

GENERAL DENTAL COUNCIL

Balanced Scorecard Report Review of Q3 2018 Performance

Project Management Office

Balanced Scorecard Report
Review of Quarter 3 2018 Performance

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Key Performance Successes

- The majority of Registration active processing times continue to be within target.** Six of the seven measures that focus on 'active' processing time (time where the ability to process the application is in the control of the GDC) met target within Q3. Five of the 'overall' time taken measures are amber, however these measures include the time when the application was on hold awaiting further applicant information to be provided. (See section 1.3 Registration Performance Indicators – Process Dashboard).
- Parts of the FTP process have either maintained performance from the previous quarter or improved.** All IAT, Assessment and Case Examiner indicators are either green, or remain red but showing improvement in Q3 in comparison to Q2. IAT timeliness (PI/FTP/001) comfortably met target this quarter at 99%, Case Examiner Timeliness: Allocation to Initial Case Examiner Decision (PI/FTP/004) rose from 91% to 95% meeting target in Q3. In addition, IAT and Assessment Caseload at the end of the quarter dropped by 33% and 13% respectively; consequently there is a rise in Case Examiner caseload partly due to a rise in Rule 4 cases moving through from Assessment. There has been an improvement in ILPS Staff Productivity (PI/FTP/007) rising by 7% to 98% in Q3, and Hearings Completed with Facts Proved (PI/FTP/012) hitting 100% this quarter. (See section 2.1 FTP End-to-End Process – Performance Indicators Dashboard).
- Serious data security breaches have been avoided during the quarter.** There were no Serious Data Security Breaches (KPI/FTP/025) reported in Q3, compared to the total of three that were reported in Q2. (See section 3.6 Information Indicators).
- Levels of organisational turnover have decreased this quarter.** Whilst turnover indicators remain amber, they are significantly lower than levels reported in Q2. Natural Turnover (PI/HRG/005) has reduced from 8.1% in Q2 to 4.3% in Q3, Overall Turnover (PI/HRG/006) has reduced from 10% in Q2 to 5.9% in Q3. (See section 3.3 – HR Performance Indicators – Resources)

Looking Forward

- The relocation of Registration functions to Birmingham will commence during Q4.** The work of the Registration teams will transfer on a phased basis throughout the quarter. In October: Registration Support, UK Applications, DCP & Dentist Casework functions move. In November: Overseas Registration Examination, ARF and Registration Operations, CPD & Register Accuracy functions move. In December: Phase 1 of the Customer Advice & Information Team function move (to be completed in Q1, January). This will continue to be a major focus for the wider organisation, with considerable resources from other departments including IT, and Organisational Development supporting the move. Concurrently, Strand 2 of the relocation employee consultation will run during Q4, and active preparations are being made for the relocation of the Finance function during Q1.
- Planning for 2019 will continue to be a business priority.** Following Council approval of the 2019 Costed Corporate Plan, we will now carry out work in Q4 to implement the plan and to carry out planning of operational level activities that will underpin the achievement of the approved corporate objectives.
- Q4 2018 will see the planning and opening of the dentist annual renewal period.** The annual renewal process will open mid-November for dentists to start making their payments and indemnity declarations with reminders starting in early December. The planning has indicated that it is expected that there will be 40,614 renewals and removals will take place at the start of January.

