

# **GENERAL DENTAL COUNCIL**

## **Balanced Scorecard Report Review of Quarter 4 2016 Performance**

**February 2017 Finance & Performance  
Committee Meeting**

*Project Management Office*

**Balanced Scorecard Report**  
**Review of Quarter 4 2016 Performance**

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Key Performance Indicators Dashboard***

## Key Performance Successes

- Q4 2016 has been a period of stability for key internal process control indicators.** IT systems and web availability has been maintained, no serious data breaches have been made and there were fewer than budgeted external legal referrals (Section 1.2 – ‘Internal Process’).
- There has been a significant improvement in Interim Orders Committee (IOC) hearing timeliness during Q4 (See section 1.2 – ‘Timeliness’). The target to hold IOC hearings within 21 working days of referral was met in 98% of cases: a 50% improvement on Q3. **IOC timeliness is a key focus in the effort to regain PSA standard 4.**
- The two Registration application routes regarded as ‘key’ for this period of the year both met active processing time targets (See section 1.2 – Timeliness). This is part of **a wider improvement in Registration application processing times during Q4 with several routes being the quickest this year** (See annex A – Section 4.1).
- Internal and external customer feedback in several parts of the organisation indicated positive performance in Q4:**
  - Internal: IT Customer Service (98% - annex A, 1.4), Governance Papers (87% - A, 2.4), PMO engagement (100% - A, 4.4)
  - External: DCS Customer Service Feedback (94% - annex A, 5.1), Registration Customer Service Feedback (88% - A, 4.4)

## Key Performance Issues

- Timeliness in the processing of FTP cases continues to be recognised as a priority for improvement.** The organisation’s two key FTP performance indicators are both flagged as red for Q4 (see section 1.2 – ‘Timeliness’). A number of other indicators are flagged as red in the FTP process dashboard (Annex A, 2.1).
- Full year 2016 FTP spending is £2.9m higher than budget,** following the need to allocate more Prosecution referrals to external providers than budgeted during 2016. The impact of this has been partially offset by a reduction in spending in other parts of the organisation (£1.9m lower than budget). (see section 1.2 – ‘financial’)
- The level of natural organisational turnover and employee sickness reduced (see section 1.3 – ‘Resources’) from Q3 levels but both remain amber and above desirable levels.** The reasons behind turnover continue to be monitored by the HR team and training for managers in key HR policies and procedures is planned throughout 2017, which will include sickness management.

## Looking Forward

- In March, the FTP budget model will be reviewed to consider if a reforecast is needed.** Focus will be on on incoming case levels (which have been on a downward trend since Q3 2016) and Case Examiner activity (which requires close monitoring to check whether budget assumptions about volumes of warnings and undertakings in the new process prove to be accurate).
- Q1 2017 will be a seasonally busy period for a number of parts of the organisation.** In Registration: 2016 Dentist ARF period close-out and subsequent restoration peak. In FTP: Levels of FTP case receipt in Q1 are typically a seasonal highpoint. In Finance: Year end financial activity will take place during Q1 and work will commence on the annual report and accounts.
- Projects are being delivered as part of the 2017 business plan in Q1 that are linked to a number of performance indicators.** The new Finance database system will go live at the start of January, the launch of the new public website will take place in February and training in recruitment and core management processes will be carried out on an ongoing basis in 2017.

## Actions Planned by EMT

- EMT will continue to prioritise management activity in 2017 will focus on the improvement of FTP timeliness.** 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.
- 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.**
- 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.

## FINANCIAL

KPI/FCS/001 - Organisational Income Collected

**THIS PERIOD 100.3% of budget**  
PREVIOUS PERIOD 100.4% of budget

Further info: Annex A – 1.1

- Organisational income for the full year period was 0.3% above budgeted levels as at the end of the year.

KPI/FCS/002 - Forecast FTP Expenditure

**THIS PERIOD 112.3% of budget**  
PREVIOUS PERIOD 110.2%

Further info: Annex A – 1.1

- Year to date FTP expenditure is £2.9m higher than budgeted. This is due to higher than expected cases being referred to external legal providers in 2015 and early 2016, and professional fees paid for external legal casework support (Capsticks) in 2016.

KPI/FCS/003 - Forecast Non-FTP Expenditure

**THIS PERIOD 90.4% of budget**  
PREVIOUS PERIOD 91.2% of budget

Further info: Annex A – 1.1

- Non-FTP expenditure is £1.9m lower than budgeted for this period. This is due in part to cost savings activities implemented during the second half of 2016.

## RESOURCES

KPI/HRG/004 - Staff Sickness

**THIS PERIOD - 2.8 average days**  
PREVIOUS PERIOD – 3.1 average days

Further info: Annex A – 3.2

- In Q4, average staff sickness levels reduced from the level of 3.1 days per employee in Q3. This followed a reduction of employees on long term sick leave. The Q4 level remains above the target average of 2 days.
- HR absence management training in 2017 will aim to support ongoing improvement of this KPI.

KPI/HRG/005 - Natural Turnover

**THIS PERIOD - 3.1%**  
PREVIOUS PERIOD - 4.1%

Further info: Annex A – 3.2

- Natural turnover remains above the 1.05% target, but reduced compared to Q3 due to a reduction in the number of voluntary resignations in Q4.
- The HR team monitor turnover data to spot trends in specific parts of the organisation. No specific trends have been identified.

## TIMELINESS

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

**THIS PERIOD – 6 days average**  
PREVIOUS PERIOD – 13 days average

Further info: Annex A – 4.1

- UK DCP applications were processed within 6 days on average (excluding on-hold time). This was the best quarterly performance in this KPI in 2016. This was partly assisted by a seasonal reduction in applications arriving in December (1141 DCP applications registered in Q4 v 1387 in Q3).

KPI/REG/006 - Restoration Applications Active Processing Time

**THIS PERIOD – 8 days average**  
PREVIOUS PERIOD – 18 days average

Further info: Annex A – 4.1

- Restoration applications were processed within 8 days on average (excluding on-hold time). A volume of 411 Restorations were made to the register during Q4, of which the majority (358) were Dental Care Professionals re-joining after the DCP annual retention fee removal exercise.

KPI/FTP/014 - FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals

**THIS PERIOD - 98% met target**  
PREVIOUS PERIOD - 48% met target

Further info: Annex A – 2.3

- The target to hold IOC hearings within 21 working days of referral was met in 98% of cases in Q4, a 50% improvement from the Q3 level following specific project activity to improve this KPI.
- Sustaining this improvement will be vital to support the effort to regain PSA standard 4.

## INTERNAL PROCESS

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

**THIS PERIOD - 100% availability**  
PREVIOUS PERIOD - 100% availability

Further info: Annex A – 1.3

- The GDC website was available continuously throughout Q4, enabling access public access to key GDC information and fulfilling the statutory function to make the online register available at all times.

KPI/FCS/010 - Dynamics CRM Availability

**THIS PERIOD - 100% availability**  
PREVIOUS PERIOD - 100%

Further info: Annex A – 1.3

- The Dynamics CRM database was continuously available for use in all GDC departments that process their work within the system, avoiding any IT related disruption to productivity.

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

**THIS PERIOD - 16% met target**  
PREVIOUS PERIOD - N/A

Further info: Annex A – 2.1

- 16% of cases concluded at the Case Examiner point in Q4 met the six month target. A further 49% were concluded between six and nine months.
- Cases that were concluded within this period will have been affected by the need to delay referral to IC between August and November when cases were queued to await the start of the new Case Examiners process.
- Timeliness issues in the early stages of the process have been reported in previous performance reports. Ongoing management activity in 2017 will focus on improvement, supported by FTP end-to-end review project activity.

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

**THIS PERIOD – 13% met target**  
PREVIOUS PERIOD - 22% met target

Further info: Annex A – 2.1

- During Q4, the overall target for cases to progress from receipt to prosecution conclusion within 15 months was met in 13% of cases and a further 21% were heard in 18 months.
- During this period, 50% of cases concluded at the initial hearing stage met the target to progress from the point of IC/Case Examiner referral to a hearing decision in 9 months.
- 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. Ongoing management activity in 2017 will focus on improvement, supported by FTP end-to-end review project activity.

KPI/FTP/006 - FTP: Proportionate Split of Internal and External Legal Referrals

**THIS PERIOD – 11 External referrals**  
PREVIOUS PERIOD – 25 External referrals

Further info: Annex A – 2.1

- During Q4, only 11 external referrals were made compared to the budgeted level of 21.
- As well as improvements to the capability of the internal legal team to keep cases in-house, this indicator is also affected by the flow of cases coming through from Case Examiners, which was lower than expected in the first two months of the process in Q4.

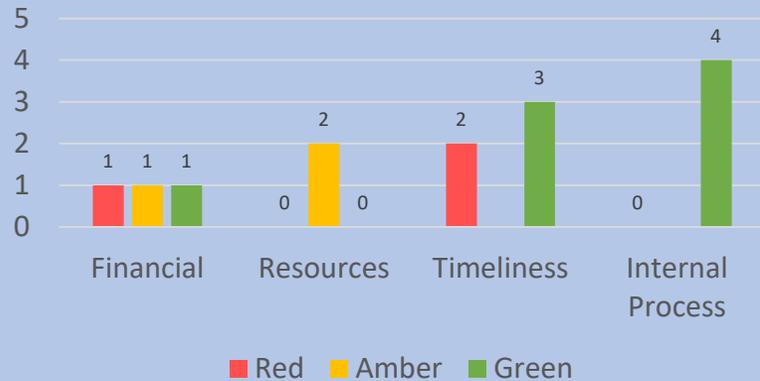
KPI/FTP/025 - Serious Data Breaches

**THIS PERIOD – 0 breaches**  
PREVIOUS PERIOD – 0 breaches

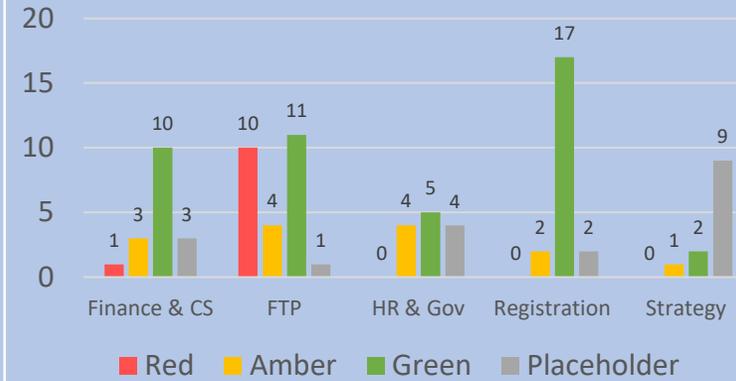
Further info: Annex A – 2.6

- During Q4, no serious data breaches took place that required reporting to the Information Commissioner's Office.
- Consistent avoidance of breaches will be vital to support the effort to regain PSA standard 10.

