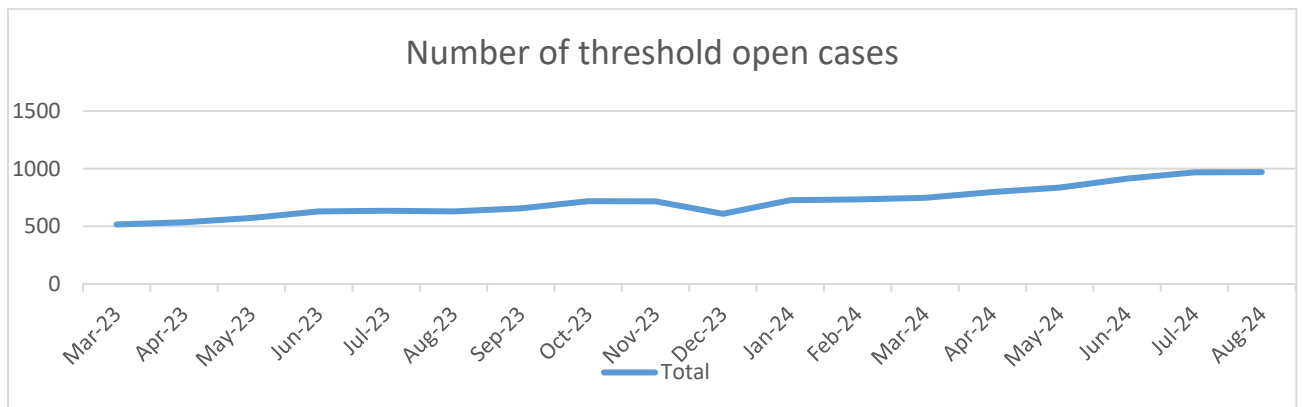


Figure 7 – number of open Investigations cases

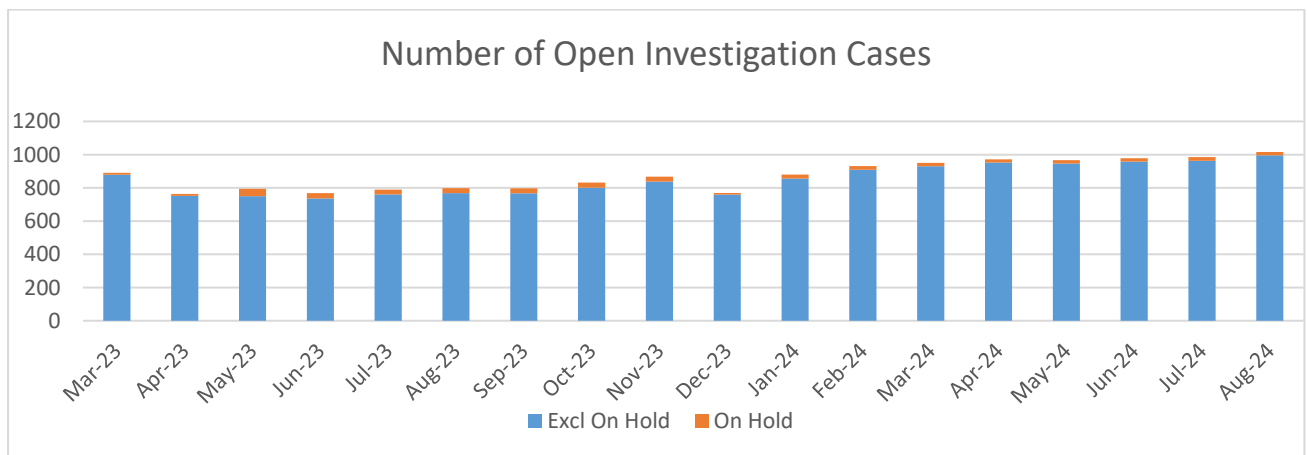
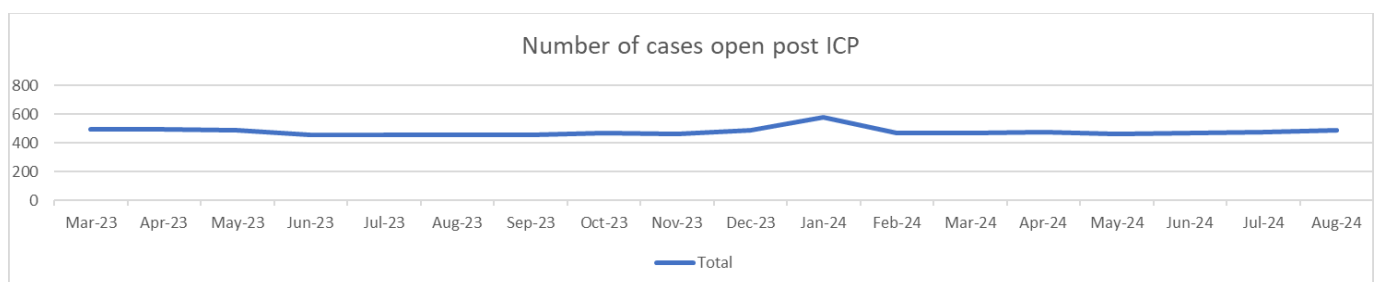