Key Performance Issues

- Several FTP timeliness performance indicators continue to be significantly below target.** Three performance indicators are 50% or more below target: Full Case timeliness (PI/FTP/008) at 14%, Investigation Timeliness: Receipt to Case Examiner Decision (PI/FTP/005) at 23%, and Case Examiner Timeliness: Assessment referral to Case Examiner completion (PI/FTP/003) at 17% (see section 2.1 FTP End-to-End Process – Performance Indicators Dashboard).
- Non-FTP Expenditure for 2018 is forecast to exceed budget.** Forecast Non-FTP Expenditure (KPI/FCS/003) has risen from 99% of budget in Q2 to 111% in Q3. The rise in planned expenditure is largely due to increase in provisions for Strand 2 of the Estate strategy and provision for additional contribution to the GDC defined benefit pension scheme. (See section 1.1 - Finance Performance Indicators).
- There are some early signs of emerging Registration performance challenges** in the Q3 scorecard, which are expected to have a greater impact in the Q4 scorecard. The UK Restoration active processing time measure is amber with time taken increasing from eight to 14 days on average this period. Whilst this is currently the only active measure behind target, four of them have shown an adverse direction of travel this quarter. (See section 1.3 Registration Performance Indicators – Process Dashboard). This trend can be attributed to the impact the transition the function to Birmingham. The trend is expected to continue up to the end of October for UK Registration routes, and the end of the year for overseas routes. During Q3, established staff have been primarily occupied with preparing for handover and training temporary/new staff. Some staff have also left and have not been temporarily backfilled, as the time it takes to train staff will not be worthwhile this close to the handover to Birmingham operations. These challenges will continue into Q4 (see 'looking forward' section below for further notes on relocation phasing).
- There has been a rise in the number of 'Non-Serious' data security incidents.** 15 of these breaches (PI/FTP/026) were reported this quarter, which is a rise of four in comparison to Q2. 86% of these cases related to data being disclosed to incorrect recipient or incorrect data to the intended recipient. (See section 3.6 Information Indicators).

Actions Planned by EMT

- The Registration Management team have developed an action plan to minimise performance interruption in Q4.** The team will particularly be focusing on measures to prioritise the progression of the oldest live applications during this period, to avoid the development of a processing backlog occurring during the transfer from London to Birmingham.
- EMT will continue to monitor FTP timeliness and focus on improving red timeliness performance indicators.** A number of improvement activities that will help to improve timeliness have now either been delivered or are close to delivery as part of the FTP End-to-End Review (including: introduction of team based tasking, introduction of case front-loading and the improvement of IAT, Rule 4 and hearing listing processes). Early benefits of these measures, as well as focused day-to-day management activity, have helped to reduce IAT and Assessment backlogs evident in Q2. With backlogs now reduced and improvement projects delivered/delivering, the management team expect the manifestation of improvement & backlog reduction work to translate into measurable timeliness improvements over forthcoming quarters.
- Action is being taken to address red Governance performance indicators (PI/HRG/010 & 012).** A new Head of Governance has been appointed who will start work in November, which will fill the main recent resourcing gap referred to in section 3.1 of the report. They will lead on work to encourage improvement in timely paper completion by paper authors across the organisation, and review some current software issues in the paper uploading process. An exercise has been carried out to revise sequencing arrangements for 2019 to assist paper authors in managing the flow of EMT, sub-committee and Council between board meeting dates.
- Development work is being planned by EMT in relation to several areas of the Balanced Scorecard.** Organisational Turnover measures are being reviewed to give better visibility of organisational stability in the context of current organisational priorities/challenges. Internal Communications measures are being reviewed to consider whether more appropriate measures of employee engagement can be introduced. Quality Assurance measures will be reviewed to give greater insight into the outcomes of work in this area.

FINANCIAL

KPI/FCS/001 - Organisational Income

THIS PERIOD: 105% to budget

PREVIOUS PERIOD: 105%
TARGET: 100%



Further info: Annex A – 1.1

- Total income is higher than budgeted by £2.3m for the period up to September 2018. This is largely due to higher than budgeted Dentist & DCP ARF income (£2.1m).

KPI/FCS/002 - FTP Expenditure

THIS PERIOD: 99% of budget

PREVIOUS PERIOD: 104%
TARGET: 100%



Further info: Annex A – 1.1

- FTP expenditure is forecast to be £121k lower than budgeted for the year. This is partly due to 2018 external legal costs (ELPS), which are forecast to be lower than budgeted (£358k) with costs from cases allocated later in 2018 being largely deferred to 2019.

KPI/FCS/003 - Non-FTP Expenditure

THIS PERIOD: 111% of budget

PREVIOUS PERIOD: 99%
TARGET: 100%



Further info: Annex A – 1.1

- There has been an increase in the provisions for Strand 2 of the Estates Strategy (£1.2m) and provision for additional contribution to the GDC DB pension scheme (£2m).
- Non-FTP expenditure is forecast to be £2.9m higher than budgeted for the year (lower than the total of the two above figures, due to other budget off-sets).

