

Council, 25 September 2014

The Patients Association's Peer Review of the HCPC's fitness to practise process – the final report and the HCPC's response

Executive summary and recommendations

Introduction

The Patients Association is an independent healthcare charity which campaigns for improvements in health and social care. In 2011, as part of the Health Foundation funded project 'Speaking Up', the Association was asked to improve the quality of complaint handling at the Mid Staffordshire NHS Foundation Trust. In response it developed a set of good practice standards; a peer review process; and a complainant survey. The good practice standards were specially recommended for wider use by Robert Francis QC in his final report of the public inquiry. The peer review process has also now been used at a number of acute NHS Trusts.

We engaged the Patients Association to facilitate a peer review of our fitness to practise process and this was undertaken in May 2014. The report of the review has now been received and the attached paper examines it and its recommendations, identifying what we currently have in place and the action we have taken, or are considering, as a result of the recommendations.

Decision

The Council is invited to discuss the attached paper.

Background information

- The Patients Association, Speaking Up Complaints Project.

Resource implications

None.

Financial implications

None.

Appendices

Appendix 1: Recommendations

Appendix 2: External Peer Review, Improving the Fitness to Practise Concerns Process, Final Report – The Patients Association in collaboration with the Health and Care Professions Council

Date of paper

6 August 2014

1. Introduction

- 1.1 As part of the HCPC's response to Robert Francis QC's report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, the Council and Executive agreed to a number of commitments. Two of which related to the work of the Patients Association and were made in light of recommendation 113 of the report: *the recommendations and standards suggested in the Patient Association peer review into complaints at Mid Staffordshire NHS Foundation Trust should be reviewed and implemented in the NHS.*
- 1.2 The first commitment was to review the HCPC's fitness to practise process against the Patients Association's good practice standards to identify possible areas of improvement or aspects of good practice which could be adopted. This review took place in early 2013 and was reported the Fitness to Practise Committee in May 2013 (<http://www.hcpc-uk.org/assets/documents/10004009enc08-PatientsAssociation12standardsforgoodcomplainthandling.pdf>).
- 1.3 This review made five recommendations which we have either implemented or are working towards implementing. For example, we have reviewed our operational guidance to ensure that complainants and registrants are notified when there is a change in the case manager managing the case to maintain a single point of contact. We have also reviewed our processes to ensure that learning points are adequately captured and where appropriate acted on. We are also continually reviewing the communication arrangements in FTP to ensure the teams work together; are clear on our differing roles and responsibilities; and share good practice.
- 1.4 The second commitment was to explore the potential for working with the Patients Association to peer review how the HCPC handles fitness to practise complaints. The HCPC approached the Patients Association in October 2013 and after 8 months of working together, a peer review took place on 1 May 2014.
- 1.5 The HCPC is the first health and social care regulator to work with the Patients Association in this way.

2. Methodology

- 2.1 The Patients Association's peer review process is based on the methodology used to review the quality of care in the NHS by the organisation *the National Confidential Enquiry into Patients Outcomes and Deaths*. That being sample cases are collectively reviewed by groups of peer reviewers against specially designed scorecards.
- 2.2 For the HCPC review, the cases selected to be reviewed were from a sample which met the following criteria:
 - the complainant was a service user;
 - the case had concluded within one year of the peer review; and

- the HCPC had received a complaint about the case from an interested party.
- 2.3 The third criteria was included due to the small amount of cases to be reviewed (only 6 compared to the 2069 which were received in total in 2013-14) and our desire to ensure the peer review was of value. We therefore decided to only review cases where we had received a complaint from an interested party. This meant there would be an element of challenge in the cases as someone involved had already raised a concern, which may or may not have been justified, about the service or decision they had received.
 - 2.4 The Patients Association's usual scorecard is based on its good practice standards and is designed for the NHS complaints process. For the HCPC review, we worked in conjunction with the Patients Association to adapt the scorecard to reflect the HCPC's processes, policies and legislation.
 - 2.5 The groups of peer reviewers are usually formed of a cross section of those involved in the complaint process, for example, clinicians and complaints managers, together with lay experts. For the HCPC review, the groups were formed of employees involved in all aspects of the fitness to practise process (16 in total from across our case management, adjudication and assurance and development teams) and external lay experts provided by the Patients Association (4 in total, some of which had conducted peer reviews at the Mid Staffordshire NHS Foundation Trust).
 - 2.6 The peer review process provides both quantitative and qualitative feedback. The quantitative feedback being a numerical score (where 1=poor practice, 2=less than satisfactory practice, 3=satisfactory practice, 4=good practice and 5=excellent practice). The qualitative feedback being areas identified by the peer reviewers as good practice or in need of improvement. In its report the Patients Association highlight that as the scorecard is based on best practice, the bar is set very high.

