General Dental Council | protecting patients, regulating the dental team

A meeting of the Council of the General Dental Council

11.00am on Thursday 30 May 2019 at Cardiff City Hall, CF10 3ND

Members:

William Moyes (Chair)

Anne Heal

Caroline Logan

Catherine Brady

Crispin Passmore

Geraldine Campbell

Jeyanthi John

Kirstie Moons

Margaret Kellett

Sheila Kumar

Terry Babbs

Simon Morrow

The meeting will be held in public[1]. Items of business may be held in private where items are of a confidential nature[2].

If you require further information or if you are unable to attend, please contact Rachel Knight as soon as possible:

Rachel Knight, Head of Governance, General Dental Council
Tel: 0207 167 6159 Email: **rknight@gdc-uk.org**

[1] Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2017
[2] Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2017

Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

PART ONE – PRELIMINARY ITEMS

1.	**Welcome and Apologies for Absence**	William Moyes, Chair of the Council	11 am (5 mins)	Verbal
2.	**Declarations of Interest**	William Moyes, Chair of the Council		
3.	**Questions Submitted by Members of the Public**	William Moyes, Chair of the Council		-
4.	**Approval of Minutes of Previous Meetings** To approve the minutes of the meeting held on 28 March 2019	William Moyes, Chair of the Council		Attached
5.	**Matters Arising and Rolling Actions List** To note any matters arising from the public meeting held on 28 March 2019 and review the rolling action list	William Moyes, Chair of the Council		Attached
6.	**Decisions Log** To note decisions taken between meetings and under delegation	William Moyes, Chair of the Council		

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Theme	Time	Status
7.	**Estates Strategy** To receive an update on the implementation of the Estates Strategy Gurvinder Soomal Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	11.05 am (10 mins)	Verbal
8.	**Annual Report and Accounts** To approve the Annual Report and Accounts. Matthew Hill Executive Director, Strategy	Patients, Professionals, Partners, Performance	11.15 am (10 mins)	Paper

9.	**Access to Free Reserves** To approve a mechanism for access to free reserves. Ian Brack Accounting Officer	Patients, Professionals, Partners, Performance	11.25 am (10 mins)	Paper
10.	**Finance Review and Forecast, Q1 2019** To discuss financial performance outturn for January to March 2019. Gurvinder Soomal Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	11.35 am (10 mins)	Paper
11.	**Balanced Scorecard, Q1 2019 Performance** To discuss quarterly performance. Gurvinder Soomal Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	11.45 am (15 mins)	Paper
12.	**Dental Complaints Service, Q1 2019** To discuss the performance of the Dental Complaints Service in Quarter 1. John Cullinane Head of Adjudications	Patients, Professionals, Partners, Performance	12.00 pm (5 mins)	Paper

PART THREE – ITEMS FOR NOTING

13.	**Reports of the Council's Committees:** 1. Audit and Risk Committee 2. Remuneration Committee 3. Finance and Performance Committee (verbal) 4. Policy and Research Board	Patients, Professionals, Partners, Performance	12.05 pm (15 mins)	Papers
14.	**Annual report on the use of the seal**	Patients, Professionals, Partners, Performance	-	Paper

PART FOUR – CONCLUSION OF BUSINESS

15.	**Any Other Business**	William Moyes, Chair of the Council	12.20 pm (5 mins)	Verbal
16.	**Review of the Meeting**	William Moyes, Chair of the Council	-	Verbal

17.	**Date of Next Meeting** Thursday July 25th, 2019 (London)	

2019 Council Meeting Dates

- October 3rd, 2019 (Birmingham)
- December 5th, 2019 (London)

General Dental Council | protecting patients, regulating the dental team

Unconfirmed Minutes of the Meeting of the General Dental Council held at 1pm on Thursday 29 March 2019 at 37 Wimpole Street, London W1G 8DQ

Council Members present:

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Geraldine Campbell	
Anne Heal	
Margaret Kellett	
Sheila Kumar	
Kirstie Moons	
Simon Morrow	
Crispin Passmore	

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
Bobby Davis	Executive Director, Organisational Development
Matthew Hill	Executive Director, Strategy
Tom Scott	Executive Director, Fitness to Practise (FtP) Transition
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa-Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Samantha Bache	Head of Finance (items 9 and 10)
David Criddle	Head of PMO (item 11)
Lisa Cunningham	Head of Communications and Engagement
Amber Davis	Governance Manager
Rachel Knight	Head of Governance (Secretary)
Ian Jackson	Director for Scotland
Anna Raftery	Quality Assurance Specialist (item 14)
Melissa Sharp	Head of In House Legal Advisory Service (item 8)
Michelle Williams	DCS Head of Operations (item 12)

Members of the public were in attendance.

PART ONE – PRELIMINARY ITEMS

1. Opening remarks and apologies for absence

1.1. The Chair welcomed everyone to the meeting.

1.2. Apologies for absence were received from Jeyanthi John and Caroline Logan.

2. Declarations of interest

2.1. Staff present declared an interest in item 8, Estates Strategy update.

3. Questions submitted by members of the public

3.1. No questions had been submitted by members of the public in line with the GDC's policy.

4. Approval of minutes of the previous meetings

4.1. Council approved the minutes of the meeting held on 31 January 2019

5. Matters arising from the Open Council meeting held on 31 January 2019 and rolling actions list

5.1 There were no matters arising.

5.2 Council **noted** the rolling actions list and **agreed** to close items the items suggested complete. It was noted that the learning points referred in action 316 (Analysis of wider lessons from PSA investigation in Barrow-in-Furness Hospital and NMC) had been attended to and delivered within the original timetable.

6. Decisions log

6.1 Council **noted** that no decisions had been taken between meetings or under delegation.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Estates strategy update

7.1 The Executive Director, Registration and Corporate Resources, updated Council on the implementation of the estates strategy. The offices at Baker Street had been closed within the timetable. Strand 1 teams had completed the transition and were fully operational from the Birmingham offices. Individual consultations for staff impacted by Strand 2 would be completed by 1 April 2019. The initial recruitment campaigns held for FtP and education Quality Assurance posts had been successful, and the second planned FtP campaign would not be required. A recruitment plan was currently being developed for the remainder of Strand 2. The induction and development programme was underway: twelve staff would be joining the GDC on 1 April 2019.

7.2 The refit of Wimpole Street was currently being costed, following SLT approval of the plans. The IT pilot of video conferencing between Colmore Square and Wimpole Street had concluded on 31 January 2019. A further business case was being developed proposing the roll-out of Skype for Business to further rooms in Wimpole Street.

7.3 Council **noted** the update.

8. EU Exit

8.1 The Head of In house Legal Advisory Services presented the paper which recommended that Council approve the amended rules and regulations, for which no parliamentary process was required.

8.2 The biggest challenge of the EU Exit was the uncertainty, so the GDC was working as closely as possible with the Department of Health and Social Care. It was clear that any form of EU exit would impact on registration, and Parliament had already approved changes to legislation that would come into force on the day the UK left the EU. This legislation would make changes to the Dentists Act and to certain statutory instruments, and would remove concepts currently derived from the MRPQ directive. The drafts before Council drew heavily on the Act to ensure that the GDC rules and regulations would be accurate and relevant on the day of exit.

8.3 Counsel had advised that "exit day" was a defined legal term and there would be no requirement to add the specified date to the rules and regulations when it was known. There was some concern that this would not provide sufficient transparency about the effective date

of the new rules and regulations in the long term, and it could be helpful to have accompanying explanation with the text. If the UK did not leave the EU the revised documents would not come into effect and the changes would fall away. The drafts were applicable in any form of exit and were not dependent on a deal.

8.4 The Chair invited members to object to the list of rules and regulations proposed for amendments. As no objections were received Council **approved** the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.

8.5 The Chief Executive updated Council on correspondence with the Department of Health and Social Care regarding the statement made in Parliament that there would be no impact on regulators or the presumption of equivalence should there be no deal. The minister had not provided any explanation on the basis for the assumption. The content of dental syllabuses varied across Europe, for example, in some countries the qualifying first degree did not include clinical work. It was agreed that there was no value in writing again, but that once consideration had been given to the resource implication of the assumption the GDC may have to approach the Permanent Secretary.

8.6 Council **noted** the update.

9. Financial review Q4

9.1 The Head of Finance was welcomed to the meeting and introduced the report. It was noted that the pre-audit adjustment operating surplus was £5.5 million, £2.3 million higher than budgeted. The main reason for the higher than expected income was, as had been reported throughout the year, that a 5% caution factor had been applied to budgeted ARF income to reflect the EU Exit risk that there would be a downturn in EEA registrant applications due to the withdrawal of the UK from the European Union.

9.2 Although the EU Exit had not had the expected impact in 2018 there remained a risk that the risk could crystallise in 2019. Council had decided not to make a provision in the 2019 budget, which meant that if the risk was realised the GDC would have to call on reserves.

9.3 Council **noted** the report on the Q4 financial outturn.

10. Reserves policy

10.1 The Head of Finance presented the proposed reserves policy 2019. The policy had been amended following Council agreement to move to an approach of reporting on free reserves, net of fixed assets, similar to that of other healthcare regulators. This would result in an improvement in transparency of reporting and encouraging informed scrutiny of the GDC's reserves position. The revised policy was appropriate to support the implementation of the new fees policy in 2019 and the new strategic planning framework.

10.2 Work to develop the corporate strategy 2020 – 2022 and the supporting costed corporate plan was underway. A reserves policy for this period would be developed and may have to be adjusted to support the medium term financial and strategic planning. FPC was confident that the proposed policy was appropriate for 2019 and supported the current framework. The proposed policy indicated that the role of the reserves was changing, and it was inevitable that they would be used more frequently in the future. The benchmarking information was helpful because it positioned the issue and explained the thinking behind the proposals.

10.3 Council **approved** the updated reserves policy for 2019.

11. Balanced scorecard Q4 2018 performance

11.1 The Head of PMO presented the Q4 balanced scorecard and highlighted the key performance successes and issues. The balanced scorecard reflected the directorate structure during Q4. The 2019 scorecard had been amended to incorporate the directorate established in January 2019.

11.2 The impact of the relocation of staff to the Birmingham on KPIs and targets were discussed. It was noted that the increase in registration processing times was largely due to ten additional applications being received in Q4 compared to Q3, which had coincided with the new Birmingham staff training period. New staff had to follow instructions and so took longer to process each registration, but they had maintained accuracy.

11.3 Council noted that the scorecard indicated that FtP timeliness was still an issue, although historic tracking demonstrated that there had been a marked improvement in assessment timeliness. The KPI for assessment referral to case examiner was significantly below the overall target of 75% within 9 weeks. It had been reported red for a long time; however the backlog had halved and was forecast to be eliminated within the next three months. The rating was expected to improve over the course of the year.

11.4 The end to end review would complete at the end of June 2019. The KPIs would be recalibrated once the new practices and technology had been embedded and the new Birmingham teams had been established. The targets needed to be stretching but realistic, and it would be helpful for Council to discuss them in a workshop, which should include benchmarking against other regulators and dialogue with the PSA.

ACTION: To add a Council workshop on FtP KPIs to the workshop schedule.

11.5 Council were satisfied that the pulse surveys of Birmingham staff and other initiatives deployed during the transition to the Birmingham offices were appropriate given the diversion of resources to the estates strategy. A new approach to measuring engagement across the GDC would be defined for Q2 2019, with data available from Q3. The KPI for probation success was listed as an issue – the current figures were skewed by resignations from fixed term contractors which was to be expected. The metric was to be amended to better reflect the different workforce cohort lifecycles. Council suggested that it would be helpful to differentiate between the London and Birmingham offices because the story in each location would reflect their different situations.

11.6 The target for information statutory compliance remained at 100%, with no provision for an amber rating. Both FoI and DPA compliance had slipped to a red rating this quarter but the percentage remained above 95% which was a strong performance, particularly given the size of the team and the reliance on adherence to best practice across the organisation, for example forwarding requests to the team in a timely manner. Council noted that an amber risk would be more helpful than zero tolerance for all information compliance indicators. The GDPR had reduced the timeframe for self-reporting serious data breaches, which meant that suspected breaches were reported before they were fully investigated. In this quarter two breaches had been reported but one investigation had proved that it was not a reportable breach. The second breach was the loss of a USB stick by an expert witness who was contracted to the GDC. The FPC had scrutinised controls in place regarding the use of portable data devices, including USB sticks and were satisfied that the risk was low. It was recognised that contractor's and associates' personally-owned machines remained outside the control of IT but their use was addressed by the terms of GDC contracts. Contractors had been reminded of the policies and requirements they had signed up to.

11.7 Council **noted** the report.

12. Dental complaints service Q4 2018

12.1 The DCS Head of Operations presented the report. During Q4, 511 enquiries were received, 97% of which were responded to within two working days. The most common outcome from complaints was a full refund from the dental professional. Patients were only eligible for a

refund if they were having remedial treatment. It was possible for a complaint to have more than one outcome, although most patients were seeking a refund and requests for apologies were low.

12.2 Customer satisfaction had dropped to 93% in Q4 following one response whereby the patient was unhappy with the scope of DCS' remit. The patient had expected the DCS to act as an advocate for their complaint rather than be impartial and expected genuine compensation.

12.3 Council queried whether there were any trends about the types of treatments that were included in complaints.

ACTION: To include a trend analysis on the number of complaints by treatment type in the next report.

12.4 The introduction of FtP referral principles in March 2018 had reduced the number of referrals to FtP. To ensure quality the progress of referred cases were monitored to identify any that were assessed by FtP as inappropriate. In addition a request had been made to the compliance team to undertake a detailed review, the results of which would be received by the appropriate forum. There were not many similar models against which the DCS could benchmark its performance. The closest model was the optical complaints service whose referral rate had been stable at 2%.

12.5 DCS phase 2 timescales had been extended slightly to accommodate the complaints resolution project which would complete in March 2020. The outcome of this would guide the DCS review.

12.6 Council **noted** the Q4 2018 DCS performance report.

13. Chairs Strategy Group (CSG) membership

13.1 The Chair of Council introduced the paper. Following his request at the last meeting one registrant member had indicated an interest in filling the CSG vacancy.

13.2 Council **approved** the appointment of Catherine Brady to the CSG with immediate effect until 31 July 2019.

PART THREE - ITEMS FOR NOTING

14. Annual Reports

Quality Assurance Group (QAG)

14.1 The Executive Director, Strategy, presented the annual report from QAG. The group had developed into a useful tool to improve clarity and consistency in decision making. Work was ongoing to ensure that the learning extracted from the work of the group was translated into work programmes across the organisation, including guidance, communications and training.

14.2 The regulatory policy forum referred in the paper was a newly established internal mechanism to disperse and co-ordinate learning across the GDC. It included a range of people and ensured that different parts of the business were involved in conversations about work under development. One of the themes of work that was in early development was the need to communicate clear expectations to the registrant community. For example, there had been frequent conversations arising out of cases analysed by QAG about the GDC stance on recreational drug use, for which a policy was actively being pursued.

Decision Scrutiny Group (DSG)

14.3 The annual report was presented by the Quality Assurance Specialist. 382 case reviews were completed in 2018: 360 decisions were rated as green; fourteen were amber and eight were red. The method of randomly selected cases had demonstrated its value because it had detected a small number of decisions of concern that would not otherwise have been

identified. As such the additional level of assurance of FtP decision making provided by the group was a significant strengthening of the QA infrastructure. The process also identified best practice, which was disseminated as appropriate to improve quality in decision making from a position of strength.

14.4 Council **noted** the annual reports from the Quality Assurance Group and Decision Scrutiny Group.

15. Reports of the Council Committees

Audit and Risk Committee (ARC)

15.1 The Chair of ARC introduced the report. He emphasised the value of the deep dive audits to provide further assurance that detailed systems of control were appropriate and working.

Remuneration Committee

15.2 The Chair of the committee confirmed that in addition to the report of the meeting held on 24 January the committee met on 21 March 2019 to review the Council member appraisal process and non-executive remuneration policies. Recommendations would be coming to Council in due course. In January the committee had received an update on the Associates project, which had progressed well with the clarification of the legal framework regarding associates and a decision tree which showed where the different roles fit into the GDC workforce. Work was ongoing to ensure the organisation was able to make best use of this skilled and connected group of people. At the next meeting the committee would receive a revised EDI action plan.

Finance and Performance Committee (FPC)

15.3 The Chair of FPC highlighted the key pieces of work completed by the committee in Q1, including the recommendation that the management accounts were a suitable basis from which to prepare the 2018 Annual Report and Accounts and the agreement that the proposed efficiency savings disclosures were appropriate.

Policy and Research Board (PRB)

15.4 The Chair of PRB introduced the report. She noted that the Board had received a presentation on the implementation of SNOMED but were concerned that little seemed to be known about it amongst registrants. There was also a lack of clarity about whether the nonclementure would be England only or rolled out across the four nations. The Board had also commented on a Local Dental Committee (LDC) engagement plan, which was important because it involved the key areas of the registrant base.

15.5 Council **noted** the reports from the Council's committees.

PART FOUR - CONCLUSION OF BUSINESS

14. Any Other Business

14.1 There were no items of any other business.

15. Review of the meeting

15.1. The opportunity to consider the scorecard in detail was welcomed and should be repeated two or three times a year.

16. Close of the meeting

16.1. There being no further business, the meeting ended at 2.30pm

Date of next meeting: 30 May 2019, to be held in Cardiff. The timings would be confirmed as soon as possible.

Name of Chair:

William Moyes

Rolling actions list – Council
Item 5

No.	Date	Minute no.	Subject	Action	Owner	Due date	Status	Outcome
341	13/12/2018	15	Amendment to Council Member Agreements and Code of Conduct	Governance to amend Council Member Agreements and Code of Conduct to reflect the decision that retiring Council members should normally not assume paid employment with the GDC within1 year after demitting office.	Rachel Knight	31/07/2019	Current	**Update to May Council:** The Code of Conduct is under revision and this policy change will be reflected in the revised document which will be presented to Council at the July meeting for approval.
qui	28/03/2019	11.4	Balanced Scorecard	To add a Council workshop on FtP KPIs to schedule	Rachel Knight	04/04/2019	Suggest Complete	Scheduled for December – in May FPC requested it be brought forward to July 2019.
18	28/03/2019	12.3	DCS report	To include a trend analysis on the number of complaints by treatment type in the next report	Michelle Williams	30/05/2019	Suggest Complete	Addressed in Q1 report to Council – item 12 on the agenda.

Date	Decision taken by	How decision taken	Authority	Decision
01-May-2019	FPC regarding Corporate Strategy 2020	Teleconference	Decision of Council (closed meeting) on 28 March 2019: FPC was asked to examine the numbers to confrm that the cost allocation methodology was robust.	FPC held extraordinary meetings on 2 and 24 April 2019, following which the FPC Chair advised the Council Chair. The FPC Chair sent an email to Council on 1 May 2019 confirming that FPC was satisfied with the methodology and assumptions, and that they formed a reasonable basis for public consultation on the 2020 – 2022 Corporate Strategy. In taking the decision FPC considered the "Satisfactory" rating of Mazars, who provided independent assurance of the methodology used to assign costs to the strategic aims.
08-May-2019	Chair and CEO regarding the approval of the final Corporate Strategy document for consultation.	Correspondence and meeting	Decision of Council (closed meeting) on 28 March 2019: that subject to a satisfactory review from FPC as detail above, the Chair and CEO to approve the final document for consultation, including the draft strategy and costings.	The final document was circulated to Council by email on 08 May 2019.

Annual Report and Accounts 2018

Purpose of paper	To present the 2018 Annual Report and Accounts to the Council for approval.
Action	For **approval**
Corporate Strategy	To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.
Decision Trail	1 May 2019 – draft ARA circulated informally to Council. Generated a number of comments in relation to balance. Executive addressed the comments by moving some detail of the FTP statistical report to the end of the report and by extending the Chair's and CEO's forewords to provide greater coverage of the GDC's activities 16 April 2019 – subject to a small number of minor points, ARC approved a near-final version of the ARA for informal circulation to Council pending formal approval at its meeting on 30 May 4 April 2019 – SLT considered the draft ARA and approved their submission to ARC 21 February 2019 – ARC approved an outline of the ARA and a range of underpinning assumptions
Next steps	The ARA will be submitted to the Privy Council to be laid before UK and Scottish Parliaments on 24 June 2019 (STC), after which they will be published.
Recommendations	The Council is asked: • To approve the Annual Report and Accounts; • To authorise the signing of the Annual Report and Accounts and letters of representation by the Chief Executive and Registrar & Accounting Officer and the Chair of the Council • To proceed to publish the ARA to be laid in Parliament

Authorship of paper and further information	Ian Brack, Chief Executive and Registrar, and Accounting Officer, IBrack@gdc-uk.org, 0207 167 6365 Matthew Hill, Executive Director, Strategy, MHill@gdc-uk.org, 020 7167 6188 Sam Bache, Head of Finance and Procurement, sbache@gdc-uk.org, 020 7167 6094
Appendices	*Please note: the appendices listed are not provided with the public paper because* *a. the Annual Reports and Accounts are subject to embargo until laid;* *b. are confidential.* Appendix 1: 2018 Annual Report and Accounts (for approval) Appendix 2: External auditors' audit findings report and proposed letter of representation (for approval) Appendix 3: National Audit Office audit completion report and proposed letter of representation (for approval) Appendix 4: Head of Internal Audit Annual Opinion (for information)

1. Executive Summary

1.1. The General Dental Council Annual Report and Accounts and letters of representation for the year to 31 December 2018 are required to be approved by the Council prior to being signed by the Chief Executive (who is also the GDC Accounting Officer) and the Chair of the Council.

1.2. The Annual Report and Accounts, the audit findings reports and the proposed letters of representation are attached as appendices to this paper and have been reviewed by the ARC on 16 April 2019.

1.3. A formatted version of the Annual Report and Accounts will be prepared following signing of the Annual Report and Accounts and representation letters.

1.4. When the documents have been signed by the Chief Executive and Registrar and the Chair of the Council, both the external auditors and the Comptroller and Auditor General of the National Audit Office will be able to sign the audit certificates.

1.5. The Annual Report and Accounts have been submitted to the ARC for its review, who agreed that, subject to clarifications and changes being made and an assessment of any material subsequent events up to the date of signing of the Annual Report being cleared with the external auditors and the NAO, the Annual Report and Accounts should be presented to the Council for approval.

1.6. The Executive are not aware of strategic risks that would impact on the conclusion that the GDC remains a going concern for the next 12 months. There are no other material issues detailed in this paper that warrant being highlighted in this executive summary.

1.7. The Annual Report and Accounts 2018 will be laid before the Scottish and UK Parliaments on Monday 24 June 2019 (stc).

2. Introduction and background

2.1. The Dentists Act 1984 (as amended) states that the General Dental Council has to produce a report and accounts for each financial year. The Annual Report and Accounts have to be laid in the House of Commons and in the Scottish Parliament, with copies provided to each of the other two assemblies.

2.2. The GDC is required to complete its Annual Report and Accounts in accordance with International Financial Reporting Standards [IFRS], as adopted by the European Union, and as supplemented by directions from the Privy Council, take into consideration the accounting principles and disclosures of the Government Financial Reporting Manual (FReM). The Privy Council has appointed the Chief Executive as Accounting Officer, with responsibility for the execution of the Council's obligations under section 2C of the Dentists Act 1984. The Privy Council has also confirmed that the Accounting Officer is only asked to "take into consideration" the principles set out in Chapter 3 of Managing Public Money and wider MPM guidance.

2.3. We also take into account when preparing the Annual Report and Accounts the requirements of 'Corporate governance in central government departments: Code of good practice 2011' and any relevant pronouncements directed at Public Limited Companies regarding Remuneration and Governance reporting.

2.4. In line with all reports and accounts laid before Parliament, the GDC is required to obtain a certificate from the Comptroller and Auditor General (C&AG) who relies on the National Audit Office (NAO) to provide him with assurance. The C&AG will not sign this until after the Annual Report and Accounts have been approved by both the Council and our external auditors

2.5. The GDC is a statutory corporation which is not a Limited Company, neither is it a government department or a Non-Departmental Public Body (NDPB).

3. Key considerations for the Financial Report

3.1. To support the Council's review of the financial sections of the Annual Report and Accounts, the Executive's review covering 2018 and key financial information included in the 2018 Annual Report and Accounts, is as follows:

Key information	Review completed
1. Income £47.0m (2017 £46.3m), an increase of £0.8m	Higher income (£0.8m) from an additional 414 Dentists and 1,160 DCPs renewing their registration in 2018, compared with 2017 and income generated from our investments and sale of end of useful economic life assets.
2. Expenditure - 40.0m (2017 £39.0m) an increase of £1.0m	The significant (defined as variances over £0.5m) changes to our expenditure during 2018 were: o A £0.8m increase in policy and stakeholder management costs, reflecting our increased focus on Shifting the Balance and the restructuring of policy resources within the Strategy Directorate. o £2.3m incurred for strand one of our Estates Strategy. This programme of work will transfer some functions to

Key information	Review completed
	our new Birmingham office and is projected to deliver net savings of circa £50m over 15 years. o this was offset by a £3.0m reduction in total Fitness to Practise and Hearings costs.
3. Going concern review	The cash balance of the GDC reduced to £42.3m (2017: £47.7m) at the close of the year. The balances are cyclical and peak in December/January and in July/August when dentists and DCPs pay their respective annual retention fees. GDC expenditure is evenly spread throughout the financial year. Monthly expenditure is steady, in the region of £3.5m per month. Current forecasts show that at our lowest cash position, November 2019, cash and realisable investments will be in the range of £15.0m to £20.0m, being some 4.3 to 5.7 months of operating spend. The Executive are not aware of strategic risks that would impact on the view that the GDC remains a going concern for the next 12 months.
4. IFRS v FReM – approach taken where guidance varies between accounting conventions	Under IFRS [IAS16], property, plant and equipment are required to be stated at cost, net of depreciation. The FReM recommends that IAS16 be adapted to measure these assets at current value in existing use. The GDC has consistently applied IAS16 and proposes to continue to do so. Putting the difference in context, relates primarily to the presentation of the leasehold improvements to 37 Wimpole St, where the cost is £12.8m and the estimated value in existing use, calculated by CBRE in November 2015 [following completion of the redevelopment work] was £13.5m. Depreciation would be on a similar basis under both bases: over the remainder of the lease, 20 years or 10 years or, if shorter, over their estimated useful lives.
5. Review of internal control issues	Mazars have indicated that based on internal audits completed that internal controls are 'generally adequate'. See the Governance statement.
6. If there are any issues of materiality to the financial statements	The previously reported risk to income, being the credit for 'adjustment to tax and social security costs' has been resolved. HMRC settled the final value due to the GDC in January 2019.
7. Presentation of cost efficiency savings in the Financial Review	The Financial Review includes information on efficiency savings achieved: 1.1. Actual savings from new initiatives in 2018, plus actual savings in 2018 from initiatives started in previous 4 years - **£6.7m** 1.2. Cumulative savings over 5 years to December 2017 - **£12.5m**

Key information	Review completed
	1.3. Potential savings in 2019 from initiatives started in previous 4 years - **£6.5m**
8. If there are any other issues in the ARA which would be of interest to external bodies	The 2018 Financial review included a reference to the GDC reserves policy. This reference has been updated to be in-line with the revised policy approved by Council in March 2019.

4. Other matters

4.1. Following consideration by ARC, the draft report was circulated to Council members informally. That circulation generated a number of comments related to overall balance. It was noted that one effect of reducing the Council's reliance on the ARA as a communications vehicle (including, for example, the development of *Moving Upstream* as an alternative), was that material relating to FTP had become unduly dominant.

4.2. In response to these concerns, the Executive expanded the Chair's and Chief Executive's forewords to include greater coverage of the GDC's activities and repositioned most of the material relating to FTP at the end of the document (the drafting of which, save for minor and necessary changes to effect the repositioning, remained unchanged).

4.3. In addition, the Executive has undertaken to support the Council in holding a workshop exploring how the GDC's publications fit together in telling its story over a given period.

5. Recommendations

5.1. The Council is asked to:

5.1.1. To approve the Annual Report and Accounts; and

5.1.2. To authorise the signing of the Annual Report and Accounts and letters of representation by the Chief Executive and Registrar & Accounting Officer and the Chair of the Council

5.1.3. To proceed to publish the ARA and arrange for them to be laid in Parliament

6. Risks and considerations

Communications

- The Communications team within the Strategy directorate are responsible for handling the communications and narrative element of publishing the Annual Report and Accounts. There is a reputational risk around publishing the financial information, but the accounts will follow a robust process and the key financial controls will act as mitigations.
- The Annual Report and Accounts will be published externally in June. This will be laid before parliament and uploaded to the external GDC website.

Equality and Diversity

- A specific section on Equality and Diversity will be included in the Annual Report and Accounts.
- The Communications team will explore the timetables for producing translated copy, synchronising as much as possible with primary, English language copy.

Identify minimum (legislative and/or policy) accessibility requirements.

Legal

- Pursuant to section 2C of the Act, the GDC is required to prepare and publish a statement of accounts in a form determined by the Privy Council. The Privy Council has appointed the GDC's Chief Executive as Accounting Officer and in that capacity, he has responsibility to discharge the Council's obligations under section 2C. The Privy Council has confirmed that the statement of accounts should be prepared in accordance with International Financial Reporting Standards (IFRS), as adopted by the European Union, and as supplemented by directions from the Privy Council. The Privy Council has also confirmed that we are only asked to "take into consideration" the principles set out in Chapter 3 of Managing Public Money. The GDC, in accordance with section 2C(2) and (3) has appointed haysmacintyre as auditors. The GDC discharges its obligations under section 2C by publishing annual accounts.
- We also take into account when preparing the Annual Report and Accounts the requirements of 'Corporate governance in central government departments: Code of good practice 2011' and any relevant pronouncements directed at Public Limited Companies regarding Remuneration and Governance reporting. Links and comments on these documents will be provided in the NAO audit planning report to the Committee.

Policy

- This proposal has no impact on GDC policy decision-making.

Resources

- There are no cost implications. All costs are covered by the budget.

Risks on registers

- Not linked to any risks on registers, but related to the Mazars Fact Finding and Lessons Learned – 2016 Annual Report and Accounts Review – Final Report.

General Dental Council | protecting patients, regulating the dental team

Item 9
General Dental Council
30 May 2019

Procedure for Access to Free Reserves

Purpose of paper	To propose a procedure governing access to the Free Reserves.
Action	For **approval**
Corporate Strategy	Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions.
Decision Trail	Not applicable
Next step	Not applicable
Recommendations	The Council is asked to **approve** the proposed procedure for access to free reserves and make the relevant delegations
Authorship of paper and further information	Ian Brack, Chief Executive, Registrar and Accounting Officer ibrack@gdc-uk.org 020 7167 6365
Appendices	Appendix 1: Procedure for Access to Free Reserves

1. Executive summary

1.1 The adoption of a revised approach to budgeting in 2019 means that central contingency revisions are significantly reduced and unbudgeted costs are now met from the Free reserves.

1.2 No procedural framework currently exists setting out how requests for reserve funds should be addressed to Council. Furthermore, the only extant delegations relating to the approval of unbudgeted expenditure outside of Council sessions relate solely to headcount issues.

1.3 This paper seeks the Council's agreement to a procedure relating to access to the free reserves for non-staff costs, which mirrors the approach adopted for unbudgeted headcount requests.

2. Background

2.1 The GDC budget for 2019 saw very significant reductions to the level of contingent provisions. This reflected an intention, where unbudgeted expenditure was deemed necessary, to meet it from the reserves.

2.2 At present, any such request to Council would be treated in exactly the same way as other Council papers: whilst there is a reasonable expectation that requests would be robust, no specific guidance exists which setting out what a request for reserve funding should incorporate or how it should be processed.

