

**Agenda Item 8 (iv)**

**Enclosure 6**

**Health and Care Professions Council  
21 March 2018**

**Key Performance Indicators**

**For discussion and approval**

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

Council, 21 March 2018

## Key Performance Indicators

### Executive summary and recommendations

#### **Introduction**

At its meeting in February 2018, the Council discussed a shortlist of potential Key Performance Indicators (KPIs). This paper sets out proposed KPIs.

We would propose to begin to report to the Council against the KPIs from the July 2018 Council meeting. The Council has previously agreed that it will consider a performance report four times a year at its meetings in March, July, September and December. A written Chief Executive's report is considered at each meeting.

#### **Decision**

The Council is invited to discuss and agree the outlined KPIs (subject to any changes agreed at this meeting).

#### **Background information**

Council, 7 February 2018. Developing Key Performance Indicators (KPIs)  
<http://www.hcpc-uk.org/assets/documents/100056CCEnc06-KeyPerformanceIndicators.pdf>

#### **Resource implications**

Resource implications (which are not significant) include incorporating KPIs into regular reporting to the Council and reviewing and revising the existing performance report as necessary.

#### **Financial implications**

None

#### **Appendices**

None

#### **Date of paper**

2 March 2018

## **Key Performance Indicators (KPIs)**

### **1. Introduction**

- 1.1 This paper sets out proposed corporate KPIs.
- 1.2 In section three, for each proposed KPI the paper outlines:
  - the proposed measure and/or target;
  - a clear definition for each measure (i.e. exactly what is being measured);
  - the rationale for inclusion as a KPI; and
  - the link(s) to the most directly relevant strategic priorities set out in the Corporate Plan 2018-20.
- 1.3 The measures and targets proposed wherever possible draw on the existing available data set so may vary from the draft measures included in the previous paper.
- 1.4 The Council is invited to agree each KPI outlined including agreeing that the proposed KPI is 'key' or 'critical' enough to be monitored in corporate KPIs; and agreeing the proposed measure and/or target.
- 1.5 Section four includes illustrative examples of what data reporting against the KPIs might look like when included in the performance report.

### **2. KPI shortlist**

- 2.1 The KPIs outlined in section three are those discussed in the paper at the February 2018 Council meeting.
- 2.2 It includes a suggested KPI in the information technology area. The Executive has not been able to identify a suitable indicator of IT efficiency / quality but has suggested an alternative.
- 2.3 In the February 2018 paper, a KPI monitoring incorrect entries as a proxy measure of quality in the registration processes was suggested. Having considered this further, the Executive proposes that this is not included as a KPI for the following reasons.
  - Where it appears that someone has been registered in error, this is referred where appropriate to the fitness to practise process. If at a final hearing, the Investigating Committee (IC) considers that an entry to the Register has been incorrectly made they can amend or remove the entry. Only the IC can conclude that an entry has indeed been incorrectly made.
  - The ground of allegation in the Health and Social Work Professions Order ('the Order') is that an entry in the Register has been 'fraudulently procured or incorrectly made'. Any data we have therefore includes cases where it is alleged that registration has been obtained fraudulently, a circumstance only partly within our control. Further, no other allegation types have been included elsewhere in KPIs.

- There were no cases where it was alleged that an entry in the Register had been fraudulently procured or incorrectly made considered at a hearing of the Investigating Committee in 2016-17 and just two in 2015-16.
- Assurance of the quality of registration processes is provided through internal quality assurance activity and internal audit. A KPI on registration appeals, a proxy measure of quality in registration, is included in the proposed set.