3. The report

- 3.1 The Patients Association's report describes the outline of the project; the methodology; a breakdown of the scores for each reviewed case; an average score; a description of the areas identified as good practice/in need of improvement; and concludes with a number of recommendations.
- 3.2 The overall scores of the reviewed cases ranged from 1.5 to 4 with an average score of 2.7. This indicates that in the cases reviewed, practice was approaching satisfactory.
- 3.2 The areas of good practice identified were: expectations of complainants were well managed (3 cases); cases were well organised and the process followed (2 cases); and good assessment and analysis (2 cases).
- 3.3 The areas in need of improvement are reflected in the report's recommendations and are detailed in appendix 1 to this paper. However, the

general themes were: tailoring the process to the individual needs of complainants; risk assessments; and clear and concise communications.

- 3.4 The report's recommendations have been carefully considered to assess what action, if any, we might need to take. The action plan that follows (appendix 1) identifies the specific actions we have identified in order to meet, or contribute to meeting, the report's recommendations. We will incorporate the action plan into the FTP workplan and will monitor it accordingly. We had already identified some of the areas of improvement raised by the report and had either taken some action or had planned some action in the FTP workplan.

4. Feedback

- 4.1 Throughout the process the Patients Association has been complementary of the HCPC and our proactivity in engaging with them to improve and raise our complaint handling standards (in terms of handling fitness to practise concerns). The Patients Association was also complementary of the HCPC employees involved in the peer review and said they were professional; open; honest; and enthusiastic.
- 4.2 Positive feedback was also received from the HCPC employees involved the peer review. Employees said they found the peer review to be a very useful exercise and that it was helpful to take time out of business as usual to discuss the management of cases in depth.

5. Other work

- 5.1 It may also be of interest to the Council to note that we are undertaking other work to review the fitness to practise experience from the view point of all those involved in it (for example, the complainant, the registrant, the registrant's employer, the registrant's representative and our staff) to identify areas of good practice and potential improvement. This work involves projects around reviewing of our website and standard letter templates; employer engagement; and pro-active feedback mechanisms. It is anticipated that these projects will result in changes to our website, information leaflets and operational guidance documents and training.

Appendix 1

	Report recommendation	Response – what we have in place	Response – future commitment	Timescale
1	Concern forms should have a checkbox for the complainant to choose their preferred method of communication	If a complainant asks that we communicate with them by a certain method, we accommodate this request where possible.	We will review our concerns form, and the ways in which we communicate with complainants, to see if adding such a checkbox is operationally practical.	2014-15
2	Letters should be more tailored to specific cases and use of standard letters should be reviewed	We have a number of standard letters which are capable of being altered to reflect individual circumstances of a case. Case Managers are trained on the use of standard letters and that all letters should be individually tailored to the circumstances of a case.	We are currently undertaking a review of our standard letter templates and as part of this review are looking at ways to format the letters to encourage tailoring. We are also reviewing whether some content can be removed from some standard letters and be provided as generic factsheets instead. We will continue to train staff on the use of standard letters and that all letters should be tailored to individual circumstances of cases.	On-going
3	Style of letters should be reviewed to ensure they are written in plain English with clear explanations of all terminology	Employees are trained and encouraged to write letters in a professional, clear and concise manner.	As part of the review of our standard letter templates, we are looking at 'tone of voice' to ensure the language used is appropriate, useable and clear.	On-going
4	Consider giving a sample Standard of Acceptance example in the guidance notes for complaints to enhance their understanding	n/a	We are currently reviewing our Standard of Acceptance policy with a view to developing a complainant focused version.	2014-15
5	The final letter should address all points raised in the complainant's original letter	Case Managers are trained and encouraged to address all of the points raised by the complainant. However, for operational reasons, this may be in a series of letters rather than the final letter.	As part of the review of our standard letter templates, we are looking at ways to support Case Managers in providing full decision letters. We will continue to train employees in this area.	On-going

