General Dental Council | protecting patients, regulating the dental team

A meeting of the Council of the General Dental Council

1.00pm on Thursday 28 March 2019 at the General Dental Council,

37 Wimpole Street, London W1G 8DQ

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	1pm (15 mins)	Oral
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 31 January 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 31 January 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 programme update** Gurvinder Soomal Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	1.15pm (15 mins)	Verbal

8.	**EU Exit** Melissa Sharp, Head of In-House Legal Advisory Service Lisa Marie Williams Executive Director, Legal and Governance	Patients, Professionals, Partners, Performance	1.30pm (15 mins)	Paper
9.	**Finance Review Q4, 2018** Samantha Bache, Head of Finance and Procurement Gurvinder Soomal, Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	2.15pm (20 mins)	Paper
10.	**Reserves Policy 2019** Samantha Bache, Head of Finance and Procurement Gurvinder Soomal, Executive Director, Corporate Resources and Registration	Patients, Professionals, Partners, Performance	2.35pm (20 mins)	Paper
11.	**Balanced Scorecard Q4 2018 Performance** Gurvinder Soomal, Executive Director, Corporate Resources and Registration David Criddle, Head of PMO	Patients, Professionals, Partners, Performance	2.55pm (15 mins)	Paper
12.	**Dental Complaints Service Q4 2018** Tom Scott, Executive Director, Fitness to Practise Michelle Williams, DCS Head of Operations	Patients, Professionals, Partners, Performance	3.10pm (10 mins)	Paper

13.	**Chair's Strategy Group membership** William Moyes Chair of the Council	Patients, Professionals, Partners, Performance	3.20pm (5 mins)	Paper

PART THREE – ITEMS FOR NOTING

14.	**Annual Reports:** 1. Quality Assurance Group (QAG) 2. Decision Scrutiny Group (DSG)	Patients, Professionals, Partners, Performance	3.25pm (15 mins)	Paper
15.	**Reports of the Council's Committees:** 1. Audit and Risk Committee 2. Remuneration Committee 3. Finance and Performance Committee 4. Policy and Research Board	Patients, Professionals, Partners, Performance	3.40pm (20 mins)	Papers

PART FOUR – CONCLUSION OF BUSINESS

16.	**Any Other Business**	William Moyes, Chair of the Council	(5 mins)	Oral
17.	**Review of the Meeting**	William Moyes, Chair of the Council	-	Oral
18.	**Date of Next Meeting** Thursday May 30th, 2019, Cardiff			

2019 Council Meeting Dates

- July 25th, 2019
- October 3rd, 2019 (Birmingham TBC)
- December 5th, 2019

General Dental Council | protecting patients, regulating the dental team

Unconfirmed Minutes of the Meeting of the General Dental Council held at 9:30am on Thursday 31 January 2019 at CS04, 1 Colmore Square, Birmingham, B4 6AJ

Council Members present:

William Moyes	Chair
Terry Babbs	
Geraldine Campbell	
Anne Heal	
Jeyanthi John	
Margaret Kellett	
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:

Tracy Cooper	Executive Support Manager
Rachel Knight	Head of Governance (Secretary)
Ian Jackson	Director for Scotland

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. There were apologies for absence from Sheila Kumar and Kirstie Moons.

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 subject to an amendment to minute 14.3 which should read:

"Council had questions on the local resolution of complaints and were informed that this accounted for approximately 80% of complaints".

5. Matters arising from the Open Council meeting held on 13 December 2018 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.

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. EMT priorities

7.1 Council received a presentation from the Executive Directors which brought together the key deliverables and challenges for the individual Directorates in 2019. Council members were given an opportunity for discussion with each Executive Director.

7.2 The Executive Director, Organisational Development presented the opportunities and challenges faced to develop a flexible GDC workforce that would ensure that resource was deployed appropriately to deliver the required task. Employees, associates and contractors provided a mix of expertise, independence and development. It was anticipated that the organisational design project would enable skills to be utilised across the whole organisation, which would provide opportunity and development for individuals.

7.3 Organisational and HR KPIs were included on the balance scorecard, which provided Council with an indication of whether the GDC was in the right place with workforce. Data analytics were being explored to help develop a better understanding beyond the current measure of turnover. This had been discussed at FPC who were responsible for monitoring performance, partly via the balanced scorecard.

7.4 The Registration and Corporate Resources presentation noted that that challenges included high staff turnover across the teams as a consequence of the transition to Birmingham. Council notes that there were a range of possibilities for contingency planning which depended on other challenges including continued uncertainty regarding Brexit and the full impact it will have on our overseas application process. Concern was expressed about how the organisation could plan to have appropriate resource to respond to new frameworks that the government may put in place, particularly to replace the MRPQ. This was a challenge across the regulators and it was likely that certainty would not be achieved until the courts had considered a test case. It was difficult to plan for something when the organisation was unsure of the outcomes, which would require the GDC to have resilience to deploy money and resources to respond nimbly without impacting on business as usual. The removal of MRPQ would have an impact but policy decisions may be required to decide what could or should be done with the resources available.

7.5 It was noted that the decision on qualification equivalence rested with the Pricy Council, which restricted the response time to change. The Department of Health policy was based on the presumption of equivalence with a shelf life of two years in order to avoid a cliff edge on 29 March 2019. Therefore the Council had leeway to make informed strategic decisions at the appropriate time.

7.6 Legal and Governance was a new directorate which brought together existing teams focused on facilitating and supporting the strategic direction of the organisation and its operations, for example, investigation, presenting cases and responding to information requests. The presentation highlighted how the directorate were involved in all the EMT priorities and worked across the directorates.

7.7 The Executive Director, Fitness to Practice highlighted his strategic priorities, which were to complete the End-to-End review this year and to transition 90% of the Directorate to the Birmingham offices. The first 'new head of' had been appointed and a major recruitment event was planned for the following week. The announcement that the FtP team was moving did have an impact on performance towards the end of 2018, but this improved and the team have demonstrated their commitment to the organisation and to their roles. A transition budget has been agreed to provide overlap in staffing and an ability to being in resources to respond to unexpected resignations. To build team resilience, initiatives to allow staff to develop as topic experts or to nurture competence in multiple areas were being considered.

7.8 It was noted that the FtP priority to explore alternative governance models for adjudications reflected the 2019 objectives for the Chair of Council. If the presentation was to be shared more widely the FtP wording should be amended to match the 2019 objectives of the Chair fo Council.

7.9 The key strategic priorities highlighted by the Executive Director, Strategy were: development of the 2020 Corporate Strategy, the promoting professionalism work to start debate between the pubic and the profession on mutual expectations; and student engagement. These represented a change in the way the GDC worked, including more engagement with the public, through professional networks and expansion of the student engagement pilots. Responding to EU Exit policy development remained a priority, which had the potential to distract from other work.

7.10 The team had secured five papers to be presented at the PSA conference to be held in Windsor later this year.

7.11 The education team focus over the coming year would be on building the GDC impact, including on preparedness for practise. Transition between under graduate, post graduate and foundation years were discussed at the Moving Upstream Conference and the development of a passport document was discussed as a possibility. The senior education team were at the conference and would build on the feedback received. Council suggested that the GDC should use tripartite meetings between education providers as an opportunity to promote the idea of a compulsory passport.

7.12 Council noted that the GDC already had lots of data, and over 2019 would work to maximise its use. Most of the data was contained in documents, but the move into CRM would enable the intelligence team to interrogate and scrutinise the data to better inform GDC workstreams.

7.13 The CEO closed the presentation and discussion by contextualising the challenges that impacted across the GDC. It was noted that programmes such as the end-to-end review impacted across the organisation. A continuous thread through the list of challenges was continuing improvement and changing culture in order to respond to external changes, including the political and regulatory environment and expectations of registrants, patients, stakeholders and staff.

7.14 Council **noted** the EMT priorities and challenges for 2019 and it was **agreed** that the slides would be circulated to members.

8. Estates Strategy Update

8.1 The Executive Directive, Registration and Corporate Resources, gave a presentation which reflected on the implementation of the Estates Strategy. The key driver to open offices in Birmingham had been as a long-term solution to reduce organisational costs. He summarised the process to date and noted the achievements to date. Strands 1 and 2 of the programme were on target, with no amber or red ratings in the programme, which demonstrated that the programme was on track to be delivered by 2019 as planned.

8.2 The redevelopment of the Wimpole Street offices was a fit out, not a significant building programme. The ambition was to equal the quality working environment and value for money that the Colmore Square team had delivered.

8.3 The project to fit out the Colmore Square offices had been closely managed and subjected to a high level of committee scrutiny from the start of the process. The result was an office environment that was fit for purpose and sustainable.

8.4 Council **noted** the update.

9. Moving Upstream – Review of the Conference

9.1 The Chair thanked staff and members for their contributions to the conference held on 30 January 2019. Plans for a conference in 2020 were already underway, and there would be a number of opportunities for Council to input thoughts and ideas. He invited members to provide immediate feedback.

9.2 It was felt that the event went well and had provided a good base on which to build in the future. The quality of the debate and discussion amongst the profession had been impressive, and the public panel had made an important and valuable contribution. In the future the public panel could be developed and the composition of the delegates, although diverse, needed to include more of the dental team.

9.3 Key questions had been captured by staff and would be fed into existing workstreams. Some of the issues raised could lead to further discussions and it would be helpful to find ways to provide a response to some of the feedback received, possibly 'you said we did'. The items that were discussed were very important and could have had more time.

9.4 Council welcomed the opportunity to meet the dental team and the conference had provided a good networking opportunity for all attendees.

10. Health Education England

10.1 The paper was presented by the Executive Director, Strategy, who confirmed that the paper was a means of recording positive progress since the and an opportunity to thank colleagues at HEE for their constructive engagement.

10.2 Council **noted** progress in relation to the "Advancing Dental Care" (ADC) review of dental education and training.

11. Information Governance Annual Report 2018

11.1 Council received the Information Governance Annual Report 2018. The Executive Director Legal and Governance presented the report, noting that the Audit and Risk Committee (ARC) received quarterly reports in addition to exception reporting when issues arose.

11.2 The report demonstrated the depth of work that had been required to implement the GDPR alongside business as usual. The commitment of the team was reflected in the extremely high compliance rates, which impressive given the increasing complexity of requests.

11.3 Another critical measure of performance against the organisation was the number of Data Security Incidents (DSIs). Council noted that although there were five reportable incidents in 2018 in accordance with the new reporting requirements no enforcement action had been considered necessary by the Information Commissioners Office (ICO). The root cause of data security incidents tended to be human error and the team continued to encourage good data handling to minimise the risk. GDC devices were encrypted at a level sufficient for the ICO to be satisfied that no report was required for lost or stolen devices.

11.4 Council **noted** the report.

12. Chair's strategy group extending terms of reference

12.1 Council received a paper which recommended that the Chair's Strategy Group (CSG) should be renewed until 31 July 2019. The group had not met since summer 2018 because there had not been any capacity to do so given the volume of work needed to implement the Estates Strategy.

12.2 The paper outlined some of the topics the group hoped to explore. As these were substantial topics it was expected that the group would need to be renewed in July 2019 to continue until the end of the year.

12.3 The membership was set out in the paper. There was a registrant vacancy and the Chair invited expressions of interest from eligible members of Council.

12.4 Council **approved** the terms of reference of the CSG until 31 July 2019.

PART THREE - ITEMS FOR NOTING

13. Horizon Scan

13.1 The Council **noted** that the Horizon Scan report had been withdrawn.

PART FOUR - CONCLUSION OF BUSINESS

14. Any Other Business

14.1 Council **noted** thanks to the outgoing Head of Finance, Melanie Stewart.

15. Review of the meeting

15.1. Council members agreed that the meeting had gone well.

15.2. Although the presentation from the EMT on their priorities for 2019 had not included any material that was not known to the Council, members indicated that they would prefer to have had access to the presentation in advance as part of the paper pack.

16. Close of the meeting

16.1. There being no further business, the public meeting ended at 2.45pm

Date of next meeting: 28 March 2019 (London)

Name of Chair:

William Moyes

Rolling actions list – Council
Item 5

No.	Date	Minute no.	Subject	Action	Owner	Due date	Status	Closed date	Outcome
316	26/07/2018	9	Analysis of wider lessons from PSA investigation in Barrow-in-Furness Hospital and NMC	Council to consider action to develop further assurance about potential wider failures in a practice, school or corporate environment.	Tom Scott	31/03/2019	Current	21/03/2019	**Update to March Council:** Council received an updated gap analysis in October 2018, which has since been shared with the Statutory Panellists Assurance Committee. Many of the learning points are being addressed through the Shifting the Balance and End to End Programmes. We have further reviewed the paper and maintain that we would not be open to similar criticism as the NMC in related circumstances.
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	~~28/03/2019~~ 30 /04/2019	Current		**Update to March Council:** work is underway – has been delayed due to staff vacancy.
2019									

Rolling actions list – Council
Item 5

7.	31/01/2019	4.1	Approval of minutes of previous meeting	Council approved the minutes of the meeting held on 31 January 2019 subject to an amendment to minute 14.3 which should read: *"Council had questions on the local resolution of complaints and were informed that this accounted for approximately 80% of complaints"*.	Rachel Knight	07/02/2019	Completed	04/02/2019	**Update to March Council:** Confirmed minutes uploaded to website 20 March 2019
8.	31/01/2019	12.3	Chair's Strategy Group – extending terms of reference	Expressions of Interest invited to fill the vacancy on the group for a registrant member	All registrant members / William Moyes	07/02/2019	Completed	28/03/2019	**Update to March Council:** One member expressed an interest. Approval of appointment is on this agenda.

EU Exit – amendments to GDC legislation

Purpose of paper	The paper seeks Council's approval of amendments to the GDC rules and regulations required in preparation for the UKs withdrawal from the European Union.
Action	For approval.
Corporate Strategy 2016-19	Performance Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator
Decision Trail	The Audit and Risk Committee and Council have received updates on the Government's preparations for EU Exit and potential impacts on the GDC. The Constitutional Issues Working Group has been monitoring developments and following the introduction into Parliament of legislation amending the GDCs statutory framework, the Group approved the preparation of draft amendments to GDC rules and regulations.
Next stage	If approved, the new rules and regulations will be sealed and come into force on the day the UK leaves the EU.
Recommendations	Council is asked to approve and seal the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.
Authorship of paper and further information	Lisa Marie Williams, Executive Director, Legal and Governance LMarieWilliams@gdc-uk.org Melissa Sharp, Head of In House Legal Advisory Service msharp@gdc-uk.org
Appendices	Appendix 1: General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.

	Appendix 2: Versions of the following showing proposed amendments: GDC (Dentists Register) Regulations 2014 GDC (Specialist List) Regulations 2008 GDC (Dentists) (Fees) Regulations 2017 GDC (Professions Complementary to Dentistry) (Fees) Regulations 2018 GDC (Dental Care Professionals Register) Rules 2014

1. Executive summary

1.1. The government have been preparing for the UK to leave the EU, including passing the legislation needed to retain or change regulatory systems to ensure that they continue to work after exit day.

1.2. The GDCs statutory framework is amongst those that require amendment, to ensure that dentists and DCPs from the EU have a route to join the register in the future (changes will not impact EU dental professionals who are already on the register). The changes are needed because this category of registrants have previously relied on rights established by the EU Directive on the mutual recognition of professional qualifications, which will cease to apply after the UK leaves the EU. The legislative changes which need to go through parliament have been made by the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019 ("the Regulations"), which were approved by Parliament on 7 March 2019.

1.3. As council members are aware, some of the GDCs legislative framework is also contained in rules made by Council. Amendments to those rules were outside the scope of the Regulations. Council itself will need to update the rules, to reflect and support the changes made by the Government. Drafts of these are attached.

1.4. As with the Regulations, the amended rules will not take effect until the date that the UK leaves the EU.

1.5. Council is asked to **approve** the new rules.

2. Introduction and background

2.1. Access to the GDC registers for dentists and dental care professionals from the European Economic Area ("EEA") and Switzerland is currently regulated by the European Union Directive on the Mutual Recognition of Professional Qualifications (MRPQ) ("the Directive"). The relevant requirements of the Directive were made part of UK law by a series of amendments to the Act and other secondary legislation. Those instruments refer to the Directive for many key definitions and requirements.

2.2. The Directive will cease to apply in the UK when we leave the EU. The Government has exercised its powers under the European Union (Withdrawal) Act 2018 to make amendments to the domestic law. This was done in order to address deficiencies and gaps that will result from the removal of the Directive from the overall legislative framework in this area. Those amendments include both substantive and technical changes to the Act and secondary legislation subject to parliamentary approval.

3. Amendments to GDC rules and regulations

3.1. There are several sets of GDC rules and regulations which are not subject to parliamentary approval and for which the GDC retains the responsibility for updating the drafting. The in-house legal team and external counsel have reviewed those documents to identify the changes required to ensure that the rules retain their legal effect after exit day. The changes proposed are limited to technical drafting changes, such as removing cross-references to sections of the Act that have been removed by the Regulations.

3.2. The instruments to be amended are:

- The General Dental Council (Specialist List) Regulations 2008;
- The General Dental Council (Dentists Register) Regulations 2014;
- The General Dental Council (Dental Care Professionals Register) Rules 2014;
- The General Dental Council ((Dentists) (Fees) Regulations 2017; and
- The General Dental Council (Professions Complementary to Dentistry Regulations) (Fees) Regulations 2018.

3.3. Council is asked to approve the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.

4. Risks and considerations

4.1.

Communications

- Could the matter discussed in this paper have a potential impact on our reputation and/or our relationship(s) with patients, dental professionals and/or our partners? The proposed changes are to ensure that the GDC's rules and regulations are in line with the primary and secondary legislation, so it is not anticipated that there will be any reputational impact.
- Will the matter discussed in this paper have to be communicated? Who to and when? If approved, the amended Rules and Regulations will need to published on the GDC website. Internal guidance for operational teams will need to be reviewed and amended as necessary.

Equality and Diversity

- Have you carried out an equality impact assessment (EIA)? No EIA has been carried out in this case as the changes proposed are required as a matter of law to ensure that the legal framework remains operable following the UK's exit from the EU.
- If you have carried out an EIA, what mitigating action will you take as a result of your EIA? As stated, no EIA has been completed in this matter.

Legal

- Does this paper relate to something you can do under the Dentists Act 1984 (as amended), for example register a person, Quality Assure a university? Yes. The amendments relate to the Council's powers to register applicants from the European Economic Area and Switzerland.

• Does this paper refer to the processing of information? If so, do you need to complete a privacy impact assessment (PIA)? No. The amendments do not relate to or require processing of information. • Does this paper refer to the Dentists Act 1984 at all? Yes. The changes being proposed are necessary due to changes to the Act that have been approved by Parliament. • Does this paper refer to any other legislation including a statutory instrument (SI)? Yes. The changes being proposed are necessary to ensure that the certain parts of the GDC's legislative framework reflect and keep pace with those made by the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019.
Policy • How does this proposal impact GDC policy decision-making? The proposal does not have any impact on GDC policy decision-making. The changes are required to ensure that the legal framework continues to work following the UK's exit from the EU.
Resources • Are there any cost implications? Is this covered by the budget? There are no cost implications of the changes proposed in this paper.
National • Will this have different impacts on the four countries in the UK? How so? Have any national organisations been consulted on the proposal? The changes made by the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019 will apply to all four countries in the UK and the changes proposed here in consequence of those Regulations will have the same scope.
Risks on registers Does this proposal link to risks on either the strategic or an operational risk register? The proposal links to CP5 – Uncertainty over constitutional changes following the referendum result to exit the EU. The proposal aims to ensure that the GDCs statutory framework reflects the wider legal position as a result of the UK's exit from the EU.

5. Recommendations

5.1. The Council is asked to approve and seal the General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.

6. Internal Consultation

6.1. Where the matter covered in the paper has implications for other areas of the organisation, or where the knowledge and experience of another team has been taken into account, please note their input in this section by, at least, completing the table and including additional comments where applicable.

Department	Date and consultee name
Strategy	14 March 2019, Matthew Hill
Fitness to Practise	14 March 2019, Tom Scott

7. Appendices

7.1. The General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019 and the General Dental Council (EU Exit) (Amendment) Regulations 2019.

7.2. The General Dental Council (Specialist List) Regulations 2008;

The General Dental Council (Dentists Register) Regulations 2014;

The General Dental Council (Dental Care Professionals Register) Rules 2014;

The General Dental Council ((Dentists) (Fees) Regulations 2017; and

The General Dental Council (Professions Complementary to Dentistry Regulations) (Fees) Regulations 2018.

The General Dental Council (EU Exit) (Amendment) Regulations 2019

The General Dental Council makes the following regulations in exercise of the powers conferred by section 19, section 26, section 36F, and section 52 of the Dentists Act 1984.

Citation, commencement and interpretation

1. These regulations may be cited as The General Dental Council (EU Exit) (Amendment) Regulations 2019.

2. These regulations shall come into force on exit day.

3. "The European Qualifications Regulations 2019" means the European Qualifications (Health and Social Care Professions) (Amendment etc.) (EU Exit) Regulations 2019.

Amendment of the General Dental Council (Dentists Register) Regulations 2014

4. In Regulation 12-

    (1) in sub-paragraph (b), omit "other than in respect of persons entered in the list of visiting dentists,"; and

    (2) omit sub-paragraph (k) and the preceding "; and".

5. Regulation 16 is omitted.

6. The amendments in Regulation 4 shall not apply in respect of any person while they are registered in the list of visiting dentists by virtue of the transitional provision in paragraph 37 of Schedule 3 to the European Qualifications Regulations 2019.

Amendment of the General Dental Council (Specialist List) Regulations 2008

7. In Regulation 1(2):

    (1) in the definition of CCST, after "awarded by the Council in accordance with the provisions of the European Qualifications Regulations", insert –

    "as they had effect immediately before exit day";

    (2) after the definition of CCST, insert-

    ""the Directive" means Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 on the recognition of professional qualifications (OJ No L255, 30.09.2005, p 22), and any reference in these Regulations to the Directive or to any provision of the Directive is a reference to the Directive, or to that provision,

as it had effect immediately before exit day;";

(3) omit-

""General Systems Regulations" means the European Communities (Recognition of Professional Qualifications) Regulations 2007;"; and

(4) after "the European Primary and Specialist Dental Qualifications Regulations 1998 as amended", insert –

"as they had effect immediately before exit day".

8. In Regulation 5, omit-

(1) sub-paragraph (c); and

(2) sub-paragraph (e).

9. Regulation 6(2) is omitted.

10. Where an application for entry into a list kept under the General Dental Council (Specialist List) Regulations 2008 is received before exit day, those Regulations continue to apply to the application without the amendments made by Regulations 7 to 9 above.

Amendment of the General Dental Council (Dentists) (Fees) Regulations 2017

11. Regulation 2(1)(b) is omitted.

12. Regulation 2(2) is omitted.

13. The amendment made by Regulation 11 shall not apply in the case of applications for registration governed by the transitional provisions in paragraph 37 of Schedule 3 to the European Qualifications Regulations 2019.

Amendment of the General Dental Council (Profession Complementary to Dentistry) (Fees) Regulations 2018

14. Regulation 2(2) is omitted.

Given under the Official Seal of the General Dental Council on …… March 2019.

William Moyes, Chair

Ian Brack, Registrar

The General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019

The General Dental Council makes the following rules in exercise of the powers conferred by section 36B(4), section 36E and section 50C of the Dentists Act 1984.

Citation and commencement

1. These rules may be cited as The General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2019.

2. These rules shall come into force on exit day.

Amendment of the General Dental Council (Dental Care Professionals Register) Rules 2014

3. In Rule 3, omit-

   “"competent authority" means a competent authority as defined in section 53(1) of the Act;”;

   “"exempt person" means an exempt person as defined in section 53(1) of the Act;”; and

   “"relevant European State" means a relevant European State as defined in section 53(1) of the Act;”

4. In Rule 8-

   (1) omit sub-paragraph (a)(ii);

   (2) insert “and” after “is a person to whom section 36C(4) of the Act applies;”; and

   (3) omit sub-paragraph (b).

5. In Rule 16-

   (1) in sub-paragraph (b), omit “other than in respect of persons entered into the list of visiting dentists,”; and

   (2) omit sub-paragraph (j) and the preceding “; and”.

6. In the Schedule, omit-

   (1) paragraph 4; and

(2) paragraph 6.

Transitional and savings provision

7. Where an application for registration in, or restoration to, a register kept under the Dentists Act 1984 is received before exit day, the General Dental Council (Dental Care Professionals Register) Rules 2014 shall continue to apply in relation to the application without the amendments made by these Rules.

Given under the Official Seal of the General Dental Council on …… March 2019.

William Moyes, Chair

Ian Brack, Registrar

The General Dental Council

(Dentists Register) Regulations 2014

The General Dental Council makes the following regulations in exercise of its powers conferred under section 19 of the Dentists Act 1984[1].

Citation, Commencement and Interpretation

1. These Regulations may be cited as the General Dental Council (Dentists Register) Regulations 2014.

2. These Regulations shall come into force on 1 November 2014.

3. In these Regulations-

"the Act" means the Dentists Act 1984; and

"restoration" means the restoration to the dentists register of a name previously entered in that register.

Form and keeping of the dentists register

4. The dentists register shall consist of a set of records each relating to a single individual.

5. The registrar shall keep the dentists register in a form and manner which guards against falsification and any system for maintaining the register shall ensure that the addition, deletion or alteration of any record is undertaken by individuals authorised by the registrar for that purpose.

6. The dentists register shall be kept by the registrar in electronic form and published on the Council's website.

7. The registrar shall keep the dentists register up to date and shall make, amend, erase and restore entries in that register in accordance with the provisions of the Act and by virtue of rules and regulations made under powers contained in the Act.

8. An applicant for entry on the dentists register must submit together with their application any relevant fee prescribed by other regulations made under section 19 of the Act.

9. A registered dentist must notify the Council without delay of any changes to or errors in their registration details, and for these purposes "registration details"

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1 1984 c.24; Sub-s (1) was amended SI 2007/3101; sub-s (1A) was inserted by SI 2007/3101; sub-s (2) was substituted by SI 2005/2011 and amended by SI 2001/3926; sub-ss (3) and (4) were repealed by SI 2005/2011.

includes any information the dentist was required to provide as part of the dentist's application for registration.

10. A registered dentist must provide information requested from time to time by the Council in accordance with the Council's current requirements for registration in the dentists register.

11. Information provided by a registered dentist in accordance with regulations 9 and 10 shall be supported by any evidence the registrar may reasonably request.