2.3 Additionally, a procedural framework enabling the authorisation of calls on reserves outside of Council meetings exists only in relation to unbudgeted headcount proposals. There is no mechanism to approve non-staff expenditure which is unbudgeted.

2.4 Whilst the preferred route should always be that calls on reserves are decided in Council, the approach adopted in the 2019 budget means that a mechanism for urgent approval of unbudgeted costs related to non-staff items is necessary.

2.5 This paper seeks to identify specific requirements and assumptions relating to requests for reserve funds, and to set out a process, mirroring that adopted for unbudgeted headcount, for handling urgent requests for reserve funds outside of Council meetings.

3. Proposed procedure governing access to the free reserves

3.1 The proposed draft procedure is set out at Appendix 1.

3.2 Council members should note that the proposed procedure would require a delegation to the Chair of Council and the Committee Chairs to approve urgent requests for access to reserve funds.

3.3 A limit of £250,000 is set on requests which can be dealt with under the proposals. Council members are asked to consider whether this is an appropriate level.

4. Recommendation

4.1 The Council is asked to:

(i) Consider the proposed procedure for access to the free reserves and, in particular, the upper cost limit proposed;

(ii) approve the procedure, and;

(iii) Make the appropriate delegations to the Chair and Chairs of Committees

Appendix 1

Procedure for Access to Free Reserves

1. This procedure relates to non-staff expenditure. Requests for unbudgeted staff expenditure are covered by the GDC Headcount and salary budget policy.

2. Resource decisions are taken by the Council in session. The primary occasion for this is the approval of the annual budget and, as a matter of course, the executive must take all reasonable steps to ensure that the budget comprises a comprehensive summary of the expenditure necessary to deliver the business plan and to meet key performance indicators for the coming year.

3. Nevertheless, it is recognised that on occasion, costs may arise which could not be predicted at the time the budget was finalised. In such circumstances, the executive should give the Council the earliest possible notice of the probable cost and indicate as quickly as possible when a request for additional funds will be brought to Council.

4. No request for additional funding from the reserves may be brought to Council without the endorsement of EMT (which may take place as part of an SLT meeting) and the approval of the Accounting Officer.

5. Any request must be the subject of a paper, which should clearly identify the unbudgeted sum sought, the current uncommitted free reserves and the level of free reserves which would remain were the request to be approved.

6. The paper should also make clear any costs in future years which would need to be incorporated into the annual budget. The request must be supported by a business case.

7. Where an urgent requirement of less than £250,000 arises which cannot wait until the next scheduled Council meeting for determination, then upon the endorsement of the proposal by EMT, the Accounting Officer will, if they approve the proposal, seek the agreement of the Chair of Council and the relevant Committee Chairs of Council to a release of free reserves, prior to any expenditure.

8. This will be undertaken by correspondence between the Accounting Officer and the Chairs. The Chair of Council will determine which Committee Chairs are relevant in each case. The Chairs may approve or reject the request, or may determine that the matter must be remitted to full Council by correspondence. The Accounting Officer will notify the relevant Director of the outcome of the request.

9. Any requests for funding sought outside of Council must be reported to the next Council meeting,with the outcome.

10. In the unlikely event that an urgent request for a sum in excess of £250,000 was endorsed by EMT and approved by the Accounting Officer, the request must be dealt as a Council decision by correspondence.

Q1 Finance Review and Forecast

Purpose of paper	To report on the General Dental Council's financial performance outturn for the three months to 31 March 2019.
Action	For **discussion**
Corporate Strategy	Performance Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions
Decision Trail	Paper discussed at SLT Board meeting 8 May Paper discussed at FPC meeting 21 May
Next stage	N/A
Recommendations	The Council is asked to discuss the report on the GDC's Q1 financial outturn and forecast for 2019.
Authorship of paper and further information	Harjit Khutan, Financial Controller hkhutan@gdc-uk.org 0121 752 0085 Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049 Gurvinder Soomal, Director of Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333
Appendices	Annex A – Staff Headcount Analysis Annex B – Balance Sheet [*March Financial performance report already distributed*]

1. Executive Summary

1.1. This paper is to report on the GDC's financial performance for the three months ending 31 March 2019. At the end of March, the GDC's operating surplus was £1.5m higher than budgeted.

1.2. Income was £0.2m higher than budgeted due to:

- 82 more dentists and 14 specialists renewing their registration than budgeted.
- Additional income generated from Bank interest and S&W investments totalling £0.1m.

1.3. Expenditure was £1.2m lower than budgeted, £0.1m of which is 'recurring' savings, £0.6m is 'one-off' savings and £0.5m are timing differences.

1.4. In January 2019, a high-level review of budgeted income and expenditure for 2019 was undertaken. It has identified risks of £235,000 to the budget and savings opportunities totalling £161,000. The total risk to the 2019 budget was £74,000.

1.5. In April, based on the Q1 outturn, a detailed review of income and expenditure for the remainder of 2019 has indicated that the budgeted operating surplus of £4.4m could increase by £1m to a surplus of £5.4m by the end of 2019. This position will be reviewed as part of our Q2 forecasting exercise.

1.6. Council are asked to discuss the report on the GDC's financial performance for the three months to 31 March 2019.

2. Income and expenditure account for the three months to 31 March 2019

2.1. The table below summarises the income and expenditure account for the 3 months ending 31 March 2019. It shows that actual income is £0.2m higher than budgeted and expenditure for the period is £1.2m lower than budgeted. The result for the period is an £32.7m surplus of income over expenditure, £1.5m higher than the £31.4m deficit budgeted.

	Year to Date			Full Year
	Actual	Budget	*Variance to Budget*	Budget
	£000	£000	*£000*	£000
Income				
Fees	41,628	41,549	*78*	45,747
Investment income	112	12	*100*	50
Exam income	430	422	*9*	1,588
Miscellaneous income	6	2	*5*	6
Total Income	**42,176**	**41,985**	***191***	**47,390**
Expenditure				
Meeting fees & Expenses	1,503	1,836	*333*	6,551
Legal & Professional	1,598	1,864	*266*	7,619
Staffing costs	4,761	5,156	*395*	20,390
Other staff costs	192	385	*193*	1,536
Research & Engagement	112	149	*37*	741
IT costs	354	394	*39*	1,333
Office & Premises costs	515	474	*(41)*	1,750
Finance costs	60	44	*(16)*	245
Depreciation costs	293	298	*5*	1,175
Contingency	0	0	*0*	1,662
Total Expenditure	**9,390**	**10,600**	***1,210***	**43,003**
HMRC Refund	(107)	0	*107*	0
OPERATING SURPLUS BEFORE TAXATION	**32,679**	**31,385**	***1,509***	**4,388**

2.2. Income was £0.2m higher than budgeted due to:

- 82 more dentists and 14 specialists renewing their registration than budgeted.
- Additional income generated from Bank interest and S&W investments totalling £0.1m.

2.3. The key drivers for expenditure being £1.2m lower than budgeted were as follows:

- **Recurring savings/(overspend):** higher or lower than budgeted 2019 expenditure that has resulted from a permanent change in the GDC's circumstances and, as such, savings/overspends are expected to persist throughout this financial year and will impact on the budget requirements for future years.
- **'One off' savings/(overspend):** these are only expected to occur in 2019. Costs are expected to return to budgeted levels in future years.
- **Savings/(overspend):** due to timing differences: these arise when activities are brought forward, or postponed, and related expenditure occurs earlier or later than projected in the budget.

Recurring' savings/(overspend)	**£000s**
Casework: Fewer instances of medical advice sought because of improved processes which are now embedded.	15
HR/Estates: The recruitment budgets are underspent in both Estates (£81,000) and HR (£41,000) as we try to lead the recruitment process ourselves as part of our recruitment strategy. The expectation is for the underspend to continue however this may be at a reduced rate if we incur costs for external recruitment costs where we struggle to fill any vacant roles.	122
Estates: The overspend is as a result of the Colmore Square rent budgeted on the basis that the rent holiday would be spread over a five-year period. However, aligned to accounting policy IFRS16, the rent holiday must be spread over the life of the lease. Therefore, the budget for 2019 is understated.	(41)
	96
'One-off' savings/(overspend)	
Corporate Legal: The release of a 2018 accrual for tribunal costs that is no longer payable	15
Corporate Resources: The release of 2018 over provided accruals for Pennington's and Mazars audits.	16
ILPS: 186 new referrals were budgeted to be allocated to the in-house legal prosecution service (ILPS) between July 2018 and March 2019, but only 120 new referrals (64%) were allocated over the period, resulting in lower than budgeted counsel fees and disbursements.	106
ELPS: 45 new referrals were budgeted to be allocated to external legal firms (ELPS) between July 2018 and March 2019, but 41 new referrals (91%) were allocated over the period because of fewer referrals to prosecution by case examiners overall resulting in lower than budgeted external legal costs.	38
Staff costs: Vacant posts across the organisation which are in the process of being recruited to, but have not yet been filled (net saving of £300k when taking into account any temporary staff cover). In addition, a number of the new Birmingham posts have been recruited below market rate, generating a saving of around £135k in the quarter.	435
Communications: Development of the GDC website that was due to be delivered in 2018 and identified in January 2019 as a risk to the 2019 budget.	(30)

Estates: Rent for Baker Street (January 2019) that was incorrectly omitted during budget setting.	(10)
	570
Savings/(overspends) from timing differences	
Education QA: lower meeting fees and expenses due to postponement of inspections	125
Hearings: 76 lost and wasted days in the quarter has resulting in lower productive days than that budgeted year to date. However, the higher number of referrals in Q1 has led to an increased forecast in Q4.	149
Governance: The commissioning of external consultancy has been slower than originally budgeted, with work expected to be commissioned in Q2	25
HR: The budget profiling of Life Assurance and Income protection premiums has created a favourable variance; these costs are due for payment later in the year (£163,000)	163
FtP Staff costs: The budget profiling of the E2E staff savings has an adverse contribution to the year to date variance as the savings were profiled over the full year but are unlikely to start to take effect until later in Q2.	(40)
HR: Expenditure on learning and development has not taken place according to the original budget profile. Courses budged to take place in Q1 but have now been reschedule to Q2.	82
IT: Savings due to the profiling of purchase of software licences against the number of budgeted licences based on assumptions relating to the timing of relocation of staff to Birmingham and the number of people in post.	39
Finance: Profiling difference in relation to bank charges.	(16)
Research: delays in commissioning of research projects, in particular around the Seriousness Review, which is a joint procurement with the NMC, offset by progressing work on the publications cost project quicker than anticipated.	37
Not analysed	(20)
	544
Total expenditure variance to budget	**1,210**

3. Staff headcount at 31st March 2019

3.1. At the end of March 2019, the total GDC headcount was:

Contract type	March 2019 FTE	December 2018 FTE	Movement FTE
Permanent	311.4	296.8	14.6
Fixed Term Contract	46.2	62.8	(16.6)
Temporary Staff	4.0	12.0	(8.0)
Total	361.6	371.6	(10.0)

3.2. This is 10.0 FTE less than was reported at the end of 2018 but 11.7 FTE fewer than budgeted as at 31st March 2019.

3.3. The table at Annex A analyses total GDC headcount by cost centre, as at 31 March 2019.

4. Q1 forecast review

4.1. A detailed review of forecast income and expenditure for 2019 has been undertaken in April.

4.2. It shows that the budgeted operating surplus of £4.4m could increase by £1m to a surplus of £5.4m by the end on 2019. This position will be reviewed as part of our Q2 forecasting exercise.

5. Recommendations

5.1. Council are asked to **discuss** the report on the GDC's Q1 financial outturn and the risk to the 2019 forecast.

6. Appendices

- Annex A – Staff Headcount Analysis
- Annex B – Balance Sheet

Annex A – Staff Headcount Analysis

COST CENTRES	PERIOD					
	ACTUAL				BUDGET	*VARIANCE TO BUDGET*
	PERMANENT	FIXED TERM CONTRACT	TEMPORARY STAFF	TOTAL (INCLUDING TEMPS)		
FtP - Casework	28.4	10.6		**39.0**	34.6	(4.4)
FtP - Initial Assessment	6.0	1.0		**7.0**	1.0	(6.0)
FtP - Case Review	7.0			**7.0**	4.0	(3.0)
FtP - Case Examiners & IC	13.6	1.0		**14.6**	15.0	0.4
FtP Hearings	22.8	4.0		**26.8**	31.8	5.0
FtP - Improvement/Management	3.0			**3.0**	3.0	0.0
Dental Complaints Service	7.6			**7.6**	6.6	(1.0)
Total Fitness to Practice	**88.4**	**16.6**	**0.0**	**105.0**	**96.0**	(9.0)
Registration	20.0			**20.0**	21.0	1.0
Registration - Operations	26.0	2.0		**28.0**	28.0	0.0
Registration - Management	3.0			**3.0**	4.0	1.0
ORE - Exams	5.0			**5.0**	4.0	(1.0)
CEO & Executive Directors	6.0			**6.0**	6.0	0.0
Finance & Procurement	12.0		1.0	**13.0**	13.0	0.0
IT	19.0	3.0		**22.0**	25.0	3.0
Projects	6.8	4.0		**10.8**	13.6	2.8
PMO	5.0	1.6		**6.6**	7.0	0.4
Corporate Resources	3.0			**3.0**	6.0	3.0
Total Registration & Corporate Resources	**105.8**	**10.6**	**1.0**	**117.4**	**127.6**	10.2
In-House Legal Services	26.8	6.0	1.0	**33.8**	33.8	0.0
Illegal Practice	9.8	2.0		**11.8**	10.8	(1.0)
Corporate Legal	6.8	2.0		**8.8**	10.8	2.0
Information Governance	4.0	2.0		**6.0**	6.0	0.0
Legal Management	4.0			**4.0**	6.0	2.0
External Legal Prosecution Services	1.0			**1.0**	1.0	0.0
Governance	8.0		2.0	**10.0**	11.0	1.0
Total Legal & Governance	**60.4**	**12.0**	**3.0**	**75.4**	**79.4**	4.0
HR	16.0	3.0		**19.0**	20.9	1.9
Facilities	4.0			**4.0**	5.0	1.0
Compliance	3.6			**3.6**	5.6	2.0
Total Organisational Development	**23.6**	**3.0**	**0.0**	**26.6**	**31.5**	4.9
Policy	11.6	2.0		**13.6**	15.0	1.4
Communications & Engagement	8.0	2.0		**10.0**	9.0	(1.0)
Education QA	9.6			**9.6**	9.8	0.2
Research	3.0			**3.0**	4.0	1.0
Scotland	1.0			**1.0**	1.0	0.0
Total Strategy	**33.2**	**4.0**	**0.0**	**37.2**	**38.8**	1.6
HEADCOUNT CHARGED TO OPERATING SPEND	**311.4**	**46.2**	**4.0**	**361.6**	**373.3**	11.7

Annex B – Balance Sheet

Balance Sheet

		31-Dec-18 £'000	31-Mar-19 £'000
Assets & Liabilities			
Property, plant & equipment		11,699	11,414
Intangible assets		213	221
Pension asset		3,930	3,930
Receivables		1,795	1,748
Less:			
	Deferred income	(41,714)	(580)
	Payables	(7,917)	(5,444)
	Non current assets		
		(31,994)	**11,287**
Represented by			
Reserves:			
	General (Opening)	(15,528)	(20,907)
	Total income/(expenditure) for the year/YTD	(5,380)	(32,894)
	Unrealised gain on investments		
	General (Closing)	(20,907)	(53,802)
	Pension (unrealised)	(3,930)	(3,930)
	Investments (unrealised)	173	173
		(24,664)	**(57,558)**
Funds			
Investments		14,315	14,933
Cash balances		42,343	31,338
		56,658	**46,271**
		31,994	**(11,287)**

Balanced Scorecard – Q1 2019 Performance

Purpose of paper	To present the Council with the balanced scorecard covering the Q1 2019 performance period.
Action	For **discussion.**
Corporate Strategy	Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator. Objective 2: To improve our management of resources so that we become a more efficient regulator. Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach.
Business Plan	Project Management Office (PMO) reporting and statistical modelling maturity workstream
Decision Trail	Work was carried out throughout 2016 to propose a new format for the balanced scorecard and redevelop /refine GDC performance indicators. At the meetings of the Finance and Performance Committee and the Council in September and October 2016 respectively, EMT's proposed revised balanced scorecard model was approved. At the EMT board meeting in December 2016, a final list of performance indicators was reviewed and approved for inclusion in the first version of the report in the new format, covering Q4 2016 performance. The Q4 report was subsequently presented to presented EMT and the Finance and Performance Committee (FPC) at their respective February board meetings and the Council at its March meeting. Each board approved the new format for future reporting.
Recommendations	The Council is asked to **discuss** and note the main report**.**
Authorship of paper and further information	Gurvinder Soomal Executive Director, Registration and Corporate Resources GSoomal@gdc-uk.org

	020 7167 6333 David Criddle Head of Performance Reporting & PMO DCriddle@gdc-uk.org 0121 752 0086
Appendices	Appendix 1 – Q1 2019 Balanced Scorecard Appendix 2 – GDC Performance Indicators Master List

1. Executive summary

1.1. This paper presents the balanced scorecard covering the Q1 2019 performance period, which is available at Appendix 1.

1.2. An executive summary is provided within the full report at Appendix 1, with key points also replicated for ease of reference at section three below.

1.3. The Council is asked to:

- Discuss and note the main report.

2. Introduction and background

2.1. A project was carried out during 2016 to redevelop the existing version of the balanced scorecard report which is reported to EMT and the Council.

2.2. The newly proposed balanced scorecard framework was approved at the meetings of FPC and Council in September 2016 and October 2016 respectively.

2.3. At the EMT board meeting in December 2016, a final list of performance indicators was reviewed and approved for inclusion in the first version of the report in the new format. The first version of the report was subsequently presented to EMT and FPC at their respective February 2017 board meetings and the Council at their March 2017 meeting. Each board approved the new format for future reporting.

2.4. At the EMT meeting in February 2017, an approach to carrying out a supplementary deep dive activity focusing on different areas of the organisation on a rotational basis was discussed and approved, and this approach was subsequently approved by FPC at its February meeting.

2.5. Following the initial sign-off of performance indicators by EMT at the December 2016 board meeting, the PMO have developed a change control log that will be used to track proposed amendments and provide visibility of them to EMT for their approval. This is provided at Appendix 3.

3. Q1 2019 balanced scorecard report

3.1. Key performance headlines are presented within the executive summary of the Q1 2019 report at appendix 1. For ease of reference, matters noted in the key successes and issues section are set out below:

Key successes

3.2. Some improvements visible in FtP Timeliness: Overall case timeliness in FTP/008 has risen to by 12% to 23% in Q4 2018, with timeliness in Receipt to CE Decision FTP/005 up by 4% to 19% mainly due to FTP/002 Assessment Timeliness improving by 13% to 51%. However overall the performance of these timeliness indicators are still significantly below the target levels *(see section 2.1 FtP Performance Indicators – Process Dashboard).*

3.3. Registration Active processing times stable: 6 out of the 7 registration routes are on target; In particular there's being a 76% improvement in the Restoration active processing time. *(See section 1.3 Registration Performance Indicators – Process Dashboard)*

3.4. Serious & Non-Serious Data Security Breaches dropped: There were no serious data security breaches in Q1. Non-Serious Data security Breaches dropped by 65% from 20 in Q4 2018 to 7 in Q1 2019. *(See section 3.6 – Information Performance Indicators)*

3.5. Adherence to Purchase Order Policy over £100K above target: £42.4K of invoices were not compliant this period which is £107.6K within the £150K target and an improvement of £240.8K from Q4 2018 *(See section 1.1 – Finance Performance Indicators)*

Key issues

3.6. Hearings Completed Without Adjournment is 14% below target in Q1 2019: There was a 21% performance drop this period where 12 out 42 cases were adjourned. The reasons for these adjournments are; hearings start dates postponed, issues with panel member or parties availability, issues with bundles and technical issues with video link, new evidence raised by a witness which required an addendum expert report and the GDC asking for a postponement as a new expert was needed. *(see section 2.1 FtP Performance Indicators – Process Dashboard).*

3.7. Cumulative hearings Performance Against Budget Forecast short of Target: This is the first report with a new indicator PI/FTP/029. This shows a cumulative proportion of hearing days delivered (YTD) versus the total hearing days budgeted for. In Q1 this is 78% and 12% short of the 90% target set. *(see section 2.1 FtP Performance Indicators – Process Dashboard).*

3.8. For Data Protection Act Statutory Compliance PI/FTP/024 – 5 out of 34 cases missed the revised 30 days statutory target (the target was previously 40 days), resulting in 85% compliance and the performance indicator falling into red. 3 of the 5 missed cases were due to delays caused by needing to seek special counsel advice, due to a change in law requiring this counsel advice for clinical expert reports. 1 case was a request for an ORE exam marks sheet which was delayed in being requested to the Information Governance team due to sickness in Registration operations team during handover to the Birmingham team. Registration operations have since implemented measures to prevent reliance on a single member of staff for these requests. The final case was not logged correctly at the time of receipt in Information governance, which caused a delay in processing. (See 3.2 Information Performance Indicators)

4. Recommendations

- The Council is asked to **discuss** the main report.

5. Internal consultation

Department	**Date and consultee name**
All data contributing departments	Established data leads from each department – April 2019
SLT	SLT Board – 8 May 2019
FPC	FPC Meeting – 21 May 2019

6. Appendices

6.1. Appendix 1 – Q1 2019 Balanced Scorecard

6.2. Appendix 2 – GDC Performance Indicators Master List

GENERAL DENTAL COUNCIL

Balanced Scorecard Report
Review of Q1 2019 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 1 2019 Performance

Index

1.1 Executive Summary - Monthly Performance

Key Performance Successes

1. **Some improvements visible in FtP Timeliness:** Overall case timeliness in FTP/008 has risen by 12% to 23%, with timeliness in Receipt to CE Decision FTP/005 up by 4% to 19%, mainly due to FTP/002 Assessment Timeliness improving by 13% to 51%. However overall the performance of these timeliness indicators are still significantly below the target levels *(See 2.1 FTP End-to-End Process Performance Indicators Dashboard)*

2. **Registration Active processing times stable:** 6 out of the 7 registration routes are on target; in particular there has been a 76% improvement in the Restoration active processing time. *(See 1.3 Registration Performance Indicators – Process Dashboard)*

3. **Serious & Non Serious Data Security Breaches dropped:** There were no serious data security breaches in Q1. Non Serious Data security Breaches dropped by 65% from 20 in Q4 2018 to 7 in Q1 2019. *(See 3.2 – Information Performance Indicators)*

4. **Adherence to Purchase Order Policy over £100K above target:** £42.4K of invoices were not compliant this period which is £107.6K within the £150K target and an improvement of £240.8K from Q4 2018 *(See section 1.1 – Finance Performance Indicators)*

Key Performance Issues

1. **Hearings Completed Without Adjournment is 14% below target in Q1 2019:** There was a 21% performance drop this period where 12 out 42 cases were adjourned. The reasons for these adjournments are; hearings start dates postponed, issues with panel member or parties availability, issues with bundles, technical issues with video links, and new evidence raised by a witness which required an addendum expert report and the GDC asking for a postponement as a new expert was needed. *(See 2.1 FTP End-to-End Process Performance Indicators Dashboard)*

2. **Cumulative hearings Performance Against Budget Forecast short of Target:** This is the first report on this new Hearings indicator which measures the proportion of hearing days delivered (YTD) versus total hearing days budgeted. This is red in Q1 2019 at 78%, which is 12% short of the 90% target. *(See 2.1 FTP End-to-End Process Performance Indicators Dashboard)*

3. **Data Protection Act Statutory compliance:** 5 out of 34 cases missed the revised 30 days statutory target (the target was previously 40 days), resulting in 85% compliance and the performance indicator falling into red. 3 of the 5 missed cases were due to delays caused by needing to seek special counsel advice, due to a change in law requiring this counsel advice for clinical expert reports. 1 case was a request for an ORE exam marks sheet which was delayed in being requested to the Information Governance team due to sickness in Registration operations team during handover to the Birmingham team. Registration operations have since implemented measures to prevent reliance on a single member of staff for these requests. The final case was not logged correctly at the time of receipt in Information governance, which caused a delay in processing. *(See 3.2 Information Performance Indicators)*

1.1 Executive Summary - Looking Forward and Planned Actions

Looking Forward

1. **Implementation for Strand 2 of functions moving to Birmingham.** The relocation of FtP teams to Birmingham is progressing with a number of roles completing hand over from London staff in May.

2. **Corporate Strategy 2020-2022 in consultation period.** The costings for strategic objectives have been reviewed externally by Mazars and subsequently by FPC and Council. The Corporate Strategy is now within the ARF consultation period running from May 2019 through July 2019.

3. **CCP 2020 – 2022 planning for V1 draft completed for July SLT review.** The completion of CCP templates work has progressed through April, and within May these are being reviewed by PMO and Finance teams. SLT will review, scrutinise and prioritise the change proposals from the templates in a workshop on 3 June, which will inform the first draft of the CCP 2020-2022 to be reviewed for SLT to approval in July SLT board meeting.

Actions Planned by EMT

1. **Hearings completed without adjournment will be monitored.** As a result of the 12 out of 42 hearings in Q1 2019 being adjourned, from February an 'unexpected outcomes' working group has been formed with representation from FtP and Legal & Governance to assess prevention and responsive measures to either avoid cases ending this way and/or find other cases to fill the gap. EMT will monitor the feedback from this group and the results ongoing.

2. **EMT will continue to focus closely on FTP timeliness.** EMT acknowledged some positive improvements in FtP timeliness through Q1 2019 but as levels are still significantly below target levels, EMT will continue to closely review FTP performance on a monthly basis

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1.2 Key Performance Indicators Dashboard

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

FINANCIAL

KPI/FCS/001 - Organisational Income

THIS PERIOD: 100% to budget
PREVIOUS PERIOD: 105%
TARGET: 100%
Further info: Annex A – 1.1

- Total income is higher than budgeted by £0.2m for 2019. This is largely due to higher than budgeted Dentist ARF income(£67K) & Investment Income (£97K).

KPI/FCS/002 - FTP Expenditure

THIS PERIOD: 93% of budget
PREVIOUS PERIOD: 100%
TARGET: 100%
Further info: Annex A – 1.1

- FtP expenditure was £209k lower than budgeted for the year to date. This is largely due to a favourable variance of £169k on hearings meeting fees & Legal accessors budget provided a favourable variance of £20k.

KPI/FCS/003 - Non-FTP Expenditure

THIS PERIOD: 84% of budget
PREVIOUS PERIOD: 96%
TARGET: 100%
Further info: Annex A – 1.1

- Overall, non-FtP expenditure was £1.0m lower than budgeted for Q1.
- Staffing costs were £374k lower than budgeted due to delays in recruiting to vacant posts. Non-Ftp Legal & Professional fees and Meeting fees were lower than budgeted by £246k & £164k respectively.

RESOURCES

KPI/HRG/004 - Staff Sickness

THIS PERIOD: 1.68 average days
PREVIOUS PERIOD: 1.88 days
TARGET: Average within 2 days
Further info: Annex A – 3.2

- Of those staff sick in Q1, 2.6% were LTS (Long-term sickness) and the remaining 97.4% were short-term.
- There were 617 days lost in total in Q1; that's a 29.6% like-for-like decrease in comparison to Q1 2018.

TIMELINESS

KPI/REG/004 - UK DCP Applications Average Active Processing Time

THIS PERIOD: 3 days
PREVIOUS PERIOD: 11 days
TARGET: 14 days
Further info: Annex A – 1.5

- The applications completed was 8% lower than forecast.
- There were 40% more received compared to the 1,057 received in Q4. The main reason behind the increase is a recent course completion by one of the largest providers of dental nurse qualifications, NEBDN

KPI/REG/006 – Restoration Applications Average Active Processing Time

THIS PERIOD: 20 days
PREVIOUS PERIOD: 39 days
TARGET: 14 days
Further info: Annex A – 1.5

- Restorations completed were 15% below forecast.
- Applications received was 39% less than the 348 received in Q4.
- 39% were Dentist Restorations whereas 61% were DCPs.

KPI/FTP/014 - IOC Timeliness - Registrar and Case Examiner Referrals

THIS PERIOD: 80%
PREVIOUS PERIOD: 84%
TARGET: 95%
Further info: Annex A – 2.3

- 5 out of 25 cases missed this KPI in Q1 2019.
- Please refer to *(section 2.4 – FTP Performance Indicators)* for a detailed breakdown of the reasons for delay.

KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision

THIS PERIOD: 19%
PREVIOUS PERIOD: 15%
TARGET: 75%
Further info: Annex A – 2.1

- Q1 has seen a slight increase in performance, up by 4%.
- The Assessment team are still working on reducing the backlog of older cases and cases which have been delayed at the Rule 4 stage, this will continue to affect performance against this KPI.
- The increase against this KPI can be attributed to an increase in KPI/FTP/002 as newer cases are being processed within the target.

KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length

THIS PERIOD: 23%
PREVIOUS PERIOD: 11%
TARGET: 75%
Further info: Annex A – 2.1

- This indicator is a combined metric that depends on performance throughout the entire process and improvement of each of the underpinning performance indicators will lead to improved performance in this indicator overall.
- Overall timeliness has improved in Q1, which can be attributed to the increase in KPI/FTP/005.

INTERNAL PROCESS

KPI/FCS/009 - GDC Website and Online Register Availability

THIS PERIOD: 100% availability
PREVIOUS PERIOD: 100%
TARGET: 99.7%
Further info: Annex A – 1.3

- 100% uptime was achieved with no issues recorded during the period. The availability of the GDC website and online register was continuously maintained.

KPI/FCS/010 - Dynamics CRM Availability

THIS PERIOD: 100% availability
PREVIOUS PERIOD: 100%
TARGET: 99.7%
Further info: Annex A – 1.3

- 100% uptime was achieved with no issues recorded during the period. The system was continuously available for use in all GDC departments that process their work through Dynamics CRM.

KPI/FTP/006 - Proportionate Split of Internal/External Prosecution Referrals

THIS PERIOD: 18 external referrals
PREVIOUS PERIOD: 12 referrals
TARGET: 21 or fewer referrals
Further info: Annex A – 2.1

- During Q1 2019, 18 external referrals were made compared to the budgeted level of 21.
- As of Q1, 20% of all cases were transferred to ELPS.

KPI/FTP/025 - Serious Data Breaches

THIS PERIOD: 0 breaches
PREVIOUS PERIOD: 2 breaches
TARGET: 0 breaches
Further info: Annex A – 3.6

- There were 0 serious breaches in Q1 2019.

1.3 Key Performance Indicators – Rationale For Priority Status

FINANCIAL

Organisational Income Collected

Rationale for priority status: Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.

Forecast FTP Expenditure

Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.

Forecast Non-FTP Expenditure

Rationale for priority status: The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.

HR

Staff Sickness

Rationale for priority status: Sickness levels were above desirable levels for Q2/3 2016, therefore are included to provide visibility of whether this trend is continuing or ceasing.

TIMELINESS

UK DCP Active Processing Time

Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).

Restoration Active Processing Time

Rationale for priority status: Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).

FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals

Rationale for priority status: This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.

FTP Timeliness: From Receipt to Case Examiner Decision

Rationale for priority status: This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.

FTP Timeliness: Overall Prosecution Case Length

Rationale for priority status: This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.

INTERNAL PROCESS

GDC Website and Online Register Availability

Rationale for priority status: Included due importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.

Dynamics CRM Availability

Rationale for priority status: Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.