6	Investigating Committee Panel's should provide clearer, robust reasons for their decisions	The Case to Answer Determinations Practice Note and decision template provide guidance for panels on the drafting of decisions and giving reasons. The importance of giving reasons is also emphasised during panel training and refresher training. An ICP co-ordinator is present at ICP meetings to ensure consistency and remind panels of the requirement to include sufficient reasons for their decision.	The Case to Answer Determinations Practice Note is due to be reviewed in September 2014 as part of an on-going review cycle. An extensive review of the processes and procedures underpinning the ICP process has recently been completed. A number of recommendations of this review are designed to improve decision making and have been added to the FTP workplan, for example, developing a checklist for panels to work through as they consider cases and draft decisions to ensure they address the key issues.	2014-15
7	Complainants should be given structured advice if they are unsatisfied with the outcome	We have information on our website about what a complainant should do if they are dissatisfied with our service or a decision. We also provide this information to complainants upon request.	We will review our position in relation to this recommendation as part of the standard letter review. However, we are wary that including such information in an outcome letter may disproportionately raise a complainant's expectations or may encourage unfounded complaints.	On-going
8	Registrants should be formally notified of a referral during the first stage of the investigation	Registrants are not normally informed that the HCPC is investigating a concern against them until it is decided the allegation meets the Standard of Acceptance. The exception to this is, if prior to the allegation meeting the Standard of Acceptance, we need to contact the registrant's employer. In these circumstances, we will inform the registrant that we are investigating a concern and that we are contacting their employer.	We will review our position in relation to this recommendation as part of the registrants support mechanism workplan.	2014-2015
9	The risk assessment process may need to be reviewed to ensure rigour and an on-going process in	Case Managers are required to complete a risk assessment document at three key stages in the process: on allocation of the case; on	We will continue to monitor our activity in this area.	On-going

	all cases	<p>receipt of significant information; and at the time of drafting the allocation. An operational guidance document explains what is required and how to assess and classify risk.</p> <p>We monitor the presence of risk assessments through an on-going audit process. We also review a sample of risk assessment each month to monitor the content and reasoning provided by Case Managers. Learning from this review is fed back to individual Case Managers and captured as part of on-going training.</p> <p>Training for Case Managers on the risk assessment process was undertaken in March 2014.</p> <p>We have recently reviewed our internal guidance documents and Case Managers are now required to complete a risk assessment within 5 working days of allocation of a case and within 5 working days of receipt of significant information.</p> <p>(It should be noted that in early 2013 we identified that risk assessments were not being consistently completed and therefore undertook a review with a number of outcomes, such as enhancing our audits and staff training).</p>		
10	Regular critical reviews should be introduced using the score card to ensure quality assurance	n/a	We will consider this recommendation as part of our future training programmes.	
11	Consideration should be given to a peer review of HCPC fitness to	n/a	We will consider this recommendation as part of future training programmes.	

	practise process from the perspective of a registrant			
12	Consideration for all relevant HCPC staff to be involved in the peer review process	n/a	We will consider this recommendation as part of future training programmes.	



External Peer Review

Improving the Fitness to Practise Concerns Process

FINAL REPORT

THE PATIENTS ASSOCIATION

in collaboration with

HEALTH AND CARE PROFESSIONS COUNCIL

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Thank you to the staff and personnel from the HCPC and the Patients Association for enabling this project to be taken forward.

Executive Summary

The Health and Care Professions Council (HCPC) has a statutory role to regulate health and social care professionals and thereby protect the public. The organisation's remit covers over 320,000 registrants from 16 professions. Members of the public and others can raise a concern, at any time, about an individual registrant's fitness to practise¹.

The HCPC is committed to a robust and fair approach to handling fitness to practise concerns. It has established internal processes for quality assurance, however the HCPC wished to gain external assurance on quality from the perspective of the user or complainant. The Patients Association was approached to see if the methodology from the "Speaking up" Project on NHS complaints handling² could be applied to the process of investigation of fitness to practise concerns about health and social care professionals.

In 2013 a project plan was developed to take this forward and a small project team from the two organisations was set up. The project team adapted the Patients Association complaints handling scorecard to fit the HCPC fitness to practise concerns process. A number of versions of the tool were developed and refined through consultation with key HCPC staff.

16 HCPC staff (from different teams across the fitness to practise department) and four Patients Association lay experts (former magistrates) who had experience in NHS Peer Review, were identified and agreed to take part in the review process. A half day training was held in April 2014 to introduce the participants to the Peer Review process and to test out a pilot case.

Following this training session the scorecard was adapted and two versions drawn up, to cover the different stages of the Fitness to Practise process:

- i) cases closed pre Investigating Committee Panel as they did not meet the standard of acceptance (SOA).
- ii) cases closed by the Investigating Committee Panel (ICP).

In preparation for the full day Peer Review, six case files were randomly selected, each where the complainant was a service user and ensuring a mix of professional groups. The cases were redacted to ensure anonymity and confidentiality.

The Peer Review day was carried out with four panels each of a mix of participants who reviewed three cases and scored each standard individually. The scores and comments were then collated and debated by each panel. Feedback was given at end of the day and the project managers worked with all participants to draw out key areas of learning and actions.

The Peer Review process was successfully adapted to meet the needs of the HCPC's fitness to practise processes. The scorecard was developed and provided a snapshot of how the standards

are being met in six randomly picked cases. The overall average score of 2.7 indicates that in those cases, practice is approaching satisfactory.

There were many common points for discussion, areas of good practice and areas for learning that arose from the cases reviewed. The benefit of bringing together lay experts to work with a range of fitness to practise staff at the HCPC was evident. The richness of dialogue, challenge and debate led to a number of areas of consensus on what works well and what needs to improve.