### 3. Proposed KPIs

Timeliness	
<b>Fitness to practise: Length of time - Receipt to Investigating Committee Panel (ICP)</b>	
<b>Measure / target</b>	Fitness to practise cases progressed from receipt to a decision by an Investigating Committee Panel in a median time of 33 weeks (8 months)
<b>Definition</b>	<p>This KPI measures the median time elapsed between the receipt of a fitness to practise concern and an Investigating Committee Panel (ICP) determining whether there is a case to answer.</p> <p>It excludes cases which are received and closed at the standard of acceptance stage and Rule 12 cases (those cases that are unable to proceed because of external proceedings that take precedent, which are usually criminal investigations).</p>
<b>Rationale</b>	<p>The median time taken from receipt of a concern through to consideration by an ICP is a PSA 'key comparator' and is one factor that drives our overall case length. This measure is included to monitor progress in improving the overall timeliness of fitness to practise investigations.</p> <p>The targets proposed for fitness to practise have been set on the basis of our median performance for receipt of a complaint and a decision at a final hearing in 2014-15. We met the PSA standard for timeliness in this year and in our most recent performance review for 2016-17 the PSA commented on an overall decline in our performance since this year. The target for receipt to ICP has been based on the median number of weeks from receipt to ICP decision in 2014-15. (PSA standard not met – Fitness to practise 6)</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Timeliness</b>	
<b>Fitness to practise: Length of time - Receipt to final hearing</b>	
<b>Measure / target</b>	Fitness to practise cases progressed from receipt to final hearing in a median time of 73 weeks (17 months)
<b>Definition</b>	<p>This KPI measures the median time elapsed between receipt of a fitness to practise concern and a decision made at a final hearing by a panel of a Practice Committee.</p> <p>This excludes those cases that are closed pre-ICP or by the ICP and Rule 12 cases (those that are unable to proceed because of external proceedings that take precedent, which are usually criminal investigations).</p>
<b>Rationale</b>	<p>The time taken from receipt to final hearing is a PSA 'key comparator'. This measure is included to monitor progress in improving the overall length of time of fitness to practise cases to meet the PSA standards.</p> <p>The targets proposed for fitness to practise have been set on the basis of our median performance for receipt of a complaint and decision at a final hearing in 2014-15. We met the PSA standard for timeliness in this year and in our most recent performance review for 2016-17 the PSA commented on an overall decline in our performance since this year. The target for receipt to final hearing has been set at the 2014-15 median of 73 weeks (17 months). For comparison the median as at January 2018 is 87 weeks, below the proposed target, but an improvement on our performance overall in 2016-17 (97 weeks). (PSA standard not met – Fitness to practise 6)</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Timeliness</b>	
<b>Fitness to practise: Length of time - Receipt to interim order</b>	
<b>Measure / target</b>	Interim order cases progressed from receipt to decision in a median time of 16 weeks
<b>Definition</b>	This KPI measures the median time elapsed between the receipt of a fitness to practise concern and a decision made by a panel of a Practice Committee about an application for an interim order. This includes cases where the interim order was both granted and refused.
<b>Rationale</b>	<p>The time taken from receipt to an interim order decision is a PSA 'key comparator'. Whilst no concerns were raised about timeliness in this area in our PSA performance review 2016-17, it is included as a KPI to ensure the Council has visibility of (changes in) our performance.</p> <p>The length of time from receipt is an appropriate indicator to monitor for relative changes in performance. However, it should be noted that the need for an interim order may not always be apparent at receipt of a fitness to practise concern and ongoing risk assessment throughout case investigation may subsequently mean that an interim order application is made.</p> <p>The target has been set based on our current performance which is a median of 16 weeks. This compares to a median of 18.9 weeks overall for 2016-17 and 20.4 weeks in 2014-15.</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Timeliness</b>	
<b>Registration: Processing time for UK applications</b>	
<b>Measure / target</b>	UK applications processed in a median time of 10 working days Seasonal target: 15 working days (September report only)
<b>Definition</b>	This KPI measures the time elapsed between receipt of an application for initial registration from an applicant who holds a UK approved qualification, and a decision about that application. This includes decisions to register the applicant or to return the application incomplete but excludes those applications that are awaiting receipt of a valid pass list from an education provider. Applications for readmission to the Register are also not included in this measure.
<b>Rationale</b>	<p>The median time for UK applications is a PSA 'key comparator'. This measure is included to monitor our timeliness in managing application volumes on a consistent basis.</p> <p>UK applications is the highest volume registration process. The highest volume of UK applications is received in the summer period when most students complete approved programmes. Volumes have to be managed alongside the cyclical renewal process and other registration processes. The service standard for this process is currently 10 working days which is mirrored in the target. A seasonal target of 15 working days is proposed for the summer period where the highest volumes of new UK applications are received, as an undifferentiated target would not take account of the large seasonal fluctuation in volumes.</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>



