
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.
- a summary of the next phase of the FTP Improvement Programme.

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 the Council on 18 July 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

- 1.1 As 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 overview of the next stage (Phase 3) of our improvement work.
 - A summary of key risks and mitigations.

2. Quality of case management

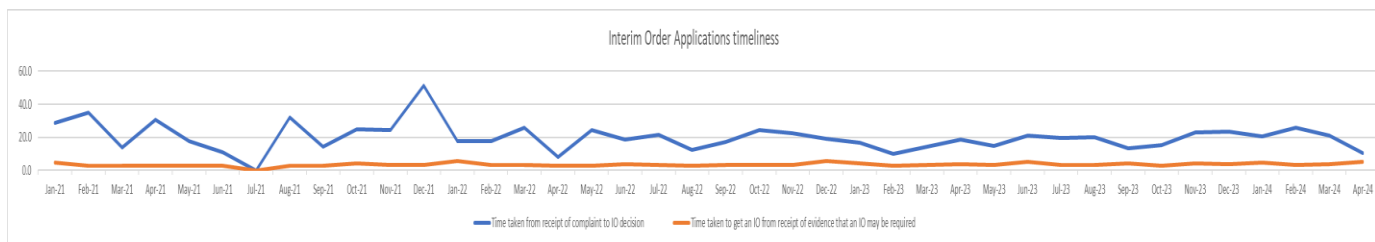
- 2.1. In this section we provide an overview of our performance in relation to the quality of our case investigations. As we have done previously, we have broken this down by themes of the key benefits we are seeking to achieve through this part of our improvement work. These are:
 - Risk management 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 the risk assessments of our cases up to date 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 April 2024 we were slightly above our three week target at five weeks. This was due to an interim order hearing being adjourned.

- 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 April our performance was 10 weeks, which is within our KPI.
- 2.6. In April we became aware of a case where we did not apply for an interim order as early as we should have done (when a registrant was charged with a criminal offence). We have worked quickly to understand how our processes were not followed by our external legal provider and also to explain the situation to key parties to the case. While we believe this is an isolated case, there will be learning from it that we will ensure our legal providers (and our in-house teams) benefit from.

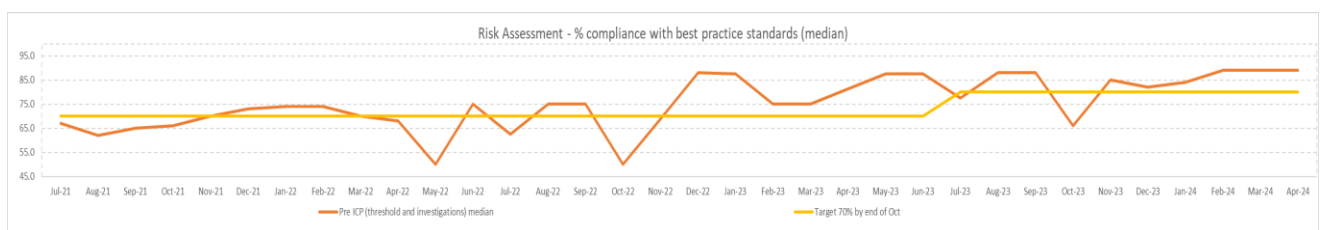
Figure 1 – Interim Order performance



Risk management – adherence with our Best Practice Standard

- 2.7. Monitoring the quality and timeliness of our risk assessments continues. In March 2022 we increased our target to 80% adherence from the end of Q1 2022-23, to support our aim to achieve 90% stretch target we have set ourselves.
- 2.8. Figure 2 shows that we dipped below that target in October 2023. We would expect to see a dip in performance when we onboard new team members. In response we provided additional coaching, support and oversight to newer and less experienced Case Managers.
- 2.9. In February, March and April 2024, compliance with our best practice standard was 89%, which is our best performance since we introduced the front-line checks. We are close to meeting our stretch targets and have achieved or exceed performance above the 80% target every month since October 2023 and in ten of the last 12 months.

Figure 2 – quality of risk assessments: performance against target



Case planning – adherence with our Best Practice Standard

- 2.10. Monitoring the quality and timeliness of our case plans also continues, and we increased this target to 80% adherence in March 2022 after meeting our initial target of 70% adherence to our best practice standard in January and February 2022.
- 2.11. In November 2023 we introduced a new question to our case plan front-line checks relating to the timeliness of updates provided to relevant parties. This was to provide better oversight of this quality measure and to help us identify opportunities for learning and improvement more quickly.
- 2.12. In November 2023 our performance dipped slightly below the target to 79%, as a result of introducing this new quality measure. We carried out focused work with the team to support them to provide timely updates to parties, and we have achieved or exceeded the 80% target every month between December 2023 and April 2024. This shows that monitoring our performance closely and taking action when performance does dip enables us to improve performance 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:

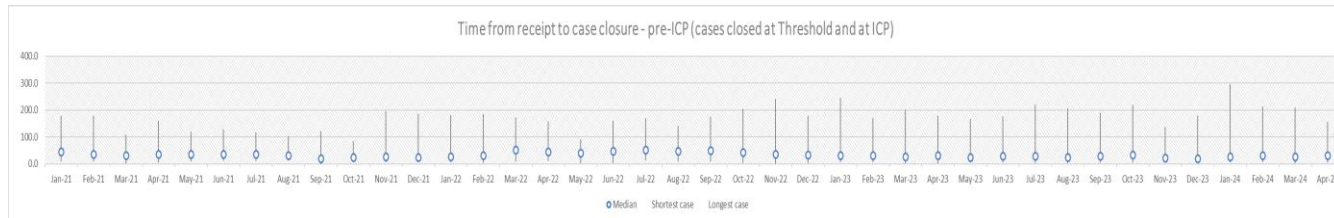
- Age profile of cases at the point of case conclusion
- Case volumes at each stage of the process
- Age profile of the live caseload

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.

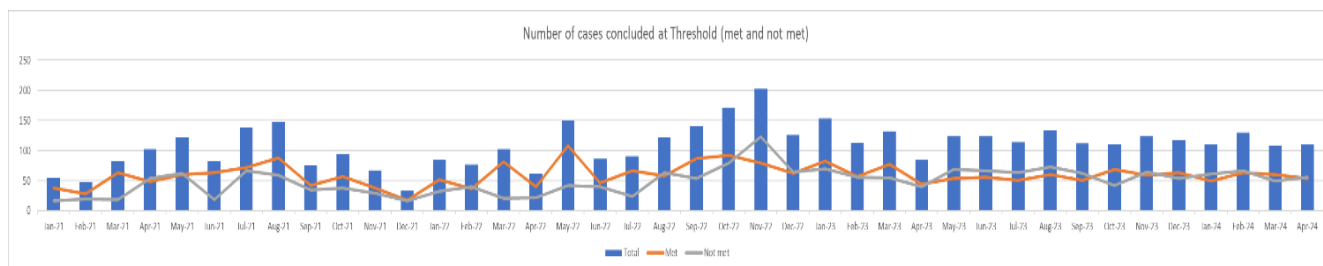
- 3.4. In April 2024, the oldest case closed was at 156 weeks and the youngest was five weeks. The median age of cases closed in April was 31 weeks, which falls within the KPI of 33 weeks. This shows we continue to progress our oldest cases, alongside those more recently received.

Figure 4 – receipt to closure at Threshold or ICP decision median



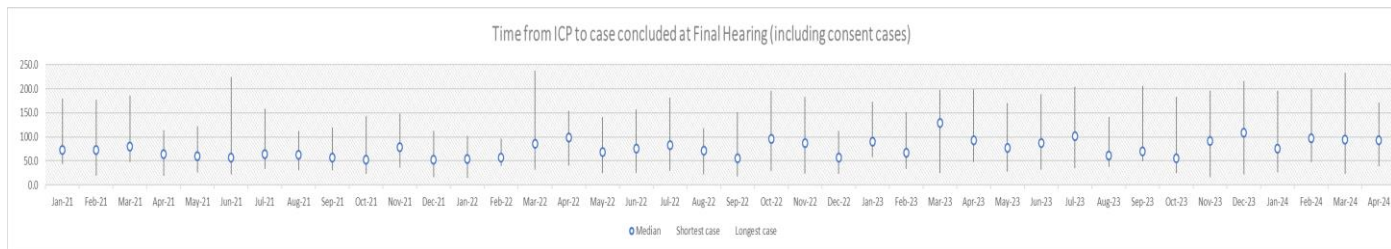
- 3.5. As requested by Council at its meeting in February, we have provided further detail of the cases concluded at our Threshold stage at Figure 5 below. The chart shows the total number of threshold decisions made each month, with the number of threshold met decisions represented by the orange line and the threshold not met (closure) decisions by the grey line.