The project has sought to achieve the aims agreed at the outset, namely -

- To assist the HCPC to map its complaints processes (in relation to fitness to practise concerns) against established principles of good practice, and
- To establish whether its fitness to practise concerns process is being carried out effectively and consistently.

This report provides findings and recommendations to support the HCPC processes for service quality review and improvement.

Recommendations

- Concern forms should have a checkbox for the complainant to choose their preferred method of communication.
- Letters should be more tailored to specific cases, and use of standard letters reviewed.
- Style of letters should be reviewed to ensure they are written in plain English with clear explanation of all terminology.
- Consider giving a simple Standard of Acceptance example in the guidance notes for complainants to enhance understanding of the scope and remit of the HCPC.
- Final letter should address all of the points raised in the complainant's original letter.
- Investigating Committee Panels should provide clearer, robust reasons for their judgements.
- Complainants should be given clearer, structured advice if they are unsatisfied with outcome.
- Registrants should be formally notified of a referral during the first stage of investigation.
- The risk assessment process may need to be reviewed to ensure rigor and an ongoing process in all cases.
- Regular critical reviews of case management should be introduced using the score card, to ensure quality assurance.
- Consideration should be given to a peer review of HCPC fitness to practise processes from the perspective of the Registrant.
- Consideration for all relevant HCPC staff to be involved in the Peer Review process.

Foreword

The Patients Association is an independent healthcare charity which campaigns for improvements in health and social care. The Association's willingness to "listen to patients" and the public has always informed our work, research and campaigns. Our Helpline, which answers dozens of calls, letters and emails every day provides a valuable insight into what is of current concern to patients.

For 50 years, the Patients Association has always been there to "listen to patients" and "speak up for change". The Association has spoken up for change through many campaigns and has acted as a critical friend to the Department of Health, voicing concerns, advising about current and future policy, and providing solutions.

The Patients Association believes that patients and carers should be at the heart of the health and social care system, and that they should be given the opportunity to be actively involved in decisions about their health and social care. Since 2011, The Patients Association has worked with a number of NHS Trusts and organisations to take forward a range of projects to address the "CARE Challenge" which focuses on key aspects of care and concerns, raised by patients and carers themselves³.

In 2011, the Health Foundation funded "Speaking Up" project² was set up as a key part of this work. The Patients Association developed tools aimed at improving the quality of complaints handling at Mid Staffordshire NHS Foundation Trust and elsewhere. A set of good practice standards for complaints handling was developed based on feedback and concerns raised by patients and carers themselves. This was tested out using a Peer Review process to review samples of complaints case files. The Peer Review introduced an element of independent scrutiny into the complaints handling process to provide qualitative and quantitative feedback, highlighting areas of positive performance and areas for improvement.

The complaints standards were specifically recommended for wider use by Robert Francis, QC, in the public inquiry into Mid Staffordshire NHS Foundation Trust⁴. This further emphasised that good quality complaints handling is vital to ensuring continuous improvement in the quality and safety of care. The standards provide a tangible and measurable reflection of an organisation's commitment to an open and responsive safety culture.

Since then, the Peer Review process has been adopted by a number of organisations in the NHS and adapted to meet their needs.

This report details the work with the HCPC to develop the complaints standards to fit its fitness to practise process, and the results of a Peer Review Panel held in 2014.

1. Introduction

- 1.1** The Health and Care Professions Council (HCPC) has a statutory role to regulate health and social care professionals and thereby protect the public. Its remit covers over 320,000 registrants from 16 professions. Members of the public and others can raise a concern, at any time, about an individual registrant's fitness to practise¹. The process of investigation then focuses on whether registrants have the skills, knowledge and character to practice their profession safely and effectively. The outcome of the investigation may be that no action is needed, that the registrant should not practise at all or that there should be limits on what they are allowed to do.
- 1.2** In the financial year 2011-12 the HCPC received 925 fitness to practise cases. This increased, in the financial year 2012-13 to 1653 cases. One main reason for this increase is that in August 2012, the organisation took on responsibility for the regulation of social workers in England.
- 1.3** The HCPC is committed to a robust and fair approach to the handling of fitness to practise concerns. It has established internal processes for quality assurance, however the HCPC wished to gain external assurance on quality from the perspective of the user or complainant. The Patients Association was approached to see if the methodology from the "Speaking up" Project² could be applied to the process of investigation of fitness to practise concerns about health and social care professionals.
- 1.4** A project plan was developed to explore how the Patients Association approach to complaints handling could be adapted to meet the HCPC requirements, through a one day Peer Review. The project included:
- Adaptation of the scorecard; training a range of staff and lay members.
 - Identification of a sample of cases relating to different professional groups referred by service users.
 - Carrying out the peer review process.
 - Review of the findings.
- 1.5** An Agreement was signed by the two organisations, setting out the terms of the project, including specific reference to information security and confidentiality.