The dentists register

12. The registrar shall enter the following details in the dentists register in respect of each person registered in that register (except as indicated in respect of sub-paragraph (b))-

(a) the person's full name;

(b) ~~other than in respect of persons entered in the list of visiting dentists,~~ the registration number allocated to that person by the registrar;

(c) the qualification (including the date on which that qualification was awarded) which entitles that person to registration and/or where applicable the details of the basis for that person's registration;

(d) the address which that person wishes to be entered in the dentists register as their address;

(e) the date of first registration of that person's name in the dentists register;

(f) the date of restoration of that person's name to the dentists register (where applicable);

(g) details of any restrictions imposed on that person's registration by a Practice Committee or the Interim Orders Committee from time to time;

(h) details of any warning issued to the person by the Investigating Committee under section 27A of the Act where the Investigating Committee has directed the registrar to enter details of that warning in the register relating to the person who is the subject of the allegation;

(i) an indicator as to whether that person is on one of the Specialist Lists maintained by the Council as referred to in section 26 of the Act;

(j) in the case of a person registered under section 17 of the Act (temporary registration), the post, the institution and the period for which registration is effective; and

~~(k) in the case of a person registered in the list of visiting dentists under section 36 and Schedule 4 of the Act, the State in which that person is established and the period for which registration is effective.~~

13. Where the registrar is satisfied that a person's entry has been erased from the dentists register as a result of an administrative error, the registrar shall reinstate the person's entry in the register.

14. (1) Where the registrar-

(a) receives information that an entry in the dentists register is incorrect;

(b) receives an application from a person for an entry in the dentists register to be altered; or

(c) is informed that a person's registration in the dentists register has been suspended or made conditional by a Practice Committee or the Interim Orders Committee, or that a warning has been issued to the person by the Investigating Committee under section 27A of the Act and the Investigating Committee has directed the registrar to enter details of that warning in the entry in the register relating to the person who is the subject of the allegation;

the registrar shall make any necessary alterations to that entry in the register if satisfied that it is appropriate to do so.

(2) An application for alteration to an entry in the dentists register shall be supported by any evidence the registrar may reasonably request.

15. The registrar shall issue confirmation of registration to each person whose name is registered in the dentists register.

~~16. The registrar may issue a Certificate of Current Professional Status confirming the information held on the dentists register concerning a registered dentist.~~

The Common Seal of the General Dental Council was hereto affixed on 24 July 2014

Chair

Registrar

THE GENERAL DENTAL COUNCIL (SPECIALIST LIST) REGULATIONS 2008

The General Dental Council make the following regulations in exercise of their powers conferred under section 26(3) and (4) and 52(1A) and 1(B) of the Dentists Act 1984.

Citation, Commencement and Interpretation

1. (1) These regulations may be cited as "The General Dental Council (Specialist List) Regulations 2008" and shall come into force on 4th September 2008.

(2) In these regulations unless the context otherwise requires:

"the Act" means the Dentists Act 1984;

"CCST" means a Certificate of Completion of Specialist Training in a specialist branch of dentistry awarded by the Council in accordance with the provisions of the European Qualifications Regulations as they had effect immediately before exit day and of these regulations;

"the Directive" means Directive 2005/36/EC of the European Parliament and of the Council of 7th September 2005 on the recognition of professional qualifications (OJ No L255, 30.09.2005, p 22), and any reference in these Regulations to the Directive or to any provision of the Directive is a reference to the Directive, or to that provision, as it had effect immediately before exit day;"

"specialty" means a branch of dentistry referred to in regulation 2 for which a title is prescribed underthese regulations; and

~~"General Systems Regulations" means the European Communities (Recognition of Professional Qualifications) Regulations 2007;~~

"European Qualifications Regulations" means the European Primary and Specialist Dental Qualifications Regulations 1998 as amended as they had effect immediately before exit day.

Prescribed Titles

2. The following titles are prescribed for the purposes of section 26(3) of the Act -

Specialist in Orthodontics
Specialist in Oral Surgery
Specialist in Endodontics
Specialist in Periodontics
Specialist in Prosthodontics
Specialist in Restorative Dentistry
Specialist in Dental Public Health
Specialist in Paediatric Dentistry.
Specialist in Oral Medicine
Specialist in Oral and Maxillofacial Pathology
Specialist in Oral Microbiology
Specialist in Dental and Maxillofacial Radiology
Specialist in Special Care Dentistry

Certificate of Completion of Specialist Training

3. (1) Subject to the paragraphs (2), (3) and (4), the Council shall award a CCST to any person who applies to the Council for that purpose (and pays any fee determined by the Council) if the Council is satisfied that the person has satisfactorily completed specialist dental training in a specialty approved by the Council pursuant to regulation 4.

(2) A CCST may only be awarded to a registered dentist.

(3) A CCST shall not be awarded to a person registered under section 17 of the Act (temporary registration).

(4) A period of dental training in a specialty counts towards completion of the training required for another specialty if it is common to both.

(5) A CCST shall state -

(a) the date on which it was awarded;

(b) the specialty in which it was awarded;

(c) the name of its holder;

(d) the holder's primary dental qualification; and

(e) the registration number allocated to the holder by the registrar.

(6) A CCST shall state where the holder's primary dental qualification was awarded and, in the case of a registered dentist whose primary qualification in the United Kingdom was awarded following the completion of a degree, licence or other dental diploma overseas, the CCST shall also state this qualification and the place where it was awarded.

Conditions for Use of Prescribed Titles

4. (1) In order to qualify to use one of the titles prescribed in regulation 2 a registered dentist shall comply with the conditions prescribed for that title in these regulations.

(2) (a) Specialist dental training intended to lead to the award of a CCST shall not be approved by the Council unless that training meets the conditions specified in Article 35 of the Directive (specialist dental training), or under article 22(a) of the Directive (part-time training) is to be treated as meeting those conditions.

(b) The Council may withdraw any such approval if it is satisfied that the training no longer meets, or under article 22(a) of the Directive can no longer be treated as meeting, the conditions specified in article 35 of the Directive.

5. A registered dentist shall be entitled to use the title "Specialist in Orthodontics" or (as the case may be) "Specialist in Oral Surgery" if the registered dentist-

(a) holds a CCST awarded by the Council under regulation 3 in the specialty in question;

(b) is an eligible specialist as specified in regulation 9 of the European Qualifications Regulations in the specialty in question;

~~(c) is an exempt person -~~

~~(ii) whose case falls within regulation 3(9)(a) or (e) of the General Systems Regulations,~~

~~(ii) to whom regulation 20 to 26 of those Regulations apply by~~

reason of the operation of regulation 3(4) of those Regulations, and

(iii) who is permitted to practise orthodontics or oral surgery in the United Kingdom by virtue of Part 3 of those Regulations (having, in particular, successfully completed any adaptation period, or passed any aptitude test, that he may be required to undertake pursuant to that Part of those Regulations);

(d) is an existing specialist as specified in regulation 12 of the European Qualifications Regulations in the specialty in question; or

(e) is an exempt person -

a. who is registered in the list of visiting dentists from relevant European States mentioned in section 14(1A)(c) of the Act, and

(ii) who is providing services in the United Kingdom as a specialist dentist in orthodontics or oral surgery on a temporary and occasional basis, in exercise of entitlement under Schedule 4 {visiting dentists from relevant European States) to the Act.

6. (1) A registered dentist shall be entitled to use the title "Specialist in Endodontics" or {as the case may be) "Specialist in Periodontics or (as the case may be) Specialist in Prosthodontics" or (as the case may be "Specialist in Restorative Dentistry" or (as the case may be) Specialist in Dental Public Health or (as the case may be) Specialist in Paediatric Dentistry or (as the case may be) Specialist in Oral Medicine or (as the case may be) Specialist in Oral and Maxillofacial Pathology or (as the case may be) Specialist in Oral Microbiology or (as the case may be) Specialist in Dental and Maxillofacial Radiology or (as the case may be) Specialist in Special Care Dentistry if the registered dentist -

(a) holds a CCST awarded by the Council under regulation 3 in the specialty in question;

(b) holds specialist dental qualifications awarded outside the United Kingdom and satisfies the Council that those qualifications are equivalent to those required for the award of a CCST in the specialty in question;

(c) has knowledge and experience derived from academic or research work in the specialty in question and satisfies the Council that this knowledge and experience is equivalent to the knowledge and experience which the dentist might reasonably be expected to have acquired if the dentist had undertaken the training required for the award of a CCST in that specialty.

(2) In the case of an exempt person, in deciding that person's entitlement to use the title in relation to a particular specialty, the Council shall take into account -

(a) all their dental qualifications, knowledge or experience, wherever acquired, which are relevant to its decision; and

~~(b) where the person has a specialist qualification in relation to a particular specialty to which this regulation applies which -~~

~~(i) was granted otherwise than in a relevant European State, but~~

~~(ii) has been accepted by a relevant European State, other than the United Kingdom, as qualifying the dentist to practise as a specialist in that State,~~

~~that acceptance~~

Transitional Provisions

7. (1) A registered dentist shall be entitled to use a prescribed title if -

(a) they did not apply for their name to be listed in a list of specialists before the expiry of the period of two years beginning with the specified date; and

(b) they satisfy the Registrar that there was good reason for not applying by then.

(2) A person falls within paragraph (1) if -

(a) the person is, or has been. a Consultar.t in the Natior:81 Health Service in Restorative Dentistry, Dental Public Health, Pediatric Dentistry, Oral Medicine, Oral and Maxillofacial Pathology. Oral Microbiology, Dental and Maxillofacial Radiology or Special Care Dentistry;

(b) the person has been accredited in the specialty mentioned in subparagraph (a) before the specified date or;

(c) the person has satisfied the Council that they -

(i) have been trained in the United Kingdom in the appropriate specialty and that training complied with the requireme11ts relating to training in that specialty current in the UK at the time they undertook it

(ii) have qualifications awarded in the UK in such a specialty that are equivalent to a CCST in that specialty; or

(iii) have acquired experience in that specialty which has given them a level of expertise equivalent to the level of expertise they might reasonably be expected to have attained if they had a CCST in that specialty.

(3) The specified date in this regulation in relation to a particular specialty is -

(a) in the case of Restorative Dentistry and Dental Public Health, 16 April 1998;

(h) in the case of Endodontics. Periodontics and Prosthodontics, 1

June 1998;

(c) in the case of Paediatric Dentistry, 1 July 1998;

(d) in the case of Oral Medicine, Oral and Maxillofacial Pathology and Oral Microbiology, 1 July 1999;

(e) in the case of Dental and Maxillofacial Radiology, 1 June 2000; and

(f) in the case of Special Care Dentistry, 1 October 2008.

Keeping of Lists

8. (1) The Registrar shall

(a) keep a list in respect of each title prescribed under regulation 2; and

(b) subject to paragraph (2) enter in each such list the name of any registered dentist qualified under these regulations to use the title for which the list is kept and who applies to be entered in such list.

(2) The list shall contain, in respect of each registered dentist qualified to use a prescribed title -

(a) the person's name;

(b) the person's registered qualifications;

(c) the person's registered address;

(d) the date on which the dentist's name was entered in the list; and

(e) the dentist's original registration number.

(3) Except where a name has been erased or suspended from a list in accordance with paragraphs (2), (4), (5), or (6) of regulation 9 the Registrar shall retain in the appropriate list of registered dentists qualified to use the prescribed title the name of any registered dentist in respect of whom an application for retention of the name in the list has been received before the prescribed date accompanied by any prescribed fee, until the prescribed date in the next following year.

9. (1) Any registered dentist who is qualified to use a title prescribed in regulation 2 and who complies with the conditions set out in these regulations shall be eligible to be entered in the list relating to that title.

(2) Where the Registrar on the date determined by the Council in any year shall not have received from any registered dentist whose name is entered in a list any fee determined by the Council for retention of the name of the registered dentist in a list for the ensuing year, the Registrar shall remove that name from the list concerned.

(3) The Registrar may restore to the list a name removed under paragraph(s) (2) or (4) of this regulation upon receipt of an application in the form provided by the Council for the purpose accompanied by any fee determined by the Council for restoration to and retention in a list held under these regulations.

(4) Where it comes to the notice of the Registrar that a person (other than one to whom paragraph (6) of this regulation applies) whose name is included in a list held under these regulations 1s no longer a registered dentist, the Registrar shall remove that person's name from the list.

{5) Where information is received that an entry in a list is incorrect or that the application was made in error or application is made for an entry in a list to be altered, the Registrar, when satisfied by means of a statutory declaration or otherwise. that the information or the grounds of the application is true and sufficient, shall make the required correction, deletion or alteration provided that, where a change of name 1s entered in the reg1star, the name previously registered shall be entered with the new or altered name for a period of not less than one year or such longer period as the Council may specify in a particular case.

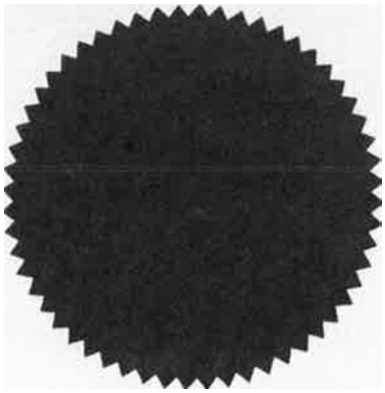
(6) Any person whose name is erased from the register under sections 23, 24 or 27B of the Act or whose registration is suspended under section 27B or 27C of the Act shall forthwith have their entry i11 any list erased or suspended.

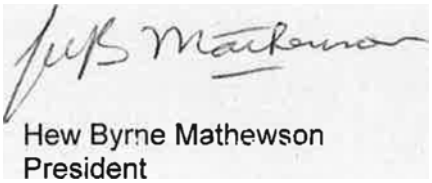
(7) When the registration of a person whose registration has been suspended from any list under paragraph (6) is no longer subject to suspension, the Registrar shall once again include that person's name in the list concerned (unless their name has been erased from the register for any other reason).

Revocation

10. The General Dental Council (Distinctive Branches of Dentistry) Regulations 1998 are hereby revoked.

Given under the Official Seal of the General Dental Council on 4th September 2008.





Hew Byrne Mathewson
President

Duncan Hugh Rudkin
Registrar

The General Dental Council (Dentists) (Fees) Regulations 2017

The General Dental Council make the following Regulations in exercise of their powers conferred under section 19(1) and (2) and section 52(1A) and (1B) of the Dentists Act 1984[2].

Citation and commencement

1. - (1) These Regulations may be cited as the General Dental Council (Dentists) (Fees) Regulations 2017.

(2) These Regulations shall come into force on 28th September 2017.

(3) In these Regulations, "the renewal date" means 31st December in each year.

Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 19 of the Dentists Act 1984 (fees):

(a)	for the first entry of a person's name in the dentists register:	a fee equivalent to £74.17 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made
~~(b)~~	~~for entry of a person's name in the register on the basis of temporary registration during any period of twelve months:~~	~~£890.00~~
(c)	for the retention of a person's name in the register during each period of twelve months following the renewal date:	£890.00
(d)	for the restoration of a person's name to the register:	£890.00

~~(2) This regulation shall not apply in respect of registration in the list mentioned in section 14(1A)(c) of the Dentists Act 1984.~~

Refusal to make an entry etc.

3. The registrar may refuse to make in or restore to the dentists register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

4. - (1) The registrar shall send to each person registered in the dentists register no less than 28 days before the renewal date-

(a) notice of the fee prescribed under regulation 2(1)(c); and

(b) a warning that failure to pay that fee may result in that person's name being erased from the register.

(2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to-

(a) that person's address in the dentists register; or

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2 1984 c.24; section 19(1) was amended by S.I. 2007/3101; section 19(2) was amended by and section 52(1A) and (1B) were inserted by S.I. 2005/2011

(b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person.

5. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not-

(c) prevent the registrar from erasing that person's name under regulation 6; or

(d) constitute the grounds for the restoration of that person's name following erasure under regulation 6,

provided the notice and warning have been sent in accordance with regulation 4.

Erasure for failure to pay retention fee

6. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(c) the registrar may erase that person's name from the register, provided the notice and warning have been sent in accordance with regulation 4.

7. The registrar may decide not to erase a person's name under regulation 6 where there is an outstanding issue concerning-

(a) that person's fitness to practise as a dentist; or

(b) an entry in respect of that person in the register.

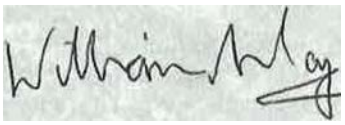
Revocation and savings

8. The General Dental Council (Dentists) (Fees) Regulations 2016 ("the 2016 Regulations") are hereby revoked save that:

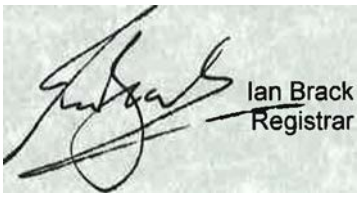
(c) until the 31st December 2017, the fee due to the Council under or by virtue of regulation 2(1)(a), (b) or (d) of these Regulations shall be the amount prescribed under the corresponding provision of the 2016 Regulations; and

(d) any fees due to the Council under or by virtue of the 2016 Regulations shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council on 28th September 2017



William Moyes
Chair



The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2018

The General Dental Council make the following Regulations in exercise of their powers conferred under section 36F(1) and (2) and section 52(1A) and (1B) of the Dentists Act 19841.

Citation, commencement and interpretation

1. - (1) These Regulations may be cited as the General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2018.

(2) These Regulations shall come into force on 15th March 2018.

(3) In these Regulations, "the renewal date" means 31st July in each year.

Fees

2. (1) The Council hereby prescribe the following fees for the purposes of section 36F of the Dentists Act 1984 (fees) -

(a) for the first entry of a person's name in the dental care professionals register under a title or titles applying to a profession:	a fee equivalent to £ 9.67 for every month or part thereof from the first day of the month in which the entry is made until the renewal date of the year in which the entry is made
(b) where a person's name is already registered in the dental care professionals register under a title or titles applying to a particular profession, for any subsequent entry of that person's name under a title or titles applying to a different profession:	£12.00
(c) for the retention of a person's name in the dental care professionals register under a title or titles during each period of twelve months following the renewal date:	£116.00
, (d) for the restoration of a person's name to the dental care professionals register:	£116.00

~~(2) This regulation shall not apply in respect of registration in the list mentioned in section 368(1A)(b) of the Dentists Act 1984.~~

Refusal to make an entry etc.

3. The registrar may refuse to make in or restore to the dental care professionals register any entry until a fee prescribed by these Regulations has been paid.

Notice of retention fee

4. - (1) The registrar shall send to each person registered in the dental care professionals register no less than 28 days before the renewal date -

(a) notice of the fee prescribed for retention under regulation 2(1)(c); and

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1 1984 c.24; section 36F was inserted by S.I. 2005/2011; section 36F(1) was amended and (1A) inserted by S.1.2007/3101.

(b) a warning that failure to pay that fee may result in that person's name being erased from registration under all titles under which that person is registered in the dental care professionals register.

(2) The notice and warning required to be sent to a person under paragraph (1) shall be sent to-

(a) that person's address in the dental care professionals register; or

(b) their last known or any other address if it appears to the registrar that a notice and warning so addressed are more likely to reach the person.

5. The fact that the notice and warning required to be sent to a person under regulation 4 have not been received by them shall not -

(a) prevent the registrar from erasing that person's name under regulation 6; or

(b) constitute the grounds for the restoration of that person's name following erasure under regulation 6,

provided the notice and warning have been sent in accordance with regulation 4.

Erasure for failure to pay retention fee

6. Where a person fails to pay by the renewal date the fee prescribed under regulation 2(1)(c) for retention, the registrar may erase that person's name from registration under all titles under which that person is registered in the dental care professionals register, provided that notice and warning have been sent in accordance with regulation 4.

7. The registrar may decide not to erase a person's name under regulation 6 where there is an outstanding issue concerning-

(a) that person's fitness to practise as a member of a profession complementary to dentistry; or

(b) an entry in respect of that person in the dental care professionals register.

Revocation and saving

8. The General Dental Council (Professions Complementary to Dentistry) (Fees) Regulations 2017 are hereby revoked, save that any fees due to the Council under or by virtue of the 2017 Regulations shall remain due to the Council as though they were payable under these Regulations and the powers contained in these Regulations in the case of non-payment shall apply in the case of such fees.

Given under the official seal of the General Dental Council on 15th March 2018.

William Moyes
Chair

Ian Brack
Registrar

The General Dental Council

(Dental Care Professionals Register) Rules 2014

The General Dental Council makes the following Rules in exercise of its powers conferred under sections 36B(4) and 36E of the Dentists Act 1984.

Citation, Commencement and Interpretation

1. These Rules may be cited as the General Dental Council (Dental Care Professionals Register) Rules 2014.

2. These Rules shall come into force on 1 November 2014.

3. In these Rules-

"the Act" means the Dentists Act 1984;

~~"competent authority" means a competent authority as defined in section 53(1) of the Act;~~

~~"exempt person" means an exempt person as defined in section 53(1) of the Act;~~

"primary qualification" means a qualification approved by the Council under section 360(2) of the Act[2] (education and training for members of professions complementary to dentistry);

~~"relevant European State" means a relevant European State as defined in section 53(1) of the Act;~~ and

"restoration" means the restoration to the dental care professionals register under a particular title or titles of a name previously registered under the same title or titles in that register.

Form and keeping of the dental care professionals register

4. The dental care professionals register shall consist of a set of records each relating to a single individual.

5. The registrar shall keep the dental care professionals register in a form and manner which guards against falsification and any system for maintaining the dental care professionals register shall ensure that the addition, deletion or alteration of any record is undertaken by individuals authorised by the registrar for that purpose.

6. The dental care professionals register shall be kept by the registrar in electronic form and published on the Council's website.

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1 1984 c.24; sections 36B and 36E were inserted by 5.1. 2005/2011.

2 Section 36D was inserted by 5.1. 2005/2011

7. The registrar shall keep the dental care professionals register up to date and shall make, amend, erase and restore entries in that register in accordance with the provisions of the Act and by virtue of rules and regulations made under powers contained in the Act.

Applications

8. Applications by the following persons shall be submitted to the registrar-

(a) a person seeking registration in the principal list of the dental care professionals register under one or more of the titles specified in regulations made under section 36A(2) of the Act3 (Professions complementary to dentistry}, including a person already registered under a title or titles in that register who:

(i) is a person to whom section 36C(2) of the Act applies;

~~(ii) is a person to whom section 36C(3) of the Act applies;~~ or

(iii) is a person to whom section 36C(4) of the Act applies;

~~(b) a person seeking registration in the list of visiting dental care professionals from a relevant European State who is entitled to be registered under section 36Z3 of the Act; and~~

(c) a person seeking the restoration of their name to the dental care professionals register under a title or titles in that register following the erasure of that name from registration under the same title or titles.

9. An application for entry on the dental care professionals register made by a person of the type mentioned in rule 8 shall be considered in accordance with the provisions of the Act and any rules and regulations made under powers contained in the Act.

10. An application for entry on the dental care professionals register shall:

(a) be made in the form determined and published from time to time by the Council;

(b) satisfy the registrar of the matters relevant to that person's application specified in the relevant provisions of the Act and as set out in the Schedule to these Rules, and other relevant rules and regulations made under powers contained in the Act; and

(c) provide evidence which satisfies the registrar of the matters relevant to that person's application specified in the relevant provisions of the Act and as set out in the Schedule to these Rules, and other relevant rules and regulations made under powers contained in the Act.

11. A person of the type mentioned in rules **8(a)** and 8(c) must submit together with their application any relevant fee prescribed by regulations made under section 36F of the Act.

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3 Section 36A(2) was inserted by S.I 2005/ 2011.

12. A person of the type mentioned in rule 8 may be required to attend in person before the registrar in order to satisfy the registrar of any matters the registrar considers relevant to the application.

13. A registered dental care professional must notify the Council without delay of any changes to or errors in their registration details, and for these purposes "registration details" includes any information the dental care professional was required to provide as part of their application for registration.

14. A registered dental care professional must provide information reasonably requested from time to time by the Council in accordance with the Council's current requirements for registration in the dental care professionals register.

15. Information provided by a registered dental care professional in accordance with rules 13 and 14 shall be supported by any evidence the registrar may reasonably request.

The dental care professionals register

16. The registrar shall enter the following details in the dental care professionals register in respect of each person registered in that register (except as indicated in respect of sub-paragraphs (b) and G))-

(a) the person's full name;

(b) ~~other than in respect of persons entered in the list of visiting dental care professionals,~~ the registration number allocated to that person by the registrar;

(c) the title or titles under which that person is registered;

(d) the qualification (including the date on which that qualification was awarded) which entitles that person to registration under that title and/or where applicable the details of the basis for that person's registration;

(e) the address which that person wishes to be entered in the dental care professionals register as their address;

(f) the date of first registration of that person's name in the dental care professionals register;

(g) the date of restoration of that person's name to the dental care professionals register (where applicable);

(h) details of any restrictions imposed on that person's registration by a Practice Committee or the Interim Orders Committee from time to time;

(i) details of any warning issued to the person by the Investigating Committee under section 360 of the Act, where the Investigating Committee has directed the registrar to enter details of that warning in the entry in the register relating to the person who is the subject of the allegation; and

~~j) in the case of a person registered in the list of visiting dental care professionals under section 368(1A)(b), the relevant European State in which that person is established and the period for which registration is effective.~~

17. Where the registrar is satisfied that a person's entry has been erased from the dental care professionals register as a result of an administrative error, the registrar shall reinstate the person's entry in the register.

18. (1) Where the registrar-

(a) receives information that an entry in the dental care professionals register is incorrect;

(b) receives an application from a person for an entry in the dental care professionals register to be altered; or

(c) is informed that a person's registration in the dental care professionals register has been suspended or made conditional by a Practice Committee or the Interim Orders Committee, or that a warning has been issued to the person by the Investigating Committee under section 360 of the Act and the Investigating Committee has directed the registrar to enter details of that warning in the entry in the register relating to the person who is the subject of the allegation;

. the registrar shall make any necessary alterations to that register if satisfied that it is appropriate to do so.

(2) An application for alteration to an entry in the dental care professionals register shall be supported by any evidence the registrar may reasonably request.

19. The registrar shall issue confirmation of registration to each person whose name is registered in the dental care professionals register.

20. The registrar may issue a Certificate of Current Professional Status confirming the information held on the register concerning a registered dental care professional.

Revocation

21. The General Dental Council (Dental Care Professionals Register) Rules 2006 are to be revoked on 31 October 2014.

Schedule: Information and evidence to be submitted with applications for registration and restoration

1. The form of an application, as referred to in rule 8, will, as a minimum, require the person making the application to provide the following information, in a form sufficient to satisfy the registrar -

(a) the person's full name;
(b) the person's date of birth;
(c) the title or titles under which that person is seeking to be registered;
(d) the person's sex;
(e) the address which that person wishes to be entered in the dental care professionals register as their address;
(f) details of any previous registration with a competent authority outside the United Kingdom;
(g) details of any criminal conviction, caution, penalty, order or determination mentioned in section 36N(2)(d) to (g) of the Act[4] (Allegations) that they have or

4 Section 36N was inserted by S.I. 2005/2011.

that has been made in respect of them, and details of any pending investigation or proceedings that may lead to such a conviction, caution, penalty, order or determination;

(h) any other information or documents which the registrar may reasonably require in order to determine the application.

