Annex 1
GENERAL DENTAL COUNCIL

Balanced Scorecard Report
Review of Q3 2017 Performance

Council – 13 December 2017

Project Management Office
Balanced Scorecard Report
Review of Quarter 3 2017 Performance

Index

1.1 – Executive Summary
1.2 – Key Performance Indicators – Dashboard
1.3 – RAG Summary and Performance Framework Links
1.4 – Key Performance Indicators Referenced Sheet - Rationale For Priority Status
1.5 – Tracking of Previous EMT Actions

Annex A – Full Performance Report
## Key Performance Successes

1. **Registration active processing time continues to be within target in spite of Q3 2017 being a busy period for the teams.** Q3 has seen the expected seasonal peak of UK Dentist Graduate and UK DCP registrations, as well as restoration applications from DCPs who were removed during the close out of the annual retention period. There has, however, been noted increases in the overall processing time (i.e. time taken including days on-hold) with three of the application routes being outside of the internal SLA (see section 1.6 – Registration Performance Indicators – Process Dashboard).

2. **Parts of the FTP process are performing well and have either maintained performance from the previous quarter or improved.** Seven of the performance indicators have either improved or maintained performance with 100% of cases receiving a Triage decision within 25 days (94% in the previous period) and ILPS staff productivity increasing to 98% (92% in the previous period) (see section 2.1 – FTP End-to-End Process – Performance Indicators Dashboard).

3. **Areas of the recruitment process have performed well during the quarter.** Recruitment campaign timeliness has improved to 89% being completed within deadline, which is 1% below target, and recruitment probation success has improved to 88%, which is 2% below target. Recruitment right first time has remained consistent at 87% for the last two quarters (see section 3.2 – HR Performance Indicators – Recruitment).

## Key Performance Issues

1. **FTP timeliness continues to be an area of concern.** Aside from Triage timeliness, the majority of the FTP performance indicators are rated as red and are significantly under their respective target levels. There has been a reduction of 8% in the timeliness for receipt to Case Examiner decision (see section 2.1 – FTP End-to-End Process – Performance Indicators Dashboard).

2. **The number of lost and wasted days continues to grow.** For Q3 2017, 40% of days were either lost or wasted, which represents the highest percentage for this performance indicator this year. The increase in lost and wasted days can be put down to an increase in the use of Rule 6 and VR applications by the GDC along with the loss of a 5-day hearing because a registrant passed away shortly before the event and the loss of another 6 days due to health-related adjournments. It is expected that the figures will improve in September and return to targeted levels later in the year. The Hearings team are also currently reviewing their listing strategy to respond to the change in pre-hearing case management trends related to increasing pre-hearing disposal action (Rule 6E and VRs) following the shift from ELPS to ILPS. Essentially this will mean increasing our double/triple listings when caseloads return to normal rates (see section 2.1 – FTP End-to-End Process – Performance Indicators Dashboard).

3. **There was one serious data breach reported in August 2017, which was self-referred to the ICO in September.** The incident involved confidential data being disclosed to the incorrect recipient. There were also six non-serious data security breaches during Q3 2017; however this is a reduction compared to the previous quarter. Freedom of Information (FOI) and Data Protection Act (DPA) Statutory Compliance has also been under 100% for consecutive quarters (see section 3.6 – Information Indicators).

## Looking Forward

1. **Q4 2017 will see the planning and opening of the dentist annual renewal period.** The annual renewal process will open mid-November for dentists to start making their payments and indemnity declarations with reminders starting in early December. The planning has indicated that it is expected that there will be 38,505 renewals and removals will take place at the start of January.

2. **The majority of the 2017 business plan projects currently underway will start to close out ahead of the launch of the 2018 business plan.** Business plan progress will continue to be monitored by the EMT with any projects that are to continue into 2018 to be included in the business plan status report.

3. **Operational planning for 2018 is currently underway.** Engagement meetings are taking place with all teams across the organisation to understand the activities that they have planned for 2018 and what the key deliverables will be in each quarter of the year.

## Actions Planned by EMT (as per Q3 output)

1. **For the staff turnover performance indicators (KPI/HRG/005 and PI/HRG/006), the EMT will look to add more granularity to the targets.** This will be to understand what good turnover looks like for the different areas of the business, as good turnover for one area may not be considered good for another area. The EMT will revisit these targets on a quarterly basis and, if appropriate, reflect this differentiation in the performance indicators to provide a more nuanced account of the staff turnover figure.

2. **The EMT to develop mitigations for the FTP casework process and the impact it is having on the rest of the FTP process.** The EMT will concentrate effort on improvements in this area, which should lead to further improvements on the other related FTP performance indicators.
# Key Performance Indicators Dashboard

## FINANCIAL

### KPI/FCS/001 - Organisational Income

**THIS PERIOD:** 103% to budget  
**PREVIOUS PERIOD:** 104%

- Total income is higher than budgeted by £1.2m for this period, due to higher than expected ARF dentist & DCP income by £1.6m & £0.3m respectively.  
- A 5% risk factor was applied to budgeted income. However, this did not materialise.

### KPI/FCS/002 - FTP Expenditure

**THIS PERIOD:** 85% of budget  
**PREVIOUS PERIOD:** 94%

- This quarter FTP expenditure dropped by £3m than budgeted. This is largely due to external legal fees being lower than estimated. Fewer cases were also referred to ILPS and ELPS.

### KPI/FCS/003 - Non-FTP Expenditure

**THIS PERIOD:** 92% of budget  
**PREVIOUS PERIOD:** 97%

- Non-FTP expenditure is £1.86m lower than budgeted. Due to delay in staff recruitment, we underspent by £466K. Contingency were released as no longer required equating to £920k. Savings were also made in meeting fees and Legal & Professional Fees as well.

## RESOURCES

### KPI/HRG/004 - Staff Sickness

**THIS PERIOD:** 1.63 average days  
**PREVIOUS PERIOD:** 1.93

- The average number of sick days per member of staff reduced by 37% to 1.63 days from 1.93 in Q2. This is within the 2 day average target level.

### KPI/HRG/005 - Natural Turnover

**THIS PERIOD:** 5.0%  
**PREVIOUS PERIOD:** 4.3%

- Natural turnover continues to be high and remains above the target level of 2.6% per quarter.  
- 17 out of 21 leavers left the GDC voluntarily during Q3, compared to 15 out of 21 during Q3.

## TIMELINESS

### KPI/REG/002 - UK Dentist Applications Average Active Processing Time

**THIS PERIOD:** 3 days  
**PREVIOUS PERIOD:** 3

- Three calendar days for the ‘active processing time’ matches that of the previous quarter and is the best quarterly average for the UK Dentist route since the introduction of the on-demand function. However, 678 applications were completed during Q3, 23% more than the previous quarter and 75 below target.

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

**THIS PERIOD:** 12 days  
**PREVIOUS PERIOD:** 4

- Total applications completed was 24% above target. 1,397 of the applications completed were between Aug and Sept.  
- It’s taken twice the overall processing time this quarter as it did in Q2.

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

**THIS PERIOD:** 21% met target  
**PREVIOUS PERIOD:** 17%

- 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.  
- This KPI result has improved marginally by 4% over last quarter.

## INTERNAL PROCESS

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

**THIS PERIOD:** 100% availability  
**PREVIOUS PERIOD:** 100%

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

### KPI/FCS/010 - Dynamics CRM Availability

**THIS PERIOD:** 100% availability  
**PREVIOUS PERIOD:** 100%

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

## PROJECT MANAGEMENT OFFICE

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

**THIS PERIOD:** 16 external referrals  
**PREVIOUS PERIOD:** 16

- Similar to Q2, during Q3 of 2017, 16 external referrals were made compared to the budgeted level of 21.  
- In Q4 it is anticipated that more referrals will be made due to the nature of the contract between the GDC and the external legal firm Blake Morgan.

### KPI/FTP/025 - Serious Data Breaches

**THIS PERIOD:** 1 breach  
**PREVIOUS PERIOD:** 1

- One serious incident reported in August was self-reported to the ICO. The incident involved a member of Hearings team disclosing confidential data to incorrect recipient.

### KPI/FCS/001 - Organisation income

**THIS PERIOD:** 103% to budget  
**PREVIOUS PERIOD:** 104%

- Total income is higher than budgeted by £1.2m for this period.  
- A 5% risk factor was applied to budgeted income. However, this did not materialise.

### KPI/FCS/002 - FTP Expenditure

**THIS PERIOD:** 85% of budget  
**PREVIOUS PERIOD:** 94%

- This quarter FTP expenditure dropped by £3m than budgeted. This is largely due to external legal fees being lower than estimated. Fewer cases were also referred to ILPS and ELPS.

### KPI/FCS/003 - Non-FTP Expenditure

**THIS PERIOD:** 92% of budget  
**PREVIOUS PERIOD:** 97%

- Non-FTP expenditure is £1.86m lower than budgeted. Due to delay in staff recruitment, we underspent by £466K. Contingency were released as no longer required equating to £920k. Savings were also made in meeting fees and Legal & Professional Fees as well.

### KPI/HRG/004 - Staff Sickness

**THIS PERIOD:** 1.63 average days  
**PREVIOUS PERIOD:** 1.93

- The average number of sick days per member of staff reduced by 37% to 1.63 days from 1.93 in Q2. This is within the 2 day average target level.

### KPI/HRG/005 - Natural Turnover

**THIS PERIOD:** 5.0%  
**PREVIOUS PERIOD:** 4.3%

- Natural turnover continues to be high and remains above the target level of 2.6% per quarter.  
- 17 out of 21 leavers left the GDC voluntarily during Q3, compared to 15 out of 21 during Q3.

### KPI/REG/002 - UK Dentist Applications Average Active Processing Time

**THIS PERIOD:** 3 days  
**PREVIOUS PERIOD:** 3

- Three calendar days for the ‘active processing time’ matches that of the previous quarter and is the best quarterly average for the UK Dentist route since the introduction of the on-demand function. However, 678 applications were completed during Q3, 23% more than the previous quarter and 75 below target.

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

**THIS PERIOD:** 12 days  
**PREVIOUS PERIOD:** 4

- Total applications completed was 24% above target. 1,397 of the applications completed were between Aug and Sept.  
- It’s taken twice the overall processing time this quarter as it did in Q2.

