Appendix 3. 26th July
Council Meeting
PSA Investigation Report Action Plan
Status Report – update and close out report
OVERALL STATUS - EXCEPTION REPORTING ON AMBER AND RED PROJECTS

Non-green status reports have been provided for 0 initiatives at close out of the report.

PORTFOLIO RAG STATUS COMMENTARY

- From the last report seen by the ARC in November 2016, the number of amber rated projects has dropped from 2 to 0.

- In all 90% of actions are at a status of either ‘complete and embedding’ or ‘closed and verified’, representing 42 of the 47 actions as part of this report.

- 5 actions are on hold (10%).

- The current overall status is at Fig 1.3, and shows comparators from July 2016 and November 2016 to show movement on progress of the actions embedding.

- The Benefits tracking report breaks the items in the ‘complete and embedding’ stage down further and is at Appendix 1.

ACTIONS AT A STATUS OF ‘ON HOLD’.

- There are 5 actions on a ‘hold’ status at present.

- The 5 actions ‘on hold’ include actions that are currently part of consideration for 2018 business planning initiatives in the current planning round, based on an assessment of resource, budget and prioritisation.

- These actions were GDC driven, rather than as part of the PSA action plan recommendations, and being considered with competing strategic priorities.

- Item 1.1.1 Talent Management Strategy
- Item 2.3.1 Training for Audit and Risk Committee on roles and responsibilities
- Item 2.4.1 Council Development Days
- Item 4.7 Effective Challenge from the Council to the Executive
- Item 5.2 Adjudication function review
PSA Investigation Report 21 December 2015 - List of original findings and recommendations. The tables below are from the original analysis of the PSA Investigation Report of 21st December 2015. The list is outlined to demarcate between actions that were a direct result of the report recommendations and actions that were driven by analysis of the findings by EMT, or the Council (as in Section 5). Throughout the report the coding below will be used to map the actions to the recommendations, with the source of the initiative noted on each report line. On pages 6 to 26, those actions that directly responded to a recommendation are noted with the relevant recommendation number in green text. Those that were identified by EMT are noted as GDC in orange text.

**Section 1**
The GDC’s management of the processes and support for the Investigating Committee (IC) in the period following the publication of the PSA’s previous investigation report, ‘An investigation into concerns raised by the former Chair of the GDC (February 2013) since February

**PSA Findings:**

- **F1a:** Approach to recruiting, training and supervising IC Secretaries was ineffective.
- **F1b:** IC Secretaries were not provided with the full findings (rather than the summary) of the Penningtons report and the PSA report from 2013.
- **F1c:** System for feedback from IC members was ineffective.
- **F1d:** Focus was on the speed of case throughput and / or the consistency of decision-making rather than the propriety of processes.
- **F1e:** More prudent to have initiated preventative / interim action at an earlier stage, rather than to await receipt of the Penningtons reports.

**PSA Recommendations:**

- **R1a:** IC team: proper practices are embedded, comprehensive induction, regular training is provided, robust monitoring and supervision of work.
- **R1b:** IC team: Standard Operating Procedure (SOP) for provision of legal advice.
- **R1c:** Effective system for receiving feedback from IC members and for sharing this feedback with EMT and relevant committees.

**Section 2**
The adequacy of the information provided to the GDC’s Council, Audit/Audit and Risk Committee, and Appointments Committee, as well as the adequacy of those bodies’ scrutiny of that information about the previous investigation report; the whistleblower’s disclosure; and the outcome of the actions that the GDC took in response to the whistleblower’s disclosure.

**PSA Findings:**

- **F2a:** the information provided to the Council and the Audit Committee with regard to the PSA Report of 2013 and the more recent whistleblower’s disclosure was ‘deficient’.
- **F2b:** Committees and Council did not always sufficiently challenge the information provided to them.
- **F2c:** Minutes were not always reflective of discussions in Committee meetings.

**PSA Recommendations:**

There were no explicit recommendations with regard to these findings.
RAG STATUS BREAKDOWN ON PSA AND GDC ACTIONS

We have broken down the portfolio assigning each action to have either derived directly from the PSA Action plan report or GDC driven.

Of the 47 actions, 13 actions were driven directly from the PSA action plan report recommendations and 34 were GDC driven and included in existing business plans as part of wider programmes of planned work.

- The GDC driven actions have an overall portfolio status of 97%, complete and embedding or closed and verified. With 1 item with on green.
- The PSA recommended actions have a status of 100% complete and embedding or closed and verified.

LEGACY REPORTING

In order to close down the report in November 2016 we demonstrated that we will continue to embed and measure the actions from the PSA action plan on whistleblowing. For each action we have indicated on each reporting line whether:

- The action is a priority on the 2017 business plan (Noted as: 2017 BP)
- The action will be included on the 2017 operational plan (Noted as: 2017 OP)
- The substantive work on the action has been completed and therefore the only ongoing monitoring needed will be the tracking of benefits (Noted as: Benefits)
- Substantive work on the action has been completed and the benefits have subsequently been verified (Noted as: N/A – Verified)
### REPORT SECTION INDEX AND KEY

**SECTION 1: GDC's MANAGEMENT OF THE PROCESSES AND SUPPORT FOR THE INVESTIGATING COMMITTEE**
- Theme 1. Recruitment, Induction and Supervision of IC Staff – pp. 6-8
- Theme 2. Training of IC staff – pp. 9-10
- Theme 3. Feedback From IC Members – p. 11
- Theme 4. Learning the Lessons of the PSA Reports – pp. 12-14
- Theme 5. Investigating Committee Decisions – p. 15
- Theme 5. Review of FTP Reporting – p. 16

**SECTION 2: ADEQUACY AND SCRUTINY OF INFORMATION PROVIDED TO COUNCIL, COMMITTEES AND EMT**
- Theme 1. Governance Improvement Plan – pp. 17-18
- Theme 2. Appointments Committee role – p. 19
- Theme 3. Audit & Risk Committee development – p. 19
- Theme 4. Council & EMT Development – p. 20

**SECTION 3: GDC's WHISTLEBLOWING AND DISCIPLINARY POLICIES FOR ASSOCIATES**
- Theme 1. Disciplinary Policy for Associates – p. 21
- Theme 2. Storage of Complaints Concerning Statutory Committee Members – p. 22