2. An application for entry on the dental care professionals register made by a person of the type mentioned in rule 8 shall include the following suporting information in a form sufficient to satisfy the registrar -

(a) evidence confirming the person's identity;

(b) a character reference signed by -

(i) the head of that person's dental training school or their nominee, or
(ii) the person responsible for the supervision of that person's training, or
(iii) another person of professional standing;

but any person who signs a reference under this paragraph must not be a member of that person's family and must have known that person for at least one year prior to the date of the application and the reference must be dated no earlier than three months prior to the date of registration; and

(c) a self-declaration, in a form determined by the Council from time to time, of the person's good physical and mental health, which is signed and dated by the person.

3. A person of the type mentioned in rule 8(a)(i) shall submit together with their application a certified copy of that person's primary qualification, unless the Council confirms that it has been provided with information which satisfies it that the person holds a qualification recognised by the Council for the purposes of registration.

~~4. A person of the type mentioned in rule 8(a)(ii) shall submit together with their application, in a form sufficient to satisfy the registrar-~~

~~(a) evidence of a qualification granted in a relevant European State other than the United Kingdom (or granted in a third country and the person has three years' professional experience in the profession concerned in the territory of the relevant European State which recognised the qualification);~~

~~(b) evidence confirming that the person is an exempt person; and~~

~~(c) documentary evidence of good standing which originates from or is authenticated by the appropriate authorities of the relevant European State other than the United Kingdom which granted or recognised the person's qualification or the person's most recent employer in the profession concerned or the person's dental training school; and~~

~~(d) where it exists, evidence of training or experience (or both) which demonstrates the person has the requisite knowledge and skill to practise using the title or titles to which the application relates.~~

5. A person of the type mentioned in rule 8(a)(iii) shall submit together with their application, in a form sufficient to satisfy the registrar -

~~(e)~~(a) evidence of a qualification granted outside the United Kingdom which is relevant to the profession complementary to dentistry or class of members of such a profession to which the application relates;

~~(f)~~(b) where it exists, evidence of training or experience (or both) which demonstrates the person has the requisite knowledge and skill to practise using the title or titles to which the application relates; and

~~(g)~~(c) evidence of the person's knowledge of English as described in section 36C(4){c) of the Act.

~~5. A person of the type mentioned in rule 8(b) shall submit together with their application, in a form sufficient to satisfy the registrar:~~

~~(a) evidence confirming that the person is an exempt person;~~

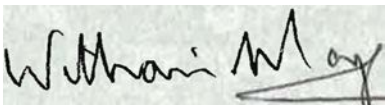
~~(b) an original document from the relevant European State where the person is established attesting that the person is legally established in that State and has not been suspended, disqualified or prohibited from working in that State;~~

~~(c) evidence of the person's professional qualification; and~~

(d) ~~where the profession of the person is not regulated in the relevant European State where the person is established, evidence of two years' professional experience~~.

7. A person of the type mentioned in rule 8(c) shall submit together with their application for restoration, in a form sufficient to satisfy the registrar, evidence that they satisfy any applicable training and development requirements which are set out in rules made under section 3622 of the Act[5] (Restoration of names to the dental care professionals register: professional training and development).

Given under the Official Seal of the General Dental Council 24 July 2014

Chair 

Registrar 

5 Section 36Z2 was inserted by 5.1. 2005/2011.

Q4 Financial Review

Purpose of paper	To report on the General Dental Council's (GDC's) financial outturn for 2018, 2018 efficiency savings and the risks and opportunities to the 2019 Budget
Action	For noting
Corporate Strategy 2016-19	Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2016	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions.
Decision Trail	The Finance & Performance Committee discussed the Q4 2018 outturn on 28 March 2019 and recommended to the Audit & Risk Committee that the: • Q4 2018 financial outturn and the December 2018 management accounts are a suitable basis from which to prepare the 2018 Annual Report and accounts • Proposed efficiency savings disclosures are appropriate
Next step	Not Applicable
Recommendations	Council are asked to note the report on the Q4 financial outturn.
Authorship of paper and further information	Samantha Bache, Head of Finance and Procurement sbache@gdc-uk.org 0121 752 0049 Gurvinder Soomal, Executive Director, Registration & Corporate Resources gsoomal@gdc-uk.org 020 7167 6333
Appendices	Annex A – Staff Headcount Analysis Annex B – Balance Sheet (December Financial Performance Report has already been issued.)

Executive summary

1. The final outturn (pre-audit adjustments) is an operating surplus £5.5m, £2.3m higher than budgeted.

   1.1. Income was £2.3m higher than budgeted due to:

   - More dentists renewing their registration in December 2017 than budgeted (£1.6m);
   - More DCPs renewing registrations in September 2018 than budgeted (£0.5m);
   - More first year Dentist registrations and income from investments and sale of assets that wasn't originally budgeted for (£0.2m).

   1.2. Expenditure was £0.1m higher than budgeted. This is a net figure, taking into account £168,000 of 'recurring' savings, £689,000 of 'one-off' overspends and £387,000 of savings relating to timing differences in the budget profile.

   1.3. The annual risk and opportunities review of the 2019 budget has highlighted an immaterial financial risk to the 2019 budget of £74,000.

   1.4. Finance are not aware of any strategic risks that would impact on the conclusion that the GDC remains a going concern for the next 12 months.

Income and expenditure account for twelve months to 31 December 2018

2. The table below summarises the income and expenditure account for the twelve months ended 31 December 2018. It shows actual income is £2.3m higher than budgeted and expenditure is £0.1m higher than budgeted. The result for the period is a surplus of income over expenditure of £5.5m. This is £2.3m higher than the budgeted surplus of £3.2m.

	Year to Date					Full Year	
	Actual	Forecast	Budget	*Variance to Forecast*	*Variance to Budget*	Forecast	Budget
	£000	£000	£000	*£000*	*£000*	£000	£000
Income							
Fees	45,456	45,443	43,322	*13*	*2,135*	45,443	43,322
Investment income	285	254	50	*31*	*235*	254	50
Exam income	1,589	1,589	1,588	*0*	*1*	1,589	1,588
Miscellaneous income	18	19	6	*(1)*	*12*	19	6
Total Income	**47,348**	**47,305**	**44,966**	*43*	*2,382*	**47,305**	**44,966**
Expenditure							
Meeting fees & Expenses	5,676	5,830	5,969	*154*	*293*	5,830	5,969
Legal & Professional	6,798	6,993	8,189	*196*	*1,391*	6,994	8,189
Staffing costs	23,467	23,518	19,844	*49*	*(3,623)*	23,517	19,844
Other staff costs	977	1,173	1,012	*196*	*35*	1,173	1,012
Research & Engagement	381	615	683	*234*	*302*	615	683
IT costs	1,352	1,254	1,132	*(98)*	*(220)*	1,254	1,132
Office & Premises costs	1,919	1,916	1,795	*(4)*	*(124)*	1,916	1,795
Finance costs	259	264	247	*5*	*(12)*	264	247
Depreciation costs	1,061	1,103	1,039	*42*	*(21)*	1,103	1,039
Contingency	0	760	1,845	*760*	*1,845*	760	1,845
Total Expenditure	**41,891**	**43,426**	**41,756**	*1,536*	*(134)*	**43,426**	**41,756**
OPERATING SURPLUS / (DEFICIT) BEFORE TAXATION	**5,457**	**3,879**	**3,210**	*1,579*	*2,248*	**3,879**	**3,210**

3. Income was £2.3m higher than budgeted largely due to the following:

3.1. A 5% caution factor was applied to budgeted ARF income to reflect discussions on risks linked to the number of dentists and DCPs that would renew their registration, the most significant of which was a downturn in EEA registrant applications due to the withdrawal of the UK from the European Union. The potential risk to income was budgeted at £2.3m for the full year and the actual materialisation of that risk at the end of December 2018 is as follows:

Registrant	5% caution factor	Risk materialised	Income in excess of budget
Dentist	£1.8m	£0.2m	£1.6m
DCP	£0.5m	£0.0m	£0.5m

3.2. In addition, there have been more first year Dentist registrations and unbudgeted income was received from investments and sale of assets, generating an additional £0.2m of income not budgeted.

3.3. The drivers for expenditure being £0.1m higher than budgeted were as follows:

- **Recurring savings/(overspend):** higher or lower than budgeted expenditure that results from a permanent change in the GDC's circumstance and, as such, savings. overspends are expected to persist year on year.
- **'One off' savings/(overspend):** these are only expected to occur in 2018. Costs are expected to return to budget 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), where we expect to gain efficiencies going into 2019	**£000s**
Hearings: Increased utilisation of hearings capacity (84% compared with 80% budgeted)	(64)
Registration casework: lower panellist fees and expenses due to a change in the fee structure	91
Casework: Fewer instances of medical advice sought because of improved processes	18
DCS: Fewer panel meetings held than budgeted due to 'shifting the balance'-related meetings no longer required	64
Finance: lower than budgeted expenditure on employer-commissioned professional advice in relation to the Pension scheme	59
Net Total	**168**
'One-off' savings/(overspend) in 2018	
Corporate Legal: commissioning of external legal advice has been less frequent than anticipated.	91
Facilities: reduced rental rates for the Baker Street office negotiated after the budget was set but the overall variance is overspend mainly due to the overspend on Light & heat, postage, repairs for building, electricals & security. We vacated our Baker Street office in January 2019.	(12)
Casework: additional external resources including support for Rule 4 process	(111)
Corporate Resources: provision for external project-related costs was not used in the period.	125
ILPS: lower counsel fees and disbursements from fewer new referrals allocated to ILPS between July 2017 and September 2018 than budgeted	554
ELPS: lower conduct fees and disbursements due to fewer new referrals than budgeted allocated to ELPs between July 2017 and September 2018	558

Corporate Resources: All learning and development expenditure was on hold pending the redundancy and relocation of directorate staff	38
FtP: higher staffing costs due to additional resources approved in Casework and termination costs off-set number of vacancies	(23)
Registration: lower staffing costs due to recruitment to some posts being put on hold (2 x enhanced CPD officers, 2 x registration officers)	80
Programme and portfolio delivery: lower staffing costs due to recruitment to a number of posts on hold in the quarter	218
IT: lower staffing costs due to a number of vacancies, with recruitment to some roles to take place in Birmingham	355
IT: increase cost of IT development consultancy due to vacant roles covered by IT consultants.	(239)
Compliance: Recruitment to a vacant Compliance Officer post is on hold	56
Hearings: FTP Panel member recruitment planned but not undertaken in 2018	57
HR: Pension advice costs relating to Mastertrust selection and implementation higher than budgeted	(48)
DCS: Croydon office rent and service charge savings (due to DCS moving to Wimpole Street)	41
Policy: overspend on salary costs due to approved recruitment of senior strategy staff not included in the budget	(129)
Corporate resources: Agreement by Council for a one-off contribution to the pension scheme.	(2,300)
Net Total	**(689)**
Savings/(overspends) from timing differences in budget profile	
Education QA: lower meeting fees and expenses due to postponement of inspections	100
Communications: work on Digital Media content started later than planned due to delays in approval of project.	75
Governance: fewer expenses claims for meetings held, savings from the postponement of some planned regional meetings and carrying a vacant post.	94
Research: delays in initiating research projects while new Head of Policy and Research established the GDC's requirements	174
Other	(56)
Net Total	**387**
Total expenditure variance to budget	**(134)**

4. The Financial Review in the 2018 Annual Report and Accounts will include information on efficiency savings achieved, summarised as follows:

   4.1. Actual savings from new initiatives in 2018, plus actual savings in 2018 from initiatives started in previous 4 years - **£6.7m**

   4.2. Cumulative savings over 5 years to December 2017 - **£12.5m**

   4.3. Potential savings in 2019 from initiatives started in previous 4 years - **£6.5m**

Staff headcount at 31 December 2018

5. At the end of December 2018, the total GDC headcount was 371.6 full time equivalents (FTE) (compared with 368.8 at the end of September 2018), of which:

Contract type	December 2018 FTE	September 2018 FTE	Movement FTE
Permanent	296.8	272.6	24.2
Fixed Term Contract	62.8	82.2	(19.4)
Temporary Staff	12.0	14.0	(2.0)

- The total FTE is 2.8 more than was reported at the end of September 2018 and 4.8 FTE more than the December 2018 budget. The table at annex B analyses GDC headcount by cost centre at 31 December 2018.

Risks and opportunities to 2019 budget

6. A high-level review of budgeted income and expenditure for 2019 has been undertaken, the results of which were considered and discussed by the Financial and Performance Committee at their February 2019 meeting. The result of the exercise shows that our allocated budget for 2019 remains broadly in balance with our agreed budget. We identified a small financial risk of £74,000 for the year.

7. The key points to note for 2019 are:

   7.1. We approached the 2019 budget with a view to minimising variances that had arisen before. Key areas where this approach has been successful are:

      7.1.1. **Fee income** - We elected not to apply a caution rating to registrant volumes, as this had substantially failed to materialise in previous years. This approach appears to have been successful with the number of Dentists renewals holding up well in December 2018. For DCPs, the risk was reduced by virtue of a change in accounting policy, which meant that seven months of income received in 2018 would accrue to 2019. Any risk attaching to the ARF for DCPs is restricted to five months from August, and there are no indications at this stage that the budget for these months is incorrect.

      7.1.2. **FTP budget model** - We have benefited from a period of relative stability in the number of incoming cases relative to previous years. We have also held monthly budget meetings with FtP heads to ensure that our forecasting assumptions are robust and current. They have proved to be in line with the budget that was set. For case examiners, the less ambitious productivity assumptions indicated by the model (as against management assumptions) accepted as the basis for the 2019 budget have proved correct. Therefore, the degree of risk or opportunity attaching to the later stages of enforcement, prosecution and hearings, are not materially affected.

Recommendations

7.1. Council are asked to note the report on the Q4 2018 financial review.

Appendices

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

ANNEX A

COST CENTRES	PERIOD								YEAR END	
	ACTUAL				FORECAST	*VARIANCE TO FORECAST*	BUDGET	*VARIANCE TO BUDGET*	FORECAST	BUDGET
	PERMANENT	FIXED TERM CONTRACT	TEMPORARY STAFF	TOTAL (INCLUDING TEMPS)						
FtP - Casework	28.8	12.6	1.0	**42.4**	44.4	2.0	42.4	0.0	44.4	42.4
FtP - Initial Assessment	4.5	1.0	1.0	**6.5**	7.0	0.5	7.0	0.5	7.0	7.0
FtP - Case Review	7.0			**7.0**	7.0	0.0	8.0	1.0	7.0	8.0
FtP - Case Examiners & IC	13.6	1.0		**14.6**	14.6	0.0	16.4	1.8	14.6	16.4
FtP Hearings	19.8	7.6	1.0	**28.4**	29.0	0.6	27.8	(0.6)	29.0	27.8
FtP - Improvement	3.0			**3.0**	3.0	0.0	2.0	(1.0)	3.0	2.0
Dental Complaints Service	6.1			**6.1**	6.6	0.5	9.8	3.7	6.6	9.8
Total Fitness to Practice	**82.8**	**22.2**	**3.0**	**108.0**	**111.6**	3.6	**113.4**	5.4	**111.6**	**113.4**
Registration	21.0	1.0		**22.0**	22.0	0.0	20.2	(1.8)	22.0	20.2
Registration - Operations	28.0	4.0	6.0	**38.0**	38.0	0.0	28.0	(10.0)	38.0	28.0
Registration - Management	3.0			**3.0**	6.0	3.0	4.0	1.0	6.0	4.0
ORE - Exams	7.0			**7.0**	6.0	(1.0)	3.9	(3.1)	6.0	3.9
CEO & Executive Directors	5.0			**5.0**	5.0	0.0	5.0	0.0	5.0	5.0
Finance & Procurement	11.0	2.0	1.0	**14.0**	15.0	1.0	11.5	(2.5)	15.0	11.5
IT	17.0	6.0		**23.0**	26.0	3.0	26.0	3.0	26.0	26.0
Projects	4.6	5.0		**9.6**	13.8	4.2	14.6	5.0	13.8	14.6
PMO	5.0	1.6		**6.6**	5.6	(1.0)	6.0	(0.6)	5.6	6.0
Corporate Resources	4.0			**4.0**	5.0	1.0	7.0	3.0	5.0	7.0
Total Registration & Corporate Resources	**105.6**	**19.6**	**7.0**	**132.2**	**142.4**	10.2	**126.2**	(6.0)	**142.4**	**126.2**
In-House Legal Services	25.8	6.0	1.0	**32.8**	33.8	1.0	33.8	1.0	33.8	33.8
Illegal Practice	9.8	1.0		**10.8**	11.8	1.0	8.0	(2.8)	11.8	8.0
Corporate Legal	4.0			**4.0**	4.0	0.0	3.0	(1.0)	4.0	3.0
Information Governance	4.0	2.0		**6.0**	6.0	0.0	5.0	(1.0)	6.0	5.0
Legal Management	5.8	2.0		**7.8**	7.8	0.0	8.8	1.0	7.8	8.8
External Legal Prosecution Services	1.0			**1.0**	1.0	0.0	1.0	0.0		1.0
Governance	9.0		1.0	**10.0**	10.0	0.0	11.0	1.0	10.0	11.0
HR	11.9	4.0		**15.9**	18.9	3.0	12.9	3.0	18.9	12.9
Office Services	4.0	1.0		**5.0**	5.0	0.0	4.0	1.0	5.0	4.0
Compliance	3.6			**3.6**	3.6	0.0	5.6	2.0	3.6	5.6
Total Organisational Development	**78.9**	**16.0**	**2.0**	**96.9**	**101.9**	5.0	**93.1**	(3.8)	**100.9**	**93.1**
Policy	12.0	2.0		**14.0**	15.0	1.0	8.6	(5.4)	15.0	8.6
Communications & Engagement	8.0	2.0		**10.0**	10.0	0.0	11.0	1.0	10.0	11.0
Education QA	6.5	1.0		**7.5**	7.5	0.0	9.5	2.0	7.5	9.5
Research	2.0			**2.0**	2.0	0.0	4.0	2.0	2.0	4.0
Scotland	1.0			**1.0**	1.0	0.0	1.0	0.0	1.0	1.0
Total Strategy	**29.5**	**5.0**	**0.0**	**34.5**	**35.5**	1.0	**34.1**	(0.4)	**35.5**	**34.1**
HEADCOUNT CHARGED TO OPERATING SPEND	**296.8**	**62.8**	**12.0**	**371.6**	**391.4**	19.8	**366.8**	(4.8)	**390.4**	**366.8**

Balance Sheet

Assets & Liabilities		31-Dec-17 £'000	31-Dec-18 £'000
Property, plant & equipment		9,968	11,699
Intangible assets		382	213
Pension asset		1,500	1,500
Receivables		2,323	1,775
Less:			
	Deferred income	(36,502)	(36,931)
	Payables	(3,670)	(7,813)
	Non current assets		
		(25,999)	**(29,556)**
Represented by			
Reserves:			
	General (Opening)	(12,123)	(20,270)
	Total income/(expenditure) for the year/YTD	(8,147)	(5,505)
	Unrealised gain on investments		
	General (Closing)	(20,270)	(25,776)
	Pension (unrealised)	(1,500)	(1,500)
	Investments (unrealised)	(883)	(883)
		(22,653)	**(28,159)**
Funds			
Investments		948	15,372
Cash balances		47,705	42,343
		48,652	**57,715**
		25,999	**29,556**

2019 Reserves Policy

Purpose of paper	The purpose of this paper is to present to the Council the updated 2019 Reserves Policy.
Action	For **decision**
Corporate Strategy 2016-19	Objective 2: To improve our management of resources so that we become a more efficient regulator.
Business Plan 2016	Objective 2: Manage, the GDC's finances effectively, maintaining sufficient reserves to ensure resources are available to manage our statutory functions.
Decision Trail	The Finance and Performance Committee reviewed a proposed Reserves Policy for 2019 at its meeting of 28 February 2019. This follows Council's previous consideration of a proposal to develop a new reserves policy at its December 2018 meeting.
Next step	Not applicable
Recommendations	The Council is asked to review and **approve** the updated Reserves Policy for 2019.
Authorship of paper and further information	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	• Appendix 1 – 2018 Reserves Policy

Executive summary

1. The current reserves policy (appendix 1) was agreed by Council in December 2017, and defines reserves as general reserves, as stated in the Annual Report and Accounts. It states that the Council sets the reserves level taking into account the GDC's objectives, risks to its income and expenditure and planned major capital expenditure programmes.
2. In November 2017 and February 2018, the Committee considered alternative approaches to development of a reserves policy, whereby an appropriate level of reserves could be established by categorising amounts of reserves according to the estimated costs or loss of income they would cover as a result of the different types of risk that would materialise. The Committee was not supportive of switching to a method that sought to calculate the financial impact of risks as they were dependent on costs assumptions that they did not consider to be robust.
3. In July 2018, a Council workshop on the use of reserves explored the following issues:
    - Introduction of IFRS, and the impact of a reduction in reserves at 31 December 2018 of £4.6m;
    - Consideration of risks to income and expenditure of the Council, including any pension scheme risk;
    - Planned major capital spending programmes;
    - Adjustment to reserves for relating to the carrying value of fixed assets, which at 31 December 2017 stood at just over £11m.
4. A further review and benchmarking of our reserves policy was completed in November 2018 and subsequently discussed with the Committee and Council. This discussion endorsed the staff position that the current approach of equating the reserves with the general reserves was misleading, as a significantly lesser sum was actually at the disposal of the GDC once the £11m adjustment for fixed assets balances held at 31 December 2017 was made.
5. It was discussed with Council that it may be appropriate to adopt an approach of reporting as reserves as 'free reserves', net of fixed assets. This approach was supported by the benchmarking data available from other healthcare regulators where five out of six regulators express their policies in this way.
6. Given the implementation of the new fees policy in 2019, and the introduction of a new fees structure that may result in a change in ARF levels and impact the levels of reserves, it was agreed by Council that we should look to develop a new reserves policy alongside these changes and the new strategic planning framework within 2019.

Proposed 2019 Reserves Policy

7. Reflecting on previous discussion, it is proposed that we update our Reserves Policy for 2019 to move to an approach of reporting on free reserves, similar to that of other healthcare regulators, resulting in an improvement in transparency of our reporting and encouraging informed scrutiny of the GDC's reserves position.
8. Further development of a reserves policy for the period covering 2020-23 will continue alongside our work on the new strategic planning framework and fees structure. This will explore how we better use and consider our reserves for medium term financial planning.
9. The proposed 2019 Reserves Policy for Committee's consideration is set out below:

    1. *The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a major increase in expenditure.*

2. *Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council*
3. *However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to the:*
    a. *objectives of Council in pursuit of our statutory and regulatory responsibilities*
    b. *funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks*
    c. *risks to the income and expenditure of the Council*
    d. *planned major capital spending programmes*
4. *The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy it to maintain free reserves at a minimum of three months of operating expenditure with a target range of four to six months of annual operating expenditure over the medium term.*
5. *The Council will review this Reserves Policy not less than annually.*

10. The unaudited General Reserves held at 31 December 2018, under the 2018 Reserves Policy, is set out below:

	£m
General reserves as at 31st December 2017	**20.2**
IFRS adjustment to 2018 opening reserves	(4.6)
2018 unaudited surplus	5.4
General reserves at 31st December 2018 (unaudited)	**21.0**

£21.0m is 6 months of budgeted operating expenditure

11. Under the proposed policy this would be represented as:

	£m
General reserves as at 31st December 2018 (unaudited)	**21.0**
Reserves committed to fixed assets (net book value held at reporting date)	**(£11.9)**
Free reserves at 31 December 2018 (unaudited)	**9.1**

£9.1m is 2.6 months of budgeted operating expenditure

12. For 2019, the projected free reserves are as follows:

	£m
Free reserves as at 31st December 2018 (unaudited)	**9.1**
2019 projected budget surplus	4.4
Capital expenditure planned in 2019 (estates)	(0.8)
Free reserves at 31st December 2019 (projected)	**12.7**

£12.7m is 3.6 months of budgeted operating expenditure

To address the financial impact of the following risks to the 2019 budget:

	£m
Income risk	(2.3)
Additional referrals risk	(0.3)
ILPS staffing costs risk	(0.1)
Risk from 2019 budget risk and opportunities review	(0.1)
Total impact of risks identified	**(2.8)**

Leaving £9.9m which is 2.8 months of budgeted operating expenditure

13. Based on our unaudited financial statement, we are below our minimum free reserves level of 3 months at the commencement of the 2019 financial year. This is as a result of the impact of the IFRS adjustment for the changes to the accounting standard on income recognition. Without the change in accounting standard we would have projected free reserves covering 4.1 months of budgeted operating expenditure.

14. Our budgeted surplus for 2019 will see us recover our reserves position by the end of the 2019 financial year to 3.6 months of budgeted operating expenditure. The recommend reserves target range of four to six months is aspirational and will not be achievable immediately.