RESOURCES

KPI/HRG/004 - Staff Sickness

THIS PERIOD: 1.67 average days

PREVIOUS PERIOD: 1.98 days
TARGET: Average within 2 days



Further info: Annex A – 3.2

- Of those staff sick in Q3, 4.3% were long-term and the remaining 95.7% were short-term.
- When compared against Q2, there has been a decrease in both long term sickness and total days lost.

TIMELINESS

KPI/REG/002 - UK Dentist Applications
Average Active Processing Time

THIS PERIOD: 19 days

PREVIOUS PERIOD: 20 days
TARGET: 14 days



Further info: Annex A – 1.5

- 108 less applications were completed during Q3 compared to Q2 as there were 65% less applications received compared to the 857 applications received in Q2.

KPI/REG/006 – Restoration Applications
Average Active Processing Time

THIS PERIOD: 19 days

PREVIOUS PERIOD: 15 days
TARGET: 14 days



Further info: Annex A – 1.5

- The number completed was 2% lower than the 1238 completed in Q2.
- Due to staffing issues in the lead up to the move of Registration to the new Birmingham office, time taken to process Restoration applications has increased during Q3.

KPI/FTP/014 - IOC Timeliness - Registrar
and Case Examiner Referrals

THIS PERIOD: 93%

PREVIOUS PERIOD: 84%
TARGET: 95%



Further info: Annex A – 2.3

- 6 out of 31 cases missed the KPI in Q3 2018.
- A detailed breakdown of the reasons for delay is listed on page 24 of this report.

INTERNAL PROCESS

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

THIS PERIOD: 100% availability

PREVIOUS PERIOD: 100%
TARGET: 99.7%



Further info: Annex A – 1.3

- 100% uptime was achieved with no issues recorded during the period. The availability of the GDC website and online register was continuously maintained.

KPI/FCS/010 - Dynamics CRM Availability

THIS PERIOD: 100% availability

PREVIOUS PERIOD: 100%
TARGET: 99.7%



Further info: Annex A – 1.3

- 100% uptime was achieved with no issues recorded during the period. The system was continuously available for use in all GDC departments that process their work through Dynamics CRM.

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

THIS PERIOD: 23%

PREVIOUS PERIOD: 18%
TARGET: 75%



Further info: Annex A – 2.1

- Performance has improved by 5% compared to the previous quarter. Cases at Assessment are being processed quicker due to the streamlined Rule 4 process introduced in Q2, combined with improvements in IAT and Casework. The team are still working on reducing the backlog of older cases, which will continue to affect performance against this KPI.

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

THIS PERIOD: 14%

PREVIOUS PERIOD: 26%
TARGET: 75%



Further info: Annex A – 2.1

- This indicator is a combined metric that depends on performance throughout the entire process and improvement of each of the underpinning performance indicators will lead to improved performance in this indicator overall.
- There has been a 12% fall in overall timeliness.
- This can be attributed to a fall in PI/009 in Q3, there has been an increase in the number of complex cases which have not been completed within the allocated hearing days thus being adjourned.

KPI/FTP/006 - Proportionate Split of
Internal/External Prosecution Referrals

THIS PERIOD: 8 external referrals

PREVIOUS PERIOD: 17 referrals
TARGET: 21 or fewer referrals



Further info: Annex A – 2.1

- During Q3 2018, 8 external referrals were made compared to the budgeted level of 21.
- As of Q3, 17% of all cases were transferred to ELPS – 31 cases.

KPI/FTP/025 - Serious Data Breaches

THIS PERIOD: 0 breaches

PREVIOUS PERIOD: 3 breaches
TARGET: 0 breaches



Further info: Annex A – 3.6

- There were no serious data breaches in Q3 2018, compared to a total of three in the previous quarter.

