Council

3 December 2020

Chief Executive's report on organisational performance
December 2020

Executive Summary

This paper provides the Council with updates on the organisation's performance since the September 2020 Council meeting. It includes specific projects and activities for the Council to note, stakeholder engagement activity, an update on COVID temporary registration and assessment of performance.

At Council's request this iteration also includes the Chief Executive's overall summary of performance in the period.

Background data to the KPI performance is available to Council and on our website for reference.

Previous consideration	This is a standing item, considered at each Council meeting.
Purpose of report	The Council is asked to discuss the paper and provide any feedback on future format and information to be included.
Next steps	The next report will be received in February 2021.
Strategic priority	The Corporate Strategy for 2021-26 is in development and will be discussed at this meeting of Council.
Financial and resource implications	None as a result of this paper.
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Chief Executive's Performance Report

December 2020

Contents

1. Chief Executive's Organisational Assessment

The organisation continues to make significant positive progress on a number of fronts despite the challenges that Covid-19 continues to present. I am proud how colleagues continue to work tirelessly not only to ensure we continue to deliver our essential regulatory activities but also to push forward with new initiatives. Colleagues have demonstrated continued resilience and adaptability. However, we must ensure we retain a keen focus on supporting health and wellbeing. This includes enabling colleagues to take a well-earned rest over the Christmas period.

Covid-19 has had an operational impact on some areas. Our limited ability to process post during the first lockdown has impacted on our processing times for international and EMR applications. However, since the start of the first lockdown colleagues have been proactive to find solutions to improve the continuity of service during future restrictions. This has included implementing a remote telephony solution which we have been able to utilise as soon as the latest restrictions came into force.

Our extensive engagement, primarily through the development of the Corporate Strategy, has been noted and welcomed by stakeholders. The challenge is to ensure we continue to embed a collaboration led approach in all that we do.

The Corporate Strategy provides the blueprint for moving the organisation forward in terms of remedying the immediate FTP performance challenges as well as delivering regulation which supports those who we regulate to meet the standards we set. There is still much to do to put the strategy into action through developing the first annual Corporate Plan, which will come into Council in the New Year, but I am reassured that some of the building blocks to implementing the new strategy are already well advanced and put before Council at this meeting for consideration.

Our partnership with Luther Pendragon is delivering renewed confidence in the communications and public affairs space. We have used our voice on the important topics of vaccine rollout and workforce burnout and are using social media with improved dexterity.

I am delighted to welcome Andrew Smith to HCPC as our new Executive Director of Regulation. This is an important appointment which signals the transition to a new permanent senior management team which will take responsibility for the delivery of our new strategy. Andy brings with him a wealth of expertise. He will take the lead on regulatory reform and ensuring the opportunities this affords HCPC are maximised. He is also engaged with the FTP improvement work and accelerating the improvement trajectory is understood to be a pressing primary objective.

2. Chief Executive's public agenda overview – 3 December 2020

Corporate Strategy 2021-26 - consultation analysis

I am encouraged by the volume and quality of responses received during our consultation on the proposed Corporate Strategy 2021-26, our targeted and extensive engagement approach was clearly effective in its reach. It is important that we really engage with this feedback and ensure we maximise stakeholder support for our Strategy. In this paper I present the consultation themes and elements I want to explore further with Council with an aim of clearly reflecting the valuable feedback in our final Strategy.

Professionalism and prevention framework

We have undertaken significant development work to get us to this point of asking Council to agree our Professionalism and Prevention Framework, which is key to our future strategy. I am grateful to our GMC colleagues for giving their time to share their approach at our October Council workshop and being supportive throughout the HCPC's development of its own approach. Similarly, I thank our NMC colleagues who also informed our development by sharing their learning from their own work in this area.

Registrant Health and Wellbeing Strategy 2021-24

In July 2020 the SMT and Council held a workshop to explore the findings from the 'Experiences of the Fitness to Practise Process' research by The University of Surrey. These findings put into focus the pressing need to make regulatory processes less challenging and stressful for all those involved.

The findings and Council's feedback has informed the HCPC's first Registrant Health and Wellbeing Strategy and accompanying action plan which is presented for approval. Improving experiences of our regulatory processes is a key focus within our proposed Corporate Strategy and I am pleased an agreement on our approach to effect change will be in place from day one of the Corporate Strategy.

EDI annual action plan

The annual report and action plan has been produced by our internal EDI Steering Group, comprising heads of section and department leads from each function of the HCPC. The paper sets out the HCPC's commitments for 2021 to support and embed equality diversity and inclusion in the organisation.

Consultation on guidance on health and character

We are asking Council to agree to launch a public consultation on our updates to the Guidance on Health and Character in January 2021. The more concise document intends to provide applicants and registrants with clear guidance about when they need to declare health or character issues to the HCPC and includes new and detailed cases studies on a range of issues.

Consultation on updates to SET 1 for Operating Department Practitioners

Subject to approval by Council, our public consultation on SET 1 for Operating Department Practitioners (ODPs)s will be launched in January 2021. The consultation will seek inputs on increasing the entry threshold for ODPs from Diploma of Higher Education (DipHE) to Bachelor of Science (BSc). This proposal is in line with previous proposals to increase SET 1 for a profession and recognises the increasing complexity of Operating Department Practitioners' roles.

3. Stakeholder engagement summary

Corporate strategy

A focus since the last report to Council has been engagement with stakeholders on the draft corporate strategy, in addition to the formal public consultation. This has included registrant and partner workshops, a service user online discussion forum,

an education provider webinar hosted jointly with the Council of Deans of Health and meetings with key stakeholders including the Chief Scientific Officers for example. Webinars with the unions also took place during this period.

Media & PR

We have celebrated a number of awareness days including AHP Day, International Stammering Day, World OT Day, World Radiography Day, Remembrance Sunday, Armistice Day 2020, Diwali, World Diabetes Day and Black History month. This has included press releases, news, social and contributions from the Chair, Council and Chief Executive as well as registrant stories. Additionally, we published a statement saying we were pleased to see 'the dedication and innovation of frontline workers' acknowledged in the recently published Lords Public Services Committee report: A critical juncture for public services: lessons from COVID-19.

We also issued a press release calling for 'greater recognition of health and care professionals' after the issue was raised about workforce burnout at the Health and Social Care Committee. Finally, in response to a BBC news piece we issued a statement outlining our position on the regulation of sonography.

Online engagement

In addition to the MyStandards events hosted by the Professional Liaison team, we have published an all registrant e-news which focused on the Corporate Strategy, the launch of the new online account and the flu vaccination campaign. We have also published a series of blogs including: Importance of whistleblowing in healthcare, Celebrating the work of AHP heroes, Advanced Practice Research Interim Report, Prioritising Leadership in the Standards of Proficiency and Celebrating Black History Month.

Key stakeholders and public affairs

In addition to publishing our response to the BEIS call to evidence on professional qualifications and regulation of professionals, we have been drafting evidence to the Scottish Health and Sport Committee on the pandemic and equality and for the COVID-19: Supply of Personal Protective Equipment Inquiry. Meetings have been held with various parliamentarians and these are listed in the Chief Executive's meetings list appended to this report.