2. Project Outline

2.1 Project Aim

- To assist the HCPC to map its complaints processes (in relation to fitness to practise concerns) against the established principles of good practice derived from the Patients Association standards.
- To establish whether its fitness to practise concerns process is being carried out effectively and consistently.

2.2 Project Objectives

1. To carry out an analysis of the fitness to practise concerns process by undertaking a process of external Peer Review against good practice guidance. This will be based on the Patients Association good practice standards for complaints handling, but amended to reflect the needs of the HCPC.
2. To produce a report of findings with recommendations about how to improve the current process.

2.3 Anticipated Outputs

- A comprehensive picture of how well and consistently the current fitness to practise process is applied and documented.
- An action plan detailing any steps required to strengthen the HCPC processes.

2.4 Anticipated Outcomes

- Members of the HCPC's fitness to practise staff have a clear understanding of good practice in handling fitness to practise cases and are able to identify any parts of the process which require improvement (as far as this can be ascertained from the documented files).

2.5 Timetable

February 2014

- Leads from each organisation met as a project team to agree and amend scorecard.
- A pilot assessment of one closed case using amended scorecard.
- Methodology for selecting cases for review.
- Agree key dates for training and panel.

April 2014

- 16 HCPC staff and lay members trained in the peer review methodology.
- Six cases selected for review including anonymisation which was carried out by HCPC staff following training.

May 2014

- One day external Peer Review panel.

June 2014

- Production of final report.
- Option of staff workshop.

3. Methodology

- 3.1 The Peer Review process** is based on the methodology used by the National Confidential Enquiry into Patient Outcomes and Deaths (NCEPOD) which reviews the quality of clinical care across health services⁵. The scorecard, based on the complaints good practice standards, was originally developed by the Patients Association, to review the quality of individual complaints in the NHS, based on the case files.
- 3.2 A project team** was set up in 2013 including two project managers from the Patients Association and the Head of Fitness to Practise Service Improvement at the HCPC, working with colleagues. During 2014, due to staffing changes at the Patients Association, new Project Managers were introduced to the project who ensured that the work on the project was carried forward cohesively.
- 3.3** In 2013 **the project team** reviewed the Patients Association complaints handling scorecard and adapted this to fit the HCPC fitness to practise concerns process. A number of versions of the tool were developed and refined through consultation with key HCPC staff.
- 3.4 The scorecard** is based on eight of the twelve good practice standards for complaints handling and is used to review individual case files. Scores are given for each standard and an overall score then awarded to the case. The emphasis is also on identifying whether the standards have been met, noting evidence of good practice together with areas for improvement.
- 3.5 Piloting the scorecard:** the project team reviewed two case files at the HCPC offices that had been prepared as samples. These cases were reviewed on screen as the HCPC full records system is held electronically. Formal agreement on confidentiality was confirmed. This exercise sought to test the fit of the questions and the transferability of the process, after which further adjustments to working and clarification of terms was made.
- 3.6 Identification of staff and lay experts:** the peer review process requires a cross section of those involved in and managing the complaints process together with the input of lay experts. Experience to date in the NHS, has found that panels of magistrates, clinicians, complaints managers and members of the local community have given a broad mix of skills and input. The involvement of magistrates has been particularly successful, as lay experts using their skills in weighing up evidence and drawing conclusions.

- 3.7 The panels** for the HCPC were therefore set up to include lay experts, identified by the Patients Association who came with their previous experience of NHS peer review panels. Panel members from the HCPC were identified from the range of staff involved in the fitness to practise process and included staff working in case management, adjudication and assurance and development. A total of 4 lay experts and 16 HCPC staff were identified who agreed to take part in the review process.
- 3.8 Training Day:** A half day training session was set up in April 2014 to introduce the peer reviewers to the process and to test out a pilot case using the process. Introduction to the Patients Association and to the HCPC were given to the relevant attendees. Four tables, each headed by a lay expert and with a mix of HCPC fitness to practise staff were set up. The process for peer review was explained and discussed prior to each table undertaking a review of the pilot case. The overall feedback from the training day was positive, with all attendees available to attend the peer review day in May. The case review was completed successfully and subsequently, the scorecard was revised and customised by a team of HCPC staff to ensure it met the specific needs of the HCPC.
- 3.9 The scorecard** was drawn up in two versions to cover the different stages of the Fitness to Practise process:
- i) cases closed) pre Investigating Committee Panel as they did not meet the standard of acceptance (SOA).
 - ii) cases closed by the Investigating Committee Panel (ICP).
- 3.10 Sampling:** Criteria for inclusion of case files -
- Case concluded within the last year.
 - A complaint had been received about the case from a party involved.
 - Referrer was a service user (not an organisation).
 - Case not known to any of the peer reviewers.
 - A mix of professional groups.
 - A mix of cases up to SOA and ICP.
 - A mix of case file length up to 200 pages.