1.3 Key Performance Indicators – Rationale For Priority Status

FINANCIAL

Organisational Income Collected

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

Forecast FTP Expenditure

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

Forecast Non-FTP Expenditure

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

HR

Staff Sickness

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

TIMELINESS

UK Dentist Active Processing Time

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

Restoration Active Processing Time

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

FTP Interim Orders Timeliness: Registrar and Case Examiner Referrals

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

FTP Timeliness: From Receipt to Case Examiner Decision

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

FTP Timeliness: Overall Prosecution Case Length

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

INTERNAL PROCESS

GDC Website and Online Register Availability

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

Dynamics CRM Availability

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

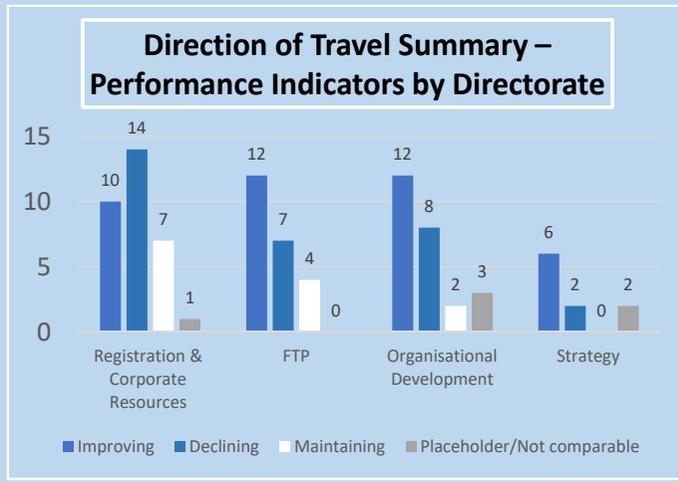
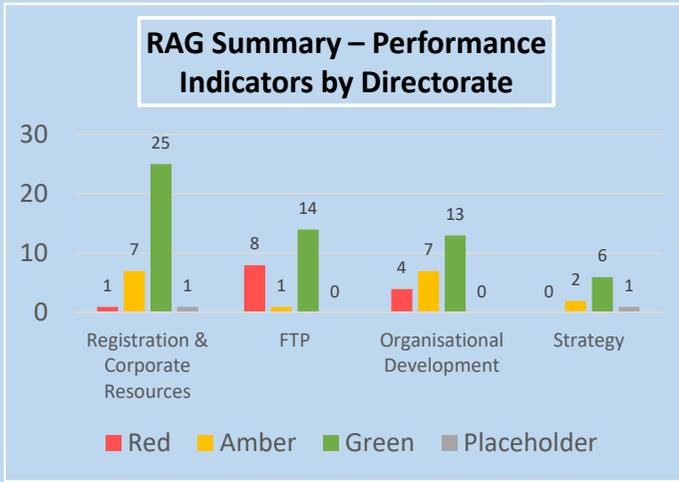
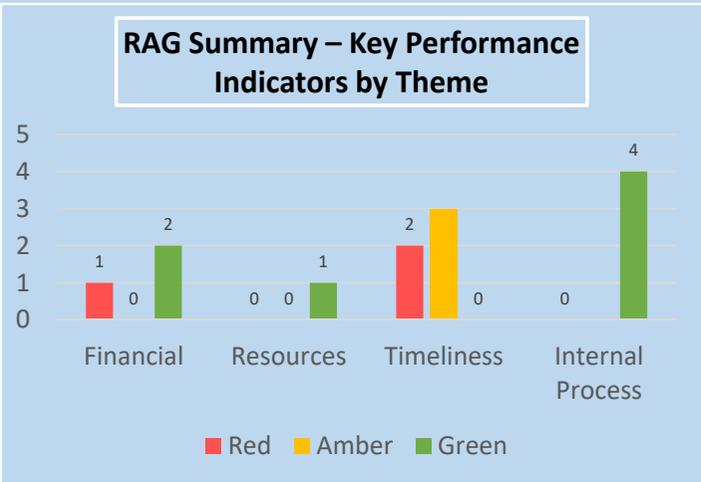
FTP: Proportionate Split of Internal and External Legal Referrals

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

Serious Data Breaches

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

1.4 RAG summary and links with wider performance framework



Links to Strategic Risk

Work has been carried out to cross-reference the balanced scorecard key performance indicators with current live risks on the strategic risk register.

The key performance indicators have been mapped against current strategic risks to understand the RAG rating for each. This is being maintained and monitored as part of the GDC’s risk management framework.

Links to Business Plan

At the end of Q3 2018, no projects from the 2018 business plan are at a status of complete and embedding, due to the fact that we have not yet reached this stage in the delivery cycle.

Detailed benefits realisation plans have been developed during this quarter for all key business plan projects that will carry over to the Costed Corporate Plan for 2019. Once the projects are due to realise benefits, links will be drawn to key balanced scorecard performance indicators.