<b>Timeliness</b>	
<b>Registration: Processing times for International applications</b>	
<b>Measure / targets</b>	<p>European Mutual Recognition (EMR) applications processed in a median time of 60 working days</p> <p>Non-European Mutual Recognition (EMR) applications processed in a median time of 60 working days</p>
<b>Definition</b>	<p>There are two KPIs for the two international application types – applicants who are exercising European Mutual Recognition (EMR) rights (under Directive 2005/36/EC) and those who are not.</p> <p>These KPIs measure the time elapsed between receipt of a completed international application for registration and a decision about that application. These decisions include decisions to: accept the application; decline the application; and (for the EMR route) to require a compensation measure (e.g. requiring the applicant to complete a period of adaptation or aptitude test). The length of time is inclusive of verification checks (e.g. seeking confirmation from educational institutions). Applications returned incomplete are excluded.</p>
<b>Rationale</b>	<p>The processing time for EMR and non-EMR applications are PSA ‘key comparators’. This measure is included to monitor our timeliness in managing application volumes on a consistent basis.</p> <p>There are two different types of international application. The different requirements for applicants from the European Economic Area (EEA) exercising mutual recognition rights and those from outside of the EEA make it more meaningful to set two KPIs in this area, albeit that the proposed targets are the same.</p> <p>The proposed targets reflect current service standards.</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority’s Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Timeliness</b>	
<b>Education: Timeliness of approvals process</b>	
<b>Measure / target</b>	Approval cases completed in a median time of 9 months
<b>Definition</b>	This KPI measures the time for completion of new programme approval cases. It measures the time from submission of a completed visit request form (VRF) and the education provider being informed of the decision to approve or not approve a programme. It is expressed as a rolling median year to date.
<b>Rationale</b>	<p>Education is a core regulatory function. This measure is included to monitor maintenance of our performance in this area.</p> <p>9 months end-to-end is the typical time period communicated to education providers asking about approval timescales. Education providers have to give at least 6 months' notice of a request for a visit. However, some cases may take longer to approve because of a number of factors outside of our control including, for example, receipt of VRFs well in advance of the six-month deadline; and requests from education providers for further time to meet conditions. In 2017-18, the median figure for the financial year to date is 9 months. It would be possible to monitor other education processes in a way which would provide a more accurate / complete picture of our performance (e.g. timeliness in providing visit reports or timeliness of major change and annual monitoring) but approvals are considered to be the more significant part of the Department's work.</p>
<b>Link(s) to Corporate Plan for 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Finance and resources</b>	
<b>Finance: Performance against budget</b>	
<b>Measure / target</b>	Performance against budgeted operating and capital expenditure Target range: 97.5% to 102.5% of budget
<b>Definition</b>	This KPI measures performance against aggregated budgeted expenditure. This includes both operating and capital expenditure including depreciation but excludes property revaluation credits / charges.
<b>Rationale</b>	<p>This measure is included because control of costs is a core duty of a public body and a key driver of financial sustainability. Ensuring our continued financial sustainability is included in the Corporate Plan 2018-20.</p> <p>The proposed measure includes depreciation because this should be accurately forecasted. It excludes property revaluation credits / charges because these are outside our control and occur annually for the purpose of the statutory accounts.</p> <p>The target range for the aggregate measure proposed is considered appropriate in light of the following.</p> <ul style="list-style-type: none"> <li>• Capital expenditure is relatively harder to predict because it is non-recurrent.</li> <li>• Operating expenditure is relatively predictable – payroll is relatively fixed and predictable and, where core regulatory functions are demand-led, forecasting models are considered robust.</li> </ul>
<b>Link(s) to Corporate Plan for 2018-2020</b>	Strategic priority 3. The organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment

<b>Finance and resources</b>	
<b>Human Resources: Voluntary turnover</b>	
<b>Measure / target</b>	Voluntary turnover in bands C and below
<b>Definition</b>	This KPI measures voluntary turnover in bands C, D and E. Higher bands are excluded. Voluntary turnover includes voluntary resignations but excludes compulsory leavers (for example, non-renewal of a contract). It is expressed as a rolling % year to date based on the number of voluntary leavers in these bands divided by the total employee population in these bands.
<b>Rationale</b>	<p>This measure is included because people are central to our work. The Corporate Plan 2018-20 says that we want to ensure our people are valued and supported to achieve high performance.</p> <p>The measure is proposed in light of Council feedback that aggregate voluntary turnover may not be an appropriate KPI given our size and because it may hide higher levels of turnover at lower bandings. No target is proposed – the specific measure means that comparison against the national average would not be a like-for-like comparison. Instead, relative changes in performance would be monitored.</p>
<b>Link(s) to Corporate Plan 2018-2020</b>	Strategic priority 3. The organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment

