

## **COUNCIL**

### **Dealing with complaints more quickly and effectively: project scope**

---

**Meeting:** 29 July 2015

**Status:** for noting

**Lead responsibility:** Lisa Davis,  
Director of Fitness to Practise

**Council Champion:** Helen Tilley

**Project manager:** Keith Watts

**Project Board:** SMT

**Project team members:** Fitness to Practise Department

#### **Purpose**

---

1. The purpose of this paper is to present to Council our project scope for dealing with complaints more quickly and effectively.

#### **Recommendations**

---

2. It is recommended Council **note** and **provide feedback** on the project scope which is attached at annex one.

#### **Strategic objective**

---

3. The Strategy is a project in the 2015/16 business plan following an adjustment to include it subsequent to the agreement of the plan. The project supports the 2014/17 Strategic Plan objective of improved complaint-handling.

#### **Risks**

---

4. The following risks are associated with the issue, as identified in the corporate risk register:
  - 4.1 There is a risk that in the absence of a strategy we will fail to meet relevant PSA standards in future performance reviews.
  - 4.2 There is a risk that public confidence in the GOC may become damaged to our inability to progress cases in a timely manner.
  - 4.3 There is a risk related to our capacity to deliver the specific work outlined within the project.
5. Risks 4.1 and 4.2 will be mitigated as we progress and implement the findings of the project. We have included the project work-streams on our departmental work plan and have allocated these to small groups within the team. Further we will be seeking additional resources within the fitness to practise department to assist us in undertaking the work required.

## Background

---

6. In April 2013, our new Fitness to Practise Rules 2013 came into force. These Rules were designed to assist in the efficient progression of cases. Whilst the introduction of case examiners and the Registrar's direct referral powers were welcome provisions, we noted that further changes to how we operate would also prove helpful in dealing with the time frame in respect of complaint-handling.
7. During this time, we also set for ourselves a strategic aim to conclude the majority of our cases within 52 weeks (in contrast to our median figure last year of 104 weeks). The 52 week figure is in line with the Law Commission's Bill. We recognise that there will need to be a significant change within fitness to practise in order to achieve this. As a result, an additional work project was included within the business plan setting out our intention to develop an effective strategy to tackle the progression of cases.
8. The issue of timeliness of our case progression has been highlighted during the last few months by Council. In reviewing our performance against the 52 week goal, Council has expressed its concerns as to our progression and noted that more targeted work was required.
9. Further, at the end of June 2015, the PSA published its Performance Review 2014/15. The GOC failed three of the PSA's standards of good regulation, one of those being that we had not progressed cases in a timely manner.
10. Prior to the inclusion of the strategy in the business plan, work had already commenced in dealing with complaints (Phase 1), however, we committed to undertaking a more structured and focused approach to the further work required to be done.
11. The scope document outlines that work as two further phases, Phases 2 and 3. Phase 2 sets out the work-streams for the project, namely:
  - undertake a comprehensive mapping exercise;
  - review learning from audit and other organisations;
  - engage with stakeholder focus groups;
  - undertake review of our staffing resources; and
  - review our internal key performance indicators
12. Phase 3 makes clear that the strategy will also be utilised to deal with complaints of illegal practice.
13. As the Project Board for this work, the SMT will approve the scope following Council's consideration and feedback.

## Analysis

---

14. The development of an effective strategy will enable us to progress our cases more quickly and effectively. It will also help us to properly test the feasibility of a strategic goal as against the various types of cases that we investigate.
15. The recent PSA performance review highlighted the importance of ensuring that we prioritise this aspect of fitness to practise. We will be looking to some of the best practise identified by the PSA as well as collaborating with others, to ensure that we capitalise on our learning and understand better where our focus needs to be.
16. A key issue to be considered is the implementation phase upon completion as this will be crucial to the overall success of the project. We will be reviewing how best to implement as well as how to evaluate success further to implementation.
17. We are aware that whilst the strategy will assist greatly in case progression, that there are some areas where its impact may not be as forceful.
18. We continue to have a number of cases whereby third party involvement can be difficult in terms of progressing cases. We are also keen to achieve legislative change that would enable us to speed up our ftp process by introducing:
  - 18.1 threshold criteria – to enable us to filter out those matters that do not raise a fitness to practise matter;
  - 18.2 consensual disposal – to enable us to resolve a case without proceeding to a full hearing where the registrant is willing to accept the proposed sanction; and
  - 18.3 voluntary erasure - to enable us to remove a registrant from the register without proceeding to a full hearing such as a health case.

