
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 our ongoing improvement activity.

The Council is asked to note the progress made.

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.
Decision	The Council is asked to note the update.
Next steps	The next report on progress will be provided to Council on 30 January 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 2024-25 budget.
EDI impact	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.
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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 our current improvement activity; and
 - a summary of key risks and mitigations.

2. Quality of case management

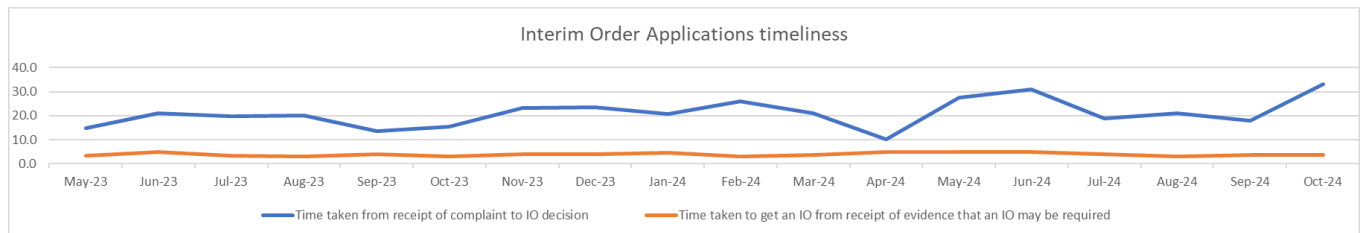
- 2.1. In this section we provide an overview of our performance in relation to the quality of our case investigations. As we have done previously, we have broken this down by themes of the key benefits we are seeking to achieve through this part of our improvement work. These are:
 - Risk management 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 June we were slightly above our three week target at four weeks.

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 October 2024 our performance was 31 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, including one case where the criminal investigation had been ongoing for three years.

Figure 1 – Interim order performance

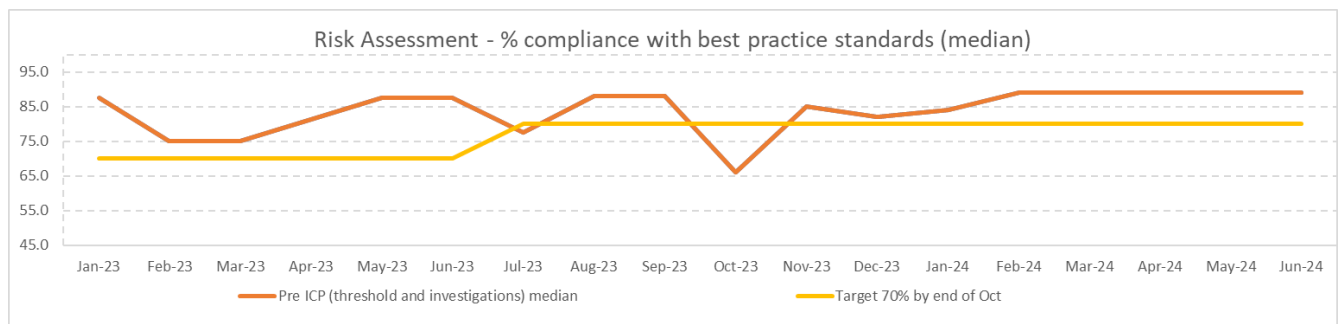


Risk management – adherence with our best practice standard

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, meaning we are close to meeting our stretch target.