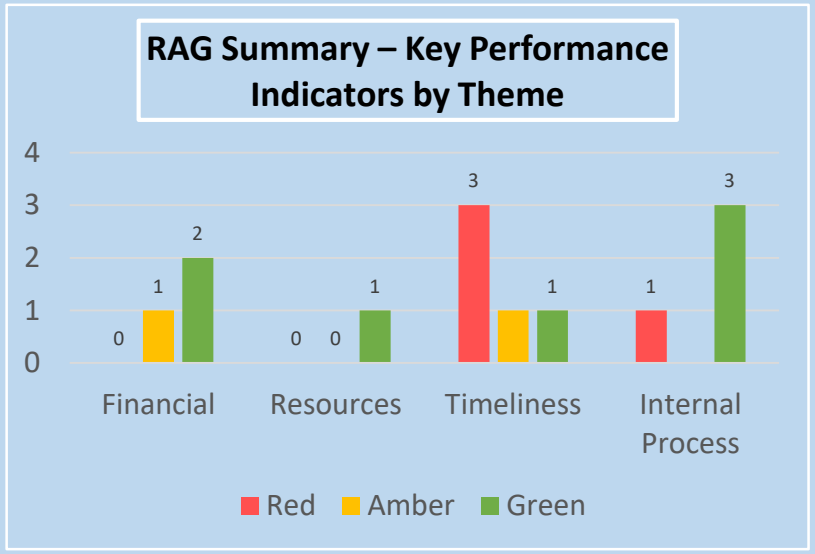
FTP: Proportionate Split of Internal and External Legal Referrals

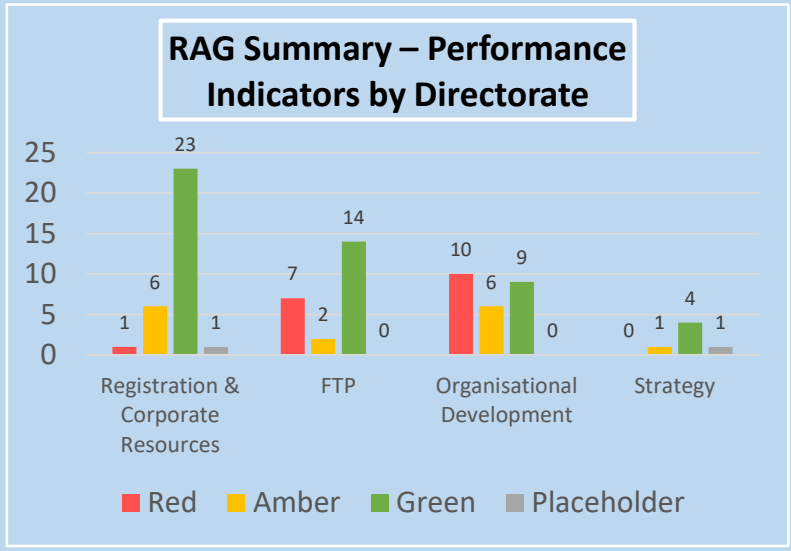
Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.

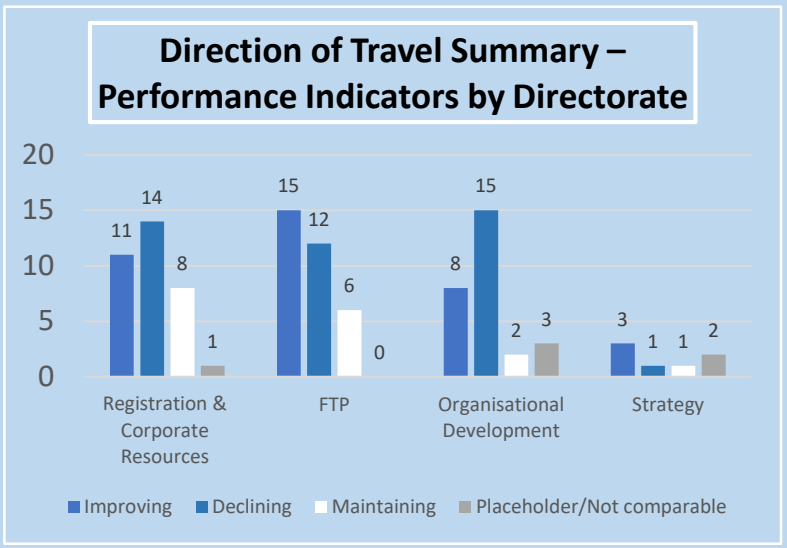
Serious Data Breaches

Rationale for priority status: This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.

1.4 RAG summary and links with wider performance framework







Links to Strategic Risk

Work has been carried out to cross-reference the balanced scorecard key performance indicators with current live risks on the strategic risk register.

The key performance indicators have been mapped against current strategic risks to understand the RAG rating for each. This is being maintained and monitored as part of the GDC's risk management framework.

Links to Business Plan

The following Business Plan Programmes and projects have closed or completed during Q4, the PMO will continue to track relevant Balanced Scorecard performance indicators to help track and verify benefits:

- GDPR -Compliance -Programme is now closed and benefits have been partially realised.
- GDPR Theme -Discovery -Audit of Current State is now closed and benefits have been partially realised.
- GDPR Theme -Process redesign and implementation is now closed and benefits have been partially realised.
- GDPR Theme -Awareness is now closed and benefits have been partially realised.
- STB -DCS Review -Phase 1Project is now closed and benefits have been realised.
- E2E -Dental Complaints Form has completed and is in the benefit realisation phase.
- E2E -Team Base Tasking has completed and is in the benefit realisation phase.
- E2E -DCS Move has completed and is in the benefit realisation phase.
- Microsoft Dynamics CRM 365 V9 Upgrade has completed and is in the benefit realisation phase.
- PS –Understanding Our Associates –Phase 1 has completed and is in the benefit realisation phase.
- SPF –2019 ARF Communications Project is now closed and benefits have been realised.
- SPF –Costed Corporate Plan 2019-2021 has completed and is in the benefit realisation phase.

1.5 Tracking of previous EMT actions

Actions Planned by EMT – Q1 2018 Report

1. **The EMT will continue to monitor FTP timeliness and will focus on improving timeliness performance indicators that are more than 50% below target.** Improvement work will be carried out as part of the FTP End to End Review, which has the objective of improving timeliness across the entire process. **STATUS AS OF Q1 2019 – ON-GOING – THE EMT REGULARLY DISCUSSES FTP TIMELINESS AT ITS BOARD MEETINGS. THE END TO END REVIEW IS SEEKING TO ADDRESS AREAS OF UNDER PERFORMANCE.**

2. **To ensure the content of the balanced scorecard is fully aligned against budget performance and risk management, the EMT is exploring the ways that this overall picture can be presented.** An examination of current reporting models is taking place to enable the EMT to understand the link between budget, performance and risk and the impact in each area of the organisation. **STATUS AS OF Q1 2019 – COMPLETE – A REPORT THAT CONNECTS PERFORMANCE, FINANCE AND RISK HAS BEEN DEVELOPED AND IS BEING USED BY THE EMT TO REVIEW THE ORGANISATIONS OVERALL PERFORMANCE AND TO IDENTIFY THE CAUSE AND EFFECT OF ONE AREA ON ANOTHER.**

3. **The EMT will continue to focus on a re-design of turnover and recruitment performance indicators to reflect the expected increased activity in each of these areas.** The recruitment and turnover performance indicators will be split by directorate to provide greater oversight on how organisation functions are performing in respect of these areas. Further work will be carried out to provide increased analysis on the journey that staff take from joining to leaving the organisation. **STATUS AS OF Q1 2019 – ON-GOING – THE REDESIGN TO ALL ORGANISATIONAL DEVELOPMENT MEASURES MAPPED TO THE EMPLOYEE LIFECYCLE IS IN PROGRESS WITH EXPECTED DELIVERY OF PROPOSED FRAMEWORK END JUNE**

Actions Planned by EMT – Q2 2018 Report

1. **The EMT have agreed to de-escalate PI/HRG/005 – Natural Turnover following the acceptance that turnover will remain high for the considerable future.** This is due to the office move to Birmingham. Commentary will still be provided through the Executive Summary of the balanced scorecard. **STATUS AS OF Q1 2019 - COMPLETE**
2. **A review of data security breaches will be undertaken by the Information Governance Group (IGG).** The IGG will act as an assurance group for understanding the reasons behind data security breaches and will report to EMT with its findings to support the performance of KPI/FTP/025 – Serious Data Breaches. Following discussion at September FPC, a review of the terminology used to classify data breaches will be carried out to improve the wording currently applied and remove the 'non-serious data breach' misnomer - **STATUS AS OF Q1 2019 - ONGOING – INFORMATION GOVERNANCE ARE IN PROGRESS OF REDESIGNING PERFORMANCE INDICATORS WITH EXPECTED COMPLETION FOR MAY.**
3. **In response to the decrease in performance in PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken, the EMT have discussed and agreed a root cause review of the empanelment process.** This will assist with understanding the constraints that impact performance and what can be done to improve performance. **STATUS AS OF Q1 2019 – ONGOING – WITHIN THE SCOPE OF THE FTP E2E REVIEW, A REVIEW OF EMPANELMENT IMPROVEMENT HAS BEEN UNDERTAKEN, WITH ACTIVITIES IDENTIFIED TO IMPLEMENT AND EMBED THROUGH TO JUNE 2019.**
4. **Following the increase of cases at the Rule 4 stage, and the new process now in place, the EMT have agreed a review of its effectiveness to be undertaken.** This review will focus on timeliness and note whether there has been an increase in the time spent handling correspondence. - **STATUS AS OF Q1 2019 - ONGOING – TEAM BASED TASKING HAS NOW BEEN DEPLOYED TO THE RULE 4 PROCESS, FTP TO MONITOR AND PROVIDE UPDATES ON PROGRESS TOWARDS FURTHER UNDERSTANDING OF TIME TAKEN AT RULE 4**

Actions Planned by EMT – Q3 2018 Report

1. **The Registration Management team have developed an action plan to minimise performance interruption in Q4.** The team will particularly be focusing on measures to prioritise the progression of the oldest live applications during this period, to avoid the development of a processing backlog occurring during the transfer from London to Birmingham. **STATUS AS OF Q1 2019 – COMPLETE**
2. **EMT will continue to monitor FTP timeliness and focus on improving red timeliness performance indicators.** A number of improvement activities that will help to improve timeliness have now either been delivered or are close to delivery as part of the FTP End-to-End Review (including: introduction of team based tasking, introduction of case front-loading and the improvement of IAT, Rule 4 and hearing listing processes). Early benefits of these measures, as well as focused day-to-day management activity, have helped to reduce IAT and Assessment backlogs evident in Q2. With backlogs now reduced and improvement projects delivered/delivering, the management team expect the manifestation of improvement & backlog reduction work to translate into measurable timeliness improvements over forthcoming quarters. **STATUS AS OF Q1 2019 – ONGOING – THE EMT REGULARLY DISCUSSES FTP TIMELINESS AT ITS BOARD MEETINGS.**
3. **Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** A new Head of Governance has been appointed who will start work in November, which will fill the main recent resourcing gap referred to in section 3.1 of the report. They will lead on work to encourage improvement in timely paper completion by paper authors across the organisation, and review some current software issues in the paper uploading process. An exercise has been carried out to revise sequencing arrangements for 2019 to assist paper authors in managing the flow of EMT, sub-committee and Council between board meeting dates. **STATUS AS OF Q1 2019 – ONGOING – IMPROVEMENT REVIEW EXERCISE CURRENTLY TAKING PLACE DURING Q1 2019**
4. **Development work is being planned by EMT in relation to several areas of the Balanced Scorecard.** Organisational Turnover measures are being reviewed to give better visibility of organisational stability in the context of current organisational priorities/challenges. Internal Communications measures are being reviewed to consider whether more appropriate measures of employee engagement can be introduced. Quality Assurance measures will be reviewed to give greater insight into the outcomes of work in this area. **STATUS AS OF Q1 2019 – ONGOING – CURRENTLY THE FULL SUITE OF INDICATORS FOR ORGANISATIONAL DEVELOPMENT AND LEGAL & GOVERNANCE ARE IN DESIGN**

Actions Planned by EMT – Q4 2018 Report

1. **For the RED Governance performance indicators (PI/HRG/010 & 012) action is being taken.** The team are working to develop a workplan to identify and prioritise improvement initiatives for 2019. Additionally, there are plans to evaluate potential solution options of a document sharing system to replace the current 'Iannotate' ipad method of distributing board papers, with the objective being to improve the workflow and timeliness of papers. **STATUS AS OF Q1 2019 – PROJECT REQUIREMENTS AND BUSINESS CASE ARE IN PREPATION FOR SOLUTION EVALUATION**
2. **Some aspects of probation procedures and probation measurement will be reviewed.** Performance indicators will be redesigned to avoid a skew by removing fixed term contract workers from the calculation. Further granularity will give insight into directorate specific probation success levels, and further narrative will be considered to provide analysis of broad themes arising from exit interviews. Additionally, a review is planned to consider the how the GDC can make best use of the probation period, to see whether there are merits in considering; a possible amendment to allow flexibility to the current probation sick pay policy, a possible gradation upwards of notice periods during probation based on seniority of the post; and, a possible means to confirm probation success for people who has significant/expert experience coming into role and who quickly demonstrate their capability and suitability when in role. **STATUS AS OF Q1 2019 – THE REDESIGN OF THE OD KPIS FOR EMPLOYEE LIFECYCLE CATERS FOR THIS WITH EXPECTED DELIVERY OF PROPOSED FRAMEWORK END JUNE**
3. **EMT will continue to focus closely on FTP performance.** EMT will continue to closely review FTP performance in light of the downturn in timeliness noted this quarter and will have a focussed discussion in this area at each monthly meeting. Additionally, EMT have discussed considering ways to bring to Council attention some of the monthly narrative which they review that is not currently exposed by quarterly reporting. For example, the October EMT scorecard noted that Prosecutions Timeliness (PI/FTP/009) was the best monthly performance in 2018 at 93% and the November EMT scorecard noted that there had been improvements in all Hearings indicators (considering utilisation, adjournment and outcomes). Consideration will be given to how supplementary data/narrative can be provided to the Council to summarise some of EMT's monthly reviews and insights. Additionally, some additional data and amendments to amber bandings will be implemented to the scorecard from the start of 2019 to better inform the Council of emerging improvements/concerns. **STATUS AS OF Q1 2019 – ON-GOING – UPDATE PROVIDED IN EXECUTIVE SUMMARY**

1.6 Proposed Reporting Criteria Amendments

DISCUSSED AT 8 MAY 2019 SLT MEETING

These 4 reporting criteria amendments were noted and approved at the May SLT meeting:

1. **(For approval)** New FtP indicator added to Section 2.1 - "*Cumulative Hearing Performance Against Budget Forecast*" PI/FTP/029. This is a new measure which compares the cumulative proportion of hearing days delivered (YTD) to the total hearing days budgeted. The cumulative portion allows for variations which may occur due to monthly timing to be spread through the cumulative period. Tom Scott is the EMT sponsor for this change. STATUS - COMPLETE

2. **(For noting)** For PI/HRG/018 Recruitment Probation Success - the narrative is updated to explain that employees who were due to complete probation in Q2 2019 are included if they have left in Q1 2019. As such the description of the PI is amended to: '*Percentage of employees who passed probation in this quarter'* from '*The proportion of employees who successfully pass their probation period within the designated time period after start date.'* Bobby Davis is the EMT sponsor for this revision. STATUS – COMPLETE

3. **(For approval)** Changes to Section 5.1 Communications and Engagement Performance Indicators: Matthew Hill is the EMT sponsor for these changes. STATUS - COMPLETE
   - PI/STR/005 - External face-to-face engagement: Updated the RAG ranges to Target & Green when >60 engagements (from >30), Amber when 50-59 (from 25-29) and Red when <50 (from 24 or fewer)
   - PI/STR/004 - Media engagement: Renamed this PI from previous title of 'External Mass Engagement'. Updated the RAG ranges to Target & Green when >35 engagements (from >15), Amber when 20-34 (from 12-14) and Red when <20 (from 11 or fewer)
   - PI/STR/013 – Added new PI for 'GDC newsletter engagement' to measure the level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter. Initial RAG ranges have been set as shown in section 5.1 which will be monitored and revised if required.
   - PI/STR/014 – Added new PI for 'Digital Engagement' to measure the level of engagement we have through our website visitors. Initial RAG ranges have been set as shown in section 5.1 which will be monitored and revised if required.

4. **(For noting)** Revisions to Section 2.1 – FTP End to End Process Dashboard to update the Contextual Measures to show incoming and closing balances in each stage are still pending, which were approved in the February 2019 SLT board meeting. Further work with subject matter experts in each FtP case stage is required to ascertain the logic required for calculating the case loads to balance at each stage.

These amendments have been made into the updated version of the Balanced Scorecard change control log.

ANNEX A

Registration and Corporate Resources Directorate Performance Indicators

1.1 Finance Performance Indicators
1.2 IT Performance Indicators
1.3 Registration Process Performance Indicators Dashboard
1.4 Registration Process Dashboard Reference Information
1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking
1.6 Supplementary Registration Performance Indicators

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1.1 Finance Performance Indicators

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

REGISTRATION AND CORPORATE RESOURCES KEY PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: GURVINDER SOOMAL

KPI/FCS/001 – Organisational Income

KEY PERFORMANCE INDICATOR:

Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/ efficiency

DESIRED OUTCOME

Total ARF income received by the GDC is sufficient to fund its operations.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 105%

TARGET LEVEL:	**100% to budget**
Green when:	100% +
Amber when:	98% to 99.9%
Red when:	97.9% or lower

PERFORMANCE INSIGHTS:

- **Total income is higher than budgeted by £0.2m for 2019. This is largely due to the following:**
- **Higher than budgeted Dentist ARF income (£67k)**
- **Investment income higher than budgeted for the period (£97k), due to returns from S&W investments. .**

KPI/FCS/002 – FTP Expenditure

KEY PERFORMANCE INDICATOR:

Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/ efficiency

DESIRED OUTCOME

The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.

ACTUAL PERFORMANCE

THIS PERIOD: 93%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**100% to budget**
Green when:	98% to 102%
Amber when:	Below 98% OR 102.1% to 105%
Red when:	Above 105%

PERFORMANCE INSIGHTS:

- **This KPI compares the quarter 1 actual results for FtP operating expenditure to the agreed quarter 1 budget.**
- **FtP expenditure was £209k lower than budgeted year to date. This is largely due to a favourable variance of £169k on Hearings meeting fees and expenses as the year to date we have 76 lost and wasted days.**
- **The legal assessors budget has provided a favourable variance of £20k, however this is expected to reduce as the number of referrals has increased.**
- **There are vacant posts on Casework and Hearings. These posts are being covered internally until the transition of Casework to Birmingham and Hearings to Wimpole Street.**

KPI/FCS/003 – Non-FTP Expenditure

KEY PERFORMANCE INDICATOR:

Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/ efficiency

DESIRED OUTCOME

The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.

ACTUAL PERFORMANCE

THIS PERIOD: 84%

PREVIOUS PERIOD: 96%

TARGET LEVEL:	**100% to budget**
Green when:	98% to 102%
Amber when:	Below 98% OR 102.1% to 105%
Red when:	Above 105%

PERFORMANCE INSIGHTS:

- **This KPI compares Quarter 1 actual results for non-FtP operating expenditure to the agreed budget.**
- **Overall, non-FtP expenditure was £1.0m lower than budgeted for Quarter 1.**
- **Staffing costs were £374k lower than budgeted due to delays in recruiting to vacant posts and recruiting roles in Birmingham at lower than budgeted market rate.**
- **Non-FtP Legal & professional fees were £246k lower than budgeted. ILPS legal fees has been lower than budgeted as there is a lower number of cases coming to hearing in the first quarter.**
- **Meeting fees were lower than budgeted £164k A Large proportion of this is due to the timing of budgeted meeting in Education QA £125k.**
- **There is an underspend of £194k in Other staff costs due to recruitment as the recruitment drive continues to be manged in house.**

PI/FCS/004 – Pension Scheme Funding Position

KEY PERFORMANCE INDICATOR:

The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/ efficiency

DESIRED OUTCOME

The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case , the scheme is fully funded to avoid a call on the employer for further contributions.

ACTUAL PERFORMANCE

THIS PERIOD: Surplus of £0.3m (101%)

PREVIOUS PERIOD: Deficit of £0.3m (101%)

TARGET LEVEL:	**100% or greater**
Green when:	Less than £2m shortfall
Amber when:	Between £2m and £5m shortfall
Red when:	Greater than £5m shortfall

PERFORMANCE INSIGHTS:

- **This KPI is updated annually when we receive the Pension Scheme accounts.**
- **This will be updated in Q3 as this is when the information is received from the external provider.**

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1.1 Finance Performance Indicators

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

REGISTRATION AND CORPORATE RESOURCES KEY PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: GURVINDER SOOMAL

PI/FCS/005 – Financial Reporting Timeliness

KEY PERFORMANCE INDICATOR:

The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/efficiency

DESIRED OUTCOME

The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports

ACTUAL PERFORMANCE

THIS PERIOD:
2 out of 3 Months within deadline

PREVIOUS PERIOD: ***3 out of 3***

TARGET LEVEL:	**3 out of 3 months to deadline**
Green when:	3 out of 3 months
Amber when:	2 out of 3 months
Red when:	1 out of 3 or fewer

PERFORMANCE INSIGHTS:

- The Finance team has transitioned to Birmingham during January and February. The February month end reporting was delayed as the Birmingham Team worked to develop a more in department understanding of the organisation and the costs centres within it.
- Processes are currently being reviewed to ensure processes are clear and reporting in timely and accurate.

PI/FCS/006 – Fees and Expenses Payments Timeliness

KEY PERFORMANCE INDICATOR:

Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/efficiency

DESIRED OUTCOME

The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.

ACTUAL PERFORMANCE

THIS PERIOD:
Fees – 100%, Expenses – 90%

PREVIOUS PERIOD :
Fees – 100%, Expenses – 97%

TARGET LEVEL:	**95% processed within deadline**
Green when:	95% +
Amber when:	85% to 94%
Red when:	84% and lower

PERFORMANCE INSIGHTS:

- 100% of fees were paid on time.
- 90% of expenses were paid within deadline, against a target of 95%.
- Any late payment of expenses was due to pending queries on submitted claims.

PI/FCS/007 – Invoices and Refunds Timeliness

KEY PERFORMANCE INDICATOR:

Proportion of invoices and refunds that are processed in line with recognised deadline

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/efficiency

DESIRED OUTCOME

The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.

ACTUAL PERFORMANCE

THIS PERIOD:
AVERAGE: 76%:
Invoices: 87%
Suppliers: 87%
Refunds: 55%
PREVIOUS PERIOD:
AVERAGE: 79%:
Invoices: 66%
Suppliers: 91%
Refunds: 81%

TARGET LEVEL:	**90% processed within 30 days**
Green when:	90% +
Amber when:	75% to 89%
Red when:	74% and lower

PERFORMANCE INSIGHTS:

- Q1 performance for invoices is 87%, which is 3% below the target of 90%. This was mainly due to the following:
- Mills and Reeve invoices where original invoices had not been received and a delay in then invoices being receipted.
- Sands Catering invoices that are received in the month but processed as one batch in the month
- The number of suppliers paid within our 30 days payment terms is 87%, 3% below target.
- Only 55% of refunds were paid on time against the target of 90%. There was a delay in processing refunds during February when the Finance team was transitioning form London to Birmingham (one batch with 4 refunds totalling £106 was delayed by one day).

PI/FCS/008 – Adherence to Purchase Order Policy

KEY PERFORMANCE INDICATOR:

Value of invoices where a purchase order has not been raised at the point of commissioning the service/product

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/efficiency

DESIRED OUTCOME

GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.

ACTUAL PERFORMANCE

THIS PERIOD:
£42.4k

PREVIOUS PERIOD:
£283.2k

TARGET LEVEL:	**Less than £150k non invoiced spend**
Green when:	Below £150k
Amber when:	Between £150k and £400k
Red when:	Above £400k

PERFORMANCE INSIGHTS:

- £42.4k of invoices were not compliant in this period, which is £107.6k below the £150k target.
- £10k of this total relates to a HR invoice whereby Quantum Actuarial did not quote a purchase order. However, it should be noted that this work is commissioned directly by the Trustee in accordance with pension administration arrangements.
- £10k relates to IT of which 7 invoices were received from Quantiq and £12k to In-house Legal Presentation Services.

1.1 Finance Performance Indicators

PI/FCS/019 – Organisational Efficiencies

ORGANISATIONAL INDICATOR

KEY PERFORMANCE INDICATOR:

The actual realisation of planned organisational efficiencies in comparison to budgeted levels

CORPORATE STRATEGY LINK

Performance Objective 2: Management of resources/ efficiency

DESIRED OUTCOME

The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 101%

TARGET LEVEL:	**For efficiency savings to be equal to or greater than the budgeted level**
Green when:	Forecast yearly efficiency savings at 100% or greater of budgeted level
Amber when:	Forecast yearly efficiency savings at 95% to 99% of budgeted level
Red when:	Forecast yearly efficiency savings at less than 80% of budgeted level

PERFORMANCE INSIGHTS:

- **Overall efficiency savings as at end of Q1 was £0.3m compared to target of £0.3m. This is due to:**
  - **ILPS continuing to take the majority of the cases referred to prosecution.**
  - **The implementation of Case Examiners which continue deliver savings.**
  - **£0.1m savings realised from replacing stenographers with loggers.**
  - **£0.1m savings in Hearings' venue hire costs due to a reduction in the number of external venues used.**
  - **Overall savings is off-set by costs relating to STB & Estates.**

1.2 IT Performance Indicators

KPI/FCS/009 – GDC Website and Online Register Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of time that the GDC website is available.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across all functions

DESIRED OUTCOME

Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public) and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**99.7% + availability**
Green when:	99.7% to 100%
Amber when:	97% to 99.69%
Red when:	0% to 96.99%

PERFORMANCE INSIGHTS:

- **100% uptime was achieved with no issues recorded during the period and the availability of the GDC website and online register was maintained continuously during Q1.**

PI/FCS/010 – eGDC Site Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of time that the eGDC website is available.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across all functions

DESIRED OUTCOME

Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**99.7% + availability**
Green when:	99.7% to 100%
Amber when:	97% to 99.69%
Red when:	0% to 96.99%

PERFORMANCE INSIGHTS:

- **100% uptime was achieved with no issues recorded during the period and with the site available for applicants and registrants to make online service interactions during Q1.**

KPI/FCS/011 – Dynamics CRM Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of time that the Dynamics CRM organisational database is available.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across all functions

DESIRED OUTCOME

Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**99.7% + availability**
Green when:	99.7% to 100%
Amber when:	97% to 99.69%
Red when:	0% to 96.99%

PERFORMANCE INSIGHTS:

- **100% uptime was achieved with no issues recorded during the period with the system continuously available for use in all GDC departments that process their work within Dynamics CRM during Q1.**

PI/FCS/012 – GDC Exchange Email Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of time that GDC Exchange Email is available.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across all functions

DESIRED OUTCOME

Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**99.7% + availability**
Green when:	99.7% to 100%
Amber when:	97% to 99.69%
Red when:	0% to 96.99%

PERFORMANCE INSIGHTS:

- **100% uptime was achieved with no issues recorded during the period with GDC email available for all users continuously during Q1.**

1.2 IT Performance Indicators

PI/FCS/013 – IT Service Desk Timeliness

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of IT support/development requests that are processed within service level agreement timeframes.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across all functions

DESIRED OUTCOME

The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.

ACTUAL PERFORMANCE

THIS PERIOD: 96%

PREVIOUS PERIOD: 94%

TARGET LEVEL:	**95% within deadline**
Green when:	95% to 100%
Amber when:	90% to 94.99%
Red when:	0% to 89.99%

PERFORMANCE INSIGHTS:

- **Performance has increased by 2% in Q1 2019 with 96.37% processed within the service level agreement.**
- **2,185 service desk requests were completed over this period, 325 less than Q4 2018.**
- **This performance indicator is a composite measure taking into account all IT service desk requests carried out across IT support, web and database services.**
- **Target response times range depending on the nature of the request - from 30 minutes for straightforward desktop issues to 20 days for complex change requests.**

PI/FCS/014 – IT Customer Service Feedback

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of customer survey feedback received in the 'satisfactory' category.

CORPORATE STRATEGY LINK

Performance Objective 2: Cost reduction/efficiency

DESIRED OUTCOME

The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.

ACTUAL PERFORMANCE

THIS PERIOD: 99%

PREVIOUS PERIOD: 97%

TARGET LEVEL:	**95% satisfactory**
Green when:	95% to 100%
Amber when:	90% to 94.99%
Red when:	0% to 89.99%

PERFORMANCE INSIGHTS:

- **98.68% of users rated their service as good or very good thus remaining in target for Q1 2019. 701 surveys were completed.**
- **The IT customer survey operates in the manner of a 'pulse' survey – users are sent a link after every completed service desk request to enable that specific interaction to be assessed.**

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1.3 Registration Performance Indicators – Process Dashboard

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

REGISTRATION AND CORPORATE RESOURCES KEY PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: GURVINDER SOOMAL

NOTES FOR BELOW INDICATORS:
'Overall' Processing Time = Total time taken, including the time when the application was on hold awaiting further applicant information to be provided.
'Active' Processing time = Time only where the ability to process the application is in the control of the GDC.