Risks and considerations

15. Risks and considerations are set out below:

Communications Changes to our Reserves Policy will need to be communicated with our stakeholders and disclosed in our 2018 Annual Report and Accounts.
Equality and Diversity No equality and diversity implications
Legal Np legal issues
Policy No policy impact
Resources No cost implications from this decision
National No national effect of this decision

Recommendation

16. The Council is asked to review and **approve** the updated Reserves Policy for 2019.

Appendices

- Appendix 1 – 2018 Reserves Policy

Item 12

Appendix 1

2018 Reserves policy

1. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure
2. Reserves are defined as the general reserves as stated in the Annual Report & Accounts of the Council
3. However, as our revenue comes mainly from statutory fees, we set the reserves level having regard to the:
    a. objectives of Council in pursuit of our statutory and regulatory responsibilities
    b. risks to the income and expenditure of the Council
    c. planned major capital spending programmes
4. The GDC aims to maintain reserves at a minimum of three months of operating spend, with an aspirational target to increase this to a range of 4 to 6 months of operating spend.
5. The Council will review this Reserves Policy not less than annually

Balanced Scorecard – Q4 2018 Performance

Purpose of paper	To present the Council with the balanced scorecard covering the Q4 2018 performance period.
Action	For **discussion.**
Corporate Strategy 2016-19	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 2018	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 – Q4 2018 Balanced Scorecard Appendix 2 –Performance Indicators Master List – containing escalated KPI log and change control

1. Executive summary

1.1. This paper presents the balanced scorecard covering the Q4 2018 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. Q4 2018 balanced scorecard report

3.1. Key performance headlines are presented within the executive summary of the Q4 2018 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. The relocation of the Registration function to Birmingham has been completed during Q4, without major disruption to overall performance levels. Five of the seven Registration route performance indicators that focus on ‘active’ processing time (time where the ability to process the application is in the control of the GDC) met target within Q4 despite the full relocation of the Registration function to Birmingham. (See section 1.3 Registration Performance Indicators – Process Dashboard)

3.3. Recruitment during the Q4 estates moves achieved lowest cost for any quarter in 2018: The average cost per employee recruitment dropped by £239 this quarter from £919 in Q3 to £680 in Q4, which is partly due to direct sourcing of candidates. Additionally, the number of positions filled internally has risen by 42% to 71% with 12 out of the 17 London vacancies being filled by internal applicants. (See section 3.2 and 3.4 – HR Performance Indicators)

Key issues

3.4. Registration processing times for Dentists and Registration impacted by above forecasted application volumes. The Assessed Dentist route (PI/REG/009 & 010) overall time rose from 71 days in Q3 to 101 days in Q4, which is well over the 91 days statutory target. This is largely due to 10 higher applications than Q3 being received, in parallel to the new Birmingham staff

training period. Restoration processing time rose by 9 days in active and 12 days overall to 26 and 39 days respectively which is the highest quarterly average of 2018. However, Restoration applications processed were 20% above those forecasted. (see section 1.3 Registration Performance Indicators – Process Dashboard).

3.5. FtP Case End-to-End Timeliness continues to show a downward trend. The Full case Timeliness has dropped 3% to 11% this quarter. In Investigation stage the Assessment Timeliness (PI/FTP/002) reduced by 3% with 38% of cases being handled within 17 weeks and Case Examiners Timeliness (PI/FTP/003) reduced by 7% with 10% being handled within 9 weeks (see section 2.1 FTP End-to-End Process – Performance Indicators Dashboard).

3.6. There has been a rise in the number of both 'Non Serious' & 'Serious' data security incidents. The were 2 serious breaches in Q4 (KPI/FTP/025) compared to 0 in Q3, one pertained to a bundle being sent to an incorrect recipient and the second was where an expert witness losing a USB stick containing case and dental records on an NHS matter. For the non-serious breaches (PI/FTP/026) reported this quarter, there was a rise to 20 from 15 in comparison to Q3. 16 of these cases related to data being disclosed to incorrect recipient or incorrect data sent to the intended recipient. (see section 3.6 Information Indicators).

3.7. Recruitment Probation Success dropped by 12% to 68% due to 32% employees leaving post before end of probation. For (PI/HRG/004) 13 of 41 employees due to complete probation in Q4 left their post before the end of probation. 2 were dismissed and 11 resigned. However, it is noted in the report that all resignations were fixed term contract workers, and that an amendment to this metric is planned. Organisational Development are to investigate the reasons for leaving for those who resigned to analyse any themes requiring action.

4. Recommendations

4.1. The Council is asked to **discuss and note** the main report.

5. Internal consultation

Department	**Date and consultee name**
All data contributing departments	Established data leads from each department – December 2019
SLT	SLT Board – 12 February 2019
FPC	FPC Meeting – 28 February 2019

6. Appendices

6.1. Appendix 1 – Q4 2018 Balanced Scorecard

6.2. Appendix 2 – GDC Performance Indicators Master List

GENERAL DENTAL COUNCIL

Balanced Scorecard Report
Review of Q4 2018 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 4 2018 Performance

Index

1.1 Executive Summary - Quarterly Performance

Key Performance Successes

1. **The relocation of the Registration function to Birmingham has been completed during Q4, without major disruption to overall performance levels.** Five of the seven Registration route performance indicators that focus on 'active' processing time (time where the ability to process the application is in the control of the GDC) met target within Q4 despite the full relocation of the Registration function to Birmingham. *(See section 1.3 Registration Performance Indicators – Process Dashboard)*

2. **Recruitment during the Q4 estates moves achieved lowest cost for any quarter in 2018:** The average cost per employee recruitment dropped by £239 this quarter from £919 in Q3 to £680 in Q4, which is partly due to direct sourcing of candidates. Additionally the number of positions filled internally has risen by 42% to 71% with 12 out of the 17 London vacancies being filled by internal applicants. *(See section 3.2 and 3.4 – HR Performance Indicators)*

Key Performance Issues

1. **Registration processing times for Dentists and Registration impacted by above forecasted application volumes.** The Assessed Dentist route (PI/REG/009 & 010) overall time rose from 71 days in Q3 to 101 days in Q4, which is well over the 91 days statutory target. This is largely due to 10 higher applications than Q3 being received, in parallel to the new Birmingham staff training period. Restoration processing time rose by 9 days in active and 12 days overall to 26 and 39 days respectively which is the highest quarterly average of 2018. However Restoration applications processed were 20% above those forecasted. *(see section 1.3 Registration Performance Indicators – Process Dashboard).*

2. **FtP Case End-to-End Timeliness continues to show a downward trend.** The Full case Timeliness has dropped 3% to 11% this quarter. In Investigation stage the Assessment Timeliness (PI/FTP/002) reduced by 3% with 38% of cases being handled within 17 weeks and Case Examiners Timeliness (PI/FTP/003) reduced by 7% with 10% being handled within 9 weeks(see section 2.1 FTP End-to-End Process – Performance Indicators Dashboard).

3. **There has been a rise in the number of both 'Non Serious' & 'Serious' data security incidents**. The were 2 serious breaches in Q4 (KPI/FTP/025) compared to 0 in Q3, one pertained to a bundle being sent to an incorrect recipient and the second was where an expert witness losing a USB stick containing case and dental records on an NHS matter. For the non-serious breaches (PI/FTP/026) reported this quarter, there was a rise to 20 from 15 in comparison to Q3. 16 of these cases related to data being disclosed to incorrect recipient or incorrect data sent to the intended recipient. *(see section 3.6 Information Indicators).*

4. **Recruitment Probation Success dropped by 12% to 68% due to 32% employees leaving post before end of probation.** For (PI/HRG/004) 13 of 41 employees due to complete probation in Q4 left their post before the end of probation. 2 were dismissed and 11 resigned. However, it is noted that all resignations were fixed term contract workers, and that an amendment to this metric is planned (see 'Actions Planned' overleaf). Organisational Development will investigate the reasons for leaving for those who resigned to analyse themes requiring action.

1.2 Executive Summary - Looking Forward and Planned Actions

Looking Forward

1. **Consultation for Strand 2 of functions moving to Birmingham is in progress.** The individual consultations for the teams moving in Strand 2 of the relocation are in progress to complete by 28 February 2019. The affected roles will be relocated from March until September 2019.

2. **Costed Corporate Plan 2019 delivery commenced in Q1 2019.** Implementation of the 2019 Costed Corporate Plan and the operational level activities has commenced. A Heads of workshop was held in December 2018, followed by a communication toolkit distributed in mid January and both of these are to enable the 'Heads of' to cascade the purpose of the CCP to their teams.

3. **Corporate Strategy planning in development Q1 2019.** The Corporate Strategy planning work to cost the objectives with Finance is in development through Q1. The costings are to be prepared for review within the ARF consultation in May 2019.

4. **CCP 2020 – 2022 planning in development Q1 2019.** The CCP 2020-2022 planning is aligning the Corporate Strategy and Financial planning activity to deliver a proposal of the planning lifecycle design to SLT in March, with then the first draft of the CCP 2020 – 2022 scheduled for June 2019 SLT review.

Actions Planned by EMT

1. **Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** 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.

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.

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.

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1.3 Key Performance Indicators Dashboard

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 4 2018

FINANCIAL

KPI/FCS/001 - Organisational Income

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

- Total income is higher than budgeted by £2.4m for 2018. This is largely due to higher than budgeted Dentist & DCP ARF income (£2.1m).

KPI/FCS/002 - FTP Expenditure

THIS PERIOD: 100% of budget
PREVIOUS PERIOD: 99%
TARGET: 100%
Further info: Annex A – 1.1

- FtP expenditure was £593k lower than budgeted for the year. This is partly due to 2018 external legal costs (ELPS), which were lower than budgeted (£569k) with costs from cases allocated later in 2018 being largely deferred to 2019.

KPI/FCS/003 - Non-FTP Expenditure

THIS PERIOD: 96% of budget
PREVIOUS PERIOD: 111%
TARGET: 100%
Further info: Annex A – 1.1

- Overall, non-FtP expenditure was £118k higher than budgeted for the year.
- This is largely due to the termination & relocation costs for Strand 1 of the Estate strategy (£1.7m) and provision for additional contribution to the GDC DB pension scheme (£2.3m).

RESOURCES

KPI/HRG/004 - Staff Sickness

THIS PERIOD: 1.88 average days
PREVIOUS PERIOD: 1.67 days
TARGET: Average within 2 days
Further info: Annex A – 3.2

- Of those staff sick in Q4, 2.7% were LTS and the remaining 97.3% were short-term.
- There were 714 days lost in total.

TIMELINESS

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

THIS PERIOD: 11 days
PREVIOUS PERIOD: 13 days
TARGET: 14 days
Further info: Annex A – 1.5

- The total number of applications completed was 15% lower than forecast during Q4.
- There are 59 live DCP applications at the end of Q4 - 87% lower than the 444 live applications in Q3.

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

THIS PERIOD: 26 days
PREVIOUS PERIOD: 17 days
TARGET: 14 days
Further info: Annex A – 1.5

- Completed DCP applications were 20% above forecast. Dentist applications was 9% above forecast.
- There is 72% less live applications at Q4 compared to the 225 in Q3.

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

THIS PERIOD: 84%
PREVIOUS PERIOD: 93%
TARGET: 95%
Further info: Annex A – 2.3

- 3 out of 19 cases missed this KPI in Q4 2018.
- A detailed breakdown of the reasons for delay is listed on page 24 of this report.

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

THIS PERIOD: 15%
PREVIOUS PERIOD: 23%
TARGET: 75%
Further info: Annex A – 2.1

- Performance has decreased in Q4 as 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.

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

THIS PERIOD: 11%
PREVIOUS PERIOD: 14%
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.
- There has been a 3% fall in overall timeliness. This is linked to a fall in PI/005, Investigation Timeliness: Receipt to CE Decision, from 23% to 15% this quarter

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: 12 external referrals
PREVIOUS PERIOD: 8 referrals
TARGET: 21 or fewer referrals
Further info: Annex A – 2.1

- During Q4 2018, 12 external referrals were made compared to the budgeted level of 21.
- As of Q4, 16% of all cases were transferred to ELPS – 43 cases.

KPI/FTP/025 - Serious Data Breaches

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

- There were 2 serious breaches in Q4 2018.
- A detailed breakdown can be found on page 34 of this report.

1.4 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.

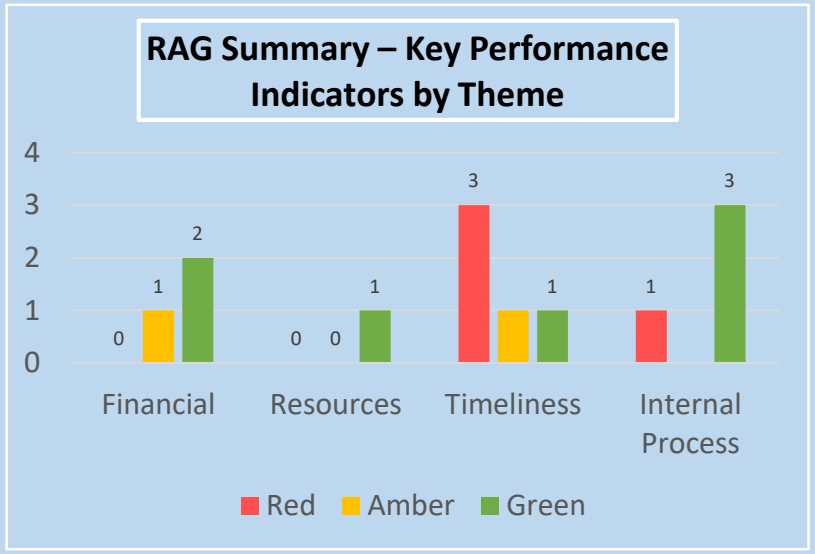
FTP: Proportionate Split of Internal and External Legal Referrals

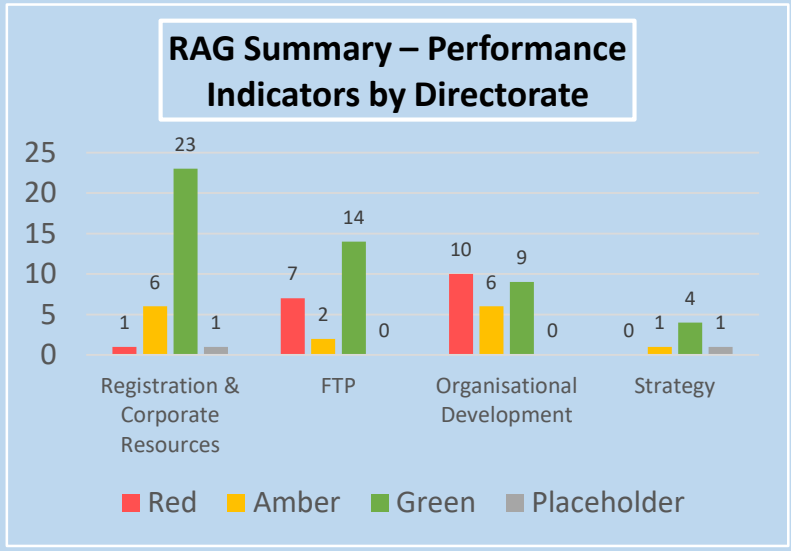
Rationale for priority status: This measure has been identified as a key driver of organisational cost and is included for ongoing scrutiny of cost control in this area.

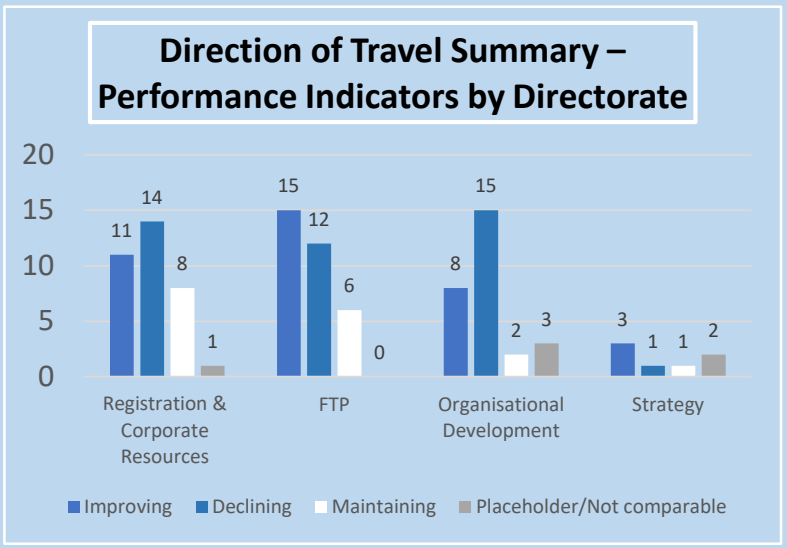
Serious Data Breaches

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.

1.5 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.

1.6 Tracking of previous EMT actions

Actions Planned by EMT – Q4 2017 Report

1. **The EMT will continue to monitor the number of non-serious data security breaches that are committed.** Actions will be established based on any reoccurring trends or themes from non-serous data security breaches that take place moving forwards. **STATUS AS OF Q4 2018 – ON-GOING – THE EMT DISCUSS PERFORMANCE IN THIS AREA AT MONTHLY BOARD MEETINGS AND SET ACTIONS TO IMPROVE PERFORMANCE.**
2. **Following performance in December 2017 against PI/FTP/010 Prosecution Timeliness: Disclosure Time Taken being below target, the EMT will undertake analysis to understand what types of cases take the longest to disclose.** The analysis will help identify the types of cases that are already in the earlier parts of the FTP stages that will likely require additional attention and action if they get to the Prosecution stage. **STATUS AS OF Q4 2018 – UPDATE AWAITED FROM LEGAL TEAM**
3. **Following the announcement of the relocation of parts of the organisation to offices in Birmingham, a re-design of turnover and recruitment performance indicators will take place 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. **STATUS AS OF Q4 2018 – ON-GOING – AN EXERCISE IS CURRENTLY BEING CARRIED OUT TO REVIEW ALL ORGANISATIONAL DEVELOPMENT MEASURES MAPPED TO THE EMPLOYEE LIFECYCLE**

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 Q4 2018 – 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 Q4 2018 – 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 Q4 2018 – ON-GOING – AN EXERCISE IS CURRENTLY BEING CARRIED OUT TO REVIEW ALL ORGANISATIONAL DEVELOPMENT MEASURES MAPPED TO THE EMPLOYEE LIFECYCLE**

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 Q4 2018 - COMPLETE – THIS CHANGE HAS BEEN MADE AND COMMENTARY INCLUDED IN THE EXEC SUMMARY.**
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 Q4 2018 - ONGOING – THIS ACTION WAS AN INFORMATION GOVERNANCE GROUP MEETING IN NOVEMBER 2018, AN UPDATE WILL BE PROVIDED BY THE INFORMATION GOVERNANCE TEAM TO FPC IN FEBRUARY 2019 AND COUNCIL IN MARCH 2019.**
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 Q4 2018 – 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 Q4 2018 - ONGOING – TEAM BASED TASKING HAS NOW BEEN DEPLOYED TO THE RULE 4 PROCESS, WHICH WILL ENABLE THE DEVELOPMENT OF REPORTING ON RESTROSPECTIVE INSIGHT INTO CORRESPONDENCE TIME TAKEN FOR CASES IN PROGRESS TO ENABLE 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 Q4 2018 – COMPLETE – UPDATE PROVIDED IN EXECUTIVE SUMMARY**
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 Q4 2018 – ONGOING – UPDATE PROVIDED IN EXECUTIVE SUMMARY**
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 Q4 2018 – 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 Q4 2018 – ONGOING – KICK-OFF MEETINGS HAVE TAKEN PLACE IN Q1 2019, SCHEDULING TO BE DRIVEN BY EACH TEAMS RESOURCE CAPACITY**

1.7 Proposed Reporting Criteria Amendments

DISCUSSED AT 12 FEBRUARY 2019 SLT MEETING

The structure of the Balanced Scorecard for Q4 2018 remains as per the directorate structure in Q4. For the January 2019 version onwards it be restructured to reflect the addition of the Legal directorate. Additionally, the executive summary slide has been split from one page to two pages, following feedback from the December 2018 Council meeting that this change would improve readability.

There are 7 amendments to reporting criteria which were formally requested for review at the February SLT meeting:

1. Following the move of Internal Communications roles into Organisational Development, the Internal Communications PIs of PI/STR/006 – Internal Communications - Awareness of Organisational Priorities & PI/STR/007 – Internal Communications – Understanding of the External Environment have been relocated into the Organisational Development section, moving out from the Strategy section. STATUS: COMPLETED

2. The FtP Hearings performance indicators FTP/011, 012 and 013 have NOT had any calculation amendment made in this version to reflect the number of hearings suites considered. The proposed action by the FtP directorate is that new PIs will be developed in Q1 to measure Hearings performance which would replace the current set. STATUS: IN PROGRESS

3. The Organisational Development section of the Balanced Scorecard in its entirety in under review to propose an Employee Lifecycle structured set of Performance Indicators. This will be a longer-term assessment where the PIs are proposed to run in proof of concept parallel to the BSC for a period of 3-6 months to ensure the data reflect provides improved levels of insight. OD and PMO will present the draft set of indicators to SLT and FPC during this period but it is not proposed to promote the PIs to the BSC until the proof of concept phase is complete. STATUS: IN PROGRESS

4. Following request from the FtP Executive Director, section 2.1 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. A draft of the proposed layout for the dashboard has been included as section 2.1a for reference and approval. Tom Scott is the EMT sponsor for this change. STATUS: APPROVED FOR IMPLEMENTATION

5. Legal & Governance proposed changes: Lisa Marie Williams is the EMT sponsor for this change. STATUS: APPROVED FOR IMPLEMENTATION
   a) It is proposed that PI/FTP/007 (ILPS Staff Productivity) is retired. This follows a review of all scorecard measures by the ILPS team to assess their effectiveness in measuring current performance. 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 there no longer appears to be a reason to escalate this level of operational detail to board level.
   b) It is proposed that for PI/FTP/023 (Freedom of Information Statutory Compliance) 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.
   c) It is proposed that for PI/FTP/024 (Data Protection Act Statutory Compliance) the target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = 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.

Following SLT approval of these proposals, the amendments will be made into an 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 4 2018

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: 105%

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 £2.4m for 2018. This is largely due to higher than budgeted Dentist & DCP ARF income (£2.1m).
- A 5% risk factor was included in the budget. However, 4% of the risk did not materialise which leads to the majority of the 5% of income above budget for this indicator.
- In addition, investment income was also higher than budgeted for the period (£0.2m).

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: 100%

PREVIOUS PERIOD: 99%

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 full year actual results for FtP operating expenditure to the agreed annual budget.
- FtP expenditure was £593k lower than budgeted for the year. This is partly due to 2018 external legal costs (ELPS), which were lower than budgeted (£569k) with costs from cases allocated later in 2018 being largely deferred to 2019.
- In addition, there was a saving of £50k in premises costs due to DCS moving to Wimpole Street.
- However, there was an overspend in staffing costs (£23k) mostly due to additional resources being required in Casework to deal with the backlog of cases.

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: 96%

PREVIOUS PERIOD: 111%

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 full year actual results for non-FtP operating expenditure to the agreed annual budget.
- Overall, non-FtP expenditure was £118k higher than budgeted for the year.
- This is largely due to the termination & relocation costs for Strand 1 of the Estate strategy (£1.7m) and provision for additional contribution to the GDC DB pension scheme (£2.3m).
- This has been offset by the overall underspend in Non-FtP Legal & Professional fees (£820k) partly due to fewer referrals than budgeted for the ILPS team.
- In addition, there was an underspend of £226k in Research & Engagement costs due to complications in the procurement process.

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 £2.4m (93%)

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:

- The triennial valuation as at 1 April 2018 was prepared by the pension scheme's actuary.
- The valuation showed a surplus of £0.3m. However, the scheme has deteriorated since the last triennial valuation was carried out in 2015, from £1.5m to £0.3m.
- This is largely due to a worsening of market conditions, namely:
  - - falling gilt yields
  - - increased inflation.
- At their December meeting, Council approved an additional, one-off contribution of £2.3m to the pension scheme funded from the general reserve.

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1.1 Finance Performance Indicators

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 4 2018

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:
3 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 continued to meet its reporting deadlines in the last quarter of 2018, in line with the KPI.**

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 – 97%

PREVIOUS PERIOD :
Fees – 97%, Expenses – 92%

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.**
- **97% 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: 79%:
Invoices: 66%
Suppliers: 91%
Refunds: 81%

PREVIOUS PERIOD:
AVERAGE: 76%:
88% -Invoices paid on time
90% - Suppliers paid on time
51% - within time frame of refunds

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

PERFORMANCE INSIGHTS:

- **Q4 performance for payment of invoices is 66%, which is 24% below the target of 90%. This was mainly due to temp staff purchase orders not being receipted or amended and authorised in time to meet the 7 day payment terms.**
- **The number of suppliers paid within our 30 days payment terms is 91%, 1% above target.**
- **81% of refunds were paid on time against the target of 90%. There was a delay in processing refunds over the Christmas break (one batch with 12 refunds totalling £9,934 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:
£283.2k

PREVIOUS PERIOD:
£110.9K

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

PERFORMANCE INSIGHTS:

- **£283.2k of invoices were not compliant in this period, which is £183.3k above the £150k target.**
- **£123k of this total is in relation to HR/OD invoices relating to Mercer estates and OD consultancy.**
- **£67k relates to IT and £34k 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: 101%

PREVIOUS PERIOD: 100%

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 Q4 was £6.8m compared to target of £6.7m. This is due to:**
  - **ILPS continuing to take the majority of the cases referred to prosecution - £2.1m.**
  - **The implementation of Case Examiners which delivered £3.1m savings.**
  - **£0.3m savings realised from replacing stenographers with loggers.**
  - **£0.2m savings from in-house clinical advisors replacing services provided by NCAS.**
  - **£0.7m savings in Hearings' venue hire costs due to a reduction in the number of external venues used.**
  - **£0.1m savings in Council costs due to reduction in number of Council members – from 24 to 12.**

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 Q4.**

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 Q4.**

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 Q4.**

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 Q4.**

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: 94%

PREVIOUS PERIOD: 96%

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 declined by 2% in Q4 2018 with 94.38% processed within the service level agreement.**
- **2,512 service desk requests were completed over this period, 367 more than Q3 2018. This is partly due to the Birmingham office fully opening in November.**
- **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: 97%

PREVIOUS PERIOD: 98%

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

PERFORMANCE INSIGHTS:

- **97% of users rated their service as good or very good thus remaining in target for Q4 2018. 694 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 4 2018

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 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 ⇧ 11 Calendar Days *PREVIOUS PERIOD 19 Calendar Days*	THIS PERIOD ⇧ 18 Calendar Days *PREVIOUS PERIOD 19 Calendar Days*	THIS PERIOD ⇩ 39 Calendar Days *PREVIOUS PERIOD 27 Calendar Days*	THIS PERIOD ⇩ 37 Calendar Days *PREVIOUS PERIOD 23 Calendar Days*	THIS PERIOD ⇩ 101 Calendar Days *PREVIOUS PERIOD 71 Calendar Days*	THIS PERIOD ⇩ 118 Calendar Days *PREVIOUS PERIOD 86 Calendar Days*	THIS PERIOD ⇩ 37 Calendar Days *PREVIOUS PERIOD 31 Calendar Days*
B. Average Active Processing Time	THIS PERIOD ⇩ 4 Calendar Days *PREVIOUS PERIOD 2 Calendar Days*	THIS PERIOD ⇧ 11 Calendar Days *PREVIOUS PERIOD 13 Calendar Days*	THIS PERIOD ⇩ 26 Calendar Days *PREVIOUS PERIOD 17 Calendar Days*	THIS PERIOD ⇩ 28 Calendar Days *PREVIOUS PERIOD 14 Calendar Days*	THIS PERIOD ⇩ 75 Calendar Days *PREVIOUS PERIOD 48 Calendar Days*	THIS PERIOD ⇩ 77 Calendar Days *PREVIOUS PERIOD 49 Calendar Days*	THIS PERIOD ⇩ 34 Calendar Days *PREVIOUS PERIOD 28 Calendar Days*
C. Contextual Measures – Incoming	27 applications received	1,057 applications received	347 applications received	268 applications received	51 applications received	130 applications received	64 applications received
C. Contextual Measures – Processed	26 applications completed	1065 applications completed	361 applications completed	111 applications completed	8 applications completed	12 applications completed	35 applications completed
C. Contextual Measures – Work In Progress	0 live applications at quarter end	59 live applications at quarter end	63 live applications at quarter end	119 live applications at quarter end	34 live applications at quarter end	50 live applications at quarter end	51 live applications at quarter end
D. Insights	• The total number of applications completed was 86% higher than forecast during Q4. • There were 91% less applications received compared to the 303 applications received in Q3. • One application was returned to the applicant who had submitted two applications in Q4.	• The total number of applications completed was 15% lower than forecast during Q4. • There were 39% less received compared to the 1,743 received in Q3. • There is 87% less live DCP applications at the end of Q4 compared to the 444 live applications in Q3.	• Restorations completed were 20% above forecast. • Completed DCP applications were 20% above forecast. Dentist applications was 9% above forecast. • Applications received was 48% less than the 666 received in Q3. • There is 72% less live applications at Q4 compared to the 225 in Q3.	• 111 EEA Dentist applications were processed during Q4, which was 9% higher than forecast. • Q4 received 4% more applications than the 280 applications received in Q3. • There is 113% more live applications in Q4 compared to the 56 live applications in Q3.	• 8 applications were completed which had met the forecast • Applications received in Q4 was ten higher than the 41 received in Q3. • Experienced London staff were training new Birmingham staff over this period whilst balancing existing caseloads. This resulted in delays of processing older applications.	• 12 applications were completed during Q4, which was 10 applications below forecast. • Applications received has increased by 30% compared to the 93 received in Q3.	• 35 applications were completed which is three higher than forecast. • 64 applications were received during Q4 which is 9 higher than the 54 received the previous month.

