Agenda Item 15

Enclosure   12

**Health and Care Professions Council
06 December 2018**

**Fitness to Practise improvement project
progress report**

For discussion

**From John Barwick, Executive Director of
Regulation and Brian James, Head of FtP**

Council, 6 December 2018

FTP Improvement Project update

Executive summary

Introduction

In October 2017, the Professional Standards Authority (PSA) published its report of its annual review of our performance for 2016/17. The PSA had concluded that we had not meet six of the ten fitness to practise standards.

The Improvement Project runs until March 2019, and is designed to be transformative. The purpose remains improving our operational performance in fitness to practice, to achieve and maintain the PSA's Standards of good regulation through:

- identifying the operational processes / practices that underpin the PSA's reported areas of concerns

- implementing changes to policy, processes and procedures to address the areas of concern identified by the PSA

- embedding the expected behaviour and culture that are necessary to improve and sustain performance against the PSA standards

- identifying the resourcing needs for current and future management of our fitness to practise work to the quality and timeliness required

- regular measurement of the impact of the performance improvement measures

A number of key deliverables have been completed, leading towards these aims. The detail is set out in Appendix 1.

The update also includes an update on the progress towards meeting the operational KPIs, and the utilisation of the additional resources, approved by Council in September.

Decision

The Council is invited to note the detail of the update.

Resource implications

There are no additional resource implications outside of the current budget.

Financial implications

None outside of current budget.

Appendices

Appendix 1 – FTP Improvement Project update, December 2018

Date of paper
23 November 2018

Appendix 1: Fitness to Practise Improvement Project, December 2018 Update

Activities completed

Since our last report to Council in September 2018, we have completed the following elements of the plan:

- Preparation for implementation of Threshold Policy - following Council approval of the Policy in September, we have finalised our guidance and training materials, in order to go live. We have delivered general training – including an all HCPC briefing – and are delivering technical, specific training to teams in the first week of December. We will be going live on 14 January 2019, allowing us to conclude older cases that started their lifetime under the current Standard of Acceptance policy

- **Provision of additional resource** – we have worked with HR colleagues to fill the additional posts as set out in the plan approved by Council in September. Recruitment has been challenging due to market conditions and time of year. We have also had vacancies due to existing team members leaving or moving to HCPC secondments to fill. However we are utilising a mixture of temps, overtime etc whilst recruitment is ongoing. This has allowed us to focus on the key groups of cases, and deal with the variability in the number of newly received cases..

- **Streaming of cases** – we have effected a number of changes within the teams, to stream cases. We have enhanced the resource for the team that deal with Serious Concerns cases, and this has resulted in a significant increase in the number of cases with an interim order having their allegations drafted or considered by the Investigating Committee. Similarly, we have added resource to the initial assessment of cases in the Case Reception and Triage teams to ensure cases are logged and processed quickly in the earliest stages. Our evaluation of the role of dedicated Presenting Officers, rather than requiring Case Managers to prepare and present alongside a caseload, has improved consistency and efficiency, and reduced administrative adjournments.

- **Changes to Investigating Committee** – recognising that the intended outcome of the Threshold Policy is that more cases will go to a panel, and earlier in their lifetime, we have been working on the logistics to enable this. We have recruited, and are piloting, having ICP dedicated Chairs. This will make training and feedback easier. We are also introducing an ICP co-ordinator, whose role it will be to draw the cases through the process, allocate dates, follow up any quality issues, and ensure cases requiring additional work are prioritised. We have modelled the numbers of cases that will need to go to ICP, and have received legal advice on how we deal with cases where the premise for the referral to the Panel changes (for instance when a serious police investigation is dropped when evidence does not support the initial concern).

- **Piloting of new roles** – we have established a number of new roles to

support new ways of working. These new ways of working include providing additional technical/specialist input, or additional advice, guidance or oversight of the quality of key case decision-making;-

- o The Lead Case Manager role provides support for detailed work-up of good quality rationale for closures under the Standard of Acceptance, or the content of good quality allegations for consideration by the Investigating Committee.
- o We are now extending this approach to the Serious Case stream, which includes interim order management.
- o We have also started the assessment of having more senior decision-making resource available in Case Reception and Triage teams, to prepare for the more time-based processing of cases under the Threshold Policy.
- o Recognising rapid assessment of initial cases, and the need for consistency in this assessment across FTP and non-FTP cases, we are piloting a dedicated Triage Officer role, specialising in the skills and onward communication associated with cases in investigating and demonstrating the HCPC has a remit to further investigate.

- The outcome of the piloting of these new roles, and the review of job descriptions will inform our budget and resource planning for 2019/20, in line with the approach outlined in the 'invest' option of Five Year Plan whereby we would seek to continue the implementation of the FTP improvement activities following the transfer of Social Worker cases to Social Work England.

- **Resourcing and core job descriptions** – we have concluded the time and skills analysis focus group work with the Case Management teams. This work has been done in conjunction with HR and Organisational Development colleagues. The results are being used to inform the caseload assumptions for the new budget planning process, and also the ongoing training and support of team members in existing roles. Revised job descriptions have been drafted, and will be signed off in December.

- **Risk Assessment** – in conjunction with Training and Development colleagues, we launched the revised e-learning module for FTP team members. The module provides self-directed learning, setting out what we mean by risk assessment in FTP cases, how to determine if a risk has changed, and what outcomes are required. The module had a mandatory assessment, of which 100% of team members passed at above the pass mark (60%). The module is also a useful reference guide for day to day case progression work, and forms part of the induction for new team members.