Actions Planned by EMT – Q3 2017 Report

1. For the staff turnover measure, EMT will look to add more granularity to the key performance indicator. This will be to understand what good turnover looks like for different areas. As good turnover for one area may be bad for another. The EMT will revisit the target, and if appropriate reflect this differentiation in the scorecard measure to give a more nuanced account of the staff turnover figure. STATUS AS OF Q3 2018 – ON-GOING – FURTHER NARRATIVE HAS BEEN ADDED TO PROVIDE THE DIRECTORATE SPLIT OF TURNOVER TO KPI/HRG/005 – STAFF TURNOVER: NATURAL. FURTHER DISCUSSION WILL TAKE PLACE TO IDENTIFY HOW FURTHER GRANUALITY CAN BE ADDED.
2. The EMT to develop mitigations for the casework process and the impact it is having on the rest of the FTP process and to concentrate effort on improvements in this area, which should lead to further improvements on the other related FTP performance indicators. STATUS AS OF Q3 2018 – ON-GOING – SEVERAL CHANGES HAVE BEEN MADE TO THE FTP PROCESS SINCE THE START OF 2018 INCLUDING THE INTRODUCTION OF THE INITIAL ASSESSMENT TEAM, CHANGES TO THE CASEWORK TEAMS, PROCESS CHANGES FOR RULE 4, CORRALLING INTERIM ORDER AND ON HOLD CASES TO DEDICATED CASEWORKERS, AS WELL AS OTHER OPERATIONAL CHANGES. IMPROVEMENTS TO THE FTP PROCESS ARE BEING TAKEN FORWARD AS PART OF THE END TO END REVIEW.

Actions Planned by EMT – Q1 2018 Report

1. The EMT will continue to monitor FTP timeliness and will focus on improving timeliness performance indicators that are more than 50% below target. Improvement work will be carried out as part of the FTP End to End Review, which has the objective of improving timeliness across the entire process. STATUS AS OF Q3 2018 – ON-GOING – THE EMT REGULARLY DISCUSSES FTP TIMELINESS AT ITS BOARD MEETINGS. THE END TO END REVIEW IS SEEKING TO ADDRESS AREAS OF UNDER PERFORMANCE.
2. To ensure the content of the balanced scorecard is fully aligned against budget performance and risk management, the EMT is exploring the ways that this overall picture can be presented. An examination of current reporting models is taking place to enable the EMT to understand the link between budget, performance and risk and the impact in each area of the organisation. STATUS AS OF Q3 2018 – COMPLETE – A REPORT THAT CONNECTS PERFORMANCE, FINANCE AND RISK HAS BEEN DEVELOPED AND IS BEING USED BY THE EMT TO REVIEW THE ORGANISATIONS OVERALL PERFORMANCE AND TO IDENTIFY THE CAUSE AND EFFECT OF ONE AREA ON ANOTHER.
3. The EMT will continue to focus on a re-design of turnover and recruitment performance indicators to reflect the expected increased activity in each of these areas. The recruitment and turnover performance indicators will be split by directorate to provide greater oversight on how organisation functions are performing in respect of these areas. Further work will be carried out to provide increased analysis on the journey that staff take from joining to leaving the organisation. STATUS AS OF Q3 2018 – ON-GOING – THIS WORK REMAINS IN PROGRESS AS THE REPORTING CAPABILITY IN HR IS BEING REVIEWED.