Figure 2 – quality of risk assessments: performance against target



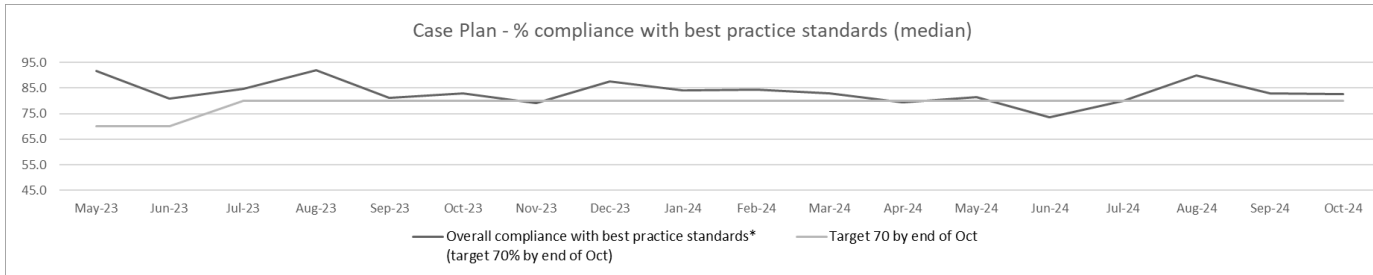
Case planning – adherence with our best practice standard

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. Since July 2024 our performance has exceeded target, which was an improvement on performance in June 2024 when we had dipped below

target. In October 2024 we achieved 83% compliance with the best practice standard.

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
- 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.

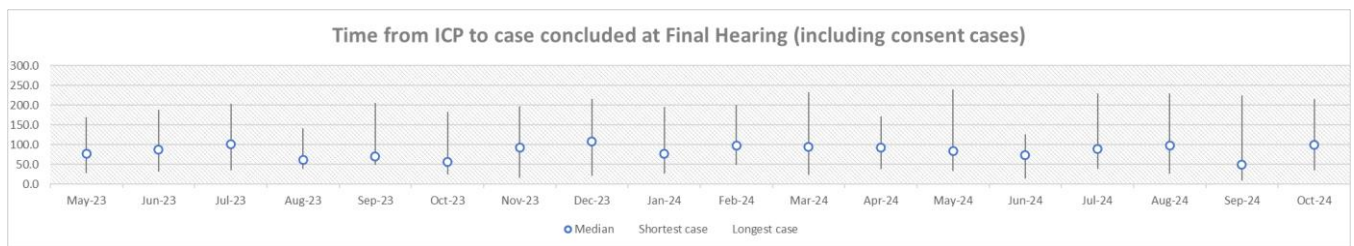
3.4. In October 2024, the oldest case closed was at 220 weeks, and the youngest was two weeks. The median age of cases closed in October was 26 weeks, which falls within the KPI of 33 weeks. This shows we continue to progress our oldest cases, alongside those more recently received.

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 October 2024 was 100 weeks, with the oldest case at 216 weeks and the youngest case at 35 weeks, which is 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. Our monthly average for new FTP referrals continues to track at 9% higher than monthly average in 2023-24, with an average of 184 new FTP concerns received each month since April 2024. Earlier this year we brought in additional resource to our Triage, Threshold and Senior Decision Maker teams to support them to manage the increase in referrals. We are now also increasing the size of our Investigations team to accommodate the larger number of cases moving through the process. Some of this increase has been managed by reallocating Case Managers from our post-ICP area, as we transition to our new post-ICP legal team.
- 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 2024. There are currently 862 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 938. This has increased since the position at the end of August 2024, when the active caseload was 865. We will be onboarding additional case manager resource in the team over December 2024 and January 2025. 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.
- 3.11. The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In October 2024 the caseload was 478. 74 of these cases are listed for a future final hearing.