## Impacts

---

19. The following implications have been identified:
  - 19.1 Reserves – we will need to take into account the potential impact on reserves whilst we progress the project.
  - 19.2 Budget – we have budgeted to pursue this project in the current financial year
  - 19.3 Legislation – we will consider the requirement for any future changes legislation in the context of the Healthcare Regulation Bill.
  - 19.4 Resources – we will be recruiting additional resource to assist with the project.
  - 19.5 Equality, diversity and inclusion (EDI) – would need to be considered in developing work streams

19.6 Human Rights Act – would need to be considered in developing work-streams

19.7 Sustainability – no implications

### Devolved nations

---

20. There are no implications for the devolved nations.

### Communications

---

21. We have communicated elements of our strategy through our response to the publication of the PSA performance review.

### Timeline for future work

---

22. Key dates for the Council to note are listed below:

Key milestones	Target date
Approval of role profile for Performance Assessors	3 June 2015
Council - To share & receive feedback on scope document	29 July 2015
SMT Project Board – to agree scope	Early August 2015
SMT Project Board – to share findings from audits and best practice in respect of full ftp process	14 September 2015
SMT Project Board – to share findings of detailed mapping and review of timeframes within the FTP Rules	12 October 2015
SMT Project Board – to share findings of ftp staffing and structure review	9 November 2015
Council – to provide project update	11 November 2015
SMT Project Board – To share findings of stakeholder focus groups	14 December 2015
SMT Project Board – to share findings of KPI review	January 2016
Publication of report and implementation phase	January 2016
Council – to present strategy report	February 2016
Project completion	April 2016
Project closure	April 2016

### Attachments

---

Annex 1 – Strategy for dealing with complaints more quickly and effectively scope statement

## Dealing with complaints more quickly and effectively scope statement

<b>Project Name:</b>	Complaints Strategy
<b>Project Sponsor:</b>	Lisa Davis, Director of Fitness to Practise
<b>Project Manager:</b>	Keith Watts, Investigations Manager
<b>Project Member:</b>	Case Officer
<b>Project Board:</b>	SMT
<b>Project Champion:</b>	Helen Tilley
<b>Date agreed:</b>	August 2015
<b>Executive summary</b>	
<p>This project will ensure that the GOC meets its aim to deal with complaints more quickly and effectively. There are three main drivers for this work:</p> <ol style="list-style-type: none"> <li>Patients, the public and registrants – there remains a continuing expectation from members of the public and registrants alike, that complaints will be progressed efficiently;</li> <li>The GOC’s Strategic Plan – the plan set a specific aim for the GOC to conclude the majority of fitness to practise cases within 52 weeks.</li> <li>The Professional Standards Authority (“PSA”) – progressing fitness to practise complaints quickly is one of the PSA’s standards of good regulation.</li> </ol>	
<b>Rationale</b>	
<p>The purpose of this project is to set out the GOC’s strategy of how it will manage fitness to practise complaints in line with its strategic aim.</p> <p>It will specifically address Council’s concerns regarding action to be taken by the Executive in respect of speeding up the time taken to conclude fitness to practise matters.</p> <p>The project will deliver a clear plan with specific work streams aimed at targeting the full process to ensure the GOC gains time benefits throughout.</p> <p>It sits within the 2015-16 Business plan under ‘managing complaints’.</p>	

**Approach**

The focus of the project will be to ensure that the GOC continues to build on the various actions it has undertaken to speed up the time that fitness to practise complaints are progressed. It will approach the further work to be undertaken in a targeted and structured manner by identifying the relevant and appropriate work-streams needed to ensure the efficiency of case progression.

There are three phases to the project. Phase 1 sets out the work that we have already undertaken in respect of progressing cases, following the introduction of the new Fitness to Practise Rules in April 2014, and the associated outcomes. Phase 2 outlines further work which we plan to carry out. It identifies key work streams that will be developed which focus specifically on efficient case progression. Phase 3 will also extend to the management and progression of illegal practise cases going forward.

**Scope**

The project focuses on both fitness to practise and illegal practise cases and considers the full process of each from date of complaint through to corresponding disposal.

**PHASE 1****Progress to date:**

Phase 1 of the Project has focussed on understanding the current difficulties in progressing cases. Work to date is outlined below.

1. We undertook a mapping exercise of the current fitness to practise process. This task sought to identify time barriers, log jams, blockages and delays in the system. Our findings are set out below:
  - a. That the GOC requires additional resources in respect of performance assessors. As a result of this finding, we have commenced a recruitment exercise in respect of these individuals.
  - b. That the legislation itself can cause difficulties in respect of the generous service deadlines that are provided to registrants. Therefore, we have entered into targeted discussions with defence representatives regarding the progression of cases, and in particular, waiver of service timeframes.
  - c. That our current key performance indicators (KPIs) needed to be reviewed. This work was undertaken to assess the achievability of working to a 52 week (12 months) end to end process utilising our current KPIs. The mapping exercise demonstrated that our current internal KPIs could feasibly allow cases to take up to 24 months to progress to final hearing. As a consequence of this finding, we have set tighter timeframes for some parts

of the process.