Following the Government's consultation on changes to the Human Medicines Regulations to support the roll out of the COVID-19 vaccine, we have undertaken communications to raise awareness of our registrants' role in prescribing and administering prescription only medicines (including vaccines). This has included writing to the four UK health minsters and relevant parliamentarians and producing two animations for social media. I also published a statement in response to the NHSE/I letter to general practice and CCGs abut preparations for a COVID-19 vaccination programme.

Internal communications

A focus this month has been supporting the return to office project planning for the reopening of Tribunal Centre at 405 Kennington Road and the progress of the registration transformation project with the launch of the online portal.

There has been a focus on EDI, particularly with strong engagement from employees on Black History Month. The all employee meeting included an update on the Digital Transformation Strategy and we held a live SMT Q&A session which was well received by employees.

4. Brexit preparation

In November, the SMT reviewed the HCPC's planning for the end of the transition period on 31 January 2020. This planning includes scenarios for differing levels of future EU trading arrangements.

A significant area of change relates to the future of the mutual recognition of professional qualifications (MRPQ). The EU regime for enables EU professionals to practise across the EU on an established, or a temporary or occasional, basis, without fully having to retrain or requalify. More details on these arrangements and possible scenarios are available here

At the time of writing, negotiations have not yet concluded, the outcome is uncertain. However, Government have advised that it is highly likely we will be required to adopt 'temporary measures' as of 1 January 2021.

Other areas of planning focus relate to the impact on the movement of data and information sharing across borders, as well as supporting HCPC employees who have not yet obtained settled status to apply.

5. Regulatory Development

5.1 Regulatory reform

The Department for Health and Social Care (DHSC) continue to progress the legal instructions setting out the changes to the GMC's legislation as part of the regulatory reform work. Although the DHSC are bringing forward the reforms on a regulator by regulator basis there remains a commitment to introducing a consistent legislative framework for all of the regulators. To that end, we continued to be engaged with the DHSC and other regulators on the development of the policy and legal instructions. Since my last update there has been particular focus on: registration arrangements including annotations and sub-registers, offences and fitness to practise.

5.2 Education quality assurance model implementation

The implementation phase of this work continues with a good number of our 'early adopter' education providers on board. We remain on track to implement the new model on a pilot basis in January 2021.

At its November meeting the Education and Training Committee (ETC) supported the Executive's proposed approach to reviewing our Standards of Education to support the new model development. More detail can be found in the November update to the ETC here.

5.3 Advanced Practice

The Executive continues to work closely with the Expert Reference Group, comprised of Council Members, to support effective delivery of this important area of development. Bradford University, the external research team, have faced challenges in delivering a final research report due to COVID pressures, but we hope to be able to share the final report with Council in the New Year with a view to Council agreeing the HCPC's future regulatory approach.

5.4 Professionalism and prevention

The Professional Liaison Service has now delivered four #MyHCPCStandards webinars, each one exploring how to meet a different standard in the Standards of conduct, performance and ethics. Recordings of these sessions can be found here.

We have been developing a suite of Professionalism in practice workshops, which will be delivered to managers and registrants. We have successfully trialled one module with managers in an Ambulance Service Trust, which focussed on supporting professionalism, managing concerns and supporting staff involved in fitness to practise. We aim to begin delivering the full programme within another Ambulance Service Trust from January 2021.

Other events delivered have included a webinar for the AHP Festival of Innovation Wales, webinars for Unison and GMB union members and a Facebook live event for Unite members. Engagements have also been held with NHS Confederation, NHS Employers and NHS Education for Scotland.

5.5 Professionalism research

The Executive had hoped to be able to share the final report and films with Council at this meeting. As noted in my last report we are producing 5 case studies from the findings focusing on the themes of communication, competence, reflection, leadership and service user centered care. However, as filming was scheduled for November, unfortunately the new COVID-19 restrictions require us to postpone filming until restrictions ease. I will provide an update on this work at the next meeting of Council.

5.6 Registrant wellbeing

The Registrant Health and Wellbeing Strategy and action plan will be discussed at this meeting of Council. We have also started to make progress on some of the actions for example initiating our work on a tone of voice review.
We have published a video on Schwartz Rounds to showcase one technique registrants and employers can use to support wellbeing. We plan to launch the strategy and action plan on a dedicated part of the website in January, which will we use to highlight our progress in this area. We have also signed up to an MOU with Scottish Government on data sharing to support the delivery of mental health support to AHPs.

5.7 Insight and intelligence

Recruitment for the Insight and Intelligence Manager was a success, with the post holder joining us at the end of November. We have collated insight and intelligence requirements across the HCPC to enable the post holder to quickly prioritise and begin leading this work when they join us. At this stage we expect EDI, prevention

and CPD will be out leading priorities, as well as developing an Insight and Intelligence strategy for Council approval early next year.

5.8 Standards of Proficiency Consultation

Our consultation on changes to our Standards of Proficiency (SOPs) closed on 30 October with around 300 responses received. Our analysis is underway and the Education and Training Committee and Council will be invited to consider the consultation analysis and the revised SOPs at their meetings in March 2021.

5.9 Inquiries, external consultations and reports

BEIS consultation on The Recognition of Professional Qualifications and Regulation of Professions

In October the HCPC responded to the Department for Business, Energy and Industrial Strategy (BEIS) call for evidence on the recognition of professional qualifications and regulation of professions. As touched on under my update on Brexit Planning the future relationship with the EU has implications for how applicants from the EU register with us.

Our response focused on the need to ensure public protection underpins any future regulation and mutual recognition of healthcare professionals. It is vital this is not undercut by any trade negotiations, which may see mutual recognition used as a trading tool. Our full response can be found [here](#).

Medical entitlements consultations

The Executive are currently preparing responses to consultations led by NHS England focused on expanding the medical entitlements of clinical scientists, biomedical scientists and operating department practitioners to enable them to supply and administer medicines to their patients under a Patient General Direction (PGD).

We are also currently responding to two consultations led by the NHS for changes to the controlled drugs which podiatrists and physiotherapists can independently prescribe in the United Kingdom. A third consultation proposes to extend the list of medicines that paramedics can administer under exemptions in the UK.

Our responses will provide broad support for expanding the medical entitlements of these three professions and will outline the benefits we anticipate these changes to bring.

Welsh Language

In October, we submitted a report to the Welsh Language Commissioner about the impact of COVID-19 on our [Welsh Language Scheme](#). The brief report explained that our Welsh language offerings were largely unaffected by COVID-19 and the HCPC's move to remote working.

PSA fees consultation

In November the PSA consulted on its proposed budget and associated increase to its fee. In our response we emphasised the disproportionate impact of the fee increase on the HCPC due to the current funding model (calculated on registrant

numbers rather than registrant fee level) as well as the HCPC's own fee increase not being progressed to date. We also noted the need for organisations to review the efficiencies and cost savings they expected to retain as a result of new ways of working.

6. COVID-19 Response

6.1 Temporary Registers

The tables below set out the number of temporary registrants on each of the registers as of 20 November 2020. In summary there are 22,973 temporary registrants across both registers.