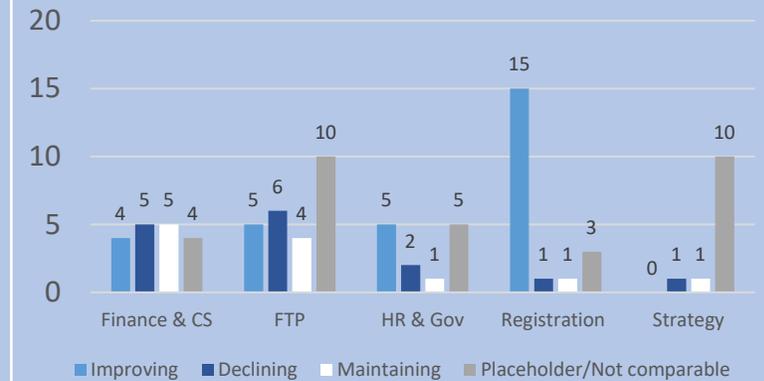
### RAG Summary – Key Performance Indicators by Theme



### RAG Summary – Performance Indicators by Directorate



### Direction of Travel Summary – Performance Indicators by Directorate



## Links to Strategic Risk

During Q1 2017, an exercise is planned to cross-reference the new balanced scorecard indicators with current live risks on the strategic risk register. Balanced scorecard indicators are likely to be mapped to the 'current mitigation' and 'monitoring method' sections of several live risks, and will be referenced in this section of the scorecard in future versions. Current strategic risks (with risk reference numbers noted) that will be likely be cross-referenced with balanced scorecard measures are:

- FP5 - More cases passed to ELPS than budgeted causing overspend
- FP6 - Failure to meet FTP PSA standards
- FC4 - We fail to continuously identify and implement cost efficiency measures
- HR1 – Poor line management performance
- CP1 - A breach in data security leads to potential legal sanctions, undertakings, financial penalty and loss of public confidence
- CP3 - Failure to learn the lessons from the PSA Investigation Report leads to GDC poor performance

## 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. In summary:

- The new finance database system will be effective from the start of January (Relevant indicators - Annex A, 1.1/1.2)
- The launch of the new public website will take place in February (Relevant indicator - Annex A, 1.3)
- The Data Management project will aim to improve timeliness in information governance while establishing an overall information governance framework (Relevant indicators – Annex A, 2.6)
- Training in recruitment and core management processes will be carried out on an ongoing basis (Relevant indicators - Annex A, 3.1/3.2)
- The Communications and Engagement Strategy is in the second year of implementation with further activities planned to embed the improvements made in 2016 (Relevant indicators – Annex A, 5.2)
- A new risk-based approach to Education and QA will be embedded in 2017 (Relevant indicator – Annex A, 5.3)
- The Standards will continue to be embedded throughout 2017 (Relevant indicator – Annex A, 5.4)
- A number of activities will be centred around improving FTP timeliness (Relevant indicators – Annex A 2.2 and Timeliness KPIs)

There are also a number of initiatives from the 2015 OCP and 2016 Business Plan that will be linked to the scorecard, as benefits are tracked after project completion:

- Leadership and Development Programme will be assessed including 360° feedback evidence (Relevant indicator – Annex A, 3.1)

# 1.4 Key Performance Indicators – Rationale For Priority Status

## FINANCIAL

### Organisational Income Collected

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

### Forecast FTP Expenditure

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

### Forecast Non-FTP Expenditure

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

## HR

### Staff Sickness

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

### Natural Turnover

**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.

## TIMELINESS

### UK DCP Active Processing Time

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

### Restoration Active Processing Time

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

### FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals

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

### FTP Timeliness: From Receipt to Case Examiner Decision

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

### FTP Timeliness: Overall Prosecution Case Length

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

## INTERNAL PROCESS

### GDC Website and Online Register Availability

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

### Dynamics CRM Availability

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

### FTP: Proportionate Split of Internal and External Legal Referrals

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

### Serious Data Breaches

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

***ANNEX A – Full performance report***

## **ANNEX A - SECTION 1**

### ***Finance & Corporate Services Directorate Performance Indicators***

- 1.1 - Finance Performance Indicators***
- 1.2 - Finance Performance Indicators***
- 1.3 - IT Performance Indicators***
- 1.4 – IT Performance Indicators***
- 1.5 – Facilities Performance Indicators***

## PI/FCS/001 – Organisational Income

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget</i>	<p><b>YEAR TO DATE AS OF END Q4:</b> 100.3 % To Budget</p> <p><b>YEAR TO DATE AS OF END Q3:</b> 100.4 % To Budget</p>	<ul style="list-style-type: none"> <li>Overall, year to date income is 0.3% above budgeted levels</li> <li>Total income was higher than budgeted by £131k for the Q4 period, due to higher than expected fees income. However, Q4 exam income was £31k lower than budgeted due to fewer than anticipated candidates taking part in the Part 2 exams.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 100% +	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 100% +	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 98% to 99.9%	
Total ARF income received by the GDC is sufficient to fund its operations	<b>Red when:</b> 97.9% or lower	

## PI/FCS/002 – FTP Expenditure

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast annual operating expenditure by the FtP directorate compared with budget</i>	<p><b>YEAR TO DATE AS OF END Q4:</b> 112.3% To Budget</p> <p><b>YEAR TO DATE AS OF END Q3:</b> 110.2 % To Budget</p>	<ul style="list-style-type: none"> <li>Year to date FTP expenditure is £2.9m higher than budgeted. This is due to higher than expected cases being referred to external legal providers in 2015 and early 2016, and professional fees for the Capsticks legal case handling in casework.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 100% to budget	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 98% to 102%	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> Below 98% OR 102.1% to 105%	
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	<b>Red when:</b> Above 105%	

## PI/FCS/003 – Non-FTP Expenditure

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Total forecast GDC annual operating expenditure (excluding the FtP directorate), compared with budget</i>	<p><b>PERIOD TO DATE (Q4):</b> 90.4% To Budget</p> <p><b>PREVIOUS PERIOD TO DATE (Q3):</b> 91.2% To Budget</p>	<ul style="list-style-type: none"> <li>Year to date expenditure in all areas other than FTP is £1.9m lower than budgeted for this period. This is due in part to cost savings activities implemented during the later part of 2016.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 100% to budget	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 98% to 102%	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> Below 98% OR 102.1% to 105%	
The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively	<b>Red when:</b> Above 105%	

## PI/FCS/004 – Pension Scheme Funding Position

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities</i>	<p><b>THIS PERIOD (01/04/16):</b> Shortfall of £466k (98%)</p> <p><b>PREVIOUS PERIOD (01/04/15):</b> Surplus of £1,462k (106%)</p>	<ul style="list-style-type: none"> <li>The funding level deteriorated at the most recent valuation point (April 2016) due to a change in the assumptions made in the valuation of liabilities.</li> <li>This level remains within the green threshold and there is no need for any action to be taken at this time.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 100% or greater	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> Less than £2m shortfall	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> Between £2m and £5m shortfall	
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.	<b>Red when:</b> Greater than £5m shortfall	

## PI/FCS/005 – Financial Reporting Timeliness

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline</i>	<p><b>THIS PERIOD (Q4):</b>  <b>2 out of 3 Months Within Deadline</b></p> <p><b>PREVIOUS PERIOD (Q3):</b> 1 out of 3 Months Within Deadline</p>	<ul style="list-style-type: none"> <li>Financial reporting timeliness has improved in this quarter due to improved planning and stricter adherence to the management accounts timetable.</li> <li>Plans for further improvement have been put into place to improve information access, anticipate any constraints, and adapt schedules to deal with any setbacks to the reporting process.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 3 out of 3 months to deadline	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 3 out of 3 months	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 2 out of 3 months	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports	<b>Red when:</b> 1 out of 3 or fewer	

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of associates fees &amp; expenses and staff expenses that are processed in line with recognised deadlines</i>	<p><b>THIS PERIOD (Q4):</b>  <b>Within Deadline</b></p> <p>Fees – 97.73%, Expenses – 97.61%</p> <p><b>PREVIOUS PERIOD (Q3):</b> Fees – 97.04%, Expenses – 95.45%</p>	<ul style="list-style-type: none"> <li>The target levels for Q4 were achieved, as was the case in Q3</li> <li>Any items not processed on time were as a result of delays outside of the Finance team's control e.g. resolving queries on claims or attendance forms as a result of information provided by the claimant.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 95% processed within deadline	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 95% +	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 85% to 94%	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	<b>Red when:</b> 84% and lower	

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of invoices and refunds that are processed in line with recognised deadline</i>	<p><b>THIS PERIOD (Q4):</b> DATA NOT YET AVAILABLE</p> <p><b>PREVIOUS PERIOD (Q3):</b> 73 % Within Deadline</p>	<ul style="list-style-type: none"> <li>It has not been possible to run some routine reporting due to the implementation of Dynamics NAV software in January 2016, including invoice and refund timeliness.</li> <li>Going forward, this data will be completed on a quarterly basis as per the other sections of the report.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 90% processed within deadline	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> 90% +	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 75% to 89%	
The Finance function provide a professional and timely accounting service in respect of income collection, banking, payments and receipts of invoices and expenses through the purchase and sales ledgers.	<b>Red when:</b> 74% and lower	