Figure 5 – Number of cases passing Threshold decision stage



- 3.6. Since August 2022 we have been consistently making threshold decisions on over 100 cases each month, with an average of 115 decisions per month over the last year. Our rolling six month average closure rate at the Threshold stage is 51%.
- 3.7. Figure 6 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.
- 3.8. The median age of cases concluded at a final hearing in April 2024 was 93 weeks, with the longest case at 172 weeks and the shortest at 39 weeks, which meets our 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 6 – ICP to final hearing decision median



Case volumes at each stage

- 3.9. Figures 7 to 9 show the number of open cases in our Threshold, Investigations and Post-ICP teams respectively.
- 3.10. As we have previously updated Council, since June 2023 we have seen an increase in the number of new FTP concerns we are receiving each month. Between April 2023 and March 2024 we received an average of 174 new FTP concerns per month, which is a 16% increase on the same period in the previous year. Last financial year we received over 2,000 new concerns, which is the highest annual total since we stopped regulating social workers in December 2019.
- 3.11. Our early data shows that, of the new concerns received between June 2023 (when the increase trend started to be apparent) and March 2024, 33% have been closed at either the triage or threshold stage. The majority of concerns (42%) are still being actively investigated at the Threshold stage which is what we would expect given the age profile of those cases. 22% of cases have progressed to the ICP stage, with a small number (2%) having been considered by the ICP.
- 3.12. We have reviewed the data on the source of the referrals for this same period (June 2023 to March 2024) and have not been able to identify any themes that may be driving the increase in referrals. The three main referral routes (self-referrals, employers and service users) are represented in this period in the same proportions as in the whole of the previous year (2022-23).
- 3.13. We have brought in additional resource to our Triage and Threshold teams, who deal with these new concerns in the earliest stages. We are continuing to closely monitor how these concerns progress through the process and are planning how we can use our resource and adapt our ways of working accordingly.
- 3.14. 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. As in 3.13 above, 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.
- 3.15. At the end of April 2024 the Investigations caseload was at 952. 102 of these cases are currently listed for a future Investigating Committee Panel, which is the highest number since August last year. This means the number of cases under active investigation in the Investigations team is 850. This caseload is

higher than we would like and our new Head of Case Progression and Quality has commenced targeted work with this team to streamline processes and improve productivity.

- 3.16. The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In April 2024 the caseload was 472. 78 of these cases are listed for a future final hearing.

Figure 7 – number of open Threshold cases

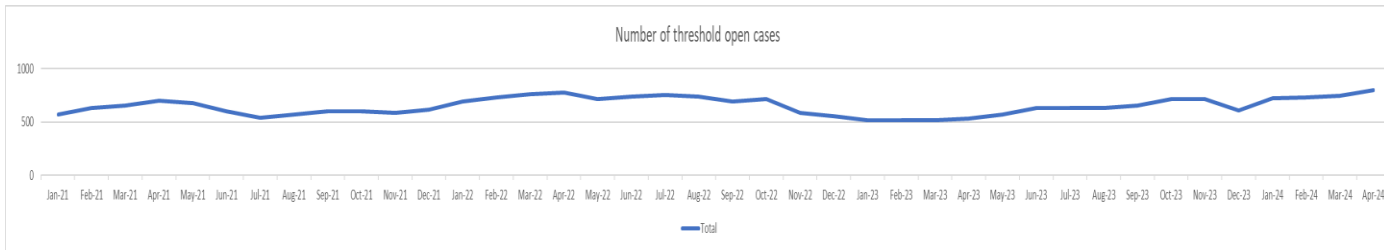


Figure 8 – number of open Investigations cases

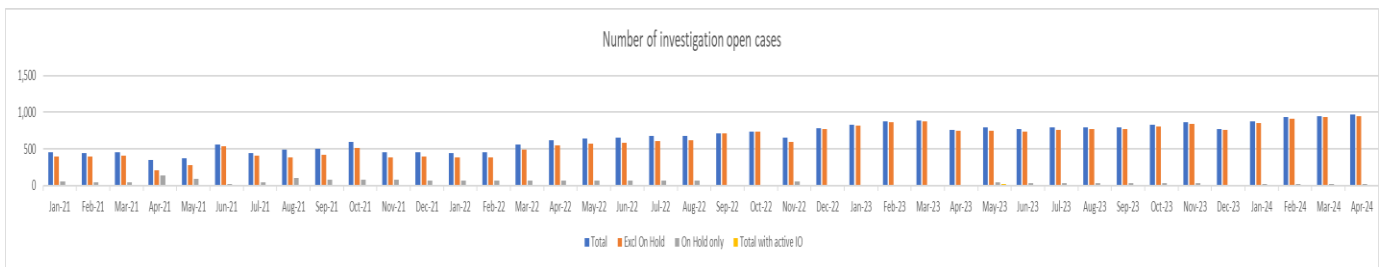
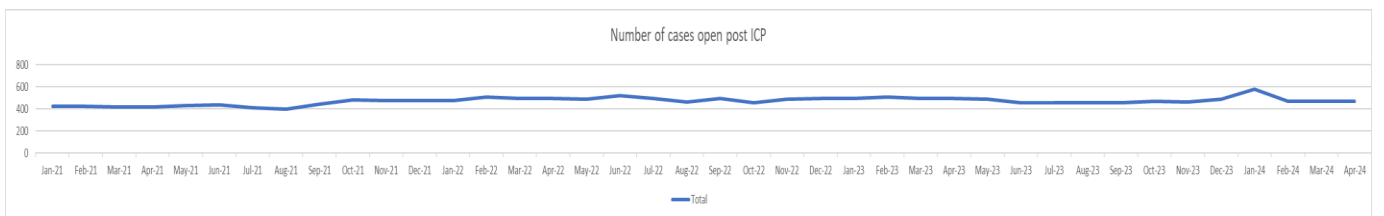