**LESSONS LEARNED FROM THE REPORT** – pp. 25-26
**SUPPLEMENTARY ACTIONS FROM CHAIR OF COUNCIL REQUEST FROM 24/01/2016** – p. 27

### RAG KEY

- **GREEN** = On track: Initiative is on track to be successfully delivered (in line with quality expectations) and to deadline
- **AMBER** = At risk: Initiative is either risk of being successfully delivered to deadline or has experienced a short term (less than month) delay. Effective mitigation is in place.
- **RED** = Off track: Initiative is to be successfully delivered to deadline, or is already delayed, to a significant degree. Effective mitigation is not in place.
- **GREY** = Future initiative: Substantive work on initiative has been planned for a future start date
- **LIGHT PURPLE** = Embedding: Substantive work on action is completed, but the changes are still being embedded as full benefits have not yet be measured
- **DARK PURPLE** = Complete and verified: Substantive work on action is completed and the benefits of the change have been confirmed

### STAFF KEY:
- **SRO** = Senior Responsible Officer
- **PH** = Peter Harrington, Head of Human Resources
- **KH** = Kate Husselbee, Director of Governance & Human Resources
- **OC** = Oliver Carr, Head of Investigating Committee
- **JG** = Jonathan Green, Director of Fitness to Practise
- **CJ** = Caroline Jaggard, Investigation and Development Lawyer
- **LMR** = Lisa-Marie Roca, Principal Legal Adviser
- **AB** = Alex Bishop, Learning and OD Projects Manager
- **LC** = Lisa Cunningham, Head of Communications
- **MH** = Matthew Hill, Director of Strategy
- **IB** = Ian Brack, CEO & Registrar
- **CM** = Clare Mitchell, Head of Governance
- **GM** = Graham Masters, Director of Finance and Corporate Services
- **WM** = William Moyes, Chair of Council
- **NAK** = Nadya Al-Kandari, HR Manager
- **TW** = Tim Wright, Head of PMO and Reporting
### Section 1 Theme 1: Recruitment, Induction and Supervision of IC Staff

<table>
<thead>
<tr>
<th>Summary of Month’s Progress</th>
<th>Project Milestones</th>
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<tbody>
<tr>
<td><strong>1.1.1 - Talent management strategy and action plan being developed and implemented, of which recruitment and candidate quality will be a part. Recruitment policy will be revised as necessary as a result.</strong>&lt;br&gt;<strong>SOURCE: GDC</strong>&lt;br&gt;<strong>LEGACY REPORTING: 2017 BP</strong></td>
<td>Aims, Actions and Deliverables now drafted and being reviewed and approved by the HR team&lt;br&gt;Links/references being made to the draft People Strategy</td>
<td>Revised PID and Action plan will be developed as part of the business planning process for 2017&lt;br&gt;Consultation on People Strategy and EMT approval November 2016&lt;br&gt;Update on project provided to Remuneration Committee in December 2016</td>
<td>Success measures to be defined according to finalised action plan, by Q4 end 2016.</td>
<td>PH</td>
<td>KH</td>
</tr>
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**Aims, Actions and Deliverables now drafted and being reviewed and approved by the HR team**<br>Links/references being made to the draft People Strategy

- By end Q4 a pulse survey will be run and will produce data focusing on the effectiveness of recruitment policy and recruitment training with a target of 95% of managers having a better understanding of sourcing, shortlisting and interviewing techniques.

**PH**<br>**KH**

**G**<br>**G**

**H**

**PH**<br>**KH**

**G**<br>**G**

**E**

**PH**<br>**KH**

**G**<br>**E**

**V**

### 1.1.2 - Training in recruitment best practice

**SOURCE: GDC**<br>**LEGACY REPORTING: BENEFITS**

<table>
<thead>
<tr>
<th><strong>Aims, Actions and Deliverables</strong></th>
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<tr>
<td>Training sessions have taken place, albeit with lower than desirable attendance (16 attendees across all sessions)&lt;br&gt;As a result this will be incorporated into 2017 work plans in developing mandatory management capability training on wider HR topics&lt;br&gt;Suggest to move to complete and embedding as substantive action has been completed</td>
<td>Training to take place in Q4&lt;br&gt;Development of recruitment module for roll out of 2017</td>
<td>By end Q4 a pulse survey will be run and will produce data focusing on the effectiveness of recruitment policy and recruitment training with a target of 95% of managers having a better understanding of sourcing, shortlisting and interviewing techniques.</td>
<td>PH</td>
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- By end Q4 a pulse survey will be run and will produce data focusing on the effectiveness of recruitment policy and recruitment training with a target of 95% of managers having a better understanding of sourcing, shortlisting and interviewing techniques.

**PH**<br>**KH**

**G**<br>**G**

**E**

**PH**<br>**KH**

**G**<br>**E**

**V**

### 1.1.3 - Checklist for IC staff on their understanding of their role, responsibilities, and behaviours at months 1, 3 and 6 of the probation period.

**SOURCE: PSA (R1a)**<br>**LEGACY REPORTING: BENEFITS**

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<tbody>
<tr>
<td>The feedback survey continues to report 0% negative feedback regarding IC staff. The feedback survey is regularly shared with the AC, ARC and Council.</td>
<td>Complete by 15/04/2016</td>
<td>Baseline to be established from the IC feedback survey to record 0% negative feedback to demonstrate the roles and responsibilities of the IC staff is understood. This survey is conducted every month.</td>
<td>OC</td>
<td>JG</td>
<td>G</td>
</tr>
</tbody>
</table>

**The feedback survey continues to report 0% negative feedback regarding IC staff. The feedback survey is regularly shared with the AC, ARC and Council.**

- Baseline to be established from the IC feedback survey to record 0% negative feedback to demonstrate the roles and responsibilities of the IC staff is understood. This survey is conducted every month.

