Balanced Scorecard Report
Review of Quarter 1 2017 Performance

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ANNEX A – Full performance report
Section 1: Executive Summary & Key Performance Indicators Dashboard
## Key Performance Successes

1. Continuing a trend from Q4 2016, significantly fewer FTP cases at the prosecution stage were referred externally than expected in Q1. 9 external referrals were made to external legal providers in the quarter, compared to a budgeted level of 21. (See KPI Dashboard – ‘Internal Process’).

2. The overall GDC 2017 financial position is positive as of the end of Q1 point. Approximately £1.2m greater than expected ARF income was collected and approximately FTP spend is approximately £550k lower than budgeted (linked to the reduction in external legal referral providers) (See KPI Dashboard – Financial).

3. 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 Q1 with all routes being improved since Q4 and three routes being the quickest since ‘active’ reporting commenced in mid-2015 (See annex A – Section 1.6).

## Key Performance Issues

1. Timeliness in the processing of FTP cases continues to be recognised as a priority for improvement. The three FTP timeliness KPIs are rated red for Q4 (See KPI Dashboard – ‘Timeliness’). However, there has been modest improvement performance in the 6 month and 15 month case progression targets and cases that missed the IOC timeliness target are largely attributed to registrant availability issues. A number of other indicators are flagged as red in the FTP process dashboard (Annex A, 2.1).

2. One significant data security incident took place in Q1. This related to a set of clinical records disclosed to an informant. Although the records have been recovered and the impact of the disclosure on those involved is not likely to be significant, the breach has been referred to the Information Commissioners Office (ICO), given the volume of sensitive personal data disclosed. (See KPI Dashboard – ‘Internal Process’). However, the ICO have closed the referral with no further action in recognition of the GDC’s wider improvement in information handling and reporting processes over the past year.

3. The level of natural organisational turnover and employee sickness both remain amber and above desirable levels. Reasons continue to be monitored by the HR team. Health and Wellbeing training, which includes sickness absence management guidance is being rolled out to all managers during Q1/Q2 2017. (See KPI Dashboard – ‘Resources’).

## Actions Planned by EMT

1. EMT plan to approach the Department of Health for a discussion about their current capacity to consider amendments to the GDC’s legislative rules. In particular, FTP timeliness in the early stages of the process is currently subject to delay due to current rules requiring multiple informant observation points in the early stages (this is regarded to be out of step with other regulators who allow one opportunity for informant observations). A centralised repository of desired rules amendments is being collated by FTP team in liaison with the Strategy directorate to help inform discussions.

2. Additionally, within existing rules, the FTP team are exploring the possibility of a risk based approach towards expediting specific types of cases through the observations process in one go when the facts involved are very clear. This initiative is subject to legal advice and will be overseen by the Risk & Oversight Group. If progressed, clear process guidance will be developed (along similar lines to the triage IOC expediting process introduced in 2016).

3. EMT also plan to explore the possibility of developing Memoranda of Understanding with NHS Protect & the CQC to avoid the need for the GDC to open cases concurrently when they are being worked on by either of these bodies. This would help to reduce the number of GDC cases that become aged whilst on-hold awaiting NHS/CQC action.

## Looking Forward

1. Q2 2017 will be a seasonally busy period for a number of parts of the organisation. The 2018 budget and business planning development process will be launched across the organisation during the period. The seasonal peak of UK Dentist Graduate registrations will commence in May and run through to July, and the DCP annual retention fee collection will launch in June and run to the end of July.

2. Projects are being delivered as part of the 2017 business plan in Q2 that are linked to a number of performance indicators. A review of the Customer Advice & Information Team analytics and reporting commenced in Q1 and implementation work will be carried out in Q2. A process review of the Dental Complaints Service also commenced during Q1 with improvements to a range of procedures to commence in Q2. Scoping workshops for the Shifting the Balance programme and FTP end-to-end review have been carried out and both programmes will be more formally established within Q2.
### FINANCIAL

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Previous Period</th>
<th>THIS PERIOD 104% to budget</th>
<th>Progress</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI/FCS/001 - Organisational Income Collected</td>
<td>Total income is higher than budgeted by £1.2m for this period, due to higher than expected ARF dentist income of £1.7m.</td>
<td></td>
<td>THIS PERIOD 104% to budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FCS/002 - Forecast FTP Expenditure</td>
<td>FTP expenditure is £548k lower than budgeted for this period. This is due to external legal fees being lower than estimated as fewer cases have been referred externally during Q1. Whilst a positive development, this KPI goes amber for significant underspends to flag the degree of variance to budget.</td>
<td>PREVIOUS PERIOD 100% of budget</td>
<td>THIS PERIOD 90% of budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FCS/003 - Forecast Non-FTP Expenditure</td>
<td>Non-FTP expenditure is £327k lower than budgeted for this period. This is due to timing differences to budgeted spend. This KPI goes amber for significant underspends to flag the degree of variance to budget.</td>
<td>PREVIOUS PERIOD 90% of budget</td>
<td>THIS PERIOD 92% of budget</td>
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### INTERNAL PROCESS

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Previous Period</th>
<th>THIS PERIOD</th>
<th>Progress</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI/REG/004 - UK DCP Applications Active Processing Time</td>
<td>The average of three calendar days for the ‘active processing time’ is the best quarterly average for the UK DCP routes since the introduction of the on-hold function (in mid-2015) which enables time where further information is sought from the applicant to be excluded from the measurement.</td>
<td>PREVIOUS PERIOD – 6 days average</td>
<td>THIS PERIOD – 3 days average</td>
<td></td>
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<tr>
<td>KPI/REG/006 - Restoration Applications Active Processing Time</td>
<td>Four calendar days for ‘active processing time’ is the quickest quarterly average since the introduction of the on-hold function (in mid-2015) which enables time where further information is sought from the applicant to be excluded from the measurement.</td>
<td>PREVIOUS PERIOD – 8 days average</td>
<td>THIS PERIOD – 4 days average</td>
<td></td>
<td></td>
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<tr>
<td>KPI/FTP/008 - FTP Timeliness: Overall Prosecution Case Length</td>
<td>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 improvement in this indicator overall.</td>
<td>PREVIOUS PERIOD – 12%</td>
<td>THIS PERIOD – 9% met target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FTP/014 - FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals</td>
<td>In total, seven cases out of 42 exceeded the 21 working day referral target during the quarter. Issues here focused on reasons to delays in receipt of information from informants and with adjournment of proposed initial hearings due to issues with registrant attendance.</td>
<td>PREVIOUS PERIOD – 100% of budget</td>
<td>THIS PERIOD – 92% of budget</td>
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### RESOURCES

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<tr>
<th>KPI</th>
<th>Description</th>
<th>Previous Period</th>
<th>THIS PERIOD</th>
<th>Progress</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI/HRG/004 - Staff Sickness</td>
<td>The average number of sick days per staff member reduced very slightly during Q1, but remains amber as the target level is an average of two days or less. Health and Wellbeing training, which includes management of sickness absence is being rolled out to all managers during Q1 &amp; Q2 of 2017.</td>
<td>PREVIOUS PERIOD – 2.8 average days</td>
<td>THIS PERIOD – 2.76 average days</td>
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<tr>
<td>KPI/HRG/005 - Natural Turnover</td>
<td>Natural turnover remains above the target. There was a slight increase in the number of resignations since Q4 2016.</td>
<td></td>
<td>THIS PERIOD – 3.2%</td>
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### TIMELINESS

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<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Previous Period</th>
<th>THIS PERIOD</th>
<th>Progress</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI/FCS/009 - GDC Website and Online Register</td>
<td>The degree of variance to budget.</td>
<td></td>
<td>THIS PERIOD 93% to budget</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FCS/010 - Dynamics CRM Availability</td>
<td>100% uptime achieved with no issues recorded during the period and availability of the GDC website and online register maintained continuously.</td>
<td></td>
<td>THIS PERIOD 100% availability</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FCS/015 - Complex Case Management</td>
<td>The degree of variance to budget.</td>
<td></td>
<td>THIS PERIOD 93% to budget</td>
<td></td>
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</tbody>
</table>

### PROJECT MANAGEMENT OFFICE

<table>
<thead>
<tr>
<th>KPI</th>
<th>Description</th>
<th>Previous Period</th>
<th>THIS PERIOD</th>
<th>Progress</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>KPI/FTP/005 - Timeliness: From Receipt to Case Examiner Decision</td>
<td>This KPI has improved by 4% over the period, and ongoing steady improvement can be expected each quarter as the oldest cases are gradually concluded in the early stages of the process.</td>
<td></td>
<td>THIS PERIOD – 20% met target</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FTP/006 - FTP: Proportionate Split of Internal and External Legal Referrals</td>
<td>During Q1, only nine external referrals were made compared to the budgeted level of 21. As well as a higher than expected proportion of closure outcomes in Q1 versus referrals overall, this indicator is also affected by the flow of cases coming through from Case Examiners, which was lower than expected in Q1.</td>
<td></td>
<td>THIS PERIOD – 12%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>KPI/FTP/025 - Serious Data Breaches</td>
<td>One DPI required self-reporting to the Information Commissioners Office in Q1. This related to some patient records, which have been recovered and the impact of the disclosure is not likely to be significant, but the GDC decided to notify the Information Commissioner on the basis of the volume of sensitive personal data concerned.</td>
<td></td>
<td>THIS PERIOD – 1 breach</td>
<td></td>
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</tbody>
</table>
1.3 RAG summary and links with wider performance framework