	Former registrants			Students			
	Reg	Non-reg	Total	Reg	Non-reg	Temp >full	Total
AS	265	7	272	3	0	4	7
BS	3124	64	3188	245	3	157	405
CH	832	32	864	33	0	106	139
CS	576	14	590	178	1	79	258
DT	524	18	542	78	0	210	288
HAD	154	2	156	2	0	0	2
ODP	633	40	673	28	3	178	209
OR	165	6	171	22	0	41	63
OT	3623	124	3747	266	2	892	1160
PA	1784	58	1842	68	22	280	370
PH	3090	125	3215	262	8	1292	1562
PO	107	1	108	11	0	14	25
PYL	1415	42	1457	156	0	21	177
RA	3346	109	3455	175	20	698	893
SL	1671	51	1722	137	8	278	423
Total	21309	693	22002	1664	67	4250	5981

Registered = added to the temporary register
Non-registered = added to the temporary register but subsequently removed
Temp > full = students have graduated and have joined the permanent register

On the 30 September 2020, Parliament approved the continuation of the Coronavirus Act 2020, which contains emergency registration powers in relation to the NMC and HCPC. The Department of Health and Social Care has confirmed there is no intention of withdrawing these powers in the near future and as such we do not have any immediate plans to close the register for former registrants. We are reviewing our ongoing management of temporary register for former registrants in view of the length of time it has now been in operation.

As noted at the last meeting of Council the HCPC is closing the temporary register for students. This is planned to formally close at the end of November, with students being assisted to make the transfer to full registration.

6.2 HCPC operational impact

As of the 5 November England has been under new restrictions limiting non-essential movement. Whilst the great majority of our employees continue to work from home (as has been the case since the start of the pandemic) as an essential service, the HCPC London offices have remained open on a very limited basis through this period to enable us to continue processes that cannot be undertaken

remotely, such as processing post. Our offices are accredited as COVID-19 secure and arrangements in place to provide flexibility to accommodate travel restrictions. To minimise the number of employees on site we have switched to a remote telephony solution, implemented since the first lockdown.

We have also developed specific new FAQs to support registrants. These include for example, addressing questions on providing face to face services during the restrictions and what is an 'essential service'.

Our plans to hold hybrid or in-person hearings from our Tribunal Centre continue. Our first hybrid hearing is scheduled to take place at the end of November. We have recently launched a COVID Hub on the Tribunal Service website. The Hub sets out the measures we have taken to ensure that our Tribunal Centre is a COVID-secure environment and provides guidance for external parties attending the Tribunal Centre for a hearing.

Following Council approval of the emergency changes to our Rules, we have been liaising with DHSC on finalising the draft Rules, our impact assessments and the Explanatory Memorandum. This work has now been completed and we are waiting for the documentation to be submitted to the Privy Council.

A cloud-based telephone system has been implemented during the second lockdown to enable registration calls to be answered remotely. However, further work needs to be undertaken to provide a complete remote contact centre solution. In order to maintain service during this period a small number of registration employees attended the office on a daily basis to manage post and scan paper documents to enable the majority of the team to work from home.

6.3   Covid response - PSA lessons learnt review

The HCPC has contributed to a PSA project to review learning for professional regulation from the first phase of the Covid-19 pandemic. The intended scope of the work was advised as:

- reviewing the measures taken by regulators during the emergency response (January to July 2020)
- looking at how key decisions were made
- assessing the effectiveness of different approaches
- identifying learning for the future

It is expected the PSA will publish its findings in January 2021.

7 Organisational development

7.1   Establishing a new working culture

New Normal and supporting policies

As previously shared with Council, I led a cross departmental working group which agreed the principles of the 'new normal' summarised in my September report. These principles provide a framework to inform future decisions regarding working arrangements and embedding an agile, collaborative and inclusive organisational culture.

Key enablers of establishing the new normal include the review of the estates strategy and looking at the physical space and layout we need to deliver the desired working culture as well as the review of our HR policies and procedures which are needed to support flexible working. Both of these initiatives are underway.

Culture

Our 'new normal' principles signal a recognition there is an opportunity to make positive changes to HCPC's organisation culture which are necessary if we are to meet the PSA's standards and deliver the ambitious strategy. We are in discussions with an external supplier to provide support on embedding our corporate values.This includes a support and development package for the Executive team around delivering organisational cultural change.
We have introduced an online performance management tool, which allows managers to see objectives set and progress for all their team. This also allows for 'in time' feedback at any time during the APDR review year.
HCPC is also looking to provide monetary, and non-monetary rewards at any time throughout the year, thank you cards, or recognising employee of the month for example.

Wellbeing

The wellbeing of our employees is an essential part of ensuring a healthy and proactive organisation The SMT continue to be focus on supporting employee wellbeing during the pandemic restrictions. Current initiatives include:

- Our online reward hub for employees has been expanded to offer more wellbeing resources, including exercise and healthy eating tips, as well as resources for mental wellbeing such as mindfulness and meditation.
- We also have a number of dedicated teams pages, for wellbeing and informal social interaction.
- We provide an external employee assistance programme which provides confidential support and advice on a range of practical issues.
- A number of employees have been trained as mental health first aiders to be able to provide confidential support and signposting to colleagues.
- A virtual GP service for unlimited access to consultations and medical advice.

7.2   Equality Diversity and Inclusion

We have progressed work to draft an EDI Strategy and action plan to support and embed equality diversity and inclusion in the organisation. A fuller report on this work is on the Council's agenda for this meeting. We are recruiting an EDI Policy Manager to take forward the work and we hope they will start with us in the New Year.

In October we published our first Diversity Data Report here. Work has commenced to initiate our next registrants survey, and the systems changes required to embed this data collection in our Registration system is underway. We are exploring what other data collection we need to prioritise over the coming months.

7.3 Digital Transformation

Since Council approved the Digital Transformation Strategy in September there has been significant activity to move the HCPC along its agreed roadmap. Work is in progress on the data architecture and design, this is due to complete in early December. As part of this work we have developed a proof of concept 'data lake' and have been able to demonstrate that we can join HCPC data sets in a single repository and report across those data sets.

We have also successfully implemented RingCentral our new telephony solution, as a consequence, during the second lockdown, both the FtP and Registration teams have been able to continue receiving calls without any interruption. We will continue to develop the call centre functionality to further improve stakeholder experience.

From an oversight perspective, the inaugural Digital Transformation Advisory Forum was held at the beginning of November. By way of a reminder the purpose of this forum is to ensure all the Digital Transformation Strategy and subsequent implementation activity has the necessary external scrutiny.

Positively, the forum was supportive of the Digital Transformation Strategy and there was a useful discussion on the importance of Change Management and Governance which HCPC recognise as crucial building blocks of a successful transformation. There was also useful input around handling data in a micro services architecture and the use of Artificial Intelligence and Robotic Process Automation. The next meeting will be held at the beginning of February.

7.4 Regulatory IT systems

Registration

The new registrations platform is now live. Implementation completed as planned on 27 October and the registrants in renewal have been able to log on and renew using the new portal.

As would be expected on an implementation of this size there have been some teething issues, the highest impact of which are around the finance interfaces. The HCPC team have been working through these with IBM to ensure the new platform successfully beds in and we have expedient work arounds in place whilst we await permanent fixes.

We are now looking to the next phase of the registration transformation and improvement project. This will focus on an iterative approach to the platform development and enhancement, which in the first instance will focus on online new registrant applications. It is not proposed to bring a specific business case to Council as it is within already approved investment budgets, however I will keep Council up to date on this progress through my regular performance report.