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</i>	<p><b>THIS PERIOD (Q4):</b> DATA NOT YET AVAILABLE</p> <p><b>PREVIOUS PERIOD (Q3):</b> £221K</p>	<ul style="list-style-type: none"> <li>It has not been possible to run some routine reporting due to the implementation of Dynamics NAV software in January 2016, including purchase order adherence.</li> <li>Going forward, this data will be completed on a quarterly basis as per the other sections of the report.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> Less than £150k non invoiced spend	
Performance Objective 2: Management of resources/ efficiency	<b>Green when:</b> Below £150k	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> Between £150k and £400k	
GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.	<b>Red when:</b> Above £400k	

## PI/FCS/009 – GDC Website and Online Register Availability

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the GDC website is available</i>	<p><b>THIS PERIOD:</b>  <b>100 % Availability</b></p> <p><i>PREVIOUS PERIOD:</i> <b>100 % Availability</b></p>	<ul style="list-style-type: none"> <li>100% uptime achieved with no issues recorded during the period and availability of the GDC website and online register maintained continuously.</li> <li>A new version of the online register went live on the 10<sup>th</sup> of October 2016, which incorporated; 1) Removal of the publication of registrant addresses following Council decision on this matter, 2) Enabling the new 'undertakings' sanction to be applied following the introduction of case examiners, and 3) a functional rebuild of the system to incorporate technical enhancements. All risks associated with the change were mitigated and the launch went successfully.</li> <li>The newly designed and rebuilt GDC Public website will go live in February 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL: 99.7% + availability</b>	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (in particular due to the to fulfil the key statutory duty to keep the GDC Register available to the public) and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	<p><b>Green when:</b> 99.7% to 100%</p> <p><b>Amber when:</b> 97% to 99.69%</p> <p><b>Red when:</b> 0% to 96.99%</p>	

## PI/FCS/010 – eGDC Site Availability

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the eGDC website is available</i>	<p><b>THIS PERIOD:</b>  <b>100 % Availability</b></p> <p><i>PREVIOUS PERIOD:</i> <b>100 % Availability</b></p>	<ul style="list-style-type: none"> <li>100% uptime achieved with no issues recorded during the period and with the site available for applicants and registrants to make online service interactions.</li> <li>Q4 is a particularly important time in the year for site availability to be maintained, to enable annual renewal payments to be made throughout the Dentist annual retention fee collection period.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL: 99.7% + availability</b>	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	<p><b>Green when:</b> 99.7% to 100%</p> <p><b>Amber when:</b> 97% to 99.69%</p> <p><b>Red when:</b> 0% to 96.99%</p>	

## PI/FCS/011 – Dynamics CRM Availability

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the Dynamics CRM organisational database is available</i>	<p><b>THIS PERIOD:</b>  <b>100 % Availability</b></p> <p><i>PREVIOUS PERIOD:</i> <b>100 % Availability</b></p>	<ul style="list-style-type: none"> <li>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</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL: 99.7% + availability</b>	
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.	<p><b>Green when:</b> 99.7% to 100%</p> <p><b>Amber when:</b> 97% to 99.69%</p> <p><b>Red when:</b> 0% to 96.99%</p>	

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that GDC Exchange Email is available</i>	<p><b>THIS PERIOD:</b>  <b>100 % Availability</b></p> <p><i>PREVIOUS PERIOD:</i> <b>100 % Availability</b></p>	<ul style="list-style-type: none"> <li>100% uptime achieved with no issues recorded during the period with GDC email available for all users continuously.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL: 99.7% + availability</b>	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.	<p><b>Green when:</b> 99.7% to 100%</p> <p><b>Amber when:</b> 97% to 99.69%</p> <p><b>Red when:</b> 0% to 96.99%</p>	

# 1.4 – IT Performance Indicators

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

DEPARTMENTAL  
INDICATOR

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance Objective 1: Improve performance across all functions

**DESIRED OUTCOME**

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

**ACTUAL PERFORMANCE**

**THIS PERIOD:**   
96.96 % Within Deadline

*PREVIOUS PERIOD:*  
97.33 % Within Deadline

**TARGET LEVEL:** 95% within deadline

**Green when:** 95% to 100%

**Amber when:** 90% to 94.99%

**Red when:** 0% to 89.99%

**PERFORMANCE INSIGHTS:**

- IT Service performance indicator remained within target for Q4 2016 with 96.96 processed within service level agreement deadlines.
- 2,835 service desk requests were completed over this period, compared to a 2,585 during Q3.
- This performance indicator is a composite measure taking into account all IT service desk requests carried out across IT support, web and database services.
- Target response times range depending on the nature of the request - from 30 minutes for straightforward desktop issues to 20 days for complex change requests.

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

DEPARTMENTAL  
INDICATOR

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance Objective 2: Cost reduction/efficiency

**DESIRED OUTCOME**

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

**ACTUAL PERFORMANCE**

**THIS PERIOD:**   
97.78 % Satisfactory

*PREVIOUS PERIOD:*  
97.47 % Satisfactory

**TARGET LEVEL:** 95% satisfactory

**Green when:** 95% to 100%

**Amber when:** 90% to 94.99%

**Red when:** 0% to 89.99%

**PERFORMANCE INSIGHTS:**

- 97.78% of users rating their service as good or very good in Q4 2016.
- 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.

## PI/FCS/015 – Health & Safety Incident Occurrence

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious incidents as reported to the Health &amp; Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</i>	<b>THIS PERIOD:</b>  <b>1 Incident</b>  <b>PREVIOUS PERIOD:</b> <b>0 Incidents</b>	<ul style="list-style-type: none"> <li>During Q2, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&amp;SE.</li> <li>However, during early October the presence of Legionella bacteria was discovered in one of the Wimpole Street showers during routine water sampling.</li> <li>The GDC responded to the incident in line with guidance provided by the H&amp;SE, with decontamination work being carried out which led to the room being given clearance for reopening in early November.</li> <li>Internal communications activity provided health guidance for all staff who may have been exposed to the room. No staff members reported adverse health effects.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> No incidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>Green when:</b> No incidents occur	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	
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.	<b>Red when:</b> 1 or more prohibition notice	

## PI/FCS/016 – Serious Accident Occurrence

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious health and safety accidents reported to the Health &amp; Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</i>	<b>THIS PERIOD:</b>  <b>0 Accidents</b>  <b>PREVIOUS PERIOD:</b> <b>0 Accidents</b>	<ul style="list-style-type: none"> <li>In keeping with the previous period (Q3), no serious accidents or near miss incidents have occurred during Q4.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> No accidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>Green when:</b> No accidents occur	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 1 or more internally recognised near miss	
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.	<b>Red when:</b> 1 or more serious accident	

## PI/FCS/017 – Facilities Customer Satisfaction

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of customer survey feedback received in the 'satisfactory' category</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>The planned launch of the customer service survey has been deferred until Q2 2017 in order to join up with the planned launch of an HR led customer service survey.</li> <li>This consolidated approach was discussed and approved with EMT during Q4 2016.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 85% satisfactory	
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>Green when:</b> 85% +	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 75% and 84%	
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.	<b>Red when:</b> 74% or less	

## PI/FCS/018 – Wimpole Street Lift Availability

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service</i>	<b>THIS PERIOD:</b> <b>20 Hours of Outage</b>  <b>PREVIOUS PERIOD:</b> <b>Data not available</b>	<ul style="list-style-type: none"> <li>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</li> <li>The main lift was reliable throughout Q4, however, a significant issue arose with the rear Mews lift which developed a fault that proved difficult to diagnose.</li> <li>This required several lift engineer visits to diagnose the root cause, followed by a lag time for parts to arrive.</li> <li>The issue is now substantively resolved, however, 20 hours of outage were incurred during the period that the issue was live.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b> 95% availability (8 hours)	
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>Green when:</b> 8 hours or less	
<b>DESIRED OUTCOME</b>	<b>Amber when:</b> 8.1 hours to 15.9 hours	
Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.	<b>Red when:</b> 16 hours +	

## **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 – Illegal Practice Performance Indicators***

***2.6 – Information Performance Indicators***

#### **SUPPLEMENTARY INSIGHTS ON SECTION 2.2 – FTP PERFORMANCE INDICATORS DASHBOARD**

Timeliness in the processing of FTP cases continues to be recognised as a priority area for improvement. The organisation's two key performance indicators are both flagged as red for Q4 (see section 1.3 at the top of the report – 'Timeliness'). Several other indicators are flagged as red in the FTP process dashboard (Annex A, 2.1, overleaf). The improvement of timeliness in FTP will be a medium to long term challenge due to the length of the process and therefore the length of time needed for aged cases to move through to completion in order for indicators to improve. In designing the new indicators, the FTP management team has sought to break down the overall 15 month target into a number of component parts, thereby providing the clearest possible view of where aged cases exist in the system. It is expected for a number of indicators to remain red in the early versions of this report. Management activity in 2017 will focus on timeliness improvement, supported by activity this year following an FTP end-to-end review

A summary relating to supportive indicators is noted below:

- PI/FTP/001 - Work is being carried out to strengthen Triage team resilience – an additional Senior Triage Officer is being recruited in Q1 (with headcount moved from Assessment team allocation) which will bring the team up to a fully resourced position.
- PI/FTP/002 – There are a large number of aged cases already beyond the 17 week timeframe at this stage of the process. Ongoing focus on case plans and 1:1 review of case progression with a focus on moving the oldest cases out of the stage.
- PI/FTP/002 & 004 – Q4 was the go-live period for the launch of Case Examiners, with new processes being embedded. Timeliness is expected to improve as experience of operating the new processes increases.
- PI/FTP/004 – A more robust approach is being introduced in January to seek to limit extensions to case observation deadlines to a minimum with planned communication to defence organisations to this effect.
- PI/FTP/010, PI/FTP/007, PI/FTP/012 – Targeted activity is being carried out to improve timeliness in the later stages of the case management process. The internal legal team has adopted a new time recording system which will help accurately monitor capacity and ensure work is being done at the right level. The team also continue to work towards reaching disclosure within 98 days, using clear task and deadline tracking as well as mid-point reviews to ensure cases are progressing on time. Ongoing improvements to the hearings case management process also seek to reduce the time taken to reach a hearing and a reduce in hearings that are adjourned part heard.
- PI/FTP/012 – The proportion of productive hearings days within the period was affected by train strikes which prevented panel members attending hearings on approximately 10 working days in total, as well as several cases which were adjourned part-heard.