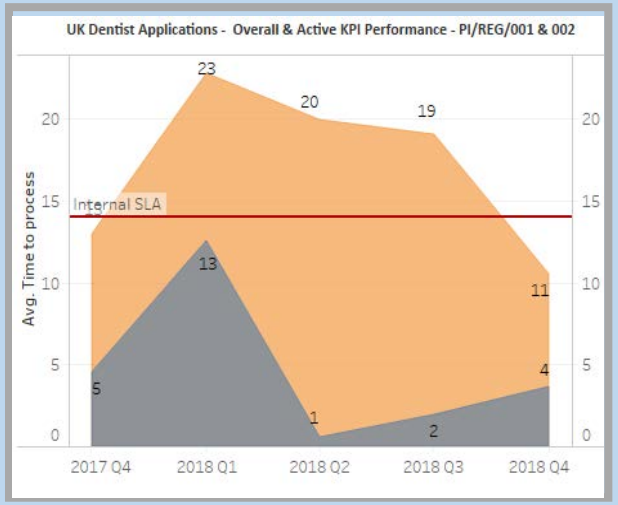
1.4 Registration Performance Indicators – Process Dashboard Reference Sheet

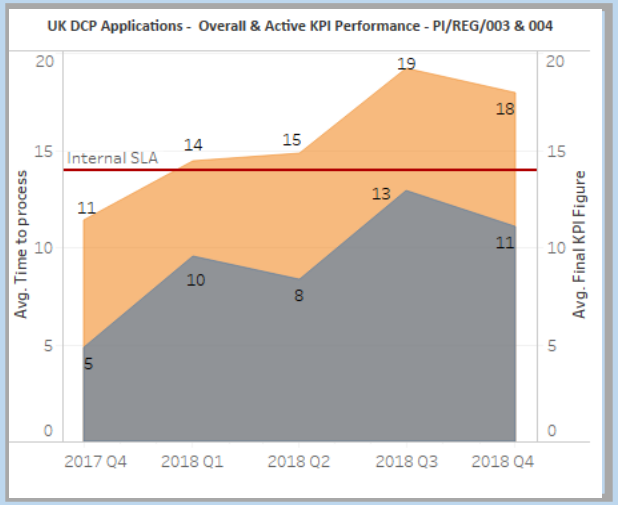
DEPARTMENTAL INDICATORS	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
DESCRIPTION	*PI/REG/001: The average overall time taken to process all UK Dentist 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) +

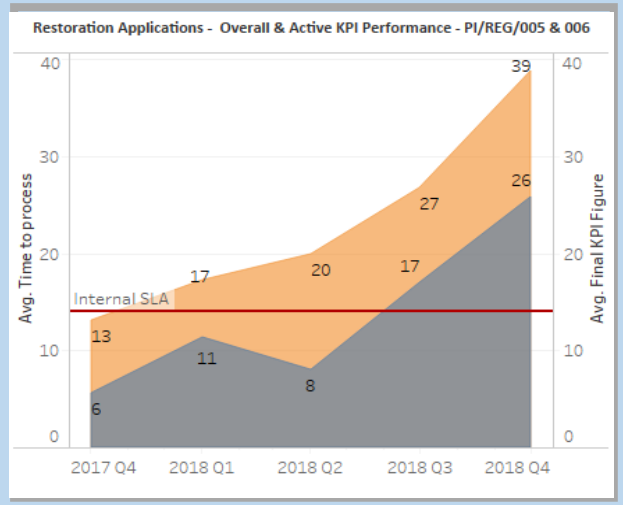
DESIRED OUTCOME	**Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement.**
Corporate Strategy Link	**Performance Objective 1 & 2: Highly effective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

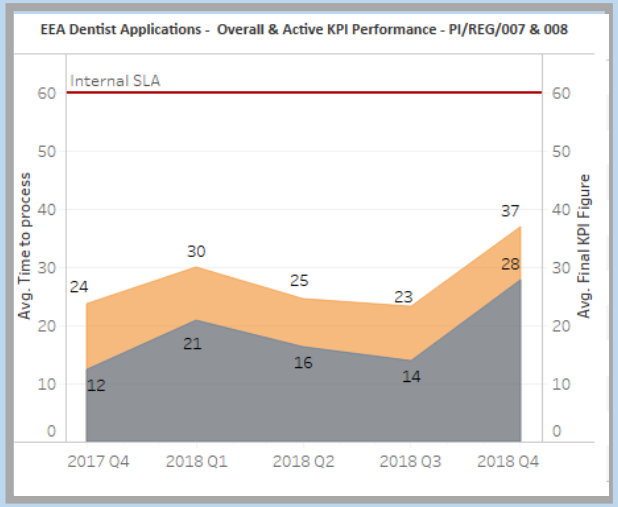
1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking

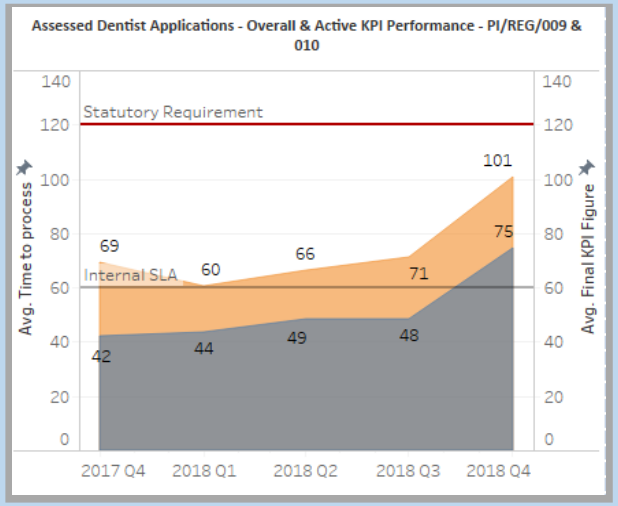
Registration Processing Times
Overall
Active

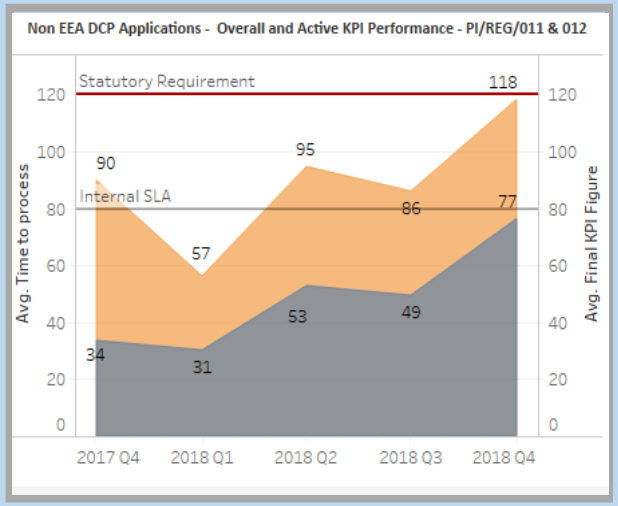


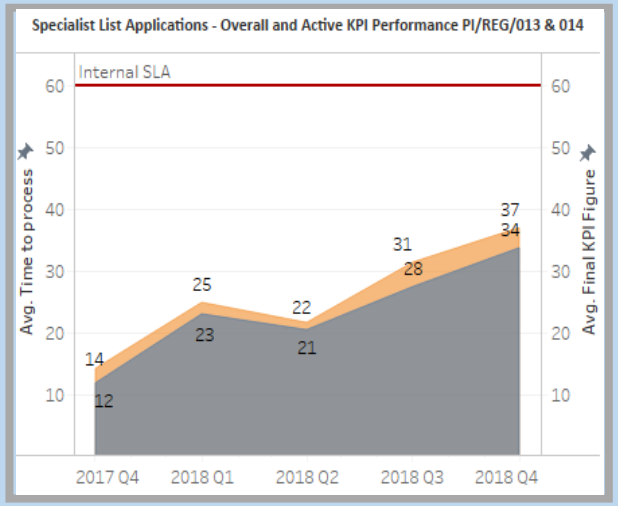












1.6 Supplementary Registration Performance Indicators

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: 96%

PREVIOUS PERIOD: 94%

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

PERFORMANCE INSIGHTS:

- **14,651 out of 15,239 offered calls were handled during Q4 2018.**
- **The number of calls received had decreased by 34% compared to Q3.**

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: 105% 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 6% above forecast for Q4 2018.**
- **1, 618 applications was completed against the 1,730 forecast in Q4 2018 . Of the applications completed:**
  - **72% were UK DCP applications.**
  - **1% were UK Dentist.**
  - **17% were Restoration.**
  - **7% were EEA Dentist and Non-EEA Dentist.**
  - **2% was Specialist.**
  - **1% 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 Q4 2018. 1,431 applications and 1,065 were completed during Q4. There were 122 live applications at the quarter end.**
- **The overall average time to process was 23 days whereas the average active processing time was 15 days during Q4.**
- **During Q4 the new Registration Staff have cleared the backlog with the total number of live applications reducing by 80% compared to the 598 live applications at the end of Q3.**
- **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

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

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: 88%

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

PERFORMANCE INSIGHTS:

- **91% of 218 respondents were positive about the Registration department's customer service supplied throughout the application process during the quarter.**
- **5% provided neutral feedback and 4% 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: N/A

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

PERFORMANCE INSIGHTS:

- **The current CPD Audit is undergoing completion and is due to be completed by the end of Jan 19. The next audits will be reportable in Q1 2019. Team managers still conduct their own quality monitoring on a monthly basis.**
- **New Birmingham based auditors will soon be recruited which will enable a regular auditing process in the future.**

Fitness to Practise Directorate Performance Indicators

2.1 FTP Process Performance Indicators Dashboard
2.1a Draft revised format of FTP Process Performance Indicators Dashboard
2.2 FTP Process Performance Indicators Dashboard Reference Information
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking
2.4 Interim Orders Committee Timeliness Performance Indicators
2.5 Interim Orders Committee Compliance Performance Indicators
2.6 Dental Complaints Service Performance Indicators

SUPPLEMENTARY INISGHTS 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 Q4, at 99%.**
- **PI/FTP/002 – The team has continued to reduce the backlog of older cases throughout 2018 meaning a large number of cases processed were older cases. In Q4 there was a 3% decrease against the PI.**
- **PI/FTP/003 – Assessment referral to Case Examiner completion has decreased to 10% due to delays caused at the Rule 4 stage.**
- **PI/FTP/004 – Q4 has seen a decrease in the 7 day initial decision target from 95% to 92%.**
- **PI/FTP/007 – ILPS have completed 98% of hours targeted for Q4.**
- **PI/FTP/009 – Q4 saw the percentage of cases against this PI increase from 58% to 74%. Out of 30 cases, 9 missed the 9 month target.**
- **PI/FTP/010 – ILPS disclosure timeliness fell to 74% in Q4. This was due to the following factors: problems in gathering evidence, an expert made admissions that they were not competent to produce a report hence a new expert was needed, extensions were requested and granted for the remaining cases.**
- **PI/FTP/011 – In Q4 performance against this PI increased from 79% to 92%.**
- **PI/FTP/012 – performance fell to 94% in Q4, but still remains within the 80% target.**
- **PI/FTP/013 – Q4 saw hearings utilisation increase to 84%. In total 10 days were lost and 38 days were wasted.**
- **PI/FTP/028 – ELPS disclosure timeliness was achieved at 80% in Q4.**

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: 11% PREVIOUS PERIOD: 14%* ⇩					
	KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision *TARGET: 75% within 6 months THIS PERIOD: 15% PREVIOUS PERIOD: 23%* ⇩			**PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing** *TARGET: 80% within 9 months THIS PERIOD: 74% PREVIOUS PERIOD: 58%* ⇧		
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: 38% PREVIOUS PERIOD: 41%* ⇩	**PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion** *TARGET: 75% within 9 weeks THIS PERIOD: 10% PREVIOUS PERIOD: 17%* ⇩ **PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision** *TARGET: 95% within 7 days THIS PERIOD: 92% PREVIOUS PERIOD: 95%* ⇩	**KPI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals** *TARGET: 21 or fewer cases referred externally per quarter THIS PERIOD: 12 ELPS referrals PREVIOUS PERIOD: 8 ELPS referrals* ⇩ **PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken** *TARGET: 80% of cases disclosed within 98 days THIS PERIOD: 74% PREVIOUS PERIOD: 82%* ⇩ **PI/FTP/007 – ILPS Staff Productivity** *TARGET: 95% of staff meeting target THIS PERIOD: 98% PREVIOUS PERIOD: 98%* ⇨	**PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken** *TARGET: 80% of ELPS cases disclosed within 98 days THIS PERIOD: 80% PREVIOUS PERIOD: 100%* ⇩	**PI/FTP/011 – Hearings Completed Without Adjournment** *TARGET: 85% THIS PERIOD: 92% PREVIOUS PERIOD: 79%* ⇧ **PI/FTP/012 – Hearings Completed With Facts Proved** *TARGET: 80% THIS PERIOD: 94% PREVIOUS PERIOD: 100%* ⇩ **PI/FTP/013 – Hearing Days Utilised** *TARGET: 80% of days utilised THIS PERIOD: 84% PREVIOUS PERIOD: 72%* ⇧
C. Contextual Measures						
Incoming	30 cases	235 cases	185 cases	46 cases	12 cases	55 cases
Processed	345 cases	299 cases	134 cases	53 cases	10 cases	30 cases
Referral Rate	68%	64%	41%	79%	21%	49%
Work In Progress	22 cases	495 cases (483 – Assessment + 12 – Rule 9)	391 cases (66 - CE Support + 318 - Rule 4 + 7 - Rule 6E)	159 cases	53 cases	205 cases

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

IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings

- This is a draft of format change proposed for the Contextual Measures section. The proposal is for this section to be revised to show a balance sheet of caseloads through all stages where:
  - Opening Caseload + Incoming – Processed to Next Stage – Cancellations = Closing Caseload.
- The below draft format was included for SLT review and approval of this change.
- The top section of the dashboard is unchanged.

C. Contextual Measures

	IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings
Opening Caseload						
Incoming						
Processed to Next Stage						
Cancellations						
Referral Rate						
Closing Caseload						

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: 90 - 94%
Red: <90%
(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: 65 - 69%
Red: <65%
(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: 90 - 94%
Red: <90%
(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/007
The proportion of all ILPS staff to reach annual time recording targets by team role
TARGET: 95% Of Staff
Green: 95%+ Amber: 90 - 94%
Red: <90%
(PO 2)* [DO5]*

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/013
The proportion of Utilised hearing days versus total scheduled days each month
TARGET: 80% Utilised
Green: 80% or above Amber: 76 – 79%
Red: >75%
(PO 2)* [DO10]*

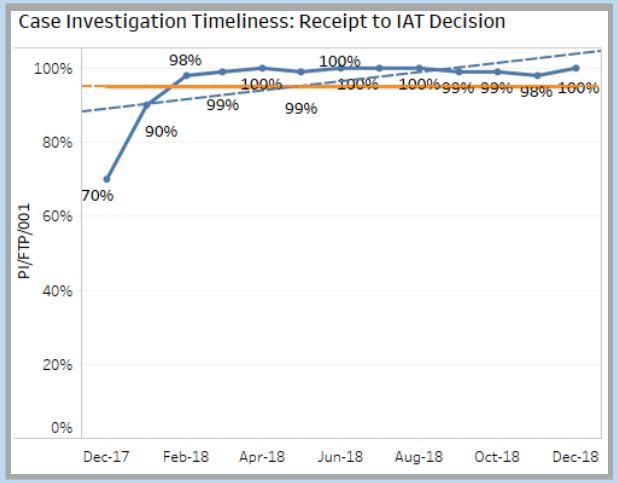
(PO)* Objectives

(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

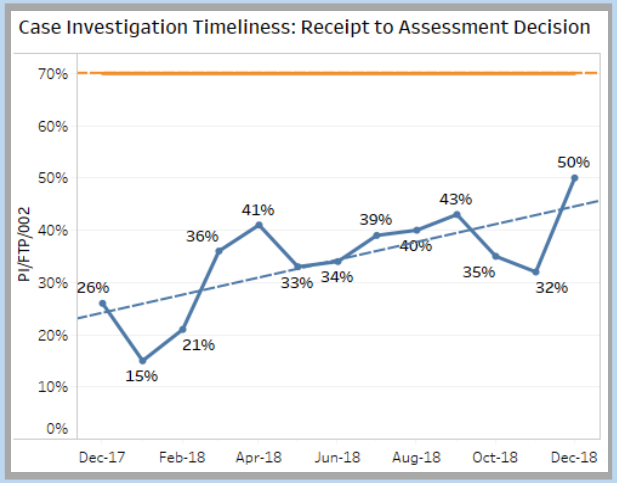
[DO]* Desired Outcome

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.

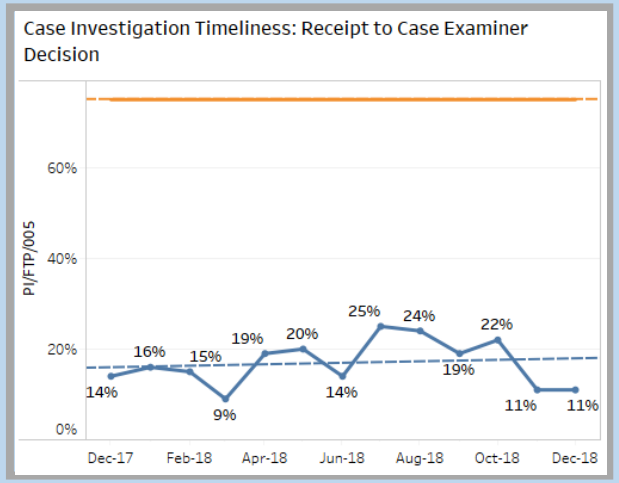
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



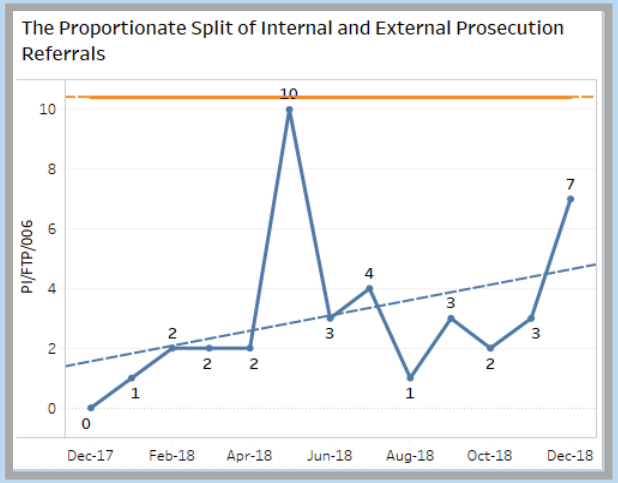
Target = 95% within 20 days



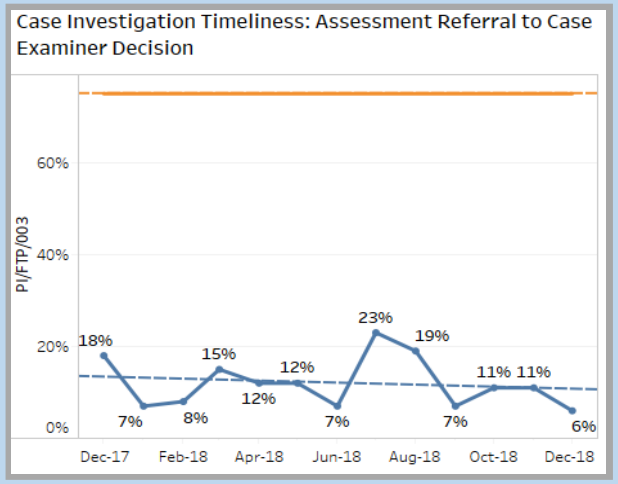
Target = 70% within 17 weeks



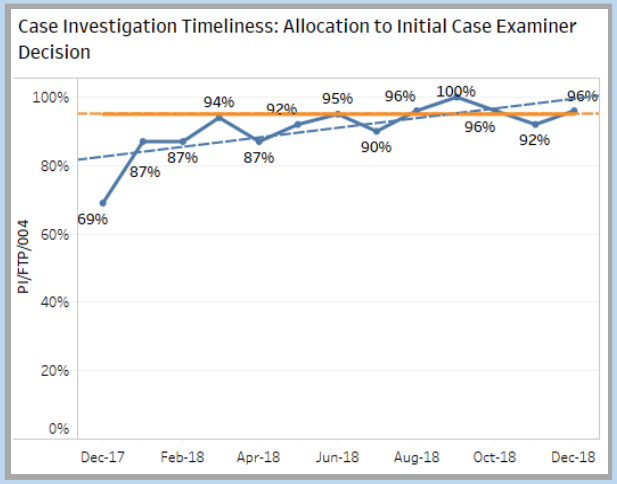
Target = 75% within 6 months



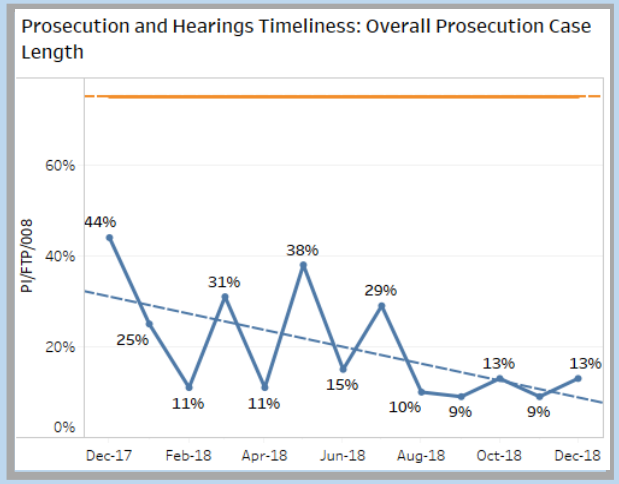
Target = 21 or fewer cases referred externally per quarter



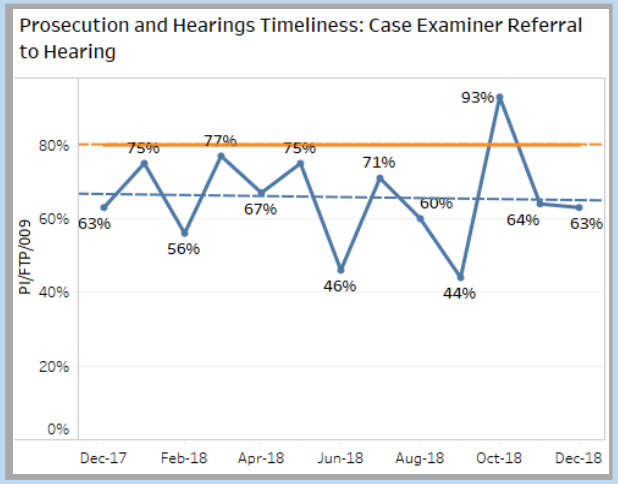
Target = 75% within 9 weeks



Target = 95% within 7 days

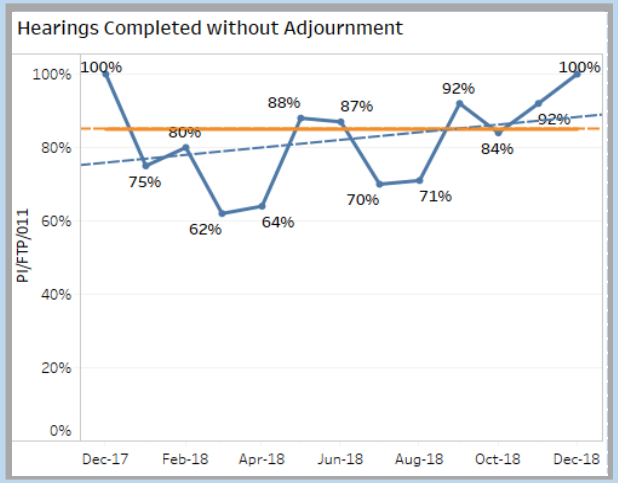


Target = 75% within 15 months

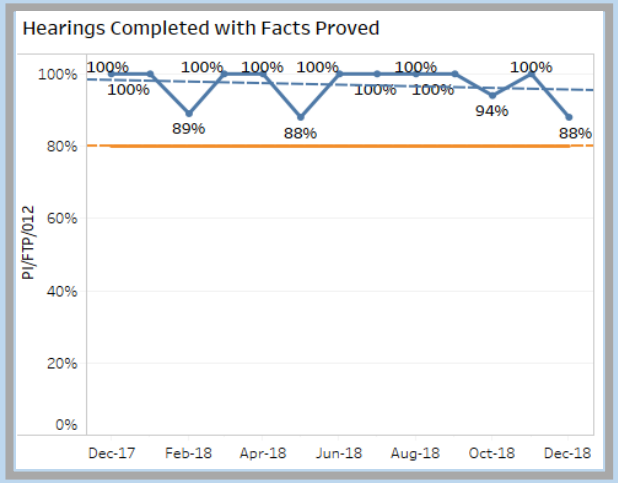


Target = 80% within 9 months

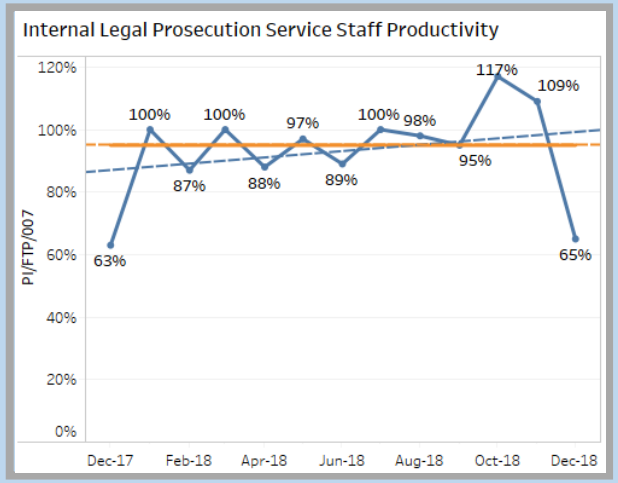
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