The case files were drawn up and identified by number only. Random selection was made by the Patients Association project manager to minimise bias. Six files were randomly selected, including three to SOA and three to ICP. There was a mix of registrants - social workers, psychologists and physiotherapists.

- 3.11 File preparation:** the six case files were prepared as hard copies by HCPC staff. Names and personal details were redacted to protect anonymity and confidentiality. Proof reading was also carried out by the Patients Association's project managers to check for redaction prior to photocopying. All involved staff are trained to undertake this activity before a peer review panel and are required to sign a confidentiality statement before they can participate.
- 3.12 Peer Review Panels:** the four tables sat as panels to review the case files, using the revised scorecards and learning from the training day. Each panel reviewed three cases

and each case was reviewed by two panels, to allow for cross fertilisation of skills and views. The panels paid heed to confidentiality, recognising that these were long complex and personal cases. Reviewers were asked to report if there was any additional identification of names noted, also if in their view, any serious concerns arose from the cases. All papers were returned for shredding at the end of the session.

3.13 The scoring system used is as follows:

- 1 = poor practice
- 2 = less than satisfactory practice
- 3 = satisfactory practice
- 4 = good practice
- 5 = excellent practice.

Each standard is scored, and then an overall score for the case is produced, noting areas of good practice and areas for improvement.

3.14 The panels scored each standard individually and the scores and comments were then collated as a single score and report. Feedback was given at end of day and the two project managers worked with all participants to draw out key areas of good practice, areas of learning and actions which the participants identified. These were captured on flip charts which were written up as part of this report, to feed into HCPC improvement work.

3.15 It was important to highlight that the scorecard is based on best practice, and therefore the bar has been set very high. Over time as users become more familiar with the standards and how processes need to improve internally, we would expect scores to show a steady improvement.

3.16 A key part of the Peer Review panel process is not to focus on individual poor practice, but to look for themes, be that areas of good practice, or areas for improvement. These have been extracted as findings and recommendations in this report.

3.17 Whilst the peer review panel methodology is at its most useful when reviewing larger sample sizes, the aim of undertaking this limited sample size review is to demonstrate how the process works. As such this gives a snapshot rather than an overall view about the quality of fitness to practise concern handling at the HCPC.

4. Results of the Reviewed Cases:

4.1 Standard of Acceptance Case 1:

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation & is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3.5	Earlier risk assessment and actions. Was it adequate given the vulnerability in this case? It lacked investigation to elicit details. Phone call was not documented. Final letter could be improved, wording inaccurate and inconsistent. Good practice :Process was followed.
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	3	Risk assessment should have been mentioned
Standard: 3 Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	3	More information should have been sought regarding previous complaints. Some file notes were missing.
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	2	
Standard 5 : The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	3	
Standard 6 : The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	2	Several documents are missing
Standard 7 : Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	1.5	Response letter is based on wrong test.
Standard 8: The investigation of the complaint is complete, impartial and fair.	2.5	Case Manager tried to contact Complainant and spoke with him/her.
Overall Score	2.5	Areas for improvement: Process was not tailored. Information was not sought from employer. Case was closed prematurely, not giving Complainant time to provide more information.

4.2 Standard of Acceptance Case 2:

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3.5	Our CMS system does not ask for preferred method of contact Brochure was provided, detailing process specifically for client. Logging form was thorough
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	3.5	
Standard: 3 Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	3.	
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	4.5	Case Manager does not refer explicitly to the SOA
Standard 5 : The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	4	
Standard 6 : The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	3	
Standard 7 : Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	4	Letter could have been more explicit, detailing concerns.
Standard 8: The investigation of the complaint is complete, impartial and fair.	3.5	Good closure letter
Overall Score	3.5	Areas for improvement: Info from complainant could have been requested earlier. No risk assessment on receipt of new information. Closing letter should state that HCPC cannot make professional apology Main areas of strength: Complainant's expectations well-managed. Regular chases made. Very thorough closure form and analysis of the evidence