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

**THIS PERIOD:** 21% met target  
**PREVIOUS PERIOD:** 17%

- 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.  
- This KPI result has improved marginally by 4% over last quarter.

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

**THIS PERIOD:** 100% availability  
**PREVIOUS PERIOD:** 100%

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

### KPI/FCS/010 - Dynamics CRM Availability

**THIS PERIOD:** 100% availability  
**PREVIOUS PERIOD:** 100%

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

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

**THIS PERIOD:** 16 external referrals  
**PREVIOUS PERIOD:** 16

- Similar to Q2, during Q3 of 2017, 16 external referrals were made compared to the budgeted level of 21.  
- In Q4 it is anticipated that more referrals will be made due to the nature of the contract between the GDC and the external legal firm Blake Morgan.

### KPI/FTP/025 - Serious Data Breaches

**THIS PERIOD:** 1 breach  
**PREVIOUS PERIOD:** 1

- One serious incident reported in August was self-reported to the ICO. The incident involved a member of Hearings team disclosing confidential data to incorrect recipient.
1.3 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

As the business plan is implemented throughout 2017, links will be made to key initiatives and any expected impact on scorecard performance indicators. Links will be made each month to expected benefits from investment in business plan initiatives.

At the end of Q3, six projects from the 2017 business plan are at a status of complete and embedding. These will be tracked via the benefits tracking report and once they are BAU, these will be tracked on the BSC. The projects are as below:

BP28/Improved reporting in CAIT
- PI/REG/015 – Call Centre Availability

BP9/Corporate complaints
- PI/HRG/017 – Corporate Complaints Timeliness

OP99/FTP/Expediting Interim Orders - related to the following Performance Indicators:
- PI/FTP/014 – IOC Timeliness – Registrar and Case Examiner Referrals
- PI/FTP/015 – IOC Timeliness: Triage Referrals
- PI/FTP/016 – IOC Timeliness – Triage Referrals (following consent chase)
### 1.4 Key Performance Indicators – Rationale for Priority Status

<table>
<thead>
<tr>
<th>FINANCIAL</th>
<th>HR</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Organisational Income Collected</strong></td>
<td><strong>Staff Sickness</strong></td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Forecast FTP Expenditure</strong></th>
<th><strong>Natural Turnover</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>Rationale for priority status: Natural turnover levels were above desirable levels for Q3 2016, therefore are included to provide visibility of whether this trend is continuing or ceasing.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Forecast Non-FTP Expenditure</strong></th>
<th><strong>Dynamics CRM Availability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Timeliness</strong></th>
<th><strong>INTERNAL PROCESS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>UK Dentist Active Processing Time</strong></td>
<td><strong>GDC Website and Online Register Availability</strong></td>
</tr>
<tr>
<td>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).</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals</strong></th>
<th><strong>Dynamics CRM Availability</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>UK DCP Active Processing Time</strong></th>
<th><strong>Serious Data Breaches</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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).</td>
<td>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 four.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FTP Timeliness: From Receipt to Case Examiner Decision</strong></th>
<th><strong>FTP Timeliness: Overall Prosecution Case Length</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>FTP: Proportionate Split of Internal and External Legal Referrals</strong></th>
<th><strong>Serious Data Breaches</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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 four.</td>
</tr>
</tbody>
</table>

**Timeliness**

- **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.

**Internal Process**

- **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.
- **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 four.
### Actions Planned by EMT – Q4 2016 Report

1. **EMT will continue to prioritise management activity in 2017** will focus on the improvement of FTP timelines. Oversight of FTP management activity will support the improvement of indicators (a current summary of actions is provided at annex A, section 2). The end to end process review in 2017 will focus on amending aspects of the process that currently cause delays. **STATUS AS AT END Q3 – ONGOING – FTP TIMELINESS IS REVIEWED AT EACH EMT MEETING. SCOPING WORKSHOP FOR FTP END-TO-END REVIEW COMPLETED. INTERNAL AND DEFENCE WORKSHOPS COMPLETED. PATIENT AND REGISTRANT FOCUS GROUPS TO BE UNDERTAKEN IN NOVEMBER 2017, ALONGSIDE SPECIAL DENTAL FORUM EVENT, TO CAPTURE FURTHER STAKEHOLDERS. EVALUATION PHASE TO COMMENCE IN Q1 2018.**

2. As a further measure to focus on EMT level management of FTP timeliness, FTP Heads of Department will be invited to each EMT meeting to discuss the balanced scorecard and provide the board with further insight on improvement plans relating to specific performance indicators. **STATUS AS AT END Q1 – COMPLETE – RELEVANT FTP HEADS ARE NOW INVITED TO EACH EMT DISCUSSION AS A MATTER OF ROUTINE.**

3. **EMT will prioritise cost control in 2017 to avoid any repeat of the 2016 budget overspend**; EMT are discussing cost control at each meeting, processes for ensuring that external legal referrals are kept to a minimum have been introduced, and; the FTP rolling forecast model will help to give early sight of any trends that may drive cost. Work is progressing on the public fees consultation which will go live at the end of Q2. **STATUS AS AT END Q3 – ONGOING – COST CONTROL DISCUSSED BY EMT AT EACH MEETING. FEES CONSULTATION DEVELOPMENT PROGRESSING, BUT TO A REVISED TIMETABLE FOLLOWING PRB AND CHAIRS DISCUSSION IN APRIL.**

### Actions Planned by EMT – Q1 2017 Report

1. **EMT plan to approach the Department of Health for a discussion about their current capacity to consider amendments to the GDCs legislative rules.** In particular, FTP timeliness in the early stages of the process is currently subject to delay due to current rules requiring multiple informant observation points in the early stages (this is regarded to be out of step with other regulators who allow one opportunity for informant observations). A centralised repository of desired rules amendments is being collated by FTP team in liaison with the Strategy directorate to help inform discussions. **STATUS AS AT END OF Q3 – ONGOING – A LIST OF PRIORITIES WILL BE IDENTIFIED AND SHARED WITH THE DEPARTMENT OF HEALTH FOR CONSIDERATION WHEN THEY COMMENCE DEVELOPMENT OF THEMATIC SECTION 60 ORDERS. RESPONSE CHASED BUT SUBSTANTIVE COMMENTS FROM DOH AWAITED.**

2. Additionally, within existing rules, the FTP team are exploring the possibility of a risk based approach towards expediting process introduced in 2016). **STATUS AS AT END OF Q3 – THE PUBLIC CONSULTATION ON THE RULE 4 PROJECT WILL BE COMPLETED ON 1 NOVEMBER. THE RESPONSES WILL BE REVIEWED AND IT IS EXPECTED THAT THE NEW PROCESS, SUBJECT TO AMENDMENTS MADE IN RELATION TO THE CONSULTATION WILL GO LIVE IN DECEMBER 2017.**

3. **EMT also plan to explore the possibility of developing Memoranda of Understanding with NHS Protect & the CQC to avoid the need for the GDC to open cases concurrently when they are being worked on by either of these bodies. This would help to reduce the number of GDC cases that become aged whilst on hold awaiting NHS/CQC action.** **STATUS AS AT END OF Q3 – ONGOING – DISCUSSION HAS TAKEN PLACE WITH NHS BUSINESS AUTHORITY (WHO OVERSEE NHS PROTECT) AND THE CQC WITH FURTHER WORK TO TAKE PLACE OVER THE REMAINDER OF 2017. DEVELOPMENT OF MOU’S TO BE TAKEN FORWARD BY CORPORATE LEGAL ONCE POINTS OF CONTACT ESTABLISHED.**

### Actions Planned by EMT – Q2 2017

1. **A root/cause review of the Fitness to Pratice process has been undertaken to understand and identify the variables that can determine the complexity of a case, as well as the skill set required by staff to progress each type of case. This review has produced a set of significant actions that will be undertaken between September 2017 and April 2018 to focus on improving performance in the timeliness of progressing cases that are received.** The actions include a re-configuration of the structure of the Casework Teams and a project aimed at reducing the time taken to secure observations from parties in an FTP case which is anticipated to save 3-4 weeks in processing time. **STATUS AS AT END OF Q3 – ONGOING – PLANS ARE IN PLACE TO RECRUIT A COHORT OF CASEWORKERS TO START IN NOVEMBER 2017. TO GET THESE CASEWORKERS MAKING A MEANINGFUL CONTRIBUTION AS QUICKLY AS POSSIBLE, THEY WILL BE SET SPECIFIC TASKS (ASSESSING CASES AND RUNNING THE RULE 4 PROCESS) WHICH WILL REQUIRE A FLEXIBLE MANAGEMENT APPROACH AND TEAM STRUCTURE TO TEST WHETHER SPLITTING OFF SOME CASEWORK FUNCTIONS IMPROVES KPI PERFORMANCE.**

2. The EMT plan to review the turnover performance indicators included in the balanced scorecard to ensure that turnover in individual directorates is shown. A review of how turnover is reported will highlight any specific business critical areas that have had an increased percentage of staff leaving over any reported period. This will take place as part of a wider review of the Organisational Development directorate performance indicators to ensure that the measures in place are reflective of the directorate’s priorities. **STATUS AS AT END OF Q3 – ONGOING – FURTHER NARRATIVE HAS BEEN INCLUDED IN THE TURNOVER PERFORMANCE INDICATORS TO NOTE HOW TURNOVER IS OCCURRING IN EACH AREA OF THE BUSINESS.**
ANNEX A - SECTION 1

Registration and Corporate Resources Directorate Performance Indicators

1.1 – Finance Performance Indicators
1.2 – Finance Performance Indicators
1.3 – Finance Performance Indicators
1.4 – IT Performance Indicators
1.5 – IT Performance Indicators
1.6 – Registration Process Performance Indicators Dashboard
1.7 – Registration Process Dashboard Reference Information
1.8 – Supplementary Registration Performance Indicators
1.9 – Registration and PMO Customer Feedback and Audit Performance Indicators
1.1 Finance Performance Indicators

### 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

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 103%
- **PREVIOUS PERIOD:** 104%

**PERFORMANCE INSIGHTS:**
- Total income is higher than budgeted by £1.2m for this period.
- This is largely due to higher than budgeted Dentist (£1.62m) & DCP (£0.25m) ARF income, partly offset by a £0.5m provision for a scrutiny fee which although budgeted for in 2017, has now been deferred.
- A 5% risk factor which was applied to the planned operating expenditure (excluding staff, utilities and consultancy fees).