	PI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	KPI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA & Overseas Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time	THIS PERIOD 6 Calendar Days *PREVIOUS PERIOD 11 Calendar Days*	THIS PERIOD 8 Calendar Days *PREVIOUS PERIOD 18 Calendar Days*	THIS PERIOD 20 Calendar Days *PREVIOUS PERIOD 39 Calendar Days*	THIS PERIOD 34 Calendar Days *PREVIOUS PERIOD 37 Calendar Days*	THIS PERIOD 98 Calendar Days *PREVIOUS PERIOD 101 Calendar Days*	THIS PERIOD 114 Calendar Days *PREVIOUS PERIOD 118 Calendar Days*	THIS PERIOD 25 Calendar Days *PREVIOUS PERIOD 37 Calendar Days*
B. Average Active Processing Time	THIS PERIOD 4 Calendar Days *PREVIOUS PERIOD 4 Calendar Days*	THIS PERIOD 3 Calendar Days *PREVIOUS PERIOD 11 Calendar Days*	THIS PERIOD 6 Calendar Days *PREVIOUS PERIOD 26 Calendar Days*	THIS PERIOD 25 Calendar Days *PREVIOUS PERIOD 28 Calendar Days*	THIS PERIOD 69 Calendar Days *PREVIOUS PERIOD 75 Calendar Days*	THIS PERIOD 72 Calendar Days *PREVIOUS PERIOD 77 Calendar Days*	THIS PERIOD 22 Calendar Days *PREVIOUS PERIOD 34 Calendar Days*
C. Contextual Measures – Incoming	25 applications received	1,485 applications received	483 applications received	250 applications received	57 applications received	172 applications received	88 applications received
C. Contextual Measures – Processed	9 applications completed	915 applications completed	313 applications completed	166 applications completed	6 applications completed	23 applications completed	69 applications completed
C. Contextual Measures – Work In Progress	1 live applications at quarter end	371 live applications at quarter end	118 live applications at quarter end	83 live applications at quarter end	43 live applications at quarter end	106 live applications at quarter end	40 live applications at quarter end
D. Insights	• The total number of applications completed was 80% lower than forecast during Q1. • There were 2 less applications received compared to the 27 applications received in in Q4. • There were 31% more live applications in Q1 compared to the 26 live applications in Q4	• The applications completed was 8% lower than forecast. • There were 40% more received compared to the 1,057 received in Q4. The main reason behind the increase is a recent course completion by one of the largest providers of dental nurse qualifications, NEBDN. • There were 529% more live DCP applications at the end of Q1 compared to the 59 live applications in Q4.	• Restorations completed were 15% below forecast. • Applications received was 39% more than the 348 received in Q4. • There were 87% more live applications in Q1 compared to the 63 in Q4. • 39% were Dentist Restorations whereas 61% were DCPs.	• 166 EEA Dentist applications were processed during Q1, which was 29% higher than forecast. • There were 7% less applications received than the 268 applications received in Q4. • There were 30% less live applications in Q1 compared to the 199 live applications in Q4.	• Six applications were completed which was four applications below forecast. • Applications received in Q1 was six higher than the 51 received in Q4. • There were 26% more live applications in Q1 compared to the 34 live applications in Q4	• Applications received has increased by 29% compared to the 133 received in Q4. • There were 112% more live applications in Q1 compared to the 50 live applications in Q4	• 69 applications were completed which is 25% higher than forecast. • 88 applications were received during Q1 which is 38% higher than the 64 received the previous quarter. • There were 22% less live applications in Q1 compared to the 51 live applications in Q4

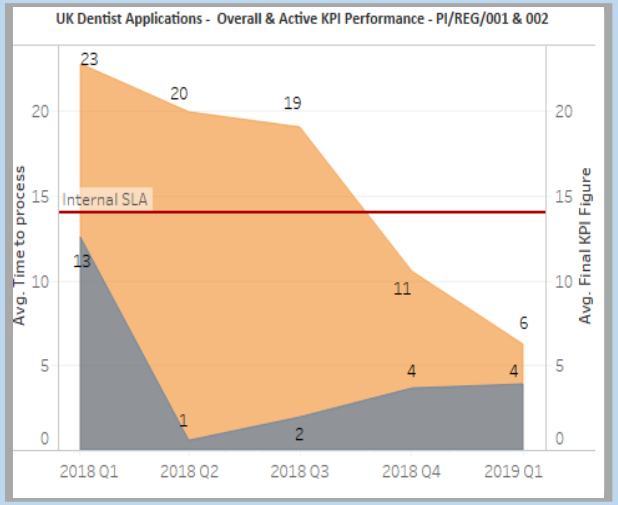
1.4 Registration Performance Indicators – Process Dashboard Reference Sheet

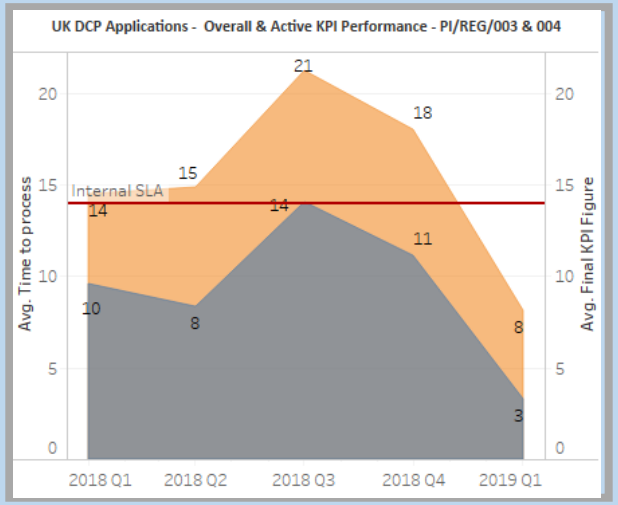
DEPARTMENTAL INDICATORS	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
DESCRIPTION	*PI/REG/001: The average overall time taken to process all UK Dentist Applications*	*PI/REG/003: The average overall time taken to process all UK DCP Applications*	*PI/REG/005: The average overall time taken to process all Restoration Applications*	*PI/REG/007: The average overall time taken to process all EEA Dentist Applications*	*PI/REG/009: The average overall time taken to process all Assessed Dentist Applications*	*PI/REG/011: The average overall time taken to process all Assessed DCP Applications*	*PI/REG/013: The average overall time taken to process all Specialist List Applications*
	PI/REG/002: The average time taken with days on-hold removed to process all UK Dentist Applications	*PI/REG/004: The average time taken with days on-hold removed to process all UK DCP Applications*	*PI/REG/006: The average time taken with days on-hold removed to process all Restoration Applications*	*PI/REG/008: The average time taken with days on-hold removed to process all EEA Dentist Applications*	*PI/REG/010: The average time taken with days on-hold removed to process all Assessed Dentist Applications*	*PI/REG/012: The average time taken with days on-hold removed to process all Assessed DCP Applications*	*PI/REG/014: The average time taken with days on-hold removed to process all Specialist List Applications*
TARGET LEVEL:	Within 14 Calendar Days	Within 14 Calendar Days	Within 14 Calendar Days	Within 60 Calendar Days	Within 60 Calendar Days	Within 80 Calendar Days	Within 80 Calendar Days
GREEN when:	Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days
AMBER when:	Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days
RED when:	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	121 Days (Statutory Time Limited Level) +	91 Days (Statutory time limit level) +

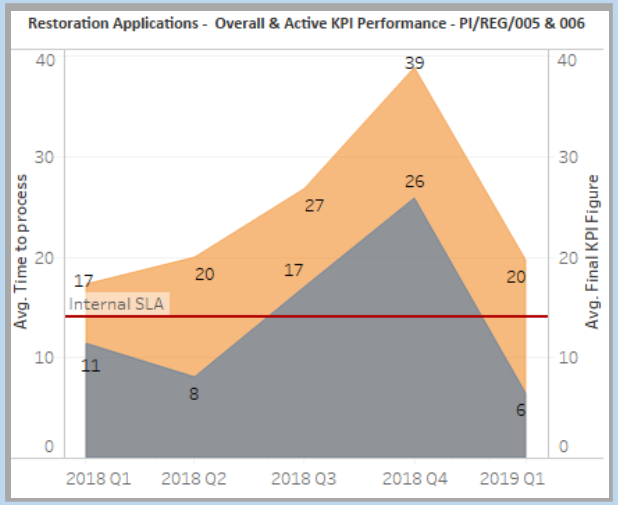
DESIRED OUTCOME	**Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement.**
Corporate Strategy Link	**Performance Objective 1 & 2: Highly effective regulator and management of resources.**

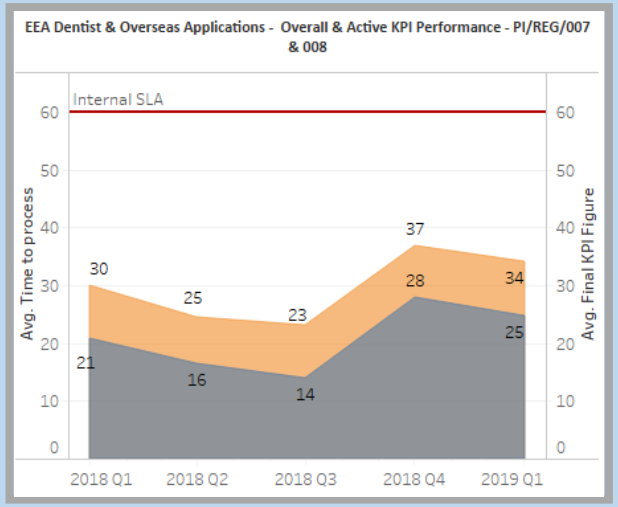
1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking

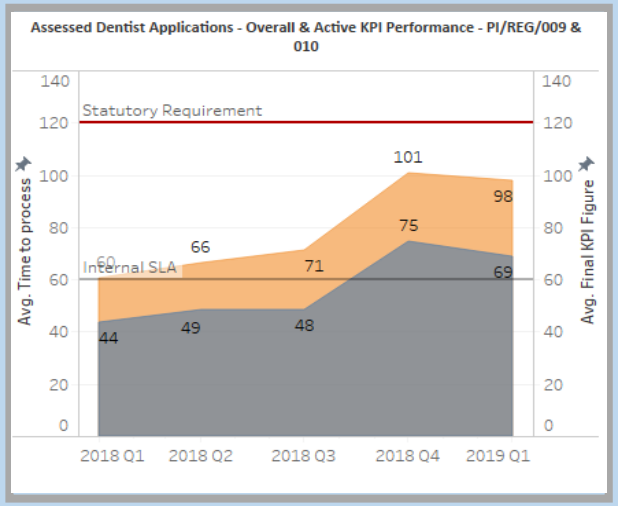
Registration Processing Times
Overall
Active

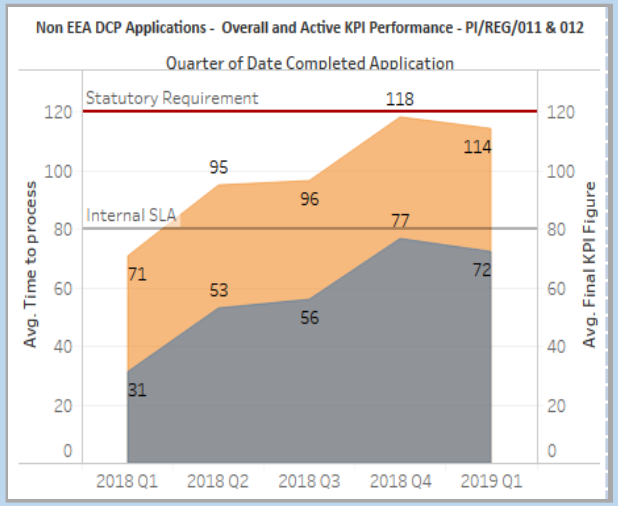


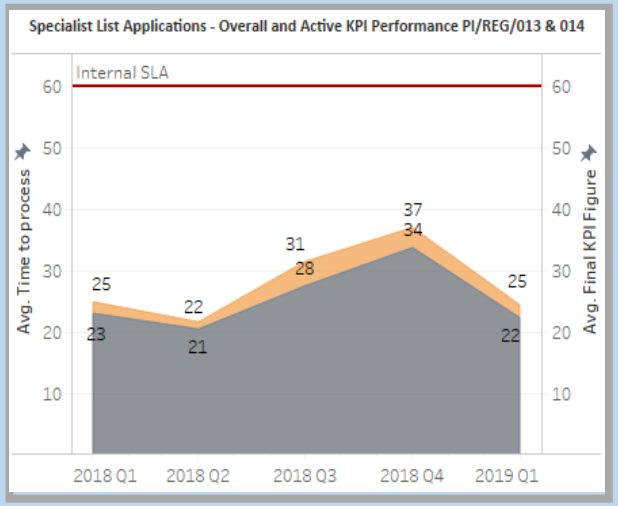












1.6 Supplementary Registration Performance Indicators

PI/REG/015 – Call Centre Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

The majority of customer service calls can be answered by CAIT in a timely fashion prior to the caller ceasing to wait in the call queue.

ACTUAL PERFORMANCE

THIS PERIOD: 97%

PREVIOUS PERIOD: **96%**

TARGET LEVEL:	**85% + calls are answered**
Green when:	85% +
Amber when:	65% to 84%
Red when:	64% or lower

PERFORMANCE INSIGHTS:

- **12,934 out of 13,319 offered calls were handled during Q1 2019.**
- **The number of calls received had decreased by 12% compared to the 15,239 received in Q4 2018.**

PI/REG/017 – Registration Applications Processed

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The year to date number of additions to the Register compared to budgeted levels.

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations.

ACTUAL PERFORMANCE

THIS PERIOD: 100% to budget

PREVIOUS PERIOD: 105%

TARGET LEVEL:	**100% of expected registrations**
Green when:	95% +
Amber when:	85% and 94%
Red when:	84% or less

PERFORMANCE INSIGHTS:

- **The income generated from applications is 9% above forecast for Q1 2019.**
- **1, 501 applications was completed against the 1,627 forecast in Q1 2019 . Of the applications completed:**
  - **12% were UK DCP applications.**
  - **4% were UK Dentist.**
  - **41% were Restoration.**
  - **36% were EEA Dentist and Non-EEA Dentist.**
  - **7% was Specialist.**
  - **2% was Temporary Registration.**
  - **0.4% was Overseas DCP.**

PI/REG/019 – Minimum Acceptable Productivity

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets.

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources.

DESIRED OUTCOME

Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**95%+ of staff meeting MAP's**
Green when:	95%+
Amber when:	85% to 94%
Red when:	84% or lower

PERFORMANCE INSIGHTS:

- **All of the UK Registration Officers met their relevant MAP during Q1 2019. 1,993 applications were received and 1,237 were completed during Q1. There were 523 live applications at the quarter end.**
- **The total number of live applications has increased by 253% compared to the 148 live applications at the end of Q4.**
- **The overall average time to process was 11 days which is an improvement of 12 days compared to the previous period whereas the average active processing time was 4 days during Q1, improving by 11 days compared to Q4.**
- **Currently, MAPs are only reportable for the UK Registration area but development is ongoing to ensure a robust set of MAPs are live and monitored for both DCP and Dentist Casework teams in 2019.**

1.6 Supplementary Registration Performance Indicators

PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.

ACTUAL PERFORMANCE

THIS PERIOD: 91%

PREVIOUS PERIOD: 91%

TARGET LEVEL:	**80% or above**
Green when:	80% +
Amber when:	60% to 79%
Red when:	59% or lower

PERFORMANCE INSIGHTS:

- **91% of 250 respondents were positive about the Registration department's customer service supplied throughout the application process during the quarter.**
- **5% provided neutral feedback and 5% provided negative feedback.**

PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of Registration applications that pass audit inspection.

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.

ACTUAL PERFORMANCE

THIS PERIOD: 90.37%

TARGET LEVEL:	**90% pass rate**
Green when:	90% and 100%
Amber when:	80% and 89%
Red when:	79% or lower

PERFORMANCE INSIGHTS:

- **This result is for UK Registration, a random sample of 194 applications were audited from a total of 914 applications received by the UK registration department from 1 November 2018 to 31 December 2018.**

Fitness to Practise Directorate Performance Indicators

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005, 006 & 008 in the organisational key performance indicators page (1.2).

A summary relating to supportive indicators is noted below:

- **PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness has remained within target in Q1, at 99%.**
- **PI/FTP/002 – The team has been reducing the backlog and has been prioritising older cases which have already exceeded the 17 weeks target. Q1 has seen an increase in performance as the team process newer cases.**
- **PI/FTP/003 – Assessment referral to Case Examiner completion has decreased to 8% due to delays caused at the Rule 4 stage.**
- **PI/FTP/004 – Q1 has seen performance against the 7 day initial decision target increase to 95%.**
- **PI/FTP/009 – Q1 saw the percentage of cases against this PI fall from 74% to 70%. Out of 30 cases, 9 missed the 9 month target. 3 of these cases took over 20 months to complete, the remaining 6 cases took 9, 11 and 15 months.**
- **PI/FTP/010 – ILPS disclosure timeliness increased to 88% in Q1, back within the target.**
- **PI/FTP/011 – 13 out of 43 cases missed the PI. The reasons are as follows: scheduling issues, issues with panel members, issues with bundles and technical issues with video link, new evidence raised by a witness which required an addendum expert report, GDC asked for a postponement as a new expert was needed.**
- **PI/FTP/012 – Performance against this PI remained steady at 94%.**
- **PI/FTP/028 – ELPS disclosure timeliness was achieved at 93% in Q1.**
- **PI/FTP/029 – This is a new measure which compares the cumulative proportion of hearing days delivered (YTD) to the total hearing days budgeted. In Q1 2019, 78% of hearing days were delivered. In total there were 350 days scheduled and 274 days were used.**

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2.1 FTP End-to-End Process – Performance Indicators Dashboard

FITNESS TO PRACTISE PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: TOM SCOTT

	IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings
A. Headline Timeliness Performance Indicators	**KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome)** *TARGET: 75% within* 15 months *THIS PERIOD: 23% PREVIOUS PERIOD: 11%* ⇧					
	KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision *TARGET: 75% within* 6 months *THIS PERIOD: 19% PREVIOUS PERIOD: 15%* ⇧			**PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing** *TARGET: 80% within 9 months THIS PERIOD: 70% PREVIOUS PERIOD: 74%* ⇩		
B. Supportive Measures	**PI/FTP/001 – IAT Timeliness: Receipt to IAT Decision** *TARGET: 95% within 20 days* *THIS PERIOD: 99%* *PREVIOUS PERIOD: 99%* ⇨	**PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision** *TARGET: 70% within 17 weeks* *THIS PERIOD: 51%* *PREVIOUS PERIOD: 38%* ⇧	**PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion** *TARGET: 75% within 9 weeks* *THIS PERIOD: 8%* *PREVIOUS PERIOD: 10%* ⇩ **PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision** *TARGET: 95% within 7 days* *THIS PERIOD: 95%* *PREVIOUS PERIOD: 92%* ⇧	**KPI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals** *TARGET: 21 or fewer cases referred externally per quarter* *THIS PERIOD: 18 ELPS referrals* *PREVIOUS PERIOD: 12 ELPS referrals* ⇩ **PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken** *TARGET: 80% of cases disclosed within 98 days* *THIS PERIOD: 88%* *PREVIOUS PERIOD: 74%* ⇧	**PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken** *TARGET: 80% of ELPS cases disclosed within 98 days* *THIS PERIOD: 93%* *PREVIOUS PERIOD: 80%* ⇧	**PI/FTP/011 – Hearings Completed Without Adjournment** *TARGET: 85%* *THIS PERIOD: 71%* *PREVIOUS PERIOD: 92%* ⇩ **PI/FTP/012 – Hearings Completed With Facts Proved** *TARGET: 80%* *THIS PERIOD: 94%* *PREVIOUS PERIOD: 94%* ⇨ **PI/FTP/029 – Cumulative Hearing Performance Against Budget Forecast** *TARGET: 90% hearing days delivered* *THIS PERIOD: 78%*
C. Contextual Measures						
Incoming	375 cases	266 cases	128 cases	71 cases	18 cases	70 cases
Processed	349 cases	283 cases	210 cases	46 cases	20 cases	30 cases
Referral Rate	78%	48%	42%	80%	20%	39%
Work In Progress*	18 cases *Est. Queue Length – 3 days*	485 cases (475 – Assessment + 10 – Rule 9) *Est. Queue Length – 20 weeks*	284 cases (82 - CE Support + 195 - Rule 4 + 7 - Rule 6E) *Est. Queue Length – 23 weeks*	185 cases *Est. Queue Length – 8 months*	54 cases *Est. Queue Length – 14 months*	211 cases (199 – Awaiting PCC + 12 – Adjourned) *Est. Queue Length – 10 months*

*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

2.2 FTP End-to-end Process – Targets Reference Sheet

DEPARTMENTAL INDICATORS

KPI/FTP/Ref IAT | KPI/FTP/Ref Assessment | KPI/FTP/Ref Case Examiners | KPI/FTP/Ref ILPS | KPI/FTP/Ref ELPS | KPI/FTP/Ref Hearings

A. Headline Timeliness Performance Indicators

PI/FTP/008 *The proportion of cases that reach an initial hearing within 15 months of receipt*
TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*

PI/FTP/005 *The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt*
TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*

PI/FTP/009 *The proportion of prosecution cases heard within 9 months of referral for prosecution*
TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70%
(PO 1 & PO 5)* [DO6]*

B. Supportive Measures

PI/FTP/001
The proportion of cases to clear IAT within 20 working days of receipt
TARGET: 95% + on time
Green: 95%+ Amber: 85 - 94%
Red: <85%
(PO 1 & PO 5)* [DO1]*

PI/FTP/002
The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt
TARGET: 70% + on time
Green: 70%+ Amber: 60 - 69%
Red: <60%
(PO 1 & PO 5)*
[DO2]*

PI/FTP/003
The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral
TARGET: 75% + on time
Green: 75%+ Amber: 65 - 74% Red: <65%
(PO 1 & PO 5)*
[DO3]*

PI/FTP/004
The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support
TARGET: 95% + on time
Green: 95%+ Amber: 85 - 94%
Red: <85%
(PO 1 & PO 5)*
[DO3]*

PI/FTP/006
The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions
TARGET: 7 or fewer ELPS referrals per month
Green: 7 or fewer Amber: 8 – 9 Red: 10+
(PO 2)* [DO4]*

PI/FTP/010
The proportion of ILPS cases to be disclosed within 98 working days of referral
TARGET: 80% + on time Green: 80%+
Amber: 75 - 79% Red: <75%
(PO 1 & PO 5)* [DO7]*

PI/FTP/028
The proportion of ELPS cases to be disclosed within 98 working days of referral
TARGET: 80% + on time Green: 80%+
Amber: 75 - 79% Red: <75%
(PO 1 & PO 5)* [DO7]*

PI/FTP/011
The proportion of initial hearings to be completed without adjournment
TARGET: 85% Green: 85%+
Amber: 80 - 84% Red: <80%
(PO 2)* [DO8]*

PI/FTP/012
The proportion of cases heard at initial hearings to have facts proved
TARGET: 80% Green: 80%+
Amber: 70 - 79% Red: <70%
(PO 5)* [DO9]*

PI/FTP/029
The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted
TARGET: 90% *hearing days delivered*
Green: 90% or above Amber: 80 – 90%
Red: <80%
(PO 2)* [DO10]*

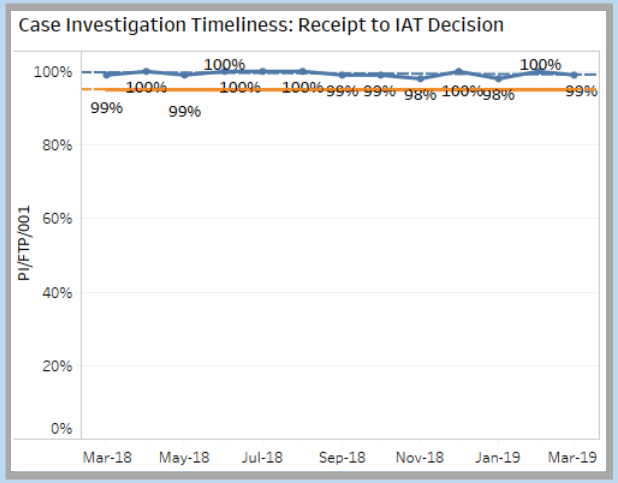
(PO)* Objectives

(PO 1) Performance Objective 1: Reduce time taken to investigate complaints
(PO 2) Performance Objective 2: Management of resources/ efficiency
(PO 5) Professional Objective 5: Timely, fair and proportionate FTP action

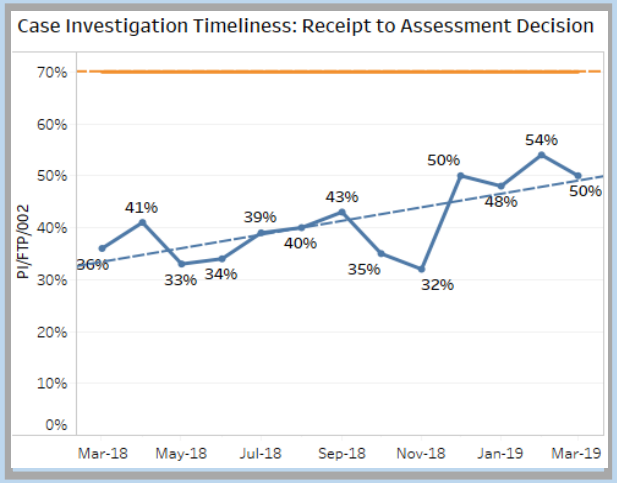
[DO]* Desired Outcome

DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.
DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.
DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.
DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels
DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels
DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.
DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.
DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process
DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate
DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible
DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.

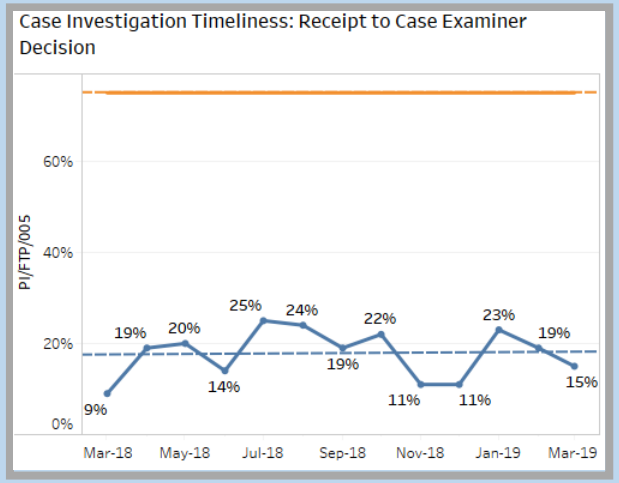
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



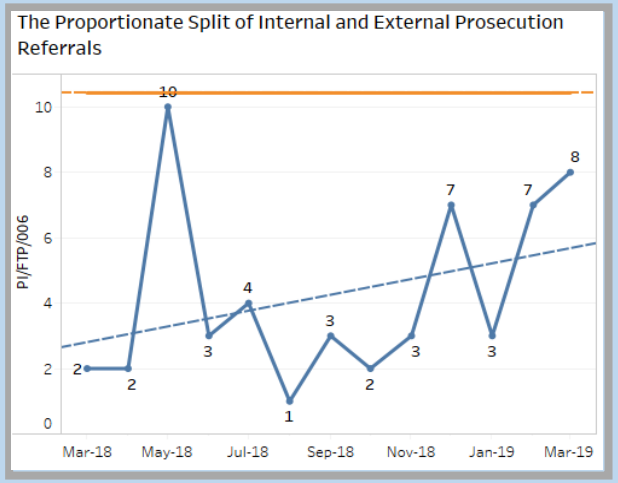
Target = 95% within 20 days



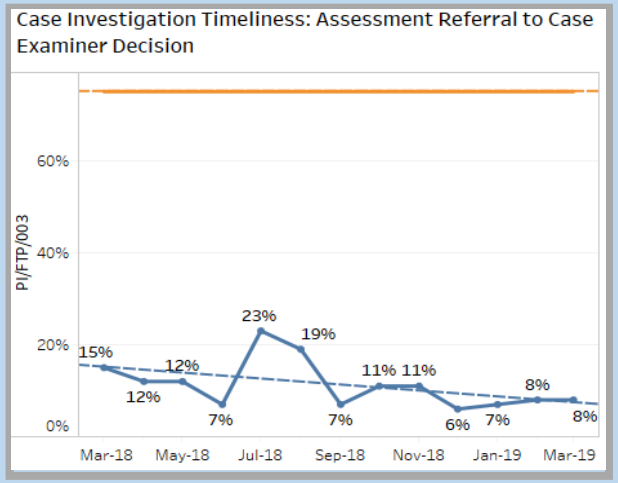
Target = 70% within 17 weeks



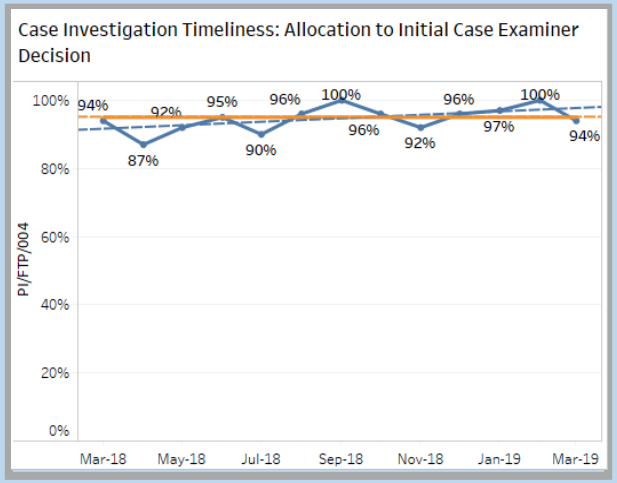
Target = 75% within 6 months



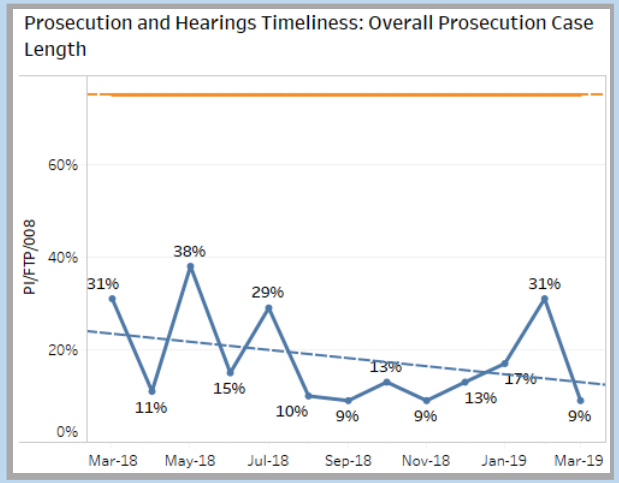
Target = 21 or fewer cases referred externally per quarter



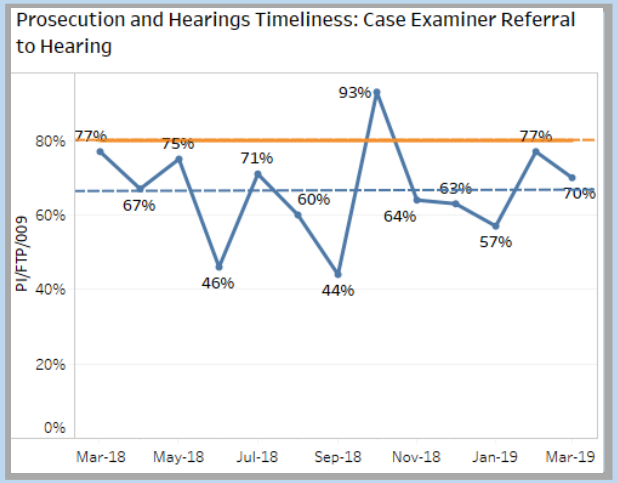
Target = 75% within 9 weeks



Target = 95% within 7 days

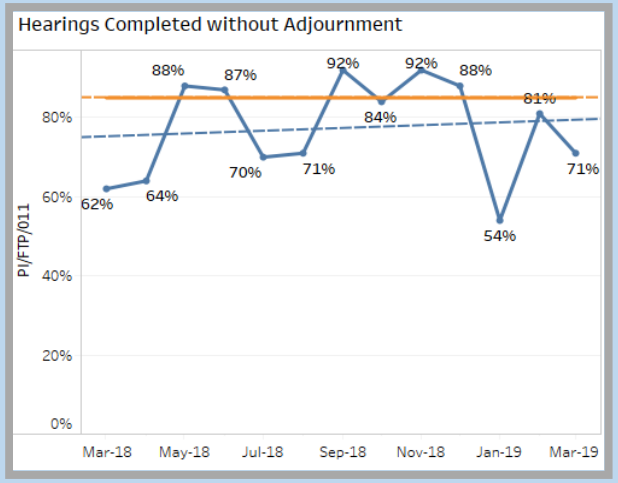


Target = 75% within 15 months

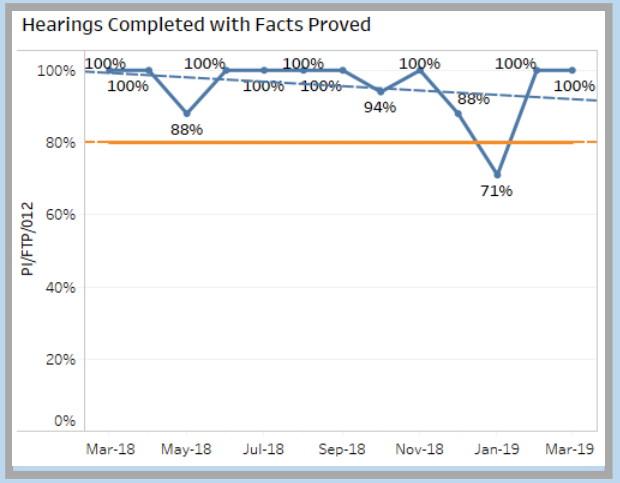


Target = 80% within 9 months

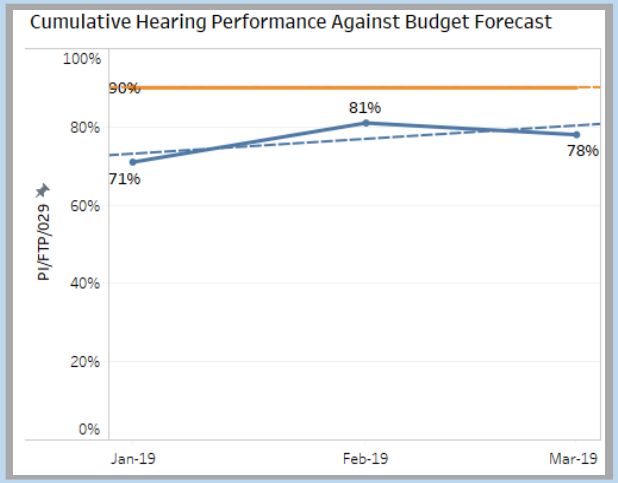
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



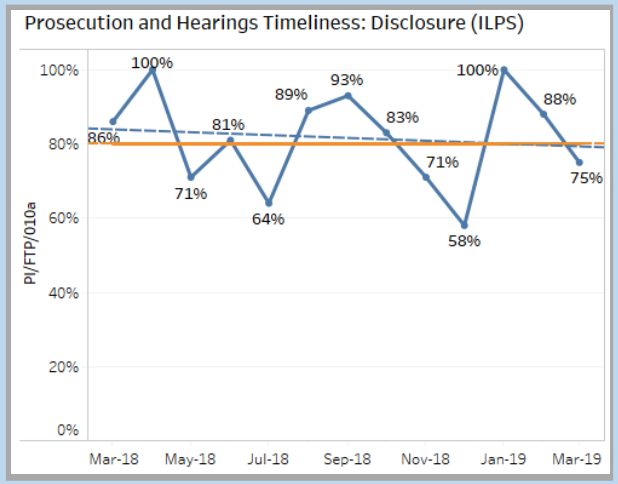
Target = 85%



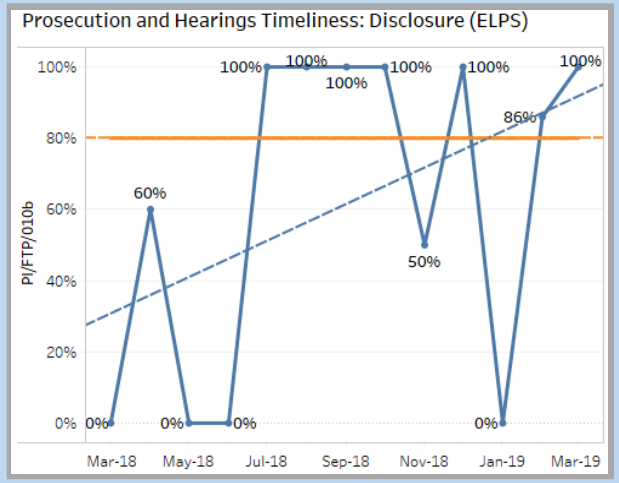
Target = 80%



Target = 90% hearing days delivered (YTD)



Target = 80% of cases disclosed within 98 days



Target = 80% of cases disclosed within 98 days

2.4 FTP Performance Indicators – Interim Orders Committee Timeliness

KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner.