Actions Planned by EMT – Q4 2017 Report

1. The EMT will continue to monitor the number of non-serious data security breaches that are committed. Actions will be established based on any reoccurring trends or themes from non-serous data security breaches that take place moving forwards. STATUS AS OF Q3 2018 – ON-GOING – THE EMT DISCUSS PERFORMANCE IN THIS AREA AT MONTHLY BOARD MEETINGS AND SET ACTIONS TO IMPROVE PERFORMANCE.
2. Following performance in December 2017 against PI/FTP/010 Prosecution Timeliness: Disclosure Time Taken being below target, the EMT will undertake analysis to understand what types of cases take the longest to disclose. The analysis will help identify the types of cases that are already in the earlier parts of the FTP stages that will likely require additional attention and action if they get to the Prosecution stage. STATUS AS OF Q3 2018 – ON-GOING – THERE ARE CASES WITH MULTIPLE PATIENTS OR WITNESSES, WHERE THE VOLUME OF WORK IS GREATER. THESE ARE ALSO THE CASES WHICH HAVE FURTHER REFERRALS AT OTHER STAGES OF THE FTP PROCESS, GREATER COLLABORATION IS NEEDED BETWEEN THE TEAMS TO ENSURE THAT THESE CAN BE PRIORITISED AT THE EARLIER STAGES, IF APPROPRIATE. A LEARNING SESSION ON JOINDER CASES IS CURRENTLY BEING PLANNED BY THE SENIOR FTP LAWYERS FOR ILPS AND CASEWORK COLLEAGUES.
3. Following the announcement of the relocation of parts of the organisation to offices in Birmingham, a re-design of turnover and recruitment performance indicators will take place to reflect the expected increased activity in each of these areas. The recruitment and turnover performance indicators will be split by directorate to provide greater oversight on how organisation functions are performing in respect of these areas. STATUS AS OF Q3 2018 – ON-GOING – CONSIDERATION IS BEING GIVEN TO THE DATA THAT IS CURRENTLY HELD AND WHAT NEEDS TO BE COLLECTED TO ENSURE THAT A USEFUL SET OF MEASURES CAN BE CREATED THAT TELL THE STORY BETWEEN EACH TEAM, THE ESTATES WORK AND THE ORGANISATION AS A WHOLE.

Actions Planned by EMT – Q2 2018 Report

1. The EMT have agreed to de-escalate PI/HRG/005 – Natural Turnover following the acceptance that turnover will remain high for the considerable future. This is due to the office move to Birmingham. Commentary will still be provided through the Executive Summary of the balanced scorecard. STATUS AS OF Q3 2018 - COMPLETE – THIS CHANGE HAS BEEN MADE AND COMMENTARY INCLUDED IN THE EXEC SUMMARY.
2. A review of data security breaches will be undertaken by the Information Governance Group (IGG). The IGG will act as an assurance group for understanding the reasons behind data security breaches and will report to EMT with its findings to support the performance of KPI/FTP/025 – Serious Data Breaches. Following discussion at September FPC, a review of the terminology used to classify data breaches will be carried out to improve the wording currently applied and remove the ‘non-serious data breach’ misnomer - STATUS AS OF Q3 2018 - ONGOING – THIS ACTION WILL BE CONSIDERED AT THE NEXT SCHEDULED INFORMATION GOVERNANCE GROUP MEETING IN NOVEMBER 2018.
3. In response to the decrease in performance in PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken, the EMT have discussed and agreed a root cause review of the empanelment process. This will assist with understanding the constraints that impact performance and what can be done to improve performance. STATUS AS OF Q3 2018 – ONGOING – WITHIN THE SCOPE OF THE FTP E2E REVIEW, A REVIEW OF EMPANELMENT IMPROVEMENT HAS BEEN UNDERTAKEN, WITH ACTIVITIES IDENTIFIED TO IMPLEMENT AND EMBED THROUGH TO JUNE 2019.
4. Following the increase of cases at the Rule 4 stage, and the new process now in place, the EMT have agreed a review of its effectiveness to be undertaken. This review will focus on timeliness and note whether there has been an increase in the time spent handling correspondence. - STATUS AS OF Q3 2018 - ONGOING – TEAM BASED TASKING HAS NOW BEEN DEPLOYED TO THE RULE 4 PROCESS, ENABLING METRICS PROVIDING RESTROSPECTIVE INSIGHT INTO CORRESPONDENCE TIME TAKEN FOR CASES IN PROGRESS TO ENABLE FURTHER UNDERSTANDING OF TIME TAKEN AT RULE 4