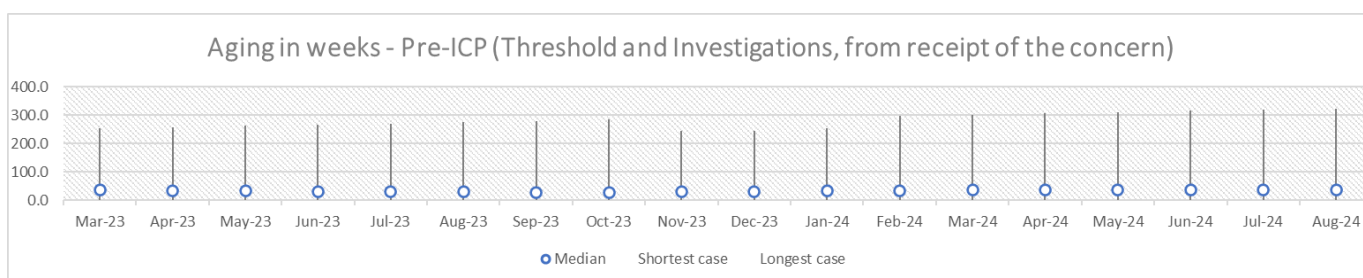
Figure 8 – number of open post-ICP cases



Age profile of the live caseload

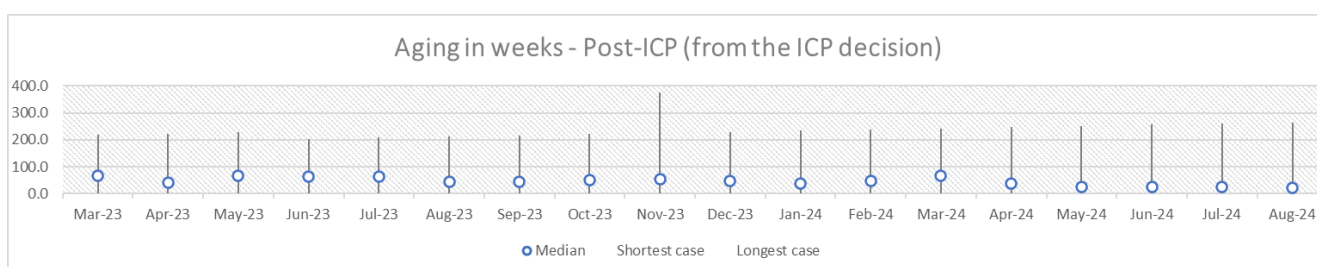
3.12. Figure 9 shows the median age of our live pre-ICP caseload. At the end of August 2024, the median age of our open pre-ICP caseload was 37 weeks, which is slightly higher than our KPI of 33 weeks for this stage of the process. The youngest case was one week and the oldest was 324 weeks. The median age of our live caseload includes cases that are or have been on hold due to a third-party investigation.

Figure 9 – median age of live pre-ICP caseload



3.13. As our older cases progress through to the post-ICP stage, the median age of cases at this stage of the process increases. Our median age has been consistently below the 39 weeks KPI since April of this year. In August the youngest case at this stage was under one week and the oldest was 265 weeks. The oldest case is listed for a final hearing later this year.

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



4. Registrant Support Service

4.1. Our Registrant Support Service was launched in April 2023 in partnership with CiC, a leading wellbeing service provider. The Registrant Support Service offers independent, confidential and free emotional support and practical advice to all registrants involved in the FTP process. It is available 24 hours a day, 365 days of the year. All CiC counsellors are trained and accredited professionals who are experienced in providing people with tailored support and solutions.

4.2. In the first six months of the service there were 99 contacts from registrants to the service. This uptake was equivalent to just under 5% of those registrants with an open FTP case.

4.3. By the end of August 2024 there has been a noticeable increase in registrants using the service, with 302 contacts to the service in the previous 12 months. This equates to 15% of registrants with an open FTP case. The contacts can be broken down into:

- 213 telephone calls (including subsequent calls, defined as calls made after the initial call to advice line between the registrant and the Advice Line);
- 41 emails sent to the clinical team;
- 3 online chat sessions; and
- 45 logins to the WellOnline platform.