CORPORATE STRATEGY LINK

Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.

DESIRED OUTCOME

Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 80%

PREVIOUS PERIOD: 84%

TARGET LEVEL:	**95% + on time**
Green when:	95% +
Amber when:	85 - 94%
Red when:	<85%

PERFORMANCE INSIGHTS:

- 5 out of 25 cases missed this KPI in Q1 2019.
- One case was initially referred in September 2018 and listed in October. However the registrant was hospitalised so the GDC applied to remove the date. The case was then heard at the end of January 2019.
- The second case was initially listed within 21 days, to be heard in December, but was postponed at the hearing as the registrant requires assistance from a carer. The case was then heard in January.
- In the third case, the registrant requested a postponement which was agreed, the case was then further delayed as the defence requested time to prepare. The case was heard in January.
- This case was not listed within the target due to the registrants ill health. The case was listed once a doctor was able to confirm improved health.
- This case was initially listed at the beginning of February but the committee adjourned upon the registrants application. The case was then relisted outside of the 21 days.

PI/FTP/015 – IOC Timeliness: IAT Referrals

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.

CORPORATE STRATEGY LINK

Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.

DESIRED OUTCOME

Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 50%

PREVIOUS PERIOD: 50%

TARGET LEVEL:	**95% + on time**
Green when:	95% +
Amber when:	85- 94%
Red when:	<85%

PERFORMANCE INSIGHTS:

- 1 out of 2 cases missed this PI in Q1.
- One case does not count towards the PI as it is a re-referral. The case was adjourned by IAT for further information in July 2018, before being referred to IOC after 12 days. The initial application was declined. The case was then re-referred by Assessment in December 2018 and subsequently heard by the committee at the end of January.
- The second case was received in September 2018 and was also adjourned awaiting further information, it was then referred to IOC after 7 days. Due to the registrant being hospitalised, the case was not heard until January 2019

PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.

CORPORATE STRATEGY LINK

Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.

DESIRED OUTCOME

Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**95% + on time**
Green when:	95% +
Amber when:	85- 94%
Red when:	<85%

PERFORMANCE INSIGHTS:

- There were 4 cases which were referred by IAT following consent chase and both met the PI.

2.5 FTP Performance Indicators – Interim Orders Committee Compliance

PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.

CORPORATE STRATEGY LINK

Professionals Objective 5: Timely, fair and proportionate FTP action.

DESIRED OUTCOME

Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**100% compliant**
Green when:	100%
Amber when:	N/A
Red when:	<100%

PERFORMANCE INSIGHTS:

- **No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q1 2019.**

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of review interim order hearings to be heard within the stated statutory deadlines.

CORPORATE STRATEGY LINK

Professionals Objective 5: Timely, fair and proportionate FTP action.

DESIRED OUTCOME

Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**100% compliant**
Green when:	100%
Amber when:	N/A
Red when:	<100%

PERFORMANCE INSIGHTS:

- **No review IOC hearings were heard after expiry of orders during Q1 2019.**

PI/FTP/019 – Interim Orders Statutory Compliance: High court extensions

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of High Court extension orders to be made before expiry of interim order.

CORPORATE STRATEGY LINK

Professionals Objective 5: Timely, fair and proportionate FTP action.

DESIRED OUTCOME

Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 100%

PREVIOUS PERIOD: 100%

TARGET LEVEL:	**100% compliant**
Green when:	100%
Amber when:	N/A
Red when:	<100%

PERFORMANCE INSIGHTS:

- **No High Court Extension orders were made after expiry of an order in Q1 2019.**

2.6 Dental Complaints Service Performance Indicators

PI/STR/001 – Timeliness of DCS Enquiry Handling

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of DCS enquiries that are completed within 48 hours.

CORPORATE STRATEGY LINK

Performance objective 1: Improve performance across functions so we are highly effective as a regulator

DESIRED OUTCOME

DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe.

ACTUAL PERFORMANCE

THIS PERIOD: 84%

***PREVIOUS PERIOD:* 97%**

TARGET LEVEL:	**80% or above**
Green when:	80%+
Amber when:	75% to 79%
Red when:	< 75%

PERFORMANCE INSIGHTS:

- **This indicator is a combined average of new email, phone, letter and webform enquiries in the quarter received and processed by the DCS.**
- **In total 595 out of 705 enquiries were dealt with within 48 hours.**
- **110 of these enquires related to 1 registrant this is was an increase of 15% of new enquires (550 average per quarter). This influx took place over a 2 week period where 2 team members were on leave. To mitigate the impact on the enquires where DCS could assist, these were prioritised and actioned within the 2 day KPI, those relating to the registrant were processed after the 2 day KPI which impacted on our overall performance but allowed us to assist those that fell within the DCS remit.**

PI/STR/002 – Timeliness of DCS Case Resolution

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of DCS cases that are completed within 3 months.

CORPORATE STRATEGY LINK

Performance objective 1: Improve performance across functions so we are highly effective as a regulator

DESIRED OUTCOME

DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner.

ACTUAL PERFORMANCE

THIS PERIOD: 90%

PREVIOUS PERIOD: 92%

TARGET LEVEL:	**80% or above**
Green when:	80% +
Amber when:	75% to 79%
Red when:	< 75%

PERFORMANCE INSIGHTS:

- **90% of cases were substantively completed within three months during Q1 2019.**
- **69 out of 77 cases were completed within 3 months.**

PI/STR/003 – DCS Customer Service Feedback

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of feedback received which falls into the categories of 'good' or 'excellent'.

CORPORATE STRATEGY LINK

Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach

DESIRED OUTCOME

DCS service users are left with a positive perception of their experience of engaging with the DCS process.

ACTUAL PERFORMANCE

THIS PERIOD: 92%

PREVIOUS PERIOD: 93%

TARGET LEVEL:	**90% or above**
Green when:	90% +
Amber when:	85% to 89%
Red when:	< 85%

PERFORMANCE INSIGHTS:

- **This indicator measures the average percentage across several key categories within the DCS customer service feedback forms.**
- **Feedback has declined, however on review this was predominately regarding the remit of DCS (2 feedback forms out of 12) and not the service, all other feedback was excellent including 2 responses from dental professionals.**
- **Breakdown of the responses:**
  - **Panellist feedback – post panel meeting: 0 responses**
  - **Patient feedback: 10 responses**
  - **Patient feedback – post panel meeting: 0 responses**
  - **Dental Professional feedback: 2 responses**
  - **Dental Professional – post panel meeting: 0 responses**

Legal & Governance Directorate Performance Indicators

3.1 Governance Performance Indicators
3.2 Information Performance Indicators
3.3 Illegal Practice performance Indicators

3.1 Governance Performance Indicators

PI/HRG/010 – Council/Committee Paper Circulation Timeliness

ORGANISATIONAL INDICATOR

KEY PERFORMANCE INDICATOR:

The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision-making.

ACTUAL PERFORMANCE

THIS PERIOD: 79%

PREVIOUS PERIOD: 67%

TARGET LEVEL:	90% within deadline
Green when:	90% to 100%
Amber when:	70% to 89%
Red when:	0% to 74%

PERFORMANCE INSIGHTS:

- There were 13 meetings in Q1 2019 compared to 10 meetings in Q4 2018 .
- 26 papers were submitted after the governance deadline (compared to 57 in Q4 2018). The majority of these were 1 day late. Only 3 were over 2 working days late, largely due to the need to wait for other committees or processes to complete.

PI/HRG/011 – Council/Committee Paper Quality

ORGANISATIONAL INDICATOR

KEY PERFORMANCE INDICATOR:

The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Council members need to be appropriately informed and have good information to make evidence based decisions.

ACTUAL PERFORMANCE

THIS PERIOD: No data

PREVIOUS PERIOD: 83%

TARGET LEVEL:	75% satisfaction
Green when:	75% to 100%
Amber when:	50% to 74%
Red when:	0% to 49%

PERFORMANCE INSIGHTS:

There is no data for this KPI in this period - the surveys to Council members on which this KPI was based are subject to review following negative feedback.

Qualitative feedback at each meeting confirms that although paper quality is generally good, Council and committee members remain concerned about timely circulation of papers, particularly those requiring a decision.

PI/HRG/012 – Council/Committee Minutes Circulation Timeliness

ORGANISATIONAL INDICATOR

KEY PERFORMANCE INDICATOR:

The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

Providing minutes to Directors on time ensures points discussed in meetings are sufficiently and correctly recorded, and can then be forwarded to the Chair for further scrutiny.

ACTUAL PERFORMANCE

THIS PERIOD: 5

PREVIOUS PERIOD: 8

TARGET LEVEL:	Less than 2 late
Green when:	0-2 sets of minutes over a day late in period
Amber when:	3-4 sets minutes over a day late in quarter
Red when:	5+ sets minutes over a day late in quarter

PERFORMANCE INSIGHTS:

- Minutes are expected to be with the lead Director within 4 working days of the meeting. Any minutes presented after this period are counted as late.
- 5 minutes were presented to the lead Director within 7 working days of the meeting.

PI/HRG/013 – Corporate Complaints Timeliness

DEPARTMENTAL INDICATOR

KEY PERFORMANCE INDICATOR:

The number of corporate complaints responded to within the 15 working day deadline.

CORPORATE STRATEGY LINK

Performance Objective 1: Good governance/strong leadership

DESIRED OUTCOME

All corporate complaints are responded to within the 15 working day deadline.

ACTUAL PERFORMANCE

THIS PERIOD: 92%

PREVIOUS PERIOD: 92%

TARGET LEVEL:	100% within deadline
Green when:	85% - 100%
Amber when:	75% to 84%
Red when:	0% to 74%

PERFORMANCE INSIGHTS:

- 27 complaints closed in Q1, 25 were closed within 15 days or less.

3.2 Information Performance Indicators

PI/FTP/023 – Freedom of Information Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).

CORPORATE STRATEGY LINK

Performance Objective 3: Transparency about our approach

DESIRED OUTCOME

Requests for information under the Freedom of Information Act are processed within statutory timeframes.

ACTUAL PERFORMANCE

THIS PERIOD: 98%

PREVIOUS PERIOD: 98%

TARGET LEVEL:	**100% compliant**
Green when:	100%
Amber when:	91% – 99%
Red when:	<=90%

PERFORMANCE INSIGHTS:

- **1 out of 42 requests breached the statutory deadline.**
- **This request was mis-identified as business as usual in the first instance and was allocated as such to another team's mailbox that is not frequently monitored. A response was therefore not sent in time. The requestor followed up after 20 working days lapsed and the request was processed promptly under the FOI Act.**

PI/FTP/024 – Data Protection Act Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)

CORPORATE STRATEGY LINK

Performance Objective 3: Transparency about our approach

DESIRED OUTCOME

Subject Access Requests under the Data Protection Act are processed within statutory timeframes

ACTUAL PERFORMANCE

THIS PERIOD: 85%

PREVIOUS PERIOD: 96%

TARGET LEVEL:	**100% compliant**
Green when:	100%
Amber when:	91% - 99%
Red when:	<=90%

PERFORMANCE INSIGHTS:

- **29 out of 34 requests were responded to within the 30 day target.**
- **3 of the 5 missed cases were due to delays caused by needing to seek special counsel advice in the cases due to a change in law requiring this counsel advice for clinical expert reports.**
- **1 case was a request for an ORE exam sheet which was delayed in being requested to the Information Governance team due to sickness in Registration operations team**
- **The final case was not logged correctly at the time of receipt in Information governance which cause a delay in processing.**

KPI/FTP/025 – Serious Data Security Breaches

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of serious incidents requiring self-reporting to the Information Commissioners Office

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding the need for any serious breach reporting to the PSA

ACTUAL PERFORMANCE

THIS PERIOD: 0

PREVIOUS PERIOD: 2

TARGET LEVEL:	**Zero self reports**
Green when:	0
Amber when:	N/A
Red when:	1 or more

PERFORMANCE INSIGHTS:

- **There were 0 serious data breaches in Q1 2019.**

PI/FTP/026 – Non Serious Data Security Breaches

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding the need for any serious breach reporting to the PSA

ACTUAL PERFORMANCE

THIS PERIOD: 7

PREVIOUS PERIOD: 20

TARGET LEVEL:	**<= 6 per quarter**
Green when:	0 – 6
Amber when:	7 – 12
Red when:	Over 12

PERFORMANCE INSIGHTS:

- **During Q1, 7 out of 27 data security breaches were classified as amber or significant:**
  - **5 related to data being disclosed to the incorrect recipient.**
  - **2 related to incorrect data being disclosed to the intended recipient.**

3.3 Illegal Practice Performance Indicators

DEPARTMENTAL INDICATOR

PI/FTP/020 – Illegal Practice Timeliness: Receipt to Charging

PERFORMANCE INDICATOR:

The proportion of IP cases to have a charging decision made within 9 months of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.

ACTUAL PERFORMANCE

THIS PERIOD: 91%

PREVIOUS PERIOD: 88%

TARGET LEVEL:	**90% + on time**
Green when:	90% +
Amber when:	85 - 89%
Red when:	<85%

PERFORMANCE INSIGHTS:

- **During Q1 2019, 29 of 32 cases had received a decision within the nine month target.**

DEPARTMENTAL INDICATOR

PI/FTP/021 – Illegal Practice Timeliness: Administrative Review

PERFORMANCE INDICATOR:

The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.

ACTUAL PERFORMANCE

THIS PERIOD: 93%

PREVIOUS PERIOD: 82%

TARGET LEVEL:	**95% + on time**
Green when:	95% +
Amber when:	90 - 94%
Red when:	<90%

PERFORMANCE INSIGHTS:

- **Out of 290 enquiries in Q1 2019, 20 were not reviewed within 3 working days.**
- **The team dealt swiftly with the backlog that had arisen after the Christmas period, following annual leave and a change in process, to bring their compliance back up to good levels for the remainder of Q1.**

DEPARTMENTAL INDICATOR

PI/FTP/022– Illegal Practice Timeliness: Initial Paralegal Review

PERFORMANCE INDICATOR:

The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.

CORPORATE STRATEGY LINK

Performance Objective 1: Improve performance across our functions

DESIRED OUTCOME

Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly.

ACTUAL PERFORMANCE

THIS PERIOD: 93%

PREVIOUS PERIOD: 89%

TARGET LEVEL:	**95% + on time**
Green when:	95% +
Amber when:	90 - 94%
Red when:	<90%

PERFORMANCE INSIGHTS:

- **12 out of 171 cases were not assessed within 5 working days.**
- **Same rationale as in PI/FTP/21.**

Organisational Development Directorate Performance Indicators

4.1 HR Performance Indicators – Recruitment
4.2 HR Performance Indicators – Resources
4.3 HR Performance Indicators – People Planning, Engagement and Development
4.4 Facilities Performance Indicators

4.1 – HR Performance Indicators - Recruitment

PI/HRG/001 – Recruitment Campaign Timeliness

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks

CORPORATE STRATEGY LINK

Performance Objective 1: High quality recruitment

DESIRED OUTCOME

Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.

ACTUAL PERFORMANCE

THIS PERIOD: 93%

PREVIOUS PERIOD: 70%

TARGET LEVEL:	90% within deadline
Green when:	90% to 100%
Amber when:	70% to 89%
Red when:	69% or lower

PERFORMANCE INSIGHTS:

- In Q1 we made 58 appointments across both sites
- Overall: 54 out of 58 campaigns were completed within 6 weeks. This is a significant improvement on the previous period, despite increased recruitment activity (58 appointments up from 46)
- In London: 14 out of 16 posts were filled within 6 weeks (88%)
- In Birmingham: 40 out of 42 posts were filled within 6 weeks (95%)
- Birmingham saw a significant increase in recruitment activity (42 appointments up from 29 in the previous quarter) due to the first high volume intake of FtP and Education QA staff

PI/HRG/002 – Recruitment Campaign Cost

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The average cost per employee recruitment

CORPORATE STRATEGY LINK

Performance Objective 2: Cost reduction/efficiency

DESIRED OUTCOME

The costs of recruiting new staff are not excessive and remain within budgeted/target levels.

ACTUAL PERFORMANCE

THIS PERIOD: Average Cost: £1,019

PREVIOUS PERIOD: £680 Average Cost

TARGET LEVEL:	Average cost below £2500
Green when:	100% or lower than target
Amber when:	101% to 120%
Red when:	120% +

PERFORMANCE INSIGHTS:

- There has been an increase in the average cost per hire in Q1 2019 when compared with Q4 2018.
- The previous quarter was exceptionally low (by far the lowest of 2018). E.g. Q4 had 3 agency hires totalling c£15k whereas Q1 2019 had 4 totalling c£32.5k. Equally recruitment adverts increased from £3.8k in Q4 to £7.7K in Q1 due to the nature of specialist posts , e.g. HR, that required specific advertisement.
- Lastly the media campaign to launch Strand Two has been added, profiled as 50% cost in Q1 and will be 50% cost will be attributed in Q2.
- Agency usage continues to be minimal and used in only 4 out of 58 appointments (7%).

KPI/HRG/003 – Recruitment Right First Time

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of roles recruited to first time.

CORPORATE STRATEGY LINK

Performance Objective 1: High quality recruitment

DESIRED OUTCOME

Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.

ACTUAL PERFORMANCE

THIS PERIOD: 95%

PREVIOUS PERIOD: 98%

TARGET LEVEL:	90% of employees
Green when:	90% + of campaigns filled first time
Amber when:	70% to 89% of campaigns filled first time
Red when:	69% or fewer campaigns filled first time

PERFORMANCE INSIGHTS:

- Three campaigns out of those completed in the quarter were not recruited during the first attempt.
- These were: Senior Governance Manager, Compliance Officer (London) and EA to EMT (Birmingham). Two of these positions have been placed on long-term hold pending review from managers. The other has been reviewed and will be going back to advert imminently.

KPI/HRG/018 – Recruitment Probation Success

PERFORMANCE INDICATOR:

Percentage of employees who passed probation in this quarter

CORPORATE STRATEGY LINK

Performance Objective 1: High quality recruitment

DESIRED OUTCOME

Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.

ACTUAL PERFORMANCE

THIS PERIOD: 85%

PREVIOUS PERIOD: 68%

TARGET LEVEL:	90% of employees
Green when:	90% + of employees meet criteria
Amber when:	70% to 89% of employees meet criteria
Red when:	69% or less of employees meet criteria

PERFORMANCE INSIGHTS:

- 8 employees did not complete probation in Q1 2019 (7 resigned, 1 was dismissed)
- 2 out of the 8 were on an FTC at time of leaving.
- 4 out of the 8 employees had a probation end date within Q1 and 4 due to complete in Q2.
- The total number (53) is made up of 49 who were due to complete probation in Q1, plus the 4 who were due to complete in Q2.
- Of the 7 employees resigned this comprised– 5x Registration & Corporate Resources, 2x Organisational Development.
- The 1 employee unsuccessful was in Registration and Corporate Resources.
- The 8 employees were part of the largescale Birmingham office recruitment (please see PI/HRG/005 – Staff Turnover : Natural for further details).

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4.2 – HR Performance Indicators – Resources

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT - QUARTER 1 2019

HR & GOVERNANCE PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: BOBBY DAVIS

PI/HRG/004 – Staff Sickness

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The average number of employee sickness days for all GDC staff

CORPORATE STRATEGY LINK

Performance Objective 1: Effective management of staff

DESIRED OUTCOME

For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels

ACTUAL PERFORMANCE

THIS PERIOD: 1.68 Days Average

PREVIOUS PERIOD: 1.88 Days Average

TARGET LEVEL:

Within 2 Days Average

Green when:	Average 0 – 2 days
Amber when:	Average 2.1 – 3.0 days
Red when:	Average 3.1 days +

PERFORMANCE INSIGHTS:

- The average sickness figures are based on both long-term (LTS), and short-term sickness (STS)
  - For reference, long-term sickness is based on absences of 20 days or more
- Of those staff sick in Q1, 2.6% were LTS and the remaining 97.4% were STS.
- There were 617 days lost in total
- LTS accounted for 86 days (13.94% of the total)
- STS accounted for 531 days (86.06%)
- When compared against Q4, there has been a decrease in both LTS and STS, resulting in a 13.6% decrease in total days lost (97 days).
- Compared to Q1 2018 there has been a 29.6% (260 day) decrease in total days lost against Q1 2018.

PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The natural rate of organisational GDC turnover

CORPORATE STRATEGY LINK

Performance Objective 1: Effective management of staff

DESIRED OUTCOME

For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels

ACTUAL PERFORMANCE

THIS PERIOD: 4.6% Turnover

PREVIOUS PERIOD: 5.8% Turnover

TARGET LEVEL:

Within 2.6% Turnover

Green when:	0% to 2.6%
Amber when:	2.7% to 5%
Red when:	5.1% +

PERFORMANCE INSIGHTS:

- Q1 saw 17 voluntary leavers - FTP x3, OD x5, R&CR x8 Strategy x1
- 12 of the 17 leavers had less than 12 months' service
- 5 out of the 17 leavers were on a FTC but left before it ended.
- 9 of the 17 voluntary leavers completed the exit questionnaire. Amongst the reasons for leaving:
  - 5 referred to the relationship between employees and management
  - 5 stated confidence in the organisation
- Of the 17 leavers:
  - 7 leavers were based in Birmingham and left during their probation. It is to be expected that a proportion of employees joining as part of a set-up would leave, as employees go through a "settling-in" period and decide whether the role and/or organisation is right for them.
  - If these 7 leavers were excluded and we look at "business as usual" leavers, the figure for natural turnover would be 3.01%
  - The remaining 8 left due to a range of reasons including personal circumstances and dissatisfaction with their employment.
  - Any negative feedback has been followed up.

PI/HRG/006 – Staff Turnover : Overall

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The overall level of organisational turnover

CORPORATE STRATEGY LINK

Performance Objective 1: Effective management of staff

DESIRED OUTCOME

For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels

ACTUAL PERFORMANCE

THIS PERIOD: 12.7% Turnover

PREVIOUS PERIOD: 12.9% Turnover

TARGET LEVEL:

Within 3.7% Turnover

Green when:	0% to 3.7%
Amber when:	3.8% to 5.9%
Red when:	6.0% +

PERFORMANCE INSIGHTS:

- Q1 saw 47 leavers in total, of which 30 were not identified under natural turnover:
- 1 dismissal during probation
- 1 dismissal outside probation period
- 8 due to fixed-term contract ending
- 20 compulsory redundancies relating to the Birmingham relocation
- If the 20 compulsory redundancies were excluded, the turnover for this period would be 7.3%
- The overall turnover (%) has remained effectively the same in Q1 2019 (0.2% separation), and given an improved natural turnover figure, evidences the impact of redundancies as part of the Estates Strategy on this indicator.
- If we also exclude the 7 leavers previously discussed as part of the natural turnover and focus on "business as usual" leavers only, this figure would be 5.48%

PI/HRG/014 – Staff Engagement

PERFORMANCE INDICATOR:

Average engagement scores from staff taken from a six monthly staff survey

CORPORATE STRATEGY LINK

Performance Objective 1: Talent management

DESIRED OUTCOME

Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.

ACTUAL PERFORMANCE

THIS PERIOD: N/A

PREVIOUS PERIOD: N/A%

TARGET LEVEL:	70% or above
Green when:	70% +
Amber when:	50% to 69%
Red when:	49% or less

PERFORMANCE INSIGHTS:

- Overall engagement of 46% was measured in the August 2017 staff survey. 72% of staff responded to the survey.
- Engagement data was due to be collected throughout 2018 but resources have continued to be diverted to Estates work.
- Instead of relying on broad data sampling, we need to revise our approach to measuring engagement to acknowledge the different staff groups and their respective stages in the employee life cycle.
- Similarly, the change in organisational structure and priorities means that comparing current engagement scores against August 2017 is unlikely to provide useful insight.
- A new approach to measuring engagement across the GDC will be defined for Q2 2019, with data available from Q3.

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4.3 HR Performance Indicators – People Planning, Engagement and Development

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

ORGANISATIONAL DEVELOPMENT PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: BOBBY DAVIS

PI/HRG/015 – Internal Opportunities

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

Quarterly percentage of roles filled by internal staff compared against external recruitment

CORPORATE STRATEGY LINK

Performance Objective 1: Talent management

DESIRED OUTCOME

Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.

ACTUAL PERFORMANCE

THIS PERIOD: 87.5%

PREVIOUS PERIOD: 71%

TARGET LEVEL:	50% or above
Green when:	50% +
Amber when:	30% to 49%
Red when:	29% or less

PERFORMANCE INSIGHTS:

- 14 out of the 16 vacancies completed in London in this quarter were filled internally.
- Birmingham vacancies have not been considered in scope for this measure.

PI/HRG/016 – Key Roles with Identified Successor

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

Percentage of key roles in the organisation that have an identified successor in place

CORPORATE STRATEGY LINK

Performance Objective 1: Talent management

DESIRED OUTCOME

An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.

ACTUAL PERFORMANCE

PLACEHOLDER AWAITING AVAILABILITY OF DATA

TARGET LEVEL:	95% or above
Green when:	95% +
Amber when:	75% to 94%
Red when:	74% or less

PERFORMANCE INSIGHTS:

- Effective succession planning reduces the risk that business critical roles are left vacant at short notice, thus safeguarding business continuity.
- Effective successors/deputies increase capacity in key roles, as well as providing development opportunities that can improve engagement and staff retention.
- Organisational Design (Workforce Planning) project commenced in 2018, including work with consultants on review of resourcing approach.
- Work on business critical roles continues as part of the workforce planning project. We had hoped that data might be available in 2018 but it is now unlikely to be available before Q3 2019. Even then, the format of this measure might need to be updated as the project evolves.

PI/STR/006 – Internal Communications - Awareness of Organisational Priorities

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.

CORPORATE STRATEGY LINK

Performance objective 1: People management and strong leadership.

DESIRED OUTCOME

GDC staff members have opened the staff newsletter and as a result are well informed and engaged with key organisational priorities. This supports the wider GDC commitment to transparency (corporate value in 4Ps) and improving the GDC's engagement with all of our audiences (objective in comms and engagement strategy).

ACTUAL PERFORMANCE

THIS PERIOD: 48%

PREVIOUS PERIOD: 51%

TARGET LEVEL:	60%
Green when:	50% or above
Amber when:	40% to 49%
Red when:	39% or under

PERFORMANCE INSIGHTS:

- Following the strand 2 announcement we would expect some fall off in engagement rates.
- However engagement with dedicated relocation intranet page is high.
- This may be expected as for many staff the redundancy/relocation news is their priority against the business news.
- Moving into 2019 Q2 as things settle, would expect to see the engagement levels rise again.

PI/STR/007 – Internal Communications – Understanding of the External Environment

PERFORMANCE INDICATOR:

The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.

CORPORATE STRATEGY LINK

Performance objective 1: People management and strong leadership.

DESIRED OUTCOME

Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.

ACTUAL PERFORMANCE

THIS PERIOD: 31%

PREVIOUS PERIOD: 30%

TARGET LEVEL:	40%
Green when:	40% or above
Amber when:	25% to 40%
Red when:	24% or under

PERFORMANCE INSIGHTS:

- This reports 'click through rates', where staff have clicked into an intranet/website item from items in the staff newsletter, to find out more about the topics covered. This reflects their engagement with factors and events in the external environment that will/could have an effect on the GDC.
- We have evolved the newsletter to encourage engagement.
- Although less people have opened the newsletter in Q1 (PI/STR/006 – Internal Communications - Awareness of Organisational Priorities), the click rate remains stable, which indicates employees are continuing to engage with its content and click through.

4.4 Facilities Performance Indicators

PI/FCS/014 – Health & Safety Incident Occurrence

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.

ACTUAL PERFORMANCE

THIS PERIOD: 0 incidents

PREVIOUS PERIOD: 0

TARGET LEVEL:	**No incidents occur**
Green when:	No incidents occur
Amber when:	1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)
Red when:	1 or more prohibition notice

PERFORMANCE INSIGHTS:

- **During Q1 2019, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.**

PI/FCS/015 – Serious Accident Occurrence

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.

ACTUAL PERFORMANCE

THIS PERIOD:
0 accidents; 0 Near Miss

PREVIOUS PERIOD:
0 accidents, 0 near misses

TARGET LEVEL:	**No accidents occur**
Green when:	No accidents occur
Amber when:	1 or more internally recognised near miss
Red when:	1 or more serious accident

PERFORMANCE INSIGHTS:

- **No serious accidents and no near misses were recorded in Q1 2019 that met this definition.**

PI/FCS/016 – Staff Satisfaction – Working Environment

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey.