Links to Strategic Risk

Work will be carried out to cross-reference the new balanced scorecard indicators with current live risks on the strategic risk register. Balanced scorecard indicators will 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

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, 2.6)
- 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, 2.6)
- 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

### Organisational Income Collected

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

### Forecast FTP Expenditure

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

### Forecast Non-FTP Expenditure

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

### 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.

### 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.

### 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 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.

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

**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.

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

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

### Internal Process

**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.

###dff
### Actions Planned by EMT – Q4 2016 Report

1. **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.  
   - **STATUS AS AT END Q1 – ONGOING THROUGHOUT 2017 - FTP TIMELINESS REVIEWED AT EACH EMT MEETING IN Q1. SCOPING WORKSHOP FOR FTP END-TO-END REVIEW COMPLETED WITH FURTHER WORK TO COMMENCE THE PROGRAMME PLANNED IN Q2.**

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

3. **EMT will prioritise cost control in 2017 to avoid any repeat of the 2016 budget overspend; EMT are discussing cost control at each meeting, processes for ensuring that external legal referrals are kept to a minimum have been introduced, and; the FTP rolling forecast model will help to give early sight of any trends that may drive cost. Work is progressing on the public fees consultation which will go-live at the end of Q2.** STATUS AS AT END Q1 – ONGOING THROUGHOUT 2017 – COST CONTROL DISCUSSED BY EMT AT EACH Q1 MEETING. EXTERNAL LEGAL REFERRALS ARE LOWER THAN BUDGETED LEVELS AS OF THE END OF Q1. FEES CONSULTATION DEVELOPMENT PROGRESSING, BUT TO A REVISED TIMETABLE FOLLOWING PRB AND CHAIRS DISCUSSION IN APRIL.

### Actions Planned by EMT – Q2 2017 Report Placeholder

### Actions Planned by EMT – Q3 2017 Report Placeholder

### Actions Planned by EMT – Q1 2017 Report Placeholder
ANNEX A - SECTION 1

Registration and Corporate Resources 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 – Registration Process Performance Indicators Dashboard
1.6 – Registration Process Dashboard Reference Information
1.7 – Supplementary Registration Performance Indicators
1.8 - Registration and PMO Customer Feedback and Audit Performance Indicators
### PI/FCS/001 – Organisational Income

**KEY PERFORMANCE INDICATOR:**
Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget

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

**DESIRED OUTCOME**
Total ARF income received by the GDC is sufficient to fund its operations

**PERFORMANCE INSIGHTS:**
- Total income is higher than budgeted by £1.2m for this period, due to higher than expected ARF dentist income of £1.7m.
- A 5% risk factor was applied to budgeted income. However, this did not materialise.
- The budget also included £0.5m for scrutiny fee income, implementation of which has been delayed till 2018.

**ACTUAL PERFORMANCE**
This Period: 104% To Budget

### PI/FCS/002 – FTP Expenditure

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

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

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

**PERFORMANCE INSIGHTS:**
- FTP expenditure is £548k lower than budgeted for this period. This is largely due to external legal fees being lower than estimated. Fewer cases than budgeted have been referred to external legal firms, and an overly-cautious budget assumption, relating to balances on open purchase orders, included amounts relating to cases that were in fact closed and fully invoiced.

**ACTUAL PERFORMANCE**
This Period: 90% To Budget

### PI/FCS/003 – Non-FTP Expenditure

**KEY PERFORMANCE INDICATOR:**
The DB pension scheme funding position: the value of the DB pension scheme’s assets compared to the value of its liabilities

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

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

**PERFORMANCE INSIGHTS:**
- This indicator is updated annually when we receive the Pension Scheme accounts.
- Annual report due April 2017.

**ACTUAL PERFORMANCE**
This Period: Deficit of £466k (98%)

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

**KEY PERFORMANCE INDICATOR:**
The DB pension scheme funding position: the value of the DB pension scheme’s assets compared to the value of its liabilities

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

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

**PERFORMANCE INSIGHTS:**
- This indicator is updated annually when we receive the Pension Scheme accounts.
- Annual report due April 2017.

**ACTUAL PERFORMANCE**
This Period: Deficit of £466k (98%)
### PI/FCS/005 – Financial Reporting Timeliness

**Key Performance Indicator:** The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline

**Desired Outcome:** The Finance function provides timely accounts and related reports in all instances when they are required.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline</td>
<td>THIS PERIOD: 2 out of 3 Months Within Deadline</td>
<td>The new finance system went live in January, and due to initial teething problems January monthly accounting accounted were not reported within deadline. However, it is anticipated that this will be a one-off issue due to increasing familiarity with the system.</td>
</tr>
<tr>
<td>Previous Period (Q4): 2 out of 3 Months Within Deadline</td>
<td><strong>Desired Outcome:</strong> The Finance function provides 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Target Level:</strong> 3 out of 3 months to deadline</td>
<td><strong>Green when:</strong> 3 out of 3 months</td>
<td></td>
</tr>
<tr>
<td><strong>Amber when:</strong> 2 out of 3 months</td>
<td><strong>Red when:</strong> 1 out of 3 or fewer</td>
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</tbody>
</table>

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

**Key Performance Indicator:** Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines

**Desired Outcome:** The Finance function provides 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.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of associates fees &amp; expenses and staff expenses that are processed in line with recognised deadlines</td>
<td>THIS PERIOD: Fees – 99%, Expenses – 93% Within Deadline</td>
<td>The target for payment of fees for Q1 was met, but performance against the target for payment of expenses slipped slightly below the target of 95%. - Many more queries were received relating to payment of associates’ expenses in the first quarter of the year due to amendments to the expenses policy. There were delays while the team ensured that claims received were valid, including chasing associates for the correct supporting evidence.</td>
</tr>
<tr>
<td>Previous Period: Fees – 97.73%, Expenses – 97.61%</td>
<td><strong>Desired Outcome:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Target Level:</strong> 95% processed within deadline</td>
<td><strong>Green when:</strong> 95%</td>
<td></td>
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<tr>
<td><strong>Amber when:</strong> 85% to 94%</td>
<td><strong>Red when:</strong> 84% and lower</td>
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</tbody>
</table>

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

**Key Performance Indicator:** Proportion of invoices and refunds that are processed in line with recognised deadline

**Desired Outcome:** The Finance function provides 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.

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of invoices and refunds that are processed in line with recognised deadline</td>
<td>THIS PERIOD: 63% - Average days taken to pay suppliers 35% within time frame of refunds</td>
<td>An amendment has been made to the way in which the invoice indicator is measured. Previously, time to process individual invoices was measured, but the new measure evaluates the success rate of paying our suppliers within our payment terms of 30 days.</td>
</tr>
<tr>
<td>Previous Period: 80% within deadline</td>
<td><strong>Desired Outcome:</strong> 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.</td>
<td></td>
</tr>
<tr>
<td><strong>Target Level:</strong> 90% processed within 30 days</td>
<td><strong>Green when:</strong> 90% +</td>
<td></td>
</tr>
<tr>
<td><strong>Amber when:</strong> 75% to 89%</td>
<td><strong>Red when:</strong> 74% and lower</td>
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### PI/FCS/008 – Adherence to Purchase Order policy

**Key Performance Indicator:** Value of invoices where a purchase order has not been raised at the point of commissioning the service/product

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

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</td>
<td>THIS PERIOD: £646k</td>
<td>The Q1 2017 &amp; Q4 2016 results are below target, with the least compliant departments being HR, In-House Legal &amp; Casework. HR’s non-compliance relates to the process requiring HR to raise POs for all GDC temps. This process has now changed, with individual departments raising their own POs which should lead to an improvement in HR’s level of compliance. In-House Legal’s non-compliance is due to POs not being created at the time work was commissioned in 2016 (usually 6-12 months before receipt of the invoice). Process improvements have since been introduced and as such we should start to see an improvement in their compliance levels.</td>
</tr>
<tr>
<td>Previous Period: £567k</td>
<td><strong>Target Level:</strong> Less than £150k non invoiced spend</td>
<td><strong>Desired Outcome:</strong> GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.</td>
</tr>
<tr>
<td></td>
<td><strong>Green when:</strong> Below £150k</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Amber when:</strong> Between £150k and £400k</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Red when:</strong> Above £400k</td>
<td></td>
</tr>
</tbody>
</table>
### 1.3 - Finance Performance Indicators

