

Council

Meeting Date	27 March 2025
Title	Fitness to Practise Performance Report
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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; and
- · an update on our ongoing improvement activity.

The Council is asked to note the progress made.

Action required	The Council is asked to note the update.
Previous consideration	Standing item (from 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.
Next steps	The next report on progress will be provided to the Council on 22 May 2025.
Financial and resource implications	Financial and resource implications are provided for in the FTP 2024-25 budget.

Associated strategic priority/priorities	Continuously improve and innovate
Associated strategic risk(s)	We are unable to deliver our regulatory requirements effectively in a changing landscape, affecting our ability to protect the public
Risk appetite	Regulation - measured
Communication and engagement	Not applicable
Equality, diversity and inclusion (EDI) impact and Welsh language standards	Improving the quality and timeliness of our management of FTP 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 FTP cases and who are particularly vulnerable or in need of additional support and reasonable adjustments.
Other impact assessments	Not applicable
Reason for consideration in the private session of the meeting (if applicable)	Not applicable

Fitness to Practise Performance Report

1. Introduction

- 1.1 As the Council is aware, improving our performance in Fitness to Practise (FTP) remains a priority for the HCPC. A key area of focus is on improving the timeliness of our case investigations, as well as continuing to monitor, embed and develop the changes we have delivered in the earlier phases of the improvement programme, which focused on how we identify and manage risk on cases, quality and consistency of decision making and how we engage and support those involved in the FTP process in a fair and compassionate way.
- 1.2 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 update on our current improvement activity; and
 - a summary of key risks and mitigations.

2 Quality of case management

- 2.1 In this section we provide an overview of our performance in relation to the quality of our case investigations. As we have done previously, we have broken this down by themes of the key benefits we are seeking to achieve through this part of our improvement work. These are:
 - risk management and interim order performance;
 - quality of our risk assessment of cases; and
 - quality of our case planning.

Risk management – interim order performance

- 2.2 Identifying high risk cases as soon as possible is a key part of ensuring we protect patients and service users.
- 2.3 A measure of how effectively we complete and keep up to date the risk assessments of our cases is the time it takes to apply for an interim order. Figure 1 shows our performance against the two measures of timeliness in relation to interim orders.
- 2.4 The orange line in Figure 1 shows how quickly we progress a matter to an interim order hearing once we have identified the need for an interim order. In January 2025 we were slightly above our three week target. This was due to interim order hearings that could not take place during the Christmas period being listed in the new year. In February our performance was back in line with our key performance indicator (KPI).

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 February 2025 our performance was 32 weeks which is noticeably above our 12 week key performance indicator (KPI). This was primarily due to a number of cases that had been subject to a third party investigation reaching the evidential stage required for an interim order. If those cases are excluded from the data our performance would be 18 weeks, with our performance affected by two cases where information that increased the risk profile of the case was received later in the investigation.

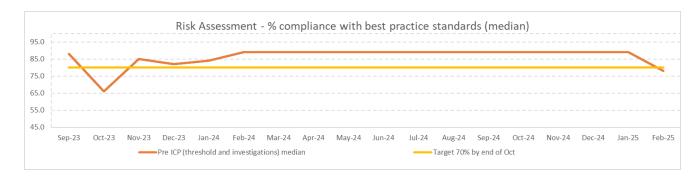
Figure 1 – Interim order performance



Risk management - adherence with our best practice standard

- 2.6 Monitoring the quality and timeliness of our risk assessments continues. Our target is to achieve 80% adherence with our best practice standard with a stretch target of achieving 90% compliance.
- 2.7 Figure 2 shows that our performance against this measure was 78% in February 2025, slightly below our target. This is due to the onboarding of a new cohort of case managers in the new year and we would expect to see performance dip as we support new members of the team to become familiar with the process and our standards for this area of work.

Figure 2 – quality of risk assessments: performance against target



Case planning – adherence with our best practice standard

- 2.8 Monitoring the quality and timeliness of our case plans also continues, and our target is 80% adherence with our best practice standard.
- 2.9 In January and February 2025 our performance was slightly above our target at 81% and 83% respectively. We have met or exceeded our target for this performance measure in eight of the last nine months.