Figure 6 – number of open threshold cases

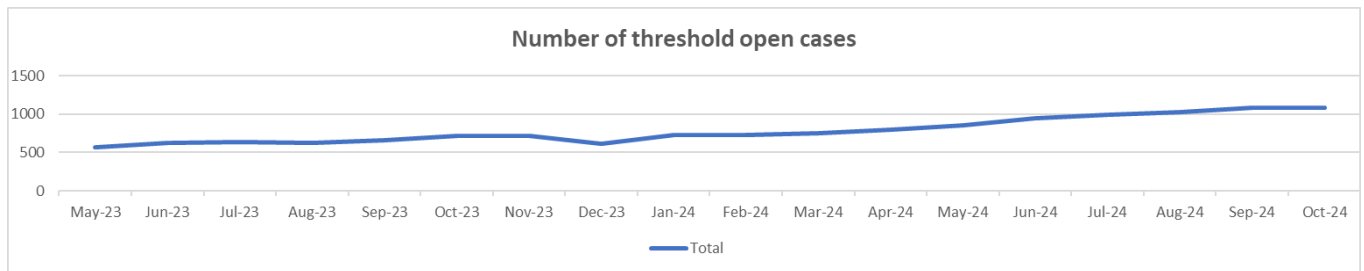


Figure 7 – number of open investigations cases

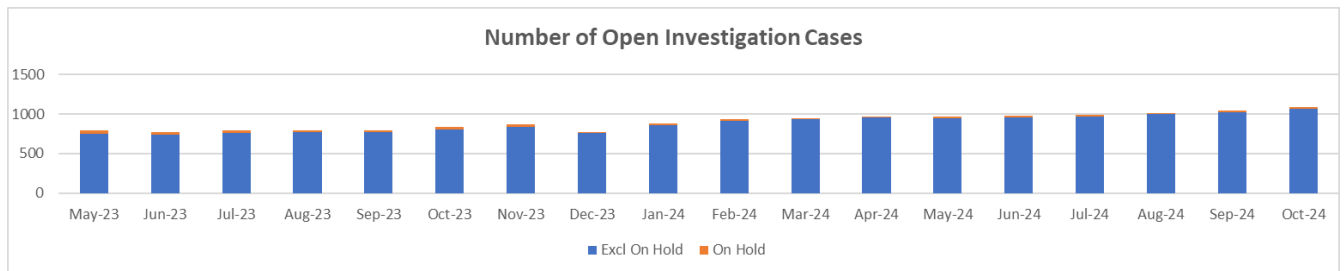
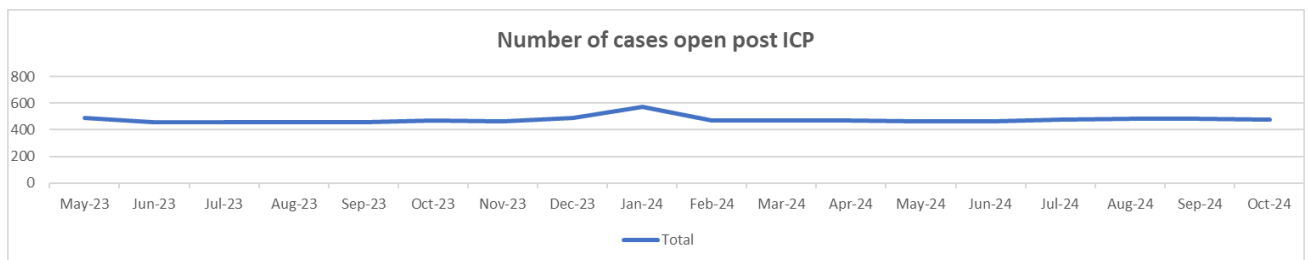


Figure 8 – number of open post-ICP cases

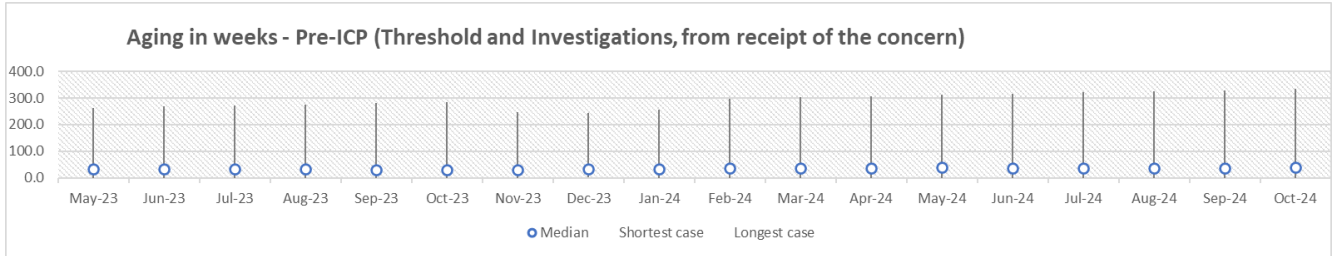


Age profile of the live caseload

- 3.12. Figure 9 shows the median age of our live pre-ICP caseload. At the end of October 2024, the median age of our open pre-ICP caseload was 38 weeks, which is slightly higher than our KPI of 33 weeks for this stage of the process. This median is consistent with previous months and we have maintained our median age at 35-38 weeks since February 2024, despite the increase in FTP referrals. The youngest case was under one week