Fitness to Practise

The development phase of the new FtP Case Management System (CMS) is underway with a first demonstration of a configured system held. We aim to go live with a new CMS at the end of March 2021.

This represents an important piece of work, not only to help us improve our regulatory performance and stakeholder experience, but also to demonstrate the

organisations ability to deliver off the shelf, best of breed, software in a fraction of the time and cost of previous bespoke platforms. It is a test case for our Digital Transformation Strategy principles.

7.5   Estates Strategy

The Estates strategy was last reviewed in February 2019 and much has changed internally at the HCPC, and externally, since then. At the Council's September meeting, I noted my intention to initiate a review of the HCPC's Estates Strategy, in light of the new ways of working we want to embed, and the need to move our culture to one that is more collaborative and innovative.

We are in the process of engaging with organisations that can support the definition of that strategy. As part of those briefings we are emphasising our need for more flexible use of space that will promote collaborative working, options to reduce our physical footprint, as more people work remotely for part of their working week, and the need to align with future Government sustainability targets. We intend to bring a paper to Council in February 2021 outlining the options and recommendations.

7.6   Senior Management Team

Andrew Smith joined the HCPC on 16 November as our new Executive Director of Regulation. I am pleased to have Andrew on board to lead the HCPC's ongoing efforts to improve our performance in FTP, as well as our preparation of future regulatory reform.

As Council is aware the HCPC will be seeking two new Executive Director Roles to complete the new structure of the SMT. At the time of writing the Executive Director of Corporate Services advertisement is live, and the Executive Director of Professional Practice and Insight recruitment will shortly follow.

7.7   Finance

A full finance report is included on the Council's agenda. Our headline position is a year to date surplus of £619k, which is a favourable variance of £181k when compared to the forecasted surplus of £438k. The variance is mainly due to lower FTP hearing costs.

7.8   Fee increase

Since the last update to Council, the Chair and I have written to the Cabinet Secretary to set out the positive engagement we have undertaken with the Unions and reiterating our need for the registration fee increase. I also had a constructive meeting with the Convenor of the Scottish Health & Sport Committee where this issue was discussed.

At the same time, I have written to the Unions thanking them for their feedback and explaining our intention to write to the Cabinet Secretary. We have also had further engagement with Government officials who will provide supporting briefing to the Cabinet Secretary.

7.9   Risk management development

Following the productive Council and SMT workshop on risk appetite, a proposed draft statement was presented to the Audit Committee in November. This will be

used to engage with Council and SMT members in December and January with an aim of a final statement being presented for Council adoption at its February 2021 meeting. Following approval of the Corporate Strategy, the Executive will bring revised Strategic Risks for Council approval in the new year.

Appendix A

Chief Executive's Meetings

Meeting schedule period covering 25 September 2020 – 25 November 2020

Karen Stewart, Healthcare Science Officer for Scotland – HCPC Strategy Development	25 September
Delia Ripley, National Healthcare Science programme HEIW – HCPC Strategy Development	25 September
Unite – regular liaison meeting	25 September
Ian Young, Chief Scientific Advisor to the Department of Heath Northern Ireland – HCPC Strategy Development Meeting	28 September
GMB, HCPC Strategy Development	28 September
Society of Radiographers - Liaison Meeting	28 September
UNISON – regular liaison meeting	30 September
Alan Clamp, Chief Executive PSA – HCPC Strategy	2 October
Nick Jones, Chief Executive GCC	5 October
Scottish Government – HCPC Strategy	6 October
AHPs into Action Programme Board	7 October
GMB – Webinar	7 October
HCPC Culture Support Work -supplier meeting	8 October
CQC, Health and Social Care Regulators Forum	8 October
Ben Walsh, Eden Smith – Introduction Meeting	12 October
Chief Allied Health Professions Officers - Four Country Meeting – regulating in the next phase of Covid-19	13 October
Mark Bennett – DHSC	15 October
Council of Deans – Corporate Strategy Webinar	15 October
Unison – Webinar	15 October
CQC – State of Care Launch	16 October
Rachel Maskell, MP	16 October
Unite – FaceBook Live	22 October

Estates Advisory Services Supplier Meeting	23 October
Society of Radiographers – Liaison Meeting	23 October
Alan Clamp, Chief Executive PSA - Quarterly catch-up and PSA business plan	23 October
Matthew Smith, BDB Pitmans – Monthly Meeting	26 October
Simon Whale, Luther Pendragon	28 October
PSA Symposium	3-5 November
PSA Performance Report - Mark Stobbs and Graham Mockler	3 November
Danny Mortimer & Caroline Waterfield, NHS Confederation & NHS Employers Meeting	4 November
Laura Nell, Ofgem – Regulating Large Sectors	6 November
Kathryn Flynn, DHSC - HCPC fee rise	6 November
Kathryn Flynn, DHSC – Regulatory Reform	6 November
BDB Pitmans High Court Review - Monthly Meeting	6 November
Sharing Intelligence for Health and Care Group - Emerging Concerns Protocol (for Scotland) short-life working group	12 November
Directors of Therapies and Health Science - Directors Meeting	13 November
Anna van der Gaag – Artificial Intelligence research	13 November
Lewis Macdonald MSP	13 November
Executive Team Development Programme Discussion – Supplier meeting	13 November
Baroness Goudie	16 November
Ginny Hanrahan, Chief Executive - CORU	17 November
Simon Whale, Luther Pendragon	19 November
Real Estate Advisory Services Meeting - Supplier Meeting	19 November
Matthew Smith, BDB Pitmans – Monthly Meeting	25 November

Key Performance Indicators dashboard

Fitness to Practise

Measure	Performance - *Is the number of live FTP concerns decreasing?* **Monthly net movement in live FTP cases -** our target is that there are less live cases than the previous month												Period	December
Executive commentary	Sep had over 141 new concerns while Oct had 76. This is compared with an average of 104 new concerns per month. There was a net increase of 3 concerns per month when Sep and Oct are considered together. This is moving in the right direction to recover from the impact on caseflow from the rapid movement to remote working.													
Year to date Caseload net movement	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**		**YTD total**
	-2	+12	+13	+10	+27	+18	+49	-43						+86

Measure	Risk – *is the backlog of FTP concerns decreasing?* **Variation positive or negative from the trajectory that backlog will be eliminated by October 2021**												Period	December
Executive commentary	The backlog is similar to the start of the financial year. The ability to progress cases has been impacted by a number of factors including remote working productivity and issues with recruiting and retaining staff. An action plan has been developed to accelerate the improvement of FTP.													
	Mar-20	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**		
Backlog trajectory	401	379	357	335	313	291	269	247						
Backlog actual	401	374	367	378	367	390	441	406						
Difference	0	-5	+10	+43	+54	+99	+172	+159						

Measure	Quality – *Is the number of old cases decreasing?* **Variation positive or negative form the trajectory that cases older than the expected time* + 50% will be eliminated by April 2021**												Period	December
Executive commentary	The initial reduction in old cases has been negatively impacted by the ability to progress cases.													
	Mar-20	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**		
Old cases trajectory	663	608	553	498	443	388	333	278						
Cases >1.5 target	663	665	467	545	614	620	639	639						
Difference	0	+57	-86	+47	+171	+232	+306	+361						