**OC**

**JG**

**G**

**E**

**V**
<table>
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<tr>
<th>Section 1 Theme 1: Recruitment, induction and supervision of IC staff</th>
<th>Summary of Month’s Progress</th>
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<tbody>
<tr>
<td>1.1.4 - Objectives and personal development specifically covering responsibilities and behaviours put in place on successful completion of the probation period.</td>
<td>• The feedback survey continues to report 0% negative feedback regarding IC staff. The feedback survey is regularly shared with the AC, ARC and Council.</td>
<td>• Complete by 30/04/2016</td>
<td>• As per 1.1.3 Baseline to be established from the IC feedback survey to record 0% negative feedback to demonstrate the roles and responsibilities of the IC staff is understood. This survey is conducted every month.</td>
<td>OC</td>
<td>JG</td>
<td>A E V</td>
</tr>
<tr>
<td>SOURCE: GDC LEGACY REPORTING: BENEFITS</td>
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<tr>
<td>1.1.5 - A Standard Operating Procedure (SOP) for the ‘apprentice model’ for the IC team and the wider organisation.</td>
<td>• Initial delay in this action was due to capacity, despite the securing of additional resource, being directed to other work priorities connected with the section 60 / case examiner implementation. This action has been completed to the revised deadline of the end of September – the SOP has been signed off and is in place. We suggest this action moves to a status of ‘complete and embedding’ with the feedback and benefits measurement to happen via pulse survey on 31/12/16.</td>
<td>• Original deadline: complete by 30/04/2016 • Revised deadline: complete by 29/07/2016 • Final Proposed deadline: September 2016</td>
<td>• Apprentice model SOP by 29/07/16 • All IC Managers have received training on process and expectations by 12/08/16 • Feedback from newly recruited staff on use and effectiveness of apprentice model demonstrates that 90% of staff found the approach effective; pulse survey of line managers and staff on apprentice model by 31/12/16 (to incorporate new starters in CE Team)</td>
<td>OC</td>
<td>JG</td>
<td>A G V</td>
</tr>
</tbody>
</table>
## Section 1 Theme 1: Recruitment, induction and supervision of IC staff

### Summary of Month’s Progress

- Reminder on use of induction checklist sent to all managers
- Post implementation review on track to be completed in November

### Project Milestones

- Reminder on checklist usage sent to all GDC managers in July 2016
- Post implementation review to take place in November 2016 once completion rate is confirmed.

### Success Measurements

- By Q4 the HR team will review the use of induction checklists and ensure that 90% are being completed and used as part of new starter induction.

### Sources

#### PSA (R1a)

**LEGACY REPORTING: BENEFITS**

- Further induction sessions have taken place as planned during this period.

### Project Lead

PH

### RAG Status – Including Previous Ratings

Jul ’16 | Nov ’16 | Current
--- | --- | ---
G | E | E

#### GDC

**LEGACY REPORTING: BENEFITS**

- None – Project complete
### Section 1: GDC’s Management of the Processes and Support for the Investigating Committee

#### Section 1 Theme 2

**Training of IC staff**

<table>
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<tbody>
<tr>
<td><strong>1.2.1 - SOP for IC staff requesting legal advice</strong></td>
<td>A survey was carried out in July and all current ICMs responded.</td>
<td>SOP complete by 28/02/2016</td>
<td>SOP drafted and understood and used by staff in CC Team</td>
<td>CJ</td>
<td>G</td>
</tr>
<tr>
<td><strong>SOURCE:</strong> PSA (R1b)</td>
<td>• 100% of respondents had read the SOP.</td>
<td></td>
<td>• By 15th July 2016, 95% of respondents indicate that they understand SOP – based on survey results</td>
<td>JG</td>
<td>E</td>
</tr>
<tr>
<td><strong>LEGACY REPORTING:</strong> N/A (IF VERIFIED)</td>
<td>• 100% of respondents said they were confident that they understood the circumstances in which they would be required to obtain legal advice. 100% said they are confident that they are familiar with the process for obtaining legal advice within their particular role. 6% had had cause to use the SOP since its introduction.</td>
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<tr>
<td></td>
<td>• Suggest to move this action to ‘closed and verified’</td>
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<tr>
<td><strong>1.2.2 - Signposting to case law and documentation of three stage legal test to be incorporated into IC Guidance Manual.</strong></td>
<td>The QAG results continue to indicate 0% criticism of IC decisions with relation to the application of the ‘three stage test’</td>
<td>Complete by 30/04/2016</td>
<td>Quality and Assurance Group (QUAG) to sample and test cases on the appropriate tests being used to makes decisions.</td>
<td>OC</td>
<td>G</td>
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<tr>
<td><strong>SOURCE:</strong> (R1b)</td>
<td></td>
<td></td>
<td>• Baseline to be established – initial target of 90% pass rate. The sampling is conducted every month.</td>
<td>JG</td>
<td>E</td>
</tr>
<tr>
<td><strong>LEGACY REPORTING:</strong> BENEFITS</td>
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<tr>
<td><strong>1.2.3 - IC Guidance Manual reviewed in April of each year; all FTP policy and guidance documents are subject to rolling annual review conducted by relevant Head and FTP Improvement Team (as now, documents will be reviewed more often as necessary).</strong></td>
<td>The QAG results continue to indicate 0% criticism of IC decisions with relation to the application of the ‘three stage test’</td>
<td>Complete by 30/04/2016</td>
<td>As per 1.2.2: Quality and Assurance Group (QAG) to sample and test cases on the appropriate tests being used to makes decisions.</td>
<td>OC</td>
<td>G</td>
</tr>
<tr>
<td><strong>SOURCE:</strong> (R1b)</td>
<td></td>
<td></td>
<td>• Baseline to be established – initial target of 90% pass rate. The sampling is conducted every month.</td>
<td>JG</td>
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<td><strong>LEGACY REPORTING:</strong> BENEFITS</td>
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</table>
## Section 1 Theme 2: Training of IC staff

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<tr>
<td><strong>1.2.4</strong> - Ongoing monitoring of training and development required to ensure cohesiveness of training and embedding of learning. <strong>SOURCE: PSA (R1a)</strong> <strong>LEGACY REPORTING: BENEFITS</strong></td>
<td>• No ‘whistleblowing’ issues have been raised in the feedback survey since the last update. The feedback survey is regularly shared with the AC, ARC and Council.</td>
<td>• Ongoing until end of 2016</td>
<td>OC</td>
<td>JG</td>
<td>G E V</td>
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</table>

**LEGACY REPORTING: BENEFITS**

• No ‘whistleblowing’ issues have been raised in the feedback survey since the last update. The feedback survey is regularly shared with the AC, ARC and Council.