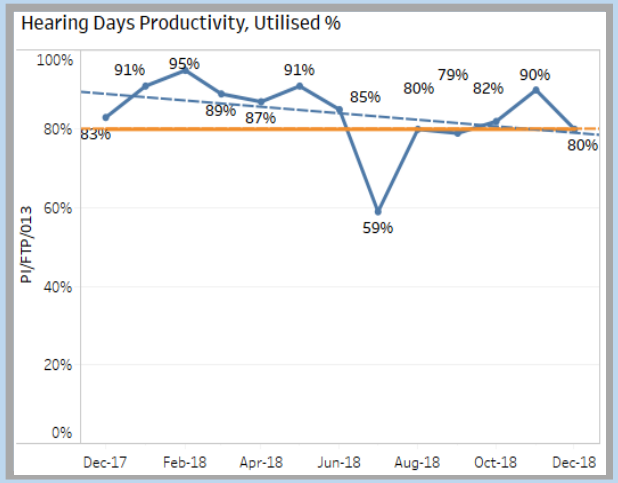
Target = 85%



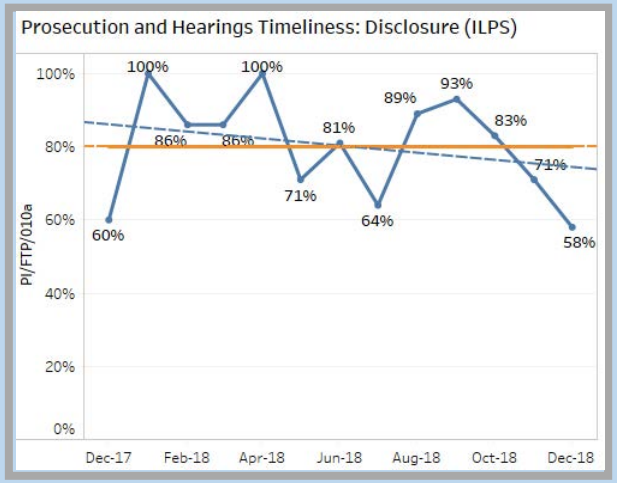
Target = 80%



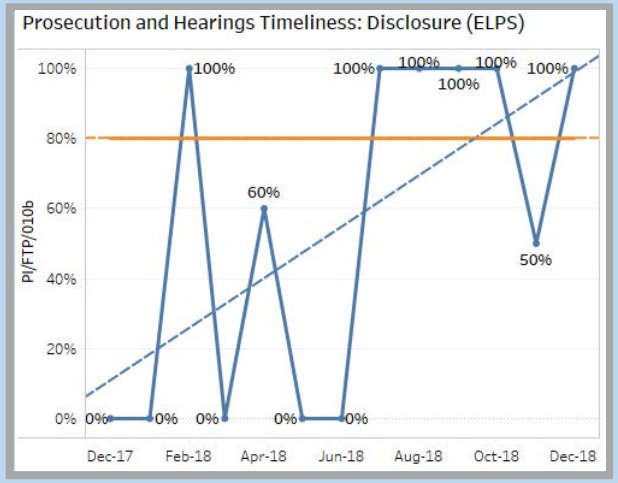
Target = 95%



Target = 80% of days utilised



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: 84%

PREVIOUS PERIOD: 93%

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

PERFORMANCE INSIGHTS:

- 3 out of 19 cases missed this KPI in Q4 2018.
- One case was referred by the Case Examiner team and due to a CRM delay, Hearings received the notification 3 days late. Due to this delay the case fell outside of the 21 working day target.
- Another case was initially referred and listed within 21 working days, however the GDC applied to change the date as a bundle was not sent to the registrant. The case was then heard at the end of October.
- The third case was listed within 16 days from referral, the GDC applied to change the hearing date as notice was not sent in time, the case was then relisted. At the hearing the case was adjourned. The case was then heard in the middle of December, falling outside of the KPI.

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: 83%

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

PERFORMANCE INSIGHTS:

- 2 out of 4 cases missed this PI in Q4.
- One case was adjourned for further information by the IAT, before being referred for Assessment and IOC after 10 working days. Hearings then listed the case 19 days from the referral, within their 21 day target.
- The second case was adjourned, awaiting further information from the informant. Once this information was received the team reviewed whether an IOC referral would be necessary, they then adjourned the case to seek Clinical Advice. The application for IOC was made 13 days after the case was received.

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:	90- 94%
Red when:	<90%

PERFORMANCE INSIGHTS:

- There were 2 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 Q4 2018.**

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 Q4 2018.**

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 Q4 2018.**

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: 97%

***PREVIOUS PERIOD:* 92%**

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 396 out of 408 enquiries were dealt with within 48 hours.**

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: 92%

PREVIOUS PERIOD: 89%

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

PERFORMANCE INSIGHTS:

- **92% of cases were substantively completed within three months during Q4 2018.**
- **121 out of 131 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: 93%

PREVIOUS PERIOD: 100%

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.**
- **Breakdown of the responses:**
  - **Panellist feedback – post panel meeting: 0 responses**
  - **Patient feedback: 27 responses**
  - **Patient feedback – post panel meeting: 0 responses**
  - **Dental Professional feedback: 1 response**
  - **Dental Professional – post panel meeting: 0 responses**

Organisational Development Directorate Performance Indicators

3.1 Governance Performance Indicators
3.2 HR Performance Indicators – Recruitment
3.3 HR Performance Indicators – Resources
3.4 HR Performance Indicators – People Planning, Engagement and Development
3.5 Facilities Performance Indicators
3.6 Information Performance Indicators
3.7 Illegal Practice performance Indicators

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3.1 Governance Performance Indicators

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 4 2018

ORGANISATIONAL DEVELOPMENT PERFORMANCE INDICATORS
SENIOR RESPONSIBLE OFFICER: BOBBY DAVIS

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: 67%

PREVIOUS PERIOD: 60%

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

PERFORMANCE INSIGHTS:

- There were 10 meetings and 177 papers in Q4 2018 compared to 10 meetings and 162 papers in Q2 .
- Of the 177 papers, 57 were late (compared to 65 in the last quarter). 23 were a day late (most of those being EMT papers), and 10 were 4+ working days late (mostly FPC papers).

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: 83%

PREVIOUS PERIOD: 100%

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

PERFORMANCE INSIGHTS:

- Overall performance was 83% satisfactory – within this, 33% of respondents thought papers very good, and 50% good.

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: 82%

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

PERFORMANCE INSIGHTS:

- 50 unique complaints received in Q4 2018
- 46 of the Complaints split 21/25 Registration/FtP processes
- Improvement on KPI performance now green
- 46/50 (92%) were completed and closed within 15 working days KPI
- 4 complaints went over KPI:

2 involved additional letters from MPs and required more detailed research
1 needed further details from complainant who took time to respond
1 was a complex case linked to exceptional hearing requirements
New dedicated administrator for Governance administration in post and more able to manage the flow of process.
CRM system still needs improvement to help with the Corporate Complaints process.

3.2 – 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: 70%

PREVIOUS PERIOD: 93%

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

PERFORMANCE INSIGHTS:

- From Q4 2018 onwards, this metric includes combined data for London and Birmingham recruitment. Up until this quarter, this metric has included London recruitment only.
- Overall 32 out of 46 campaigns were completed within 6 weeks.
- 15 out of 17 campaigns in London were completed within 6 weeks (88%).
- 17 out of 29 campaigns in Birmingham were completed within 6 weeks (59%).
- Timeliness for Birmingham recruitment was impacted by:
  - CAIT advertising was rerun to stay in sync with Registration Operations recruitment
  - Complex IT roles
  - 2 Heads of posts requiring a two-stage interview process

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: £680

PREVIOUS PERIOD: £919 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 a significant decrease in the average cost per hire in Q4 2018 when compared to the previous quarter, the lowest average cost for a quarter in 2018.
- This period sees a continued commitment to reducing agency spend, focusing instead on direct sourcing of candidates .

KPI/HRG/003 – Recruitment Right First Time

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of roles recruited to first time and the employee subsequently passes probation

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: 98%

PREVIOUS PERIOD: 93%

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:

- Only one campaign out of those completed in the quarter was not recruited during the first advert (Senior Web Developer).

KPI/HRG/018 – Recruitment Probation Success

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of employees who successfully pass their probation period within the designated time period after start date.

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: 68%

PREVIOUS PERIOD: 80%

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:

- 41 employees in total were due to pass probation in Q4 2018.
- 13 employees (32%) left their post before the end of probation
  - 11 individuals resigned (all of whom were fixed term contractors)
  - 2 individuals (5%) were dismissed
- The leavers during probation performance indicator are relative to PI/HRG/005, which indicates a marked increase in natural turnover when compared to the previous quarter.

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3.3 – HR Performance Indicators – Resources

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT - QUARTER 4 2018

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: 1.88 Days Average

PREVIOUS PERIOD: 1.67 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 (STS) absences
  - For reference, long-term sickness is based on absences of 20 days or more
- Of those staff sick in Q3, 2.7% were LTS and the remaining 97.3% were short-term.
- There were 714 days lost in total.
- LTS accounted for 125 days (17.5% of the total)
- STS accounted for 589 days (82.5%)
- When compared against Q3, there has been a decrease in LTS but an increase in STS, resulting in a 13% increase in total days lost (83 days).
- This is comparable to Q4 2017 whereby a drop in LTS also occurred. However, total days lost shows an increase of 14% (94 days) against Q4 2017.

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: 5.8% Turnover

PREVIOUS PERIOD: 4.3% 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:

- Q4 saw 22 voluntary leavers
- FTP x4, OD x3, Strategy x2, R&CR x13
- 13 of the 22 leavers had less than 12 months' service
- 12 out of the 22 leavers were on FTC but left before it ended. 9 of these 12 leavers contribute towards the above figure.
- 7 leavers completed the exit questionnaire. Amongst the reasons for leaving:
  - 4 referred to their end of FTC
  - 2 stated work-life balance
  - 2 stated lack of potential from progressing through the organisation

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: 12.9% Turnover

PREVIOUS PERIOD: 5.9% 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:

- Q4 saw 49 leavers in total, of which 27 were not identified under natural turnover:
  - 1 dismissal during probation (NB. This individual was due to complete probation in Q1 2019. This is why they appear here but not in KPI/HRG/004).
  - 7 due to fixed-term contract ending
  - 2 compulsory redundancies
  - 17 redundancies linked to the estates strategy
- The marked increase in total staff turnover is largely down to strand 1 of the estates strategy.

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:

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.
- Action plan approved by Council in February 2018, setting out interventions to improve engagement & staff satisfaction. Plan communicated to staff in March 2018.
- 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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3.4 HR Performance Indicators – People Planning, Engagement and Development

PROJECT MANAGEMENT OFFICE
BALANCED SCORECARD REPORT – QUARTER 4 2018

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: 71%

PREVIOUS PERIOD: 39%

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

PERFORMANCE INSIGHTS:

- 12 out of the 17 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 from Q3 2018 but it is now unlikely to be available before 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 full off in engagement rates.
- However engagement with dedicated relocation intranet page is high.
- This shows currently a lot of staff are worried about relocation/redundancy than other current business matters.
- Moving into 2019 Q1 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. 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.
- Shows that although less people have opened the newsletter in Q4, those who have are continuing to engage with its content and click through to find out more about the topics covered.

3.5 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 Q4 2018, 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 Q4 2018 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: 4

PREVIOUS PERIOD: 6

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 Q4 2018 there was 1 reactive visit to remedy a fault on the main lift.**

3.5 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: 84.8%

PREVIOUS PERIOD: 94%

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 152 jobs during Q4 2018 of which 84.8% were within SLA of the combined Reactive and Planned Jobs.**

3.6 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: 100%

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

PERFORMANCE INSIGHTS:

- 1 out of 49 requests breached the statutory deadline.
- The request related to whistle blowing and was not logged immediately upon receipt. It was intended that a response would be sent promptly as the information was publicly available. Therefore due to this oversight the deadline was missed.

PI/FTP/024 – Data Protection Act Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The proportion of Subject Access Requests to be responded to within 40 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: 96%

PREVIOUS PERIOD: 100%

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

PERFORMANCE INSIGHTS:

- 26 out of 27 requests were responded to within the 40 day target.
- In September the part 2 ORE exam was held, following this we received seven requests for copies of mark sheets. While six were logged with the Information Governance Team, due to staff illness, one was not. This meant the request was not tracked or responded to on time. Once we became aware of the error the request was prioritised and a response sent out. These requests are now also being tracked locally in detail, reducing the impact of sick leave and the reliance on that one member of staff.

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: 2

PREVIOUS PERIOD: 0

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

PERFORMANCE INSIGHTS:

- There were 2 serious breaches in Q4 2018.
- 1 breach related to a bundle and letter being sent to the incorrect recipient. The bundle contained sensitive information relating to a registrant who is under investigation, as well as the informant's contact details. This incident was reported to the ICO.
- The second breach was caused by an expert witness losing a USB stick between the GDC and his home in wales. The device was not encrypted and contained dental records, case records, and details about an NHS matter. The USB stick has not been located and the matter was reported to the ICO at the start of 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: 20

PREVIOUS PERIOD: 15

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

PERFORMANCE INSIGHTS:

- During Q4, 20 out of 40 data security breaches were classified as amber or significant:
  - 9 related to data being disclosed to the incorrect recipient
  - 7 related to the incorrect data being disclosed to the intended recipient
  - 2 related to lost/stolen paperwork
  - 1 related to lost/stolen patient records
  - 1 related to a third party error

3.7 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: 88%

PREVIOUS PERIOD: 97%

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

PERFORMANCE INSIGHTS:

- During Q4 2018, 23 of 26 cases had received a decision within the nine month target.
- One of the cases was a Scottish case which was referred by the GDC to the Procurator Fiscal in Scotland who took the matter forward to prosecution. The time scales are outside of the control of the GDC.
- The other case was reopened as an administrative error on CRM, where a new case should have been opened. This case was then immediately closed.
- Another case missed the PI due to a reluctant complainant which delayed the investigation stage.

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: 82%

PREVIOUS PERIOD: 98%

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

PERFORMANCE INSIGHTS:

- Out of 257 enquiries in Q4 2018, 47 were not reviewed within 3 working days.
- The team was under resourced during this period due to both annual leave and sickness coinciding as well as a vacant post.

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: 89%

PREVIOUS PERIOD: 92%

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

PERFORMANCE INSIGHTS:

- 19 out of 177 cases were not assessed within 5 working days.
- This was due to staff sickness and annual leave which left the team under resourced for a number of weeks, particularly during the Christmas period.

Strategy Directorate Performance Indicators

4.1 Communications Performance Indicators
4.2 QA Performance Indicators
4.3 Strategy Performance Indicators

4.1 – Communications and Engagement Performance Indicators

PI/STR/004 – External Mass Engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:

The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work.

CORPORATE STRATEGY LINK

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

DESIRED OUTCOME

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.

ACTUAL PERFORMANCE

THIS PERIOD: 43

PREVIOUS PERIOD: 43

TARGET LEVEL:	**20 (proactive)**
Green when:	15+ (proactive)
Amber when:	12 - 14 (proactive)
Red when:	11 or fewer (proactive)

PERFORMANCE INSIGHTS:

- **In Q4 of 2018, there was a total of 110 media clips featuring the General Dental Council.**
- **Of these mentions, 43 (39%) were driven proactively via press releases, comments, interview opportunities and authored content.**
- **Over the course of Q4 a total of 21 reactive enquiries were received.**

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 professionals.

DESIRED OUTCOME

An increasing number of partners, professional, patients and partners are able to hear GDC messaging in face to face opportunities 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: 85

PREVIOUS PERIOD: 68

TARGET LEVEL:	**35 engagements**
Green when:	30+ engagements
Amber when:	25 – 29 engagements
Red when:	24 or fewer engagements

PERFORMANCE INSIGHTS:

- **F2F engagement is 85, up 25% up on Quarter 3 2018.**
- **Engagement by partner type is broken down as follows:**
  - **Defence Union 1**
  - **Dental School 9**
  - **Government 15**
  - **Professional body 10**
  - **Profession wide 16**
  - **Registrant DCP 6**
  - **Registrant Dentist 2**
  - **Regulator 12**
  - **Student Dentist/DCP 8**
  - **Other 6**
- **The breakdown of engagement by country:**
  - **UK 31**
  - **England 17**
  - **Scotland 18**
  - **Wales 5***
  - **Northern Ireland 9****
  - **International 5**

*** DCP meeting held in Cardiff in November**

**** Stakeholder engagement meetings held in N.I. in October**

4.2 QA Performance Indicators

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.**

4.3 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

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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

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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	Pending - Q1 2019 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	Pending - Q1 2019 scorecard
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	Pending - Q1 2019 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
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	Q1 2019 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	Pending - Q1 2019 scorecard
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	Pending - Q1 2019 scorecard
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	Pending - Q1 2019 scorecard
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 - Q1 2019 scorecard

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	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	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	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	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	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	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	PI
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	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	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	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	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	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	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	Current Status
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	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	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	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	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	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%	n/a	<100%	Organisational	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%	n/a	<100%	Organisational	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	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	PI
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	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	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	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	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	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	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	20 (proactive)	15+ (proactive)	12 - 14 proactive	11 or fewer (proactive)	Organisational	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	35 engagements	30+ engagements	25-29 engagements	24 or fewer engagements	Organisational	PI
PI/STR/006	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	PI
PI/STR/007	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	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	Current Status
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	PI
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	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	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	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	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	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	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	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	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	Current Status
PI/REG/020	PMO	PMO Engagement Survey Results	The proportion of people that rate an event 7 or greater out of 10 following attendance of a PMO project management or business planning workshop	Members of staff from around the organisation receive beneficial support for business planning and project management matters, that enables them to embed learning and improve planning and project management in their business area.	Performance Objective 1: Improve performance across all functions	85% rating 7 out of 10 or above	85%+	70% to 84%	70% or lower	Departmental	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	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	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	KPI
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	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	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	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	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	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	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	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	Current Status
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	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	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	PI
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	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	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

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	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% +	90 - 94%	<90%	Departmental	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% +	65 - 69%	<65%	Departmental	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	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% +	90 - 94%	<90%	Departmental	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	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	KPI
PI/FTP/007	Prosecution (ILPS)	ILPS Staff Productivity	Actual amount of overall billable team time recorded as a proportion of the overall target time	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	Performance Objective 2: Management of resources/ efficiency	95% + of staff meeting target	95% +	90 - 94%	<90%	Departmental	PI
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	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	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% +	75 - 79%	<75%	Departmental	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Current Status
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% +	80 - 84%	<80%	Departmental	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	PI
PI/FTP/013	Hearings	Hearing Days Productivity	The proportion of Lost and Wasted hearing days to remain versus total scheduled days each month	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	Performance Objective 2: Management of resources/ efficiency	Under 20% Lost or Wasted	20% or under	20 - 24%	<25%	Departmental	PI
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% +	90 - 94%	<90%	Departmental	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% +	90 - 94%	<90%	Departmental	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% +	90 - 94%	<90%	Departmental	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	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	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	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	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	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	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	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Current Status
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 - 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 6 - 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 6 - 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.

Update on performance of the Dental Complaints Service

Purpose of paper	To report on the performance of the Dental Complaints Service (DCS) for quarter 4 (Q4), 2018
Action	For **noting**
Corporate Strategy 2016-19	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 2017	Continue to raise awareness of the service and drive down the number and age of complaints.
Decision Trail	This report was discussed by the Senior Leadership Team on 12 February 2019.
Next stage	Not applicable.
Recommendations	The Council is asked to **note** the paper.
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 4 2018, as well as providing information about the current status of DCS, the challenges faced and how these are being addressed. The team have been embedding and strengthening in performance following the new organisation structure which came into effect in June 2018, whilst maintaining service standards over the period.

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.

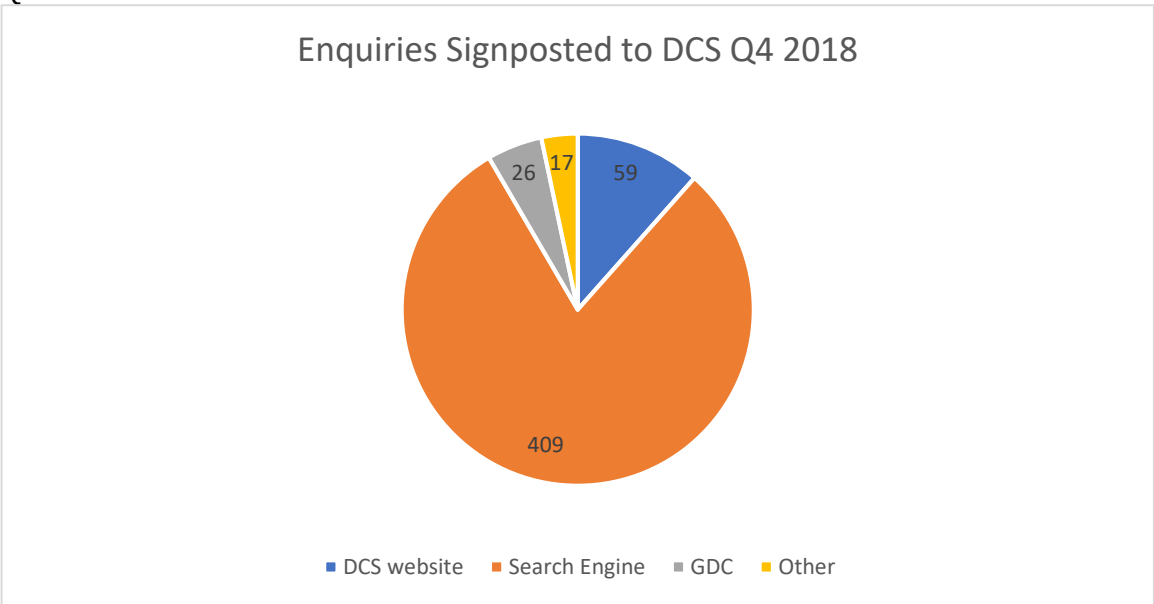
1.3. To move the service forward further, the DCS review phase 2aims to deliver a fit-for-purpose strategically aligned service for patients and professionals, offering patients and professionals value for money by utilising the capacity of DCS staff in the most effective and efficient manner as part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

2. Analysis of Performance

Incoming enquiries

2.1. The DCS record data for all initial enquiries and complaints. During Q4, 511 enquiries were received, 97% of these enquiries were responded to within 2 days.

2.2. The following diagram details how the main enquiries were signposted to DCS in Q4



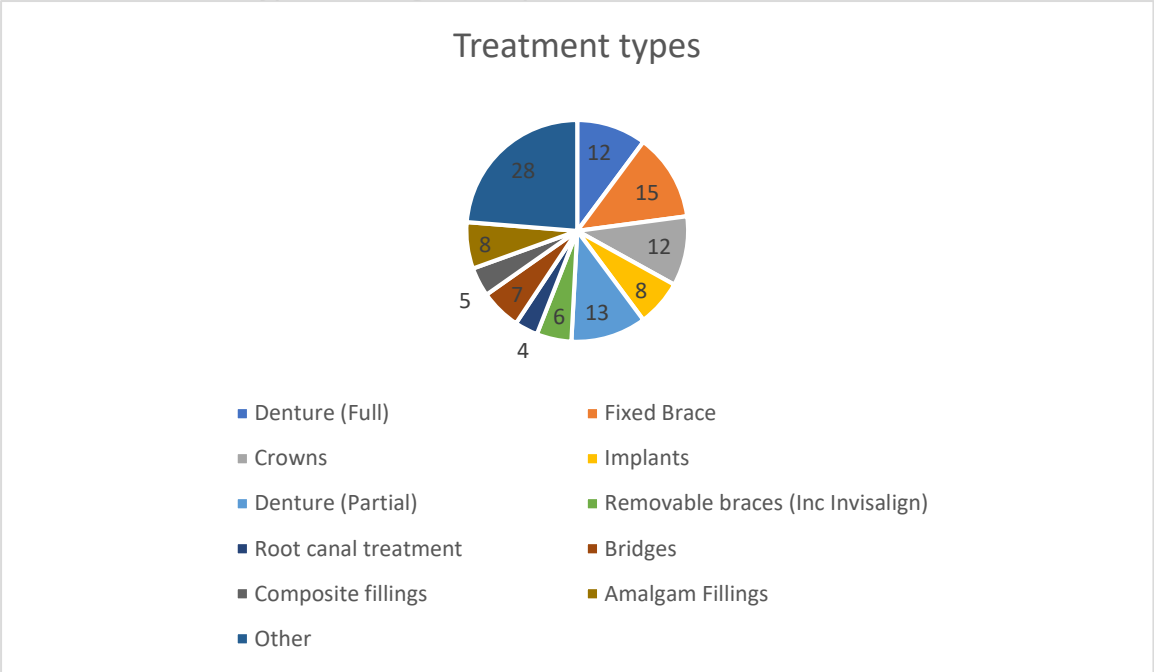
2.3. Of the 511 enquires logged in Q4, 118 cases were opened, the remainder being sign posted to their dental professional and if appropriate to the relevant organisation which enables the patient to resolve their concerns appropriately (Care Quality Commission, NHS Health Boards, Oral Health Foundation, 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 Q4 by complainants were a perceived failure of treatment (78%) 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:

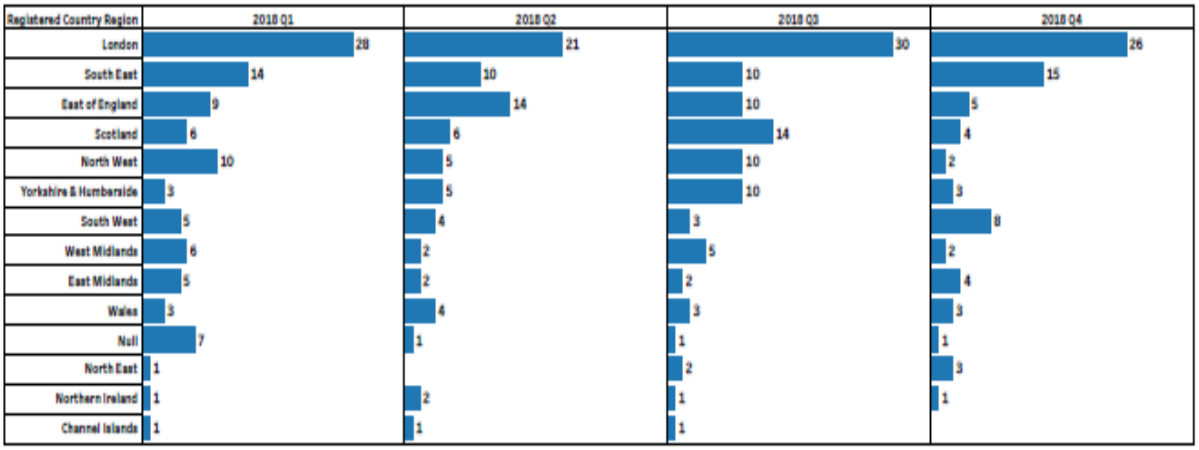


2.6 During Q4 there were 15 complaints regarding fixed braces, 6 regarding removable braces which include, invisalign, six month smile, imaligners and other brands. 95% (113) of the complaints raised related to the more costly forms of treatment such as dentures, braces, bridges, crowns and implants.

