

Council

Meeting Date	30 January 2025
Title	Fitness to Practise Performance Report
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Executive Sponsor	Laura Coffey, Executive Director of Fitness to Practise and Tribunal Services
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 our project to review our Protection of Title investigation process; and
- an update on our ongoing improvement activity.

The Council is asked to note the progress made.

Action required	The Council is asked to note the update.
Previous consideration	Standing item (as of February 2021) to update the 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.
Next steps	The next report on progress will be provided to the Council on 30 January 2024.
Financial and resource implications	Financial and resource implications are provided for in the <u>FTP 2024-25</u> 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 fitness to practise 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

- 4.1. 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 focused 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.
- 1.1. Our overarching aim is to improve the quality and pace of our management of FTP cases.
- 1.2. This paper provides:
 - an update on our performance in relation to the quality and timeliness of case investigations;
 - an update on phase one of our work to review and improve our processes for managing protection of title cases;
 - an update on our current improvement activity; 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
 - 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.

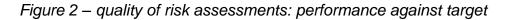
- 2.4. The orange line in Figure 1 shows how quickly we progress a matter to an interim order hearing once we have identified the need for an interim order. In December 2024 we were above our three week target at just under five weeks. This was due to two hearings that adjourned in November being relisted and concluding in December 2024.
- 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 December 2024 our performance was 38 weeks which is noticeably above our 12 week key performance indicator (KPI). 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, and one case where new information that increased the risk profile was provided at a late stage of the investigation.

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.





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. Between July and October 2024 our performance exceeded target each month. In November performance dipped below target at 73%, which was due to having a number of new starters in the team. In December 2024 we achieved 80% compliance with the best practice standard again.

Figure 3 – quality of case planning: performance against target

					С	ase Plan	- % com	pliance	with best	t practice	e standar	ds (med	ian)					
95.0														-				
85.0	\sim		~			\sim							_	\sim				
75.0					-							\sim					\searrow	
65.0																		
55.0																		
45.0	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
							l complianc 70% by en		practice sta	ndards*	——Targ	et 70 by en	d of Oct					

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 December 2024, the oldest case closed was at 338 weeks, and the youngest was two weeks. The median age of cases closed in October 2024 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

				Time	from r	eceipt to	o case c	losure -	pre-ICP	(cases o	closed a	t Thresh	old and	l at ICP)				
0.0																		
0.0	1			1									1			1		
0.0																		
0.0	Q Jul-23	Aug-23	Sep-23	Q Oct-23	Nov-23	Dec-23	Jan-24	Peb-24	Mar-24	Q Apr-24	O May-24	¢ Jun-24	¢ Jul-24	¢ Aug-24	Ç Sep-24	Oct-24	ONOV-24	Dec-3
								O Median	Shortest cas	e Longest	t case							

- 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 December 2024 was 74 weeks, with the oldest case at 151 weeks and the youngest case at 19 weeks, which is significantly 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. As we have updated the Council in previous meetings, our monthly average for new FTP referrals continues to track higher than the monthly average in 2023-24, with an average of 177 new FTP concerns received each month since April 2024. We have increased case 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.
- 3.9. The continued high volume of new concerns is reflected in the volume of cases at the threshold stage, which has been above 700 cases since January 2024. There are currently 903 active investigations in the team. We continue to support the team to manage these cases and streamline our processes where possible.

- 3.10. At the end of October 2024 the active Investigations caseload was 952. We will be onboarding additional case manager resource in the team during January 2025 and are also recruiting for two new team managers to create smaller teams to support team manager focus on productivity. Following feedback from new starters and the wider team, we have revised our induction programme to increase the level of skills and technical training in the first month of joining the team prior to commencing work on cases. The first cohort of case managers going through the new induction programme started in January 2025.
- 3.11. The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In December 2024 the caseload was 472. 93 of these cases are listed for a future final hearing. This is the highest number of cases listed for a final hearing since May 2021.

Figure 6 – number of open threshold cases

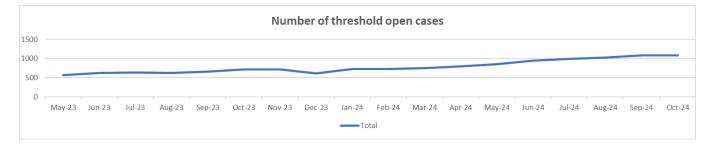


Figure 7 – number of open investigations cases



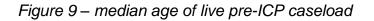
Figure 8 – number of open post-ICP cases



Age profile of the live caseload

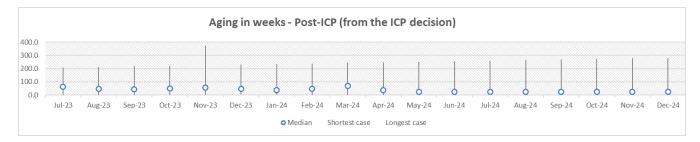
1.1. Figure 9 shows the median age of our live pre-ICP caseload. At the end of October 2024, the median age of our open pre-ICP caseload was 42 weeks, which is higher than our KPI of 33 weeks for this stage of the process. The

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 303 weeks. In November 2024 we concluded our oldest pre-ICP case and thereby reduced the age profile of the pre-ICP caseload to its youngest overall age since March 2024.