**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.

**CORPORATE STRATEGY LINK**
Performance Objective 2: Management of resources/ efficiency

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

### KPI/FCS/002 – FTP Expenditure

**KEY PERFORMANCE INDICATOR:**
Total forecast annual operating expenditure by the FTP directorate compared with budget

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 85%
- **PREVIOUS PERIOD:** 94%

**PERFORMANCE INSIGHTS:**
- This KPI compares the latest full year forecast (Q2) to the agreed budget.
- FTP expenditure is expected to be £3m lower than budgeted for the year. This is largely due to external legal fees being £2.5m lower than budget. Fewer cases are being referred by Case Examiners which has lead to fewer cases being referred to ILPS and external legal firms.
- Also, meeting fees are expected to be £0.5m lower than budgeted. This is mostly due to savings made from changing Hearings transcription from stenographers to loggers and transcripts.

**DESIRED OUTCOME**
- Green when: 98% or greater
- Amber when: Below 98% OR 102.1% to 105%
- Red when: Above 105%

**CORPORATE STRATEGY LINK**
Performance Objective 2: Management of resources/ efficiency

**TARGET LEVEL:**
- 100% to budget

### KPI/FCS/003 – Non-FTP Expenditure

**KEY PERFORMANCE INDICATOR:**
Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 92%
- **PREVIOUS PERIOD:** 97%

**PERFORMANCE INSIGHTS:**
- Non-FTP expenditure forecast is expected to be £1.86m lower than budgeted. This is partly due to a £466k underspend on staffing costs against budget as a result of delays in recruiting to vacant posts.
- £800k of provisions held in contingency were released as they are no longer required this year.
- Meeting fees are £180k lower than budgeted due to a £435k shortfall in Exam income against budget. One Part II exam has been planned for later on in the year compared with two sittings originally budgeted.

**DESIRED OUTCOME**
- The defined benefit scheme’s deficit has been offset by a £235k shortfall in Exam income against budget. One Part II exam has now been deferred.

**CORPORATE STRATEGY LINK**
Performance Objective 2: Management of resources/ efficiency

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

### 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

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** Deficit of £2.36m (93%)

**PERFORMANCE INSIGHTS:**
- The annual funding update as at 1 April 2017 was prepared by the pension scheme’s actuary.
- The defined benefit scheme’s deficit has increased to £2.4m. This is primarily a result of the impact of weakening economic and market interest rate conditions on the valuation assumptions.

**CORPORATE STRATEGY LINK**
Performance Objective 2: Management of resources/ efficiency

**TARGET LEVEL:**
- 100% or greater

**DESIRED OUTCOME**
- Green when: Less than £2m shortfall
- Amber when: Between £2m and £5m shortfall
- Red when: Greater than £5m shortfall

**PERFORMANCE INSIGHTS:**
- 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.
# 1.2 Finance Performance Indicators

## PI/FCS/005 – Financial Reporting Timeliness

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline</td>
<td>THIS PERIOD: 3 out of 3 Months</td>
<td>Following the restructure of the Finance team, management accounts reporting is now being carried out by two Finance Business Partners. This has led to timely and efficient production of the monthly management accounts and finance performance report.</td>
</tr>
<tr>
<td><strong>CORPORATE STRATEGY LINK</strong></td>
<td><strong>PREVIOUS PERIOD:</strong> 3 out of 3 Months</td>
<td></td>
</tr>
<tr>
<td><strong>DESIRED OUTCOME</strong></td>
<td><strong>TARGET LEVEL:</strong> 3 out of 3 months to deadline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green when: 3 out of 3 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amber when: 2 out of 3 months</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red when: 1 out of 3 or fewer</td>
<td></td>
</tr>
</tbody>
</table>

## PI/FCS/006 – Fees and Expenses Payments Timeliness

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of associates fees &amp; expenses and staff expenses that are processed in line with recognised deadlines</td>
<td>THIS PERIOD: Fees – 98%, Expenses – 94%</td>
<td>Following the restructure of the Finance team, management accounts reporting is now being carried out by two Finance Business Partners. This has led to timely and efficient production of the monthly management accounts and finance performance report.</td>
</tr>
<tr>
<td><strong>CORPORATE STRATEGY LINK</strong></td>
<td><strong>PREVIOUS PERIOD:</strong> Fees – 98%, Expenses – 97%</td>
<td></td>
</tr>
<tr>
<td><strong>DESIRED OUTCOME</strong></td>
<td><strong>TARGET LEVEL:</strong> 95% processed within deadline</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green when: 95%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amber when: 85% to 94%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red when: 84% and lower</td>
<td></td>
</tr>
</tbody>
</table>

## PI/FCS/007 – Invoices and Refunds Timeliness

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of invoices and refunds that are processed in line with recognised deadline</td>
<td>THIS PERIOD: 66% - average days taken to pay suppliers 87% - within time frame of refunds</td>
<td>Following the restructure of the Finance team, management accounts reporting is now being carried out by two Finance Business Partners. This has led to timely and efficient production of the monthly management accounts and finance performance report.</td>
</tr>
<tr>
<td><strong>CORPORATE STRATEGY LINK</strong></td>
<td><strong>PREVIOUS PERIOD:</strong> 64% - average days taken to pay suppliers 93% - within time frame of refunds</td>
<td></td>
</tr>
<tr>
<td><strong>DESIRED OUTCOME</strong></td>
<td><strong>TARGET LEVEL:</strong> 90% processed within 30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green when: 90%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amber when: 75% to 89%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red when: 74% and lower</td>
<td></td>
</tr>
</tbody>
</table>

## PI/FCS/008 – Adherence to Purchase Order policy

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</td>
<td>THIS PERIOD: £193k</td>
<td>Following the restructure of the Finance team, management accounts reporting is now being carried out by two Finance Business Partners. This has led to timely and efficient production of the monthly management accounts and finance performance report.</td>
</tr>
<tr>
<td><strong>CORPORATE STRATEGY LINK</strong></td>
<td><strong>PREVIOUS PERIOD:</strong> £237k</td>
<td></td>
</tr>
<tr>
<td><strong>DESIRED OUTCOME</strong></td>
<td><strong>TARGET LEVEL:</strong> Less than £150k non invoiced spend</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Green when: Below £150k</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Amber when: Between £150k and £400k</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Red when: Above £400k</td>
<td></td>
</tr>
</tbody>
</table>
**PI/FCS/009 – Organisational Efficiencies**

**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

**ORGANISATIONAL INDICATOR**

**PERFORMANCE INSIGHTS:**
- Overall efficiency savings were in line with budget at the end of Q3.
- Three IOC related projects were expected to deliver £142k for the year, however this will not materialise.
- A reduction in external legal fees by conducting cases in-house has delivered savings of £1.7m.
- The implementation of Case Examiners has delivered £131k year to date and is in line to deliver £190k by year-end.
- The reduction of the number of Hearings suites has delivered £300k of savings.
1.4 IT Performance Indicators

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

**PERFORMANCE INDICATOR:**
The proportion of time that the GDC website is available

**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 achieved with no issues recorded during the period and availability of the GDC website and online register maintained continuously.

**CORPORATE STRATEGY LINK**
Performance Objective 1: Improve performance across all functions

**DESIZED 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.

---

**KPI/FCS/011 – Dynamics CRM Availability**

**PERFORMANCE INDICATOR:**
The proportion of time that the Dynamics CRM organisational database is available

**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 achieved with no issues recorded during the period and availability of the Dynamics CRM organisational database is available continuously.

**CORPORATE STRATEGY LINK**
Performance Objective 1: Improve performance across all functions

---

**PI/FCS/010 – eGDC Site Availability**

**PERFORMANCE INDICATOR:**
The proportion of time that the eGDC website is available

**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 achieved with no issues recorded during the period and with the site available for applicants and registrants to make online service interactions.

**CORPORATE STRATEGY LINK**
Performance Objective 1: Improve performance across all functions

---

**PI/FCS/012 – GDC Exchange Email Availability**

**PERFORMANCE INDICATOR:**
The proportion of time that GDC Exchange Email is available

**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 achieved with no issues recorded during the period with GDC email available for all users continuously.

**CORPORATE STRATEGY LINK**
Performance Objective 1: Improve performance across all functions

---
### 1.5 IT Performance Indicators

#### PI/FCS/013 – IT Service Desk Timeliness

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| **The proportion of IT support/development requests that are processed within service level agreement timeframes** | **THIS PERIOD:** 98% | • The IT Service performance indicator remained within target for Q3 2017 with 98% processed within service level agreement deadlines.  
• 1,872 service desk requests were completed over this period, 215 less than Q2.  
• 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. |
| **CORPORATE STRATEGY LINK** | **PREVIOUS PERIOD:** 97% | **TARGET LEVEL:** 95% within deadline |
| **DESIRED OUTCOME** | **TARGET LEVEL:** 95% within deadline |

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

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.

#### PI/FCS/014 – IT Customer Service Feedback

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| **The proportion of customer survey feedback received in the ‘satisfactory’ category** | **THIS PERIOD:** 97% | • 97% of users rated their service as good or very good in Q3 2017.  
• 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. |
| **CORPORATE STRATEGY LINK** | **PREVIOUS PERIOD:** 97% | **TARGET LEVEL:** 95% satisfactory |
| **DESIRED OUTCOME** | **TARGET LEVEL:** 95% satisfactory |

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

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.
# 1.6 Registration Performance Indicators – Process Dashboard

## A. Average Overall Processing Time

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS PERIOD 37 Calendar Days</td>
<td>THIS PERIOD 18 Calendar Days</td>
<td>THIS PERIOD 19 Calendar Days</td>
<td>THIS PERIOD 21 Calendar Days</td>
<td>THIS PERIOD 60 Calendar Days</td>
<td>THIS PERIOD 17 Calendar Days</td>
<td>THIS PERIOD 12 Calendar Days</td>
</tr>
<tr>
<td>PREVIOUS PERIOD 25 Calendar Days</td>
<td>PREVIOUS PERIOD 9 Calendar Days</td>
<td>PREVIOUS PERIOD 10 Calendar Days</td>
<td>PREVIOUS PERIOD 19 Calendar Days</td>
<td>PREVIOUS PERIOD 83 Calendar Days</td>
<td>PREVIOUS PERIOD 16 Calendar Days</td>
<td>PREVIOUS PERIOD 12 Calendar Days</td>
</tr>
</tbody>
</table>

- 678 applications were completed during the quarter.
- The overall processing time increased by 12 days in Q3. This is largely due to the high number of applications received in Q2.
- The end of Q3 signifies the end of the peak period for this route to registration. It is expected that incoming numbers will be low over the next few months.