Figure 3 – quality of case planning: performance against target



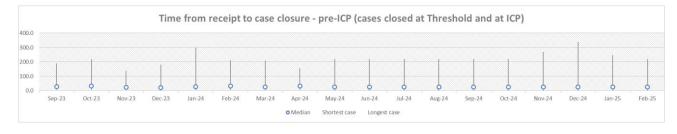
3 Timeliness of case investigation

- 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; and
 - 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 February 2025, the median age of cases closed at the pre-ICP stage was 26 weeks, which falls within our 33 week KPI. The oldest case closed was 220 weeks and the youngest case was two weeks old. This shows we continue to progress our oldest cases, alongside those more recently received.

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



3.5 Figure 5 shows the median age of cases that were closed at a final hearing (including cases resolved by consent). We expect the median age at this point of case conclusion to be above our KPI of 39 weeks as our older cases move through the process.

3.6 The median age of cases concluded at a final hearing in February 2025 was 88 weeks, with the oldest case at 251 weeks and the youngest case at 27 weeks, which is significantly below the 39 week KPI for this stage of the process. The shortest age to conclusion continues to reflect the positive impact of frontloading, and the benefits we are realising in progressing frontloaded cases to a final hearing more quickly.

Figure 5 – ICP to final hearing decision median



Case volumes at each stage

- 3.7 Figures 6 to 8 show the number of open cases in our Threshold, Investigations and Post-ICP teams respectively.
- 3.8 At the end of February 2025, we have received on average 177 new FTP concerns a month in this financial year to date. We are on course to receive over 2,100 FTP concerns again this year. We have increased case manager and team manager resource in our Threshold and Investigations teams, though there have been challenges in being able to recruit to fill all the additional posts we have created. We still carry some vacancies and have not been able to reach the total additional headcount in those teams.
- 3.9 The continued high volume of new concerns is reflected in the volume of cases at the threshold stage, which has been around 1,000 cases since July 2024. There are currently 986 active investigations in the team. We continue to support the team to manage these cases and streamline our processes where possible.
- 3.10 At the end of October 2024 the active investigations caseload was 1,000. We have recently completed recruitment for two new team managers to create smaller teams to support team manager focus on productivity and expect those managers to be in post by the end of May 2025. Following feedback from new starters and the wider team, we have revised our induction programme to increase the level of skills and technical training in the first month of joining the team prior to commencing work on cases. We have received positive feedback from new case managers going through the programme, as well as their team managers, and we will be continuing to evaluate how well the induction has prepared new starters for the role throughout the six month probation period.
- 3.11 The number of cases at the post-ICP stage remains below 500 cases, as it has done since February 2022. In February 2025 the caseload was 478. 95 of these cases are listed for a future final hearing.

Figure 6 - number of open threshold cases

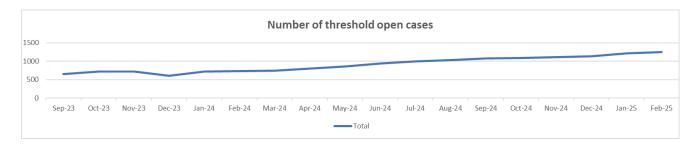


Figure 7 – number of open investigations cases

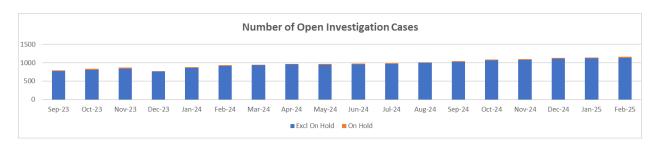
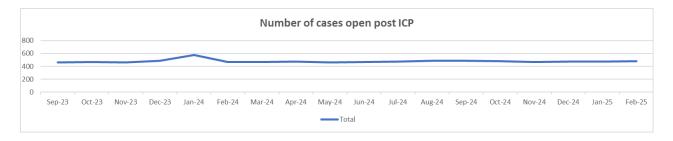


Figure 8 - number of open post-ICP cases



Age profile of the live caseload

3.12 Figure 9 shows the median age of our live pre-ICP caseload. At the end of February 2025, the median age of our open pre-ICP caseload was 42 weeks. Although this is higher than our KPI of 33 weeks for this stage of the process, the median has remained consistent for the last four months. The median age of our live caseload includes cases that are or have been on hold due to a third-party investigation. The youngest case was one week and the oldest was 311 weeks. The oldest case is at the ICP stage.

Figure 9 – median age of live pre-ICP caseload



3.13 At the end of February 2025, the median age of cases at the post-ICP stage was 18 weeks, which is within our KPI of 39 weeks from the ICP decision and the lowest median this year to date. The youngest case at this stage was under one week and the oldest was 290 weeks.