<table>
<thead>
<tr>
<th>KEY PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The actual realisation of planned organisational efficiencies in comparison to budgeted levels</td>
<td>PLACEHOLDER AWAITING AVAILABILITY OF DATA</td>
<td>• Data to be added for this measure following the completion of Q1 forecast activity.</td>
</tr>
</tbody>
</table>

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

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

**TARGET LEVEL:**
- **Green when:** Efficiency savings to be equal to or greater than the budgeted level
- **Amber when:** Forecast yearly efficiency savings at 95% to 99% of budgeted level
- **Red when:** Forecast yearly efficiency savings at less than 80% of budgeted level
### PI/FCS/009 – GDC Website and Online Register Availability

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

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**

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

**TARGET LEVEL:** 99.7% + availability

- **Green when:** 99.7% to 100%
- **Amber when:** 97% to 99.69%
- **Red when:** 0% to 96.99%

**PERFORMANCE INSIGHTS:**
- 100% uptime achieved with no issues recorded during the period and availability of the GDC website and online register maintained continuously.
- A new version of the online register went live in October 2016, which incorporated a number of technical enhancements which have helped to maintain 100% availability in this period.
- The newly designed and rebuilt GDC Public website went live during Q1 in February 2017 and no availability issues have materialised in the switch between the old and new platforms.

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

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

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

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

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**

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

**TARGET LEVEL:** 99.7% + availability

- **Green when:** 99.7% to 100%
- **Amber when:** 97% to 99.69%
- **Red when:** 0% to 96.99%

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

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

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

### PI/FCS/011 – Dynamics CRM Availability

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

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**

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

**TARGET LEVEL:** 99.7% + availability

- **Green when:** 99.7% to 100%
- **Amber when:** 97% to 99.69%
- **Red when:** 0% to 96.99%

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

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

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

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

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

**DEPARTMENTAL INDICATOR**

**ACTUAL PERFORMANCE**

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

**TARGET LEVEL:** 99.7% + availability

- **Green when:** 99.7% to 100%
- **Amber when:** 97% to 99.69%
- **Red when:** 0% to 96.99%

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

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

**DESIRED OUTCOME**
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC email system is available continuously with the minimum amount of disruption possible to staff productivity.
### PI/FCS/013 – IT Service Desk Timeliness

**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.

**PERFORMANCE INSIGHTS:**
- IT Service performance indicator improved during Q1 2017 with 97.65% processed within service level agreement deadlines.
- 2,851 service desk requests were completed over this period, compared to a 2,835 during Q4.
- 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.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 97.65% Within Deadline
- **PREVIOUS PERIOD:** 96.96% Within Deadline

**DEPARTMENTAL INDICATOR**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>95% to 100%</td>
</tr>
<tr>
<td>Amber</td>
<td>90% to 94.99%</td>
</tr>
<tr>
<td>Red</td>
<td>0% to 89.99%</td>
</tr>
</tbody>
</table>

**TARGET LEVEL:** 95% within deadline

**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.

**PERFORMANCE INSIGHTS:**
- 97.08% of users rating their service as good or very good in Q1 2017, very slightly below the Q4 2016 level, but still rated as green.
- 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.

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 97.08% Satisfactory
- **PREVIOUS PERIOD:** 97.78% Satisfactory

**DEPARTMENTAL INDICATOR**

<table>
<thead>
<tr>
<th>STATUS</th>
<th>LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green</td>
<td>95% to 100%</td>
</tr>
<tr>
<td>Amber</td>
<td>90% to 94.99%</td>
</tr>
<tr>
<td>Red</td>
<td>0% to 89.99%</td>
</tr>
</tbody>
</table>

**TARGET LEVEL:** 95% satisfactory
# 1.6 Registration Performance Indicators - Process Dashboard

## A. Average Overall Processing Time

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
</tr>
<tr>
<td>20 Calendar Days</td>
<td>7 Calendar Days</td>
<td>8 Calendar Days</td>
<td>65 Calendar Days</td>
<td>85 Calendar Days</td>
<td>10 Calendar Days</td>
</tr>
<tr>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
</tr>
<tr>
<td>13 Calendar Days</td>
<td>11 Calendar Days</td>
<td>15 Calendar Days</td>
<td>26 Calendar Days</td>
<td>55 Calendar Days</td>
<td>16 Calendar Days</td>
</tr>
</tbody>
</table>

### Insights
- The average of three calendar days for ‘active processing time’ is the quickest quarter since the introduction of on-hold function.

### Contextual Measures
- Nine applications were completed during the quarter, just one below target.
- The overall processing time was above target due to one application taking 76 days to complete due to further information needed from the applicant.
- The average of three calendar days for ‘active processing time’ is the quickest quarter since the introduction of on-hold function.

## B. Average Active Processing Time

<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
<td><strong>THIS PERIOD</strong></td>
</tr>
<tr>
<td>3 Calendar Days</td>
<td>3 Calendar Days</td>
<td>4 Calendar Days</td>
<td>9 Calendar Days</td>
<td>44 Calendar Days</td>
<td>9 Calendar Days</td>
</tr>
<tr>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
<td><strong>PREVIOUS PERIOD</strong></td>
</tr>
<tr>
<td>4 Calendar Days</td>
<td>6 Calendar Days</td>
<td>8 Calendar Days</td>
<td>12 Calendar Days</td>
<td>53 Calendar Days</td>
<td>12 Calendar Days</td>
</tr>
</tbody>
</table>

### Insights
- The 30 applications completed was seven above expected.
- The ‘overall processing time’ was above its internal SLA due to nine applications taking over 100 days to complete.
- However the active processing time indicator has met the SLA for the quarter.
- The number of received application fell by 29% and completed applications by 30%

### Contextual Measures
- Both indicators are comfortably within the route's internal SLA.
- The ‘overall processing time’ indicator has met the SLA for the quarter.
- The number of received application fell by 29% and completed applications by 30%.

## C. Work In Progress

<table>
<thead>
<tr>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>15 Applications received</td>
<td>1,657 Applications received</td>
<td>611 Applications received</td>
<td>229 Applications received</td>
<td>43 Applications received</td>
<td>162 Applications received</td>
</tr>
<tr>
<td>9 Applications completed</td>
<td>1,037 Applications completed</td>
<td>403 Applications completed</td>
<td>124 Applications completed</td>
<td>12 Applications completed</td>
<td>30 Applications completed</td>
</tr>
<tr>
<td>4 Live applications at quarter end</td>
<td>151 Live applications at quarter end</td>
<td>26 Live applications at quarter end</td>
<td>56 Live applications at quarter end</td>
<td>19 Live applications at quarter end</td>
<td>83 Live applications at quarter end</td>
</tr>
</tbody>
</table>

### Insights
- The 1,037 applications completed is 31% above the route’s quarterly target.
- As per the UK Dentist route, an average of three calendar days for the ‘active processing time’ is the best quarterly average for the UK DCP route.
- The 1,037 applications completed is 31% above the route’s quarterly target.
- Nine specialist applications were restored to the register during Q1, 166 of which were Dentists who were removed after failing to pay their ARF.
- Like the previous routes, Four specialist applications were ‘on hold awaiting documents’ from registrants.
- The 123 EEA Dentist applications registered during the quarter was 23% below target.
- It has been a full year since the introduction of English language testing and in comparison to the previous 12 months, the number of received application fell by 29% and completed applications by 30%.
- The 12 assessed applications were registered in Q1, two more than forecast.
- Half the completed applications’ ‘overall processing time’ were above the route’s SLA due to further information needed from the applicant.
- The 30 applications completed was seven above expected.
- The ‘overall processing time’ was above its internal SLA due to nine applications taking over 100 days to complete.
- However the active processing time indicator has met the SLA for the quarter.
- The number of received application fell by 29% and completed applications by 30%.
- The ‘overall processing time’ indicator has met the SLA for the quarter.
- The number of received application fell by 29% and completed applications by 30%.
### DESCRIPTION

**PI/REG/001 & 002**

The average overall time taken to process all UK Dentist Applications

**PI/REG/003 & 004**

The average overall time taken to process all UK DCP Applications

**PI/REG/005 & 006**

The average overall time taken to process all Restoration Applications

**PI/REG/007 & 008**

The average overall time taken to process all EEA Dentist Applications

**PI/REG/009 & 010**

The average overall time taken to process all Assessed Dentist Applications

**PI/REG/011 & 012**

The average overall time taken to process all Assessed DCP Applications

**PI/REG/013 & 014**

The average overall time taken to process all Specialist Applications

### TARGET LEVEL:

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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>UK Dentist</td>
<td>UK Dentist</td>
<td>UK DCP</td>
<td>UK DCP</td>
<td>Restoration</td>
<td>Restoration</td>
<td>EEA Dentist</td>
<td>EEA Dentist</td>
<td>Assessed Dentist</td>
<td>Assessed Dentist</td>
<td>Assessed Dentist</td>
<td>Assessed Dentist</td>
<td>Assessed Dentist</td>
<td>Assessed Dentist</td>
</tr>
</tbody>
</table>

### GREEN when:

- Average 0-14 Days
- Average 0-14 Days
- Average 0-14 Days
- Average 0-60 Days
- Average 0-60 Days
- Average 0-60 Days

### AMBER when:

- Average 15 - 90 Days
- Average 15 - 90 Days
- Average 15 - 90 Days
- Average 61 - 90 Days
- Average 61 - 90 Days
- Average 61 - 90 Days

### RED when:

- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +
- 91 Days (Statutory time limit level) +
- 121 Days (Statutory Time Limited Level) +

### DESIRED OUTCOME

Applications to join the register are accurately assessed within the correct outcome made in a timely fashion to provide a prompt outcome for the applicant in line with the internally set service level agreement.

