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| <b>Council</b> |
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**Minutes of the meeting of the Health and Care Professions Council held in public as follows:**

**Date:** Thursday 18 July 2024

**Time:** 11am

**Venue:** HCPC Offices, Kennington

**Present:** Christine Elliott (Chair)  
Rebekah Eglinton  
Sue Gallone  
Helen Gough  
Geraldine Kinkead-Richards<sup>1</sup>  
John McEvoy  
Jordan McKenna\*  
Lianne Patterson  
Kathryn Thirlaway  
Steven Vaughan (by Microsoft Teams)  
Valerie Webster

**Apologies:** David Stirling

**In attendance:**

Fatma Ali, Head of HR and OD  
Zoe Allan, Business Manager, Chair and Chief Executive Office  
Zayan Ansari, work experience student  
Madalina Botezatu, Payroll Manager  
Francesca Bramley, Governance Manager  
Alastair Bridges, Executive Director of Resources  
Matthew Clayton, Policy Lead  
Laura Coffey, Executive Director of Fitness to Practise and Tribunal Services  
Paul Cooper, Head of Business Change  
Alana Dansoh, Facilities Officer  
Daniela Dollinger, Communications Business Partner  
Akua Dwomoh-Bonsu, Professional Standards Authority  
Karen Flaherty, Head of Governance  
Rachael Gledhill, Head of Policy and Standards

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<sup>1</sup> Council Apprentice

Phil Harper, Department of Health and Social Care (for items 2, 3 and 4)  
Anna Holdsworth, Capsticks LLP  
Colette Higham, Professional Standards Authority  
Jamie Hunt, Head of Education  
Alan Keshtmand, Head of Finance and Commercial  
Salma Mohamed, work experience student  
Bernie O'Reilly, Chief Executive and Registrar  
Aditya Palai, HR Business Partner  
Yuki Leung, Product Analyst  
Matthew Peck, Head of Communications, Engagement and Public Affairs  
Anna Raftery, Head of Assurance and Compliance  
Andrew Smith, Executive Director of Education, Registration and Regulatory  
Standards and Deputy Chief Executive

## Public meeting

### **1 Chair's welcome and introduction**

1.1 The Chair welcomed those present to the meeting of Council, including a number of observers who were individually welcomed by the Chair.

#### **1(a) Apologies for absence**

1.2 The apologies for absence were noted.

#### **1(b) Approval of agenda**

1.3 The Council approved the agenda.

#### **1(c) Declaration of members' interests in relation to agenda items**

1.4 The Council members declared the following interests during the meeting:

- each of the Council members who was also a registrant declared an interest in the items relating to the fees consultation (items 7 and 17); and
- each of the Chair and Council members declared an interest in the item relating to Council and committee member remuneration (item 20).

#### **1(d) Minutes of the Council meeting on 23 May 2024**

1.5 The Council approved the minutes as an accurate record of its meeting held in public on 23 May 2024.

#### **1(e) Matters arising**

1.6 The Council noted the updates on the matters arising from previous meetings held in public.

### **2 Chair's Report**

2.1 The Council noted the Chair's report.

### **3 Independent culture review of the Nursing and Midwifery Council**

- 3.1 This item was considered immediately after item 4.
- 3.2 The Chief Executive and the Chair addressed the independent review of the culture of the Nursing and Midwifery Council (NMC) by Nazir Afzal and Rise Associates that had recently been published. While there were differences in the size, professions regulated and model of regulation at the NMC, it was important for the HCPC to review the recommendations in the NMC report to identify any opportunities for improvement and seek assurance that the culture of the HCPC reflected its values and colleagues felt able to raise concerns in the knowledge that these would be taken seriously. The HCPC would only be able to effectively deliver its purpose to protect the public where there was trust, fairness and respect.
- 3.3 The Chief Executive described his individual meetings with colleagues, including all new employees joining the HCPC, through which he had now met with one-third of employees. Employees cared passionately about protecting the public and supporting registrants and felt they had a shared sense of purpose with other colleagues. To continue to improve it was important for the organisation to invest in its people, including its leadership at all levels. Policies were also being reviewed to ensure that these were clear and easily accessible. The senior leadership group were engaging with their teams and encouraging them to talk openly about the NMC report and share their thoughts.
- 3.4 The Chair described the meetings with small groups of employees that she had initiated with her reverse mentor, Aditya Palai. This had increased her connection with all areas of the organisation and employees from a diverse range of backgrounds and provided assurance about what it was like to work at the HCPC and its culture. The Chair's reverse mentor and the Payroll Manager, Facilities Officer and Product Analyst, who the Chair had met through these meetings and who were attending the meeting, described their experiences since joining the HCPC, the opportunities for personal and professional development and the ready access they had to senior leaders in their roles.
- 3.5 The Council noted that the NMC report had highlighted a range of different experiences working there and the culture among their employees. The Council questioned how the HCPC could ensure it heard from all employees and about the full range of experience working at the HCPC, particularly as those employees who had negative experiences may have a perception that they would not be listened to or could be stigmatised for raising those concerns. It was important to raise awareness of what constituted poor or inappropriate behaviour and the impact of this on colleagues and to identify where this was occurring. While it was sometimes difficult to confront these issues, it was necessary to call out inappropriate behaviour when this occurred to prevent harm and provide support. There also needed to be a range of routes available for employees so that they could raise any concerns in a way that felt safe and appropriate for them.