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



4 Update on improvement activity

- 4.1 Our current improvement work is targeted on timeliness and preparing for the future, as well as continuing to monitor, embed and develop the changes we have delivered in the earlier phases of the improvement programme. A progress update on the improvement activity in progress is provided below:
 - Implementing and embedding changes to our operating model to support frontloaded investigations:

In June 2024 we commenced in-house frontloaded investigations with four cases, and we have been slowly increasing our capacity. As at the end of February 2025 the in-house team are progressing 36 frontloaded investigations. Three of those cases are now ready for consideration by the ICP. Our second FTP investigations lawyer joins the team at the start of April 2025 which will increase our capacity to frontload more investigations in-house. We are currently planning our in-house frontloaded work for the next financial year, which will incorporate preparation for final hearings and undertaking more complex investigations.

At the start of July 2025 we will implement the final phase of changes to operating model that we started this year. These changes will introduce wider streaming of our pre-ICP investigations to improve the efficiency of our processes. We will update the Council on this work as it progresses.

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

Phase one of this project, which focused on improving management data and reporting on scheduling milestones and outcomes, has concluded. This increased visibility of team performance and milestone tracking has already led to improved productivity in the team. The next stage of the

project, which is looking at the efficiency of our listing process, has started and is at the scoping stage.

Review of the support and guidance we offer to witnesses:

This piece of work, led by the Tribunal Service (HCPTS), has commenced. We are currently scoping our current offering in terms of witness support, the gaps and areas for enhancement. We will particularly focus on support for vulnerable witnesses, while recognising that giving witness evidence can be a stressful process for all who do it. Introducing frontloaded investigations in house provides an opportunity to review how we support witnesses and potential witnesses from the earliest stages of the process, and the HCPTS and the HCPC will be collaborating on this piece of work.

 Review of our sanctions policy to ensure our guidance for panel members is up to date, and continues to support them to make decisions that are fair, consistent and proportionate:

We have started the initial high-level review of the policy to inform our thinking and approach. Changes to the policy will require formal consultation, and we plan to undertake pre-consultation work in Q4. This work will come back to the Council in line with our usual consultation processes.

4.2 Planning for the next stage of our improvement activity is underway as part of our work planning process for next year, and we will update Council with further details at the next meeting.

5. Key risks and mitigation

- 5.1. As we have shared with the Council, the current trend of gradual, incremental improvements are vulnerable to a number of risk factors, both internal and external.
 - Time it takes time for improvement work once delivered to be seen as
 a sustained and noticeable impact on performance measures. The
 monitoring of the improvement work we have delivered to date is
 embedded into our business as usual activity to ensure this work is
 sustained. Our next suite of improvement activity builds on the changes
 and positive outcomes made to date.
 - Increase in FTP concerns in the last two years we have seen a significant increase in the number of new FTP concerns we receive, which makes it even more challenging to progress cases at pace. There are no discernible themes behind the increase in referrals and the trend in increased volumes of new referrals is also being experienced by other regulators. We have taken action to plan our resource and adapt our ways of working to respond to it and continue to monitor the number of referrals on a monthly basis.

- Transition to frontloading we have begun implementing the changes needed to enable us to undertake frontloaded investigations in-house and make wider changes to our operating model. This requires changes to our processes, training of a significant proportion of the teams and recruitment in all areas. We are carefully phasing in the changes needed to ensure minimal impact on the timeliness and quality of our case management work.
- Resource while 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 to key roles, such as our Triage and Case Management teams, remains a challenge, and although we have increased headcount in these teams we have not been able to fill all those new posts. We currently also have vacancies at operational manager level and case team manager level that we have not been able to fill to date. In February 2025 our new permanent Head of Case Progression and Quality joined the team and they are currently being onboarded.
- Need for regulatory reform the changes we are making are helping progress older cases and improve the quality of our decision-making and investigations. However, to be able to accelerate the improvement of the timeliness of our FTP process, we need legislative change to enable us to conclude cases earlier on in the process. At the moment, all cases where there is a case to answer (which is a low bar) must go to a final hearing. We continue to work closely with the Department of Health and Social Care on the plans for regulatory reform.

6. Next steps

6.1. We will continue to update the Council on our performance and improvement activity at each Council meeting.