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.

ACTUAL PERFORMANCE

THIS PERIOD: N/A

PREVIOUS PERIOD: 62%

TARGET LEVEL:	**75% or above**
Green when:	75% +
Amber when:	50% to 74%
Red when:	Below 49%

PERFORMANCE INSIGHTS:

- **Due to the move to Birmingham this survey is on hold.**
- **GVA Acuity were engaged to carry out a workstyle study.**

PI/FCS/017 – Wimpole Street Lift Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service.

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.

ACTUAL PERFORMANCE

THIS PERIOD: 6

PREVIOUS PERIOD: 4

TARGET LEVEL:	**95% availability (8 hours)**
Green when:	8 hours or less
Amber when:	8.1 hours to 15.9 hours
Red when:	16 hours +

PERFORMANCE INSIGHTS:

- **This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action.**
- **During Q1 2019 there was 1 reactive visit to remedy a fault on the main lift.**

4.4 Facilities Performance Indicators

PI/FCS/018 – External Contractor Performance

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Number of jobs completed by external contractors within their given priority SLA

CORPORATE STRATEGY LINK

Performance Objective 1 & 2: Highly effective regulator and management of resources

DESIRED OUTCOME

The Facilities team are aware of the areas of the working environment that matter most to staff and staff have a mechanism for feeding back on the working environment.

ACTUAL PERFORMANCE

THIS PERIOD: 93.79%

PREVIOUS PERIOD: 84.8%

TARGET LEVEL:	**95% within SLA**
Green when:	95% +
Amber when:	70% and 94%
Red when:	69% or less

PERFORMANCE INSIGHTS:

- **This performance indicator is based on the jobs completed by GVAAcuity, the GDC's external contractor. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task.**
- **The target level for jobs to be completed within SLA has been set as 95% (GDC).**
- **GVAAcuity logged 161 jobs during Q1 2019 of which 93.79% were within SLA of the combined Reactive and Planned Jobs.**

Strategy Directorate Performance Indicators

5.1 Communications Performance Indicators
5.2 QA Performance Indicators
5.3 Strategy Performance Indicators

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5.1 – Communications and Engagement Performance Indicators

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 1 2019

STRATEGY PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: MATTHEW HILL

PI/STR/013 - GDC newsletter engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 42.5%

PREVIOUS PERIOD: 49%

TARGET LEVEL:	**>50%**
Green when:	>50%
Amber when:	40% - 49%
Red when:	<40%

PERFORMANCE INSIGHTS:

- **Average open rate for the 3 newsletters in Q1 2019 is 42.5%. The higher rate in Q4 2018 was driven predominantly by CPD and annual renewal messages.**
- **Average click-through rate for the 3 newsletters in Q1 is 3%**
- **Most popular topics and their open rate, following click-through:**
  - **CPD Literature Review 35%**
  - **NHS Concerns Handling Initiative 39.3%**
  - **Bill's Post-January Council Blog 21.2%**

NOTE

- Membership body average open rate is 30%
- Medical, dental and healthcare open rate is 21%
- Medical, Dental and healthcare average click-through rate is 2.25% (Mailchimp March 2018)

PI/STR/005 - External face-to-face engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of face to face engagement events with they GDC's key stakeholders.

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

Awareness and understanding of the GDC's strategic priorities and progress increases amongst all our stakeholder groups including dental professionals, students, partners, professional bodies and the public, across the four nations. This supports the wider GDC commitment to using engagement as a regulatory tool and improving the GDC's engagement with all of our audiences.

ACTUAL PERFORMANCE

THIS PERIOD: 97

PREVIOUS PERIOD: 85

TARGET LEVEL:	**>60 engagements**
Green when:	>60 engagements
Amber when:	50-59 engagements
Red when:	<50 engagements

PERFORMANCE INSIGHTS:

F2F engagement is 97, up 14% on Quarter 4 2018. Moving Upstream conference had circa 150 delegates in attendance.
We engaged with 422 registrants over 10* events.
We engaged with 269 students over 9 events**
Engagement by partner type is broken down as follows:

Defence Union	**4**	**Dental School**	**3**
Education	**5**	**Government**	**6**
NHS	**14**	**Patient group**	**2**
Professional body	**7**	**Profession wide**	**14**
Registrant DCP	**5***	**Registrant Dentist**	**5***
Regulator	**21**	**Student Dentist/DCP**	**9****
Other	**2**		

The breakdown of engagement by country:

- **UK 30 (incl. Moving Upstream in January)**
- **England 26**
- **Scotland 31 (mainly 1-1 meetings)**
- **Wales 7**
- **Northern Ireland 2**
- **International 1**

PI/STR/004 - Media engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of items of media coverage generated by proactive efforts from the GDC

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professionals and stakeholders.

DESIRED OUTCOME

The GDC is able to ensure that its key messages are effectively communicated to dental professionals through the media publications that are most appropriate to them. The GDC is able to effectively respond to third party comment on our role as a regulator.

ACTUAL PERFORMANCE

THIS PERIOD: 45

PREVIOUS PERIOD: 43

TARGET LEVEL:	**>35**
Green when:	>35
Amber when:	20 – 34
Red when:	<20

PERFORMANCE INSIGHTS:

- **45 pieces of coverage driven by proactive media work.**
- **Coverage mainly focussed on Moving Upstream, publication of research (CPD literature review and post Brexit intentions of EEA qualified dental professionals), introduction of new fees-setting policy and consultation on specialist listing.**
- **17 media enquiries responded to within deadline.**

PI/STR/014 - Digital engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The level of engagement we have through our website

CORPORATE STRATEGY LINK

Performance objective 1: Improve our communication with dental professional and stakeholders.

DESIRED OUTCOME

More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.

ACTUAL PERFORMANCE

THIS PERIOD: 348,716

PREVIOUS PERIOD: 383,000

TARGET LEVEL:	**>330k**
Green when:	>330k
Amber when:	280k – 330k
Red when:	<280k

PERFORMANCE INSIGHTS:

Percentage of returning visitors vs new visitors to the website was 36% returning and 64% new. The higher visitor numbers in Q4 were due to the annual renewal activity and ARF collection.

Most visited website pages were:

1. **Press releases**
2. **Registration**
3. **ORE**
4. **Hearings**
5. **Enhanced CPD**

Most used search terms when on our website were:

- **PDP; CPD; standards; scope of practice; jobs**

There were 157,000 GDC impressions (opportunity to view) on Twitter.

5.2 QA Performance Indicators – Pending 2018 data update

PI/STR/009 – Education providers - Proportion meeting 'Protecting Patients' Standards for Education

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards

CORPORATE STRATEGY LINK

Professional Objective 2: Help ensure professionals are properly trained

DESIRED OUTCOME

Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry

ACTUAL PERFORMANCE

THIS PERIOD - 2017/18 – 67% met, 27% partially met, 6% not met

PREVIOUS PERIOD - 2016/17 – 88% met, 11% partially met, 1% not met

TARGET LEVEL:	**70% met and less than 10% not met**
Green when:	70% met and less than 10% not met
Amber when:	One of criteria not met
Red when:	Both criteria not met

PERFORMANCE INSIGHTS:

- **There is a 21% drop in proportion of Protecting Patients standards have been fully met in the 2017/18 than in the 2016/17 year, with a 5% increase in the proportion not met.**

PI/STR/010– Education providers - Proportion meeting 'Governance' Standards for Education

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards

CORPORATE STRATEGY LINK

Professional Objective 2: Help ensure professionals are properly trained

DESIRED OUTCOME

Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry

ACTUAL PERFORMANCE

THIS PERIOD - 2017/18 – 55% met, 41% partially met, 4% not met

PREVIOUS PERIOD - 2016/17 – 51% met, 43% partially met, 6% not met

TARGET LEVEL:	**50% met and less than 20% not met**
Green when:	50% met and less than 20% not met
Amber when:	One of criteria not met
Red when:	Both criteria not met

PERFORMANCE INSIGHTS:

- **A 4% increased proportion of Governance standards have been fully met in 2017/18 inspections than in the 2016/17 year to remain at target levels.**

PI/STR/011 – Education providers - Proportion meeting 'Student Assessment' Standards for Education

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards

CORPORATE STRATEGY LINK

Professional Objective 2: Help ensure professionals are properly trained

DESIRED OUTCOME

Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry

ACTUAL PERFORMANCE

THIS PERIOD - 2017/18 – 58% met, 32% partially met, 10% not met

PREVIOUS PERIOD - 2016/17 – 47% met, 46% partially met, 8% not met

TARGET LEVEL:	**50% met and less than 10% not met**
Green when:	50% met and less than 10% not met
Amber when:	One of criteria not met
Red when:	Both criteria not met

PERFORMANCE INSIGHTS:

- **There has been a 11% increase in the proportion of Student Assessment standards that were judged to be fully met in 2017/18 than the 2016/17 year, with a slight 2% increase in the proportion not met.**

PI/STR/012 – Proportion of inspections that require re-inspection

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Proportion of inspections that require re-inspection

CORPORATE STRATEGY LINK

Professional Objective 2: Help ensure professionals are properly trained

DESIRED OUTCOME

The majority of institutions pass inspection first time round without the need for re-inspection, indicating that they are meeting required standard without need for re-inspection

ACTUAL PERFORMANCE

THIS PERIOD – 2017/18 – N/A

PREVIOUS PERIOD - 2016/17 – 8% re-inspections

TARGET LEVEL:	**<15% re-inspection**
Green when:	<15% re-inspection
Amber when:	15% - 29% re-inspection
Red when:	30%> re-inspection

PERFORMANCE INSIGHTS:

- **Under the new risk based process the GDC are no longer doing reinspection, so this PI is redundant for 2018/17 and going forward.**

5.3 Standards Performance Indicators

PI/STR/008 – Standards Perception

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:

Degree of evidence of positive perception of the GDC's Standards to be tested through data collected as part of the wider work of the Shifting the Balance Programme.

CORPORATE STRATEGY LINK

Professionals objective 4: To guide dental professionals in meeting the standards we set for them.

DESIRED OUTCOME

GDC Registrants are able to understand and engage with the GDC Standards in order to employ them in their work, helping to protect patient safety.

ACTUAL PERFORMANCE

PLACEHOLDER AWAITING AVAILABILITY OF DATA

TARGET LEVEL:	**TBC**
Green when:	TBC
Amber when:	TBC
Red when:	TBC

PERFORMANCE INSIGHTS:

- **This performance indicator will be fully developed in line with the data collection plan for the Shifting the Balance programme.**

SECTION 1 - BALANCED SCORECARD CONTROL LOG

Formal change control to balanced scorecard definitions commenced following the publication of the first report. EMT approved amendments to definitions since this point are listed below.

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
1	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Casework	Case Repatriation	Jonathan Green (Director of FTP)	* Title - Case Repatriation * Definition – The volume of cases transferred to the NHS for handling in line with the recognised annual target for case repatriation * Target – 200 cases per year (as defined in the NHS Raising Concerns business case) * Green when – 17 per month + * Amber when – 13 to 16 per month * Red when – 0 to 12 per month * Ref number - PI/FTP/027	EMT board meeting - 06/02/2017	Q1 2017 scorecard
2	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Information	Non-Serious Data Breaches	Jonathan Green (Director of FTP)	* Title - Non-Serious Data Breaches *Definition – The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC. *Target – Less than 2 non-serious data breaches per month *Green when – 0 to 2 per month *Amber when – 3 to 4 per month *Red when – 5+ per month * Ref number - PI/FTP/026	EMT board meeting - 06/02/2017	Q1 2017 scorecard
3	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	Finance	Organisational Efficiencies	Graham Masters (Director of Finance & Corporate Services)	* Title - Organisational Efficiencies * Definition – The actual realisation of planned organisational efficiencies in comparison to budgeted levels * Target – For efficiency savings to be equal to or greater than the budgeted level * Green when – Forecast yearly efficiency savings at 100% or greater of budgeted level * Amber when – Forecast yearly efficiency savings at 95% to 99% of budgeted level * Red when – Forecast yearly efficiency savings at less than 95% of budgeted level * Ref number - PI/FCS/019	EMT board meeting - 06/02/2017	Q1 2017 scorecard
4	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/009	QA	Education providers - Proportion meeting 'Patient Protection' standards for education'	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards * Target level - 70% met and less than 10% not met * Green when - 70% met an less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met	EMT board meeting - 03/05/2017	Q1 2017 scorecard
5	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/010	QA	Education providers - Proportion meeting 'Governance' standards for education	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards * Target level - 50% met and less than 20% not met * Green when - 50% met an less than 20% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met	EMT board meeting - 03/05/2017	Q1 2017 scorecard
6	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/011	QA	Education providers - Proportion meeting 'Student Assessment standards for education	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards * Target level - 50% met and less than 10% not met * Green when - 50% met an less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met	EMT board meeting - 03/05/2017	Q1 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
7	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/012	QA	Proportion of inspections that require re-inspection	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of inspections that require re-inspection * Target level - <15% re-inspection * Green when - <15% re-inspection * Amber when - 15% to 29% re-inspection * Red when - 30%> require re-inspection	EMT board meeting - 03/05/2017	Q1 2017 scorecard
8	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI /STR/004	Communications	External Mass Engagement	Lisa Cunningham (Head of Communications)	* Definition - The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work * Target level - 20 (proactive) * Green when - 15+ (proactive * Amber when - 12-14 (proactive) * Red when - 11 or fewer (proactive)	EMT board meeting - 03/05/2017	Q1 2017 scorecard
9	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/005	Communications	External Face-to-Face Engagement	Lisa Cunningham (Head of Communications)	* Definition - The number of face to face engagement events with they GDC's key stakeholders. * Target level - 35 engagements * Green when - 30+ engagements * Amber when - 25-29 engagements * Red when - 24 or fewer engagements	EMT board meeting - 03/05/2017	Q1 2017 scorecard
10	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/006	Communications	Internal Communications - Awareness of Organisational Priorities	Lisa Cunningham (Head of Communications)	* Definition - Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities (short-term definition to be amended when survey becomes available during Q2) * Target level - 60% * Green when - 50%+ * Amber when - 40% to 49% * Red when - 39% or under	EMT board meeting - 03/05/2017	Q1 2017 scorecard
11	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	ILPS Staff Productivity	Lisa-Marie Roca (Principal Legal Advisor), Mark Caprio (Legal Operations Manager), Peter Day (Head of FTP QA & Monitoring)	*All target and RAG levels to remain unchanged. * Amendment to be made to definition and therefore also the method of measuring actual performance * Previous definition - The proportion of ILPS staff to reach annual time recording targets by team role * New definition - Actual amount of overall billable team time recorded as a proportion of the overall target time * Rationale of change - FTP legal team view that the revised indicator is a more pertinent measure on the basis that staff holidays will generally skew the % of staff target and what's more important is that regardless of the number of people, what matters is that we have met the number of hours of work that the team need to complete each month	EMT board meeting - 03/05/2017	Q1 2017 scorecard
12	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting V local reporting. Subsequent contact has led to Lisa-Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	Prosecution Timeliness - Disclosure Time Taken	Lisa-Marie Roca (Principal Legal Advisor) & Mark Caprio (Legal Operations Manager)	* Measure to be split in two to give better visibility of the ILPS team and ELPS team in performing to this target. * Target levels and RAG levels for both measures to match originally defined indicators. * Rationale of change - Need to give greater visibility of whether adverse/positive performance in this area is driven by ILPS or ELPS as they are managed by the business as distinct entities	EMT board meeting - 03/05/2017	Q1 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
13	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/004	HR	Staff Sickness	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to remain unchanged at 2 days * Green band to remain unchanged at 2 days or lower * Amber band to be amended from 2.1-6 days to 2.1-3.0 days * Red band to be amended from 6.1 days+ to 3.1 days+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational sickness levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
14	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/005	HR	Natural Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 1.05% turnover to 2.6% turnover * Green band to change from 0%-1.05 to 0%-2.6% * Amber band to be amended from 1.06%-4.5% to 2.7%-5% * Red band to be amended from 4.6 days+ to 5.1+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
15	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/006	HR	Overall Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	* Target level to be changed from 3% turnover to 3.7% turnover * Green band to change from 0%-3% to 0% to 3.7% * Amber band to be amended from 3.1%-5% to 3.8% to 5.9% * Red band to be amended from 5.1%+ to 6.0%+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
16	Request from Head of Finance to amend method of measurement	Full development of placeholder performance indicator	PI/FCS/005	Finance	Invoices and Refunds Timeliness	Melanie Stewart (Head of Finance) Sally Cripps (Financial Operations Manager)	* Target level and all RAG thresholds remain unchanged * An amendment has been made to the way in which the invoice indicator is intended to be measured. Previously, time to process individual invoices was proposed to be measured, but the new measure evaluates the success rate of paying our suppliers within our payment terms of 30 days which is a more suitable measurement of performance. * Invoice payments and refunds will be reported on within this PI as a composite measure, with the RAG rating being driven by the weaker performing out of the two factors.	EMT board meeting - 03/05/2017	Q1 2017 scorecard
17	Request from Executive Director, Organisational Development for a measurement of Facilities customer satisfaction and it being recognised that it is possible to measure the effectiveness of external contractors.	Addition of new performance indicator	PI/FCS/018	Facilities	External Contractors Performance	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - External Contractors Performance * Definition – Number of jobs completed by external contractors within their given prioritiy SLA * Target – 85% within SLA * Green when – 85% + * Amber when – 70% and 84% * Red when – 69% or less * Ref number - PI/FCS/018	EMT board meeting - 22/08/2017	Q2 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
18	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Staff Satisfaction	Bobby Davis (Executive Director, Organisational Development)	* Title - Staff Engagement * Definition – Average engagement scores from staff taken from a six monthly staff survey * Target – 70% or above * Green when – 70% + * Amber when – 50% and 69% * Red when – 49% or less * Ref number - PI/HRG/014	EMT board meeting - 22/08/2017	Q2 2017 scorecard
19	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Internal Opportunities	Bobby Davis (Executive Director, Organisational Development)	* Title - Internal Opportunities * Definition – Quarterly percentage of roles filled by internal staff compared against external recruitment * Target – 50% or above * Green when – 50% + * Amber when – 30% and 49% * Red when – 29% or less * Ref number - PI/FCS/015	EMT board meeting - 22/08/2017	Q2 2017 scorecard
20	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Key Roles with Identified Successor	Bobby Davis (Executive Director, Organisational Development)	* Title - Key Roles with Identified Successor * Definition – Percentage of key roles in the organisation that have an identified successor in place * Green when – 95% + * Amber when – 75% and 94% * Red when – 74% or less * Ref number - PI/FCS/016	EMT board meeting - 22/08/2017	Q2 2017 scorecard
21	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/007	HR	Staff Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
22	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/008	HR	Leadership Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
23	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/009	HR	Leadership Behaviour Survey Results	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
24	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/HRG/017	Governance	Corporate Complaints Timeliness	Bobby Davis (Executive Director, Organisational Development)	* Title - Corporate Complaints Timeliness * Definition – The number of corporate complaints responded to within the 15 working day deadline * Green when – 85% + * Amber when – 75% to 84% * Red when – 0% to 74% * Ref number - PI/HRG/017	EMT board meeting - 31/10/2017	Q3 2017 scorecard
25	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Removal of performance indicator	PI/HRG/013	Governance	Governance Meeting Costs	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to this being outside of the control of the team.	EMT board meeting - 31/10/2017	Q3 2017 scorecard
26	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - Staff Satisfaction - Working Environment * Definition – % of staff who are satisfied with the working environment at the GDC * Green when – 75% + * Amber when – 50% to 74% * Red when – 0% to 49% * Ref number - PI/FCS/016	EMT board meeting - 12/02/2018	Q4 2017 scorecard
27	A) Finance & Performance Committee and Council discussion at November and December 2017 board meetings which queried the usefulness of this performance indicator B) Request from Executive Director, FTP Transition to remove performance indicator	Removal of performance indicator	PI/FTP/027	FTP	Case Repatriation - Triage and Assessment Referrals to NHS	Tom Scott (Executive Director, FTP Transition)	Performance indicator to be removed due to target being an absolute figure and the type of incoming cases the GDC receives being outside of our control. Analysis of case plans has shown that no referrals are being missed.	EMT board meeting - 12/02/2018	Q4 2017 scorecard

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
28	Request from Executive Director, Organisational Development for Compliance performance indicator to be removed	Removal of performance indicator	PI/REG/021	Compliance	Compliance Audit Findings	Bobby Davis (Executive Director, Organisational Development)	Performance indicator to be removed from report while consideration is given to how the Compliance team is reported on alongside the Internal Audit function. Revised performance indicators across Compliance and Internal Audit will be considered in 2019 reporting.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
29	Request from Council to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/001	FTP	IAT Timeliness: Receipt to IAT Decision	Tom Scott (Executive Director, FTP Transition)	Target level to be adjusted to 20 days following Council request.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
30	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Post-go-live amendment to performance indicator	PI/FTP/010	FTP	ILPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Prinicpal Legal Advisor)	Performance indicator to now focus solely on ILPS performance.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
31	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Addition of new performance indicator	PI/FTP/028	FTP	ELPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Prinicpal Legal Advisor)	* Title - ELPS Timeliness: Disclosure Time Taken * Definition – The proportion of ELPS cases to be disclosed within 98 working days of referral * Green when – 80% + * Amber when – 75% to 79% * Red when – 0% to 74% * Ref number - PI/FTP/028	EMT board meeting - 30/07/2018	Q2 2018 scorecard
32	Request from Executive Director, Registration and Corporate Resources for PMO performance indicator to be removed.	Removal of performance indicator	PI/REG/020	Registration and Corporate Resources	PMO Engagement Survey Results	Gurvinder Soomal (Executive Director, Registration and Corporate Resources)	Performance indicator to be removed from the report due to the changing nature of the PMO's role and how business planning is now embedding into business as usual rather than being considered as one-off activity on an annual basis.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
33	Request from Executive Director, FTP Transition and Principal Legal Advisor to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/014 PI/FTP/015 PI/FTP/016	FTP	IOC Timeliness Measures	Tom Scott (Executive Director, FTP Transition)	All cases that are being relisted for an IOC, to be exluded from the cohorts of cases measured within these indicators.	EMT board meeting - 24/11/2018	Q3 2018 scorecard
34	Request from the Executive Director FTP Transition to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/013	FTP	Hearings Lost & Wasted Days	Tom Scott (Executive Director, FTP Transition)	Hearings Lost & Wasted Days' is retitled to 'Hearing Days Utilised. This follows EMT discussion about changing the emphasis of this indicator in line with other FTP indicators (with the target level set at the aspiration to meet desirable levels, rather than to avoid undesirable levels) and the change is provisionally made in this version of the report with a target level of 80% or above, amber range of 76% to 79% and red of less than or equal to 75%. This criteria is the inverse measurement of the previous levels set when the emphasis of the measurement was focused on lost/wasted rather than productive days.	SLT board meeting - 17/12/2018	Q4 2018 scorecard
35	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	All FTP performance indicators with the exception of PI/FTP 017, 018 & 019	FTP	All FTP indicators other than those relating to Interim Orders Committee	Tom Scott (Executive Director, FTP Transition)	All FTP performance indicators that measure performance in percentages* are to be amended so that the amber bands are consistently span a range running to 10% below the existing target/desired performance level. This change is proposed so that so that they can act as an early warning signal for improving or deteriorating performance. At present the narrow bands mean that performance is prone to switching from red to amber or vice versa with very little warning It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards. *With the exception of Interim Orders Compliance Indicators 017/018/019 which will all continue to have no amber band.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
36	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	On the FTP End to End Dashboard in the 'Contextual Measures' section, it is agreed to start expressing volumes of work incoming and in progress at each stage, with supplementary data on the number of weeks/months it will take to clear that work based on standard processing times to give a better indication of whether backlogs are starting to emerge. It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (implemented) Monthly version - January 2019 (implemented)

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
37	Request from Executive Director Strategy and Organisational Development	Move of performance indiators section	PI/STR/006 PI/STR/007	STR to OD	Internal Communications - Awareness of Organisational Priorities and Understanding of the External Environment	Bobby Davis (Executive Director, Organisational Development)	Performance indicators to be moved from section 4.1 Communication & Engagement Performance Indicators to Section 3.4 HR Performance Indicators - People Planning, Engagement and Development	SLT board meeting - 12/02/2019	Q4 2018 scorecard
38	Request from Executive Director Legal & Governance	Removal of performance indicator	PI/FTP/007	Legal	ILPS Staff Productivity	Lisa-Marie Williams (Executive Director, Legal & Governance)	Performance indicator to be removed. The rationale for removing this indicator is that it measures individual employee performance which is more a matter for operational management team reporting rather than for SLT/FPC Council attention. At the time that the Balanced Scorecard was introduced in 2017, staff productivity in ILPS was a particular area of attention in line with several aspects of ILPS performance that were recognised to need improvement at that time. This is no longer the case, and this measure is now routinely reported as green hence removal.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - February 2019 (implemented)
39	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0023	Information	Freedom of Information Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
40	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0024	Information	Data Protection Act Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
41	Request from Executive Director, FTP Transition	Post-go-live amendment to supplementary FTP indicators	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	FtP End to End Dashboard is proposed to have the Contextual measures section of the dashboard redeveloped to provide a balance sheet for each case stage. Thereby for each case stage the Opening Caseload + New Incoming - Processed - Cancelled will all be included and reconcile to provide the Closing Caseload for the end of the period.	SLT board meeting - 12/02/2019	Pending - Data required is pending further development

SECTION 2 - GDC PERFORMANCE INDICATORS MASTER LIST - ORGANISATIONAL DEVELOPMENT DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/001	HR	Recruitment Campaign Timeliness	The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks	Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	Performance Objective 1: High quality recruitment	90% within deadline	90% to 100%	70% to 89%	69% or lower	Departmental	Quarterly	PI
PI/HRG/002	HR	Recruitment Campaign Cost	The average cost per employee recruitment	The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	Performance Objective 2: Cost reduction/efficiency	Average cost below £2500	100% or lower of target cost	101% to 120% of target cost	Higher than 120% of target cost	Departmental	Quarterly	PI
PI/HRG/003	HR	Recruitment Right First Time	The proportion of roles recruited to first time and the employee subsequently passes probation	Both of the following factors are successfully achieved: 1) Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant. 2) Subsequent probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% + of employees meet both criteria	70% and 89% of employees meet both criteria	69% or less of employees meet both criteria	Organisational	Quarterly	PI
PI/HRG/004	HR	Staff Sickness	The average number of employee sickness days (per quarter) for all GDC staff	For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2 Days Average	Average 0 - 2 days	Average 2.1 - 3 days	Average 3.1 days +	Organisational	Quarterly	KPI
PI/HRG/005	HR	Staff Turnover : Natural	The natural rate of organisational GDC turnover (per quarter)	For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2.6% Turnover	0% to 2.6%	2.7% - 5%	5.1%+	Organisational	Quarterly	KPI
PI/HRG/006	HR	Staff Turnover : Overall	The overall level of organisational turnover (per quarter)	For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 3.7% Turnover	0% to 3.7%	3.8% to 5.9%	6.0% +	Organisational	Quarterly	PI
PI/HRG/014	HR	Staff Engagement	Average engagement scores from staff taken from a six monthly staff survey	Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.	Performance Objective 1: Talent management	70% or above	70% +	50% to 69%	49% or less	Organisational	Half Yearly	PI
PI/HRG/015	HR	Internal Opportunities	Quarterly percentage of roles filled by internal staff compared against external recruitment	Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	Performance Objective 1: Talent management	50% or above	50% +	75% to 94%	29% or less	Organisational	Quarterly	PI
PI/HRG/016	HR	Key Roles with Identified Successor	Percentage of key roles in the organisation that have an identified successor in place	An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.	Performance Objective 1: Talent management	95% or above	95% +	75% to 94%	74% or less	Organisational	Quarterly	Placeholder awaiting data
PI/HRG/018	HR	Recruitment Probation Success	The proportion of employees who successfully completed their probation period within the designated time period after start date	Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% +	70% - 89%	69% or less	Organisational	Quarterly	PI
PI/STR/006	Internal Communications	Internal Communications - Awareness Of Key Organisational Priorities	The percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities	GDC staff members feel well informed and engaged with internal communications activities. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: People management and strong leadership	60%	50% or above	40% to 59%	39% or under	Organisational	Quarterly	PI
PI/STR/007	Internal Communications	Internal Communications - Understanding of the External Environment	The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.	Staff are more aware and have a better understanding of factors and events in the external environment that will/could have an effect on the GDC.	Performance objective 1: People management and strong leadership	40%	40% +	25% - 40%	24% or less	Organisational	Quarterly	PI

SECTION 2 - GDC PERFORMANCE INDICATORS MASTER LIST - ORGANISATIONAL DEVELOPMENT DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/014	Facilities	Health & Safety Incident Occurrence	Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	1 or more prohibition notice	Organisational	Quarterly	PI
PI/FCS/015	Facilities	Serious Accident Occurrence	Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	1 or more reported near miss	1 or more reported serious accident	Organisational	Quarterly	PI
PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey	Facilities team are recognised to provide a good level of customer service in all aspects of the day to day running of the GDC estates.	Performance Objective 1 & 2: Highly effective regulator and management of resources	75% or above	75% +	50% and 74%	49% or less	Departmental	Quarterly	PI
PI/FCS/017	Facilities	Wimpole Street Lift Availability	The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service	Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% availability (8 hours)	8 hours or less	8.1 hours to 16 hours	16 hours +	Departmental	Quarterly	PI
PI/FCS/018	Facilities	External Contractors Performance	Number of jobs completed by external contractors within their given priority SLA	The external contractors used by the GDC respond to the organisation's job requests quickly and efficiently.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% within SLA	95% +	70% and 94%	69% or less	Departmental	Quarterly	PI