- 3.6 The Council recognised the sources of feedback available through the conversations with the Chair and Chief Executive, regular employee pulse surveys and exit interviews. There was still work to be done to improve engagement levels for the pulse survey and the Council encouraged sharing of the themes from exit interviews and other conversations, while maintaining the confidentiality of those conversations.

**Action:** The Executive Leadership Team would consider how the qualitative feedback from conversations with colleagues and exit interviews could be shared with the Council.

- 3.7 The Chair and Chief Executive had reached out to colleagues at the NMC and offered support if needed.

## Performance reports

### 4 Chief Executive's Performance Report

- 4.1 This item was considered before item 1 (other than the declaration of members' interests).
- 4.2 The report from the Chief Executive highlighted key areas of development in the reporting period since the Council's last meeting in May 2024.
- 4.3 The Council noted the report and the following points:
- a recent visit to two sites that were part of NHS Greater Glasgow and Clyde, the largest NHS organisation in Scotland, meeting registrants and discussing a range of areas including continuing professional development, advanced practice, preceptorship, the scope of fitness to practise (FTP) and English language proficiency;
  - a pre-recorded address about the work of HCPC and arts therapists delivered by the Chief Executive at the annual general meeting of the British Association of Arts Therapists;
  - the agreement with the Patients Association to ensure positive engagement with patients and service users;
  - previous and ongoing work by the HCPC and with other regulators and professional bodies to reduce the regulatory burden on education and training providers by identifying areas of overlap and considering the work of others while continuing to make good independent regulatory decisions;

- the recent increase in international applications and managing the resourcing in Registration flexibly to ensure that the HCPC was able to respond effectively and affordably;
- the pilot in Registration using AI (artificial intelligence) to respond to email queries, which had enabled responses to be provided within one day rather than four to five days as previously and was helping to identify why applicants and registrants were contacting the HCPC so that self-service options could be provided;
- the scoping of the research project into the use of AI by registrants in practice and their experiences and the impact of this; and
- the work under way to implement the regulatory systems technology road map, following the Council's discussion at its last meeting, including the preparation of detailed investment plans.

4.4 The Council discussed how the HCPC would engage the Patients Association in specific pieces of work, as it had done previously with the fees consultation and the consultation about English language proficiency, and had identified the review of the standards of education and training (SETs) as the next piece of work. The Chief Executive of the Patients Association was also part of a group of health and care regulators working with the Patient Safety Commissioner to develop principles for all regulators, beginning with the area of patient consent.

## **5 Finance Report**

5.1 The Council noted the finance report from the Head of Finance and Commercial outlining the HCPC's financial position for the two month period ended 31 May 2024. This was the first full report for 2024-25 and was presented in a new format following the implementation of Business Central.

5.2 The following areas were highlighted:

- a surplus of £340,000 compared to a budgeted deficit of £84,000 due to an increase in international applications and lower expenditure for FTP, although the latter was likely to be due to the timing of instructions as FTP referrals remained high;
- operational expenditure on projects was expected to increase as projects ramped up;
- the budget assumption of 6,000 international applications for 2024-25 had been based on the drop in applications after a peak in August 2023 and prudent assumptions had been made about income and costs to minimise the risk of running down reserves;

- a reforecast would be prepared following the end of the first quarter for the period from July 2024, which would reassess international application volumes and provide a more accurate phasing of costs based on the experience in the first quarter of 2024-25; and
  - a correction to the revaluation reserve, which would be reflected in the next finance report to the Council.
- 5.3 The Council welcomed the new format for the finance report, which was clearer and provided additional information, and was helpful in understanding trends.
- 5.4 Council members expressed some concerns about current uncertainties in the budget, including the dependence on income from international applications and unpredictability around the volume of applications. There were risks associated with future levels of international recruitment in the NHS and private and independent sector, social and employment policy changes following the election of a new government and the ability to secure future fee increases.
- 5.5 The Executive Director of Resources noted that similar discussions had taken place at the most recent meeting of the People and Resources Committee and a paper was being prepared setting out some scenarios and predictions for international income, which could provide assurance to the Council in relation to this area.