**Corporate Strategy Link**

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

**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:** 96% Answered
  - **TARGET LEVEL:** 85% + calls are answered
    - **Green when:** 85% +
    - **Amber when:** 65% to 84%
    - **Red when:** 64% or lower
- **PREVIOUS PERIOD:** 93% Answered

**PERFORMANCE INSIGHTS:**
- 12,128 out of 12,672 offered calls were handled during Q1, a service rating of 96%.
- The increase in calls handled has also led to the number of abandoned calls falling by 34% in comparison to the previous quarter.
- Of the calls handled, 79% were answered in 20 seconds or less, 4% above the call centres secondary target.
- 100% of emails and webforms dealt with by the team were done so within their 2 working day target.

### PI/REG/017 – Registration Applications Processed

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

**CORPORATE STRATEGY LINK**
Performance Objective 1 & 2: Highly effective regulator and management of resources.

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

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 115% To Budget
  - **TARGET LEVEL:** 100% of Expected Registrations
    - **Green when:** 95% +
    - **Amber when:** 85% and 94%
    - **Red when:** 84% or less
- **PREVIOUS PERIOD:** 110 % To Budget

**PERFORMANCE INSIGHTS:**
- At the end of Q1, 15% more application payments were taken than budgeted. The majority of the applications came via the DCP routes.
- Despite receiving more payments, the income collected from applications alone was 7% short of the quarter’s target. The main shortage came via the EEA dentist route, which collected 23% less than target.
- Although slightly below the income forecast from applications processing, Registration is still well beyond the total amount in the income budget.
- Just under 40,000 more Dentists paid their ARF at the end of 2016, nearly 2,000 more than expected meaning the income is comfortably above budget.

### PI/REG/019 – Minimum Acceptable Productivity

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

**CORPORATE STRATEGY LINK**
Performance Objective 1 & 2: Highly effective regulator and management of resources.

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

**ACTUAL PERFORMANCE**
- **THIS PERIOD:** 100%
  - **TARGET LEVEL:** 95%+ Of Staff Meeting MAP’s
    - **Green when:** 95%+
    - **Amber when:** 85% to 94%
    - **Red when:** 84% or lower
- **PREVIOUS PERIOD:** 100%

**PERFORMANCE INSIGHTS:**
- All of the UK Registration team members met their relevant MAPs during Q1. The productivity across the whole of the team is one of the major reasons the number of live applications continues to decrease and the strong KPI performance across the department’s three major routes to registration.
- Currently, MAPs are only reported for the UK Registration area. Development is ongoing to ensure a robust set of MAPs are live and monitored for both DCP and Dentist Casework teams throughout Q2 2017.
### PI/REG/016 – Registration Customer Satisfaction

**Performance Indicator:**
Combined % of respondents either strongly agreeing or agreeing with the statement “I was satisfied with the customer service I received from the GDC.”

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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
<th>Target Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THIS PERIOD:</strong> 89% Satisfaction</td>
<td>• 89% of respondents were positive about the registration department’s customer service supplied throughout the application process.</td>
<td>80% or above</td>
</tr>
<tr>
<td><strong>PREVIOUS PERIOD:</strong> 87% Satisfaction</td>
<td>• The slight increase in performance could be attributed to the better performing month UK Registration had processing applications, with all three routes setting their best quarterly processing time.</td>
<td>60% to 79%</td>
</tr>
<tr>
<td>Green when: 80%+</td>
<td>• Also, 8% less applicants were processed in comparison to Q4 2016 and in previous periods there has been a correlation between a decrease in applicants and an increase in customer satisfaction.</td>
<td>Red when: 59% or lower</td>
</tr>
</tbody>
</table>

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

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

**Corporate Strategy Link**
Performance Objective 1 & 2: Highly effective regulator and management of resources

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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
<th>Target Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLACEHOLDER AWAITING AVAILABILITY OF DATA</strong></td>
<td>• 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.</td>
<td>90% pass rate</td>
</tr>
<tr>
<td><strong>Green when:</strong> 90% and 100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Amber when:</strong> 80% and 89%</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Red when:</strong> 79% or lower</td>
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</tr>
</tbody>
</table>

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

**Performance Indicator:**
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.

**Corporate Strategy Link**
Performance Objective 1: Improve performance across all functions.

**Desired Outcome**
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.

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
<th>Target Level</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>THIS PERIOD:</strong> 100% Satisfaction</td>
<td>• The PMO MI engagement survey was circulated to all regular recipients of corporate reporting released by PMO.</td>
<td>85% rating 7 out of 10 or above</td>
</tr>
<tr>
<td><strong>PREVIOUS PERIOD:</strong> 100% Satisfaction</td>
<td>• The 100% satisfaction rating remains consistent with the Q4 level, when activity focused on team planning workshops.</td>
<td>85%+</td>
</tr>
<tr>
<td>Green when: 85%+</td>
<td>• In addition to headline satisfaction data, the survey also invites brief narrative feedback, which will become the basis for improvements in the use of management information moving forward.</td>
<td>Amber when: 70% to 84%</td>
</tr>
<tr>
<td>Amber when: 70% to 84%</td>
<td></td>
<td>Red when: 70% or lower</td>
</tr>
</tbody>
</table>
ANNEX A - SECTION 2

Fitness to Practise Directorate

Performance Indicators

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

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

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

- PI/FTP/001 - The narrowly missed target for this period (Actual performance 94% V 95% target) was due to performance in January which dipped to 82% (mostly because of new starters in December and a lack of staff availability over Christmas) which has since recovered with the target met in 100% of instances in each of February and March.
- PI/FTP/002 – Marginal improvement has been made in Q1 within the 17 week Assessment KPI. 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 – Marginal improvement in the six month timeliness KPI in Q1. However performance has decreased in the progress of Case Examiner cases to completion in nine weeks from Assessment referral. Timeliness is expected to improve as experience of operating the new processes increases this year.
- PI/FTP/007, PI/FTP/010 – Targeted activity continues to seek to improve timeliness in the later stages of the case management process. Time recording activity under new targets is now in place for the ILPS function. FTP/010 is now split into two measures: for ILPs and ELPs functions respectively. Both have shown improvement versus the combined figure for Q4 2016 regarding disclosure within 98 days.
- PI/FTP/017 – This is a new measure for Q1 2017 tracking the number of cases repatriated with the NHS in a rolling year. Although beneath the current target of 17 cases per month, referrals did increase in recent months and are expected to be optimised over time in line with the GDC’s Shifting the balance entitlement.
### Triage

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

<table>
<thead>
<tr>
<th>PI/FTP/027 - Case Repatriation - Triage and Assessment Referrals to NHS</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 51 or more referrals per quarter</td>
</tr>
</tbody>
</table>

### Assessment

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

### Case Examiners

<table>
<thead>
<tr>
<th>PI/FTP/004 - Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 75% within 9 weeks</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/003 - Case Examiner Timeliness: Allocation to Initial Case Examiner Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 95% within 7 days</td>
</tr>
</tbody>
</table>

### ILPS

<table>
<thead>
<tr>
<th>PI/FTP/005 - Investigation Timeliness: Receipt to CE Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 95% within 6 months</td>
</tr>
</tbody>
</table>

### ELPS

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

### Hearings

<table>
<thead>
<tr>
<th>PI/FTP/011 - Hearing Days Productivity</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: Under 20% Lost/Wasted</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/012 - Hearings Completed Without Adjournment</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 85%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PI/FTP/013 - Hearings Completed With Facts Proved</th>
</tr>
</thead>
<tbody>
<tr>
<td>TARGET: 80%</td>
</tr>
</tbody>
</table>

### Performance Indicators Dashboard

#### A. Headline Timeliness Performance Indicators

- **PI/FTP/008 - Full Case Timeliness: Overall Prosecution Case Length**
  - TARGET: 75% within 15 months
  - THIS PERIOD: 20%
  - PREVIOUS PERIOD: 13%