Measure	Resource – *what is the FTE rate?* **Measure is the FTE fill rate as a % of the budgeted FTE -** Our target is 100%												**Period**	December
Executive commentary	Recruiting and retaining staff continues to be a concern. The OM – Workpractice Improvement commences on 30/11 and HR have recruited a dedicated resource starting the first week of Dec. Together these 2 people will focus on improving recruitment and retention. A strategy to reruit from a more diverse background focusing on the right skillsets has been developed.													
	Mar-20	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**		
Budgeted est.	129.0	101.2	101.2	101.2	108.0	108.0	104.0	110.0						
Perm staff	76.6	75.6	76.6	79.8	81.0	81.0	79.0	79.0						
Fixed term staff	4.0	7.0	5.0	6.0	7.0	5.0	10.0	12.0						
Agency staff	15.0	18.0	16.0	15.0	16.0	10.0	7.0	6.0						
Total staff	95.6	100.6	97.6	100.8	104.0	96.0	96.0	97.0						
FTE fill %	74.1%	99.4%	96.4%	99.6%	96.3%	88.9%	92.3%	88.2%						

Measure	Staff wellbeing – *what is the short-term sickness rate?* **Measure – short term sickness**												**Period**	December
Executive commentary	Short-term sickness remains relatively low with working from home. However the long-term sickness is impacting the level of resourcing available to progress cases.													
	Mar-20	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**		
Short term	22	14.75	2.5	8.75	35.33	5.0	12.0	9.0						
Long term	30	-	-	17	-	63	44	35						

*Each stage of the FTP progress has an expected timeframe, e.g. Triage - two weeks, Threshold - 10 weeks, Investigation – 12 weeks plus 10 weeks for the registrant to prepare for the ICP and Final Hearings – 39 weeks.

Education

Measure	Rolling 12 month median time to produce visitors reports following a visit: one calendar month									**Period**		December	
Executive commentary	This indicator is in line with the optimum figure.												
Year to date		**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**
	Days	25	26	27	26	28	28	27	28	29	29	29	29
Previous year		**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
	Days	28	28	28	28	28	28	28	27	27	27	27	27

Registration

Measure	Median processing time for UK graduates: 10 working days							Period		December		
Executive commentary	This indicator is in line with the optimum figure.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Working days	9	10	2	3	3	5	1	2	4	2	4	5
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Working days	5	7	6	7	10	9	2	4	10	10	12	12

Measure	Median processing time for International applications (European Mutual Recognition): 60 working days							Period		December		
Executive commentary	The closure of the office due to the COVID-19 crisis and the management of the COVID-19 Temporary Registers has impacted the processing of EMR applications.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Working days	50	47	48	46	49	38	53	62	53	57	63	65
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Working days	46	54	52	55	55	38	39	41	42	45	53	58

Measure	Median processing time for International applications (Non-European Mutual Recognition): 60 working days							Period		December		
Executive commentary	The closure of the office due to the COVID-19 crisis and the management of the COVID-19 Temporary Registers has impacted the processing of international applications.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Working days	48	49	44	47	52	46	58	76	48	36	72	62
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Working days	46	54	51	57	51	39	40	46	42	44	53	56

Measure	Number of upheld appeals against registration decisions							Period		December		
Executive commentary	Registration appeals are being held virtually following a period of pause due to the first national lockdown.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Concluded	5	5	4	4	3	0	0	0	0	4	2	4
	Upheld	5	1	2	2	3	0	0	0	0	2	1	2
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Concluded	6	4	6	5	5	7	6	5	4	4	4	3
	Upheld	4	1	3	4	2	4	5	4	1	2	2	1

Finance

Measure	**Performance against budgeted operating expenditure in range of 97.5% to 102.5%**										**Period**	December	
Executive commentary	Performance against forecasted operating expenditure is now within optimum range in October 20. Further information including the variance commentary, income and expenditure figures and the statement of the financial position can be found in the finance update paper.												

Year to date	(,000)	**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**
	YTD Actual	23,942	26,456	28,001	30,393	32,745	2,353	4,251	6,199	8,177	10,215	12,068	14,199
	YTD Budget						3,204	5,642	8,155				
	YTD Forecast	24,027	26,919	28,164	30,720	33,422				8,598	11,277	13,865	14,498
	YTD Variance	85	463	164	327	677	851	1,391	1,956	421	1,062	1,798	299
	Actual as % of budget	100%	98%	99%	99%	98%	73%	75%	76%	95%	91%	87%	98%
Previous year	(,000)	**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
	YTD Actual	23,398	26,083	28,879	31,522	34,957	3,606	6,466	9,356	12,306	15,025	17,973	21,149
	YTD Budget						4,016	7,069	10,076	13,129	16,111	19,191	22,221
	YTD Forecast	23,671	26,727	29,047	32,151	35,472							
	YTD Variance	273	644	168	628	516	410	603	720	822	1,087	1,218	1,488
	Actual as % of budget	99%	98%	99%	98%	98%	90%	94%	93%	94%	93%	94%	95%

Information technology

Measure	**Availability of HCPC websites (including Register and online portal): 99.5%**										**Period**	December	
Executive commentary	The availability figures for October include the downtime of the Registration system as a result of the upgrade work undertaken. The online Register remained online during this time so was still accessible by external stakeholders.												

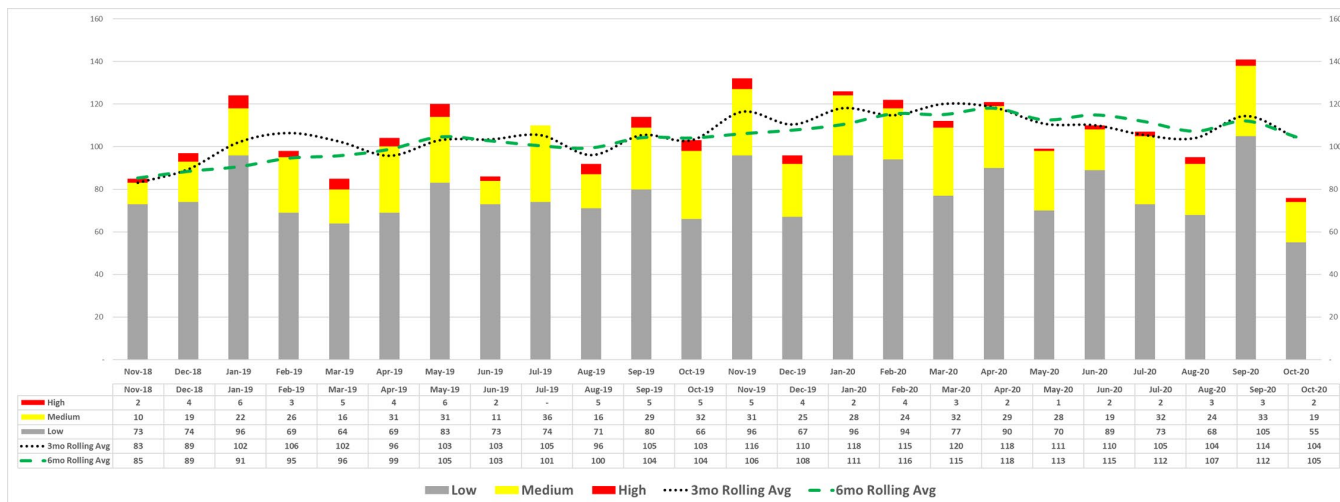| **Year to date**		**Nov-19**	**Dec-19**	**Jan-20**	**Feb-20**	**Mar-20**	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**
	Availability	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	99.7%	100%	100%	99.76	85.71
Previous year		**Nov-18**	**Dec-18**	**Jan-19**	**Feb-19**	**Mar-19**	**Apr-19**	**May-19**	**Jun-19**	**Jul-19**	**Aug-19**	**Sep-19**	**Oct-19**
	Availability	95.6%	99.9 %	100.0%	100.0%	100.0%	99.52%	99.4%	98.9%	99.9%	99.6%	100.0%	100.0%