## B. Average Active Processing Time

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS PERIOD 3 Calendar Days</td>
<td>THIS PERIOD 12 Calendar Days</td>
<td>THIS PERIOD 13 Calendar Days</td>
<td>THIS PERIOD 11 Calendar Days</td>
<td>THIS PERIOD 32 Calendar Days</td>
<td>THIS PERIOD 32 Calendar Days</td>
<td>THIS PERIOD 14 Calendar Days</td>
</tr>
<tr>
<td>PREVIOUS PERIOD 3 Calendar Days</td>
<td>PREVIOUS PERIOD 4 Calendar Days</td>
<td>PREVIOUS PERIOD 4 Calendar Days</td>
<td>PREVIOUS PERIOD 8 Calendar Days</td>
<td>PREVIOUS PERIOD 39 Calendar Days</td>
<td>PREVIOUS PERIOD 39 Calendar Days</td>
<td>PREVIOUS PERIOD 12 Calendar Days</td>
</tr>
</tbody>
</table>

- 1,631 Applications received
- 1,744 Applications completed
- 729 Applications received
- 538 Applications completed
- 191 Applications received
- 189 Applications completed
- 32 Applications received
- 7 Applications completed
- 32 Live applications at quarter end
- 13 Live applications at quarter end
- 86 Live applications at quarter end
- 19 Live applications at quarter end
- 48 Live applications at quarter end
- 23 Live applications at quarter end

## C. Contextual Measures

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming 9 Applications received</td>
<td>1,631 Applications received</td>
<td>729 Applications received</td>
<td>191 Applications received</td>
<td>32 Applications received</td>
<td>49 Applications received</td>
<td>55 Applications received</td>
</tr>
<tr>
<td>Processed 678 Applications completed</td>
<td>1,744 Applications completed</td>
<td>538 Applications completed</td>
<td>189 Applications completed</td>
<td>7 Applications completed</td>
<td>16 Applications completed</td>
<td>48 Applications completed</td>
</tr>
<tr>
<td>Work In Progress 321 Live applications at quarter end</td>
<td>13 Live applications at quarter end</td>
<td>86 Live applications at quarter end</td>
<td>19 Live applications at quarter end</td>
<td>48 Live applications at quarter end</td>
<td>23 Live applications at quarter end</td>
<td></td>
</tr>
</tbody>
</table>

- The total applications completed was 24% above target. 1,397 of the applications completed were between August and September.
- Though the number of DCP Applications in Q3 remains similar to Q2, we expect the overall processing time to improve in Q4 as the number of applications drop significantly.
- The 189 EEA Dentist applications processed during the quarter was 17% below target. Despite being below target, this is an increase of 49% in comparison to Q2.
- The average processing time has reduced by over 3 weeks in assessing the same number of dentist as in Q2. The active processing time has also fallen by a similar rate. The number of applications processed was one short of the target.
- The ‘overall processing time’ is 11 days within its internal SLA. However, the 16 applications completed was 33% below target.
- The active processing time indicator has comfortably met the SLA meaning a significant proportion of the applications time is spent on hold awaiting documents from registrants.

## D. Insights

- Both indicators are comfortably within the route's internal SLA despite increases observed in timeliness during this period.
<table>
<thead>
<tr>
<th><strong>DEPARTMENTAL INDICATORS</strong></th>
<th><strong>DESCRIPTION</strong></th>
<th><strong>TARGET LEVEL</strong></th>
<th><strong>GREEN: when:</strong></th>
<th><strong>AMBER: when:</strong></th>
<th><strong>RED: when:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>PI/REG/001 &amp; 002 UK Dentist</td>
<td>The average overall time taken to process all UK Dentist Applications</td>
<td>Within 14 Calendar Days</td>
<td>Average 0-14 Days</td>
<td>Average 15 - 90 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/003 &amp; 004 UK DCP</td>
<td>The average overall time taken to process all UK DCP Applications</td>
<td>Within 14 Calendar Days</td>
<td>Average 0-14 Days</td>
<td>Average 15 - 90 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/005 &amp; 006 Restoration</td>
<td>The average overall time taken to process all Restoration Applications</td>
<td>Within 14 Calendar Days</td>
<td>Average 0-14 Days</td>
<td>Average 15 - 90 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/007 &amp; 008 EEA Dentist</td>
<td>The average overall time taken to process all EEA Dentist Applications</td>
<td>Within 60 Calendar Days</td>
<td>Average 0-60 Days</td>
<td>Average 61 - 90 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/009 &amp; 010 Assessed Dentist</td>
<td>The average overall time taken to process all Assessed Dentist Applications</td>
<td>Within 60 Calendar Days</td>
<td>Average 0-60 Days</td>
<td>Average 61 - 90 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/011 &amp; 012 Assessed DCP</td>
<td>The average overall time taken to process all Assessed DCP Applications</td>
<td>Within 80 Calendar Days</td>
<td>Average 0-80 Days</td>
<td>Average 81 - 120 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
<tr>
<td>PI/REG/013 &amp; 014 Specialist</td>
<td>The average overall time taken to process all Specialist List Applications</td>
<td>Within 80 Calendar Days</td>
<td>Average 0-80 Days</td>
<td>Average 81 - 120 Days</td>
<td>91 Days (Statutory time limit level) +</td>
</tr>
</tbody>
</table>

**TARGET LEVEL:**
- Within 14 Calendar Days
- Within 14 Calendar Days
- Within 60 Calendar Days
- Average 0-60 Days
- Average 61 - 90 Days
- Average 81 - 120 Days

**GREEN: when:**
- Average 0-14 Days
- Average 0-14 Days
- Average 0-60 Days
- Average 0-60 Days
- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +

**AMBER: when:**
- Average 15 - 90 Days
- Average 15 - 90 Days
- Average 61 - 90 Days
- Average 81 - 120 Days
- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +

**RED: when:**
- 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.

**Performance Objective 1 & 2:** Highly effective regulator and management of resources.
## PI/REG/015 – Call Centre Availability

**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.

**PERFORMANCE INSIGHTS:**

- 21,545 out of 22,684 offered calls were handled during Q3, a service rating of 95%.
  
  Despite the number of calls offered increasing by 88% in comparison to Q2 the number of calls abandoned only rose by 1.1%.
  
  Of the calls handled, 78% were answered in 20 seconds or less, 8% above the call centres secondary target.

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 95%
- **PREVIOUS PERIOD:** 96%

**TARGET LEVEL:**

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

**DEPARTMENTAL INDICATOR**

- **PERFORMANCE:** 95% to budget
- **PREVIOUS PERIOD:** 96%

**TARGET LEVEL:**

- Green when: 95%
- Amber when: 85% and 94%
- Red when: 84% or less

## PI/REG/017 – Registration Applications Processed

**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.

**PERFORMANCE INSIGHTS:**

- The volume of applications processed remains above budget and has increased over Q3.
  
  Over 500 UK DCP applications were processed against the 1,843 target for the quarter. New graduates and DCP restoration applications contributed in large part to the increase in numbers this quarter.

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 114% to budget
- **PREVIOUS PERIOD:** 106%

**TARGET LEVEL:**

- Green when: 100% of expected registrations
- Amber when: 95%
- Red when: 84% or less

## PI/REG/019 – Minimum Acceptable Productivity

**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.

**PERFORMANCE INSIGHTS:**

- All of the UK Registration team members met their relevant MAP during Q2.
  
  The productivity across the whole of the team is one of the major reasons for the strong KPI performance across the department’s three major routes to registration.
  
  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 throughout Q4 2017.

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 100%
- **PREVIOUS PERIOD:** 100%

**TARGET LEVEL:**

- Green when: 95%+ of staff meeting MAP’s
- Amber when: 85% to 94%
- Red when: 84% or lower

**DEPARTMENTAL INDICATOR**

- **PERFORMANCE:** 100% meeting MAP’s
- **PREVIOUS PERIOD:** 100%

**TARGET LEVEL:**

- Green when: 95%
- Amber when: 85% and 94%
- Red when: 84% or less
# Performance Indicator: Project Management Office (PMO) Engagement Survey Results

**Actual Performance**
- **THIS PERIOD:** 100%
- **PREVIOUS PERIOD:** N/A

**Desired Outcome**
- All staff members rate the project management planning workshops as highly beneficial to their business area.
- Participants are able to apply the acquired knowledge and skills to their daily work.

**Performance Insights**
- During Q3, the PMO hosted a number of planning workshops which led to increased understanding of priorities and projects.
- The workshops were well-received, with high satisfaction levels across all respondents.
- Participants reported improved planning capabilities and successful execution of projects.

## Performance Indicator: Registration Customer Satisfaction

**Actual Performance**
- **THIS PERIOD:** 87%
- **PREVIOUS PERIOD:** 90%

**Target Level**
- **Green:** 80% and above
- **Amber:** 60% to 79%
- **Red:** 59% or lower

**Desired Outcome**
- Recent applicants, registrants, and overseas registration exam candidates are satisfied with the customer service they have received from the GDC.

**Performance Insights**
- 87% of respondents were positive about the registration department’s customer service supplied throughout the application process.
- The application check ensures that the process for registering an applicant has been followed and there are no risks to patient safety or reputational risk.
- During Q3, an audit took place of DCP Assessment applications in which 91% of applications were compliant.
- During Q3, further audits took place in other areas of registration operations:
  - Registration Support application accuracy was 61% compliant;
  - IMI and restriction accuracy was 99% compliant; and
  - CPD accuracy was 84% compliant.