#### B. Supportive Measures

- **PI/FTP/002 - Assessment Timeliness: Receipt to Assessment Decision**
  - TARGET: 70% within 17 weeks
  - THIS PERIOD: 39%
  - PREVIOUS PERIOD: 26%

- **PI/FTP/003 - Case Examiner Timeliness: Allocation to Initial Case Examiner Decision**
  - TARGET: 95% within 7 days
  - THIS PERIOD: 81%
  - PREVIOUS PERIOD: 60%

- **PI/FTP/004 - Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion**
  - TARGET: 75% within 9 weeks
  - THIS PERIOD: 13%
  - PREVIOUS PERIOD: 35%

- **PI/FTP/005 - Investigation Timeliness: Receipt to CE Decision**
  - TARGET: 95% within 6 months
  - THIS PERIOD: 20%
  - PREVIOUS PERIOD: 16%

- **PI/FTP/007 - ILPS Staff Productivity**
  - TARGET: 95% of staff meeting target
  - THIS PERIOD: 92%
  - PREVIOUS PERIOD: 75%

- **PI/FTP/006 Proportional Split of Internal/External Prosecution Referrals**
  - TARGET: 21 or fewer cases referred externally per quarter
  - THIS PERIOD: 9 ELPS referrals
  - PREVIOUS PERIOD: 11 ELPS referrals

- **PI/FTP/008 - Full Case Timeliness: Overall Prosecution Case Length**
  - TARGET: 75% within 15 months
  - THIS PERIOD: 20%
  - PREVIOUS PERIOD: 13%

- **PI/FTP/011 - Hearing Days Productivity**
  - TARGET: Under 20% Lost/Wasted
  - THIS PERIOD: 21%
  - PREVIOUS PERIOD: 21%

- **PI/FTP/012 - Hearings Completed Without Adjournment**
  - TARGET: 85%
  - THIS PERIOD: 84%
  - PREVIOUS PERIOD: 77%

- **PI/FTP/013 - Hearings Completed With Facts Proved**
  - TARGET: 80%
  - THIS PERIOD: 100%
  - PREVIOUS PERIOD: 100%

### Contextual Measures

- **Incoming**
  - 541 cases
- **Processed**
  - 549 cases
- **Referral Rate**
  - 58%
- **Work In Progress**
  - 106 cases
- **Work In Progress**
  - 657 cases
- **Case Examiners**
  - 158 cases
- **Assessment**
  - 285 cases
- **Case Examiners**
  - 172 cases
- **Assessment**
  - 242 cases
- **Case Examiners**
  - 175 cases
- **Assessment**
  - TBC
- **Case Examiners**
  - TBC
- **Hearings**
  - 61 cases to hear
- **Hearings**
  - 48 hearings
- **Hearings**
  - 78 cases
- **Hearings**
  - 237 awaiting hearings
### PI/FTP/Ref Triage

**A. Headline**

**PI/FTP/008** The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt

<table>
<thead>
<tr>
<th>Target: 75% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 75%+</td>
</tr>
</tbody>
</table>

**B. Supportive Measures**

**PI/FTP/005** The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt

<table>
<thead>
<tr>
<th>Target: 75% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 75%+</td>
</tr>
</tbody>
</table>

**PI/FTP/009** The proportion of prosecution cases heard within 9 months of referral for prosecution decision within 6 months of receipt

<table>
<thead>
<tr>
<th>Target: 80% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 80%+</td>
</tr>
</tbody>
</table>

**DEPARTMENTAL INDICATORS**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Measure</th>
<th>Objective 1</th>
<th>Objective 2</th>
<th>Objective 3</th>
<th>Objective 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>PI/FTP/Ref Triage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PI/FTP/Ref Assessment</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PI/FTP/Ref Case Examiners</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PI/FTP/Ref ILPS</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>PI/FTP/Ref ELPS</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PI/FTP/Ref Hearings</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**KPI/FTP/Ref**

1. **PI/FTP/001** The proportion of cases to clear triage within 25 working days of receipt

<table>
<thead>
<tr>
<th>Target: 95% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 95%+</td>
</tr>
</tbody>
</table>

2. **PI/FTP/002** The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt

<table>
<thead>
<tr>
<th>Target: 70% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 70%+</td>
</tr>
</tbody>
</table>

3. **PI/FTP/004** The proportion of cases that reach the Case Examiner stage to have an initial Case Examiner decision within 7 working days of allocation from Case Examiner Support

<table>
<thead>
<tr>
<th>Target: 95% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 95%+</td>
</tr>
</tbody>
</table>

4. **PI/FTP/003** The proportion of cases that reach the Case Examiner stage of the process to have a substantive Case Examiner decision within 9 weeks of referral

<table>
<thead>
<tr>
<th>Target: 75% on time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 75%+</td>
</tr>
</tbody>
</table>

5. **PI/FTP/007** The proportion of all ILPS staff to reach annual time recording targets by team role

<table>
<thead>
<tr>
<th>Target: 95% Of Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 95%+</td>
</tr>
</tbody>
</table>

6. **PI/FTP/008** The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt

| Green: 75%+ | Amber: 65 - 74% | Red: <65% |

7. **PI/FTP/009** The proportion of prosecution cases heard within 9 months of referral for prosecution decision within 6 months of receipt

| Green: 80%+ | Amber: 70 - 79% | Red: <70% |

8. **PI/FTP/010** The proportion of prosecution cases to be disclosed within 98 working days of referral

| Green: 75%+ | Amber: 65 - 74% | Red: <65% |

9. **PI/FTP/011** The proportion of initial hearings to be completed without adjournment

| Target: 85% | Green: 85%+ | Amber: 80 - 84% | Red: <80% |

10. **PI/FTP/012** The proportion of cases heard at initial hearings to have facts proved

| Target: 80% | Green: 80%+ | Amber: 70 - 79% | Red: <70% |

11. **PI/FTP/013** The proportion of Lost and Wasted hearing days to remain versus total scheduled days each month

<table>
<thead>
<tr>
<th>Target: 20% or under</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green: 20%+</td>
</tr>
</tbody>
</table>

**KPI/FTP/Ref**

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

**[DO]* Desired Outcome**

- **DO1**: Allegations of impaired practice 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 practice 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 practice 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 ILPS 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 ILPS 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**: Disclosures take 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**: Adjustments 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.

**PERFORMANCE INSIGHTS:**
- All cases met the target to refer to IOC within 21 working days in Q4.

**ACTUAL PERFORMANCE**
- THIS PERIOD: 83% Within Target
- PREVIOUS PERIOD: 98%

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

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.

**PERFORMANCE INSIGHTS:**
- One case did not meet this indicator in Q1 2017.
- The case was delayed by 3 working days prior to referral to the Registrar whilst GDC gathered the requisite information about the matter from the informant.
- Delays occurred despite several prompts for information from the GDC’s Triage Paralegal.

**ACTUAL PERFORMANCE**
- THIS PERIOD: 91% Within Target
- PREVIOUS PERIOD: 100%

**TARGET LEVEL:** 95% + on time
- Green when: 95% +
- Amber when: 90-94%
- Red when: <90%
## 2.4 – FTP Performance Indicators - Interim Orders Committee Compliance

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

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

**Actual Performance**
- **This Period:** 100% Heard Without Loss
- **Previous Period:** 100% Heard Without Loss

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

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

**Target Level:**
- Green when: 100%
- Amber when: N/A
- Red when: <100%

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

**Performance Indicator:**
The proportion of High Court extension orders to be made before expiry of interim order.

**Actual Performance**
- **This Period:** 100% Extended Before Expiry
- **Previous Period:** 100% Extended Before Expiry

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

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

**Target Level:**
- Green when: 100%
- Amber when: N/A
- Red when: <100%

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

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

**Actual Performance**
- **This Period:** 100% Heard Before Expiry
- **Previous Period:** 100% Heard Before Expiry

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

**Performance Insights:**
- No review IOC hearings were heard after expiry of order in Q1.

**Target Level:**
- Green when: 100%
- Amber when: N/A
- Red when: <100%
### PI/STR/001 – Timeliness of DCS Enquiry Handling

**Performance Indicator:**

The proportion of DCS enquiries that are completed within 48 hours

**Actual Performance**

<table>
<thead>
<tr>
<th>This Period: 85%</th>
<th>Previous Period: 78%</th>
</tr>
</thead>
</table>

**Performance Insights:**

- Performance improved by 7% between Q4 and Q1.
- The indicator is a combined average of email, phone, letter and webform enquiries in the quarter received and processed by DCS.
- Enquiries data is subject to some quality issues at this point and will be undergoing improvement activity.
- For this reason email enquiries were not measured in Q4 and Q1.