The meeting was adjourned briefly to allow for a short break.

## **6 Fitness to Practise Performance Report**

- 6.1 The Council noted the update on the progress of the FTP improvement programme against the targets set to improve the quality and timeliness of case management and the next phase of the FTP improvement programme set out in the report.
- 6.2 The Council noted the following points:
- the shift to reporting based on an 18 month rolling period, having previously reported data for the period from January 2021;
  - the time taken to progress a matter to interim order hearing once the need for an interim order had been identified was slightly above the three week target at five weeks in June 2024 due to a hearing being adjourned for reasons outside the HCPC's control;
  - the time taken to progress a matter to interim order hearing from receipt of a concern was above the 12 week target at 31 weeks 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 of the case had been provided at a late stage in the FTP process;

- the increase in interim orders in June 2024 was being monitored to establish whether this was a spike or the beginning of a trend, however, the risk profile of new referrals had been broadly in line with the existing caseload up until this point in time;
- monitoring of the quality and timeliness of risk assessments continued and these were meeting the 80% adherence target and had been just below the 90% stretch target, at 89%, each month since February 2024;
- performance for the quality and timeliness of case plans had been below the target in June 2024, following six months during which the target had been consistently met or exceeded, due to delays to updating case plans and actions had been identified to improve performance;
- the timeliness of case investigation was monitored through a number of measures, including the median age of cases closed at the threshold and Investigating Committee Panel (ICP) stage, which was within the key performance indicator (KPI) of 33 weeks at 25 weeks, with the oldest case closed at 220 weeks, and the most recent case closed at two weeks;
- the median age of cases closed at final hearing, was above the KPI of 39 weeks, at 73 weeks, which was expected as older cases continued to move through the process, however, the shortest case concluded at 15 weeks reflecting the positive impact of frontloading in progressing cases to final hearing more quickly;
- the increase in the number of FTP concerns received continued, with an average of 190 FTP concerns each month in the first quarter of 2024-25 and an average of 174 new FTP concerns received in 2023-24, which was a 16% increase on the previous year;
- while the recently appointed interim Head of Case Progression and Quality was looking at opportunities for greater efficiency and to increase productivity, the caseload was manageable within existing resources;
- the increase in referrals was reflected in the volume of cases at the threshold stage, which had been above 700 cases since January 2024, with 750 active investigations currently, although it was expected that this caseload would decrease as recently appointed case managers and team members settled into their roles;

- the number of cases at the post-ICP stage remained stable and was 466 at the end of June 2024, with 53 of these cases listed for a future final hearing;
- the median age of the open pre-ICP caseload was 36 weeks, which was slightly higher than the KPI of 33 weeks for this stage of the process, and the most recent case was under one week and the oldest was 315 weeks;
- in-house frontloaded investigations commenced in June 2024 with four cases, and the aim was to build on this slowly to ensure that the new processes were operating correctly and that quality expectations were being met; and
- new case progression lawyers would be joining the team in September 2024, however, the investigations lawyer that had been recruited to work with the frontloading team had withdrawn from the process and alternatives were now being considered.

6.3 The Council questioned how employees in the FTP team could be affected by similar issues identified in the NMC culture review given the pressure of high caseloads and decision-making and having to deal with sensitive matters. Teams had a daily huddle to check how employees were and there was also an anonymised feedback indicator, which provided additional insight into how employees were feeling, and was followed up with the wider team. There were also two trained mental health first aiders in the team who could provide support to employees dealing with difficult cases or raising concerns about the volume of cases. There was more to do to promote awareness of the resources available to the team and the routes to access support. Individual conversations also took place with team members to provide insight into their caseload, support with planning and achieving a balance between progressing older and newer cases and recognition of their contribution to the team to provide ongoing motivation and encouragement.

6.4 While employees were encouraged to speak up if they had any concerns, the team was often too busy to complete the employee pulse surveys or participate in wider engagement and other opportunities to engage with the team were being explored, including surgeries, inviting other teams to speak at huddles and coaching support.

6.5 The Council congratulated the team on the implementation of frontloading investigations in-house. Resourcing was highlighted as an ongoing challenge and different approaches to recruitment were being used targeting sectors with comparable skills and working with agencies on new schemes. It remained difficult to recruit case managers and the role profiles and development opportunities available were being reviewed to reflect the skills that were needed to ensure that recruitment attracted the right candidates and to retain individuals by continuing to develop expertise once in the role. Salaries remained competitive based on benchmarking with other regulators.