Human Resources

Measure	Employee voluntary turnover: 22% (21.8% London average, Xpert HR labour turnover rates, published 5 May 2018)							Period		December		
Executive commentary	The turnover continues to be higher than average. According to our exit interviews the majority of reasons from those who resigned were enhanced job opportunity, working conditions, lack of promotion prospects and lack of career development.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Turnover	31%	32%	35%	37%	23%	41%	41%	41%	41%	40%	39%	38%
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Turnover	22%	23%	22%	21%	19%	19%	21%	21%	21%	22%	23%	25%

Measure	Employee sickness absence							Period		December		
Executive commentary	Sickness absence continues to be lower than average in comparison to last year's absence for the same period. This could be due to the fact that employees are less likely to travel and therefore less exposed to seasonal cold and other viral infections.											
Year to date		Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
	Sick days	293	245	277	277	143	78	33	79	71	75	99	65
Previous year		Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
	Sick days	163	108	154	169	207	154	161	206	194	148	228	231

FTP performance dashboard September 2020

1. Demand - what is the trend of new FTP concerns?

	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
High	2	4	6	3	5	4	6	2	-	5	5	5	4	2	2	4	3	2	1	2	2	3	3	2
Medium	10	19	22	26	16	31	31	11	36	16	29	32	31	25	28	24	32	29	28	19	32	24	33	19
Low	73	74	96	69	64	69	83	73	74	71	80	66	96	67	96	94	77	90	70	89	73	68	105	55
3mo Rolling Avg	83	89	102	106	102	96	103	103	105	96	105	103	116	110	118	115	120	118	111	110	105	104	114	104
6mo Rolling Avg	85	89	91	95	96	99	105	103	101	100	104	104	106	108	111	116	115	118	113	115	112	107	112	105

graph - new concerns – risk and month

> The number of new concerns being received by FTP is very variable. However, taken over a 2-year period, the average number of new concerns per month is rising by approximately 10% p.a. which is significantly higher than the number of new registrants being added to the register.

2. Performance - is the number of live FTP concerns decreasing?

2020	Mar	Apr	May	Jul	Jul	Aug	Sep	Oct	YTD
Caseload net movement	-2	+12	+13	+10	+27	+18	49	-43	+86

In the current recovery circumstances, this is probably the single most important KPI. The essential target is that each month there should be less live cases that the previous month.

FTP benefitted from a lower than normal number of new concerns in the reporting period, which counter-balanced the above average number of new concerns in September (141).

| Case-flow excluding Rule 12	In month	Avg 3 months	Avg 6 months	Avg 12 months
PRE-ICP CASES				
Open cases at START of period	1,048			
Add: New concerns received	76	104.0	104.7	111.3
Less: Closed at Triage	(1)	(3.7)	(3.0)	(2.3)
Less: Closed at Threshold	(54)	(49.0)	(49.3)	(48.3)
Less: Closed at ICP (NCA)	(27)	(25.3)	(26.3)	(30.9)
Less: Moved to Post-ICP (Hearings) (a)	(27)	(24.3)	(23.0)	(27.1)
Add/Less: Other case movement	–	–	–	–
Net cases added/(closed) in period	**(33)**	**2**	**3**	**3**
Open cases at END of period	1,015			
POST-ICP CASES (HEARINGS)				
Open cases at START of period	420			
Add: Cases moved from Pre-ICP (a)	27	24.0	22.8	27.0
Less: Closed concluded at FH	(25)	(18.3)	(12.3)	(14.9)
Add/Less: Other case movement	–	–	–	–
Net cases added/(closed) in period	**2**	**6**	**11**	**12**
Open cases at END of period	422			
HCPC HIGH-LEVEL CASE FLOW SUMMARY				
Open cases at START of period	1,468			
Add: New concerns received by HCPC	76	104.0	104.7	111.3
Less: Closed	(107)	(96.3)	(91.0)	(96.3)
Net cases added/(closed) in period	**(31)**	**7.7**	**13.7**	**15.0**
Open cases at END of period (b)	1,437			
Rule 12 cases excluded from above (c)	59			
Add/Less: Other case movement	–			
Total active HCPC cases at end of period	**1,496**			
Add: Cases in review cycle (b)	–			
Add/Less: Cases in transit	(1)			
Total active HCPC cases at end of period	**1,495**			

(a) Internal movement only - not a physical (loss) / receipt of cases
(b) Review Cycle cases are post-Hearing cases requiring periodic activity. They are excluded from WIP
(c) All R12 cases are Pre-ICP

3. Risk - is the backlog of FTP concerns decreasing?

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Backlog Trajectory	401	379	357	335	313	291	269	247
Backlog Actual	401	374	367	378	367	390	441	406
Difference	0	-5	10	43	54	99	172	159

Case Load By Function

Backlog by Function
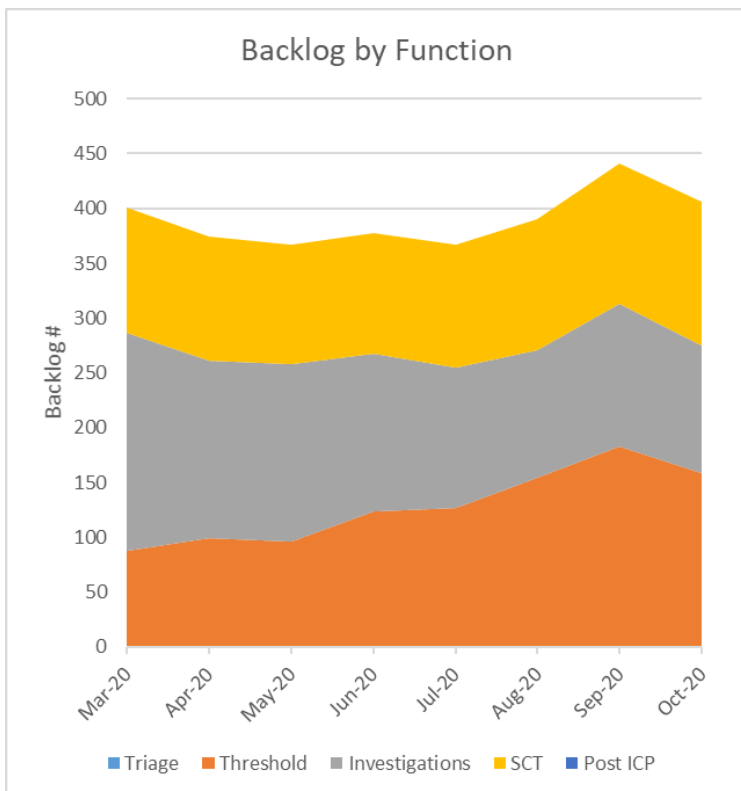
The lower number of new concerns received in October meant that fewer cases were referred to the Threshold team.