# 2.1 - FTP End-to-end Process - Performance Indicators Dashboard

	Triage	Assessment	Case Examiners	ILPS	ELPS	Hearings	
A. Headline Timeliness Performance Indicators	<b>PI/FTP/008 - Full Case Timeliness : Overall Prosecution Case Length</b> <small>TARGET: 75% within 15 months THIS PERIOD: 13% PREVIOUS PERIOD: 22%</small>						
	<b>PI/FTP/005 - Investigation Timeliness : Receipt to CE Decision</b> <small>TARGET: 75% within 6 months THIS PERIOD: 16% PREVIOUS PERIOD: N/A</small>			<b>PI/FTP/009 - Prosecution Timeliness : Case Examiner Referral to Hearing</b> <small>TARGET: 80% within 9 months THIS PERIOD: 50% PREVIOUS PERIOD: 55%</small>			
B. Supportive Measures	<b>PI/FTP/001 - Triage Timeliness : Receipt to Triage Decision</b> <small>TARGET: 95% within 25 days THIS PERIOD: 94% PREVIOUS PERIOD: 98%</small>	<b>PI/FTP/002 - Assessment Timeliness : Receipt to Assessment Decision</b> <small>TARGET: 70% within 17 weeks THIS PERIOD: 26% PREVIOUS PERIOD: 28%</small>	<b>PI/FTP/004 - Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion</b> <small>TARGET: 75% within 9 weeks THIS PERIOD: 35% PREVIOUS PERIOD: N/A</small>	<b>PI/FTP/006 Proportional Split of Internal/External Prosecution Referrals</b> <small>TARGET: 21 or fewer cases referred externally per quarter THIS PERIOD: GREEN – 11 ELPS referrals PREVIOUS PERIOD: AMBER – 25 ELPS referrals</small>		<b>PI/FTP/011 - Hearing Days Productivity</b> <small>TARGET: Under 20% Lost/Wasted THIS PERIOD: 21% PREVIOUS PERIOD: 17%</small>	
			<b>PI/FTP/003 - Case Examiner Timeliness: Allocation to Initial Case Examiner Decision</b> <small>TARGET: 95% within 7 days THIS PERIOD: 81% PREVIOUS PERIOD: N/A</small>	<b>PI/FTP/010 Prosecution Timeliness : Disclosure Time Taken</b> <small>TARGET: 80% of cases disclosed within 98 Days THIS PERIOD: 55% PREVIOUS PERIOD: N/A</small>		<b>PI/FTP/012 - Hearings Completed Without Adjournment</b> <small>TARGET: 85% THIS PERIOD: 77% PREVIOUS PERIOD: 76%</small>	
				<b>PI/FTP/007 - ILPS Staff Productivity</b> <small>TARGET: 95% Of staff meeting target THIS PERIOD: 75% PREVIOUS PERIOD: N/A</small>			<b>PI/FTP/013 - Hearings Completed With Facts Proved</b> <small>TARGET: 80% THIS PERIOD: 100% PREVIOUS PERIOD: 97%</small>
C. Contextual Measures	Incoming	539 cases	274 cases	161 cases	38 cases	11 cases	34 cases to hear
	Processed	518 cases	490 cases	63 cases	TBC	TBC	47 hearings
	Referral Rate	58%	54%	41%	TBC	TBC	55%
	Work In Progress	135 cases	650 cases	246 cases	200 cases	137 cases	259 awaiting hearings

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

DEPARTMENTAL INDICATORS	KPI/FTP/Ref Triage	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings	
<b>A. Headline Timeliness Performance Indicators</b>	<b>PI/FTP/008</b> The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt TARGET: 75% + on time    Green: 75%+    Amber: 65 - 74%    Red: <65%    (PO 1 & PO 5)*    [DO6]*						
	<b>PI/FTP/005</b> The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt TARGET: 75% + on time    Green: 75%+    Amber: 65 - 74%    Red: <65%    (PO 1 & PO 5)*    [DO3]*			<b>PI/FTP/009</b> The proportion of prosecution cases heard within 9 months of referral for prosecution TARGET: 80% + on time    Green: 80%+    Amber: 70 - 79%    Red: <70%    (PO 1 & PO 5)*    [DO6]*			
<b>B. Supportive Measures</b>	<b>PI/FTP/001</b> The proportion of cases to clear triage within 25 working days of receipt  TARGET: 95% + on time Green: 95%+    Amber: 90 - 94% Red: <90% (PO 1 & PO 5)*    [DO1]*	<b>PI/FTP/002</b> The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt  TARGET: 70% + on time Green: 70%+    Amber: 65 - 69% Red: <65% (PO 1 & PO 5)*    [DO2]*	<b>PI/FTP/004</b> The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support  TARGET: 95% + on time Green: 95%+    Amber: 90 - 94% Red: <90% (PO 1 & PO 5)*    [DO3]*	<b>PI/FTP/006</b> The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions TARGET: 7 or fewer ELPS referrals per month Green: 7 or fewer    Amber: 8 - 9    Red: 10+ (PO 2)*    [DO4]*		<b>PI/FTP/011</b> The proportion of initial hearings to be completed without adjournment TARGET: 85%    Green: 85%+ Amber: 80 - 84%    Red: <80% (PO 2)*    [DO8]*	
				<b>PI/FTP/010</b> The proportion of prosecution cases to be disclosed within 98 working days of referral TARGET: 80% + on time    Green: 80%+    Amber: 75 - 79%    Red: <75% (PO 1 & PO 5)*    [DO7]*		<b>PI/FTP/012</b> The proportion of cases heard at initial hearings to have facts proved TARGET: 80%    Green: 80%+ Amber: 70 - 79%    Red: <70% (PO 5)*    [DO9]*	
				<b>PI/FTP/003</b> The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral  TARGET: 75% + on time Green: 75%+    Amber: 65 - 74%    Red: <65% (PO 1 & PO 5)*    [DO3]*	<b>PI/FTP/007</b> The proportion of all ILPS staff to reach annual time recording targets by team role TARGET: 95% Of Staff Green: 95%+    Amber: 90 - 94% Red: <90% (PO 2)*    [DO5]*		<b>PI/FTP/013</b> The proportion of Lost and Wasted hearing days to remain versus total scheduled days each month TARGET: Under 20% Lost/Wasted Green: 20% or under    Amber: 20 - 24% Red: >25% (PO 2)*    [DO10]*
	<b>(PO)* Objectives</b> (PO 1) Performance Objective 1: Reduce time taken to investigate complaints (PO 2) Performance Objective 2: Management of resources/ efficiency (PO 5) Professional Objective 5: Timely, fair and proportionate FTP action						
<b>(DO)* Desired Outcome</b> DO1: Allegations of impaired practise to 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. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPS costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPS costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.							

# 2.3 – FTP Performance Indicators - Interim Orders Committee Timeliness

## PI/FTP/014 – IOC Timeliness – Registrar and Case Examiner Referrals

DEPARTMENTAL INDICATOR

### PERFORMANCE INDICATOR:

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

### CORPORATE STRATEGY LINK

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

### DESIRED OUTCOME

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

### ACTUAL PERFORMANCE

**THIS PERIOD:**  
98% Within Target

PREVIOUS PERIOD: 48%



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

**Green when:** 95% +

**Amber when:** 90- 94%

**Red when:** <90%

### PERFORMANCE INSIGHTS:

- The Interim Orders Programme that was delivered in 2016 led to several projects that have contributed to improved performance in this period.
- One case exceeded the 21 working day referral target during the quarter. The hearing of this case was delayed due to reasons concerning the registrant's health, which required the seeking of a full health assessment report.

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

DEPARTMENTAL  
INDICATOR

### PERFORMANCE INDICATOR:

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

### CORPORATE STRATEGY LINK

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

### DESIRED OUTCOME

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

### ACTUAL PERFORMANCE

**THIS PERIOD:** 100% Within Target

PREVIOUS PERIOD: N/A

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

**Green when:** 95% +

**Amber when:** 90- 94%

**Red when:** <90%

### PERFORMANCE INSIGHTS:

- Reporting on triage referrals to IOC is now available following the introduction of CRM data changes at the start of Q4.
- As part of wider changes to the IOC process, the paralegal function is now used to identify and refer cases within FTP processes where risk may indicate the need for an interim order, earlier than would previously have been the case.
- All cases met the 28 working day referral target in Q4.

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

DEPARTMENTAL INDICATOR

### 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.

### ACTUAL PERFORMANCE

**THIS PERIOD:** 100% Within Target

PREVIOUS PERIOD: N/A

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

**Green when:** 95% +

**Amber when:** 90- 94%

**Red when:** <90%

### PERFORMANCE INSIGHTS:

- Reporting on Triage referrals to IOC is now available following the introduction of CRM data changes at the start of Q4.
- The distinction between this indicator and PI/FTP/015 is that some Triage cases require adjournment to gather consent or further information before IOC referral can be finalised.
- All cases met the target to refer to IOC within 33 working days in Q4.

# 2.4 – FTP Performance Indicators - Interim Orders Committee Compliance

## PI/FTP/014 – Interim Orders Statutory Compliance: Jurisdiction

DEPARTMENTAL INDICATOR

### PERFORMANCE INDICATOR:

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

### CORPORATE STRATEGY LINK

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

### DESIRED OUTCOME

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

### ACTUAL PERFORMANCE

**THIS PERIOD:**   
100% Heard Without Loss

PREVIOUS PERIOD: 100% Heard Without Loss

TARGET LEVEL: 100% compliant

Green when: 100%

Amber when: N/A

Red when: <100%

### PERFORMANCE INSIGHTS:

- No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q4.

