**Balanced Scorecard – Q1 2017 Performance**

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To present the Council with the second version of the newly developed balanced scorecard report, covering the Q1 2017 performance period.</th>
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<tbody>
<tr>
<td>Action</td>
<td>For discussion and noting.</td>
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</table>
| Corporate Strategy 2016-19 | Objective 1: To improve our performance across all our functions so that we are highly effective as a regulator.  
Objective 2: To improve our management of resources so that we become a more efficient regulator.  
Objective 3: To be transparent about our performance so that the public, patients, professionals and our partners can have confidence in our approach. |
| Business Plan 2017 | Project Management Office (PMO) reporting and statistical modelling maturity workstream.                                                                                              |
| Decision Trail   | Work was carried out throughout 2016 to propose a new format for the balanced scorecard and redevelop /refine GDC performance indicators.  
At the meetings of FPC and the Council in September and October 2016 respectively, EMT’s proposed revised balanced scorecard model was approved.  
At the EMT board meeting in December 2016, a final list of performance indicators was reviewed and approved for inclusion in the first version of the report in the new format, covering Q4 2016 performance. The Q4 report was subsequently presented to presented EMT and FPC at their respective February board meetings and the Council at the March Council meeting. Each board approved the new format for future reporting.  
The Q1 2017 scorecard was reviewed by EMT at its board meeting on the 3 May 2017 with agreed action plan points added to the report. The report was then discussed by the Finance and Performance Committee at its meeting on the 23 May 2017. |
<table>
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<tr>
<th>Next Stage</th>
<th>N/A.</th>
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<tbody>
<tr>
<td>Recommendations</td>
<td>The Council is asked to discuss and note the Q1 2017 scorecard report.</td>
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</table>
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| Appendices | Annex 1 – Q1 2017 Balanced Scorecard  
Annex 2 – Balanced Scorecard Change Control Log |
1. Executive summary

1.1. This paper introduces the second version of the newly developed balanced scorecard format, which is presented as annex 1 and reviews the Q1 2017 performance period.

1.2. Several pieces of development work have been carried out during Q1 to include actual data in this version of the report for several indicators that were previously included as placeholders. Sections for the QA and Communications teams have been included for the first time in this report.

1.3. The Council is asked to discuss and note the Q1 2017 scorecard report.

2. Introduction and background

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

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

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

3. Q1 2017 balanced scorecard report

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

3.2. Continuing a trend from Q4 2016, significantly fewer FTP cases were referred externally than expected in Q1 2017. Nine external referrals were made to external legal providers in the quarter, compared to a budgeted level of 21 (see KPI Dashboard – ‘Internal Process’).

3.3. 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 FTP spend is approximately £550k lower than budgeted, which is linked to the reduction in external legal referral providers (see KPI Dashboard – ‘Financial’).

3.4. The two Registration application routes regarded as ‘key’ for this period of the year both met active processing time targets (See section 1.2 – Timeliness). This is part of a wider improvement in Registration application processing times during Q1 with all routes being improved since Q4 and three routes being the quickest since ‘active’ reporting commenced in mid-2015 (see section 1.6).

3.5. 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 Q1 2017 (See KPI Dashboard – ‘Timeliness’). However, there has been a modest performance improvement in the six month and 15 month case progression targets and cases that missed the IOC timeliness target are attributed to registrant availability issues. A number of other indicators are flagged as red in the FTP process dashboard (see section 2.1).

3.6. One significant data security incident took place in Q1 2017. 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, given the volume of sensitive personal data disclosed (see KPI Dashboard – ‘Internal Process’).

3.7. 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’).

3.8. At its meeting on 3 May 2017 to review the Q1 2017 balanced scorecard, the EMT committed to three actions that are included within section 1.1 – Executive Summary. These actions include:

- EMT plan to approach the Department of Health for a discussion about their current capacity to consider amendments to the GDCs legislative rules.
- 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.
- 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.

4. Development activity

4.1. Annex 2 details the change control log that is used for managing changes to the balanced scorecard. Several pieces of development work have been carried out during Q1 2017 which are included within the report:

- The structure of the report has been aligned to the revised organisational structure effective since April 2017.
- Three new indicators approved by EMT in January (case repatriation, non-serious data breaches & organisational efficiencies) have been included within the report for the first time.
- Several indicators (within the Finance, QA and Communications areas) which were presented as placeholders in the previous version have been populated with actual data in this version of the report.
- A page has been added to the report to provide an update on the progress of EMT Actions from previous versions of the report.

5. Recommendations

5.1. The Council is asked to discuss and note the Q1 2017 scorecard report.

6. Internal consultation

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<table>
<thead>
<tr>
<th>Department</th>
<th>Date and consultee name</th>
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<tbody>
<tr>
<td>All data contributing departments</td>
<td>Established data leads from each department - April 2017</td>
</tr>
<tr>
<td>EMT Board (03/05/2017)</td>
<td>The Chief Executive &amp; Registrar and all Executive Directors</td>
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7. Appendices

7.1. Annex 1 – Q1 2017 Balanced Scorecard

7.2. Annex 2 – Balanced Scorecard Change Control Log