- 6.6 The Council requested further insight into how the support service for registrants was being utilised and raising awareness of the service among registrants, recognising how stressful the process could be for registrants, and, in particular, the number of individuals completing suicide who were being investigated by the NMC as identified in the report reviewing its culture.

**Action:** The FTP performance report for the meeting of the Council in September 2024 would include some analysis of the use of the support services available and the themes highlighted by registrants.

## Items for discussion/decision

### 7 Update on fees consultation

- 7.1 The Executive Director of Resources provided an overview of the responses to the consultation about fees, which had closed on 14 June 2024. The Council was reminded that the current consultation was intended to implement more regular fee reviews and ensure that the HCPC remained financially sustainable, while recognising the pressure on costs and income for registrants.
- 7.2 A total of 1,040 responses to the consultation had been received, of which 98% were from individuals and 2% were from organisations. 98% of individuals who responded to the consultation were HCPC registrants.
- 7.3 The Council would receive the detailed response to the consultation and recommendations at its meeting in September 2024, when it would be asked to make a decision on changes to fees, following which the HCPC would publish its response to the consultation. The HCPC was in discussion with both UK and Scottish Parliaments about the consultation, which would inform the Council's decision-making processes.
- 7.4 Work continued to implement commitments around affordability of fees from the previous consultation and more frequent direct debits to pay fees would be available before any increase in fees took effect.

### 8 Council appointments

- 8.1 The Council noted the current Council member competencies, which were last reviewed and approved in 2021 and subsequently confirmed in 2022 as part of the most recent Council appointments, and the range of skills and experience identified for the planned recruitment in 2024. These included an accountancy qualification and recent and relevant financial experience and technology and business change (following the recent review of IT regulatory systems) and patient and public experience and engagement.

- 8.2 Council members were encouraged to provide any additional feedback following the meeting.

### Items for noting

#### **9 Chair's report and draft minutes of the meeting of the People and Resources Committee held in public on 6 June 2024**

- 9.1 The Council noted this item, in particular:

- the discussions relating to the partners project, which continued to evolve, and the development of a clear timeline for key decisions to be reached; and
- the positive responses to the employee pulse survey and participation in the Employee Forum, however, it was important to ensure that all employees were engaged and participated in the pulse surveys and connected through their employee representatives.

#### **10 Chair's report and draft minutes of the meeting of the Education and Training Committee held in public on 12 June 2024**

- 10.1 The Council noted this item and the discussions relating to registration and the review of the standards for education and training that had taken place. The committee was also considering how the perspectives of students and newly qualified registrants could be better represented at meetings to ensure a diverse range of views.

#### **11 Chair's report and draft minutes of the meeting of the Audit and Risk Assurance Committee held in public on 19 June 2024**

- 11.1 The Council noted this item, including the positive progress with the external audit of the annual report and accounts for 2023-24. The annual summary of the unified assurance report for 2023-24 had highlighted the progress in assurance (from 'medium' to 'high/medium') and embedding of the quality assurance and monitoring processes supporting this across the organisation.

#### **12 Council and committee dates 2025**

- 12.1 The proposed dates for Council and committee meeting dates in 2025 were noted.

#### **13 Council reflection**

13.1 The work experience students attending the meeting reflected on their experience at the HCPC, including an interesting Council meeting. Their impression was that the organisation supported the sharing of ideas and listening to views to ensure continuous improvement. This had not been case in other work experience placements.

**14 Resolution**

14.1 The Council resolved that the remainder of the meeting would be held in private, because the matters being discussed related to the following:

- (a) information relating to a registrant, former registrant or application for registration;
- (b) information relating to an employee or office holder, former employee or office holder or applicant for any post or office;
- (c) the terms of, or expenditure under, a tender or contract for the purchase or supply of goods or services or the acquisition or disposal of property;
- (d) negotiations or consultation concerning labour relations between the Council and its employees;
- (e) any issue relating to legal proceedings which are being contemplated or instituted by or against the Council;
- (f) action being taken to prevent or detect crime or to prosecute offenders;
- (g) the source of information given to the Council in confidence; or
- (h) any other matter which, in the opinion of the Chair, is confidential or the public disclosure of which would prejudice the effective discharge of the Council's functions.

| Item | Reason for Exclusion |
|------|----------------------|
| 15   | H                    |
| 16   | H                    |
| 17   | H                    |
| 18   | C and H              |
| 19   | G and H              |
| 20   | B, G and H           |
| 21   | H                    |
| 22   | H                    |
| 23   | H                    |
| 24   | B, G and H           |
| 25   | H                    |

The meeting was adjourned at 12.50pm.

Chair: .....

Date: .....