**1.2.5** - Establish a formal process of continuing development for IC members and staff. **SOURCE: PSA (R1a)** **LEGACY REPORTING: BENEFITS**

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<tr>
<td>• Training was provided to all ICMs on ‘responsibilities and boundaries of the ICM role’ on Tuesday 30 September 2016. • The feedback survey continues to report 0% negative feedback regarding IC staff. The feedback survey is regularly shared with the AC, ARC and Council.</td>
<td>• IC members trained on 10 and 14/03/16. Training will be ongoing until end of 2016 • Revised deadline: training to be completed by end of July 2016 due to delay appointment of new IC Manager</td>
<td>• As per 1.2.4: Baseline to be established from the IC feedback survey to record 0% negative feedback. This survey is conducted every month.</td>
<td>OC</td>
<td>JG</td>
<td>A E V</td>
</tr>
<tr>
<td>Section 1 Theme 3: Feedback From IC Members</td>
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<tr>
<td>1.3.1 - Review of feedback system to ensure that all learning points from the Report are incorporated. Feedback mechanism extended to IC Secretaries. Quarterly reports to EMT, and to AC where a risk is identified.</td>
<td>• The Mazars audit of the feedback system is complete and is ready to formally feedback. • There were no significant concerns raised by Mazars during the course of the audit. • Awaiting final assurance rating from Mazars</td>
<td>• Complete by 30/04/2016</td>
<td>• Monthly report produced - Quarterly reports to EMT, and to AC and ARC quarterly in 2016. • To achieve substantial assurance rating on Feedback System in Audit by Mazars IA partner (from Sept 2016 audit)</td>
<td>OC</td>
<td>JG</td>
</tr>
</tbody>
</table>

**SOURCE:** PSA (R1c)

**LEGACY REPORTING: BENEFITS**
### Section 1 Theme 4: Learning the Lessons of the PSA Reports

#### Summary of Month’s Progress

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</table>
| **1.4.1 - Workshop for FtP staff on learning the lessons from the PSA reports.**  
**SOURCE: GDC LEGACY REPORTING: N/A (VERIFIED)** |  | JG | JG | E V V |
| • Workshops held 25 February 2016. Content agreed and delivered by Jonathan Green, Kate Husselbee. Lisa-Marie Roca  
• Substantive work has been completed on this action, and a survey taken to test understanding and usefulness of the presentation with a 100% pass rate.  
• Suggest this item moves to a status of ‘closed and verified’ on acceptance that no further work to be done on the FtP workshops and initial benefits realised. | • Complete by 29/02/2016  
• Survey to check understanding of workshop:  
  • As at 22/03/16 – 100% of attendees responded that they had a better understanding of the issues in the PSA report, its findings, and conclusions  
  • 100% of the attendees found the style and format of the presentation helpful | JG | JG | E V V |
| **1.4.2 - Workshop for non-FtP staff on learning the lessons from the PSA reports.**  
**SOURCE: GDC LEGACY REPORTING: N/A (IF VERIFIED)** |  | KH/ JG/ LMR | KH | G G V |
| • Workshops for all non FtP staff and any member of FtP staff who could not attend on 25 February were held on 23 March 2016  
• At 23/08/16, all staff in post on 14.07.16 have either attended the workshop or watched the webinar. A total of 15 staff have been given exemptions from attending (this includes those on maternity leave and long-term sick leave).  
• At 23/08/16, all of Council, EMT, the AC, and the independent members of Committees have watched the webinar.  
• This item is suggested to move to a status of ‘closed and verified’ as this discrete action is complete and the success has been measured. | • Complete by 31/03/2016  
• As at 1.4.1 Survey to check understanding of workshop:  
  • 100% of attendees have responded that they have a better understanding of the issues in the PSA report, its findings, and conclusions  
  • 100% of the attendees found the style and format of the presentation helpful | KH/ JG/ LMR | KH | G G V |
| **1.4.3 - Workshop for statutory committee members and the wider Associates on learning the lessons from the PSA reports.**  
**SOURCE: GDC LEGACY REPORTING: BENEFITS** |  | KH/ JG/ LMR | KH | G G E |
| • IC workshops completed on 10 and 14 March 2016. All IC members attended a workshop.  
• Due to the volume of panellists and the costs that would be incurred, FTP panellists watched the webinar rather than attending a workshop. All FTP panellists have now watched the webinar.  
• The remainder of the Associates will receive whistleblowing training (see 3.3.3).  
• This item is suggested to move to a status of ‘complete and embedding’ as this discrete action is complete | • Ongoing throughout 2016  
• Target of 100% of associates respond to a survey by 30/09/16 saying that they had a better understanding of the issues in the PSA report, its findings, and conclusions  
  • Target 100% of the associates found the style and format of the presentation helpful | KH/ JG/ LMR | JG | G G E |
## Section 1 Theme 4: Learning the Lessons of the PSA Reports