- 4.4. The vast majority of calls to the service are for in-the-moment emotional support. During this period 9 registrants have been referred on for structured counselling support following their initial contact with the service.
- 4.5. The most frequently reported work-related issue by those using the service was impact on performance, with the most frequently reported personal issue being impact on health.
- 4.6. Common helpsheets that have been downloaded from the WellOnline platform include:
- coping with everyday stress;
 - working irregular hours;
 - positive parenting;
 - relaxation techniques;
 - sexual harassment;
 - managing mental health in the workplace;
 - dealing with uncertainty.
- 4.7. Since we completed our Tone of Voice work in October 2023, all template letters to registrants signpost to the Registrant Support Service, as do our information sheets. Team members are trained to signpost to the service in induction and refresher customer service training. The service is also promoted by colleagues across the organisation in their interactions with registrants, employers and other relevant stakeholders. We believe that greater awareness of the service amongst registrants accounts for the increase in usage and we welcome that more registrants are accessing the support on offer.

5. Update on improvement activity

- 5.1. Our current improvement work is targeted on timeliness and preparing for the future, as well as continuing to monitor, embed and develop the changes we have delivered in the earlier phases of the improvement programme. A progress update on the improvement activity in progress is provided below:

- **Development of HCPTS Practice Notes:**

Our FTP partners are supported in their decision making by a suite of Practice Notes, which provide guidance on procedure, process and case law. The regular review of existing Practice Notes and the introduction of new ones are key to ensuring our panels continue to make decisions that are consistent, fair, transparent and proportionate.

Learning from our internal quality assurance processes, Professional Standards Authority (PSA) feedback and developments within the healthcare regulatory sector, are used to inform our review and development of this guidance. During the review and development process, we seek input from our partners, organisations that represent our registrants in FTP proceedings (such as unions and defence lawyers)

and other relevant stakeholders. Changes to Practice Notes and the introduction of new Practice Notes are approved by the Executive Leadership Team (ELT).

In September 2024, the ELT approved two new Practice Notes:

- Professional Boundaries – this Practice Note supports panels considering matters involving a breach of professional boundaries. It was developed following themes that were identified by our Decision Review Group to ensure a fair and consistent approach to decision making on these types of cases.
- Mixed Allegations – this Practice Note explains the procedure to be followed when a single case has allegations that are before both the Conduct & Competence Committee and Health Committee. This Practice Note formalised our existing approach.

The ELT also approved changes to the following existing Practice Notes as part of their routine review:

- Hearing Format and Location;
- Interim Orders;
- Concurrent Proceedings;
- Conviction and Caution Allegations; and
- Striking Off Reviews: New Evidence and Article 30(7).

We are currently developing a new Practice Note on freedom of expression to provide guidance on how panels should approach a decision that involves a registrant's freedom of expression and freedom of thought, conscience and religion. We recognise that considering cases that relate to sensitive, contested or difficult areas of debate can be challenging for our decision makers, and this guidance will support panels to make decisions that are consistent, balanced and fair.

- **Implementing and embedding changes to our operating model to support frontloaded investigations:**

We are continuing to slowly build our internal case load of frontloaded cases, and our training for case managers involved in this work continues. Our first FTP Investigations Lawyer joined the team this month and will be able to support this new investigation approach once fully onboarded. Recruitment for the second FTP Investigations Lawyer is due to commence in the next few weeks.

- **Optimising our scheduling processes to reduce the time taken to list a matter for a final hearing:**

The scoping work for this project has finished and work has started to engage the teams on new ways of working. The first phase of the review has focused on data and reporting.

6. Key risks and mitigation

- 6.1. 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. Phase 2 of our improvement programme had a strong emphasis on the support we provide to those in the FTP process and we have seen the positive impact in meeting Standard 18 in the PSA's Performance Review report for 2023-24. The monitoring of this improvement work 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 12 months 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 it and continue to monitor the number of referrals on a monthly basis.
 - Transition to frontloading – we have begun implementing the changes needed to enable us to undertake frontloaded investigations in-house and make wider changes to our operating model. 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 – 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 to key roles, such as our triage and case management teams, remains a challenge. We have recruited to three of our four lawyer roles and are working with HR colleagues to fill the remaining vacancy. Recruitment for paralegals to support the lawyers concluded earlier this month and we expect to have successful candidates in post before the end of November 2024.
 - 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 (DHSC) on the plans for regulatory reform.

7. Next steps

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