- **Health Allegations Policy** – following approval by Council in September, the training for team members to understand, identify and handle cases where health is a component has been delivered. The training evaluated well with participants.

- **Discontinuance and Consent processes** – similar to the health allegations policy, we have successfully implemented the changes required, as described in the revised and approved Practice Note.

- **Guidance to team members** - we have concluded the drafts of the detailed user manuals that will support team members to operate the new processes in a consistent way, and will assist inducting new team members. These manuals will support the go live of the Threshold Policy in January.

- **Information to registrants** – as part of the HCPC new website project, we have revised key information provided to our registrants about the observation stage of our process to encourage greater engagement from registrants and speedier provision of good quality information for the Investigating Committee Panel. We are just finalising a revised range of letter and email templates that will be used to manage the new Threshold Policy, including how we escalate requests for information that have not been met.

- **Escalating requests for information** – we have developed a new, clearer escalation process, with simple steps based on age of the case. In the last month, we have piloted this approach, targeting unresponsive parties using internet searches and telephone contacts as opposed to emails or letters. The results are encouraging, with 20 of the oldest cases being freed up, or firm dates for required information. The learning from this, and our work with external lawyers on how they seek and gain information, will form part of our training for the go live of the Threshold Policy.

- We have instructed external lawyers on 135 pre-ICP cases. Of these 24 have been closed under the Standard of Acceptance, and a further 27 considered by an Investigating Committee panel. The remainder of the cases have return dates in January and February. We are continuing to identify and instruct other cases using the additional Council resources.

- The FTP Improvement Project Board has approved all of the deliverables described above, following independent evaluation and assessment by the Quality Team, as meeting the project requirements. We have just received the audit report on interim order case management, which was positive on the time taken to process cases, and that we are following our process.

Internal audit

- The Audit Committee recently received an internal audit report from Grant Thornton LLP. The focus of the review was to provide assurance as to the governance arrangements in place for the project. The review found that good governance and controls are in place. Two medium findings resulted from the review, these relate to resource allocation planning and keeping the project communications plan up to date. These findings are being actioned by the Project Board.

Continuing activities

- The Project Board is overseeing the deliverables, and providing supportive challenge of the analysis.

- The Quality Assurance Team are continuing to audit the key deliverables as per the agreed audit timetable. The audit of the case investigation plan is currently in progress.

Update on operational performance

We are continuing to drive the performance of the teams across the whole process, to focus on high risk/high complexity and older cases, at all stages.

Our approach, which was set out in the Case Progression Strategy (approved by Council in September 2018), and subsequently discussed at the Council Awayday in October, focuses on "flow" in each of four key groups of cases:

- those that have not yet met the Standard of Acceptance;
- those that are having allegations drafted;
- those that have allegations but no Investigating Committee Panel listing; and
- those that are listed for consideration by the Investigating Committee

Summary of key data:-

- Currently, 77% of all open pre-ICP cases (currently 1959 cases) have been received since 1st April 2018. As such, analysis of the median ages of the four groups described above, shows a widening gap between those in the earliest stage of the process, from those moving on to later stages.
    - o The median age of the first stage in the process is 4 months. This applies to 62% of the open caseload.
    - o The median age of the second stage in the process is 10 months, and this groups makes up 28% of the open caseload.
    - o The median age of the third stage is 14 months, and constitutes only 5% of the open caseload
    - o The final group has a median age of 12 months, and constitutes 6% of the caseload. (N.B. the third group is older than the final group, due to cases requiring additional investigation, following initial consideration by the Investigating Committee).

- The conclusions of this analysis are that – whilst the groups in stages 2, 3 and 4 are significantly older – they are less numerous, and the cases in stage 1 will not become as old before they can be progressed to conclusion. The age of the concluded cases in stages 2,3 and 4 will continue to be outside the KPI

measures for the next 3-6 months, but will be a diminishing volume and weighting on the overall performance.

- The activities of case progression have meant that 47% of the open caseload has passed through one or more stages since the September Council update. Of these:-
  - o 523 have been closed at all stages (including final hearings)
  - o 300 cases have advanced within the Pre-ICP stage
  - o 79 have moved from pre- to post-ICP activity

- In addition to this, 530 new cases have been received (27% of caseload), meaning only 26% of cases have remained in the same status since September Council.

- Specifically, we have reduced the number of cases in the earliest stage of the process that were older than 6 months from receipt, from 504 to 388. This reduction means 23% of the oldest cases have either been closed or advanced to the allegations stage.

- Currently 1050 of the 1959 open pre-ICP cases relate to Social Workers in England. We have begun discussions with Social Work England to start to plan for risk assessment discussions on these cases, in advance of the anticipated transfer in 2019.

- Our focus on building up a "bank" of cases with allegations that can be considered by Investigating Committee has generated over 320 cases either with a future panel date, or being arranged. This means 16% of the open caseload is at the point where an independent closure or referral to final hearing can be made. This assists with operational planning, budgeting and managing external suppliers.

- The number of open post-ICP cases has not increased, despite the progression of the pre-ICP ones. This demonstrates that the system is keeping pace with investigations and scheduling the hearings, meaning no backlog of older cases exists in the post-ICP stage.