### Summary of Month’s Progress

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| **1.4.4 - Signposting of key corporate documents through the intranet**<br>
**SOURCE: GDC LEGACY REPORTING: BENEFITS**<br>
- The signposting of key corporate documents was complete in May 2016. This work is therefore being suggested to move to a status of complete and embedding.<br>
- For the success measures, the IT team are investigating a method to measure how many times documents (that are stored on the intranet) are opened.<br>
- If the IT method is unworkable, the Internal Communications team will use the survey results on how easy the Corporate Documents are to find on the intranet as the baseline.<br>
- If the IT method is workable the success measures is likely to be in place when the new intranet is launched, which is currently scheduled for January 2017. | **Baseline to be established from January 2017 on usage figures, on how many times documents are opened.**<br>
- Survey to be conducted on how easy key corporate documents are to find in Q4 2016. | LC | MH | G | G | E |
| **1.4.5 – Extended session for managers at the FtP and all staff workshops with regard to oversight of direct reports’ roles, performance and behaviours**<br>
**SOURCE: GDC LEGACY REPORTING: N/A (IF VERIFIED)**<br>
- Workshops for all non FTP staff and any member of FtP staff who could not attend on 25 February were held on 23 March 2016<br>
- At 23/08/16, all staff in post on 14.07.16 have either attended the workshop or watched the webinar. A total of 15 staff have been given exemptions from attending (this includes those on maternity leave and long-term sick leave).<br>
- Suggested to move to ‘closed and verified’. | **100% of attendees respond to survey saying that they had a better understanding of the issues in the PSA report, its findings, and conclusions**<br>
- **100% of the attendees found the style and format of the presentation helpful** | KH/JG/LMR | KH | G | G | V |
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<tr>
<td>1.4.6 - Incorporation of lessons learned into the content of the existing leadership development programme.</td>
<td>• BAU monitoring of the LDP cohorts currently underway. • The success measures will be tested to the schedule in the ‘success measurements’ box.</td>
<td>• Complete by 31/03/2016</td>
<td>• Annual 360° feedback: By January 2017 360° feedback scores will have improved on those recorded in January 2016 for: • Raising performance (current level 4.94/6) • Clarifying the vision (current level 4.96/6) • Positive leadership (current level 4.95/6)</td>
<td>AB</td>
<td>KH</td>
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<tr>
<td>SOURCE: GDC</td>
<td><strong>LEGACY REPORTING: BENEFITS</strong></td>
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| 1.4.7 – Development and implementation of GDC behaviours for all staff | • Staff Behaviours launched on Intranet in w/c 17 October 2016 • Launch communications agreed with Comms: • Intranet communications uploaded in w/c 17/10 • CEO blog content prepared by communications (to be published 28/10) • Poster content agreed with Comms (to be displayed in w/c 24/10) • Meetings booked with individual teams to discuss roll-out and use of behaviours – from w/c 31/10 | • Staff behaviours to be launched by 30 September | • Annual 360° feedback baseline to be established in February 2017 after first round of appraisals on new behaviours (score out of 6) • By June 2017 – improvement in scores for 360° feedback on new behaviours (score out of 6) • By February 2018 – improvement in scores for 360° feedback on new behaviours (score out of 6) | AB | KH | G | G | E |
### Summary of Month’s Progress

1.5.1 – Evaluate whether further sampling of Investigating Committee decisions is required and, if so, conduct the exercise

**SOURCE:** GDC LEGACY REPORTING: 2017 OP

- The purpose of this exercise is to assess if there is any evidence that decisions made by the IC were subsequently amended by the IC Team. The key period under focus in 1/1/2013 and 31/12/13. As the exercise relates to information on a decision up to the point of being added to CRM, the primary source is emails sent between panel chairs and IC staff. Feasibility work was completed early in the year to identify and assess the various sources and formats of data that could be scrutinised to allow this exercise to be completed.
- The available data (the emails) was found to be limited as documents attached to emails re only retained for a limited period after staff leave the GDC.
- Significant work has been completed to source and sort the maximum data available and to cleanse it according to proposed sampling criteria. A suitable legal consultant was sourced (with fee estimates having been obtained from 3 sources).
- Unfortunately, the extent of work undertaken to collate the sample documentation (involving a review of approx. 6000 emails/documents) meant that the Consultant’s availability to complete the review by end July 2016, was then limited until October 2016.
- It is proposed that the legal expert will now analyse the information in Oct/Nov and complete the report by end Nov 2016.
- The report will be available to the EMT on 12th December and available for initial ARC in 2017.

### Project Milestones

- Complete by 30/06/2016
- Revised deadline of 29/07/16
- Final proposed deadline 30/11/16

### Success Measurements

- Appropriate decision is taken
- Success measure is not yet set as an evaluation of this activity is being scoped to determine whether further sampling will take place.
- A suitable measure will be identified, once the exercise is conducted – by December 2016.
### Section 1 Theme 6: Review of FTP Reporting

**Summary of Month’s Progress**

1. **1.6.1 - Review of FTP reporting to Council, Committees and EMT Board**

   **SOURCE: GDC LEGACY REPORTING: BENEFITS**

   - A workshop was held with the Council on the development of the balanced scorecard in July and feedback was received and taken on board.
   - EMT reviewed the revised balanced scorecard reporting measures in August, including a prototype of the report and key reporting arrangements.
   - The revised scorecard was reviewed at the FPC (6th September) and the committee have recommend the scorecard to the Council for 5th October final sign off.
   - The Council agreed the revised balanced scorecard in principle on 5th October for the operational implementation of the scorecard.
   - Further refinement of the measures is underway in preparation for Q1 reporting.
   - Recommend this moves to a status of complete and embedding as the substantive milestones have been met.

**Project Milestones**

- Initial action was due for completion by 30/04/2016, however it is now proposed that this action takes place as part of the revised balanced scorecard review which is due for Council sign off in October.
- August – EMT review revised balanced scorecard reporting measures
- September – FPC review revised balanced scorecard reporting measures
- October – Council review revised balanced scorecard reporting measures with approval sought for the new report version to become scheduled.

**Success Measurements**

- Specification and regularity of reports established with EMT, Committees and Council
- In Q4 2016 an internal assessment of whether FtP reporting meets the 9 key criteria of the Balanced Score Card Review – sourced from FPC, EMT feedback and PMO best practice. Target of meeting 100% of the criteria
## Summary of Month’s Progress

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<td>Jul ‘16</td>
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### 2.1.1 - Consolidation of improvements to sequencing, decision-making and monitoring by EMT Board, Committees and Council.

**SOURCE: GDC**

**LEGACY REPORTING: BENEFITS**

- Dates for the 2017 Council schedule have now been confirmed to Council members.
- This action is being recommended to move to ‘complete and embedding’
- This action moved to embedding following the October Council meeting

**BENEFITS**

- Dates for the 2017 Council schedule have now been confirmed to Council members.
- Training has been carried out by the agreed date.
- However, it a business need was identified to continue training, based on feedback.
- This training will continue and be ongoing, however the substantive work on this action is complete, so this action is being recommended to move to ‘complete and embedding’.
- For measuring success a questionnaire is in development (to be completed by October 2016). The questionnaire will focus on the quality of minute taking and the Council has been notified that the questionnaire is on the agenda for the next meeting.
- This action moved to embedding following the October Council meeting

### 2.1.2 - Guidance and training for governance staff on minute taking as necessary. To include the necessity for challenge provided by the Council and Committees to be included in the minutes.