---

**Performance Indicator: The proportion of Registration applications that pass audit inspection.**

**Actual Performance**
- **THIS PERIOD:** 91%
- **PREVIOUS PERIOD:** 91%

**Target Level**
- **Green:** 90% and 100%
- **Amber:** 80% and 89%
- **Red:** 79% or lower

**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 integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.

**Performance Insights**
- During Q3, the application check ensures that the process for registering an applicant has been followed and there are no risks to patient safety or reputational risk.
- During Q3, an audit took place of DCP Assessment applications in which 91% of applications were compliant.
- During Q3, further audits took place in other areas of registration operations:
  - Registration Support application accuracy was 61% compliant;
  - IMI and restriction accuracy was 99% compliant; and
  - CPD accuracy was 84% compliant.
ANNEX A - SECTION 2

Fitness to Practise Directorate
Performance Indicators

2.1 – FTP Process Performance Indicators Dashboard
2.2 – FTP Process Performance Indicators Dashboard Reference Information
2.3 – Interim Orders Committee Timeliness Performance Indicators
2.4 – Interim Orders Committee Compliance Performance Indicators
2.5 – Dental Complaints Service Performance Indicators

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005, 006, 008 & 009 in the organisational key performance indicators page (1.2). A summary relating to supportive indicators is noted below:

• PI/FTP/001 – Target was met in 100% of cases during Q3.
• PI/FTP/002 – 6% improvement on the Q2 result within the 17 week Assessment PI. There is ongoing focus on case plans and 1:1 reviews of case progression with a focus on moving the oldest cases out of this stage.
• PI/FTP/003 & 004 – During Q3 there was no obvious improvement in both the seven day and the nine week PIs.
• PI/FTP/007 – Time recording activity under new targets is now in place for the ILPS function. ILPS completed 100% of the hours targeted for the quarter.
• PI/FTP/010 – PI is split between ILPS and ELPs functions respectively. Both results have decreased slightly compared to Q2 2017 and are still within the red rating.
• PI/FTP/017 – This measure was introduced in Q1 2017 for tracking the number of cases repatriated with the NHS in a rolling year. There were 23 cases referred to NHS in Q3 which is the same as the Q2 result. Further work is required to increase the number of referrals to a desired target of 51 cases per quarter.
# 2.1 FTP End-to-End Process – Performance Indicators Dashboard

<table>
<thead>
<tr>
<th>KPI/FTP/001 - Triage Timeliness: Receipt to Triage Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 95% within 25 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>KPI/FTP/002 - Assessment Timeliness: Receipt to Assessment Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 70% within 17 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/003 - Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 75% within 9 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/004 - Case Examiner Timeliness: Allocation to Initial Case Examiner Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 95% within 7 days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/005 - Investigation Timeliness: Receipt to CE Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 75% within 6 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/006 - Proportional Split of Internal/External Prosecution Referrals</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 21 or fewer cases referred externally per quarter</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/007 - ILPS Staff Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 95% of staff meeting target</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/008 - Full Case Timeliness: Overall Prosecution Case Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 75% within 15 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/009 - Prosecution Timeliness: Case Examiner Referral to Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 80% within 9 months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/010 - Prosecution Timeliness: Disclosure Time Taken</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 80% of cases disclosed within 98 Days</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/011 - Hearings Completed Without Adjournment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/012 - Hearings Completed With Facts Proved</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 80%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/013 - Hearing Days Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: Under 20% Lost/Wasted</td>
</tr>
</tbody>
</table>

### A. Headline Timeliness Performance Indicators

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>的目标</th>
<th>This Period</th>
<th>Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage</td>
<td>449 cases</td>
<td>23 referrals</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Assessment</td>
<td>291 cases</td>
<td>23 referrals</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Case Examiners</td>
<td>135 cases</td>
<td>23 referrals</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>ILPS</td>
<td>37 cases</td>
<td>16 cases</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>ELPS</td>
<td>16 cases</td>
<td>12 cases</td>
<td>47%</td>
<td>23%</td>
</tr>
<tr>
<td>Hearings</td>
<td>46 cases</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### B. Supportive Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>目标</th>
<th>This Period</th>
<th>Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Incoming</td>
<td>449 cases</td>
<td>95% within 25 days</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Processed</td>
<td>450 cases</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Referral Rate</td>
<td>65%</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Work In Progress</td>
<td>92 cases</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

### C. Contextual Measures

<table>
<thead>
<tr>
<th>Category</th>
<th>Measure</th>
<th>%</th>
<th>This Period</th>
<th>Previous Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Triage</td>
<td>781 cases</td>
<td>55%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Assessment</td>
<td>250 cases</td>
<td>55%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Case Examiners</td>
<td>131 cases</td>
<td>39%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>ILPS</td>
<td>58 cases</td>
<td>39%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>ELPS</td>
<td>173 cases</td>
<td>23%</td>
<td>77%</td>
<td>77%</td>
</tr>
<tr>
<td>Hearings</td>
<td>12 cases</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>ELPS</td>
<td>16 cases</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hearings</td>
<td>41 cases</td>
<td>47%</td>
<td>23%</td>
<td>23%</td>
</tr>
</tbody>
</table>

# PROJECT MANAGEMENT OFFICE

BALANCED SCORECARD REPORT – QUARTER 3 2017

FITNESS TO PRACTISE PERFORMANCE INDICATORS

SENIOR RESPONSIBLE OFFICER: JONATHAN GREEN
### 2.2 FTP End-to-End Process – Targets Reference Sheet

#### A. Headline Timeliness Performance Indicators

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Targets</th>
<th>Current Performance</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI/FTP/008</td>
<td>The proportion of cases that reach the prosecution stage to reach an initial hearing within 15 months of receipt</td>
<td>Green: 75%+</td>
<td>Red: &lt;65% (PO 1 &amp; PO 5)*</td>
<td>[DO6]*</td>
</tr>
<tr>
<td>PI/FTP/009</td>
<td>The proportion of prosecution cases heard within 9 months of referral for prosecution decision</td>
<td>Green: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Red: &lt;70%</td>
<td></td>
</tr>
</tbody>
</table>

#### B. Supportive Measures

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Description</th>
<th>Targets</th>
<th>Current Performance</th>
<th>Objective</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI/FTP/001</td>
<td>The proportion of cases to clear triage within 25 working days of receipt</td>
<td>Green: 95%+</td>
<td>Amber: 90 - 94%</td>
<td>Red: &lt;90% (PO 1 &amp; PO 5)*</td>
</tr>
<tr>
<td>PI/FTP/002</td>
<td>The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt</td>
<td>Green: 70%+</td>
<td>Amber: 65 - 69%</td>
<td>Red: &lt;65% (PO 1 &amp; PO 5)*</td>
</tr>
<tr>
<td>PI/FTP/003</td>
<td>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</td>
<td>Green: 75%+</td>
<td>Amber: 65 - 74%</td>
<td>Red: &lt;65% (PO 1 &amp; PO 5)*</td>
</tr>
<tr>
<td>PI/FTP/004</td>
<td>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</td>
<td>Green: 95%+</td>
<td>Amber: 90 - 94%</td>
<td>Red: &lt;90% (PO 1 &amp; PO 5)*</td>
</tr>
<tr>
<td>PI/FTP/005</td>
<td>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</td>
<td>Green: 75%+</td>
<td>Amber: 65 - 74%</td>
<td>Red: &lt;65% (PO 1 &amp; PO 5)*</td>
</tr>
<tr>
<td>PI/FTP/006</td>
<td>The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPS) functions</td>
<td>TARGET: 7 or fewer ELPS referrals per month</td>
<td>Green: 7 or fewer</td>
<td>Amber: 8 - 9</td>
</tr>
<tr>
<td>PI/FTP/007</td>
<td>The proportion of all ILPS staff to reach annual time recording targets by team role</td>
<td>TARGET: 95% Of Staff</td>
<td>Green: 95%+</td>
<td>Amber: 90 - 94%</td>
</tr>
<tr>
<td>PI/FTP/008</td>
<td>The proportion of cases heard at initial hearing to have facts proved</td>
<td>TARGET: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Green: 80%+ (PO 1 &amp; PO 5)*</td>
<td>amber: 70 - 79%</td>
</tr>
<tr>
<td>PI/FTP/009</td>
<td>The proportion of opinions provided by the Case Examiner within 9 weeks of the referral</td>
<td>TARGET: 75%+</td>
<td>Green: 75%+</td>
<td>Amber: 65 - 74%</td>
</tr>
<tr>
<td>PI/FTP/010</td>
<td>The proportion of cases heard at initial hearing to have facts proved</td>
<td>TARGET: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Green: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Amber: 70 - 79%</td>
</tr>
<tr>
<td>PI/FTP/011</td>
<td>The proportion of initial hearings to be completed without adjournment</td>
<td>TARGET: 85% Green: 85%+</td>
<td>Amber: 80 - 84%</td>
<td>Red: &lt;80% (PO 2)*</td>
</tr>
<tr>
<td>PI/FTP/012</td>
<td>The proportion of cases heard at initial hearing to have facts proved</td>
<td>TARGET: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Green: 80%+ (PO 1 &amp; PO 5)*</td>
<td>Amber: 70 - 79%</td>
</tr>
<tr>
<td>PI/FTP/013</td>
<td>The proportion of Lost and Wasted hearing days to remain versus total scheduled days each month</td>
<td>TARGET: Under 20% Lost/Wasted</td>
<td>Green: 20% or under</td>
<td>Amber: 20 - 24%</td>
</tr>
</tbody>
</table>

#### (PO)* Objectives

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

#### [DO]* Desired Outcome

1. Allocations of impaired practiceto be appropriately assessed at the Triage 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.
2. Allocations of impaired practiceto 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.
3. Allocations of impaired practiceto 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.
4. ILPS are able to be allocated with the budgeted level of cases to enable ILPS costs to be kept under control and within budgeted levels.
5. ILPS productivity levels high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ILPS costs to be kept under control and within budgeted levels.
6. 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.
7. 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.
8. Adjustments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process.
9. Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate.
10. 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.
11. 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.
KPI/FTP/014 – IOC Timeliness – Registrar and Case Examiner Referrals

**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.

**PERFORMANCE INSIGHTS:**
- Five cases in Q3 have not met this target.
- Three IOC hearings where postponed due to a registrant or a defence representative being out of the country.
- One case had another matter come in later on that also required an IO. The IOC hearing was re-listed to allow both matters to be dealt with together.
- One case was adjourned due to a registrant’s ill health.