4.3 Standard of Acceptance Case 3:

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3	The initial letter did not capture the nature of the complaint accurately.
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	2.5	Risk assessment had no explanation. It appears the CM did not understand the complaint fully.
Standard: 3 Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	2	Complaint was not properly investigated. A number of allegations were made but not investigated.
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	1.5	Allegation misunderstood. Insufficient enquiries made.
Standard 5 : The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	1.5	No file note with closure rationale Referral to FSO not clearly explained.
Standard 6 : The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	1.5	Number of documents was missing: file note for case closure, risk assessment. No supporting information to help formulate judgment
Standard 7 : Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	1	Complainant would not have understood final letter. Letter did not address each of the issues raised in the complaint. No explanation of SOA. Did not explain how Ombudsman could help.
Standard 8: The investigation of the complaint is complete, impartial and fair.	1.5	Quick closure with no opportunity for complainant to respond. Reasons for complaint not understood by CM.
Overall Score	1.5	Areas for improvement: Earlier risk assessment and actions. Was it adequate given the vulnerability in this case? It lacked investigation to elicit details. Phone call was not documented. Case Manager - lack of understanding of case. No reasoning re: the risk assessment. Not all allegations were investigated – there were gaps. Decision letter was unclear. Main areas of strength: Complaint was well-organised. Expectations were managed.

4.4 Investigating Committee Panel Case 1

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3	Initial letter needed to be more tailored. Process was followed.
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	3	Lack of risk assessment upon receipt of new information
Standard: 3 Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	2.5	Information received was not reviewed
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	2	Disputes could not be addressed as they were received after the CIR form.
Standard 5 : The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	3	Decision was well-defined but insufficient reasons given.
Standard 6 : The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	3	Missing file note of a telephone conversation between CM and Registrant Risk assessment required on receipt of new information
Standard 7 : Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	2.5	The closure letter does not contain the reasons for the decision
Standard 8: The investigation of the complaint is complete, impartial and fair.	2	Issues of confidentiality was over-looked / not addressed.
Overall Score	2.2	<p><u>Areas for improvement:</u> Lack of risk assessment. Missing file note. Omitting particulars regarding confidentiality. Poor order of documents Did not tailor letter to complainant</p> <p><u>Main areas of strength:</u> Good ICP decision</p>

4.5 Investigating Committee Panel Case 2

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3	Delay in initial response to complainant Letter did manage expectations. Case Manager was in regular contact with the complainant Incorrect letter sent to complainant
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	3	Lack of Risk Assessment
Standard: 3 Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	3	Initial logging form is limited More clarity required in explaining process to complainant Lack of acknowledgment letters
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	3	Not enough detail required in section 3 - should include reasons to support evidence
Standard 5 : The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	3.5	The decision should have addressed particulars 1 a) – c) Panel commented more on medical records, not necessarily the facts. More information could have been given to complainant.
Standard 6 : The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	2.5	Lack of risk assessment. Missing documents: ICP bundle and Obs bundle Letter sent to the Registrant by mistake MRI documented when it was already in file.
Standard 7 : Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	4	Very good outcome letter to the Complainant, test explained
Standard 8: The investigation of the complaint is complete, impartial and fair.	3.5	Letters were not tailored and repetitive information was sent unnecessarily
Overall Score	3	Areas for improvement: Lack of risk assessment. Letters should have been more robust re: decision. Overuse of standard letter Main areas of strength: Case proceeded quickly. CM managed expectations Good ICP letter to complainant – customised, explanatory letter

4.6 Investigating Committee Panel Case 3

Standard	Score	Comments from peer reviewers
Standard 1: The Complainant has a single point of contact in the Organisation and is placed at the centre of the process. The nature of the complaint and the outcome they are seeking is established at the outset.	3.5	No evidence that the complainant gave us permission to speak to her husband Initial complaint letter was not acknowledged or mentioned in response Complaint was not always updated
Standard 2: The complaint undergoes initial assessment and any necessary immediate action is taken. A lead investigator is identified.	3.5	Risk assessment should have been done when new documents arrived
Standard 3: Investigations are thorough (Regulation 3 (2) (b) and Regulation 14 (1)), where appropriate obtain independent evidence and opinion and are carried out in accordance with local procedures, national guidance and within legal frameworks.	4.	The CIR needed more detail
Standard 4: The investigator reviews, organises and evaluates the investigative findings.	3.5	Background investigation was a little sparse could have given better chronology and more detail of how the process got to ICP.
Standard 5: The judgement reached by the decision maker is transparent, reasonable and based on the evidence available.	4	ICP decision needed more detail but key points were addressed
Standard 6: The complaint documentation is accurate and complete. The investigation is formally recorded, the level of detail appropriate to the nature and seriousness of the complaint.	3.5	Risk assessment was not made of new information Complainant was not updated when the Registrant requested an extension.
Standard 7: Responding adequately to the complainant and those complained about (Regulation 14 Investigation and response).	4	
Standard 8: The investigation of the complaint is complete, impartial and fair.	4	Each allegation was noted and investigated
Overall Score	4	<p>Areas for improvement: CM clarified areas of concern well. Detailed analysis of potential allegations in file. ICP decision was reasonable but could have been more robust Outcome letter needed to be tailored. Third party consent missing</p> <p>Main areas of strength: Good evidence of CM assessing the specific nature of the allegation File note had a clear plan p.67-70. Very detailed file notes Good judgment</p>

5. Commentary

5.1 The overall scores of the reviewed cases varied between **1.5** to **4** with an average score of **2.7**. This indicated that practice in these sample cases is approaching satisfactory.