**SOURCE: GDC**

**LEGACY REPORTING: BENEFITS**

- Complete by end of 30/06/2016
- Council dates sent out mid June 2016 for comments
- Dates to be confirmed 31/07/2016

**BENEFITS**

- Complete by end of 30/06/2016
- Ongoing in 2016. Quarterly reviews
- In mid 2017 a Governance effectiveness audit (internal or external – to be determined, budget dependant) will be undertaken.
- The success measure will be achieving positive assurance on the Governance improvements listed under 2.1.1, 2.1.2, 2.1.3 and 2.1.4.
## Section 2 Theme 1: Governance Improvement Plan

### Summary of Month’s Progress

- **2.1.3 - Guidance and a programme of training for staff on production, drafting, tone of meeting papers**

  **SOURCE:** GDC
  **LEGACY REPORTING:** BENEFITS

  - This is no longer delayed, meetings are taking place to discuss the content of this training, which will be delivered by the end of 2016.

### Project Milestones

- Complete by end of 30/06/2016
- Additional training on paper production in Q3 (Mid-September 2016) dependent on additional resource recruited by end of July 2016
- Training to be complete by end of Q4 2016 – dependant on successfully recruiting by end of July 2016
- In mid 2017 a Governance effectiveness audit (internal or external – to be determined, budget dependant) will be undertaken.
- The success measure will be achieving positive assurance on the Governance improvements listed under 2.1.1, 2.1.2, 2.1.3 and 2.1.4.

### Success Measurements

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<tr>
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### 2.1.4 - Review of schemes of delegation and terms of reference

- **SOURCE:** GDC
  **LEGACY REPORTING:** BENEFITS

- This review is complete following the October Council meeting.
- Now that the new schemes of delegation and terms of reference have been completed it is proposed that this action moves to ‘complete and embedding’

### Project Milestones

- Complete by end of 30/6/16
- To Council by end of July 2016
- To Council for final review October 2016

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<tr>
<th>Section 2 Theme 2: Appointments Committee role</th>
<th>Summary of Month’s Progress</th>
<th>Project Milestones</th>
<th>Success Measurements*</th>
<th>Project Lead</th>
<th>SRO</th>
<th>RAG Status – Including Previous Ratings</th>
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<tbody>
<tr>
<td>2.2.1 - Monitoring the role of the AC, which changed in January 2015 to incorporate quality assurance of decision making of the statutory committees, as well as overseeing the recruitment, performance and development of statutory committee members</td>
<td>• A review of the AC’s terms of reference took place at its meeting on 14 June, along with an effectiveness review.</td>
<td>• Reporting will be provided from the AC to Council in 2017 – dates tbc with the Chair of AC</td>
<td>• Annual Report of the SPC will go to Council on 2 Feb 2017.</td>
<td>KH/JG</td>
<td>IB</td>
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<td>SOURCE: GDC  LEGACY REPORTING: BENEFITS</td>
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<td>• A report was then provided on the above to Council at its meeting on 27 July 2016.</td>
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<td>• The report will include a review of progress against objectives around quality of decision making, role in overseeing the recruitment, performance and development of SPC members</td>
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<td>• The Council approved the review and agreed that a working title of “Statutory Panelist Assurance Committee” (SPC) would be used going forward. Suggest to move to ‘complete and embedding.’</td>
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<td>• Target towards substantial assurance for objectives.</td>
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<tr>
<th>Section 2 Theme 3: Audit and Risk Committee Development</th>
<th>Summary of Month’s Progress</th>
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<th>SRO</th>
<th>RAG Status – Including Previous Ratings</th>
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<tbody>
<tr>
<td>2.3.1 - Training for Audit and Risk Committee members on their roles and responsibilities</td>
<td>• ARC effectiveness review completed with National Audit Office (NAO) on 14 September and NAO output summary received</td>
<td>• Recommendations of the review to be implemented by 31/12/2016</td>
<td>• Actions to address the areas for development to be considered at ARC in November</td>
<td>GM</td>
<td>IB</td>
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<tr>
<td>SOURCE: GDC  LEGACY REPORTING: 2017 OP</td>
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*Supplementary table for Success Measurement related to 2.2.1 – Council Assurance on the role of the Appointments Committee to be determined as set out below

**Definitions of Assurance Levels**

<table>
<thead>
<tr>
<th>Assurance Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Substantial Assurance:</td>
<td>Terms of reference item / objective being fully met.</td>
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<tr>
<td>Adequate Assurance:</td>
<td>Terms of reference item / objective being partially met. Significant progress has been made but there are specific gaps which need to be addressed.</td>
</tr>
<tr>
<td>Limited Assurance:</td>
<td>Terms of reference item / objective not being met. Limited progress has been made and there are specific gaps which need to be addressed.</td>
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</table>
### Summary of Month’s Progress

<table>
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<tr>
<th>Section 2 Theme 4: Council &amp; EMT Development</th>
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<th>Project Lead</th>
<th>SRO</th>
<th>RAG Status – Including Previous Ratings</th>
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<tr>
<td><strong>2.4.1 - The Council and EMT development days will continue in 2016 and are scheduled for 12 April, 26 July and 30 November. The development will focus on the performance of the Council, executive and the GDC as a whole</strong>&lt;br&gt;&lt;br&gt;<strong>SOURCE: GDC LEGACY REPORTING: 2017 OP</strong></td>
<td>- Board evaluation for Council scheduled for November 2016.</td>
<td>- Related to the outcomes of review of EMT and council performance</td>
<td>KH</td>
<td>WB/IB</td>
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<td>- Due to budget reprioritisation, any combined Council and EMT development days scheduled for the rest of the year will be held without external facilitation. At present, none are planned for 2016 and 2017.&lt;br&gt;- Directors’ development day took place in October 2016.</td>
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### Section 3 Theme 1: Disciplinary Policy For Associates

#### Summary of Month’s Progress

- **3.1.1 – Disciplinary policy for associates to be reviewed with consideration given to each recommendation for improvement in the Report**
  - This policy was approved by the Council the 27th July 2016 meeting.
  - The substantive work on the action has been completed, with the success measurement has met the desired level at the review point indicated in the relevant box and this item is proposed to move to ‘closed and verified’
  - **SOURCE:** PSA (R3b)
  - **LEGACY REPORTING:** N/A (IF VERIFIED)

- **3.1.2 - Review of disciplinary policy for staff to ensure appropriate consistency**
  - EMT approved this policy on the 6th April 2016.
  - The substantive work on the action has been completed, with the success measurement to be taken according to the review point indicated in the relevant box.
  - **SOURCE:** GDC
  - **LEGACY REPORTING:** BENEFITS

#### Project Milestones

- **3.1.1**
  - None

- **3.1.2**
  - n/a

#### Success Measurements

- **3.1.1**
  - Compliance with 100% of the ACAS Code of Practice on Disciplinary Procedures at review point 27/07/18

- **3.1.2**
  - As per 3.1.1: Compliance with 100% of the ACAS Code of Practice on Disciplinary Procedures by review point 06/04/18
  - Review of policy after one year of operation, then every two years unless there is a need to do so within that time.