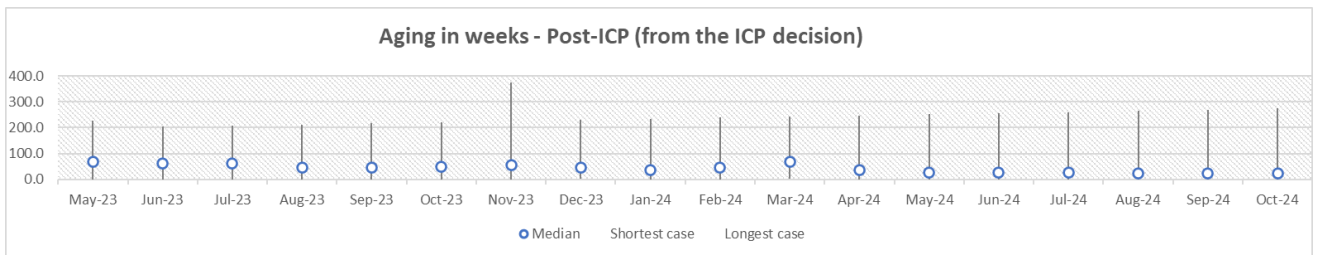
and the oldest was 333 weeks. The median age of our live caseload includes cases that are or have been on hold due to a third-party investigation.

Figure 9 – median age of live pre-ICP caseload



3.13. At the end of October 2024, the median age of cases at the post-ICP stage was 29 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 273 weeks. The oldest case is due to conclude at a final hearing in November 2024.

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



4. Update on improvement activity

4.1. Our current our 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 we commenced in-house frontloaded investigations with four cases, and we have been slowly increasing our capacity. At the end of November 2024 the in-house team are progressing 19 frontloaded investigations. The first in-house frontloaded investigation has concluded and has been sent to the ICP for consideration. We are currently recruiting for our second lawyer to join this team, which was a post we were unable to fill earlier in the year.

In November we onboarded our two Case Progression Lawyers and three paralegals (with a fourth paralegal to join us in December), who form our new post-ICP legal team. This team will work alongside our

external legal providers to ensure that outsourced cases are completed to timeliness and quality service standards. The transition of work to this team will take place over December 2024.

We are currently developing training materials and finalising implementation plans to introduce the streaming of non-frontloaded cases, to ensure efficient and proportionate case investigations. We are on track to train the teams on these new ways of working in the new year and to implement the new processes by the end of February 2025.

- **Implementing changes to our case management system to align with our new operating model:**

This work is complete and will be rolled out to coincide with the go-live of case streaming in February 2025.

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

Phase one of this project has concluded. Claire Baker, our Head of Adjudication Performance, and Brendon Edmonds, Head of Regulatory Development and Performance, worked closely to review and improve our data and reporting on scheduling milestones and outcomes. This increased visibility of team performance has already led to improved productivity in the team. The next stage of the project will be to review our listing process to identify and implement efficiencies.

- **Review of the support and guidance we offer to witnesses:**

This piece of work, led by the Tribunal Service, started last month. 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.

- **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 Q4. This work will come back to the Council in line with our usual consultation processes.

5. Key risks and mitigation

- 5.1. 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 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 in key roles, such as our triage and case management teams, remains a challenge. We currently have vacancies at Operational Manager level and Investigations Lawyer level that we have not been able to fill to date. We are working with HR to explore different approaches to our recruitment.
- 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.

6. Next steps

- 6.1. 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.