**PERFORMANCE INSIGHTS:**
- Two of these were delayed due to informants not providing information and one was postponed as the registrant was away and did not receive notice of the hearing.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 83%
- **PREVIOUS PERIOD:** 94%
- **TARGET LEVEL:** 95% + on time
- **Green when:** 95% +
- **Amber when:** 90-94%
- **Red when:** <90%

**PI/FTP/015 – IOC Timeliness: Triage Referrals**

**PERFORMANCE INDICATOR:**
The proportion of initial 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.

**PERFORMANCE INSIGHTS:**
- Both cases that didn’t meet this KPI did not meet the target as the first IOC referral from Triage was declined by the registrar.
- The second referral was made later on in the Investigation and was approved. Therefore technically the KPI should not be applied in these cases.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 71%
- **PREVIOUS PERIOD:** 75%
- **TARGET LEVEL:** 95% + on time
- **Green when:** 95% +
- **Amber when:** 90-94%
- **Red when:** <90%

**PI/FTP/016 – IOC Timeliness – Triage Referrals (following consent chase)**

**PERFORMANCE INDICATOR:**
The proportion of initial Triage 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.

**PERFORMANCE INSIGHTS:**
- Three cases out of five have not met the target to refer to IOC within 33 working days during Q3.
- Two of these were delayed due to informants not providing information and one was postponed as the registrant was away and did not receive notice of the hearing.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 40%
- **PREVIOUS PERIOD:** 100%
- **TARGET LEVEL:** 95% + on time
- **Green when:** 95% +
- **Amber when:** 90-94%
- **Red when:** <90%
### 2.4 FTP Performance Indicators – Interim Orders Committee Compliance

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.</td>
<td>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</td>
<td>• No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q3.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>TARGET LEVEL:</th>
<th>100% compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>100%</td>
</tr>
<tr>
<td>Amber when:</td>
<td>N/A</td>
</tr>
<tr>
<td>Red when:</td>
<td>&lt;100%</td>
</tr>
</tbody>
</table>

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**
THIS PERIOD: 100%
PREVIOUS PERIOD: 100%

**TARGET LEVEL:** 100% compliant

**GREEN when:** 100%
**AMBER when:** N/A
**RED when:** <100%

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of review interim order hearings to be heard within the stated statutory deadlines.</td>
<td>THIS PERIOD: 100% PREVIOUS PERIOD: 98%</td>
<td>• No review IOC hearings were heard after expiry of order in Q3.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>TARGET LEVEL:</th>
<th>100% compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>100%</td>
</tr>
<tr>
<td>Amber when:</td>
<td>N/A</td>
</tr>
<tr>
<td>Red when:</td>
<td>&lt;100%</td>
</tr>
</tbody>
</table>

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**
THIS PERIOD: 100%
PREVIOUS PERIOD: 98%

**TARGET LEVEL:** 100% compliant

**GREEN when:** 100%
**AMBER when:** N/A
**RED when:** <100%

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of High Court extension orders to be made before expiry of interim order.</td>
<td>THIS PERIOD: 100% PREVIOUS PERIOD: 100%</td>
<td>• No High Court Extension orders were made after expiry of an order in Q3.</td>
</tr>
</tbody>
</table>

**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.

<table>
<thead>
<tr>
<th>TARGET LEVEL:</th>
<th>100% compliant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>100%</td>
</tr>
<tr>
<td>Amber when:</td>
<td>N/A</td>
</tr>
<tr>
<td>Red when:</td>
<td>&lt;100%</td>
</tr>
</tbody>
</table>

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**
THIS PERIOD: 100%
PREVIOUS PERIOD: 100%

**TARGET LEVEL:** 100% compliant

**GREEN when:** 100%
**AMBER when:** N/A
**RED when:** <100%
### 2.5 Dental Complaints Service
#### Performance Indicators

**PI/STR/001 – Timeliness of DCS Enquiry Handling**

**PERFORMANCE INDICATOR:**

The proportion of DCS enquiries that are completed within 48 hours

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>THIS PERIOD:</th>
<th>79%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS PERIOD:</td>
<td>81%</td>
</tr>
</tbody>
</table>

**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

**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 email, phone, letter and webform enquiries in the quarter received and processed by DCS.
- In Q3, phone calls and letters were processed within the time frame in over 90% of cases, however the webform handling timeliness has lowered the average performance level.

**PI/STR/002 – Timeliness of DCS Case Resolution**

**PERFORMANCE INDICATOR:**

The proportion of DCS cases that are completed within 3 months

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>THIS PERIOD:</th>
<th>84%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS PERIOD:</td>
<td>88%</td>
</tr>
</tbody>
</table>

**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

**TARGET LEVEL:** 80% or above

- **Green when:** 80%+
- **Amber when:** 75% to 79%
- **Red when:** < 75%

**PERFORMANCE INSIGHTS:**

- 84% of cases were substantively completed within 3 months during Q3.
- There has been a consistent level of good performance for the last 3 quarters.

**PI/STR/003 – DCS Customer Service Feedback**

**PERFORMANCE INDICATOR:**

The proportion of feedback received which falls into the categories of ‘good’ or ‘excellent’

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>THIS PERIOD:</th>
<th>96%</th>
</tr>
</thead>
<tbody>
<tr>
<td>PREVIOUS PERIOD:</td>
<td>95%</td>
</tr>
</tbody>
</table>

**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

**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 DCS customer service feedback forms.
- 96% of customer feedback was positive within Q3, along similar levels to that received in Q2 and Q1.
ANNEX A - SECTION 3

Organisational Development Directorate
Performance Indicators

3.1 – Governance Performance Indicators
3.2 – HR Performance Indicators
3.3 – HR Performance Indicators
3.4 – HR Performance Indicators
3.5 – Facilities Performance Indicators
3.6 – Information Indicators
3.7 – Illegal Practice Indicators
3.8 – Compliance Indicators
### 3.1 Governance Performance Indicators

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

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of meeting papers that are shared to Council members and the Executive in line with recognised post-meeting deadlines</td>
<td><strong>THIS PERIOD: 87%</strong></td>
<td>• There were 13 meetings in Q3 compared to 18 in Q2, and no meetings held in August 2017. Both quarters had 159 Council/committee papers in total. Delays primarily related to Council and EMT Board papers where there were some very tight deadlines. • Work is now complete on the 2018 meeting schedule. Meeting dates in Q3 2018 have been spread more evenly across with the aim of reducing pressure on paper authors.</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td><a href="#">PI/HRG/010</a></td>
<td>Performance Objective 1: Good governance/strong leadership</td>
</tr>
<tr>
<td>DESIRED OUTCOME</td>
<td><strong>TARGET LEVEL: 90% within deadline</strong></td>
<td>Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision making.</td>
</tr>
<tr>
<td></td>
<td><strong>Green when:</strong> 90% to 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Amber when:</strong> 70% to 89%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Red when:</strong> 0% to 74%</td>
<td></td>
</tr>
</tbody>
</table>

#### PI/HRG/011 – Council Paper Quality

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results</td>
<td><strong>THIS PERIOD: 88%</strong></td>
<td>• Satisfaction continues to be high. • The slight decrease in satisfaction related to the late circulation of the budget paper considered by Council at its September meeting. This was the result of the need for amendment and recirculation of the paper to the Finance and Performance Committee. The FPC meeting in Q3 2018 has been scheduled for earlier in the quarter. • Response rates from Council members was low with 5 responses in July and 4 responses in September.</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td><a href="#">PI/HRG/011</a></td>
<td>Performance Objective 1: Good governance/strong leadership</td>
</tr>
<tr>
<td>DESIRED OUTCOME</td>
<td><strong>TARGET LEVEL: 75% satisfaction</strong></td>
<td>Council members need to be appropriately informed and have good information to make evidence based decisions.</td>
</tr>
<tr>
<td></td>
<td><strong>Green when:</strong> 75% to 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Amber when:</strong> 50% to 74%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Red when:</strong> 0% to 49%</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines</td>
<td><strong>THIS PERIOD: 6</strong></td>
<td>• Departure of the Governance and Executive Support Manager resulted in additional quality assurance checks for Council minutes. • The average number of items discussed at each meeting was 12.23 in Q3, compared to 8.83 items in Q2. • The cluster of meetings in September impacted on workload for staff in the governance team. Meeting dates in Q3 2018 have been spread more evenly to avoid this situation. • Additional EMT Board meetings had to be scheduled during the quarter</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td><a href="#">PI/HRG/012</a></td>
<td>Performance Objective 1: Good governance/strong leadership</td>
</tr>
<tr>
<td>DESIRED OUTCOME</td>
<td><strong>TARGET LEVEL: Less than 2 late</strong></td>
<td>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.</td>
</tr>
<tr>
<td></td>
<td><strong>Green when:</strong> 0-2 sets of minutes over a day late in period</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Amber when:</strong> 3-4 sets minutes over a day late in quarter</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Red when:</strong> 5+ sets minutes over a day late in quarter</td>
<td></td>
</tr>
</tbody>
</table>

#### PI/HRG/017 – Corporate Complaints Timeliness

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of corporate complaints responded to within the 15 working day deadline</td>
<td><strong>THIS PERIOD: 92%</strong></td>
<td>• 13 corporate complaints were responded to during Q3 with one complaint exceeding the 15 working day deadline. This was due to multiple responses and guidance from Corporate Legal. • One lesson learnt was identified. • Six of the complaints included organisational themes – policy (3), outcome (2) and customer service (1).</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td><a href="#">PI/HRG/017</a></td>
<td>Performance Objective 1: Good governance/strong leadership</td>
</tr>
<tr>
<td>DESIRED OUTCOME</td>
<td><strong>TARGET LEVEL: 100% within deadline</strong></td>
<td>All corporate complaints are responded to within the 15 working day deadline.</td>
</tr>
<tr>
<td></td>
<td><strong>Green when:</strong> 85% - 100%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Amber when:</strong> 75% to 84%</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Red when:</strong> 0% to 74%</td>
<td></td>
</tr>
</tbody>
</table>
### PI/HRG/001 – Recruitment Campaign Timeliness