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<th>Project Lead</th>
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<tr>
<td>Section 3 Theme 2: Storage of Complaints Concerning Statutory Committee Members</td>
<td>Summary of Month’s Progress</td>
<td>Project Milestones</td>
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<tr>
<td>3.2.1 – All complaints about statutory committee members are to be appropriately documented, centrally and stored in the HR team to enable an audit trail of events and decisions. <strong>SOURCE: PSA (R3c)</strong> <strong>LEGACY REPORTING: N/A (VERIFIED)</strong></td>
<td>• This is being recommended to be updated to a status of ‘closed and verified’  • No further work to be carried out on this action and success measures met.</td>
<td>• N/A</td>
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<tr>
<td>Section 3 Theme 3: Whistleblowing Policy For Associates</td>
<td>Summary of Month’s Progress</td>
<td>Project Milestones</td>
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| **3.3.1** - Whistleblowing policy for associates to be reviewed with consideration given to each recommendation for improvement in the Report. Guidance to be developed on raising concerns/ a complaint and how the whistleblowing policy and guidance should be operationalised. Separate but related guidance to be developed for whistle-blowers. **SOURCE: PSA (R3d) (R3e) (R3f) (R3g)** **LEGACY REPORTING: 2017 OP** | • Policy and guidelines approved by Council on 09/06/2016  
• Associates are being consulted on the policy and guidelines and provided with the opportunity to seek clarification and provide feedback. Any suggestions for change to the policy and guidelines will be proposed to Council at its meeting on 1 December 2016.  
• The policy was implemented and mandatory training for all GDC Associates was undertaken.  
• See activity 3.3.3. | • Consultation concluded in time for feedback to be provided to Council at 1.12.16 meeting. | • Policy in place that is legally compliant (as evidenced by advice from an external employment lawyer) and follows Public Concerns at Work (PCAW) best practice – complete 09/06/16  
• Alignment to NAO whistleblowing policy | KH | IB | G | G | V |
| **3.3.2** - Review of whistleblowing policy and guidance for staff to ensure appropriate consistency. **SOURCE: PSA (R3e) (R3g)** **LEGACY REPORTING: 2017 OP** | • Policy and guidelines approved by Council on 09/06/2016  
• Staff were consulted on the policy and guidelines, e via team meetings, and provided with the opportunity to seek clarification and provide feedback.  
• The policy was implemented and mandatory training for all GDC staff undertaken. | • As at 3.3.1 | • As at 3.3.1 | KH | IB | G | G | V |
| **3.3.3** - Training to be delivered on the policy and guidance for staff, associates, Council members and the Appointments Committee. **SOURCE: PSA (R3e) (R3g)** **LEGACY REPORTING: 2017 OP** | • Bobby Davis confirmed there were six Associates who had failed to undertake the ‘Whistleblowing for Associates’ online training module, despite a number of reminders. It was agreed they would no longer be used on the basis of their reluctance to complete. These Associates had been informed that the GDC no longer required their services. This would not present a resource issue for the relevant functions.  
As part of the training a pass rate of over 80% was set. This was achieved by 100% of those who took the training. | • Complete by 30/07/2016  
• Final proposed target for completion: 30/11/2016 | • Yearly survey of staff, associates, Council and Appointments Committee  
By 01/12/16 a baseline testing 80% of understanding and 80% of awareness will be established | KH | IB | G | A | V |
### Section 3 Theme 3: Whistleblowing Policy For Associates

#### Summary of Month’s Progress

- **3.3.4 - Training to be included for new starters as part of the corporate induction process.**
  - The e-learning module on Whistleblowing was a mandatory training module for all staff and made accessible on the GDC’s online training system, “Skillbites”.
  - There was a 100% completion and 100% pass rate (the pass rate was 80%) based on answering 10 questions testing the understanding of staff on the Whistleblowing Policy.
  - The Director of HR and Governance has carried out a round of engagement, attending directorate huddles and town hall meetings to discuss the new whistleblowing policy in September and October.
  - This action is recommended to move to ‘complete and embedding’ as substantive work on this action has taken place. A further evaluation of understanding will take place in Quarter 4 and will be reported to the ARC to confirm the training has successfully embedded.

#### Project Milestones

- **E-learning module created by July 2016.**
- **By Q3 e-learning module will form part of the corporate induction process with 80% pass mark required.**
- **Evaluation of understanding of content will take place by Q4.**
- **Review of policy and guidance after one year of operation, then every two years unless there is a need to do so within that time.**

#### Success Measurements

- **PH**
- **KH**

#### Project Lead

- **SRO**

#### RAG Status – Including Previous Ratings

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<th>Jul ’16</th>
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### 3.3.5 - Clarification to be produced for the organisation on the difference between a ‘policy’ and ‘guidance’.

#### SOURCE: GDC LEGACY REPORTING: BENEFITS

- A paper has been prepared for EMT on the distinction between policy, guidance and procedure.
- The action was completed by the revised deadline of December 2016.
- The monitoring of the template will be via corporate policies that come though for sign off.

#### Project Milestones

- **Original date: Complete by 30/04/2016**
  - Policy template and definitions to be available by end of 2016
  - Audit of use of policy template in 12 months

#### Success Measurements

- **Satisfactory audit findings**

#### Project Lead

- **CM**
- **KH**

#### RAG Status – Including Previous Ratings

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<th>Jul ’16</th>
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## Summary of Month’s Progress

### 4.1 - EMT accountability and responsibility including responsiveness

**Source:** GDC  
**Legacy Reporting:** 2017 OP

- An EMT development workshop was facilitated by T3 on 14th October. Behavioural, process and practice changes were identified and implemented and appear to be improving the effectiveness of EMT.
- This is suggested to be moved to ‘complete and embedding’ as the success measures are due for measurement in 2017.