The Threshold team progressed more cases than they received resulting in a decrease in their overall case load.

4. Quality - is the number of old cases decreasing?

	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Old Cases Trajectory	663	608	553	498	443	388	333	278
Cases >1.5 Target Actual	663	665	467	545	614	620	639	639
Difference	0	57	-86	47	171	232	306	361

Ageing Profile

TEAM WIP SUMMARY AT 31-Oct-20

|	Total cases	Target	Cases < Tgt	Cases > Tgt		Concerned cases 150% of Tgt		Issue cases > 150% of Tgt	
Triage	6	2.0 wks	5 (83%)	1 (17%)	Cases > Tgt	3.0 wks	-	>3.0 wks	1
Threshold	483	10.0 wks	170 (35%)	313 (65%)		15.0 wks	118	>15.0 wks	195
Investigations	408	22.0 wks	160 (39%)	248 (61%)		33.0 wks	64	>33.0 wks	184
SCT	176	12.0 wks	30 (17%)	146 (83%)		18.0 wks	17	>18.0 wks	129
Total Pre-ICP	1,073		365	708			199		509
Post-ICP	422	39.0 wks	233 (55%)	189 (45%)		58.5 wks	59	>58.5 wks	130
Total HCPC	**1,495**	of Total HCPC	598 (40%)	897 (60%)		258 (29%)	+	639 (71%)	
Memo: *Investigations & SCT*	584		190 (33%)	394 (67%)		81		313	

The growth in older cases continues post-ICP.

The number of older cases in Threshold and Investigations has decreased since September.

There is one case over KPI in Triage due to difficulties obtaining information from a third party organisation about the nature of the concern, which has been escalated

4. Quality continued

Triage

Threshold

## SCT

Investigations
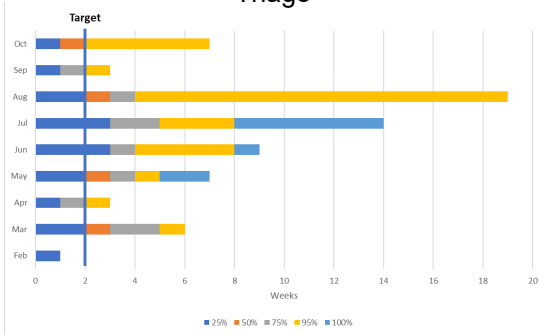
Post ICP

There has been a decrease in caseload levels, both pre and post ICP in October. However, the aged profile of the caseload has remained static due to case progression issues in the pre-threshold stages and the limited capacity for final hearings.

	< 2 Wks	3-4 Wks	5-6 Wks	7-8 Wks	9-10 Wks	11-15 Wks	16-20 Wks	Total
Feb	7							7
Mar	4	5	1					10
Apr	4	1						5
May	9	16	3	1				29
Jun	3	11	2	3	1			20
Jul	7	16	6	4	3	3		39
Aug	6	8	1		1		2	18
Sep	6	1						7
Oct	5			1				6

Except for cases with specific issues, triage cases are have returned to within KPI.
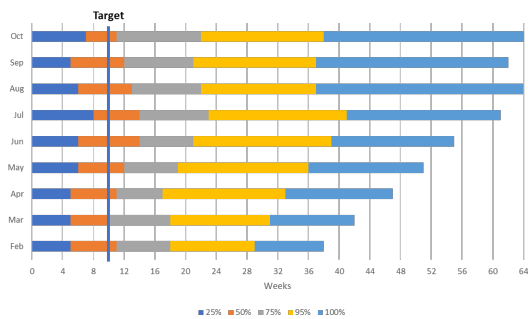
	< 5 Wks	6-10 Wks	11-15 Wks	16-20 Wks	21-25 Wks	26-30 Wks	>30 Wks	Total
Feb	129	90	97	54	42	21	20	453
Mar	109	116	61	59	34	32	22	433
Apr	115	97	96	39	35	27	31	440
May	89	85	86	71	26	22	41	420
Jun	104	83	63	82	52	17	47	448
Jul	76	96	83	54	66	32	44	451
Aug	119	63	96	71	41	48	40	478
Sep	153	93	53	79	46	27	56	507
Oct	91	132	70	48	61	22	59	483

Threshold progressed more cases than they received in October, reducing the overall caseload. However, the oldest cases in the team are continuing to age indicating that these cases are not progressing as quickly as the new cases.
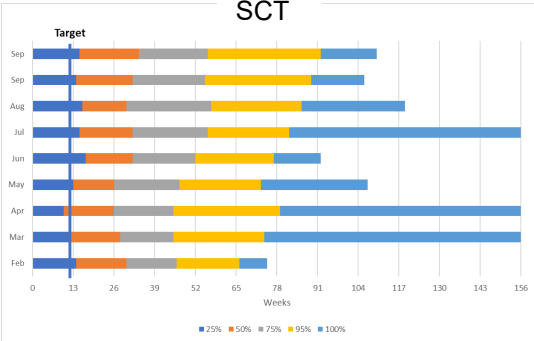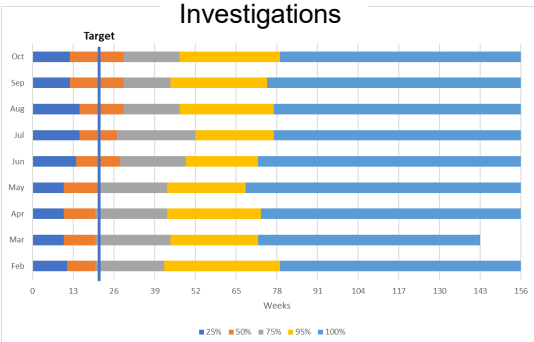
	< 13 Wks	14-26 Wks	27-39 Wks	40-52 Wks	53-65 Wks	66-78 Wks	>79 Wks	Total
Feb	39	35	33	21	21	11		160
Mar	42	32	34	19	21	6	5	159
Apr	60	24	24	27	15	10	4	164
May	41	36	26	20	12	13	3	151
Jun	28	38	28	23	18	18	3	156
Jul	32	40	22	19	19	12	13	157
Aug	37	29	30	20	18	12	18	164
Sep	41	31	34	20	18	13	16	173
Oct	39	33	35	21	13	16	19	176

