## Balanced Scorecard – Q2 2017 Performance

<table>
<thead>
<tr>
<th>Purpose of paper</th>
<th>To present the Council with the balanced scorecard covering the Q2 2017 performance period.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Status</td>
<td>Public session.</td>
</tr>
<tr>
<td>Action</td>
<td>For discussion and noting.</td>
</tr>
</tbody>
</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 Q2 2017 scorecard was reviewed by EMT at its board meeting on 22 August 2017 with agreed action plan points added to the report.
The Q2 2017 report was also reviewed by the Finance and Performance Committee at its meeting on 7 September 2017.

<table>
<thead>
<tr>
<th>Next Stage</th>
<th>N/A.</th>
</tr>
</thead>
</table>
| **Recommendations** | The Council is asked to:  
  - Discuss and note the Q2 2017 balanced scorecard report. |
| **Authorship of paper and further information** | Gurvinder Soomal  
  Executive Director, Registration and Corporate Resources  
  Gsoomal@gdc-uk.org  
  020 7167 6333  
  Michael Huntley  
  Head of PMO and Reporting  
  MHuntley@gdc-uk.org  
  020 7167 6376 |
| **Appendices** | Annex 1 – Q2 2017 Balanced Scorecard  
Annex 2 – Escalated KPI Log  
Annex 3 – Balanced Scorecard Change Control Log |
1. **Executive summary**
   1.1. This paper presents the balanced scorecard covering the Q2 2017 performance period, which is available at annex 1.
   1.2. Several pieces of development work have been carried out during Q2 in order to include actual data in this version of the report for several indicators that were previously included as placeholders. New HR performance indicators have been introduced in the Organisational Development section of the report to align with the planned people strategy work.
   1.3. The Council is asked to:
      - Discuss and note the Q2 2017 balanced 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, FPC 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 board meetings and the Council at the March Council meeting. Each board approved the new format for future reporting.

3. **Q2 2017 balanced scorecard report**
   3.1. Key performance headlines are presented within the executive summary of the Q2 2017 report at annex 1. For ease of reference, matters notes in the key successes and issues section are set out below:

   **Key successes**
   3.2. The overall GDC 2017 financial position is positive as of the end of Q2 point. FTP expenditure is £1.8m lower than budgeted for this period. This is largely due to external legal fees being lower than estimated. Non-FTP expenditure is £742k lower than budgeted due to a £268k underspend on staffing costs as a result of delays to recruitment to vacant posts.
   3.3. The two Registration application routes regarded as ‘key’ for this period of the year both met active processing time targets. Registration has continued to meet all its active processing time KPIs for a second consecutive quarter, which is reflected in a customer satisfaction rating of 90%. This is despite the increased number of applications that have been received across the UK Dentist and UK DCP application routes as part of the expected peak period.
   3.4. Parts of the FTP process have been functioning well in Q2 2017. The first stage of the FTP process continues to function well with 100% of triage cases receiving a decision within 25 days of receipt. ILPS staff productivity has improved to 98%, which is an improvement of 3% compared against the previous quarter.

   **Key issues**
   3.5. Timeliness in the processing of FTP cases continues to be recognised as a priority for improvement. Two of the three FTP timeliness KPIs are rated red for Q2. However, there has been modest improvement performance in the 6-month progression target 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.
   3.6. The number of hearings lost/wasted days is at its highest point in the year to date. Lost/wasted days stand at 30%, which is a 9% increase on the figure that was reporting in the Q1 2017 report. The cause of this spike is due to a restriction in the flow of referrals 9-11
months ago from the IC as a result of the transitional arrangements to Case Examiners. It takes 8/10 months for the majority of cases to work their way through ILPS/ELPS to a hearing so there are a limited number of cases ready for a hearing during the summer months (8/10 months down the line from the transition). The Hearings team identified this dry spell back in the spring and stood down a large amount of panel listings for July and August, which will save the GDC between £200-£250k in panel fees and expenses.

3.7. One serious data breach was reported to the Information Commissioner’s Office (ICO) in May 2017. The incident involved the loss of confidential patient information, which has not been recovered, however the GDC decided to notify the ICO on the basis of the volume of sensitive personal data concerned. The ICO closed the case with no further action to be taken.

4. Development activity

4.1. A suggested amendment has been made for the Q2 period, which raises PI/REG/002 – UK Dentist Applications Active Processing Time to a KPI due to the processing time of dentist applications being a key seasonal measure for Q2. This has replaced KPI/REG/006 – Restorations Applications Active Processing Time and is documented in annex 2.

4.2. Several pieces of development work have been carried out during Q2 which are included within the report.

- Placeholders have gone live in the Registration and Corporate Resources section of the report with data now being captured across the Organisational Efficiencies and Registration Audit Pass Rate performance indicators.

- A new measure has been introduced to measure the performance of GVAAcuity, the GDC’s external contractor, and demonstrates the number of jobs completed within their given, agreed priority SLA.

- Three new performance indicators have been introduced to demonstrate people planning, engagement and development within HR, which form the key elements of the people strategy. These performance indicators include measuring:
  - Average staff satisfaction scores from the staff survey to demonstrate HR’s ability to engage with staff. This is a current placeholder and is awaiting data from the upcoming staff survey.
  - The percentage of key roles in the organisation with an identified successor in place to identify the organisation’s ability to plan its workforce. This is a current placeholder and is awaiting the people planning work to commence in Q1 2018 where key roles will be defined.
  - The quarterly percentage of roles filled by internal staff compared against external recruitment to demonstrate the development opportunities available to staff. This performance indicator is live with data compiled to show performance in Q2, as well as performance against Q1.

- Three of the previously included HR performance indicators on staff/leadership behaviours, which were all placeholders, have been removed from the balanced scorecard as changing priorities means that these performance indicators will no longer be measured.

5. Recommendations

5.1. The Council is asked to:

- Discuss and note the Q2 2017 balanced scorecard report.
6. Internal consultation

<table>
<thead>
<tr>
<th>Department</th>
<th>Date and consultee name</th>
</tr>
</thead>
<tbody>
<tr>
<td>All data contributing departments</td>
<td>Established data leads from each department - July 2017.</td>
</tr>
<tr>
<td>EMT</td>
<td>22 August 2017 – EMT Board.</td>
</tr>
<tr>
<td>Finance and Performance Committee</td>
<td>7 September 2017.</td>
</tr>
</tbody>
</table>

7. Appendices

7.3. Annex 3 – Balanced Scorecard Change Control Log.