**Desired Outcome**

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

**Corporate Strategy Link**

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

**Target Level:** 80% or above

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

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

**Performance Indicator:**

The proportion of DCS cases that are completed within 3 months

**Actual Performance**

<table>
<thead>
<tr>
<th>This Period: 84%</th>
<th>Previous Period: 84%</th>
</tr>
</thead>
</table>

**Performance Insights:**

- 84% of cases were substantively completed within 3 months during Q1.
- This level remains consistent with performance in Q4 of 2016.

**Desired Outcome**

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

**Corporate Strategy Link**

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

**Target Level:** 80% or above

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

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

**Performance Indicator:**

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

**Actual Performance**

<table>
<thead>
<tr>
<th>This Period: 92%</th>
<th>Previous Period: 94%</th>
</tr>
</thead>
</table>

**Performance Insights:**

- This indicator measures average percentage across several key categories within DCS customer service feedback forms.
- 92% of customer feedback was positive within Q1, similar levels to that received in Q4 of 2016 (94%).

**Desired Outcome**

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

**Corporate Strategy Link**

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

**Target Level:** 90% or above

- **Green when:** 90% +
- **Amber when:** 85% to 89%
- **Red when:** < 85%
ANNEX A - SECTION 3

Organisational Development Directorate

Performance Indicators

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

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

**Key Performance Indicator:**
The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines

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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period:</strong></td>
<td>92% within deadline</td>
</tr>
<tr>
<td><strong>Previous Period:</strong></td>
<td>91% within deadline</td>
</tr>
<tr>
<td><strong>Target Level:</strong></td>
<td>90% within deadline</td>
</tr>
</tbody>
</table>

- **Green when:** 90% to 100%
- **Amber when:** 75% to 94%
- **Red when:** 0% to 74%

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

**Key Performance Indicator:**
The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results

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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period:</strong></td>
<td>94% Satisfaction</td>
</tr>
<tr>
<td><strong>Previous Period:</strong></td>
<td>87% satisfaction</td>
</tr>
<tr>
<td><strong>Target Level:</strong></td>
<td>75% Satisfaction</td>
</tr>
</tbody>
</table>

- **Green when:** 75% to 100%
- **Amber when:** 50% to 74%
- **Red when:** 0% to 49%

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

**Key Performance Indicator:**
The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines

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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period:</strong></td>
<td>0 Late</td>
</tr>
<tr>
<td><strong>Previous Period:</strong></td>
<td>4 Late</td>
</tr>
<tr>
<td><strong>Target Level:</strong></td>
<td>Less Than 2 Late</td>
</tr>
</tbody>
</table>

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

### KPI/HRG/013 – Governance Meeting Costs

**Key Performance Indicator:**
The actual level of spend on Governance meetings compared to budget

**Desired Outcome:**
The costs of holding governance meetings are not excessive and remain within budgeted levels.

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>This Period:</strong></td>
<td>100% Of Budget</td>
</tr>
<tr>
<td><strong>Previous Period:</strong></td>
<td>100% Of Budget</td>
</tr>
<tr>
<td><strong>Target Level:</strong></td>
<td>Within 100% Of Budget</td>
</tr>
</tbody>
</table>

- **Green when:** 0% to 100%
- **Amber when:** 100% to 109%
- **Red when:** 110% +
### PI/HRG/001 – Recruitment Campaign Timeliness

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance Objective 1: High quality recruitment

**DESIRE OUTCOME**

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

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90% within deadline</td>
<td>68% of recruitment campaigns were completed from start to finish within the six week time frame during Q1. Three appointments were made, however the candidates declined the offer which resulted in the roles having to be re-advertised. If the three candidates accepted the roles, the figure would have risen to 79%. The average time taken to recruit roles from start to offer was 5.57 weeks.</td>
</tr>
<tr>
<td>Green when:</td>
<td>90% to 100%</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>70% to 89%</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>69% or lower</td>
<td></td>
</tr>
</tbody>
</table>

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

**PERFORMANCE INDICATOR:**

The average cost per employee recruitment

**CORPORATE STRATEGY LINK**

Performance Objective 2: Cost reduction/efficiency

**DESIRE OUTCOME**

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

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Average cost below £2,500</td>
<td>At £2,605, the average recruitment cost for Q1, was above the allocated level of £2,500 per recruitment. Contributing factors which led to the increase in recruitment costs during Q1 included, engaging with suppliers out with the GDCs preferred supplier list (PSL) for two roles, recruitment for 'head of' level roles and the need to apply a recruitment supplement for a specialist role in IT.</td>
</tr>
<tr>
<td>Green when:</td>
<td>100% or lower than target</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>101% to 120%</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>120% +</td>
<td></td>
</tr>
</tbody>
</table>

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

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance Objective 1: High quality recruitment

**DESIRE OUTCOME**

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.

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>90% of employees</td>
<td>82% of campaigns were filled the first time round in Q1. 31 employees passed probation out of a possible 34 employees during Q1 (91%)</td>
</tr>
<tr>
<td>Green when:</td>
<td>90% + of employees meet both criteria</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>70% and 89% of employees meet both criteria</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>69% or less of employees meet both criteria</td>
<td></td>
</tr>
</tbody>
</table>
**3.3 – HR Performance Indicators – Resources**

**PI/HRG/004 – Staff Sickness**

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

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

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

**PERFORMANCE INSIGHTS:**
- The average number of sickness days per staff member is 2.76 days, within the 2-2.5 days target.
- The number of employees taking more than 5 sick days has increased.

**ACTUAL PERFORMANCE**
- This Period: 2.76 Days Average
- Previous Period: 2.6 Days Average
- Target Level: Within 2 Days Average

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

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

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

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

**PERFORMANCE INSIGHTS:**
- Natural turnover remains above the target. There was a slight increase in the number of resignations since Q4 2016.
- Health and Wellbeing training, which includes management of sickness absence is being rolled out.

**ACTUAL PERFORMANCE**
- This Period: 3.2% Turnover
- Previous Period: 3.1% Turnover
- Target Level: Within 2.6% Turnover

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

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

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

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

**PERFORMANCE INSIGHTS:**
- Overall turnover refers to the overall rate of turnover, comprising of voluntary leavers as well as those who have left through dismissals (including; end of fixed term contracts, redundancy, poor performance or capability).
- The overall turnover reduced due to a slight reduction in the volume of leavers in Q1 (17 in Q4 2016 compared to 15 in Q1 2017) but remains above the target level of 3.7%.

**ACTUAL PERFORMANCE**
- This Period: 4.4% Turnover
- Previous Period: 4.9% Turnover
- Target Level: Within 3.7% Turnover

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

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

**DESIRED OUTCOME**
For levels of sick days per staff member to be in line with benchmarked national average to help support productivity in line with planned levels

**PERFORMANCE INSIGHTS:**
- The average number of sick days per staff member is 2.76 days, within the 2-2.5 days target.
- The number of employees taking more than 5 sick days has increased.

**ACTUAL PERFORMANCE**
- This Period: 2.76 Days Average
- Previous Period: 2.6 Days Average
- Target Level: Within 2 Days Average

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

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

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

**PERFORMANCE INSIGHTS:**
- Natural turnover remains above the target. There was a slight increase in the number of resignations since Q4 2016.
- Health and Wellbeing training, which includes management of sickness absence is being rolled out.

**ACTUAL PERFORMANCE**
- This Period: 3.2% Turnover
- Previous Period: 3.1% Turnover
- Target Level: Within 2.6% Turnover

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

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

**DESIRED OUTCOME**
For levels of sick days per staff member to be in line with benchmarked national average to help support productivity in line with planned levels

**PERFORMANCE INSIGHTS:**
- The average number of sick days per staff member is 2.76 days, within the 2-2.5 days target.
- The number of employees taking more than 5 sick days has increased.

**ACTUAL PERFORMANCE**
- This Period: 2.76 Days Average
- Previous Period: 2.6 Days Average
- Target Level: Within 2 Days Average

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

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

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

**PERFORMANCE INSIGHTS:**
- Overall turnover refers to the overall rate of turnover, comprising of voluntary leavers as well as those who have left through dismissals (including; end of fixed term contracts, redundancy, poor performance or capability).
- The overall turnover reduced due to a slight reduction in the volume of leavers in Q1 (17 in Q4 2016 compared to 15 in Q1 2017) but remains above the target level of 3.7%.
### 3.4 – HR Performance Indicators – Staff/Leadership Behaviours

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

**Performance Indicator:**
Average annual 360 feedback rating for staff across the 4 GDC staff behaviour headings

**Corporate Strategy Link:**
Performance Objective 1: Talent management

**Desired Outcome:**
Staff are recognised to demonstrate a good level of: 1) Trust, respect & fairness 2) Collaborative working 3) Raising performance 4) Positive approach

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placeholder awaiting availability of data</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Level</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating of 4 or above</td>
<td>GDC managers are recognised to demonstrate a good level of: 1) Trust, respect &amp; fairness 2) Collaborative working 3) Raising performance 4) Positive approach</td>
</tr>
</tbody>
</table>

**Performance Insights:**
- 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.
- 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.