Figure 9 – number of open post-ICP cases



Age profile of the live caseload

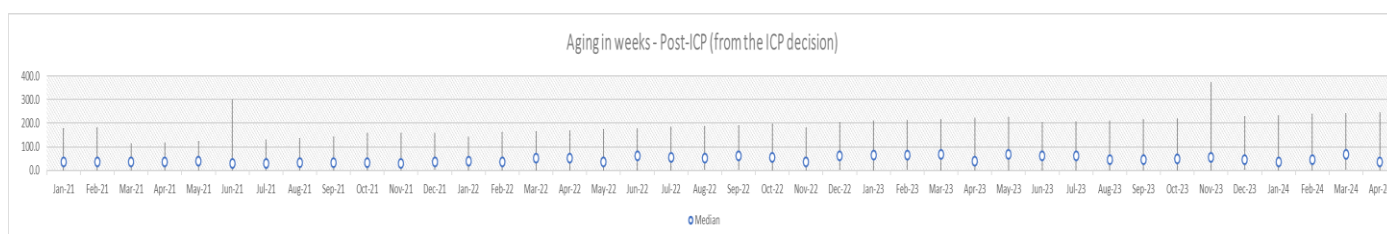
- 3.17. Figure 10 shows the median age of our live pre-ICP caseload. At the end of April 2024, the median age of our open pre-ICP caseload was 36 weeks, which is slightly higher than our KPI of 33 weeks for this stage of the process. The youngest case was under one week and the oldest was 307 weeks. The median age of our live caseload includes cases that are or have been on hold due to a third-party investigation.

Figure 10 – median age of live pre-ICP caseload



- 3.18. As our older cases progress through to the post-ICP stage, the median age of cases at this stage of the process increases. At the end of April 2024, the median age of cases at this stage was 37 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 247 weeks.

Figure 11 – median age of the live post-ICP caseload



4. Overview of improvement activity

- 4.1. Earlier this month we launched the first phase of our new Protection of Title (POT) processes, focusing on the low risk but high volume cases we receive. We will update the Council on the impact of that change in future meetings as we gather more data. With this launch we have concluded our Phase 2 improvement programme.
- 4.2. The next stage of 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.
- 4.3. The key improvement activities we will be focusing on during 2024-25 are:
- **Implementing and embedding changes to our operating model to support frontloaded investigations** – this includes the establishment of a new legal team, improving the way we stream non-frontloaded cases to ensure efficient and proportionate case investigation and introducing a new role focused on managing post-hearing cases with a substantive review.
 - **Implementing changes to our case management system to align with our new operating model** – ensuring that our system workflows support compliance with new processes.

- **Reviewing how we can better support registrants to engage earlier in the FTP process** – including the early disclosure of investigation documents.
- **Implementing phase 2 of our Protection of Title (POT) process review** – focusing on the process for more complex cases including those that may result in prosecution of an offence.
- Activities led on within HPCTS to improve scheduling processes and better support participants through the process are set out by our Head of Adjudication Performance in the paper on today's Council agenda. These include:
 - **Optimising our scheduling processes to reduce the time taken to list a matter for a final hearing;**
 - **Improving the support and guidance we offer to witnesses and unrepresented registrants;**
 - **Reviewing our Sanctions Policy to ensure we continue to support panel members to make high quality regulatory decisions.**

4.4. We will update the Council on the progress of our delivery of this improvement work in future papers.

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. 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 are seeing the tangible impacts of that work as reported to the Council in November 2023. 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 identified this trend in new referrals early and have

taken action to plan our resource and adapt our ways of working to respond to it.

- Transition to frontloading – we have begun planning and implementing the changes needed to enable us to undertake frontloaded investigations in-house. This requires changes to our processes 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, remains a challenge. We successfully recruited to three new senior leadership roles within the directorate, with our Head of Adjudication Performance, Senior FTP Lawyer and Head of Case Progression and Quality all being in post from 7 May 2024. Recruitment for our new legal roles required for frontloading has also been challenging and we have reviewed our strategy following the input of our Senior FTP Lawyer. We are still on track to commence frontloaded investigations with the direction of our Senior FTP Lawyer by the end of June.
- 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 Council on our progress against our improvement plan at each meeting, or until Council has sufficient assurance of our progress to reduce the frequency of reporting.