**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.

**PERFORMANCE INSIGHTS:**
- 89% of recruitment campaigns were completed within the six week time frame.
- Two roles which missed this SLA were identified as hard-to-fill and had multiple campaigns and/or job re-designs. The extra time was necessary in order to ensure a quality appointment, but has impacted the SLA.
- The EA role had 2 offers declined due to personal/health reasons. If either of these had been accepted, the figure would have been 92%, which would have been within target.
- The average time taken to recruit roles from start to offer was 4.7 weeks.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 89%
- **PREVIOUS PERIOD:** 85%

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

### PI/HRG/002 – Recruitment Campaign Cost

**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

**PERFORMANCE INSIGHTS:**
- At £2,279, the average recruitment cost for Q3 was under the allocated level of £2,500 per recruitment. Whilst this was a significant increase on the previous quarter, Q2 was exceptionally low due to a higher than average volume of internal recruitment. To provide further context, the GDC had to pay higher than normal placement fees on three roles where the Preferred Suppliers List could not deliver.
- 69% of roles were filled either directly or internally without incurring an additional cost to the GDC.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** £2,279
- **PREVIOUS PERIOD:** £1,296

**TARGET LEVEL:** Average cost below £2,500
- Green when: 100% or lower than target
- Amber when: 101% to 120%
- Red when: 120% +

### PI/HRG/003 – Recruitment Right First Time

**PERFORMANCE INDICATOR:**
The proportion of roles recruited to first time and the employee meet criteria

**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.

**PERFORMANCE INSIGHTS:**
- 87% of campaigns were filled the first time round in Q3.
- Eight roles remain outstanding from the quarter. This is due in part to five roles being requested at the end of the quarter, and one role for which interviews have completed and offer pending.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 87%
- **PREVIOUS PERIOD:** 87%

**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

### PI/HRG/010 – Recruitment Probation Success

**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.

**PERFORMANCE INSIGHTS:**
- 22 out of a possible 25 employees successfully passed probation during Q3 (88%).
- Out of the remaining 12%, two probation decisions are still pending and one employee left prior to completing their probation period (terminated due to poor performance).

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 88%
- **PREVIOUS PERIOD:** 85%

**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
3.3 HR Performance Indicators – Resources

**KPI/HRG/004 – Staff Sickness**

**PERFORMANCE INDICATOR:**
The average number of employee sickness days for all GDC staff

**CORPORATE STRATEGY LINK**
Performance Objective 1: Effective management of staff

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

**PERFORMANCE INSIGHTS:**
- The average number of sick days per member of staff reduced by 17% to 1.63 days from 1.93 in Q2. This is within the two day average target level.
- The average sickness absence figures are based on both long and short term periods of absence. 32% of sickness absences were taken as long term sick and 68% were taken as a short term sickness absence.
- The number of employees on long term sick leave continued to reduce during Q3 and decreased to 4 from 9 in Q2. Of the four employees on long term sick leave, two continue to remain on sick leave and two have left the GDC. Long term sickness is based on absences of 20 days or more.
- The number of days taken as short term absence during Q3 increased slightly to 383 from 340 days in Q2.

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>WITHIN 2 DAYS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>Average 0 – 2 days</td>
</tr>
<tr>
<td>Amber when:</td>
<td>Average 2.1 – 3.0 days</td>
</tr>
<tr>
<td>Red when:</td>
<td>Average 3.1 days +</td>
</tr>
</tbody>
</table>

**KPI/HRG/005 – Staff Turnover: Natural**

**PERFORMANCE INDICATOR:**
The natural rate of organisational GDC turnover

**CORPORATE STRATEGY LINK**
Performance Objective 1: Effective management of staff

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

**PERFORMANCE INSIGHTS:**
- Natural turnover refers to the rate of turnover resulting from employees leaving the GDC of their own accord through resignations or retirement.
- The natural turnover increased by 15% during Q3 and therefore continues to remain above the target level of 2.6% per quarter.
- 17 out of 21 leavers left the GDC voluntarily during Q3, compared to 15 out of 21 during Q3.
- Six employees completed an exit interview questionnaire during Q3. The main reasons for leaving cited were progression through the GDC (3), pay & benefits (1), end of fixed term contract (1) and caring responsibilities (1).
- The HR department monitor natural turnover on an ongoing basis to identify any trends in evidence are in specific parts of the organisation. 47.6% of the Q3 natural turnover was in the Registration & Corporate Services, which makes up 28% of the GDC workforce.

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>WITHIN 2.6% Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>0% to 2.6%</td>
</tr>
<tr>
<td>Amber when:</td>
<td>2.7% to 5%</td>
</tr>
<tr>
<td>Red when:</td>
<td>5.1% +</td>
</tr>
</tbody>
</table>

**PI/HRG/006 – Staff Turnover: Overall**

**PERFORMANCE INDICATOR:**
The overall level of organisational turnover

**CORPORATE STRATEGY LINK**
Performance Objective 1: Effective management of staff

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

**PERFORMANCE INSIGHTS:**
- Overall turnover refers to the overall rate of turnover, comprising of voluntary leavers as well as those who have left through dismissals (including: end of fixed term contracts, redundancy, poor performance or capability).
- The number of leavers during Q3 remained at 21 and the overall turnover for the GDC remained at 6.1% during Q3.
- In addition to the 17 voluntary resignations, there was one dismissal during probation, one end of fixed term contract and two settlement agreements.

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>WITHIN 3.7% Turnover</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>0% to 3.7%</td>
</tr>
<tr>
<td>Amber when:</td>
<td>3.8% to 5.9%</td>
</tr>
<tr>
<td>Red when:</td>
<td>6.0% +</td>
</tr>
</tbody>
</table>
**3.4 HR Performance Indicators – People Planning, Engagement and Development**

### 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.

**Performance Insights:**

- Staff engagement has a demonstrable link to the discretionary effort staff are willing to put in.
- High levels of staff engagement therefore have a direct link to improved organisational performance.
- Engagement directly impacts productivity, retention and staff turnover, with a direct impact on recruitment costs.
- Overall engagement figure of 46% was measured in the August 2017 staff survey. 72% of staff responded to the survey.
- Focus groups were launched in September to interrogate the data at a granular level, and look at solutions to improve engagement & staff satisfaction.
- An action plan is due to be in place by December 2017.

**Actual Performance**

**This Period:** 46%

**Previous Period:** N/A

**Target Level:** 70% or above

- Green when: 70% +
- Amber when: 50% to 69%
- Red when: 49% or less

### PI/HRG/015 – Internal Opportunities

**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.

**Performance Insights:**

- Developing staff so they are able to progress their careers within the GDC means a reduction in the need to buy in talent. However, the focus must remain on appointing the best person for the role.
- Promotion of internal opportunity also links directly to staff engagement, as the organisation is seen to value its employees.
- Enabling staff to fulfil their potential without leaving the organisation reduces the risk of losing important corporate memory as well as skills.
- In Q3 2017, 19 of the 36 appointments were filled by internal staff.

**Actual Performance**

**This Period:** 53%

**Previous Period:** 54%

**Target Level:** 50% or above

- Green when: 50% +
- Amber when: 30% to 49%
- Red when: 29% or less

### PI/HRG/016 – Key Roles with Identified Successor

**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.

**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.
- Business critical roles will be defined as part of the workforce planning project and data on this performance indicator will be available from Q1 2018.

**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
3.5 Facilities Performance Indicators

PI/FCS/014 – Health & Safety Incident Occurrence

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

ACTUAL PERFORMANCE
THIS PERIOD: 0 incidents
PREVIOUS PERIOD: 0 incidents

PERFORMANCE INSIGHTS:
- During Q3 2017, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.

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.

PI/FCS/015 – Serious Accident Occurrence

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

ACTUAL PERFORMANCE
THIS PERIOD: 0 accidents, 0 near misses
PREVIOUS PERIOD: 0 accidents, 2 near misses

PERFORMANCE INSIGHTS:
- No serious accidents occurred during Q3.
- There were no near misses documented.

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.

PI/FCS/016 – Facilities Customer Satisfaction

PERFORMANCE INDICATOR:
The proportion of customer survey feedback received in the ‘satisfactory’ category

ACTUAL PERFORMANCE
PLACEHOLDER AWAITING AVAILABILITY OF DATA

PERFORMANCE INSIGHTS:
- Facilities sent out a Smart Survey asking staff for their top 5 issues that affect their satisfaction regarding the GDC working environment. A preliminary survey (survey for a survey) was sent out to all staff on 3 October.
- The top 5 issues noted were:
  1. Air conditioning;
  2. Workspace / Workstation;
  3. Kitchens / drinking water;
  4. Toilets and Showers;
  5. Meeting Rooms
- Some scores were positive as well as negative. The results of the next survey will be reported in Q4.

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.

PI/FCS/017 – Wimpole Street Lift Availability

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

ACTUAL PERFORMANCE
THIS PERIOD: 15 hours
PREVIOUS PERIOD: 13 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.
- There were some outages affecting the main Wimpole Street lift and the rear lift. The number of hours out of service includes maintenance visits.
### 3.6 Facilities Performance Indicators

#### PI/FCS/018 – External Contractor Performance

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of jobs completed by external contractors within their given priority SLA</td>
<td>THIS PERIOD: 86% PREVIOUS PERIOD: 74%</td>
<td></td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td>TARGET LEVEL: 95% within SLA</td>
<td>- This is a measure was introduced for the Q2 balanced scorecard.</td>
</tr>
<tr>
<td>Performance Objective 1 &amp; 2: Highly effective regulator and management of resources</td>
<td>Green when: 95% +</td>
<td>- The measure is based on the jobs completed by GVAAcuity, the GDC’s external facilities management contractor. Jobs are either reactive or planned preventative maintenance (PPM). Performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task.</td>
</tr>
<tr>
<td>DESIRED OUTCOME</td>
<td>Amber when: 70% and 94%</td>
<td>- As requested by the GDC Finance and Performance Committee, the performance indicator is now set as being green when it is 95% or above.</td>
</tr>
<tr>
<td>The external contractors used by the GDC respond to the organisation's job requests quickly and efficiently.</td>
<td>Red when: 69% or less</td>
<td>- GVAAcuity have recorded 175 jobs during Q3. 86.32% of the jobs completed are within the combined SLA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Green when:</th>
<th>Amber when:</th>
<th>Red when:</th>
</tr>
</thead>
<tbody>
<tr>
<td>THIS PERIOD:</td>
<td>86%</td>
<td>70%</td>
<td>69% or less</td>
</tr>
<tr>
<td>PREVIOUS PERIOD:</td>
<td>74%</td>
<td>94%</td>
<td>70% or less</td>
</tr>
</tbody>
</table>

**Actual Performance**

- **THIS PERIOD:** 86%
- **PREVIOUS PERIOD:** 74%

**Target Level:**

- **Green:** 95% or above
- **Amber:** 70% and 94%
- **Red:** 69% or less

**Desired Outcome:**

The external contractors used by the GDC respond to the organisation's job requests quickly and efficiently.
3.7 Information Indicators

**PI/FTP/023 – Freedom of Information Statutory Compliance**

**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.

**PERFORMANCE INSIGHTS:**
- One request was non-compliant in July as it was not until quite late on during the request that it became clear that some additional information about another registrant was required. The team sought the additional clarification from the Police but did not hear from them in time to meet the FOI deadline.