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

**Performance Indicator:**
Average annual 360 feedback rating for managers across the 5 GDC leadership behaviour headings

**Corporate Strategy Link:**
Performance Objective 1: Strong leadership

**Desired Outcome:**
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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placeholder awaiting availability of data</td>
<td>• 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.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Level</th>
<th>Desired Outcome</th>
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</thead>
<tbody>
<tr>
<td>Average rating of 4 or above</td>
<td>GDC managers are recognised to demonstrate a good level of: 1) Demonstrating trust &amp; respect 2) Promoting collaboration 3) Raising performance 4) Clarifying the vision 5) Positive leadership</td>
</tr>
</tbody>
</table>

**Performance Insights:**
- 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.
- 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.

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

**Performance Indicator:**
Average quarterly pulse survey rating of staff opinion on the organisational strength of a selected leadership behaviour

**Corporate Strategy Link:**
Performance Objective 1: Strong leadership

**Desired Outcome:**
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

<table>
<thead>
<tr>
<th>Actual Performance</th>
<th>Performance Insights</th>
</tr>
</thead>
<tbody>
<tr>
<td>Placeholder awaiting availability of data</td>
<td>• Plans for the launch of a pulse survey to collect data frequent feedback data from staff is currently under discussion by EMT.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Target Level</th>
<th>Desired Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average rating of 4 or above</td>
<td>GDC managers are recognised to demonstrate a good level of one of the following in focus: 1) Demonstrating trust &amp; respect 2) Promoting collaboration 3) Raising performance 4) Clarifying the vision 5) Positive leadership</td>
</tr>
</tbody>
</table>

**Performance Insights:**
- Plans for the launch of a pulse survey to collect data frequent feedback data from staff is currently under discussion by EMT.
- 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 Q1/2 2017.
3.5 – Facilities Performance Indicators

PI/FCS/015 – Health & Safety Incident Occurrence

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume of serious incidents as reported to the Health &amp; Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</td>
<td>THIS PERIOD: 1 Incident</td>
<td>- During Q1 2017, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&amp;S Executive.</td>
</tr>
<tr>
<td></td>
<td>PREVIOUS PERIOD: 1 Incident</td>
<td>- There was a flood affecting the First Floor Mews at Wimpole Street, resulting from defective pipework that is regarded as a near miss as damage could have been worse.</td>
</tr>
<tr>
<td></td>
<td>TARGET LEVEL: No Incidents occur</td>
<td>- Some power tracks under the floor in the 1st Floor Mews had to be replaced due to water damage. No persons were harmed.</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Objective 1 &amp; 2: Highly effective regulator and management of resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

PI/FCS/016 – Serious Accident Occurrence

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume of serious health and safety accidents reported to the Health &amp; Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)</td>
<td>THIS PERIOD: 0 Accidents</td>
<td>- No serious accidents or near miss incidents have occurred during Q1.</td>
</tr>
<tr>
<td></td>
<td>PREVIOUS PERIOD: 0 Accidents</td>
<td>- There were some partial power cuts in February 2017 caused by the supplier, but no harm to employees occurred.</td>
</tr>
<tr>
<td></td>
<td>TARGET LEVEL: No accidents occur</td>
<td></td>
</tr>
</tbody>
</table>

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

PI/FCS/017 – Facilities Customer Satisfaction

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of customer survey feedback received in the ‘satisfactory’ category</td>
<td>PLACEHOLDER AWAITING AVAILABILITY OF DATA</td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>TARGET LEVEL: 85% satisfactory</td>
<td>- This consolidated approach was discussed and approved with EMT during Q4 2016.</td>
</tr>
<tr>
<td>CORPORATE STRATEGY LINK</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performance Objective 1 &amp; 2: Highly effective regulator and management of resources</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

PI/FCS/018 – Wimpole Street Lift Availability

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service</td>
<td>THIS PERIOD: 15 Hours of Oute</td>
<td>- 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.</td>
</tr>
<tr>
<td></td>
<td>PREVIOUS PERIOD: 20 Hours of Oute</td>
<td>- The electrical power cuts in February (see PI/FCS/015 above) contributed to the number of hours in total the lifts were out of service.</td>
</tr>
<tr>
<td></td>
<td>TARGET LEVEL: 95% availability (8 hours)</td>
<td></td>
</tr>
</tbody>
</table>

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

PI/FTP/023 – Freedom of Information Statutory Compliance

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

**CORPORATE STRATEGY LINK**
Performance Objective 3: Transparency about our approach

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

**PERFORMANCE INSIGHTS:**
All FOI responses were fulfilled within the statutory timeframe of 20 working days during Q1 2017.

**TARGET LEVEL:**
100% compliant

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 100% within deadline
- **PREVIOUS PERIOD:** 99%

- Green when: 100%
- Amber when: n/a
- Red when: <100%

PI/FTP/024 – Data Protection Act Statutory Compliance

**PERFORMANCE INDICATOR:**
The proportion of Subject Access Requests to be responded to within 40 calendar days (incl. extension timeframes).

**CORPORATE STRATEGY LINK**
Performance Objective 3: Transparency about our approach

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

**PERFORMANCE INSIGHTS:**
All DPA responses were fulfilled within the statutory timeframe of 20 working days during Q1 2017.

**TARGET LEVEL:**
100% compliant

**ACTUAL PERFORMANCE**

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

- Green when: 100%
- Amber when: n/a
- Red when: <100%

PI/FTP/025 – Serious Data Security Breaches

**PERFORMANCE INDICATOR:**
The number of serious incidents requiring self-reporting to the Information Commissioners Office

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

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

**PERFORMANCE INSIGHTS:**
One DSI required self-reporting to the Information Commissioners Office in Q1. This related to a set of clinical records disclosed to an informant, in response to a subject access request, including records relating to another patient at with the same surname.

- Although the records have been recovered and the impact of the disclosure on those involved is not likely to be significant, having considered the volume of sensitive personal data disclosed in error, we have decided to notify the Information Commissioner.

**TARGET LEVEL:**
Zero self reports

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 1 breach
- **PREVIOUS PERIOD:** 0

- Green when: 0
- Amber when: n/a
- Red when: 1 or more

PI/FTP/026 – Non Serious Data Security Breaches

**PERFORMANCE INDICATOR:**
The volume of non-serious data breaches (recognised to amount to an ‘amber’ incident classification) reported across the GDC.

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

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

**PERFORMANCE INSIGHTS:**
During Q1, nine out of 30 incidents (30%) were classified as amber.

- This is a significant reduction in amber incidents versus 19 recorded for Q4 2016.

**TARGET LEVEL:**
<= 6 per quarter

**ACTUAL PERFORMANCE**

- **THIS PERIOD:** 9 incidents
- **PREVIOUS PERIOD:** 19 incidents

- Green when: 0 – 6
- Amber when: 7 – 12
- Red when: Over 12
**PI/FTP/020 – Illegal Practice Timeliness: Receipt to Charging**

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

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

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

**PERFORMANCE INSIGHTS:**
- All cases reached the charging stage within the 9 month target level during Q1 2017
- Consistent with performance in Q4 2016

**ACTUAL PERFORMANCE**
- THIS PERIOD: 100% Within Target
- PREVIOUS PERIOD: 100%
- TARGET LEVEL: 90% + on time
- Green when: 90% +
- Amber when: 85 - 89%
- Red when: <85%

---

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

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

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

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

**PERFORMANCE INSIGHTS:**
- Administrative staff shortages within the IP team have placed the meeting of this target under pressure during Q1.
- Legal assistant role has now been filled, however training is still in progress.
- This has affected team’s ability to ensure that the 3 day initial review target was met at all times.

**ACTUAL PERFORMANCE**
- THIS PERIOD: 84% Within Target
- PREVIOUS PERIOD: 91%
- TARGET LEVEL: 95% + on time
- Green when: 95% +
- Amber when: 90 - 94%
- Red when: <90%

---

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

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

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

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

**PERFORMANCE INSIGHTS:**
- Further development of reporting functionality within CRM is required to enable the reporting of this indicator from Q1 onwards.

**ACTUAL PERFORMANCE**
- PLACEHOLDER AWAITING AVAILABILITY OF DATA
- TARGET LEVEL: 95% + on time
- Green when: 95% +
- Amber when: 90 - 94%
- Red when: <90%
### 3.8 – Compliance Performance Indicators

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The proportion of organisational audits that find a substantial assurance rating (or equivalent terminology once second line Compliance procedures are defined)</td>
<td>PLACEHOLDER AWAITING AVAILABILITY OF DATA</td>
<td>• 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.</td>
</tr>
</tbody>
</table>

**CORPORATE STRATEGY LINK**

Performance Objective 1: Improve performance across all functions

**DESIRED OUTCOME**

GDC processes are robustly managed with adequate risk controls in place, verified through the findings of audit activity.