## PI/FTP/015 – Interim Orders Statutory Compliance: Hearing Before Expiry

DEPARTMENTAL INDICATOR

### PERFORMANCE INDICATOR:

*The proportion of review interim order hearings to be heard before expiry of interim order.*

### CORPORATE STRATEGY LINK

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

### DESIRED OUTCOME

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

### ACTUAL PERFORMANCE

**THIS PERIOD:**   
100% Heard Before Expiry

PREVIOUS PERIOD: <100% Heard Before Expiry

TARGET LEVEL: 100% compliant

Green when: 100%

Amber when: N/A

Red when: <100%

### PERFORMANCE INSIGHTS:

- No review IOC hearings were heard after expiry of order in Q4.
- One case was heard outside of expiry in Q3 which was reported to the PSA and addressed promptly within GDC's Prosecution and Case Review functions.

## PI/FTP/016 – Interim Orders Statutory Compliance: High court extensions

DEPARTMENTAL INDICATOR

### PERFORMANCE INDICATOR:

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

### CORPORATE STRATEGY LINK

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

### DESIRED OUTCOME

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

### ACTUAL PERFORMANCE

**THIS PERIOD:**   
100% Extended Before Expiry

PREVIOUS PERIOD: 100% Extended Before Expiry

TARGET LEVEL: 100% compliant

Green when: 100%

Amber when: N/A

Red when: <100%

### PERFORMANCE INSIGHTS:

- No High Court Extension orders were made after expiry of order in this period.

# 2.5 – FTP Performance Indicators – Illegal Practice

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of IP cases to have a charging decision made within 9 months of receipt.</i>	<b>THIS PERIOD: 100% Within Target</b>  <i>PREVIOUS PERIOD: N/A</i>	<ul style="list-style-type: none"> <li>All cases reached the charging stage within the 9 month target level during Q4 2016</li> <li>No previous period data available as the introduction of CRM for Illegal Practice took place within Q3 2016.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across our functions		
<b>DESIRED OUTCOME</b>		
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.		
	<b>TARGET LEVEL:</b> 90% + on time  <b>Green when:</b> 90% + <b>Amber when:</b> 85 - 89% <b>Red when:</b> <85%	

## PI/FTP/021 – Illegal Practice Timeliness: Administrative Review DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.</i>	<b>THIS PERIOD: 91% Within Target</b>  <i>PREVIOUS PERIOD: N/A</i>	<ul style="list-style-type: none"> <li>This performance indicator is marginally below expectation of 95% of cases reaching enquiry within 3 working days.</li> <li>Data quality issues in the first quarter of CRM use across IP members should be taken into account in this result.</li> <li>No previous period data available as the introduction of CRM for Illegal Practice took place within Q3 2016.</li> <li>Administrative staff shortages within the IP team have placed the meeting of this target under pressure during the quarter.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across our functions		
<b>DESIRED OUTCOME</b>		
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.		
	<b>TARGET LEVEL:</b> 95% + on time  <b>Green when:</b> 95% + <b>Amber when:</b> 90 - 94% <b>Red when:</b> <90%	

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Further development of reporting functionality within CRM is required to enable the reporting of this indicator from Q1 onwards.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across our functions		
<b>DESIRED OUTCOME</b>		
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.		
	<b>TARGET LEVEL:</b> 95% + on time  <b>Green when:</b> 95% + <b>Amber when:</b> 90 - 94% <b>Red when:</b> <90%	

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).</i>	<div style="background-color: red; color: white; padding: 10px; text-align: center;"> <b>THIS PERIOD:</b> 99% within deadline                      </div> <p><i>PREVIOUS PERIOD: 100%</i></p>	<ul style="list-style-type: none"> <li>One FOI request was answered beyond the statutory timeframe in Q4.</li> <li>This was a complex financial enquiry regarding FTP costs which was responded to in 22 working days.</li> <li>The lapse in the deadline resulted from the need from the complexity of the request and the need for three departments to contribute different elements of the request.</li> <li>Lessons have been learnt in relation to this missed deadline regarding improvements to the joined up approach to response when managed by multiple teams especially when matter is complex. Lessons learnt have been disseminated to FOI representatives around the organisation.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 3: Transparency about our approach		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL:</b> 100% compliant	
Requests for information under the Freedom of Information Act are processed within statutory timeframes.	<b>Green when:</b> 100%	
	<b>Amber when:</b> n/a	
	<b>Red when:</b> <100%	

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of Subject Access Requests to be responded to within 40 calendar days (incl. extension timeframes)</i>	<div style="background-color: green; color: white; padding: 10px; text-align: center;"> <b>THIS PERIOD:</b> 100% within deadline                      </div> <p><i>PREVIOUS PERIOD: 100%</i></p>	<ul style="list-style-type: none"> <li>No Data Protection Act subject access requests were answered beyond the statutory timeframe in Q4.</li> <li>This is consistent with performance in Q3.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 3: Transparency about our approach		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL:</b> 100% compliant	
Subject Access Requests under the Data Protection Act are processed within statutory timeframes	<b>Green when:</b> 100%	
	<b>Amber when:</b> n/a	
	<b>Red when:</b> <100%	

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of serious incidents requiring self-reporting to the Information Commissioners Office</i>	<div style="background-color: green; color: white; padding: 10px; text-align: center;"> <b>THIS PERIOD:</b> 0 breaches                      </div> <p><i>PREVIOUS PERIOD: 0</i></p>	<ul style="list-style-type: none"> <li>No Data Security Incidents required self-reporting to the Information Commissioners Office in Q4.</li> <li>This is consistent with performance in Q3.</li> <li>The avoidance of serious data breaches remains a key organisational priority as the GDC seeks to regain PSA standard 10.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across our functions		
<b>DESIRED OUTCOME</b>	<b>TARGET LEVEL:</b> Zero self reports	
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	<b>Green when:</b> 0	
	<b>Amber when:</b> n/a	
	<b>Red when:</b> 1 or more	

## **ANNEX A - SECTION 3**

### ***HR & Governance Directorate Performance Indicators***

***3.1 – HR Performance Indicators***

***3.2 – HR Performance Indicators***

***3.3 – HR Performance Indicators***

***3.4 – Governance Performance Indicators***

# 3.1 – HR Performance Indicators - Recruitment

## PI/HRG/001 – Recruitment Campaign Timeliness

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks</i>	<b>THIS PERIOD:</b>  <b>5.46 Weeks Average</b>  <i>PREVIOUS PERIOD:</i> <b>5.9 Weeks Average</b>	<ul style="list-style-type: none"> <li>For this version of the report, the previous approach to measuring (taking an average weeks measurement of all campaigns, compared to a six week target) has been retained for consistency with all other Remuneration reporting over the course of 2016.</li> <li>The six week average target was met during Q4.</li> <li>From the Q1 2017 performance reporting period onwards, this indicator will be measured to demonstrate the proportion of all campaigns that met target.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: High quality recruitment		
<b>DESIRED OUTCOME</b>		
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.		
	<b>TARGET LEVEL:</b> <b>90% within deadline</b> <b>Green when:</b> 90% to 100% <b>Amber when:</b> 70% to 89% <b>Red when:</b> 69% or lower	

## PI/HRG/002 – Recruitment Campaign Cost

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average cost per employee recruitment</i>	<b>THIS PERIOD:</b>  <b>£1,900 Average Cost</b>  <i>PREVIOUS PERIOD:</i> <b>£1,359 Average Cost</b>	<ul style="list-style-type: none"> <li>At £1900, the average recruitment campaign cost for Q4 was below the within the allocated level of £2500 per recruitment.</li> <li>However, the average cost increased from the Q3 level of £1359.</li> <li>This can be attributed to the fact that during Q3 the majority of posts recruited to came via internal recruitment or applications direct to the GDC website (rather than through recruitment agencies).</li> <li>Conversely, recruitment during Q4 included appointments at 'head of' level which incurred executive search fees, contributing to the higher average.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 2: Cost reduction/efficiency		
<b>DESIRED OUTCOME</b>		
The costs of recruiting new staff are not excessive and remain within budgeted/target levels		
	<b>TARGET LEVEL:</b> <b>Average cost below £2500</b> <b>Green when:</b> 100% or lower than target <b>Amber when:</b> 101% to 120% <b>Red when:</b> 120% +	

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of roles recruited to first time and the employee subsequently passes probation</i>	<b>PLACEHOLDER AWAITING AVAILABILITY OF DATA</b>	<ul style="list-style-type: none"> <li>This performance indicator is expected to be reported on from the Q1 period onwards.</li> <li>The remuneration Committee have steered the development of this indicator with data to be reported on this indicator following their approval at the end of 2016.</li> <li>Following pilot sessions in late 2016, recruitment and selection training has now been provided for all new GDC managers as part of their induction from January 2017 onwards. Training sessions will also be offered to all existing GDC managers.</li> <li>It is hoped that this training will bring about an improvement in candidate selection, which should serve to improve the performance of this indicator.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: High quality recruitment		
<b>DESIRED OUTCOME</b>		
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant. Subsequent probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.		
	<b>TARGET LEVEL:</b> <b>90% of employees</b> <b>Green when:</b> 90% + of employees meet both criteria <b>Amber when:</b> 70% and 89% of employees meet both criteria <b>Red when:</b> 69% or less of employees meet both criteria	

## PI/HRG/004 – Staff Sickness

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average number of employee sickness days for all GDC staff</i>	<p><b>THIS PERIOD:</b>  <b>2.8 Days Average</b></p> <p><i>PREVIOUS PERIOD:</i> <b>3.1 Days Average</b></p>	<ul style="list-style-type: none"> <li>The of average number of sick days per staff member reduced during Q4, but remains at amber, about the target level of under two days average.</li> <li>This can mainly be attributed to a reduction in the number of employees recognised to be on long term sick leave (15 in Q3 compared to 12 in Q4).</li> <li>Training for managers in key HR policies and procedures is planned throughout 2017, which will include sickness management.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Effective management of staff	<b>Within 2 Days Average</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> Average 0 – 2 days</p> <p><b>Amber when:</b> Average 2.1 – 6 days</p> <p><b>Red when:</b> Average 6.1 days +</p>	
For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels		

## PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The natural rate of organisational GDC turnover</i>	<p><b>THIS PERIOD:</b>  <b>3.1 % Turnover</b></p> <p><i>PREVIOUS PERIOD:</i> <b>4.1 % Turnover</b></p>	<ul style="list-style-type: none"> <li>Natural turnover refers to the rate of turnover resulting from employees leaving the GDC of their own accord through resignation or retirement.</li> <li>Natural turnover remains above the target but reduced in this period due to a reduction in the number of staff who voluntarily resigned during Q4.</li> <li>The HR team monitor natural turnover on an ongoing basis to identify whether any trends are in evidence in specific parts of the organisation. No specific trends have currently been identified.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Effective management of staff	<b>Within 1.05% Turnover</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 0% to 1.05%</p> <p><b>Amber when:</b> 1.06% to 4.5%</p> <p><b>Red when:</b> 4.6% +</p>	
For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

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

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The overall level of organisational turnover</i>	<p><b>THIS PERIOD:</b>  <b>4.9 % Turnover</b></p> <p><i>PREVIOUS PERIOD:</i> <b>6.4 % Turnover</b></p>	<ul style="list-style-type: none"> <li>Overall turnover refers to the overall rate of turnover, comprising voluntary leavers as well as those who have left through dismissals (Including; end of fixed term contracts, redundancy, poor performance or capability).</li> <li>The overall turnover reduced due to a reduction in the volume of leavers in Q4 (22 in Q3 compared to 17 in Q4) but remains above the target level of 3%</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Effective management of staff	<b>Within 3% Turnover</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 0% to 3%</p> <p><b>Amber when:</b> 3.1% to 5%</p> <p><b>Red when:</b> 5.1% +</p>	
For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

# 3.3 – HR Performance Indicators – Staff/Leadership Behaviours

## PI/HRG/007 – Staff Behaviour 360 Feedback

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average annual 360 feedback rating for staff across the 4 GDC staff behaviour headings</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>The launch of software to enable the collection of 360 degree feedback data is planned for launch in April, to enable data to be utilised for feedback in mid-year appraisals.</li> <li>This data will be aggregated for this performance indicator and will be reported in Q3 in relation to the data collected in the Q2 launch period.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Talent management	<i>Average rating of 4 or above</i>	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 4 to 6 average	
Staff are recognised to demonstrate a good level of; 1) Trust, respect & fairness 2) Collaborative working 3) Raising performance 4) Positive approach	<b>Amber when:</b> 3 to 3.9 average	
	<b>Red when:</b> 2.9 average or less	

## PI/HRG/008 – Leadership Behaviour 360 Feedback

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average annual 360 feedback rating for managers across the 5 GDC leadership behaviour headings</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>The launch of software to enable the collection of 360 degree feedback data is planned for launch in April, to enable data to be utilised for feedback in mid-year appraisals.</li> <li>This data will be aggregated for this performance indicator and will be reported in Q3 in relation to the data collected in the Q2 launch period.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Strong leadership	<i>Average rating of 4 or above</i>	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 4 to 6 average	
GDC managers are recognised to demonstrate a good level of: 1) Demonstrating trust & respect 2) Promoting collaboration 3) Raising performance 4) Clarifying the vision 5) Positive leadership	<b>Amber when:</b> 3 to 3.9 average	
	<b>Red when:</b> 2.9 average or less	

## PI/HRG/009 – Leadership Behaviour Survey Results

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average quarterly pulse survey rating of staff opinion on the organisational strength of a selected leadership behaviour</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Plans for the launch of a pulse survey to collect data frequent feedback data from staff is currently under discussion by EMT.</li> <li>The approach being taken for the pulse survey was discussed during Q4 2016, with further consideration to be given to the scope of the survey during Q1 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Strong leadership	<i>Average rating of 4 or above</i>	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 4 to 6 average	
GDC managers are recognised to demonstrate a good level of one of the following in focus: 1) Demonstrating trust & respect 2) Promoting collaboration 3) Raising performance 4) Clarifying the vision 5) Positive leadership.	<b>Amber when:</b> 3 to 3.9 average	
	<b>Red when:</b> 2.9 average or less	

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines</i>	<p><b>THIS PERIOD:</b>  <b>91% Within Deadline</b></p> <p><i>PREVIOUS PERIOD:</i> <b>80% Within Deadline</b></p>	<ul style="list-style-type: none"> <li>Council and EMT Board were the two meetings that had the lowest percentage of papers uploaded on time - 88% for both. 97% of committee papers were uploaded on time.</li> <li>EMT Board deadlines for papers are shorter and these meetings have to be planned so they align with the Council and committee schedule. More time was spent developing the 2017 schedule to minimise inconsistencies.</li> <li>Council receives horizon scanning reports which must be up to date. As a result this paper is sent "to follow". Taking this report out of the figures results in 94% of Council papers being uploaded on time.</li> <li>Overall improved performance against KPI despite an increase of papers from 157 in Q3 to 189 in Q4.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Good governance/strong leadership	<b>90% Within Deadline</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 90% to 100%</p> <p><b>Amber when:</b> 75% to 94%</p> <p><b>Red when:</b> 0% to 74%</p>	
Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision making.		

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results</i>	<p><b>THIS PERIOD:</b> <b>87% Satisfaction</b></p> <p><i>PREVIOUS PERIOD:</i> <b>Not measured previously</b></p>	<ul style="list-style-type: none"> <li>This was the first round of survey feedback that was collected for Council meetings on 4 October and 1 December.</li> <li>In future, surveys will be sent the same day that the meeting is held.</li> <li>Only five responses from Council members, which will be highlighted in the next survey to try improve response rates.</li> <li>Pilot paper writing sessions held with main paper authors in December 2016. This will be further developed and rolled out in Q2 to remaining paper authors.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Good governance/strong leadership	<b>75% Satisfaction</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 75% to 100%</p> <p><b>Amber when:</b> 50% to 74%</p> <p><b>Red when:</b> 0% to 49%</p>	
Council members need to be appropriately informed and have good information to make evidence based decisions.		

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines</i>	<p><b>THIS PERIOD:</b>  <b>4 Late</b></p> <p><i>PREVIOUS PERIOD:</i> <b>3 Late</b></p>	<ul style="list-style-type: none"> <li>13 out of 17 minutes submitted to directors on or before deadline.</li> <li>Two of the late minutes were submitted within 24 hours of missed deadline.</li> <li>Increase of 3 meetings held in Q4 compared to Q3, which may have affected turnaround.</li> <li>No trend identified as this did not affect one particular Governance Manager or Council/committee</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 1: Good governance/strong leadership	<b>Less Than 2 Late</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 0-2 sets of minutes over a day late in period</p> <p><b>Amber when:</b> 3-4 sets minutes over a day late in quarter</p> <p><b>Red when:</b> 5+ sets minutes over a day late in quarter</p>	
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.		

## PI/HRG/013 – Governance Meeting Costs DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The actual level of spend on Governance meetings compared to budget</i>	<p><b>THIS PERIOD:</b>  <b>100% Of Budget</b></p> <p><i>PREVIOUS PERIOD:</i> <b>100% Of Budget</b></p>	<ul style="list-style-type: none"> <li>On budget for meeting costs for Q4.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>	<b>TARGET LEVEL:</b>	
Performance Objective 2: Cost reduction/efficiency	<b>Within 100% Of Budget</b>	
<b>DESIRED OUTCOME</b>	<p><b>Green when:</b> 0% to 100%</p> <p><b>Amber when:</b> 100% to 109%</p> <p><b>Red when:</b> 110% +</p>	
The costs of holding governance meetings are not excessive and remain within budgeted levels.		