**ACTUAL PERFORMANCE**
THIS PERIOD: 98%
PREVIOUS PERIOD: 98%

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

**PI/FTP/024 – Data Protection Act Statutory Compliance**

**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

**PERFORMANCE INSIGHTS:**
- The high-volume SAR highlighted in the Q2 2017 report to EMT was closed in Q3. Due to the volume of information we did not respond to the SAR in full within the statutory timeframes, although the registrant was kept updated and information was released in tranches.

**ACTUAL PERFORMANCE**
THIS PERIOD: 98%
PREVIOUS PERIOD: 96%

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

**PI/FTP/025 – Serious Data Security Breaches**

**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

**PERFORMANCE INSIGHTS:**
- During Q3, six out of 21 data security breaches were classified as amber or significant (28%).
- Two were in relation to incorrect data being disclosed to the intended recipient, one was due to patient records getting lost/stolen and three as a result of data being disclosed to the incorrect recipient.

**ACTUAL PERFORMANCE**
THIS PERIOD: 6
PREVIOUS PERIOD: 9

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

**PI/FTP/026 – Non Serious Data Security Breaches**

**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

**PERFORMANCE INSIGHTS:**
- Six out of 21 data security breaches were classified as amber or significant (28%).
- Two were in relation to incorrect data being disclosed to the intended recipient, one was due to patient records getting lost/stolen and three as a result of data being disclosed to the incorrect recipient.

**ACTUAL PERFORMANCE**
THIS PERIOD: 6
PREVIOUS PERIOD: 9

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

**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.

**PERFORMANCE INSIGHTS:**

- Three out of six cases that received a Public Interest type decision in Q3 have taken longer than nine months from receipt to decision.
- Two of these complaints were Scottish cases that take longer due to differences in criminal justice systems. For the third case the KPI was missed due to unavailability of staff.
- From Q4 onwards a charging decision will be determined by “Assessment of Evidence” decision type rather than “Assessment of Public Interest” decision type to fit the process better.

**TARGET LEVEL:** 90% + on time

**PERCENTAGE: THIS PERIOD:** 50%

**PERCENTAGE: PREVIOUS PERIOD:** 100%

---

### 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.

**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.

**PERFORMANCE INSIGHTS:**

- There has been a significant improvement in team’s performance against this KPI in Q3.
- This shows overall improvement in the effectiveness and efficiency in reviewing enquiries. Particularly where there has been an increase in the overall number of enquiries received in Q3 following changes to the GDC’s internet page, increasing the visibility of Illegal Practice on the website.

**TARGET LEVEL:** 95% + on time

**PERCENTAGE: THIS PERIOD:** 97%

**PERCENTAGE: PREVIOUS PERIOD:** 95%

---

### 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.

**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.

**PERFORMANCE INSIGHTS:**

- At the end of Q3 2017 we are still unable to report on this performance indicator due to the lack of functionality. A CRM change is in process of being put forward the development/testing and is likely to take us to the new year before it finally goes live.

**TARGET LEVEL:** 95% + on time

**PERCENTAGE: THIS PERIOD:** Placeholder awaiting availability of data

---

### 3.8 Illegal Practice Indicators

**CORPORATE STRATEGY LINK**

Performance Objective 1: Improve performance across our functions

**DEPARTMENTAL INDICATOR**

**PROJECT MANAGEMENT OFFICE**

**BALANCED SCORECARD REPORT** – QUARTER 3 2017

**ORGANISATIONAL DEVELOPMENT PERFORMANCE INDICATORS**

**SENIOR RESPONSIBLE OFFICER:** BOBBY DAVIS
### 3.9 Compliance Performance Indicators

**PI/REG/021 – Compliance Audit Findings**

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| The proportion of organisational audits that find a substantial assurance rating (or equivalent terminology once second line Compliance procedures are defined) | PLACEHOLDER AWAITING AVAILABILITY OF DATA | • An integrated approach to risk management across the organisation has now been agreed with the Compliance team’s proposed work programme for 2018 agreed by EMT.  
• As part of the on-going realignment work for the team, internal SLA’s will be developed to form the basis of this part of the balanced scorecard.  
• The Head of Risk Management and Internal Audit has made use of the Compliance audits undertaken to provide assurance of the effectiveness of current mitigations set out in the strategic and operational risks registers. |
| CORPORATE STRATEGY LINK | | |
| Performance Objective 1: Improve performance across all functions | | |
| DESIRED OUTCOME | | |
| GDC processes are robustly managed with adequate risk controls in place, verified through the findings of audit activity. | | |

**TARGET LEVEL:** TBC

**Green when:** TBC

**Amber when:** TBC

**Red when:** TBC

**ORGANISATIONAL INDICATOR**

**PROJECT MANAGEMENT OFFICE**

**BALANCED SCORECARD REPORT – QUARTER 3 2017**

**ORGANISATIONAL DEVELOPMENT PERFORMANCE INDICATORS**

**SENIOR RESPONSIBLE OFFICER: BOBBY DAVIS**
ANNEX A - SECTION 4

Strategy Directorate
Performance Indicators

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

**PI/STR/004 – External Mass Engagement**

**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

**ACTUAL PERFORMANCE:**
- **THIS PERIOD:** 33 proactive (53 reactive)
- **PREVIOUS PERIOD:** 19 (27 reactive)

**PERFORMANCE INSIGHTS:**
- In Q3, there were 316 media clips featuring the GDC, this is an increase on Q2, which totalled 269 (17% increase).
- 113 out of the 316 (35%) media clips were generated by GDC press releases. In Q2, 47 out of 269 (17%) clips were generated by GDC press releases. Our potential maximum reach was 176,380,562 (combining the readership/audience numbers), an increase of 78% from Q2, which totalled 98,774,721. Media clips may simply mention us, it does not mean the GDC or our work is the main subject.
- During the same period, the GDC wrote and distributed 22 press releases, a 144% increase on Q2, which totalled 9.
- Significant increase in reactive activity, from seven enquiries in Q2 to 23 in Q2 and 53 in Q3 is due to increased press releases and offering comments. The actual performance figure is a breakdown of the number of proactive activity and reactive enquiries.

**CORPORATE STRATEGY LINK**
Performance objective 1: Improve our communication with dental professionals and stakeholders

**DESIRED OUTCOME**
The GDC’s ability 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 INSIGHTS:**
- Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities

**PI/STR/005 – External Face-To-Face Engagement**

**PERFORMANCE INDICATOR:**
The number of face to face engagement events with GDC’s key stakeholders.

**CORPORATE STRATEGY LINK**
Performance objective 1: Improve our communication with dental professionals and engaged with key organisational priorities.

**ACTUAL PERFORMANCE:**
- **THIS PERIOD:** 51 engagements
- **PREVIOUS PERIOD:** 50 engagements

**PERFORMANCE INSIGHTS:**
- The breakdown of activity with each type of audience has been the following: dentists 5 engagements; DCs 5 engagements; patients 2 engagements; regulation partners 13 engagements; education partners 9 engagements; healthcare partners 6; government 11 engagements.
- The level of face to face engagement in Q3 is 51 – one more than in the previous quarter. This is a positive result given these are summer months when activity tends to be less.
- This quarter’s engagement includes an increased occurrence of government engagement (previously 7 and currently 11).

**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).

**PERFORMANCE INSIGHTS:**
- 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.

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

**PERFORMANCE INDICATOR:**
Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities

**ACTUAL PERFORMANCE:**
- **THIS PERIOD:** 47% awareness
- **PREVIOUS PERIOD:** 43% awareness

**PERFORMANCE INSIGHTS:**
- This figure shows a rise from Q2 to Q3 of 4%. This shows an increased engagement from staff for the newsletter.
- It is worth considering that traditionally over the summer months newsletter open rates can dip due to high levels of absence due to annual leave, therefore in real terms this 4% rise is very positive.

**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).

**PERFORMANCE INSIGHTS:**
- In Q3 we are now able to report ‘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.
- 26% is a good starting level, in order to improve we need to ensure articles entice staff to click through to intranet/website etc to gather more information and understanding of the external environment.
In December 2016 a trial was carried out to develop protecting patients standards for education providers. The likelihood of re-inspection generally increases standard compliance by 50%. 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.

\[ \text{PERFORMANCE Indicator:} \quad \text{Proportion of inspections that require re-inspection} \]

\[ \text{PERFORMANCE Insights:} \quad \text{As referenced in further detail in the QA annual report, re-inspection generally increases standard compliance by 50%. The likelihood of re-inspection differs between groups. A large number of dental technician inspections will be carried out in 2016/17 which may lead to an increase in the proportion of re-inspections this year.} \]

\[ \text{ACTUAL Performance:} \quad \text{THIS PERIOD - 2015/16 – 25% re-inspections} \]

\[ \text{DESIREd OUTCOME:} \quad \text{<15% re-inspection} \]

\[ \text{Green when:} \quad \text{<15% re-inspection} \]

\[ \text{Amber when:} \quad 15% - 29% re-inspection \]

\[ \text{Red when:} \quad 30%+ re-inspection \]
### PI/STR/008 – Standards Perception

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td><strong>PLACEHOLDER AWAITING AVAILABILITY OF DATA</strong></td>
<td>• This performance indicator will be fully developed in line with the data collection plan for the Shifting the Balance programme.</td>
</tr>
</tbody>
</table>

**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.

**TARGET LEVEL:** TBC

| **Green when:** | TBC |
| **Amber when:** | TBC |
| **Red when:** | TBC |