<table>
<thead>
<tr>
<th>TARGET LEVEL:</th>
<th>Green when:</th>
<th>Amber when:</th>
<th>Red when:</th>
</tr>
</thead>
<tbody>
<tr>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>

**ORGANISATIONAL INDICATOR**

PROJECT MANAGEMENT OFFICE

BALANCED SCORECARD REPORT – QUARTER 1 2017

ORGANISATIONAL DEVELOPMENT PERFORMANCE INDICATORS

SENIOR RESPONSIBLE OFFICER: SUE STEEN
ANNEX A - SECTION 4

Strategy Directorate
Performance Indicators

4.1 – Communications Performance Indicators
4.2 – QA Performance Indicators
4.3 - Standards Performance Indicators (Placeholder)
## 4.1 – Communications Performance Indicators

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

**ORGANISATIONAL INDICATOR**

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

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

**DESIRED OUTCOME**

The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC’s engagement with all of its audiences.

**PERFORMANCE INSIGHTS:**

- In Q1 there were 378 media clips featuring the GDC. 77 out of the 378 media clips were generated by a press release sent by the media team. By combining the readership/audience numbers, we can calculate that our potential maximum reach was 208,306,328. (Media clips may simply mention us, it does not mean the organisation is the main subject of the coverage.)
- During the same period, the media office wrote and distributed 13 press releases proactively vs. 7 reactive responses.
- The actual performance figure is a breakdown of the number of proactive activity and reactive enquiries. This gives an indication of both the amount of external mass engagement (although this is by no means the only way or measure for mass engagement) and the balance between proactive and reactive activity.

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>THIS PERIOD: 13 proactive (7 reactive)</th>
<th>PREVIOUS PERIOD: 18/14</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>10+ (proactive)</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>12 - 14 (proactive)</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>11 or fewer (proactive)</td>
<td></td>
</tr>
</tbody>
</table>

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

**ORGANISATIONAL INDICATOR**

**PERFORMANCE INDICATOR:**

The number of face to face engagement events with the GDC’s key stakeholders.

**CORPORATE STRATEGY LINK**

Performance objective 1: Improve our communication with dental professionals

**DESIRED OUTCOME**

An increasing number of partners, professional, patients and partners are able to hear GDC messaging in face to face opportunities. This supports the wider GDC commitment to transparency (corporate value in 4Ps) and improving the GDC’s engagement with all of our audiences (objective in comms and engagement strategy).

**PERFORMANCE INSIGHTS:**

- The breakdown of activity with each type of audience has been the following: Dentists 5 engagements; DCPS 0 engagements; Patients 2 engagements; Regulation partners 12 engagements; Educations partners 7 engagements; Government 9 engagements
- The last quarter has been particularly active with the launch of Shifting the balance. This is reflected in the relatively high level of performance.
- The stakeholder strategy is being developed to provide a plan so we can spread engagement across the our stakeholder groups and across the four nations more appropriately.

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PREVIOUS PERIOD: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>30+ engagements</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>25 – 29 engagements</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>24 or fewer engagements</td>
<td></td>
</tr>
</tbody>
</table>

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

**ORGANISATIONAL INDICATOR**

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance objective 1: People management and strong leadership

**DESIRED OUTCOME**

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

**PERFORMANCE INSIGHTS:**

- The high actual performance level for this quarter is explained by the temporary sub-optimal measurement method.
- The current measurement method is a pulse survey sent to all staff after the distribution of the March staff newsletter. Of 69 respondents to the survey 80% received regarding staff communications that seek to improve understanding of the external environment.
- From Q2 we will send staff newsletter through Exact Target (bulk email solution) which will give us accurate measurements of open rates of all staff, not just respondents to the pulse survey. Therefore this figure is likely to drop next quarter.
- The industry standard is for open rates of staff newsletters. Of 69 respondents to the survey 80% opened staff newsletter as indicator of awareness of organisational priorities.

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PREVIOUS PERIOD: N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>50% or above</td>
<td></td>
</tr>
<tr>
<td>Amber when:</td>
<td>40% to 49%</td>
<td></td>
</tr>
<tr>
<td>Red when:</td>
<td>39% or under</td>
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</tbody>
</table>

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

**ORGANISATIONAL INDICATOR**

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

Performance objective 1: People management and strong leadership

**DESIRED OUTCOME**

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

**PERFORMANCE INSIGHTS:**

- From June a question will be introduced into the staff survey about staff’s perception of an item extracted, and expanded upon, from the Horizon Scanning report.
- From May we will include a short survey in the weekly On Our Horizon staff communication, which will feed data into this indicator.

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>ACTUAL PERFORMANCE</th>
<th>PLACEHOLDER AWAITING AVAILABILITY OF DATA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Green when:</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Amber when:</td>
<td>TBC</td>
<td>TBC</td>
</tr>
<tr>
<td>Red when:</td>
<td>TBC</td>
<td>TBC</td>
</tr>
</tbody>
</table>
**4.2 – QA Performance Indicators**

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| Proportion of education providers recognised to be either ‘meeting’ or ‘partially meeting’ the Protecting Patients standards | **THIS PERIOD** - 2015/16 - 73% met, 20% partially met, 7% not met<br>**PREVIOUS PERIOD** - 2014/15 – 62% met, 35% partially met, 4% not met | • An increased proportion of Protecting Patients standards have been fully met in the 2015/16 year, with a small increase in the proportion not met.  
• A larger volume of hygiene & therapy inspections were carried out over this period than in the previous year.  
• In December 2016 a trial was carried out to bring in all hygiene & therapy providers and carry out workshop activity around the standards found hardest to meet.  
• Following assessment of this trial activity, there are now plans to roll-out this approach to providers from other titles during 2017. |
| **TARGET LEVEL:** 70% met and less than 10% not met<br>Green when: 70% met and less than 10% not met<br>Amber when: One of criteria not met<br>Red when: Both criteria not met | | |

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| Proportion of education providers recognised to be either ‘meeting’ or ‘partially meeting’ the Governance standards | **THIS PERIOD** - 2015/16 - 44% met, 42% partially met, 15% not met<br>**PREVIOUS PERIOD** - 2014/15 – 32% met, 32% partially met, 25% not met | • An slightly increased proportion of Governance standards have been fully met in the 2015/16 than in the 2014/15 year.  
• See PI/STR/009 for more general insights. |
| **TARGET LEVEL:** 50% met and less than 20% not met<br>Green when: 50% met and less than 20% not met<br>Amber when: One of criteria not met<br>Red when: Both criteria not met | | |

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

<table>
<thead>
<tr>
<th>PERFORMANCE INDICATOR:</th>
<th>ACTUAL PERFORMANCE</th>
<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| Proportion of education providers recognised to be either ‘meeting’ or ‘partially meeting’ the Student Assessment standards | **THIS PERIOD** - 2015/16 - 51% met, 40% partially met, 9% not met<br>**PREVIOUS PERIOD** - 2014/15 – 37% met, 56% partially met, 7% not met | • A significantly increased proportion of Student Assessment standards have been fully met in the 2015/16 than the 2014/15 year, with a slight increase in the proportion not met  
• See PI/STR/009 for more general insights |
| **TARGET LEVEL:** 50% met and less than 10% not met<br>Green when: 50% met and less than 10% not met<br>Amber when: One of criteria not met<br>Red when: Both criteria not met | | |

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

<table>
<thead>
<tr>
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<th>PERFORMANCE INSIGHTS:</th>
</tr>
</thead>
</table>
| Proportion of inspections that require re-inspection | **THIS PERIOD** - 2015/16 - 25% re-inspections<br>**PREVIOUS PERIOD** - 2014/15 – 14% re-inspections | • As referenced in further detail in the QA annual report, re-inspection generally increases standard compliance by 50%.  
• The likelihood of re-inspection differs between groups. A large number of dental technician inspections will be carried out in 2016/17 which may lead to an increase in the proportion of re-inspections this year. |
| **TARGET LEVEL:** <15% re-inspection<br>Green when: <15% re-inspection<br>Amber when: 15% – 29% re-inspection<br>Red when: 30%+ re-inspection | | |
## PI/STR/008 – Standards Perception

**PERFORMANCE INDICATOR:**

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

**CORPORATE STRATEGY LINK**

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

**DESIRED OUTCOME**

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

**ACTUAL PERFORMANCE**

<table>
<thead>
<tr>
<th>TARGET LEVEL</th>
<th>TBC</th>
<th>Green when:</th>
<th>TBC</th>
<th>Amber when:</th>
<th>TBC</th>
<th>Red when:</th>
<th>TBC</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLACEHOLDER AWAITING AVAILABILITY OF DATA</td>
<td></td>
<td></td>
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**PERFORMANCE INSIGHTS:**

- This performance indicator will be fully developed in line with the data collection plan for the ‘Shifting the Balance’ Programme.

**TARGET LEVEL:** TBC

**Green when:** TBC

**Amber when:** TBC

**Red when:** TBC