## **ANNEX A - SECTION 4**

### ***Registration and Operational Excellence Directorate Performance Indicators***

***4.1 – Registration Process Performance Indicators Dashboard***

***4.2 – Registration Process Dashboard Reference Information***

***4.3 – Supplementary Registration Performance Indicators***

***4.4 - Registration and Opex Customer Feedback and Audit Performance Indicators***

# 4.1 Registration Performance Indicators - Process Dashboard

	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist	
<b>A. Average Overall Processing Time</b>	THIS PERIOD  14 Calendar Days <i>PREVIOUS PERIOD</i> 30 Calendar Days	THIS PERIOD  11 Calendar Days <i>PREVIOUS PERIOD</i> 17 Calendar Days	THIS PERIOD  15 Calendar Days <i>PREVIOUS PERIOD</i> 22 Calendar Days	THIS PERIOD  25 Calendar Days <i>PREVIOUS PERIOD</i> 27 Calendar Days	THIS PERIOD  55 Calendar Days <i>PREVIOUS PERIOD</i> 88 Calendar Days	THIS PERIOD  92 Calendar Days <i>PREVIOUS PERIOD</i> 100 Calendar Days	THIS PERIOD  16 Calendar Days <i>PREVIOUS PERIOD</i> 27 Calendar Days	
<b>B. Average Active Processing Time</b>	THIS PERIOD  4 Calendar Days <i>PREVIOUS PERIOD</i> 7 Calendar Days	THIS PERIOD  6 Calendar Days <i>PREVIOUS PERIOD</i> 13 Calendar Days	THIS PERIOD  8 Calendar Days <i>PREVIOUS PERIOD</i> 18 Calendar Days	THIS PERIOD  12 Calendar Days <i>PREVIOUS PERIOD</i> 13 Calendar Days	THIS PERIOD  53 Calendar Days <i>PREVIOUS PERIOD</i> 57 Calendar Days	THIS PERIOD  67 Calendar Days <i>PREVIOUS PERIOD</i> 65 Calendar Days	THIS PERIOD  12 Calendar Days <i>PREVIOUS PERIOD</i> 20 Calendar Days	
<b>C. Contextual Measures</b>	Incoming	39 Applications received	1,451 Applications received	502 Applications received	243 Applications received	48 Applications received	149 Applications received	117 Applications received
	Processed	34 Applications completed	1,141 Applications completed	411 Applications completed	144 Applications completed	8 Applications completed	20 Applications completed	93 Applications completed
	Work In Progress	6 Live applications at quarter end	96 Live applications at quarter end	44 Live applications at quarter end	60 Live applications at quarter end	22 Live applications at quarter end	99 Live applications at quarter end	23 Live applications at quarter end
<b>D. Insights</b>	<ul style="list-style-type: none"> <li>Q4 for was the first quarter of 2016 where both the overall and active processing time indicators were met.</li> <li>Partly due to the seasonally low volume of applications arriving for processing, the average of four calendar days for 'active processing time' is the quickest average of 2016.</li> </ul>	<ul style="list-style-type: none"> <li>As per the UK Dentist route, an average of six calendar days for 'active processing time' is the quickest average of 2016..</li> <li>The route ended the quarter with 96 live applications in progress, reducing the queue from 335 live applications at the end of Q3.</li> </ul>	<ul style="list-style-type: none"> <li>The 'overall processing time' improved by seven calendar days compared to Q3, but was a day over the target level of 14.</li> <li>However, this total is reduced to 8 calendar days for the 'active processing time' indicator which excludes on-hold time.</li> <li>Restoration applications often require further information to be chased from the applicant.</li> </ul>	<ul style="list-style-type: none"> <li>Q4 is the best performing period of 2016 for both timeliness performance indicators.</li> <li>An initial drop in applications received was observed in the first half of 2016 following the introduction English Language Testing. However, numbers have stabilised during the second half of the year.</li> </ul>	<ul style="list-style-type: none"> <li>The timeliness indicators were within the 60 day target.</li> <li>Volumes of applications registered and received throughout 2016 were 43 and 220 respectively.</li> <li>Both are in line with 2015 totals despite the introduction of English Language Testing in April.</li> </ul>	<ul style="list-style-type: none"> <li>The route has not met its 'overall processing time' indicator in 2016.</li> <li>However, the 'active processing time' KPI has been met consistently in 2016.</li> <li>The difference in the two indicators demonstrates that this route is particularly prone to time being taken to chase and receive applicant information.</li> </ul>	<ul style="list-style-type: none"> <li>With an average of 16 and 12 calendar days respectively, this is the quickest quarter of 2016 for both performance indicators.</li> <li>93 completed applications is a 121% increase in comparison to Q3 and takes the yearly total to 314.</li> </ul>	

# 4.2 Registration Performance Indicators - Process Dashboard Reference Sheet

DEPARTMENTAL INDICATORS  DESCRIPTION	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
	<p><i>PI/REG/001: The average overall time taken to process all UK Dentist Applications</i></p> <p><i>PI/REG/002: The average time taken with days on-hold removed to process all UK Dentist Applications</i></p>	<p><i>PI/REG/003: The average overall time taken to process all UK DCP Applications</i></p> <p><i>PI/REG/004: The average time taken with days on-hold removed to process all UK DCP Applications</i></p>	<p><i>PI/REG/005: The average overall time taken to process all Restoration Applications</i></p> <p><i>PI/REG/006: The average time taken with days on-hold removed to process all Restoration Applications</i></p>	<p><i>PI/REG/007: The average overall time taken to process all EEA Dentist Applications</i></p> <p><i>PI/REG/008: The average time taken with days on-hold removed to process all EEA Dentist Applications</i></p>	<p><i>PI/REG/009: The average overall time taken to process all Assessed Dentist Applications</i></p> <p><i>PI/REG/010: The average time taken with days on-hold removed to process all Assessed Dentist Applications</i></p>	<p><i>PI/REG/011: The average overall time taken to process all Assessed DCP Applications</i></p> <p><i>PI/REG/012: The average time taken with days on-hold removed to process all Assessed DCP Applications</i></p>	<p><i>PI/REG/013: The average overall time taken to process all Specialist List Applications</i></p> <p><i>PI/REG/014: The average time taken with days on-hold removed to process all Specialist List Applications</i></p>
	<b>TARGET LEVEL:</b>	Within 14 Calendar Days	Within 14 Calendar Days	Within 14 Calendar Days	Within 60 Calendar Days	Within 60 Calendar Days	Within 80 Calendar Days
<b>GREEN when:</b>	Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days
<b>AMBER when:</b>	Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days
<b>RED when:</b>	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	91 Days (Statutory time limit level) +	121 Days (Statutory Time Limited Level) +	91 Days (Statutory time limit level) +
<b>DESIRED OUTCOME</b>	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.						
<b>Corporate Strategy Link</b>	Performance Objective 1 & 2: Highly effective regulator and management of resources.						

# 4.3 - Supplementary Registration Performance Indicators

## PI/REG/015 – Call Centre Availability

DEPARTMENTAL  
INDICATOR

**PERFORMANCE INDICATOR:**

*The proportion of inbound calls from members of the public that are answered by the Customer Service and Information team.*

**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 the customer service team in a timely fashion prior to the caller ceasing to wait in the call queue.

**ACTUAL PERFORMANCE**

**THIS PERIOD: 93% Answered** 

*PREVIOUS PERIOD: 75% Answered*

**TARGET LEVEL:** 85% + calls are answered

**Green when:** 85% +

**Amber when:** 65% to 84%

**Red when:** 64% or lower

**PERFORMANCE INSIGHTS:**

- Q4 was the best performance in 2016 for the CAIT team, handling 13,129 out of 14,114 inbound calls offered to the service (93%).
- The significant increase in availability versus Q3 is partly linked to a 50% decrease in calls received by the team. Q3 is usually the busiest period of the year due to the seasonality of UK Dentist applications and the DCP ARF period.
- The 14,114 calls offered during Q4 is more in line with the teams' business as usual expectations.
- There is a direct correlation between call volumes and the proportion of calls answered - during busy periods, callers are more likely to abandon their attempt to make a call due to the amount of time they need to wait for it to be answered.

## PI/REG/017 – Registration Applications Processed

DEPARTMENTAL  
INDICATOR

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

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

**DESIRED OUTCOME**

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

**ACTUAL PERFORMANCE**

**THIS PERIOD: 95% To Budget** 

*PREVIOUS PERIOD: 98% To Budget*

**TARGET LEVEL:** 100% of Expected Registrations

**Green when:** 95% +

**Amber when:** 85% and 94%

**Red when:** 84% or less

**PERFORMANCE INSIGHTS:**

- The drop in expected Registration levels from Q3 to Q4 is due to a decline in DCP registrations during Q4. The route fell 21% short of the 1,451 expected for the period.
- Incoming DCP registration volumes are the most variable of all routes and are more difficult to predict due to the lack of information available from awarding bodies regarding likely numbers of entrants to the profession.
- 2016 ended 5% below the 8,788 applications forecasted for the year, however, in total more income than forecast was collected.
- The biggest shortfall throughout the year was via the DCP Restoration route. A higher number of restorations were expected after the ARF period due to the introduction of indemnity and the anticipation that more DCPs would be removed from the register as a consequence.

## PI/REG/019 – Minimum Acceptable Productivity

DEPARTMENTAL  
INDICATOR

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

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

**DESIRED OUTCOME**

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

**ACTUAL PERFORMANCE**

**THIS PERIOD: 100%**

*PREVIOUS PERIOD: n/a*

**TARGET LEVEL:** 95%+ Of Staff Meeting MAP's

**Green when:** 95%+

**Amber when:** 85% to 94%

**Red when:** 84% or lower

**PERFORMANCE INSIGHTS:**

- All of the UK Registration team members met their relevant MAP during Q4. The productivity across the whole of the team is one of the major reasons for a 65% decrease (497 to 172) in live applications between the quarter start and end.
- One member of the UK Registration team remains on long-term absence so has been excluded from this quarter's performance.
- 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 Q1 2017.

## PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".</i>	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> <b>THIS PERIOD: 88% Satisfaction</b>                      PREVIOUS PERIOD: 83% Satisfaction                 </div>	<ul style="list-style-type: none"> <li>88% of respondents were positive about the registration department's customer service supplied throughout the application process</li> <li>The improvement in performance against the previous quarter could be associated to an improvement in processing time across all seven routes to registration during this period.</li> <li>During Q4, only 3% of respondents to the Overseas Registration Exam feedback survey were not in agreement as to the quality of customer service received from the team.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>TARGET LEVEL:</b> 80% or above	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 80% +	
Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	<b>Amber when:</b> 60% to 79%	
	<b>Red when:</b> 59% or lower	

## PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of Registration applications that pass audit inspection.</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>This indicator is currently a placeholder awaiting the implementation of a new process for first line application audits being implemented within Registration in Q1 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1 & 2: Highly effective regulator and management of resources	<b>TARGET LEVEL:</b> 90% pass rate	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 90% and 100%	
All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.	<b>Amber when:</b> 80% and 89%	
	<b>Red when:</b> 79% or lower	

## PI/REG/020 – PMO Engagement Survey Results

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of people that rate an event 7 or greater out of 10 following attendance of a PMO project management or business planning workshop.</i>	<div style="background-color: #4CAF50; color: white; padding: 5px; text-align: center;"> <b>THIS PERIOD: 100% Satisfaction</b>                      PREVIOUS PERIOD: 100% Satisfaction                 </div>	<ul style="list-style-type: none"> <li>The PMO engagement survey is circulated to all attendees of PMO led training/workshop events each quarter.</li> <li>During Q4, PMO team engagement activity focused on team planning workshops, with sessions carried out for the Information, Illegal Practice and Internal Legal teams.</li> <li>The 100% satisfaction rating remains consistent with the Q3 level, when activity focused on Lean Six Sigma Awareness workshops.</li> <li>In addition to headline satisfaction data, the survey also invites brief narrative feedback, which is then used to improve the design and delivery of future workshop sessions.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions.	<b>TARGET LEVEL:</b> 85% rating 7 out of 10 or above	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> 85%+	
Members of staff from around the organisation receive beneficial support for business planning and project management matters, that enables them to embed learning and improve planning and project management in their business area.	<b>Amber when:</b> 70% to 84%	
	<b>Red when:</b> 70% or lower	