The age profile of cases remains static i.e.older cases are progressed as quickly as they are ageing. The growth in the case load is primarily due to new cases being received
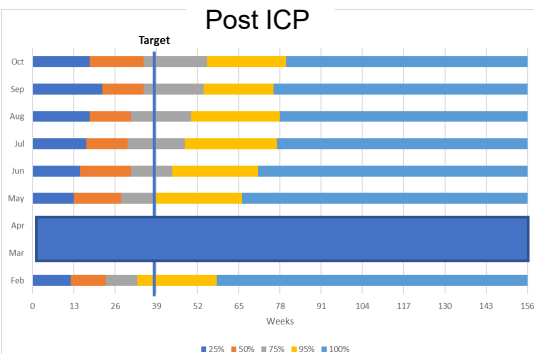
	< 13 Wks	14-26 Wks	27-39 Wks	40-52 Wks	53-65 Wks	66-78 Wks	>79 Wks	Total
Feb	186	79	75	90	13	15	25	483
Mar	151	136	69	90	8	16	21	491
Apr	159	117	32	71	43	13	15	450
May	163	135	40	47	49	9	15	458
Jun	102	110	92	48	58	5	20	435
Jul	89	115	91	22	46	37	20	420
Aug	92	96	96	29	38	39	19	409
Sep	116	79	74	69	33	33	18	422
Oct	117	69	78	64	13	32	35	408

The age profile of cases remains static i.e.older cases are progressed as quickly as they are ageing.

|	< 13 Wks	14-26 Wks	27-39 Wks	40-52 Wks	53-65 Wks	66-78 Wks	>79 Wks	Total
Feb	83	107	67	28	15	3	5	308
Mar								311
Apr								362
May	100	85	100	51	22	15	6	379
Jun	84	92	76	74	33	18	8	385
Jul	58	110	69	98	36	13	20	404
Aug	73	96	78	84	50	19	20	420
Sep	78	87	88	64	65	27	20	429
Oct	77	61	100	54	76	30	24	422

The caseload post-ICP continues to age due to the limited capacity to progress hearings. The caseload includes final hearings postponed due to COVID that are challenging to relist as virtual events.

5. FTP people

FTE	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Budgeted Establishment	129.0	101.2	101.2	101.2	108.0	108.0	104.0	110.0
Permanent Staff	76.6	75.6	76.6	79.8	81.0	81.0	79.0	79.0
Fixed Term Staff	4.0	7.0	5.0	6.0	7.0	5.0	10.0	12.0
Agency Staff	15.0	18.0	16.0	15.0	16.0	10.0	7.0	6.0
Total Staff	95.6	100.6	97.6	100.8	104.0	96.0	96.0	97.0
FTE Fill Rate	74.1%	99.4%	96.4%	99.6%	96.3%	88.9%	92.3%	88.2%
Sickness - Days	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20
Short-term	22.00	14.75	2.50	8.75	35.33	5.00	12.00	9.00
Long-term	30.00	-	-	17.00	-	63.00	44.00	35.00

Interim staffing levels remain at ~20% and vacancies are at ~10%. Over 2 FTE of time was also lost due to sickness which continues resource pressures on FTP.

Experience Profile of FTP Staff
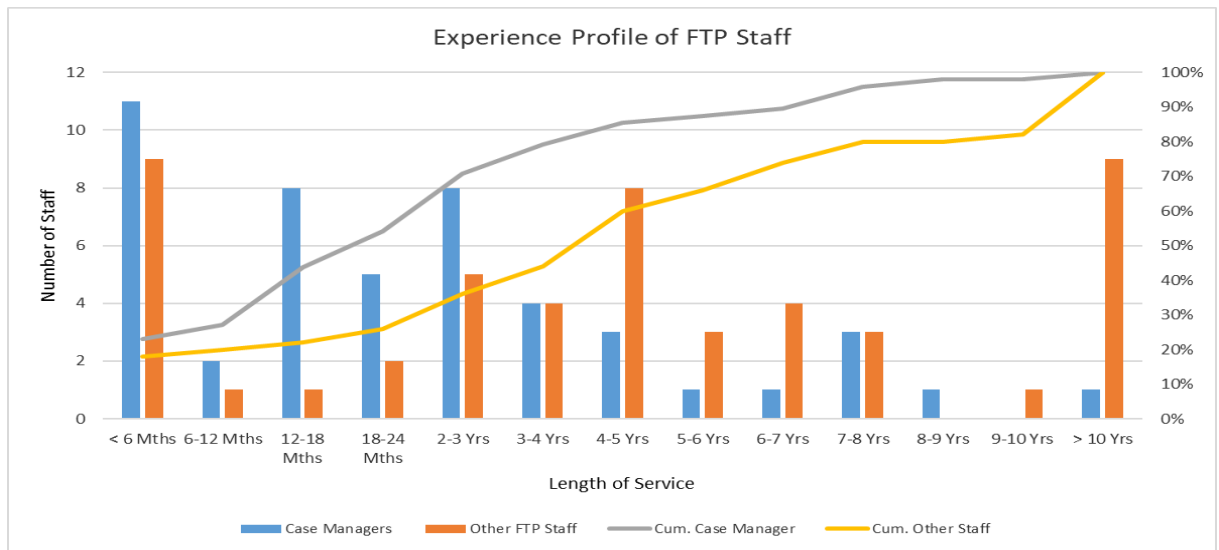
6. FTP finance

		Oct-20				Year To Date		
	Actual	6+6 Forecast	Var	Var%	Actual	6+6 Forecast	Var	Var%
	£k	£k	£k		£k	£k	£k	
Pay Costs	354.83	387.28	32.45	8%	2,527.87	2,560.32	32.45	1%
Office Services Costs	- 1.12	8.30	9.42	113%	27.91	37.33	9.42	25%
Small Projects Costs	0.41	-	- 0.41	#DIV/0!	9.82	9.41	- 0.41	-4%
Travel & Subsistence Costs	0.04	12.00	11.96	100%	10.77	22.64	11.87	52%
Property Overhead Costs	-	-	-	#DIV/0!	-	-	-	#DIV/0!
Partner Costs	176.62	301.63	125.02	41%	828.64	953.65	125.02	13%
Professional Fees & Costs	328.81	340.87	12.06	4%	2,303.57	2,315.63	12.06	1%
Total	861.59	1,052.08	192.49	18%	5,708.58	5,898.98	190.41	3%

October 20 Costs + Forecast
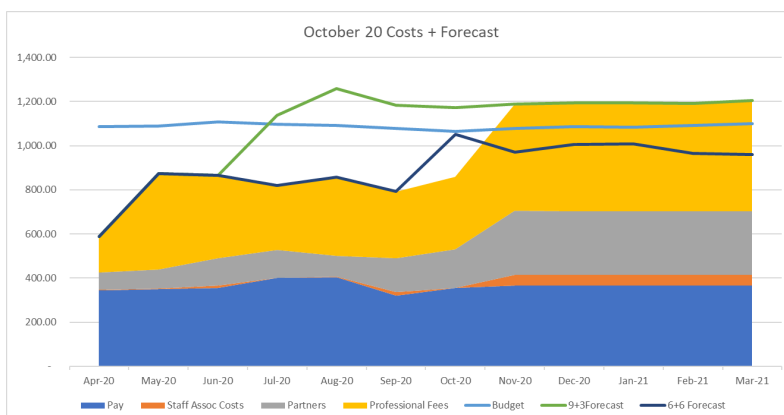
A reduction in the number of Hearings continues to drive lower overall costs within FTP.

However within these savings are:
- Increased agency premium resulting from above budgeted use of temporary staff; and
- Increased public law fees from additional advice required as a result of:
  - Process changes during the Covid-19 response; and
  - Additional Interim Order extensions.