- d. That the initial stages of our investigation (the potential cases, “PC”) needed to be documented to include appropriate timeframes to enable progression to a full case or closure. We instigated this review which was completed in early 2015.
  - e. That we needed new policy and guidance documents. The mapping exercise showed that revising our documentation would enhance our ability to make time savings. We therefore drafted and implemented various documents including the ‘Disclosure Policy’; ‘GOC-OCCS Working Together Policy’ that assist the public and ‘Guidance on Drafting Allegations’ to assist the ftp team. We have also committed to having a Fitness to Practise Manual in place by September 2015 and work on this has begun.
2. We have introduced a more co-ordinated and joined up approach to listing interim order hearings. This work was commenced to address the time delays in progressing cases through to an interim order hearing. This work involved working closely with panel firms, defence representatives and the Hearings Manager to ensure availability of the parties and panel members are secured early due to the short notice period within which hearings must take place. Since the implementation of this approach, there has been a significant improvement in timeframes regarding the listing of interim order hearings.
  3. We have engaged in a series of stakeholder meetings to understand and learn from what others are doing to progress fitness to practise cases. Where we identify good practice, we look at implementing them where possible. One example relates to the use of the complaint form. We noted that many of the regulators ensure that this document is easily accessible and also that strict adherence to its completion should not result in a delay to opening an investigation. We have taken this on board and will commence with an investigation as long as the complaint is in a written form.
  4. We have introduced detailed case profiling in addition to our regular case review meetings. This feature assists in the analysis of where each case currently sits in the process, how many cases there are at each stage and the length of time that they have been opened. We have found that this analysis ensures that we have an understanding of which cases are capable of being completed within 12 months, as well as those that demonstrate the need to have wider discussions such as with the police, NHS bodies or other organisations.
  5. We had an internal audit undertaken of our fitness to practise process in December 2014. The key findings in respect of the blockages to the system were:
    - That the ftp process should be mapped;

- That the GOC should review its pool of professional experts, ie. Performance assessors and consider increasing the number of these individuals;
  - That caseload data should be analysed regularly to enable forecasting for future resources; and
  - That the FTP department should start to manage and monitor investigations in terms of the whole end to end ftp process.
6. The first three findings had previously been identified by the ftp team prior to the audit, and either have been or in the process of being adopted. The fourth finding has been accepted and is outlined as a work-stream regarding team structure under Phase 2. An audit of the Hearings part of the process is also planned and will also fall under Phase 2 of the project.
7. We have adapted to the various changes that have taken place within the fitness to practise process since the new Fitness to Practise Rules took effect in April 2014. In the first year of implementation we identified some immediate changes to systems, process and team working. We commenced the preparation of case reports, drafting of allegations and undertaking quality assurance of case examiner decisions which have all been challenging. The timeliness of these actions has greatly improved whilst ensuring that registrants know the case against them from the outset and that proper and consistent feedback and training is provided to case examiners. In the longer term, we aim to build on the changes made and we recognise that the review of our structure and our KPIs are the next phase of modification upon which we need to focus.

## **PHASE 2**

The project will involve review, analysis and action planning and the focus will be on the following work-streams:

- We will undertake a more comprehensive and in depth mapping exercise. This will assess the impact of changes already made upon our timeframes, and analyse whether any additional changes are required.
- We will review learning from audits, the Professional Standards Authority, other healthcare regulators and other organisations. These actions will help us to better understand stratagems for success and to identify good practice or exemplars from others. They will also assist us in recognising potential pitfalls to avoid that have been experienced by others;
- We will engage with specific stakeholder focus groups to facilitate discussion and seek views regarding our fitness to practise time-frames;
- We will be reviewing the timeframes within the FTP Rules. This will help us to assess whether we are capturing the full potential time benefits in respect of



progressing cases.

- We will undertake a full zero based review of our staffing resources. This review will also assess our current efficacy and analyse how best to design roles and structure to effect faster case progression.
- We will commence a detailed review of our internal key performance indicators. This work will consider each stage of the fitness to practise process and determine the appropriate indicators that will assist in achieving a 12 month timescale.
- We will continue to work with the Department of Health to progress further legislative change. In particular, we note that the introduction of threshold criteria, voluntary removal and consensual disposal have all had a beneficial impact for other regulators in respect of time gains.

### **PHASE 3**

- We will consider and determine the appropriate disposal of illegal practice complaints by reference to guidance and within set timeframes.

### **Objective, outputs and outcomes**

The **objective** of the project is to develop an effective strategy that will enable the GOC to manage fitness to practise complaints in a timely manner.