As requested in December 2018 the breakdown for the specific componants of implants has been incorporated into our CRM system and will be reported on at the end of Q1.

Geography of complaints

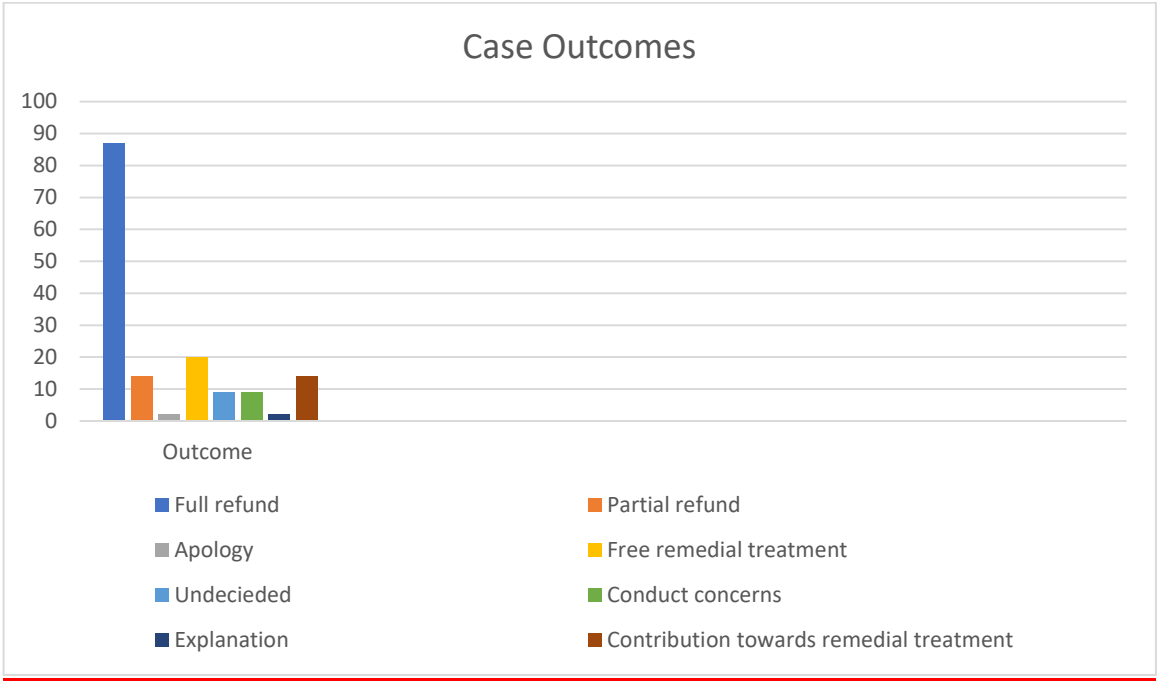
2.7 The below table details the geographic region that private complaints artose from during 2018. London was consistently the highest region that generates complaints.



Outcomes

2.6. In Q4 2018, the outcomes relating to the 142 concluded cases are detailed in the table below. 92% of all cases were resolved within 3 months during Q4 a 4% improvement on Q3. We continue to resolve the overwhelming majority of cases we open, demonstrating the on-going interest in and value of the current service.

2.7. The most common outcome is to obtain a refund to enable the patient to have their treatment completed by another dental professional. 61% of the resolved cases were resolved following a full refund by the dental professional. During Q4 this amounted to £74,736 from the £81,233 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.

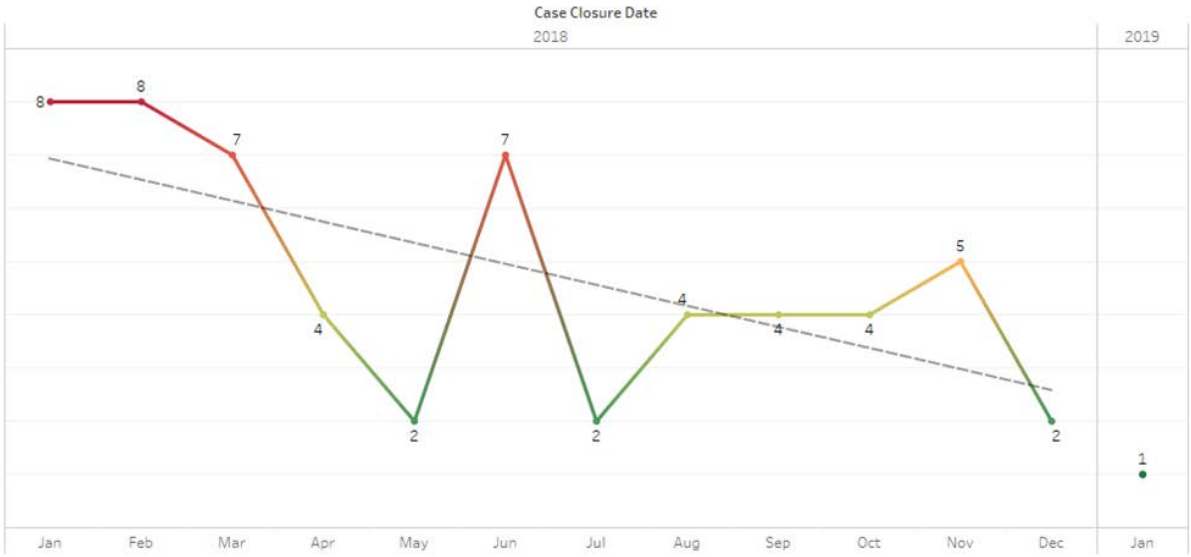


Note: Patients can raise more than 1 complaint/issue and outcome for each aspect of the complaint.

The relationship with FtP

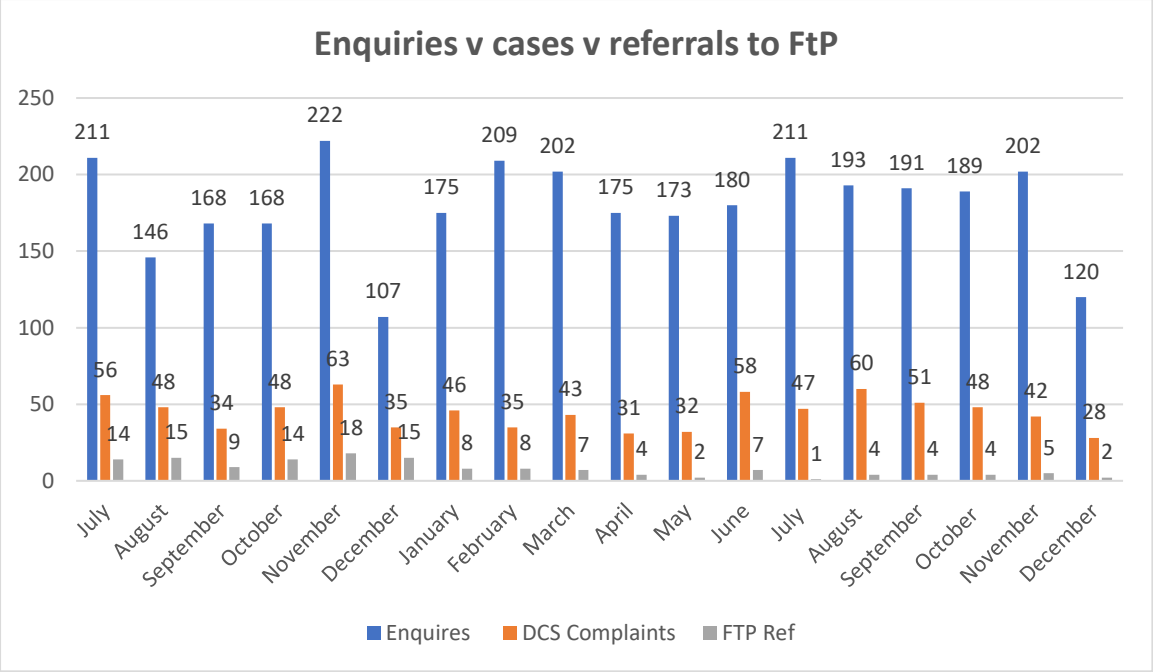
2.8. Incoming complaints are assessed against the DCS remit and FTP referral Principles which were introduced on 1 March 2018 as part of the DCS review project. If the complaint does not fall within the DCS remit and DCS are unable to assist, the patient is referred to the appropriate organisation, this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

2.9. 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.



2.10. The new DCS to FTP referral principles were introduced in March. Following the implementation of the new principles the referrals to FTP have dropped significantly to 2.15% in Q4. The average for 2017 was 30.8%

2.11. 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 11 cases running concurrently since its inception in March.



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

Illegal Practice

2.12. No referrals were made from DCS to the Illegal Practice team during Q4.

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

Performance

2.14. The number of cases concluded by DCS in Q4 are set out below in figure 6. The average resolution time has dropped to 40 days at the end of Q4. This is an improvement of 6 days in comparison to Q3.

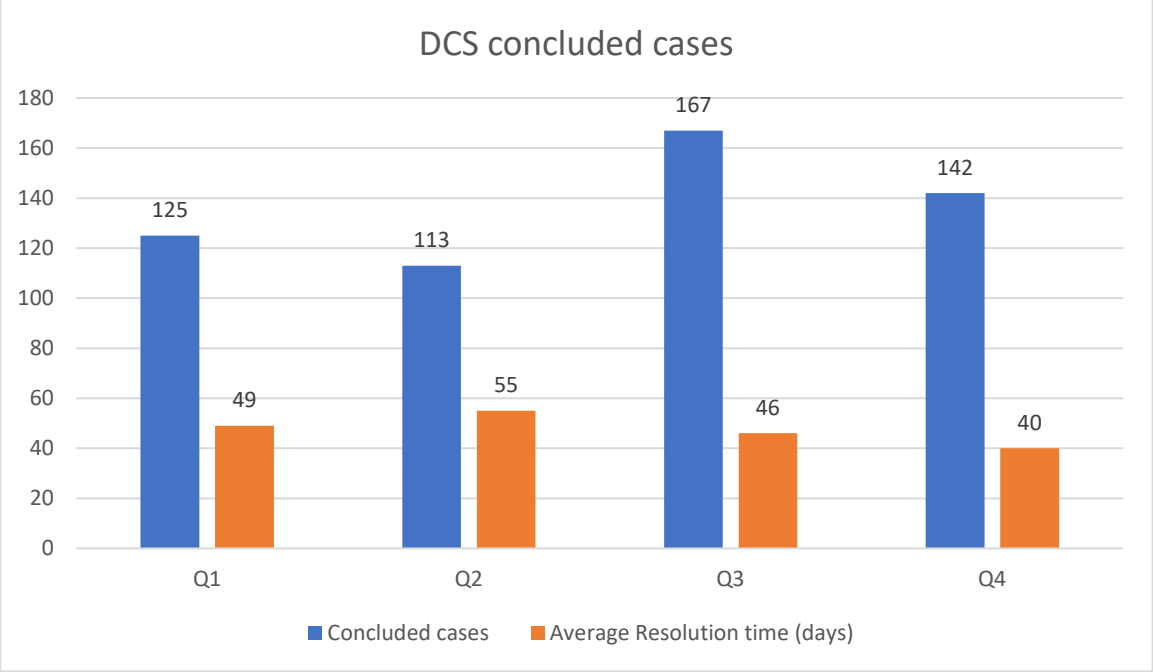


Figure 6. DCS concluded cases for Q3 2018

2.15. Concluded cases are complaints that have closed at either of the four operational stages.

2.16. 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 Q3, 2018, the overall level of customer satisfaction shows 100% of respondents found the service they received good or excellent. This has dropped to 93% 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.

2.17. 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 will commence in February 2019 with the engagement of the British Dental Association and the endorsement of the 3 main indemnifiers.

NHS Complaints signposting

2.18. Following signposting to the NHS by DCS feedback is sought as to the outcome of complaints resolution within the NHS. 24 Automated feedback requests were sent by DCS during Q4. With only 1 response (4%) feedback during this period was very low. The respondent advised their complaint was partly resolved by the dental professional.

DCS Review Phase 2

2.19. 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:

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

3. Recommendations

3.1. Council is asked to **note and discuss** the performance of DCS in Q4 2018

Chair's Strategy Group membership

Purpose of paper	This paper asks the Council to approve Catherine Brady as a member of the Chair's Strategy Group (CSG).
Status	Public session
Action	For **approval**
Corporate Strategy 2016-19	Performance Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator
Decision Trail	Council approved the continuation the CSG until 31 July 2019 at the meeting on 31 January 2019. At that meeting the Chair drew attention to the registrant member vacancy and expressions of interest from eligible members.
Next stage	It is expected that if approved the group will meet in April 2019. A report of the meeting will be provided to Council.
Recommendations	The Council is asked to **approve** the revised membership of the group.
Authorship of paper and further information	William Moyes, Chair of Council wmoyes@gdc-uk.org Rachel Knight, Head of Governance rknight@gdc-uk.org
Appendices	Appendix 1: Terms of Reference of the Chair's Strategy Group (for information)

1. Executive summary

1.1 The Chair's Strategy Group (CSG) is established as a working group of the Council in accordance with Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015. The terms of reference were approved by the Council on 31 January 2019 and are appended to this paper. The CSG has no decision-making powers or delegated authority.

1.2 At the meeting on 31 January 2019 the Chair drew attention to the registrant member vacancy and requested expressions of interest from eligible members. There was one response.

2. The work of the Chair's Strategy Group

2.1. The CSG's key purpose is to assist the Executive to identify strategic initiatives to improve the efficiency and effectiveness of the GDC, through an examination of strategic opportunities. If approved, it is anticipated that the group will consider the following keys areas over the next 6 months:

- The promotion of section 60 orders;
- Separating adjudication from prosecution;
- Payment by instalments;
- Emphasising patient protection.

2.2 The role of the CSG is to support the Executive to identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

3. The membership of the Chair's Strategy Group

3.1 The terms of reference of the CSG state that the membership of the Group consists of the Chair, two registrant members of Council and two lay members of Council. The current membership is:

William Moyes (Chair)

Margaret Kellett (Registrant member)

Sheila Kumar and Anne Heal (Lay members)

4. Recommendation

5.1 The Council is asked to **approve** the addition of Catherine Brady as a Registrant member of the group, with immediate effect.

6. Appendices

6.1 Appendix 1 – Terms of reference of the CSG

Appendix 1

Terms of Reference

Chair's Strategy Working Group

1. Chair's Strategy Working Group (CSG)
   1.1 The CSG is established as a Working Group of the Council under Standing Order 13 of the GDC Standing Orders and Resolution for the Non-Statutory Committees of Council 2015

2. Membership
   2.1 The CSG shall be chaired by the Chair of Council and the membership will include two registrant and two lay members of the Council;

   2.2 The Chief Executive will attend meetings of the CSG but will not be a member of the working group;

   2.3 Directors and senior staff will be invited to attend meetings as and when required.

3. Changes to the Terms of Reference
   3.1 Any proposed changes to the terms of reference of the CSG must be approved by the Council

4. Co-opted members
   4.1 The working group may include co-opted members as required at the invitation of the Chair. Co-opted members will not count towards the quorum.

5. Key purpose
   5.1 To identify strategic initiatives to reduce the GDC's cost base.

6. Delegated Powers
   6.1 In accordance with the GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015, this working group does not have delegated authority to make decisions.

7. Functions and Duties
   7.1 To examine strategic opportunities in, but not limited to, the following areas:

      7.1.1 Income generation;
      7.1.2 FTP caseload reduction and alternative resolution mechanisms;
      7.1.3 Delivery of GDC functions by or through others;
      7.1.4 New ways of working, including potential for relocating business outside London.

   7.2 To identify options, assess relevance and feasibility and either refer to an appropriate committee/executive team for development or develop a proposal for the Council's decision.

8. Reporting
   8.1 The working group shall report formally to each meeting of the Council with informal updates to Council members following each meeting;

8.2 The working group will report formally to Council on annual basis if required.

9. Frequency of Meetings

9.1 As required;

9.2 The working group is expected to be time limited. The continuing need for this working group will be reviewed by the Council on a 6 monthly basis

The GDC Standing Orders and Resolution for the Non-Statutory Committees of the Council 2015 apply to this working group as if it were a Committee of the Council.

Annual QAG Report 2018

Purpose of paper	This paper sets out a summary of the work undertaken by the Quality Assurance Group (QAG) in the last 12 months.
Action	For **noting**
Corporate Strategy 2016-19	*Performance - Objective 1*: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2016	*Priority 2*: Improve our overall performance.
Decision Trail	This paper is prepared on an annual basis as previously agreed with Council.
Next step	N/A
Recommendations	Council is asked to **note** the annual report of the Quality Assurance Group.
Authorship of paper and further information	Anna Raftery (araftery@gdc-uk.org) Matthew Hill (mhill@gdc-uk.org) Tom Scott (tscott@gdc-uk.org)
Appendices	None

Executive summary

1. This paper is a summary of the work of the Quality Assurance Group in the last 12 months.
2. Overall the group discussed 136 decisions. Of these, 16 decisions were thought to be outside of reasonable range of possible outcomes for the case, leading to six decisions referred back to the Initial Assessment Decision Group (IADG), seven rule 9 referrals, and three decisions being raised to the PSA.

	Pre-IC/CE	IC/CE	Hearings	Total	Actions	Decision Questioned
Q1	15	15	14	**44**	29	4
Q2	8	11	16	**35**	13	6
Q3	13	4	19	**36**	30	4
Q4	9	3	9	**21**	22	2
Total	**45**	**33**	**58**	**136**	**94**	**16**

3. From discussions a total of 94 actions or learnings were raised. 82 have been completed and 12 are ongoing having been referred on to other areas to pursue, such as the Regulatory Policy Forum, the End to End Review and other project work already in place.
4. Over the course of 2018 we have seen decision makers start to 'self-refer' a decision to QAG for feedback and assurance on their decision. This is a welcome development, highlighting the value the organisation has placed on the feedback of the group.
5. We have also found that QAG has identified broader themes in policy and guidance from case discussions. These have included:
   - 5.1. Identifying absences in policy.
   - 5.2. Issues around proportionality and consistency of outcome including adjournments in registrants favour and cases progressing further then necessary.
   - 5.3. Process deficiencies, such as defective conditions which do not appropriately mitigate against risk.
   - 5.4. An occasional lack of clarity in reasoning for decision making, across all stages of the FTP process.
6. To provide support and consistency across QAG and the Decision Scrutiny Group (DSG), the Facilitation team has been formed. This team is made up of the Head of Right Touch Regulation, the Quality Assurance Specialist, and the FTP Administrator, and came into effect in September 2018.
7. With the Facilitation team established these themes will be monitored and reported on in order to identify trends and ensure that any improvement actions are effective if we are no longer seeing the same types of cases at QAG. Already this additional support has seen an improvement in monitoring and reporting on the impact of QAG.

Background

8. The Quality Assurance Group (QAG) considers decisions referred from all stages of the fitness to practise (FTP) process for assurance, review, and discussion to highlight learning and establishing remedial and development initiatives as a result of the insight gained.
9. The re-focusing of QAG to be 'criterion based' for scrutiny has been a positive move. We continue to receive a significant percentage of self-referred cases from decision makers,

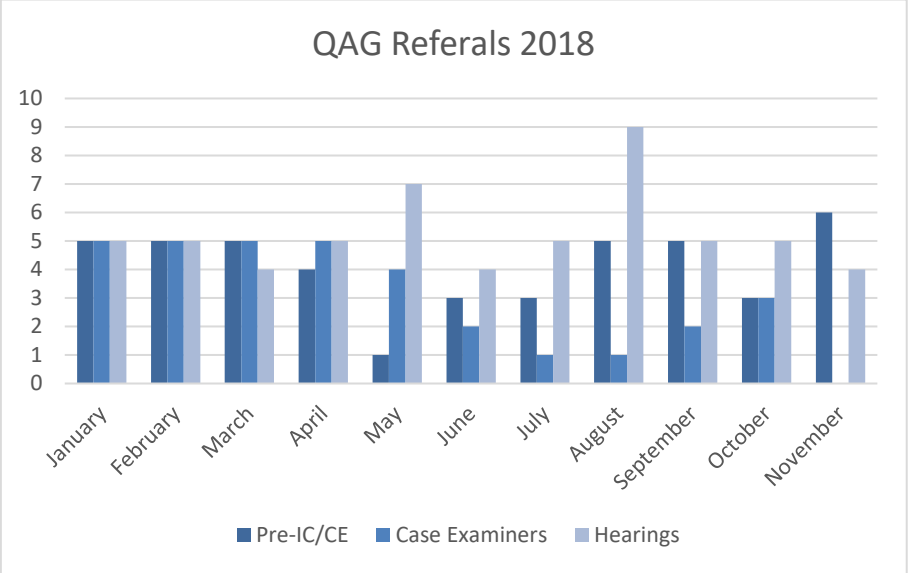
drawing on the experience and scrutiny of the panel for general learning and future guidance from specific cases.

10. The PSA can appeal a Practice Committee decision (known as a section 29 appeal) if it believes a decision is not sufficient for public protection that can include factual errors, a stay in proceedings or under prosecution. To inform its decision whether to appeal a decision, the PSA reviews all the regulators' final Practice Committee decisions and where appropriate, offers learning points to ensure that the decisions are well reasoned, are reflective of both current case law and the regulator's own guidance and adequately protects the public. Regulators are invited to respond to these learning points and any learning is disseminated back to teams. The QAG provides an opportunity to review the contents of learning point letters, to agree suitable actions arising and to ensure that learning is embedded in our processes.

Summary of Referrals

11. Overall the group discussed 136 decisions.

Case Stage	Pre-IC/CE	IC/CE	Hearings	Total
January	5	5	5	15
February	5	5	5	15
March	5	5	4	14
April	4	5	5	14
May	1	4	7	12
June	3	2	4	9
July	3	1	5	9
August	5	1	9	15
September	5	2	5	12
October	3	3	5	11
November	6	0	4	10
Total	45	33	58	136



12. From these discussions, 94 further actions or learnings were raised, including 16 decisions were thought to be outside of reasonable range of outcomes for the decision, leading to six decisions referred back to the Initial Assessment Decision Group (IADG), seven rule 9 referrals, and three decisions being raised to the PSA. There are currently 11 actions ongoing having been referred

on to other areas to pursue, such as the Regulatory Policy Forum, the End to End Review and other project work already in place.

Action	Q1	Q2	Q3	Q4	Total
Rule 9	1	3	2	1	7
To PSA	0	2	1	0	3
Further investigation	3	1	1	1	6
Process/Guidance	6	2	11	5	24
Refer On	5	2	2	2	11
Training/Feedback	9	3	9	10	31
Other	5	0	4	3	12
Total	29	13	30	22	94

Themes

13. With the launch of the DSG early in 2018 which considers a random sample of cases we have found that adopting a criterion based referral methodology for decisions referred to QAG directly has led to more significant and detailed discussions, which highlight broader areas of consideration in policy and guidance as well as for individual decisions.

14. Some of the common themes of discussion in 2018 include:

    14.1. Identifying absences in policy, for example regarding road traffic offences, recreational drug use and duty of candour.

    14.2. Issues around proportionality and consistency of outcome including adjournments in registrants favour and cases progressing further then necessary. Relatedly, an emerging theme that is currently being explored is having a sanction bid for suspensions when conditions could appropriately mitigate risk.

    14.3. Process deficiencies, such as defective conditions which do not appropriately mitigate against risk, silo working in the department so knowledge isn't shared between related cases at different stages, and gaps in cross-organisation referrals such as cross-infection control cases also being highlighted tot the CQC.

    14.4. An occasional lack of clarity in reasoning for decision making, across all stages of the FTP process.

15. With support from the Facilitation team in place there is also the opportunity to explore the application of QAG across all key decisions made in the GDC as a whole.

Actions

16. The range of actions and learning identified by the group in 2018 is broader than previously, often relating to aspects of delivery that fall outside of operational practice within the FTP Directorate.

17. Amendments to guidance and process was one of the most common recommendations made by the QAG.

    17.1. A Guidance project has been introduced to assess the guidance we have and ensure that improvements are made when identified.

    17.2. We have seen is that there are common themes of what areas of guidance need to be improved, for example the need for improvements to the allegation guidance was raised frequently in QAG. As part of the end to end review this guidance is having an extensive review and will be working with the overall guidance project to ensure consistency.

18. Training and Feedback accounted for a further 31 actions from QAG.

    18.1. Analysing these further we can see that only 10% of these recommendations are for the pre-CE stage of a case. This shows that there has been an improvement in FTP assessment and initial assessment (previously known as triage) over the year, as this was one of the most frequent recommendations in 2017.

    18.2. However, this also shows there is work to be done with the case examiners and panel members on improving clarity and consistency of decision making at later stages.