SECTION 3 - GDC PERFORMANCE INDICATORS MASTER LIST - STRATEGY DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/STR/004	Communications	External Mass Engagement	The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work	The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals and stakeholders	35> (proactive)	>35 (proactive)	21-34 proactive	20 or fewer (proactive)	Organisational	Quarterly	PI
PI/STR/005	Communications	External Face-To-Face Engagement	The number of face to face engagement events with they GDC's key stakeholders.	An increasing number of Registrants are able to hear GDC messaging in face to face updates, to enable the delivery of key messages. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals	>60 engagements	>60 engagements	51-59 engagements	50 or fewer engagements	Organisational	Quarterly	PI
PI/STR/008	Standards	Standards Perception	Degree of evidence of positive perception of the GDC's Standards to be tested through data collected as part of the wider work of the Regulatory Reform Programme	GDC Registrants are able to understand and engage with the GDC Standards in order to employ them in their work, heping to protect patient safety.	Professionals objective 4: To guide dental professionals in meeting the standards we set for them	TBC	TBC	TBC	TBC	Departmental	TBC	Placeholder awaiting development
PI/STR/009	Quality Assurance	Education providers - Proportion meeting 'Protecting Patients' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Protecting Patients standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	70% met and less than 10% not met	70% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/010	Quality Assurance	Education providers - Proportion meeting 'Governance' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Governance standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 20% not met	50% met and less than 20% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/011	Quality Assurance	Education providers - Proportion meeting ' Student Assessment Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Student Assesment standards	Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 10% not met	50% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/012	Quality Assurance	Proportion of inspections that require re-inspection	Proportion of all institutions inspected within the period that require follow up re-inspection	The majority of institutions pass inspection first time round without the need for re-inspection, indicating that they are meeting required standard without need for re-inspection	Professional Objective 2: Help ensure professionals are properly trained	<15% re-inspection	<15% re-inspection	15% to 29% re-inspection	30%> re-inspection	Departmental	Quarterly	PI
PI/STR/013	Communications	GDC newsletter engagement	The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.	More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.	Performance objective 1: Improve our communication with dental professionals and stakeholders.	>50%	.>50%	40-49%	<40%	Organisational	Quarterly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/001	UK Registration	UK Dentist Overall Processing Time	The average overall time taken to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	90 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/002	UK Registration	UK Dentist Active Processing Time	The average time taken with days on-hold removed to process all UK Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/003	UK Registration	UK DCP Overall Processing Time	The average overall time taken to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/004	UK Registration	UK DCP Active Processing Time	The average time taken with days on-hold removed to process all UK DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/005	UK Registration	Restoration Overall Processing Time	The average overall time taken to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/006	UK Registration	Restoration Active Processing Time	The average time taken with days on-hold removed to process all Restoration Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/007	Dentist Casework Registration	EEA Dentist Overall Processing Time	The average overall time taken to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/008	Dentist Casework Registration	EEA Dentist Active Processing Time	The average time taken with days on-hold removed to process all EEA Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/009	Dentist Casework Registration	Assessed Dentist Overall Processing Time	The average overall time taken to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/010	Dentist Casework Registration	Assessed Dentist Active Processing Time	The average time taken with days on-hold removed to process all Assessed Dentist Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/011	DCP Casework Registration	Assessed DCP Overall Processing Time	The average overall time taken to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 120 Days	121 Days (Statutory Time Limited Level) +	Departmental	Monthly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/012	DCP Casework Registration	Assessed DCP Active Processing Time	The average time taken with days on-hold removed to process all Assessed DCP Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81-120 Days	121 Days (Statutory Time Limit Level) +	Departmental	Monthly	PI
PI/REG/013	Dentist Casework Registration	Specialist List Overall Processing Time	The average overall time taken to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/014	Dentist Casework Registration	Specialist List Active Processing Time	The average time taken with days on-hold removed to process all Specialist List Applications	Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/015	Customer Advice & Information team	Call Centre Availability	The proportion of inbound calls from members of the public that are answered by the Customer Service and Information team	The majority of customer service calls can be answered by the customer service team in a timely fashion prior to the caller ceasing to wait in the call queue.	Performance Objective 1 & 2: Highly effective regulator and management of resources	85% + calls are answered	85% +	65% to 84%	64% or lower	Departmental	Monthly	PI
PI/REG/016	Cross Directorate	Registration Customer Satisfaction	Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".	Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	Performance Objective 1 & 2: Highly effective regulator and management of resources	80% or above	80% +	60% to 79%	59% or lower	Departmental	Monthly	PI
PI/REG/017	Registration	Registration Applications Processed	The year to date number of additions to the Register compared to budgeted levels	Volume of applications coming in to the GDC remains in line with the levels expected when the budget is set to help maintain expected income position. Once arrived, applications are processed at the rate expected to maintain product processing expectations	Performance Objective 1 & 2: Highly effective regulator and management of resources	100% of Expected Registrations	95% +	85% and 94%	84% or less	Departmental	Monthly	PI
PI/REG/018	Cross Directorate	Registration Audit Pass Rate	The proportion of Registration applications that pass audit inspection	All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	Performance Objective 1 & 2: Highly effective regulator and management of resources	90% pass rate	90% and 100%	80% and 89%	79% or lower	Departmental	Monthly	PI
PI/REG/019	Cross Directorate	Minimum Acceptable Productivity	The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets	Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion	Performance Objective 1 & 2: Highly effective regulator and management of resources	95%+ Of Staff Meeting MAP's	95%+	85% to 94%	84% or Lower	Departmental	Monthly	PI
PI/FCS/001	Finance	Organisational Income	Total income received by the GDC from all registrant types compared with budget	Total ARF income received by the GDC is sufficient to fund its operations	Performance Objective 2: Management of resources/ efficiency	100% + to budget	100% +	98% to 99.9%	97.9% or lower	Organisational	Quarterly	KPI
PI/FCS/002	Finance	FTP Expenditure	Total forecast annual operating expenditure by the FtP directorate compared with budget	The costs of running FTP operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organiaational	Quarterly	KPI
PI/FCS/003	Finance	Non-FTP Expenditure	Total forecast GDC annual operating expenditure (excluding the FtP directorate), compared with budget	The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organisational	Quarterly	KPI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/004	Finance	Pension Scheme Funding Position	The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities	The GDC DB pension scheme assets are sufficient to meet the scheme's liabilities and, where this fails to be the case , the scheme is fully funded to avoid a call on the employer for further contributions.	Performance Objective 2: Management of resources/ efficiency	100% or greater	Less than £2m shortfall	Between £2m and £5m shortfall	Greater than £5m shortfall	Organisational	Quarterly	PI
PI/FCS/005	Finance	Financial Reporting Timeliness	The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline	The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports	Performance Objective 2: Management of resources/ efficiency	3 out of 3 months delivered to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	Departmental	Quarterly	PI
PI/FCS/006	Finance	Fees and Expenses Payments Timeliness	Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	95% processed within deadline	95% +	85% to 94%	84% and lower	Departmental	Quarterly	PI
PI/FCS/007	Finance	Invoices and Refunds Timeliness	Proportion of invoices and refunds that are processed in line with recognised deadline (Note: RAG rating driven by the weaker performing out of the two factors)	The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	Performance Objective 2: Management of resources/ efficiency	90% processed within 30 days	90% +	75% to 89%	74% and lower	Departmental	Quarterly	PI
PI/FCS/008	Finance	Adherence to Purchase Order Policy	Value of invoices where a purchase order has been raised at the point of commissioning the service/product	GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.	Performance Objective 2: Management of resources/ efficiency	Less than £150k non invoiced spend	Below £150k	Between £150k and £400k	Above £400k	Organisational	Quarterly	PI
PI/FCS/019	Finance	Organisational Efficiencies	The actual realisation of planned organisational efficiencies in comparison to budgeted levels	For efficiency savings to be equal to or greater than the budgeted level	Performance Objective 2: Management of resources/ efficiency	For efficiency savings to be equal to or greater than the budgeted level	Forecast yearly efficiency savings at 100% or greater of budgeted level	Forecast yearly efficiency savings at 95% to 99% of budgeted level	Forecast yearly efficiency savings at less than 95% of budgeted level	Organisational	Quarterly	PI
PI/FCS/009	IT	GDC Website and Online Register Availability	The proportion of time that the GDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (including the online register and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/010	IT	eGDC Site Availability	The proportion of time that the eGDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/011	IT	Dynamics CRM Availability	The proportion of time that the Dynamics CRM organisational database is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/012	IT	GDC Exchange Email Availability	The proportion of time that GDC Exchange Email is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/013	IT	IT Service Desk Timeliness	The proportion of IT support/development requests that are processed within service level agreement timeframes	The IT team provide timely and effective IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Performance Objective 1: Improve performance across all functions	90% within deadline	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI
PI/FCS/014	IT	IT Customer Service Feedback	The proportion of customer survey feedback received in the 'satisfactory' category	The IT team provide a good level of customer service in the effective provision of IT services to all GDC employees, which includes computer equipment, computer software and IT networks to convert, store, protect, process, transmit, and securely retrieve information.	Performance Objective 1: Improve performance across all functions	95% satisfactory	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI
Additional Registration information to be provided in the 'Registration process flow' section for each route to registration for the following fields: *Incoming, applications Processed, applications Work In Progress applications.* These are being classified as 'contextual measures' rather than 'Key Performance Indicators'												

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/001	Casework	IAT Timeliness: Receipt to IAT Decision	The proportion of cases to clear triage within 20 working days of receipt	Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% +within 20 days	95% +	**85-94%**	**<85%**	Departmental	Monthly	PI
PI/FTP/002	Casework	Assessment Timeliness: Receipt to Assessment Decision	The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt	Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	70% within 17 weeks	70% +	**60 - 69%**	**<60%**	Departmental	Monthly	PI
PI/FTP/003	Case Examiners	Case ExaminerTimeliness: Assessment Referral to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% +within 9 weeks	75% +	**65 - 74%**	**<65%**	Departmental	Monthly	PI
PI/FTP/004	Case Examiners	Case Investigation Timeliness: Allocation to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + within 7 working days	95% +	**85- 94%**	**<85%**	Departmental	Monthly	PI
PI/FTP/005	Casework	Case Investigation Timeliness: Receipt to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within six months of receipt	Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 6 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/006	Prosecution (ILPS/ELPs)	The Proportionate Split of Internal and External Prosecution Referrals	The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions	ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels	Performance Objective 2: Management of resources/ efficiency	7 or fewer per month (ELPs); ILPS the remainder. Overall, 84 in budget year (ELPs); ILPS the remainder	7 or below	8 to 9	10 or greater	Departmental	Monthly	KPI
PI/FTP/008	Casework/Case Examiners/Prosecution/ Hearings	Full Case Timeliness: Overall Case Length	The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt	Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 15 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/009	Prosecution	Prosecution Timeliness: Case Examiner Referral to Hearing	The proportion of prosecution cases heard within 9 months of referral for prosecution	Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + within 9 months	80%	70 - 79%	<70%	Departmental	Monthly	PI
PI/FTP/010	Prosecution/Hearings	Prosecution and Hearings Timeliness: ILPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	**70 - 79%**	**<70%**	Departmental	Monthly	PI
PI/FTP/011	Hearings	Hearings Completed without Adjournment	The proportion of initial hearings to be completed without adjournment	Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process	Performance Objective 2: Management of resources/ efficiency	85% + without adjournment	85% +	**75 - 84%**	**<75%**	Departmental	Monthly	PI
PI/FTP/012	Hearings	Hearings Completed with Facts Proved	The proportion of cases heard at initial hearings to have facts proved	Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate	Professionals Objective 5: Timely, fair and proportionate FTP action	80% + with facts proved	80%	70 - 79%	<70%	Departmental	Monthly	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/014	Casework/Case Examiners/Prosecution/ Hearings	Interim Orders Timeliness: Registrar and Case Examiner Referrals	The proportion of initial IO cases to be heard within 21 working days of referral by Registrar or CE	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Registrar/CE referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	**85 - 94%**	**<85%**	Departmental	Monthly	KPI
PI/FTP/015	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals	The proportion of initial Triage IO cases to be heard within 28 working days from receipt	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	**85 - 94%**	**<85%**	Departmental	Monthly	PI
PI/FTP/016	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals (following consent chase)	The proportion of initial Triage IO cases pending consent to be heard within 33 working days from receipt	Matters that raise a question of the need for an interim order are progressed to a hearing in a prompt fashion as soon as possible after Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	**85 - 94%**	**<85%**	Departmental	Monthly	PI
PI/FTP/017	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Jurisdiction	The proportion of Resumed cases to be heard without loss of jurisdiction	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100 %	n/a	<100%	Departmental	Monthly	PI
PI/FTP/018	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Hearing Before Expiry	The proportion of review interim order hearings to be heard before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/019	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: High court extensions	The proportion of High Court extension orders to be made before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/028	Prosecution/Hearings	Prosecution and Hearings Timeliness: ELPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	75 - 79%	<75%	Departmental	Monthly	PI
PI/STR/001	DCS	Timeliness of DCS enquiry handling	The proportion of DCS enquiries that are completed within 48 hours	DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/002	DCS	Timeliness of DCS case resolution	The proportion of DCS cases that are completed within 3 months	DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/003	DCS	DCS Customer Satisfaction Level	The proportion of feedback received which falls into the categories of 'good' or 'excellent'	DCS service users are left with a positive perception of their experience of engaging with the DCS process	Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach	90% or above	90% +	85% to 89%	<85%	Departmental	Quarterly	PI
PI/FTP/029	Hearings	Cumulative Hearingts Performance Against Budget Forecast	The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted			90% or above	90% +	80% to 90%	<80%	Departmental	Monthly	PI

Additional FTP information to be provided in the 'FTP process flow' section for each route process stage for the following fields: *Incoming, cases ,Processed, cases , Referral rate, Work In Progress.*
These are being classified as 'contextual measures' rather than 'Key Performance Indicators'

SECTION 6 - GDC PERFORMANCE INDICATORS MASTER LIST - LEGAL, GOVERNANCE & INFORMATION DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/010	Governance	Council/Committee Paper Circulation Timeliness	The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines	Providing papers board members with adequate time to consider content ahead of meeting supports good evidence based decision making.	Performance Objective 1: Good governance/strong leadership	90% within deadline	90% to 100%	75% to 94%	0% to 74%	Organisational	Quarterly	PI
PI/HRG/011	Governance	Council/Committee Paper Quality	The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results	Board members need to be appropriately informed and have good information to make evidence based decisions.	Performance Objective 1: Good governance/strong leadership	90% Satisfaction	75% to 100%	50% to 74%	0% to 49%	Organisational	Quarterly	PI
PI/HRG/012	Governance	Council/Committee Minutes Circulation Timeliness	The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines	Providing minutes to directors on time ensures points discussed in meetings are sufficiently and correctly recorded, and can then be forwarded to the Chair for further scrutiny.	Performance Objective 1: Good governance/strong leadership	Less Than 2 Sets Of Minutes Late Per Quarter	0-2 sets of minutes over a day late in period	3-4 sets minutes over a day late in quarter	5+ sets minutes over a day late in quarter	Departmental	Quarterly	PI
PI/HRG/013	Governance	Corporate Complaints Timeliness	The number of corporate complaints responded to within the 15 working day deadline	All corporate complaints are responded to within the 15 working day deadline.	Performance Objective 1: Good governance/strong leadership	100%	85% - 100%	75% - 84%	0% - 74%	Departmental	Quarterly	PI
PI/FTP/020	Illegal Practice	Illegal Practice Timeliness: Receipt to Charging	The proportion of IP cases to have a charging decision made within 9 months of receipt.	Illegal Practice cases are concluded in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.	Performance Objective 1: Improve performance across our functions	90% + on time	90% +	85 - 89%	<85%	Departmental	Monthly	PI
PI/FTP/021	Illegal Practice	Illegal Practice Timeliness: Administrative Review	The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.	Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/022	Illegal Practice	Illegal Practice Timeliness: Initial Paralegal Review	The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.	Matters that prompt a suggestion of Illegal Practice taking place are assessed in a timely fashion for a decision as for the need for the case to be investigated to be taken quickly	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/023	Information	Freedom of Information Statutory Compliance	The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes)	Requests for information under the Freedom of Information Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/FTP/024	Information	Data Protection Act Statutory Compliance	The proportion of Subject Access Requests to be responded to within 40 calendar days (incl. extension timeframes)	Subject Access Requests under the Data Protection Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/FTP/025	Information	Serious Data Security Breaches	The number of serious incidents requiring self-reporting to the Information Commissioners Office	The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding the need for any serious breach reporting to the PSA	Performance Objective 1: Improve performance across our functions	Zero self reports	0	n/a	1 or more	Organisational	Monthly	KPI
PI/FTP/026	Information	Non-Serious Data Security Breaches	The number of data clasified as non-serious and dealt with by the GDC internally	The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding information breaches	Performance Objective 1: Improve performance across our functions	Less than 2 non-serious breaches per month	0 to 2 per month	3 to 4 per month	5+ per month	Organisational	Monthly	PI

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	**RATIONALE FOR PRIORITY STATUS**	**ESCALATION DECISION DATE**	**DE-ESCALATION DECISION DATE (Where applicable)**	**DE-ESCALATION DECISION RATIONALE (Where applicable)**
KPI/FCS/001 - Organisational Income Collected	**Rationale for priority status:** Seasonal inclusion of this measure following the Q4 Dentist ARF collection, to provoke discussion of whether the level of income collected has a bearing on planned activity/performance for 2017.	**December 2016 EMT Board**		
KPI/FCS/002 - Forecast FTP Expenditure	**Rationale for priority status:** The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.	**December 2016 EMT Board**		
KPI/FCS/003 - Forecast Non-FTP Expenditure	**Rationale for priority status:** The delivery of Non-FTP activity within budgeted levels is a key organisational priority and is included to provide ongoing board visibility of cost control in this area.	**December 2016 EMT Board**		
KPI/HRG/004 - Staff Sickness	**Rationale for priority status:** Staff sickness levels across the organisation is recognised to be of key importance to help to provide capacity for the organisation to deliver its business plan and business as usual activities.	**December 2016 EMT Board**		
KPI/HRG/005 - Natural Turnover	**Rationale for priority status:** Staff retention across the organisation is recognised to be of key importance to the help to provide capacity for the organisation to deliver its business plan and business as usual activities.	**December 2016 EMT Board**	**July 2018 EMT Board**	**No longer to be reported as a KPI as it has been accepted that the target level will not be met for the considerable future due to the Estates Strategy and the office move to Birmingham.**
KPI/REG/004 - UK DCP Applications Active Processing Time	**Rationale for priority status:** Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	**December 2016 EMT Board**		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	**RATIONALE FOR PRIORITY STATUS**	**ESCALATION DECISION DATE**	**DE-ESCALATION DECISION DATE (Where applicable)**	**DE-ESCALATION DECISION RATIONALE (Where applicable)**
KPI/REG/006 - Restoration Applications Active Processing Time	**Rationale for priority status:** Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	**May 2018 EMT Board**	**July 2018 EMT Board**	**PI to be replaced by KPI/REG/002 - Dentist Applications Active Processing Time due to this being a key seasonal measure for Q2 2018.**
KPI/FTP/014 - FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals	**Rationale for priority status:** This KPI relates to the question in the PSA dataset about IOC timeliness and is included to assist ongoing board monitoring of timeliness to support the attainment of standard four.	**December 2016 EMT Board**		
KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision	**Rationale for priority status:** This KPI relates to the question in the PSA dataset about casework timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.	**December 2016 EMT Board**		
KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length	**Rationale for priority status:** This KPI relates to the question in the PSA dataset about full case timeliness and is included to assist ongoing board monitoring of timeliness to support the retention of standard six.	**December 2016 EMT Board**		
KPI/FCS/009 - GDC Website and Online Register Availability	**Rationale for priority status:** Included due importance of GDC website availability for public access to key GDC information, and in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public.	**December 2016 EMT Board**		
KPI/FCS/010 - Dynamics CRM Availability	**Rationale for priority status:** Included due to importance of Dynamics CRM system availability due to the need for approximately 200 members of staff to have the system available to undertake work on key processes.	**December 2016 EMT Board**		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	**RATIONALE FOR PRIORITY STATUS**	**ESCALATION DECISION DATE**	**DE-ESCALATION DECISION DATE (Where applicable)**	**DE-ESCALATION DECISION RATIONALE (Where applicable)**
KPI/FTP/006 - FTP: Proportionate Split of Internal and External Legal Referrals	**Rationale for priority status:** This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.	**December 2016 EMT Board**		
KPI/FTP/025 - Serious Data Breaches	**Rationale for priority status:** This KPI relates to the question in the PSA dataset about ICO referrals and is included to assist ongoing board monitoring of data breach volumes to support the attainment of standard ten.	**December 2016 EMT Board**		
KPI/REG/002 - UK Dentist Applications Average Active Processing Time	**Rationale for priority status:** Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	**July 2018 EMT Board**	**November 2018 SLT Board**	**After the seasonal conclusion of the graduate dentist peak period for 2018 it was agreed that this indicator be de-escalated and replaced by PI/REG/006 Restoration Applications Active Processing Time for the next report, as it is now the seasonally busier route.**
KPI/REG/006 - Restoration Applications Active Processing Time	**Rationale for priority status:** Seasonal inclusion as one of the Registration timeliness KPIs recognised to be most at risk of being missed due to high volumes of activity in this period (to be changed on a quarterly basis).	**November 2018 SLT Board**		

NOTE: Please note, it has been identified during February 2019 that on the Q3 2018 Balanced Scorecard the Registration indicators that were shown on the escalated measures dashboard on the report were KPI/REG/002 (UK Dentist Active Applications) & KPI/REG/006 (Restoration Active Applications) due to an administrative error in report complation. In actual fact, the indicators that should have shown on the escalated dashboard (in line with the above escalation tracking) should have been KPI/REG/002 (UK Dentist Active Applications) and KPI/REG/004 (UK DCP Active Applications). UK DCP Applications were reported on in section 1.3 of the report accurately as normal, with actual performance being green meeting target at 13 calendar days.

General Dental Council | protecting patients, regulating the dental team

Item 12
Council
May 2019

Performance of the Dental Complaints Service

Purpose of paper	Council receives a quarterly report regarding the performance of the Dental Complaints Service (DSC). The report forms part of the suite of documents that supports Council to monitor performance, especially with regard to the strategic objectives. This paper provides a report on the performance of the DCS during Quarter 1 2019 (January to March).
Status	Public
Action	For **discussion.**
Corporate Strategy	Patients: Objective 4 – To direct patients who have concerns to the most appropriate organisation, so that problems can be resolved quickly, fairly and cost effectively. .
Business Plan	To continue to raise awareness of the service and drive down the number and age of complaints.
Decision Trail	Not applicable
Next stage	Council will receive a report quarterly.
Recommendations	Council is invited to discuss the content of this report.
Authorship of paper and further information	Michelle Williams DCS Head of Operations mwilliams@dentalcomplaints.org.uk T: 020 8253 0811
Appendices	None

1. Executive summary

1.1. This paper summarises the performance of the service in Quarter 1 2019, as well as providing information about the current status of DCS, the challenges faced and how these are being addressed.

1.2. Stakeholders have recognised the improvements in performance delivered in 2018, including the demonstration of clear demarcation lines between DCS and FtP functions and the significant reduction in referrals to FtP.

1.3. To move the service forward further, the DCS review phase 2 aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner as part of the broader efforts to develop a system wide model for the handling of complaints.

1.4. The DCS received a significantly high number of enquiries relating to a single registrant, this impacted on performance but is a one-off event and not a trend.

2. Analysis of Performance

Incoming enquiries

2.1. The DCS record data for all initial enquiries and complaints. During Q1, 763 enquiries were received, 84% (640) of these enquiries were responded to within 2 days a drop from 97% in Q4. DCS received a huge influx of enquiries during February:123 related to 1 registrant following a social media campaign from patients that had paid for treatment which was either not provided or not completed. The registrant currently has an interim suspension and all patients were signposted to FTP to raise their concerns. As a result of the high volume of work the enquiries that related to the registrant could not be processed within the 2-day KPI, however all other enquiries were completed within the timeframe.

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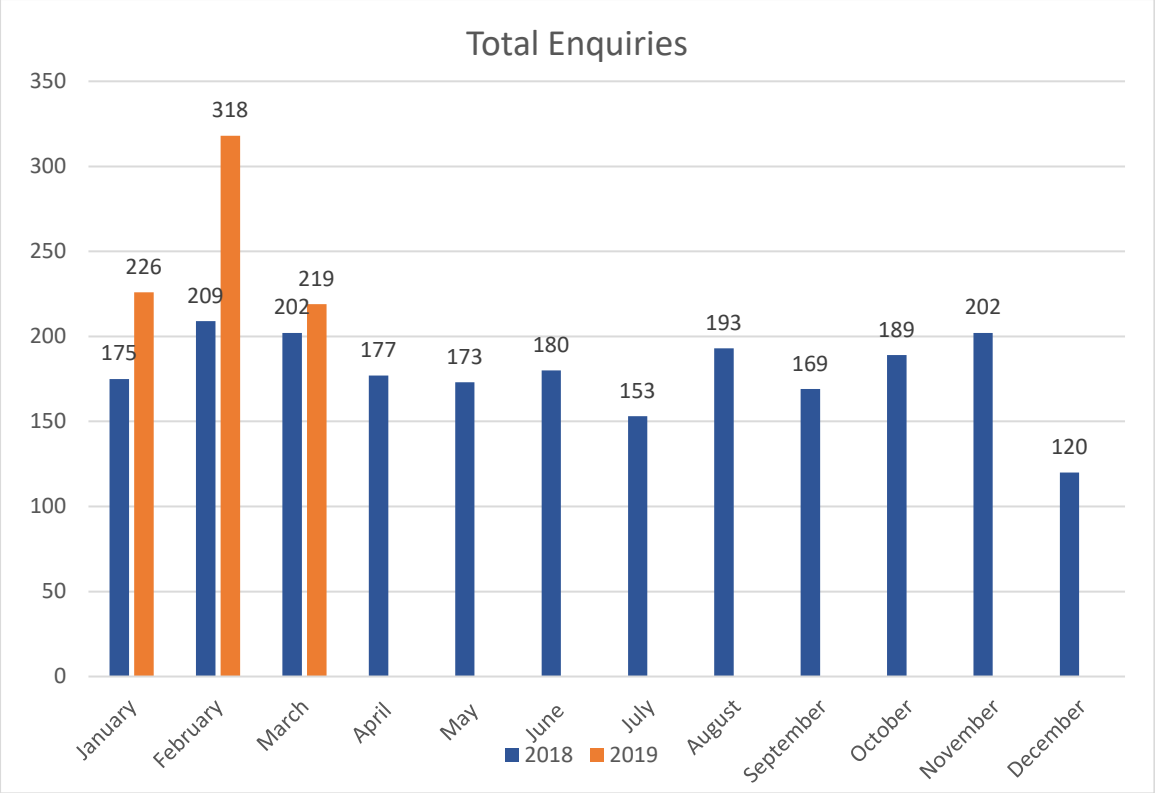
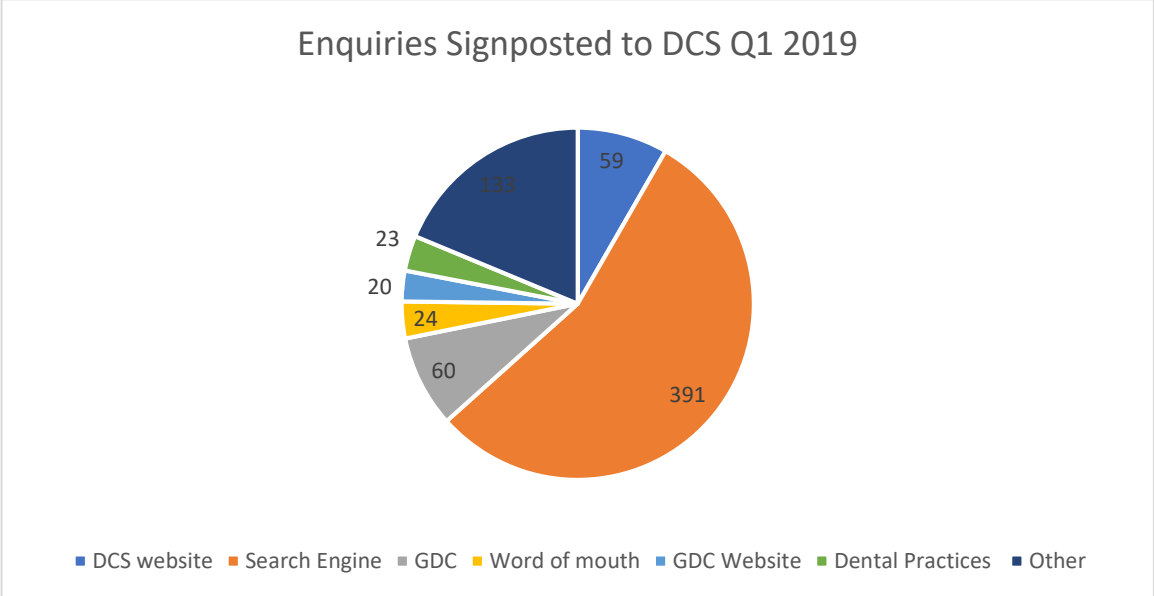


2.2. The following diagram details how the main enquiries were signposted to DCS in Q1. Following a post on Facebook regarding the registrant that had a high number of complaints patients were passing on the DCS details in order for us to assist with their complaint.



2.3. Of the 763 enquiries logged in Q1, 76 cases were opened. 8 referrals to FTP were made, all regarding the same registrant. As detailed above, following discussion with FTP it was agreed that no further concerns regarding the registrant who did not complete treatment would be referred and were signposted and not referred to FTP. The remainder of the enquiries being sign posted to their dental professional and if appropriate to the relevant organisation which enables the patient to resolve their concerns appropriately (GDC, Care Quality Commission, NHS Health Boards, Oral

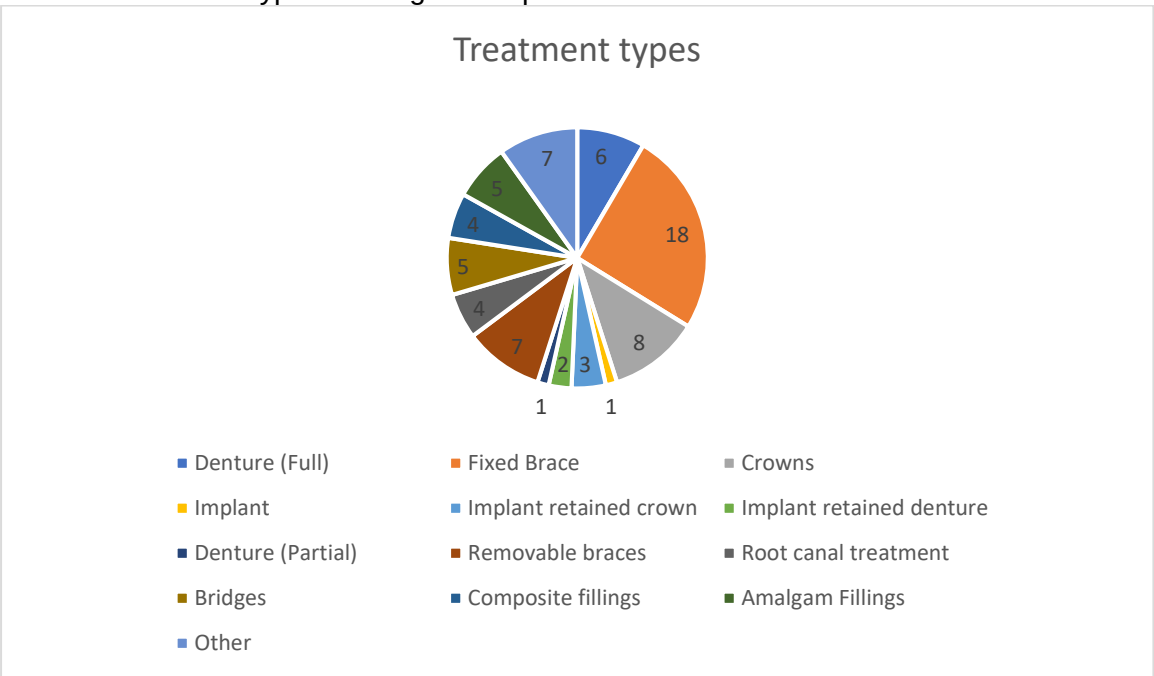
Health Foundation, Citizen Advice Bureau and other public bodies). Of those cases raised within the DCS remit the complaints related to:

Complaint issues

2.4. The most common issues raised in Q1 by complainants were a perceived failure of treatment (85%) other causes include, inappropriate treatment (2%) or the treatment not being consistent with the treatment plan (3%).

Treatment types

2.5. Main treatment types relating to complaints raised:



2.6 During Q1 there were 18 complaints regarding fixed braces, 7 regarding removable braces. 95% (113) of the complaints raised related to the more costly forms of treatment such as dentures, braces, bridges, crowns and implants.

As requested in December 2018 the breakdown for the specific components of implants has been incorporated into our CRM system. As a result we have identified that there were 3 complaints raised regarding the implant retained crown, 2 regarding the implant retained denture and 1 regarding the entire implant.

An analysis of the complaints over the last 12 months is included below. As shown DCS recevied the highest number of complaints (96) in relation to orthodontices, fixed braces (70) and an additional (26) complaints regarding removable braces (logged as invisalign within our system but other brands are used). The second highest (83) for the period were in relation to full (44) and partial dentures (39).