1.2. At the end of December 2024, the median age of cases at the post-ICP stage was 23 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 282 weeks. In November 2024 we concluded our oldest case, however this case will remain in our live caseload data until the statutory appeal period has expired.



4. Protection of title project update

- 4.1. Each of the professions we regulate has one or more designated titles. These titles are protected by law. This means that anyone who uses a protected title must be on our register. Our legislation makes it a criminal offence for a person, with intent to deceive (clearly or by implication), to say that they are on our register when they are not, to use a designated title to which they are not entitled, or say falsely that they have qualifications in a profession we regulate.
- 4.2. Where we receive information that someone may be misusing a protected title we will open a protection of title investigation. Those investigations are managed by a dedicated team within the Fitness to Practise and Tribunal Services directorate.
- 4.3. In May 2024 we concluded phase one of a project to review our processes for investigating protection of title cases. The purpose of this first stage of our review was to better identify and implement a more efficient process for managing lower risk referrals relating to misuse of one of our protected titles.

- 4.4. Prior to the review, all protection of title cases were investigated in the same way. This meant that the team's time was disproportionately spent investigating lower risk cases, where there may not be evidence of an intention to deceive, instead of focusing on those cases that were more likely to require regulatory action. We also recognised that many respondents who we engage with in our protection of title work are unaware that the titles they are using are protected by law and of our regulatory requirements.
- 4.5. Our new process for lower risk cases takes a proportionate, risk-based and educational approach that is designed to support respondents to comply with the law, and thereby resolve matters informally with them without the need to go through a formal and lengthy process. This includes developing a new information sheet that explains protected titles, our role as the regulator, and also provides guidance for respondents on how they can prevent a protection of title concern being raised about them.
- 4.6. Between May 2024 and December 2024, we have resolved 38 cases using this new process. By resolving these cases more quickly, we have been able to create additional capacity to also progress those more complex or higher risk protection of title cases to an appropriate conclusion.
- 4.7. By the end of December 2024 we had reduced the median time to close a protection of title case by an average of five weeks, from 27 weeks prior to May 2024 to 22 weeks by the end of the year.
- 4.8. We have also seen a 20% reduction in the protection of title caseload during that same period. In May 2024 we had 208 open cases, which we had reduced to 166 open cases by the end of December 2024. This is the lowest caseload for this workstream since October 2021.
- 4.9. We continue to monitor the impact of phase one of the project, as our learning about the new approach evolves. Phase two of the project, which will look at the process for those protection of title cases that may require regulatory action, will commence in the next financial year.

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:

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

In June 2024 we commenced in-house frontloaded investigations with four cases, and we have been slowly increasing our capacity. At the end of December 2024 the in-house team were progressing 24 frontloaded investigations. Three of those cases are now ready for consideration by the ICP. In December 2024 we also successfully

recruited our second FTP Investigation Lawyer to join our frontloading team, which means we have now filled all our legal roles. The successful candidate will join the team in April 2025.

The transition of our post-ICP cases to our new post-ICP legal team was completed in December and the team are now fully up and running. This team will work alongside our external legal providers to ensure that outsourced cases are completed to timeliness and quality service standards. The case managers who formerly managed post-ICP work have now joined our pre-ICP case management teams, helping to increase capacity in those areas.

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

Phase one of this project, which focused on improving management data and reporting on scheduling milestones and outcomes, has concluded. This increased visibility of team performance and milestone tracking has already led to improved productivity in the team. The next stage of the project which is looking at the efficiency of our listing process will start this quarter.

• Review of the support and guidance we offer to witnesses:

This piece of work, led by the Tribunal Service, has commenced. We are currently scoping our current offering in terms of witness support, the gaps and areas for enhancement. We will particularly focus on support for vulnerable witnesses, whilst recognising that giving witness evidence can be a stressful process for all who do it. Introducing frontloaded investigations in house provides an opportunity to review how we support witnesses and potential witnesses from the earliest stages of the process, and the HCPTS and HCPC will be collaborating on this piece of work.

• Review of our sanctions policy to ensure our guidance for panel members is up to date, and continues to support them to make decisions that are fair, consistent and proportionate:

We have started the initial high-level review of the policy to inform our thinking and approach. Changes to the policy will require formal consultation, and we plan to undertake pre-consultation work in quarter 4. This work will come back to the Council in line with our usual consultation processes.

6. Key risks and mitigation

6.1. 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 18 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 in key roles, such as our triage and 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 and case team manager level that we have not been able to fill to date.
- 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.

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.