ANNEX A

Registration and Corporate Resources Directorate Performance Indicators

1.1 Finance Performance Indicators

1.2 IT Performance Indicators

1.3 Registration Process Performance Indicators Dashboard

1.4 Registration Process Dashboard Reference Information

1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking

1.6 Supplementary Registration Performance Indicators

KPI/FCS/001 – Organisational Income

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.</i>	 THIS PERIOD: 105% PREVIOUS PERIOD: 105%	<ul style="list-style-type: none"> Total income is higher than budgeted by £2.3m for the period to September 2018. This is largely due to higher than budgeted Dentist & DCP ARF income (£2.1m). A 5% risk factor was included in the budget. However, 4% of the risk did not materialise. In addition, investment income was also higher than budgeted for the period (£0.2m). 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% to budget</td> </tr> <tr> <td>Green when:</td> <td>100% +</td> </tr> <tr> <td>Amber when:</td> <td>98% to 99.9%</td> </tr> <tr> <td>Red when:</td> <td>97.9% or lower</td> </tr> </table>		TARGET LEVEL:	100% to budget	Green when:	100% +	Amber when:	98% to 99.9%	Red when:	97.9% or lower
TARGET LEVEL:			100% to budget							
Green when:			100% +							
Amber when:			98% to 99.9%							
Red when:	97.9% or lower									
DESIRED OUTCOME										
Total ARF income received by the GDC is sufficient to fund its operations.										

KPI/FCS/002 – FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget</i>	 THIS PERIOD: 99% PREVIOUS PERIOD: 104%	<ul style="list-style-type: none"> This KPI compares the latest forecast for FtP operating expenditure to the approved budget. FTP expenditure is forecast to be £121k lower than budgeted for the year. This is partly due to 2018 external legal costs (ELPS), which are forecast to be lower than budgeted (£358k) with costs from cases allocated later in 2018 being largely deferred to 2019. However, Hearings' meeting fees & expenses are forecast to be higher than budgeted (£277k), as a result of a higher than expected utilisation rate in hearings capacity. An overall increase in staffing costs (£136k) mostly due to additional resources being required in Casework to deal with the backlog of cases. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% to budget</td> </tr> <tr> <td>Green when:</td> <td>98% to 102%</td> </tr> <tr> <td>Amber when:</td> <td>Below 98% OR 102.1% to 105%</td> </tr> <tr> <td>Red when:</td> <td>Above 105%</td> </tr> </table>		TARGET LEVEL:	100% to budget	Green when:	98% to 102%	Amber when:	Below 98% OR 102.1% to 105%	Red when:	Above 105%
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Green when:			98% to 102%							
Amber when:			Below 98% OR 102.1% to 105%							
Red when:	Above 105%									
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.										

KPI/FCS/003 – Non-FTP Expenditure

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget</i>	 THIS PERIOD: 111% PREVIOUS PERIOD: 99%	<ul style="list-style-type: none"> This KPI compares the latest forecast for non-FtP expenditure to the approved budget. There has been an increase in the provisions for Strand 2 of the Estates Strategy (£1.2m) and provision for additional contribution to the GDC DB pension scheme (£2m). IT costs are forecast to be £284k higher than budget to allow provision for additional IT operating expenditure in relation to the Birmingham office, as well as the additional costs of recruiting external consultants to cover vacant posts. Non-FtP expenditure is forecast to be £2.9m higher than budgeted for the year (lower than the sum-total of the above figures, due to other budget off-sets). 								
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Red when:	Above 105%									
DESIRED OUTCOME										
The costs of running organisational operations are proportionate and in line with planned levels in order to deliver the business as usual and business plan initiatives effectively.										

PI/FCS/004 – Pension Scheme Funding Position

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities</i>	 THIS PERIOD: Surplus of £0.3m (101%) PREVIOUS PERIOD: Deficit of £2.4m (93%)	<ul style="list-style-type: none"> The triennial valuation as at 1 April 2018 was prepared by the pension scheme's actuary. The valuation showed a surplus of £0.3m. However, the scheme has deteriorated since the last triennial valuation was carried out in 2015, from £1.5m to £0.3m. This is largely due to a worsening of market conditions, namely: <ul style="list-style-type: none"> - falling gilt yields - increased inflation. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% or greater</td> </tr> <tr> <td>Green when:</td> <td>Less than £2m shortfall</td> </tr> <tr> <td>Amber when:</td> <td>Between £2m and £5m shortfall</td> </tr> <tr> <td>Red when:</td> <td>Greater than £5m shortfall</td> </tr> </table>		TARGET LEVEL:	100% or greater	Green when:	Less than £2m shortfall	Amber when:	Between £2m and £5m shortfall	Red when:	Greater than £5m shortfall
TARGET LEVEL:			100% or greater							
Green when:			Less than £2m shortfall							
Amber when:			Between £2m and £5m shortfall							
Red when:	Greater than £5m shortfall									
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.										