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| Ongoing throughout 2016 | As at 2.4.1  
|  | Additionally, 360 feedback; feedback from Council; PSA performance review; governance effectiveness review in 2017. | IB | IB |

### 4.2 - Learning the lessons from the PSA report

**Source:** GDC  
**Legacy Reporting:** BENEFITS

- As at Section 1 Theme 4  
- This is recommended as ‘complete and embedding’ as substantive actions on this have been complete.

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<tr>
<td>31/03/2016</td>
<td>As at Section 1 Theme 4</td>
<td>KH/JG/LMR</td>
<td>KH</td>
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### 4.3 - Learning Lessons

**Dedicated lessons learned area on intranet to encourage cross-organisational learning**  
**Annual lessons learned report**  
**Source:** GDC  
**Legacy Reporting:** 2017 OP

- New lessons learnt page is live on the intranet – with provisions in place to transfer to the new intranet when it goes live (this has been delayed from the original September launch date).
- The PMO will have continued to capture info about project status to inform lessons learnt in 2017, in preparation for publication of the Lessons Learnt report in Q1 2017.

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</table>
| 29/04/2016 – New lessons learnt page on intranet  
| Q1 2017 – Inclusion of action plan related content into 2016 PMO project lessons report | Feedback survey to be run in Q2 2017:  
| 90% of respondents understand the report, feel it is clear and will use it when planning future projects. | TW | GS |

### 4.4 - Risk management, compliance and internal audit

**Source:** GDC  
**Legacy Reporting:** 2017 OP

- The Council agreed that we now have a SRR that is in keeping with what a strategic risk register should look like. No further development proposed, with current format used for regular reporting.
- Internal audit plan for 2017 being developed by the Executive and Mazars, with proposals due to be discussed at ARC in November 2016  
- Recommended to move to ‘complete and embedding’

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</table>
| ORR in Model 1 format completed by the end of September  
| On-going throughout 2016 | Internal audit plan for 2017 approved by ARC in November 2016 | GM | IB |
## Summary of Month’s Progress

### Project Milestones

<table>
<thead>
<tr>
<th>Milestones</th>
<th>Lead</th>
<th>Risk Owner</th>
<th>RAG Status – Including Previous Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• As at 1.4.1, 1.4.2 and 1.4.3</td>
<td>KH</td>
<td>IB</td>
<td>G</td>
</tr>
<tr>
<td>• This is recommended as ‘complete and embedding’ as substantive action on this has been carried out.</td>
<td></td>
<td></td>
<td>G</td>
</tr>
</tbody>
</table>

### Success Measurements

<table>
<thead>
<tr>
<th>Measurements</th>
<th>Lead</th>
<th>Risk Owner</th>
<th>RAG Status – Including Previous Ratings</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Throughout 2016</td>
<td>KH</td>
<td>IB</td>
<td>G</td>
</tr>
<tr>
<td>• As at 1.4.1, 1.4.2 and 1.4.3</td>
<td></td>
<td></td>
<td>G</td>
</tr>
</tbody>
</table>

### 4.5 - Raising awareness and understanding of whistleblowing at an individual level

**SOURCE:** GDC  
**LEGACY REPORTING:** BENEFITS

- Appraisals for Directors have been carried out and will be finalised by the end of November 2016.
- An audit of performance management was carried out in October – the results of which will have been shared with the ARC on 9th November.
- The outcome of the review is a rating of ‘limited assurance’ with a number of recommendations and actions to follow up.
- The progress of the actions will be tracked by the Corporate Risk Manager.

### 4.6 - Effective performance management

**SOURCE:** (GDC)  
**LEGACY REPORTING:** 2017 OP

- Appraisals for Directors to be finalised by next iteration of the report (November 2016)
- To implement recommendations, where accepted, from the Mazars report on HR Performance Management
- Bench mark of ‘limited assurance’ for future review

### 4.7 - Effective challenge from Council to the executive

**SOURCE:** GDC  
**LEGACY REPORTING:** 2017 OP

- Due to budget reprioritisation, any combined Council and EMT development days scheduled for the rest of the year will be held without external facilitation. At present, none are planned for 2016.
<table>
<thead>
<tr>
<th></th>
<th>Summary of Month’s Progress</th>
<th>Project Milestones</th>
<th>Success Measurements</th>
<th>Project Lead</th>
<th>SRO</th>
<th>RAG Status – Including Previous Ratings</th>
</tr>
</thead>
</table>
| 5.1 | Review the governance arrangements for the Quality Assurance Group to consider if there should be a more independent composition including an independent Chair. **SOURCE: GDC** **LEGACY REPORTING: 2017 OP** | - Mazars instructed to conduct internal audit of QAG. Audit conducted in September and October 2016, including Auditors attendance at QAG meeting in October. No significant issues raised at close out meeting. Final Internal Audit report awaited. The report and management response will be shared with ARC at earliest opportunity and if possible, at ARC in November 2016. | - Mazars review to be completed by 30th September 2016  
  - Council formal decision by 31st December | JG | IB | G | G | V |
| 5.2 | Review whether the GDC needs to consider a more independent separation of the adjudication function from the prosecution function – either by establishing an independent tribunal or subcontracting to an tribunal function. **SOURCE: GDC** **LEGACY REPORTING: 2017 OP** | - Options paper provided by Director of FTP to CEO.  
  - Paper considered by the Chairs Strategy Group in October 2016. The CSG requested that 2 options are worked up for discussion at a further CSG in December 2016. | - Scoping briefing to be compiled by JG/IB  
  - Evaluation to be completed by IB/WM/JG to address the issue by end of August 2016 | JG | IB | G | G | H |
| 5.3 | Introduce code of ethics for all current and future staff in the regulation team which all staff would be required to accept explicitly. **SOURCE: GDC** **LEGACY REPORTING: 2017 OP** | - Form of wording being scoped by Director of FTP and FTP Management Team. Proposed wording to be provided to EMT on 28th November 2016. | - All FTP Staff to sign Code of Ethics by December 31st 2016 | JG | IB | G | G | E |