The **output** of this project will be a report outlining the GOC's strategy for speeding up our handling of fitness to practise complaints. The report will include recommendations for:

- Changes to the current key performance indicators within the fitness to practise team;
- Appointment, recruitment and training of individuals required to form a pool of performance assessors, experts and clinical advisors;
- Implementation of best practise protocols derived from other organisations;
- Changes to the current system in respect of listing hearings;
- New fitness to practise team structure;

The report will include a list of all the log jams and time delays identified together with solutions and a work plan for implementing any of the recommendations we propose to adopt. It will also clearly outline the method by which success will be evaluated to determine how any proposed changes impact upon our performance.

The **outcomes** of this project will be as follows:

- the public should have confidence in the GOC conducting cases efficiently (whilst maintaining quality);

<ul style="list-style-type: none"> <li>• the GOC can demonstrate its progress in meeting its strategic aim;</li> <li>• the GOC can demonstrate that it meets and continues to meet the PSA’s standards of good regulation.</li> </ul>
<p><b>Constraints</b></p>
<ul style="list-style-type: none"> <li>• The Fitness to Practise Rules 2013 (“the Rules”) sets down specific statutory time frames within which all parties are required to comply. These timeframes alone amount to over a year in total (and approximately half of this time period is completely outside the control of the GOC) and this presents significant difficulties if we wish to achieve 12 months for the whole process.</li> <li>• The new standards will shortly be approved. In preparation for their implementation, the fitness to practise team will need to be adept at understanding the applicability of the standards in respect of drafting allegations. Other issues will involve further clarity around when allegations should refer to the current code or the standards depending upon the date of the breach. Further, the issue of training will need to be addressed and potentially a period of supervision / monitoring in respect of allegations.</li> <li>• The timetable for new legislation deriving from the Law Commissions’ healthcare regulation Bill is uncertain and likely to change throughout the course of the project resulting in the strategy needing to meet the duties reflected in the existing Opticians Act and the Rules on the one hand, and draft replacement legislation on the other.</li> <li>• The GOC currently has an increasing fitness to practise caseload (increase of 48% from the previous year in terms of full investigations opened in 2014-15).</li> </ul>
<p><b>Risk assessment</b></p>
<p>There are two categories of risks associated with this project:</p> <p>a) Those associated with failure to achieve the project objectives; and</p> <p>b) Those associated with delays in delivering the project in accordance with the project plan:</p> <ul style="list-style-type: none"> <li>• Failure to meet relevant PSA standards in our performance review;</li> <li>• Public confidence in the GOC is severely damaged due to its inability to progress cases in a timely manner (examples include abuse of process / delay arguments; no impairment found; negative publicity via audits); and</li> <li>• Increased anxiety from stakeholders, Council and the public;</li> </ul>
<p><b>Key stakeholders</b></p>
<p>Project Team:</p> <ul style="list-style-type: none"> <li>• Project Sponsor</li> </ul>

<ul style="list-style-type: none"> <li>• Project Manager</li> </ul> <p>Project Board:</p> <ul style="list-style-type: none"> <li>• SMT</li> </ul> <p>Project Advisory Committee (Policy Steering Group) comprising senior representatives from:</p> <ul style="list-style-type: none"> <li>• FTP</li> <li>• Human Resources</li> <li>• Communications</li> <li>• Governance</li> <li>• Hearings</li> <li>• Registration</li> <li>• Education &amp; Standards</li> <li>• Policy</li> </ul> <p>Stakeholder Group comprising:</p> <ul style="list-style-type: none"> <li>• Council champion</li> <li>• Panel firms</li> </ul>	
Key milestones	Target date
Approval of role profile for Performance Assessors	3 June 2015
Council - To share & receive feedback on scope document	29 July 2015
SMT Project Board – to agree scope	Early August 2015
SMT Project Board – to share findings from audits and best practice in respect of full ftp process	14 September 2015
SMT Project Board – to share findings of detailed mapping and review of timeframes within the FTP Rules	12 October 2015
SMT Project Board – to share findings of ftp staffing and structure review	9 November 2015
Council – to provide project update	11 November 2015
SMT Project Board – To share findings of stakeholder focus groups	14 December 2015
SMT Project Board – to share findings of KPI review	January 2016
Publication of report and implementation phase	January 2016
Council – to present strategy report	February 2016
Project completion	April 2016
Project closure	April 2016

<b>Resources</b>	
<ul style="list-style-type: none"> <li>• Fitness to Practise Department</li> <li>• Policy Steering Group</li> </ul>	
<b>Financial resources</b>	<b>Budget £k 2015/16</b>
Staff cost (if additional staff are required)	N/A
Consultancy	N/A
Research	N/A
Legal fees	N/A
Stakeholder engagement (facilitation for possible workshop)	N/A
Venue hire cost (possible stakeholder event/workshop)	N/A
Other expenses (please specify)	N/A
<b>Total</b>	<b>N/A</b>