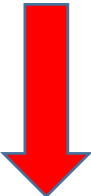

<b>Quality</b>	
<b>Fitness to practise: Appeals against fitness to practise decisions</b>	
<b>Measure / target</b>	Number of court appeals received against fitness to practise decisions
<b>Definition</b>	This KPI measures the number of appeals made against fitness to practise decisions. This includes both appeals to the relevant court by registrants against the decisions of final hearing panels and by the PSA under its Section 29 powers.
<b>Rationale</b>	<p>This measure is included as a proxy measure of quality in the fitness to practise process. The PSA collects data from us each quarter about the number and outcomes of registrant appeals. The number and outcomes of PSA appeals using its Section 29 powers is a PSA 'key comparator'.</p> <p>This measure is suggested rather than outcomes as there are a variety of outcomes including consent orders which are not always a reflection of quality. Further, more detailed information about such cases is already included in the performance data set and, where appropriate, in performance commentary. This is not a measure for which a target is appropriate, but is included to provide visibility of changes in volumes / trends.</p>
<b>Link(s) to Corporate Plan 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Quality</b>	
<b>Registration: Registration appeals</b>	
<b>Measure / target</b>	Number of upheld appeals against registration decisions
<b>Definition</b>	This KPI measures the number of upheld appeals against registration decisions. This includes all appealable registration decisions and all appeal outcomes other than the appeal being dismissed.
<b>Rationale</b>	<p>This measure is included as a proxy measure of quality in the registration processes. The number of successful appeals against registration decisions where no new information has been presented is a PSA 'key comparator'.</p> <p>It is proposed that the measure for the purposes of this KPI should be all upheld appeals against registration decisions as this data is most readily available. This measure can only be an imprecise indicator as an upheld appeal is not always an indicator that the original decision was incorrect. This is not a measure for which a target is appropriate, but is included to provide visibility of changes in volumes / trends.</p>
<b>Link(s) to Corporate Plan 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards for Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

<b>Information technology</b>	
<b>Website availability</b>	
<b>Measure / target</b>	Availability of the HCPC corporate websites Target: 99.5% availability
<b>Definition</b>	This KPI measures the availability to stakeholders of the corporate website. This includes both the HCPC and HCPTS websites and the operation of the 'Check the Register' service'. It excludes time for planned maintenance.
<b>Rationale</b>	<p>The proposed measure is included because of the importance of the websites to stakeholder engagement, as well as providing direct access to the Register. A failure to deliver in this area would not be identified in changes in performance against other KPIs. The proposed target is based on historic performance.</p> <p>Measures for other systems were considered but if there were significant availability issues these would impact upon the delivery of another KPI. The proposed target is based on historic performance.</p> <p>There are no suitable measures of IT efficiency or quality for reporting as a KPI that could be identified. This area is monitored / assured through the delivery and governance of major projects which involve technology.</p>
<b>Link(s) to Corporate Plan 2018-2020</b>	<p>Strategic priority 1. Improve our performance to achieve the Professional Standards Authority's Standards of Good Regulation</p> <p>Strategic priority 3. Ensure the organisation is fit for the future and is agile in anticipating and adapting to changes in the external environment</p>

#### 4. Illustrative examples of proposed KPI reporting

The following are illustrative examples of how we might report performance against the KPIs. **Please note: this does not use actual data.**

KPI	Current reporting period	Performance - against target	Previous reporting period	Performance - current reporting period to previous	Performance financial year to date
Fitness to practise cases progressed from receipt to final hearing in a median time of 73 weeks (17 months)	82 weeks		84 weeks		85 weeks
Performance against budgeted operating and capital expenditure – target range 97.5% to 102.5%	99%	Within target range	100%	Within target range	100%

	Above target
	Below target

Up / down arrows indicate improvement / decline in performance relative to target / previous reporting period.