27. DCS Cases Received by Treatment Type

Treatment Sub Type	2018 Q2	2018 Q3	2018 Q4	2019 Q1
Advice/Information (General Practice)	4	2	3	0
Brace (Orthodontics)	18	19	15	18
Bridge (Restorative)	5	10	7	5
Cosmetic Bonding (Non Dental Cosmetic Treatment)	0	3	1	1
Crown (Restorative)	18	16	12	8
Denture - Full Set (Prosthodontics)	14	12	12	6
Denture - Partial (Prosthodontics)	13	12	13	1
Extraction (Surgical Dentistry)	2	1	1	1
Filling - Amalgam (Restorative)	3	13	8	5
Filling - Tooth Coloured (Restorative)	3	11	5	4
General Anaesthesia (General Practice)	0	1	0	0
Implant Retained Abutment	0	0	0	2
Implant Retained Crown	0	0	0	1
Implant Retained Denture Partial	0	0	0	2
Implants (Surgical Dentistry)	15	11	8	1
Infection Control (General Practice)	1	0	1	0
Invisalign (Orthodontics)	6	7	6	7
Jaw Manipulation (Orthodontics)	0	0	1	0
Onlays (Restorative)	0	0	1	0
Root Canal (Endodontics)	7	10	4	4
Scale and Polish (Periodontics)	1	0	1	0
Tooth Bleaching and Whitening (Cosmetic Dental Treatment)	2	3	3	0
Tooth Sensitivity (General Practice)	1	1	1	0
Veneer (Restorative)	3	7	4	3
Grand Total	116	139	107	69

Geography of complaints

2.7. The below table details the geographic region that private complaints arose from over the last 12 months. London was consistently the highest region that generates complaints.

DCS - Registrant and Informants by Region

Null entry, Q4 2018 - the registrant has provided an address in Kenya.

10. Incoming Cases - Dentists by Region

Registered Country Region	2018 Q2	2018 Q3	2018 Q4	2019 Q1
London	22	30	26	21
South East	10	10	16	9
East of England	13	10	5	5
Scotland	6	14	4	3
North West	5	10	2	3
Yorkshire & Humberside	5	10	3	2
South West	4	3	7	2
West Midlands	2	5	2	4
Wales	4	3	3	
East Midlands	2	2	4	
North East		2	3	3
Northern Ireland	2	1	1	
Null	1	1	1	
Channel Islands	1	1		

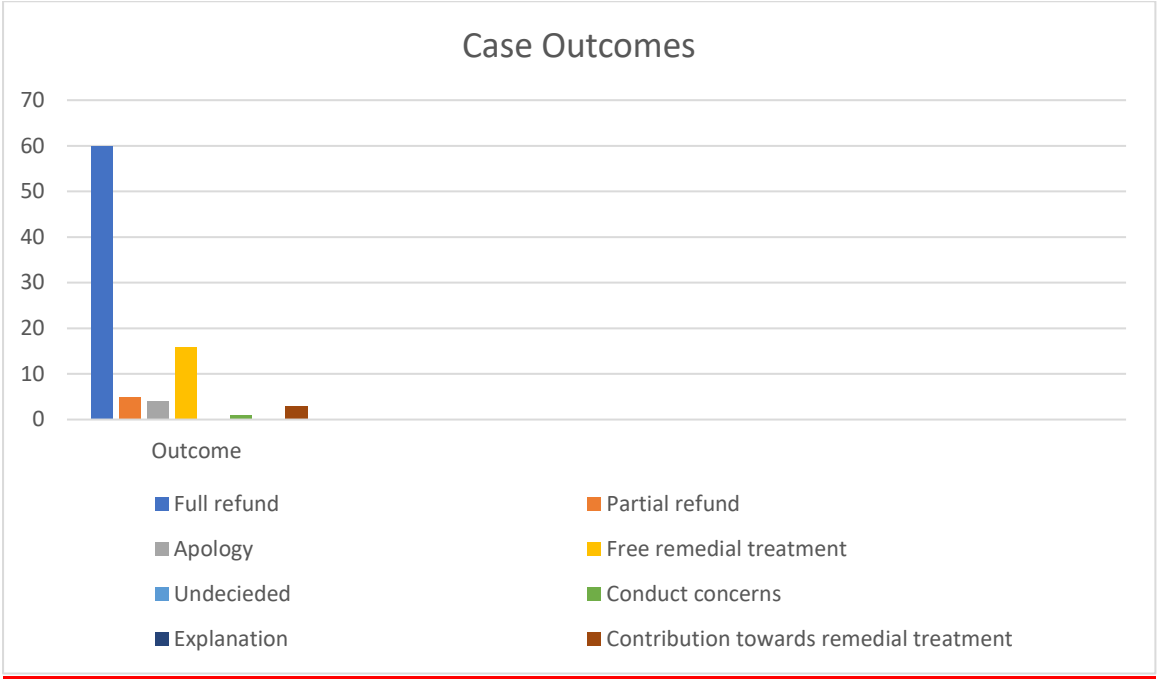
Outcomes

2.8. In Q1 2019, the outcomes relating to the 83 concluded cases are detailed in the table below. 91% of all cases were resolved within 3 months during Q1 a 1% decline on Q4. We continue to resolve the overwhelming majority of cases we open, demonstrating the on-going interest in and value of the current service.

2.9. The most common outcome is to obtain a refund to enable the patient to have their treatment completed by another dental professional. 72% of the resolved cases were

resolved following a full refund by the dental professional. During Q1 this amounted to £22,781 from the £23,527 initially requested. In line with the DCS remit patients cannot request a refund unless they are having remedial treatment, as this would put them in profit and be classed as compensation.

2.10. Free remedial treatment was the second most common outcome with 19% of complaints resolved followed by 5% of complaints being resolved by way of an apology. When assessing a complaint the complaints officer will detail each outcome the patient is seeking, often a dental professional will apologise for the distress or need for the patient to complaint without request, however, as advised above when assessing a complaint and the outcome a patient is seeking only 5% of patients detailed this. It could be considered that by the dental professional apologising for the upset that may have been caused by the need to complain, without prompting, makes the patient feel they have been listened to and received a sincere and authentic apology and therefore do not need to pursue this further as an outcome.

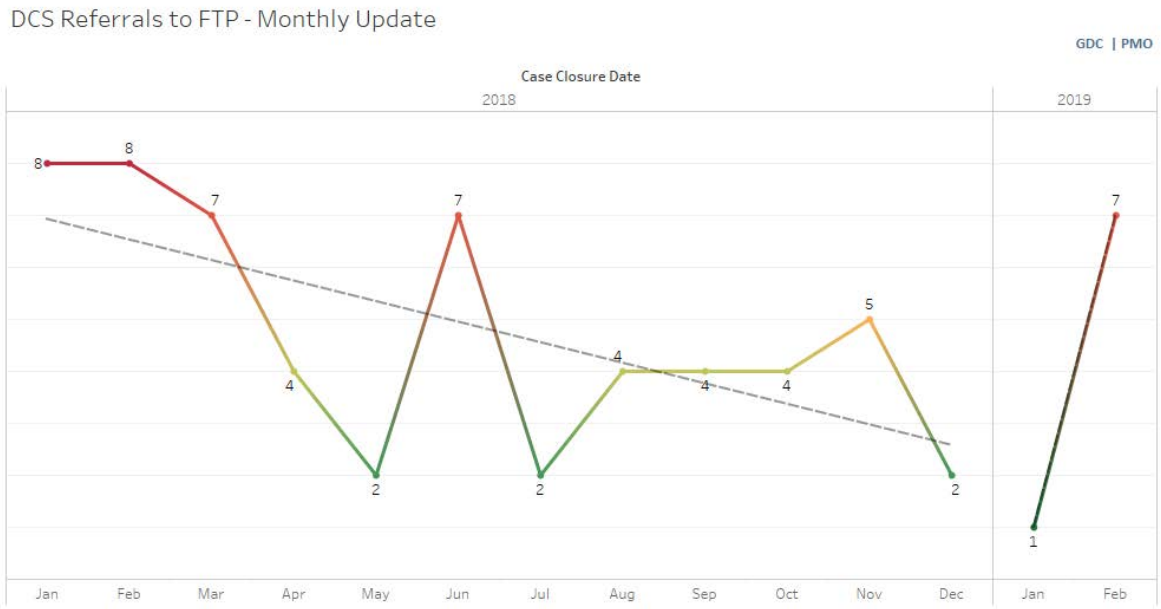


Note: Patients can raise more than 1 complaint/issue and outcome for each aspect of the complaint.

The relationship with FtP

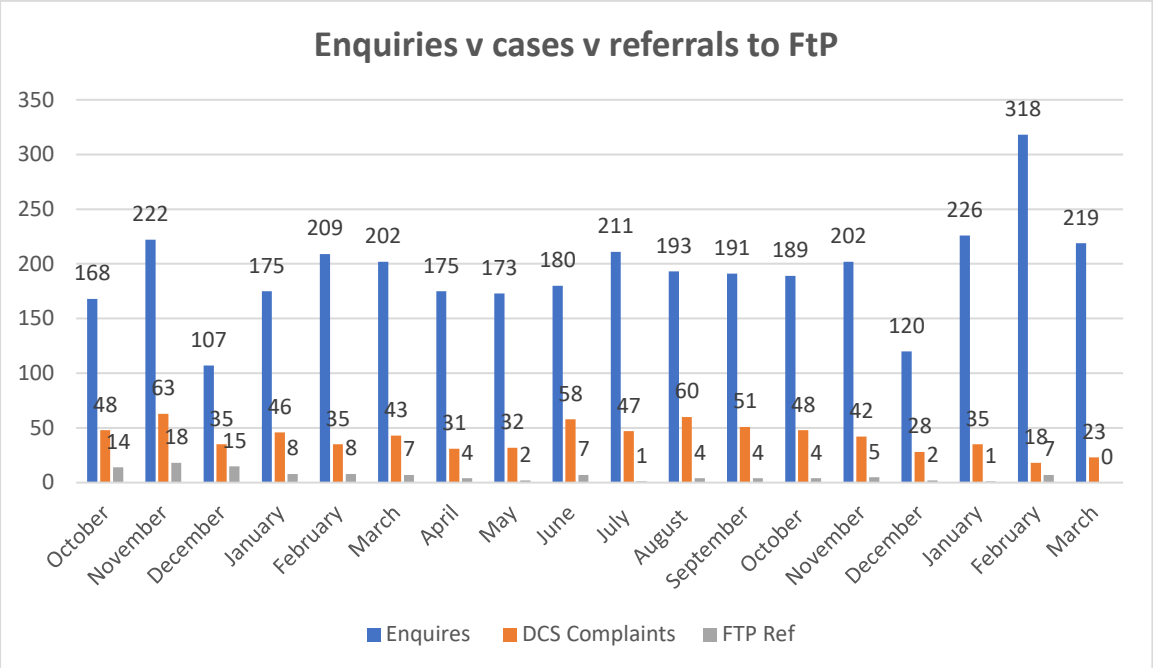
2.11. Incoming complaints are assessed against the DCS remit and FTP referral Principles which were introduced on 1 March 2018 as part of the DCS review project. If the complaint does not fall within the DCS remit and DCS are unable to assist, the patient is referred to the appropriate organisation, this includes: NHS England, ICO, CQC, FTP or they are advised to seek independent legal advice.

2.12. All enquiries that either fall within the DCS remit or raise FTP concerns in-line with the FTP principles, are logged and processed as cases. During 2018 there were a total of 57 FTP referrals in comparison to 187 during 2017.



2.13. The new DCS to FTP referral principles were introduced in March 2018. Following the implementation of the new principles the referrals to FTP have dropped significantly to 1.04% in Q1. The average for 2017 was 30.8%

2.14. A comparison between the enquiries, cases logged, and the number of referrals made to FTP have been detailed below in figure 4. To ensure that DCS refer cases appropriately a log is kept of cases where the patient advises that they would like the dentists conduct investigated and they are guided through the GDC triage process. Once logged cases can run concurrently between FTP and DCS. To date there have been 13 cases running concurrently since its inception in March.



DCS enquiries v complaints v referrals to FtP in the last 18 Months

Illegal Practice

2.15. No referrals were made from DCS to the Illegal Practice team during Q1.

2.16. DCS will continue to use the Scope of Practice document to determine if a referral is required to illegal practice.

Performance

2.17. The number of cases concluded by DCS in Q1 are set out below in figure 6. The average resolution time has risen to 49 days at the end of Q1. This is an increase of 9 days in comparison to Q4.

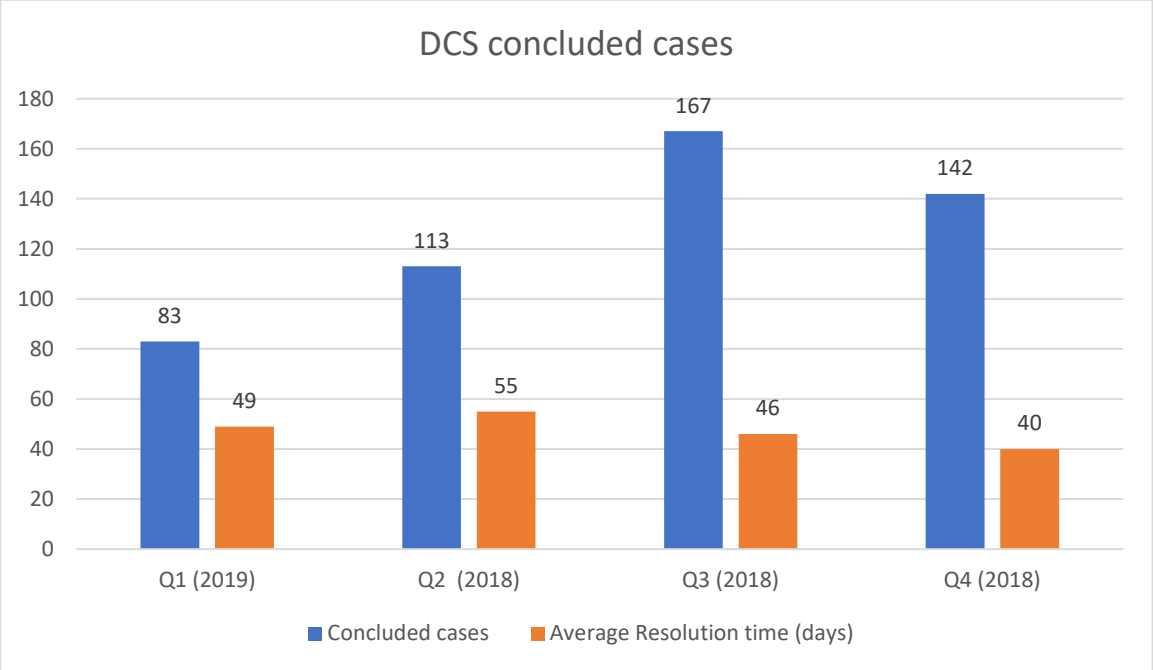


Figure 6. DCS concluded cases for Q1 2019

2.18. Concluded cases are complaints that have closed at either of the four operational stages. 2 cases will be resolved at the panel meeting stage during April 2019.

2.19. When cases are closed, feedback forms are sent to both the patient and Dental Professional to obtain feedback on the service that they have received. In Q4, 2018, the overall level of customer satisfaction shows 93% of respondents found the service they received good or excellent. This has dropped to 91% in Q4 following 1 response whereby the patient was unhappy with the scope of DCS' remit. All feedback is fed back into the DCS Review to enable the DCS to fulfil its objectives where possible.

2.20. DCS are currently investigating other ways of obtaining feedback from Dental Professionals as the return rate remains relatively low. This will enable us to gain a clear understanding of the Dental Professional's experience of the service and see where we can improve. This work commenced in February 2019 with the engagement of the British Dental Association and the endorsement of the 3 main indemnifiers. The survey will be completed by 31 May 2019.

NHS Complaints signposting

2.21. Following signposting to the NHS by DCS feedback is sought as to the outcome of complaints resolution within the NHS. 21 Automated feedback requests were sent by DCS during Q1. With only no responses received during this period.

DCS Review Phase 2

2.22. Following the operational improvements made as part of the DCS Review Phase 1 Phase 2 of the DCS review commenced on 1 September following the initial project board meeting on 16 August. This phase of the review aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner. It will contain three key deliverables:

- The optimisation of the current DCS model within its existing jurisdiction;
- A review and feasibility assessment of alternative models (i.e. who could fund and deliver the service), identifying a preferred model; and
- A service rebrand and launch based on the selected alternative model (if appropriate).

2.23 As discussed during the Q4 update DCS are currently working with NHS England to look at the feasibility of assisting with the resolution of NHS complaints that require facilitating. Further information will be provided when this becomes available.

2.24. The DCS annual review will also be produced by the end of Q3. This will incorporate the data and learning we hold since the last annual review in 2014.

3. Recommendation

3.1 Council is invited to discuss this summary of the performance of DCS in Q1 2019

Report to the Council from the Audit & Risk Committee (ARC) meeting of 16 April 2019

Purpose of paper	To report on the key items considered by the ARC meeting on 16 April 2019
Action	For **noting**
Corporate Strategy	Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan	N/A
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-statutory Committees of Council, the ARC will report to the next Council meeting following its meeting.
Next stage	N/A.
Recommendations	The Council is asked to **note** the report of the ARC meeting on 16 April 2019
Authorship of paper and further information	Polly Button, Governance Manager pbutton@gdc-uk.org 020 7167 6331
Appendices	None

1. Executive summary

1.1. In accordance with the GDC's Standing Orders for the Non-statutory Committees of Council, ARC (the Committee) is required to report to the Council meeting following each meeting.

This paper reports on the key items considered by the Committee at its meeting on 16 April 2019.

Items discussed at the ARC meeting on 16 April 2019

2. Chief Executive's report

2.1. The Chief Executive delivered an oral update which identified key risks and opportunities for the organisation.

2.2. The primary focus was the finalisation of supporting analysis for the Corporate Strategy which would include narrative around the appropriate reserve levels.

2.3. On the EU Exit, the position regarding dental professionals under an exit from Europe with a deal, or without a deal, was now significantly clearer. This would in turn mitigate some of the risk, however the organisation would keep on track and continue to plan as effectively as possible.

3. Annual Report and Accounts 2018

3.1. The Chief Executive and Registrar presented the accounts. The Committee discussed the draft document and noted that it felt improved and more reader friendly. The Committee added the statutory obligations were clearly set out and the format worked well**.**

4. haysmacintyre

4.1. Draft audit findings report and draft letter of representation

4.2. haysmacintyre introduced the report and noted the audit ran smoothly with no issues or omissions. Only a small number of minor amendments remained outstanding and these would be actioned shortly after the meeting.

4.3. haysmacintyre added the transition between the figures from the previous Head of Finance and Procurement to the current role was seamless. In terms of the Estates move, haysmacintyre were pleased that the key processes had migrated over successfully and thanked the GDC staff for their work.

4.4. The haysmacintyre draft audit findings report and the draft letter of representation were recommended to Council**.**

5. National Audit Office (NAO)

5.1. Audit completion report, draft letter of representation, draft audit certificate

5.2. The NAO presented report and noted their aim was to rely haysmacintyre findings. NAO also assured the Committee there was nothing to indicate any problems and subject to minor amendments, the team were happy with figures.

5.3. The NAO audit findings report, the draft audit certificate and the draft letter of representation were recommended to Council.

5.4. Final remarks

5.5. The Chair on behalf of the Committee thanked the team and confirmed the new audit approach had worked extremely well. The audit was clean, of high quality, and the Committees comments were fully taken on board. Given the level of organisational change, it was noted that the track record of clean audits was something for the organisation to be proud of. For next year, the Chair added it was important to maintain this level in conjunction with dual site working in Birmingham.

5.6. The Committee discussed the 2018 ARA and were happy to approve the draft based on the comments and suggested changes.

5.7. It was agreed that the final version of the 2018 Annual Report and Accounts would be submitted to the ARC Chair and subsequently recommended to the Council for approval.

6. Risk Management Section

6.1. Strategic Risk Register (SRR)

6.2. The Head of Risk Management and Internal Audit delivered the SRR update for March 2019.

6.3. Following the recent Council risk appetite workshop, a revised risk appetite matrix had been produced which was currently under further consideration with SLT, prior to an SLT workshop in June 2019.

6.4. The Committee discussed the risks, and for their periodic deep dive requested it to be Shifting the Balance at the next meeting.

6.5. The Committee approved the SRR.

6.6. Internal Audit recommendation implementation update

6.7. The Committee received the internal audit recommendation tracker and were happy that the number of recommendations implemented had increased.

7. Update on Annual Whistleblowing reporting

7.1. The Committee received a paper and confirmed the timescale of production covering the period 1 April 2018 to 31 March 2019.

7.2. A draft of the annual whistleblowing report covering both internal and external whistleblowing would be presented to SLT on 4 June 2019. The report would include the information on Prescribed Persons whistleblowing which would be published in September 2019. The Head of Governance confirmed work that was currently underway with the GMC in preparation for this joint report.

7.3. The full GDC whistleblowing annual report (covering internal and external whistleblowing) would be presented formally to ARC on 19 June 2019**.**

7.4. The Chair requested to include a reminder for staff (for internal whistleblowing) that they were able to report any instances to the ARC chair.

7.5. The Committee noted the update.

8. Items for noting

8.1. The Committee **noted** the 2018 Annual Health and Safety Report and Insurance Summary for 2019.

Report to the Council from the Remuneration Committee on 21 March 2019

Purpose of paper	To report on the items discussed by the Remuneration Committee for an additional meeting on 21 March 2019
Action	For **noting**
Corporate Strategy	Performance objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan	N/A
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council, the Remuneration Committee will report to the next Council meeting following its meeting.
Next stage	None
Recommendations	The Council is asked to **note** this report for the additional Renumeration Committee meeting on 21 March 2019
Authorship of paper and further information	Polly Button, Governance Manager pbutton@gdc-uk.org 0207 167 6331
Appendices	None

1. Executive summary

1.1. This paper reports on the meeting of the Remuneration Committee (the Committee) on 21 March. Some aspects of the Committee's work are highly confidential and therefore not described in detail in this report. The Council is asked to note the report.

2. Introduction and background

2.1. The key purposes of the Committee as defined in its terms of reference are:

2.1.1. To establish a transparent procedure for the remuneration of the Chief Executive, Executive Management Team, Council Members (including the Chair) and other associate post holders.

2.1.2. To ensure that there are appropriate incentives to encourage enhanced performance and that rewards are made in a fair and responsible manner and are linked to the individual's contributions to the success of the General Dental Council (GDC) and the successful performance of the GDC in general.

2.1.3. To annually review the organisation's pension schemes and make reports and/or recommendations as appropriate to Council, based on actuarial data and advice.

2.2. In accordance with the General Dental Council Standing Orders for the non-statutory committees of Council, the Remuneration Committee will report to the next Council meeting following its meeting.

3. Council member recruitment

3.1. The Committee were updated that the Privy Council had agreed to extend the term of the Committee Chair until 31 September 2020.

3.2. The Committee discussed the different length terms and succession planning. The Executive agreed to consider scenario planning, and to look at the various options, which would help shape the appraisal process.

4. Evaluating the performance of Council

4.1. The Committee received an update which confirmed that Council's performance and effectiveness was evaluated annually with a formal external evaluation to take place every 3 years. The external evaluation was due in 2018, but this had been postponed to 2019.

4.2. The Committee were informed that the organisation was now in the early stages of scoping and would shortly be contacting an external provider. The Committee discussed suitable areas for topics, and it was agreed to ask all the Committees for their suggestions.

5. Council Member appraisal

5.1. The Committee were updated that since the last meeting, changes had been made to the appraisal forms, and the feedback received was positive. The Committee discussed the peer review element and the Executive confirmed work was underway to clarify the process.

6. Council Member renumeration

6.1. The Committee reviewed the current remuneration of Council members. The Committee decided it was important to work on the council effectiveness review first so the remuneration could then be identified. The Committee agreed to recommend that a thorough review of Council member commitments be included in the scope of the upcoming Council effectiveness review.

7. Pension Strategy

7.1. The Committee received updates on the GDC's pensions schemes as a standing item.

8. Equality, Diversity and Inclusion audit

8.1. The Committee received and discussed the full audit report from Mazars, which was given as adequate assurance. The Committee were also informed that a thorough discussion had taken place at the Audit and Risk Committee on 21 February 2019.

9. People and Organisational Strategy Programme pack (POD)

9.1. The Committee discussed the POD which set out plans, ambitions and commitments that were aligned with the GDC Corporate Strategy.

9.2. It was confirmed the internal communications strategy for POD had been divided into 5 tangible strands:

- New ways of working
- Growing our own
- Everyday learning
- Recognising contribution
- Thriving at work

9.3. The Committee also received a focused presentation on the Organisational Design project, which included an overview of the vision, key elements, project timeline, progress to date and next steps.

10. Associates Project update

10.1. The Committee were updated on the current status of the Associates project. The Committee were pleased on the progress made, especially with the development of a flow chart tool, to help determine the category of Associate. It was confirmed that over the next few months, the project would make further progress in key areas, such as Associates renumeration prior to the close out of the project and working becoming business as usual.

11. Recommendation

11.1. The Council is asked to **note** the items discussed by the Committee on 21 March 2019.

Report to the Council from the Policy and Research Board meeting on 10 April 2019

Purpose of paper	To report on the key items considered by the Policy and Research Board at its meeting on 10 April 2019.
Action	For **noting.**
Corporate Strategy	Performance objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan	Priority one: Continue to build a cost effective and efficient organisation.
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-statutory Committees of Council the Policy and Research Board will report to the next Council meeting following its meeting.
Recommendations	The Council is asked to **note** the report.
Authorship of paper and further information	Rachel Knight, Head of Governance rknight@gdc-uk.org
Appendices	

1. Executive summary

1.1. This paper reports on key issues considered by the Policy and Research Board (the Board) at its meeting on 10 April 2019.

2. Introduction and background

2.1. The key purpose of the Board as defined in its terms of reference is:

"to provide oversight of the development and implementation of strategy, policy and research initiatives and report on them to the Council. In so doing, the Policy and Research Board will work with the Executive to ensure that strategy and policy making is coordinated across the GDC, liaising with other committees as appropriate".

2.2. In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, the Board is required to report to the Council meeting following each meeting. The Board met on 10 April 2019 at the Birmingham office.

3. Workshops

3.1 The Board hosted a workshop with 15 invited registrants, including dentists, dental nurses, dental hygienists and therapists and technicians. The aim of the workshop was to provide registrants with an opportunity for open discussion with Council members on the key issues in dentistry that mattered to them. Discussions included the future of dentistry, challenges for the dental team and issues that the GDC should prioritise. The work that the GDC is doing to engage with students and professionals at the earliest stages of their careers was a particular focus of attention, linked to a broader discussion about the so-called "climate of fear".

3.2 The second workshop focused on the development of principles of regulatory enforcement. The work forms part of the moving upstream programme and is intended to help embed the framework of "right-touch" regulation described by the PSA. The workshop highlighted the potential of this approach to force a consideration of what terms like "proportionality" actually mean for the GDC and its enforcement activity.

4 *Shifting the balance* programme update

4.1 The Board received an update on the implementation of the projects contained with the programme. It asked for clarification of the status of the data and intelligence action plan. The Executive explained that rather than having a stand-alone plan, data, intelligence and research had been embedded and was being monitored across the workstreams in the programme.

4.2 The Board examined the timelines of various projects and noted that the majority of work remained on track. The improvements to the GDC website, referred in the previous update to Council, had been delayed because of more extensive than expected user feedback. A decision had been taken therefore to move the launch to later in the summer, to avoid any risk to the DCP ARF collection.

5 Promoting Professionalism

5.1 The Board received a presentation on promoting professionalism from the Head of Upstream Regulation. The principles would be developed in co-production between the GDC, members of the profession and the public. To facilitate discussions between members of the profession and the public a joint event had been proposed for Q4 and it was anticipated that this meeting would include specified members of PRB. The aim was to provide a framework of principles to which

registrants would refer, particularly in difficult or challenging situations. Should a situation become an omission or other damaging act the principles of regulatory enforcement, workshopped earlier in the day, would be engaged. The Board was informed that tor the remainder of 2019 the focus of the work would be on research and engagement and that updates from the research phase of the project would be available from the summer onwards. The Board would receive updates in the autumn as the work progressed.

6. Moving Upstream Conference 2020: early thoughts

6.1 Whilst there had been a lot of positive feedback from the 2019 event some development opportunities had been identified, including the addition of breakout workshops, online participation and publishing the report in advance of the conference. The Board discussed some of the early proposals. The suggestion that documents linked to the conference should be released in advance of the conference was supported, however doubts were expressed that a March conference would be well attended given the business priorities for NHS dental teams at that time. It was suggested that in addition to inviting a minister or senior official to the conference, there could be some value in including other professionals or speakers from related industries. The importance of encouraging attendees from the four nations was discussed, and it was anticipated that the upcoming stakeholder events in Wales and Northern Ireland would encourage engagement. Additionally the committee noted the challenges of attracting all registrant groups from various disciplines across dentistry to engage effectively.

7. Horizon scanning report

8.1 The Board received the horizon scanning report which had been received by Council at their March meeting.

8. Recommendations

9.1 The Council is asked to **note** the items discussed by the Board on 10 April 2019.

Use of the GDC Seal – Annual Report 2019

Purpose of paper	To report on the use of the GDC Seal from 04 July 2018 to 23 May 2019 in accordance with section 17.3 of the General Dental Council Standing Orders for the Conduct of Business 2017.
Action	For **noting.**
Corporate Strategy	Objective 1: To improve the performance across all our functions so that we are highly effective as a regulator.
Business Plan	Not applicable
Risk register	Not applicable
Decision Trail	As per the Standing Orders and the Schedule of Delegation, a register is kept as a record of the use of the Common Seal of the Council. Where the Common Seal is affixed to a document, the document and the register is signed by the Chair and by the Registrar, or by individuals appointed by them.
Next stage	Not applicable
Recommendations	The Council is asked to **note** the use of the GDC Seal from 27 July 2018 to 30 May 2019.
Authorship of paper and further information	Rachel Knight Head of Governance
Appendices	None

1. Executive summary

1.1. The General Dental Council Standing Orders for the Conduct of Business 2017 require Council to be presented with a report on the use of the Common Seal on an annual basis.

1.2. This paper details the use of the seal between 4 July 2018 and 23 May 2019.

1.3 Council is asked to **note** this paper.

2. Introduction and background

2.1. The General Dental Council Standing Orders for the Conduct of Business 2017 make provision for the use of the Common Seal. The delegation schedule (Matters reserved to the Council and Matters Delegated to the Chief Executive) requires the Secretary to Council to keep a record of the affixing of the seal and report its use to the Council.

2.2. The Seal is required to execute a certain class of document and thereby bind the Council. The documents are sealed in the presence of the Chair and the Chief Executive (or their nominees) who then sign the register of seals.

3. Documents sealed during the period of this report

3.1. The table below sets out the documents which have been sealed between 04 July 2018 and 23 May 2019.

Date seal used	**Title/Description of document**
16 July 2018	Contract design and build – 1 Colmore Square, Birmingham
13 December 2018	1 Colmore Square Lease and associated documents
19 December 2018	Settlement agreement for Stephenson House, Croydon
06 March 2019	Novation Agreement – Sugarman Health and Wellbeing Limited
28 March 2019	GDC (EU Exit) (Amendment) Regulations 2019
28 March 2019	GDC (Dental Care Professionals Register)(EU Exit)(Amendment) Rules 2019

4. Recommendations

4.1. The Council is invited to **note** the use of the GDC Seal from 04 July 2018 to 23 May 2019.