## PI/REG/021 – Compliance Audit Findings

ORGANISATIONAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of organisational audits that find a substantial assurance rating (or equivalent terminology once second line Compliance procedures are defined)</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>This indicator is currently a placeholder awaiting the repositioning of the Compliance team as a second line risk defence function, as part of the revised organisational operating structure becoming effective in April 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Performance Objective 1: Improve performance across all functions	<b>TARGET LEVEL:</b> TBC	
<b>DESIRED OUTCOME</b>	<b>Green when:</b> TBC	
GDC processes are robustly managed with adequate risk controls in place, verified through the findings of audit activity.	<b>Amber when:</b> TBC	
	<b>Red when:</b> TBC	

## **ANNEX A - SECTION 5**

### ***Strategy Directorate Performance Indicators***

***5.1 – DCS Performance Indicators***

***5.2 – Communications Performance Indicators (Placeholder)***

***5.3 - Strategy Performance Indicators (Placeholder)***

***5.4 – QA Performance Indicators (Placeholder)***

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of DCS enquiries that are completed within 48 hours</i>	<p><b>THIS PERIOD: 78%</b></p> <p>PREVIOUS PERIOD: N/A</p>	<ul style="list-style-type: none"> <li>This indicator is a combined average of email, phone, letter and webform enquiries in the quarter received and processed by DCS.</li> <li>Enquiries data is subject to some quality issues at this point and will be undergoing improvement activity.</li> <li>For this reason email enquiries were not measured in Q4.</li> </ul>							
<b>CORPORATE STRATEGY LINK</b>									
Performance objective 1: Improve performance across functions so we are highly effective as a regulator									
<b>DESIRED OUTCOME</b>									
DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe									
	<table border="1"> <tr> <td><b>TARGET LEVEL:</b></td> <td><b>80% or above</b></td> </tr> <tr> <td><b>Green when:</b></td> <td>80%+</td> </tr> <tr> <td><b>Amber when:</b></td> <td>75% to 79%</td> </tr> <tr> <td><b>Red when:</b></td> <td>&lt; 75%</td> </tr> </table>	<b>TARGET LEVEL:</b>	<b>80% or above</b>	<b>Green when:</b>	80%+	<b>Amber when:</b>	75% to 79%	<b>Red when:</b>	< 75%
<b>TARGET LEVEL:</b>	<b>80% or above</b>								
<b>Green when:</b>	80%+								
<b>Amber when:</b>	75% to 79%								
<b>Red when:</b>	< 75%								

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of DCS cases that are completed within 3 months</i>	<p><b>THIS PERIOD: 84%</b></p> <p>PREVIOUS PERIOD: 84%</p>	<ul style="list-style-type: none"> <li>84% of cases were substantively completed within 3 months during rating in Q4.</li> <li>This level remains consistent with performance in Q3.</li> </ul>							
<b>CORPORATE STRATEGY LINK</b>									
Performance objective 1: Improve performance across functions so we are highly effective as a regulator									
<b>DESIRED OUTCOME</b>									
DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner									
	<table border="1"> <tr> <td><b>TARGET LEVEL:</b></td> <td><b>80% or above</b></td> </tr> <tr> <td><b>Green when:</b></td> <td>80% +</td> </tr> <tr> <td><b>Amber when:</b></td> <td>75% to 79%</td> </tr> <tr> <td><b>Red when:</b></td> <td>&lt; 75%</td> </tr> </table>	<b>TARGET LEVEL:</b>	<b>80% or above</b>	<b>Green when:</b>	80% +	<b>Amber when:</b>	75% to 79%	<b>Red when:</b>	< 75%
<b>TARGET LEVEL:</b>	<b>80% or above</b>								
<b>Green when:</b>	80% +								
<b>Amber when:</b>	75% to 79%								
<b>Red when:</b>	< 75%								

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

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:							
<i>The proportion of feedback received which falls into the categories of 'good' or 'excellent'</i>	<p><b>THIS PERIOD: 94%</b></p> <p>PREVIOUS PERIOD: 96%</p>	<ul style="list-style-type: none"> <li>This indicator measures average percentage across several key categories within DCS customer service feedback forms.</li> <li>94% of customer feedback was positive within Q4, along similar levels to that received in Q3 (96%).</li> </ul>							
<b>CORPORATE STRATEGY LINK</b>									
Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach									
<b>DESIRED OUTCOME</b>									
DCS service users are left with a positive perception of their experience of engaging with the DCS process									
	<table border="1"> <tr> <td><b>TARGET LEVEL:</b></td> <td><b>90% or above</b></td> </tr> <tr> <td><b>Green when:</b></td> <td>90% +</td> </tr> <tr> <td><b>Amber when:</b></td> <td>85% to 89%</td> </tr> <tr> <td><b>Red when:</b></td> <td>&lt; 85%</td> </tr> </table>	<b>TARGET LEVEL:</b>	<b>90% or above</b>	<b>Green when:</b>	90% +	<b>Amber when:</b>	85% to 89%	<b>Red when:</b>	< 85%
<b>TARGET LEVEL:</b>	<b>90% or above</b>								
<b>Green when:</b>	90% +								
<b>Amber when:</b>	85% to 89%								
<b>Red when:</b>	< 85%								

## PI/STR/004 – External Mass Engagement

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>The proportion of all media coverage which has followed proactive efforts from the GDC to achieve coverage, versus the proportion that results from the need to react to externally driven coverage</i></p>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> <li>A newly developed dataset will be collected to enable reporting in this area for the first time.</li> <li>Data monitoring in this area will commence in Q1 2017, to enable reporting from Q2 onwards.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
<p>Performance objective 1: Improve our communication with dental professionals and stakeholders</p>		
<b>DESIRED OUTCOME</b>		
<p>The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.</p>		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

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

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>The approximate volume of registrants directly engaged with in face to face presentations and workshops. Supplementary breakdown to be provided of DCP/Dentist split and four nations split</i></p>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> <li>A newly developed dataset will be collected to enable reporting in this area for the first time.</li> <li>Data monitoring in this area will commence in Q1 2017, to enable reporting from Q2 onwards.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
<p>Performance objective 1: Improve our communication with dental professionals</p>		
<b>DESIRED OUTCOME</b>		
<p>An increasing number of Registrants are able to hear GDC messaging in face to face updates, to enable the delivery of key messages. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.</p>		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

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

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>The proportion of positive feedback received regarding staff awareness of key organisational priorities through an internal customer feedback survey</i></p>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> <li>Plans for the launch of a pulse survey to collect data frequent feedback data from staff is currently under discussion by EMT.</li> <li>The approach being taken for the pulse survey was discussed during Q4 2016, with further consideration to be given to the scope of the survey during Q1 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
<p>Performance objective 1: People management and strong leadership</p>		
<b>DESIRED OUTCOME</b>		
<p>GDC staff members feel well informed and engaged with internal communications activities. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.</p>		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

## PI/STR/007 – Internal Communications - Perception of Two-Way Communication

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>The proportion of positive feedback received regarding the perception of two-way communication between senior management and staff through an internal customer feedback survey</i></p>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> <li>Plans for the launch of a pulse survey to collect data frequent feedback data from staff is currently under discussion by EMT.</li> <li>The approach being taken for the pulse survey was discussed during Q4 2016, with further consideration to be given to the scope of the survey during Q1 2017.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
<p>Performance objective 1: People management and strong leadership</p>		
<b>DESIRED OUTCOME</b>		
<p>GDC staff members feel well informed and engaged with internal communications activities. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.</p>		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

# 5.3 – QA Performance Indicators

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

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the standards</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Further work is planned during Q1 to analyse historic QA datasets to establish a benchmark for what could appropriately be referred to as 'green', 'amber' or 'red' within this performance indicator.</li> <li>Reporting will be available from Q2 onwards following the completion of this work.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Professional Objective 2: Help ensure professionals are properly trained		
<b>DESIRED OUTCOME</b>		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

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

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Education providers - Proportion meeting 'Governance' Standards for Education</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Further work is planned during Q1 to analyse historic QA datasets to establish a benchmark for what could appropriately be referred to as 'green', 'amber' or 'red' within this performance indicator.</li> <li>Reporting will be available from Q2 onwards following the completion of this work.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Professional Objective 2: Help ensure professionals are properly trained		
<b>DESIRED OUTCOME</b>		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

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

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Education providers - Proportion meeting 'Student Assessment Standards for Education</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Further work is planned during Q1 to analyse historic QA datasets to establish a benchmark for what could appropriately be referred to as 'green', 'amber' or 'red' within this performance indicator.</li> <li>Reporting will be available from Q2 onwards following the completion of this work.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Professional Objective 2: Help ensure professionals are properly trained		
<b>DESIRED OUTCOME</b>		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

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

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of inspections that require re-inspection</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA	<ul style="list-style-type: none"> <li>Further work is planned during Q1 to analyse historic QA datasets to establish a benchmark for what could appropriately be referred to as 'green', 'amber' or 'red' within this performance indicator.</li> <li>Reporting will be available from Q2 onwards following the completion of this work.</li> </ul>
<b>CORPORATE STRATEGY LINK</b>		
Professional Objective 2: Help ensure professionals are properly trained		
<b>DESIRED OUTCOME</b>		
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		
<b>TARGET LEVEL:</b>	TBC	
<b>Green when:</b>	TBC	
<b>Amber when:</b>	TBC	
<b>Red when:</b>	TBC	

## PI/STR/008 – Standards Perception

DEPARTMENTAL  
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>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.</i></p>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> <li>This performance indicator will be fully developed in line with the data collection plan for the 'Shifting the Balance' Programme.</li> </ul>
<p><b>CORPORATE STRATEGY LINK</b></p> <p>Professionals objective 4: To guide dental professionals in meeting the standards we set for them.</p>		
<p><b>DESIRED OUTCOME</b></p> <p>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.</p>		
<p><b>TARGET LEVEL:</b></p>	<p>TBC</p>	
<p><b>Green when:</b></p>	<p>TBC</p>	
<p><b>Amber when:</b></p>	<p>TBC</p>	
<p><b>Red when:</b></p>	<p>TBC</p>	