19. We anticipate the emergence of themes to continue as the revised analysis processes embed.

20. The Regulatory Policy Forum has been established to manage and oversee corporate initiatives relating to broader regulatory policy alongside the management of immediate actions by the Facilitation team. This forum allows progression of QAG and DSG learning with appropriate policy support, ensuring appropriately routed engagement with stakeholders as well as broader policy response.

Risks and considerations

21. Risk is a feature of all decisions considered.

22. QAG routinely records decisions that directly impact risk across FTP. No new strategic or operational risks were identified in the last 12 months.

Recommendations

23. The Council is asked to **note** the annual report of the Quality Assurance Group.

Annual DSG Report 2018

Purpose of paper	This paper sets out a summary of the work undertaken by the Decision Scrutiny Group (DSG) in 2018.
Action	For **noting**
Corporate Strategy 2016-19	*Performance - Objective 1*: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2016	*Priority 2*: Improve our overall performance.
Decision Trail	This paper is prepared on an annual basis as previously agreed with Council.
Next step	N/A
Recommendations	Council is asked to **note** the annual report of the Decision Scrutiny Group.
Authorship of paper and further information	Anna Raftery (araftery@gdc-uk.org) Tom Scott (tscott@gdc-uk.org)
Appendices	1. Quarterly breakdown of DSG

Executive summary

1. This paper is a summary of the work of the Decision Scrutiny Group in 2018. This is the first full year this group has been in place following the proof of concept in 2017.
2. Overall 382 reviews were completed in 2018, with 360 decisions being rated as green, 14 decisions rated as amber and eight decisions rated as red.

Case Stage	Green	Amber	Red	Total
IAT	110	3	5	118
Casework	123	2	0	125
Case Examiner	93	6	3	102
Hearing	34	3	0	37
Total	360	14	8	382

3. Of these 94 cases were discussed at quarterly meetings. From these meetings discussion 53 further actions were raised.

4. As this is a newly established group most early actions relate to review of the terms of reference, sampling methods, reporting and review methods. As the time went on the group identified learning and actions relating to guidance improvements, feedback for decision makers and general areas for improvements.

5. The establishment of DSG enabled QAG to be entirely criterion based in determining what decisions to consider. This has had a significant positive benefit for QAG.
6. To provide support and consistency the facilitation team has been formed to cover the Quality Assurance Group (QAG) and the DSG. This team is made up of the Head of Right Touch Regulation, the Quality Assurance Specialist, and the FTP Administrator, and came into effect in September 2018, however the management of the DSG was fully handed over after the Q3 DSG meeting in October 2018.
7. This team ensures a clear link between QAG and DSG while allowing each group to fully exercise their individual remit. This team also ensures that the sampling and reviews are completed appropriately each month, that the papers are clear and circulated in reasonable time prior to the meeting, and that actions and learning are delegated suitably, and updates are chased.
8. Following completion of their 12-month term, Rosemary Carter stepped away from the position of Chair of DSG to be succeeded by the newly appointed independent chair, Steve Townsley.

Background

9. The purpose of the DSG is to work collaboratively to improve the quality of decision making by scrutinising a randomly selected sample of decisions made across the Fitness to Practise (FtP) process.
10. The DSG considers a sample of decisions from all stages of the FTP process and:
    - 10.1 Identifies if relevant processes were followed correctly, and if the decision reached is within the reasonable range of outcomes;
    - 10.2 Identifies and highlights good practice or areas for improvement within a decision and process;
    - 10.3 Refers any thematic or strategic concerns identified in reviews to the Regulatory Policy Forum;
    - 10.4 Works in tandem with QAG to provide learning and identify areas of improvement, monitoring trends and progress, providing feedback where appropriate.

Findings

11. In total 382 reviews were completed on decision made in 2018, he group discussed 94 of these cases at 4 meetings over the year.

Case Stage	Green	Amber	Red	Total
IAT	110	3	5	118
Casework	123	2	0	125
Case Examiner	93	6	3	102
Hearing	34	3	0	37
Total	360	14	8	**382**

12. The operation of the group had the following major benefits

13. A total of 382 cases were reviewed in 2018. This compared to 160 cases that were randomly selected and independently audited by Penningtons and 136 cases chosen for scrutiny by QAG. This additional level of assurance of FtP decision making and associated processes is a significant strengthening of the QA infrastructure.

14. The random nature of case selection demonstrated its value by identifying a small number of decisions of concern that otherwise would not have been detected. For example in Quarter 4 an (albeit rare) set of circumstances arose resulting in a failure of process within the IADG forum. This was identified solely due to random sampling.

15. Best practise is also being identified and disseminated as appropriate, improving quality from a position of strength as well as dealing with areas of weakness.

16. A fuller overview of learning is provided in Appendix 1

Actions and outcomes

17. Of the 94 cases discussed at DSG, 52 raised further actions. 42 Of these actions are complete with 10 still in progress or ongoing.

Actions	Q1	Q2	Q3	Q4	Total
Complete	2	16	16	8	42
In Progress	0	1	1	8	10
Total	2	17	17	16	**52**

18. The majority of the actions raised in the first two quarters relate to review of the terms of reference, sampling methods, reporting and review methods. As the time went on the group identified learning and actions relating to guidance improvements, feedback for decision makers and general areas for improvements.

19. Over the last year three cases were found to have materially flawed decisions and a rule 9 referral was made, and two cases were found to be cancelled incorrectly and have been referred back to the IADG for further investigation.

Risks and considerations

20. No new strategic or operational risks were identified in the last year.

Recommendations

21. The Council is asked to **note** the annual report of the Decision Scrutiny Group.

Appendix 1: Quarterly breakdown of DSG

1. Quarter one

Q1	Green	Amber	Red	Total
IADG	5	0	0	5
Casework	5	0	0	5
Case Examiner	1	2	2	5
Hearing	3	2	0	5
Total	14	4	2	**20**

   a. In Q1 the group discussed 20 decisions, five of which were rated as amber and two as red.

   b. For both of the red decisions the group deemed that the decisions were materially flawed, and the case merited further investigation under a Rule 9 referral.

   c. For one of the amber cases while the group considered the decision flawed it was decided it was not in the public interest for a fresh determination to be made.

   d. For four of the amber cases further feedback and training was recommended for the Case Examiners and Panellists due to contradictory decisions and lack of clarity in decision making.

   e. The group also highlighted good practice in the clarity of some of the decision making. This was particularly praised for one Assessment decision which was commended for being extremely clearly laid out and well-reasoned, making it easy to follow.

2. Quarter two

Q2	Green	Amber	Red	Total
IADG	5	0	0	5
Casework	5	0	0	5
Case Examiner	5	0	0	5
Hearing	4	1	0	5
Total	19	1	0	**20**

   a. In Q2 the group discussed 20 decisions, only one of which was rated as amber.

   b. For the amber case there were concerns with the conflict in what was said in the decision. As it was not written well and contained a clear contradiction it could potentially put the GDC at risk from appeal.

   c. Otherwise all other cases were agreed to be rated as green. Some feedback related to sensitivity and clarity in drafting was raised for Casework Managers and Caseworkers, and while all these decisions were deemed to be standard and reasonable no specific good practice was highlighted.

3. Quarter three

Q3	Green	Amber	Red	Total
IADG	8	0	0	8
Casework	7	1	0	8
Case Examiner	7	0	1	8
Hearing	6	1	0	7

Total	28	2	1	**31**

a. In Q3 31 cases were discussed by the group, of which two were rated amber and one rated red.

b. For the red rated case the group where split on the outcome of this case. Though it was felt that the published warning issued did not fully capture the seriousness of the action, it was felt that this decision was not outside reasonable bounds and no rule 9 referral was made.

c. For one amber case it was found that a third person account of the incident was preferred over the informant account at the casework assessment stage. It is not for the decision makers at this stage to weigh the evidence, even if the third arty evidence is strong. The learning from this case was fedback to the decision makers and a rule 9 referral was made for this case. It was also highlighted to the reviewers that going forward these findings should be rated as Red.

d. For the final amber case the group found that the committee and legal advisor appeared to be biased towards the registrant. The groups main concern was regarding the false use of the title, however the committee determined it wasn't misleading. The rationalisation behind the committee was questioned. It was also noted that there was a similar case previously of a dental nurse, who engaged with the whole process and got suspended. In this case the registrant didn't engage and had no repercussions. Noted that this would be useful to use this case for training purposes. The group re-evaluated this case as Red and it was also discussed at QAG.

e. At this meeting The IAT was praised for one of the decisions reviewed as a good example of best practice. In this case further information was needed for a decision to be made at this early stage, therefore the case was adjourned in order to get this information though this would affect internal KPIs. It had previously been raised at QG that closing a case when asking for further information in order to meet KPIs is bad practise as this not only is misleading to the informant but will skew that registrants FTP history as there could be two cases for one complaint. This case was also mentioned at the following QAG to highlight the best practice the IAT were displaying.

4. <u>Quarter four</u>

Q4	Green	Amber	Red	Total
IADG	6	0	2	8
Casework	4	1	0	5
Case Examiner	5	0	0	5
Hearing	4	1	0	5
Total	19	2	2	**23**

a. In Q4 23 cases were discussed by the DSG, with two cases rated as amber and two as red.

b. Two cases reviewed at IAT stage were rated as Amber by the reviewer, and amended to Red by the DSG:

   i. Both of these cases were raised following one of our internal Clinical Dental Advisers (CDA) raised concerns about the registrants who had acted as secondary treating dentists for the case they were advising on.

ii. When these cases were then discussed at the IADG the Senior CDA disagreed with the referral to IAT and concluded that the concerns did not form an FTP issue. The decision at IADG was to treat these cases as created in error and cancel the cases.

iii. The DSG agreed that this should never have happened, as a case should only be cancelled for administrative errors and never when actual concerns have been raised. There was also a worry of placing the opinion of one CDA above the other, which raises questions on accepting the original CDA's assessment of the case.

iv. The DSG determined that these cases should be put forward for assessment and a 3rd opinion sought using an external CDA to ensure there is no bias. It was also agreed that the RAG rating for these cases should be amended to Red.

v. The IADG have been advised that a case that has been heard at IADG should never be cancelled unless raised from an admin error, i.e. duplicate case, a case raised to the wrong registrant.

c. One case at hearing stage was rated as Amber by the reviewer, raising an issue also seen at QAG.

i. In this case the Review Panel determined that the registrant was no longer impaired, and the decision was to let their suspension lapse. Their reasoning for this was based on the original determination that 6 months would be sufficient time suspended to protect the public interest.

ii. However, it was highlighted that the review panel do not need to be beholden to the original decision, and if a person's fitness to practise is no longer impaired is it right that they should remain off the register.

iii. This is a continuation of the lack of clear rational in decision drafting, as also highlighted by the PSA, and the feedback will be given to the appropriate teams along with the QAG learning of the same type.

d. The group also identified good practice on cases. In one case in particular it was noted the way the decision maker had structured the list of mitigating and aggravating factor was helpful, especially for someone with no prior knowledge of the case. The group recommends that we use this case as an example of best practice and share this learning.

Report to the Council from the Audit & Risk Committee (ARC) meeting of 21 February 2019

Purpose of paper	To report on the key items considered by the ARC meeting on 21 February 2019
Action	To **note**
Corporate Strategy 2016-19	Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2018	N/A
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-statutory Committees of Council 2018, 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 21 February 2019
Authorship of paper and further information	Polly Button, Governance Manager (Secretary to ARC) 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 2018, 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 21 February 2019.

Items discussed at the ARC meeting on 21 February 2019

2. Chief Executive's report

2.1. The Chief Executive delivered an oral update which focused on the potential issues and risks around the UK's exit from the European Union.

2.2. It was confirmed the Chief Executive had met with heads from a dental school to discuss safeguarding, collaborative working and to ensure graduates were fit for practise.

2.3. For wider governance functions, the organisation was looking at terms of reference and delegations, in order to approve their functionality and effectiveness.

3. Risk Management Section

3.1. Strategic Risk Register (SRR)

3.2. The Head of Risk and Internal Audit presented the Strategic Risk Register for February 2019 which stated that there were 10 active risks. Since the previous update, no new strategic risks had been identified or recommended for dormancy. However, there were 2 potential risk areas that were being investigated. The first was in relation to the GDCs ability to critique plans or performance in ways that considers the wider implications or unintended consequences of current or planned undertakings. The second was likely to be an operational risk and was in relation to a no deal Brexit interrupting data flow between the UK and the EU, impacting on operational systems or processes (although due to the number of EU based data processors used by the GDC this will be a low scoring risk).

3.3. It was also noted that a Council/ EMT risk workshop was scheduled for March 2019. This would focus on re-evaluating the risk appetite for 2019, and to consider alternative ways of evaluating and determining risk appetite.

3.4. Risk Assurance topic- procurement and contract management.

3.5. For the deep dive, the Head of Risk and Internal Audit introduced the strategic risks in relation to these areas, their origins and how they had evolved. This was followed by the Head of Finance and Procurement, who presented the detailed control framework, future mitigations and the processes to be implemented. The Committee discussed the different procurement models, next steps and NAO best practice recommendations. It was confirmed that Mazars had been appointed for an internal audit on Contract Management, and the work was due to commence shortly.

4. Internal Audit

4.1. The Committee reviewed 3 internal audit reports from Mazars LLP as follows:

- Equality, Diversity and Inclusion- adequate assurance
- Customer Services- adequate assurance
- Associates Management- adequate assurance

4.2. The Committee discussed the internal audit follow up report and were happy with the progress and number of recommendations that had been implemented. The Committee discussed the annual internal report and it was noted the level of assurance for all the reviews was amber (adequate). The Committee noted the reduction of significant (red) recommendations and

Limited Assurance (red) assignment ratings. The Committee discussed and approved the operational internal audit plan.

5. 2018 Annual Report and Accounts (ARA)- key content

5.1. The Committee were presented with the key content that would feature in the report, including the accounting policies and draft governance statement. It was confirmed that the ARA 2018 would be streamlined to contain only that which was specifically required by legislation. The Committee discussed how previous ARA information was now cascaded through other means, such as Moving Upstream. The Committee approved the ARA 2018 key content.

6. Oversight of Case Examiner Feedback

6.1. The Committed received the report which showed feedback received from case examiners via their feedback survey for quarter 4. The team were currently in discussion whether the feedback survey was the most effective method of recording concerns. It was confirmed the team would be exploring further options at the next case examiner meeting to ensure the quality and quantity of feedback remained high.

7. Compliance update

7.1. The Committee noted the update of the work undertaken by the team in quarter 4. The Executive sought clarification if the compliance updates were for the Committee to discuss or to note at the end. It was agreed that if the team felt there was an issue, that was required to be drawn to the Committee's attention, the report would be for discussion.

8. Scheme of Delegation

8.1. The Committee received and noted an oral update which confirmed work was underway in scoping and scheduling the Council powers and functions, and which could be delegated. A further update would follow at the next meeting.

9. Items for noting

9.1. The Committee noted the Information Governance Annual Report and Q4 report.

Report to the Council from the Remuneration Committee on 24 January 2019

Purpose of paper	To report on the items discussed by the Remuneration Committee for an additional meeting on 24 January 2019
Status	Public
Action	To **note**
Corporate Strategy 2016-19	Performance objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2018	N/A
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, 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 24 January 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 additional meeting of the Remuneration Committee (the Committee) on 24 January 2019. The meeting was originally due to be a teleconference, but due to content was moved to an additional meeting. 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 2018, the Remuneration Committee will report to the next Council meeting following its meeting.

3. ARA 2018- draft renumeration report

3.1. The Committee received the report which set out the draft renumeration report before being presented to the Audit and Risk Committee (ARC) as part of the GDC 2018 Annual Report and Accounts approval process. The Committee discussed the paper and following the meeting, recommended the updated draft renumeration report to ARC.

4. Council member appraisal process

4.1. The Committee were updated that there were two appraisals outstanding which would take place shortly. The Committee discussed the initial feedback which was noted as largely positive, with the reflection and analysis of the year helpful.

5. Non-executive remuneration policies

5.1. The Committee received and noted an update, the full report would be brought to the next meeting.

6. Council member recruitment

6.1. The Committee discussed the legislative requirements for lay and registrant members, and in relation to members who live, or work wholly or mainly in England, Scotland, Wales and Northern Ireland. The Committee discussed further appointments and future recruitment campaigns

7. Associates

7.1. The Committee received a slide pack and accompanying presentation on Associates which outlined current findings and the legal framework. The Committee were satisfied with the

progress and were assured that further development work was underway with workshops scheduled in Birmingham and London.

8. People and Organisational Strategy Programme pack (POD)

8.1. The Committee discussed the POD which set out plans, ambitions and commitments that were aligned with the GDC corporate strategy. The Committee discussed the importance of staff surveys and it was confirmed an all-staff survey would take place in April 2019.

9. Equality, Diversity and Inclusion (EDI) action plan

9.1. The Committee were notified that the GDC would be signing the Time to Change pledge on 7 February 2019. The pledge committed the GDC to an action plan that covered all levels of the organisation around mental health issues and awareness. By signing the pledge, this would allow individuals to thrive in the workplace and this work would form a large part of the well-being activity across the organisation for 2019. The Committee were happy with the progress, especially the Time to Change pledge

10. Recommendation

10.1. The Council is asked to **note** the items discussed by the Committee on 24 Jan 2019

General Dental Council | protecting patients, regulating the dental team

Item 15.3
Council
28 March 2019

Report to the Council from the Finance & Performance Committee (FPC) Meeting 28 February 2019

Purpose of paper	To report on the key items considered by the Finance & Performance Committee at their meeting on 28 February 2019
Action	To **note**
Corporate Strategy 2016-19	Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2018	N/A
Decision Trail	In accordance with the General Dental Council Standing Orders for the Non-statutory Committees of Council 2018, the FPC is required to report to the Council meeting following each meeting.
Next stage	N/A
Recommendations	Council is asked to: • **Note** the report of the FPC meeting on 28 February 2019
Authorship of paper and further information	Polly Button (Secretary to FPC) pbutton@gdc-uk.org 020 7167 6331
Appendices	None

1. Executive summary

1.1. This paper reports on the key issues considered by the Finance and Performance Committee (FPC) at their meeting on 28 February 2019.

1.2. The Council is asked to **note** the report from the FPC.

2. Introduction and background

2.1. The key purposes of the FPC are:

2.1.1. To challenge and monitor the Executive on financial and other performance, work with the Executive to develop an appropriate and proportionate data set to enable the Council to carry out its functions, and to provide guidance to the Executive on major operational matters such as property strategy, investment and technology development.

2.1.2. To work with the Executive in developing the GDC's financial strategy, including assisting the Executive in developing the Business Plan (which includes the annual budget), and the Corporate Plan (the rolling three-year Business Plan) and to assist the Council in reaching its decision on the Business Plan and the Corporate Plan.

2.2. In accordance with the General Dental Council Standing Orders for the Non-Statutory Committees of Council 2018, the Committee is required to report to the Council meeting following each meeting.

3. Finance and operational performance

3.1. The Committee discussed the Quarter 4 2018 Balanced scorecard which summarised successes and issues across the organisation. The Committee was notified that from January 2019 the report had been restructured to reflect the addition of the Legal and Governance directorate. Further details on the balanced scorecard can be found in a separate paper on the Council agenda.

3.2. On Fitness to Practise performance reporting, the Committee discussed the update which evaluated the impact of FtP improvement activities in 2018, and briefly outlined further actions planned to sustain and improve performance in 2019.

3.3. For the Q4 finance review and forecast, the final outturn report showed an operating surplus of £5.5 which was £2.3m higher than budgeted. This was largely due to the reported increase in income throughout the year with more dentists, DCP registrations, income from investments and sale of assets.

3.4. Whilst expenditure was only £0.1m higher than budgeted, this was a result of additional expenditure in year offsetting savings. The GDC had experienced £139K of 'recurring' savings, 560K as a 'one-off' overspends and £293K were savings related to timing differences in the budget profile.

3.5. The Committee discussed the underspend on savings and recurring savings and how they were presented within the paper. The Committee noted there were some expenses that did not appear be re-occurring savings. It was agreed to reflect on the feedback provided and address the categorisation of the variances for subsequent reporting.

3.6. The Committee discussed the Q4 2018 financial review paper 19 and recommended to the Audit & Risk Committee that the December 2018 management accounts were a suitable basis from which to prepare the 2018 Annual Report and accounts and the proposed efficiency savings disclosures were appropriate.

3.7. The Committee discussed the Q4 2018 resource bridging paper which presented summary between department resource, KPI performance and associated risk. Across the organisation,

performance against balance scorecard performance indicators and progress of business plan projects were largely within target and on track during Q4.

3.8. The Committee discussed the Q4 Business Plan and Operational Plan update. The Committee discussed project management allocations, capacity and the reporting of significant delivered programmes.

4. Fees Strategy

4.1. The Committee received scenario analysis and discussed principles for consideration by SLT. It was confirmed the proposals would be presented at the next meeting and discussed at Council in July.

5. 2018 Annual Procurement Review

5.1. The Committee discussed the report which provided an update on GDC procurement and contract management activity during the 9-month period 1 April 2018 to 31 December 2018. The paper covered a shorter 9-month period than previous years as agreed by the Committee, in order for future reporting to be co-terminus with the financial year. The Committee would subsequently receive the report once a year for noting.

6. In-depth review- contract and procurement management

6.1. The in-depth review focused on contract and procurement management. The session focused on describing the procurement and contract management operational journey, the background, potential different procurement models and planned next steps. It was confirmed Mazars had been appointed to undertake an audit review of contract management that was due to start shortly.

7. Forward Planning

7.1. The Committee received an update on the progress of the Estates Strategy. It was confirmed that phase 4 of strand 1 was now complete, with further strand 2 consultations due to take place shortly.

7.2. The Committee discussed the next steps in the development of the reserves policy. The Committee made observations and based on the agreed changes, agreed to recommend to Council for approval.

8. Items for noting

8.1 The Committee noted the updates to the matters arising and the estates strategy.

9. Any other business

9.1. The Committee thanked the outgoing Head of Finance and Procurement.

10. Recommendations

10.1 The Council is asked to **note** the report of the Finance and Performance Committee meeting on 28 February 2019.

Report to the Council from the Policy and Research Board meeting on 14 February 2019

Purpose of paper	To report on the key items considered by the Policy and Research Board at its meeting on 14 February 2019.
Action	For **noting.**
Corporate Strategy 2016-19	Performance objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.
Business Plan 2017	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	None

1. Executive summary

1.1. This paper reports on key issues considered by the Policy and Research Board (the Board) at its meeting on 14 February 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 14 February 2019.

3. Workshops

3.1 The Board received two workshops at the meeting. The meeting opened with a presentation from NHS England about SNOMED CT (Systematized Nomenclature of Medicine Clinical Terms) which is the single terminology of choice for health and care in England being implemented by 1 April 2020. The briefing included the assurance and governance framework of the nomenclature which was owned by the Chief Dental Officer. The Office of Chief Dental Officer are planning for all NHS dental practices in England to be using this system by April 2020.

3.2 The second workshop was an extended discussion about the role of research and intelligence team and ideas for the development of a research and intelligence strategy. The Board were asked to input into current thinking by exploring two questions:

3.2.1 What our must know research questions are; what we need to know that we don't know now and who do we need to work with to answer the questions; and

3.2.2 What do we mean by 'demonstrating intelligence value'?

3.3 In response to the questions the Board suggested that understanding the impact of the StB programme and what worked well or less well in key areas such as FtP or the Upstream Programme would be beneficial. The challenge was to incorporate the learning in everything we did and to build partnership and dialogue into GDC operations.

4 *Shifting the balance* programme update

4.1 The Board received a programme update. In discussion there was feedback about the new webpage with material for new registrants which had recently been implemented, particularly the need for close co-ordination between the textual material and the website to reflect the fact that both were ongoing projects. The Student Engagement Action Plan was discussed in detail, and the Board noted that the formation of a student liaison group was being considered for next year which had the potential to develop students into future ambassadors for the GDC.

5 Audience Engagement Strategy

5.1 The Board received two externally commissioned research reports into stakeholder perceptions and communications between the GDC and stakeholders alongside a presentation which detailed the work that was already underway and what was proposed between now and autumn.

5.2 The Board discussed the value of using different communication channels for different target audiences and noted the potential to develop an app in the future.

6 LDC Engagement Plan

6.1 The Board were asked to provide feedback on plans to improve the quality and frequency of engagement with Local Dental Committees (LDCs). The Board were presented with a detailed analysis of the LDC network and plans to improve the way the GDC communicates and engages with this audience. The engagement plan centred on delivering highly-focused content that could be shared to help utilise this large network and to increase the level and quality of face-to-face engagement.

6.2 The Board noted that the age profile of working dentists was younger than the overall UK population, but that this was not necessarily reflected in LDC membership. Although there was a need to encourage younger practitioners to participate in the formal structures to influence the future of the profession the focus had to be the communication of GDC to as many people as possible. As had already been noted in relation to other agenda items, there was a need to improve communication, including using different communication channels.

7 Annual Review of Education

7.1 The Board received a brief outline of the reasons to change the format and style of the next Annual Review of Education report. Overall the Board agreed that the final report needed to be more accessible for people to read and were assured that the intention was to significantly reduce the normal 100-page version and to give it a broader appeal. Questions were raised about why the audience was limited to education providers and whether it would also be published and distributed to commissioners for QA programmes. The view was that it should become a central resource for all those with an interest in dental education.

8 Future Direction of CPD - update

8.1 The Board received the draft discussion document to which stakeholders would be asked to respond. Some members felt that the document contained too many questions and that the content and length of the document was overwhelming. The sections on peer learning and reflective practice were highlighted as areas which would benefit from a more focused approach.

8.2 The Board questioned whether the document indicated that the GDC was moving towards a model of revalidation. It was noted that the meaning of the term 'revalidation' was flexible and depended on the type of health profession – the GMC, NMC and GPhC all had versions of revalidation. The Board felt that clarification in the dental context would be welcomed.

8.3 It was expected that Council would be asked to approve the consultation document at the May meeting. The consultation outcome report was expected by the end of the year.

9 Follow up to ways of working workshop

9.1 Following a workshop at the Board meeting in November it was agreed that PRB would continue to oversee the development of strategy by receiving informal reports designed to test proposals at an early stage in the thinking. To do this the Board will also continue to provide space for discussion with external stakeholders and to be the focus of Council interface with the public to design and test policy in specified areas. This approach will be applied apply to the developing CPD proposals

10 Horizon scanning report

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

11 The next meeting

11.1 The next meeting will be on 10 April 2019, in Birmingham. It is anticipated that there will be a workshop which will consider the GDC relationship with corporate dental service providers.

12 Recommendations

12.1 The Council is asked to **note** the items discussed by the Board on 14 February 2019.