5.2 Discussion between the panel members was facilitated by the lay magistrates and this was animated, challenging and productive. One member noted:

"everybody in my group participated very openly and robustly – no signs of defensiveness".

5.3 The evaluation forms from the panel members indicated that they found the in-depth critical analysis a very valuable exercise. HCPC fitness to practise staff appreciated the time and opportunity to consider cases from the complainant's perspective.

5.4 One of the most useful aspects of the review exercise was the discussion which took place when panel members held different views on case management. HCPC fitness to practise staff reported that it was very useful to collectively define what constitutes good practice in complaints management at the HCPC, and to listen to the views of lay experts.

5.5 Key areas of good practice included:

- Complainant's expectations were well managed (3cases).
- Well organised and process followed (2 cases).
- Good assessment and analysis (2 cases).
- Good ICP decision and judgment (1 case).
- Clear file notes and plan (1 case).

5.6 Key areas for discussion were as follows:

- The extent to which standard letters meet the individual needs of registrants and complainants – and the scope that exists for staff to tailor letters to meet individual needs.
- The need to address long gaps in communication with complainants in some cases.
- The scope to adjust the process when the complainant has special needs.
- The importance of undertaking risk assessment more rigorously and at key points of an investigation, especially when new information is received.
- The need for accurate record keeping – the logging of a phone call for example, was recognised as a significant part of good case management. One member

noted that case managers should be able to send acknowledgements more easily (without "7 clicks").

- 5.7 Working with the lay magistrates helped HCPC fitness to practise staff realise the need to explain professional language, processes and practices to the recipients of their letters (and to meet levels of literacy in the general population).
- 5.8 It was recommended that all case managers and case support officers involved in complaints management ought to be given the opportunity to undertake this review exercise and that it ought to part of CPD.
- 5.9 It was also considered that the scorecard and review process could be of benefit to the other Professional Regulatory bodies.

6. Conclusion

- 6.1 The External Peer Review process was successfully adapted to meet the needs of the HCPC's fitness to practise handling process. The learning from the Patients Association working with the NHS, came together with the skills and insight at the HCPC to develop a scorecard that can be used to review case files, this provided a snapshot of how the standards are being met in six randomly picked cases. The overall average score of **2.7** indicates that in the cases reviewed, practice is approaching satisfactory.
- 6.2 There were many common points for discussion and learning that arose from the cases reviewed, the benefit of bringing together lay experts to work with a range of fitness to practise staff at the HCPC was evident. The richness of dialogue, challenge and debate led to a number of areas of consensus on what works well and what needs to improve. It was significant that a number of areas identified, such as the need to review standard letters had already been acknowledged and were welcomed by many staff.
- 6.3 It was recognised that as a new process, this project was testing out the scorecard tool as well as reviewing practice. The general view from the participants was that this had been a worthwhile exercise. HCPC fitness to practise staff appreciated taking time out of the working day to review and reflect on practice and to debate with lay experts. All participants contributed to looking at actions and the way forward, with a number of staff expressing an interest in being further involved in this work. The potential to involve more staff in the learning and development of this work was raised.
- 6.4 The project has sought to achieve the aims agreed at the outset, namely -
 - To assist the HCPC to map its complaints processes (in relation to fitness to practise concerns) against established principles of good practice; and

- To establish whether its fitness to practise concerns process is being carried out effectively and consistently.

This report provides findings and recommendations to support the HCPC processes for service quality review and improvement.

6. Recommendations

- Concern forms should have a checkbox for the complainant to choose their preferred method of communication.
- Letters should be more tailored to specific cases, and use of standard letters reviewed.
- Style of letters should be reviewed to ensure they are written in plain English with clear explanation of all terminology.
- Consider giving a simple Standard of Acceptance example in the guidance notes for complainants to enhance understanding of the scope and remit of the HCPC.
- Final letter should address all of the points raised in the complainant's original letter.
- Investigating Committee Panels should provide clearer, robust reasons for their judgements.
- Complainants should be given clearer, structured advice if they are unsatisfied with outcome.
- Registrants should be formally notified of a referral during the first stage of investigation.
- The risk assessment process may need to be reviewed to ensure rigor and an ongoing process in all cases.
- Regular critical reviews of case management should be introduced using the score card, to ensure quality assurance.
- Consideration should be given to a peer review of HCPC fitness to practise processes from the perspective of the Registrant.
- Consideration for all relevant HCPC staff to be involved in the Peer Review process.

References

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