PI/FCS/005 – Financial Reporting Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.</i>	THIS PERIOD:  2 out of 3 Months within deadline <i>PREVIOUS PERIOD:</i> 3 out of 3	<ul style="list-style-type: none"> The August Finance Performance report was delayed as it took longer than anticipated to finalise the 2018 and 2019 Estates programme costs. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/efficiency										
DESIRED OUTCOME										
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>3 out of 3 months to deadline</td> </tr> <tr> <td>Green when:</td> <td>3 out of 3 months</td> </tr> <tr> <td>Amber when:</td> <td>2 out of 3 months</td> </tr> <tr> <td>Red when:</td> <td>1 out of 3 or fewer</td> </tr> </table>	TARGET LEVEL:	3 out of 3 months to deadline	Green when:	3 out of 3 months	Amber when:	2 out of 3 months	Red when:	1 out of 3 or fewer	
TARGET LEVEL:	3 out of 3 months to deadline									
Green when:	3 out of 3 months									
Amber when:	2 out of 3 months									
Red when:	1 out of 3 or fewer									

PI/FCS/006 – Fees and Expenses Payments Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines</i>	THIS PERIOD:  Fees – 97%, Expenses – 92% <i>PREVIOUS PERIOD:</i> Fees – 100%, Expenses – 91%	<ul style="list-style-type: none"> 97% of fee claims were paid on time against the target of 95%. Fees which were not processed on time were as a result of outstanding queries with the attendance forms. 92% of expenses were paid within deadline, which is a slight improvement on last quarter's performance. The late payment of expenses was due to pending queries on submitted claims. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/efficiency										
DESIRED OUTCOME										
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.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95% processed within deadline</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>85% to 94%</td> </tr> <tr> <td>Red when:</td> <td>84% and lower</td> </tr> </table>	TARGET LEVEL:	95% processed within deadline	Green when:	95% +	Amber when:	85% to 94%	Red when:	84% and lower	
TARGET LEVEL:	95% processed within deadline									
Green when:	95% +									
Amber when:	85% to 94%									
Red when:	84% and lower									

PI/FCS/007 – Invoices and Refunds Timeliness

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Proportion of invoices and refunds that are processed in line with recognised deadline</i>	THIS PERIOD:  Invoices: 88% Suppliers: 90% Refunds: 51% <i>PREVIOUS PERIOD:</i> 90% -Invoices paid on time 91% - Suppliers paid on time 100% - within time frame of refunds	<ul style="list-style-type: none"> Q3 performance for payment of invoices is 88%, which is 2% below the target of 90%. The number of suppliers paid within our 30 days payment terms is 90%, as per the target. However, only 51% of refunds were paid on time against the target of 90%. The delay in processing refunds was due to permission issues within CRM which prevented Finance from processing refunds. The issues were resolved a month later. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/efficiency										
DESIRED OUTCOME										
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.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>90% processed within 30 days</td> </tr> <tr> <td>Green when:</td> <td>90% +</td> </tr> <tr> <td>Amber when:</td> <td>75% to 89%</td> </tr> <tr> <td>Red when:</td> <td>74% and lower</td> </tr> </table>	TARGET LEVEL:	90% processed within 30 days	Green when:	90% +	Amber when:	75% to 89%	Red when:	74% and lower	
TARGET LEVEL:	90% processed within 30 days									
Green when:	90% +									
Amber when:	75% to 89%									
Red when:	74% and lower									

PI/FCS/008 – Adherence to Purchase Order Policy

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>Value of invoices where a purchase order has not been raised at the point of commissioning the service/product</i>	THIS PERIOD:  £110.9k <i>PREVIOUS PERIOD:</i> £145.8K	<ul style="list-style-type: none"> £110.9k of invoices were not compliant in this period, which is £39.1k below the £150k target. Good level of adherence to policy meant we have hit the target again this quarter and improved on Q2 results. 								
CORPORATE STRATEGY LINK										
Performance Objective 2: Management of resources/efficiency										
DESIRED OUTCOME										
GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.										
	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>Less than £150k non invoiced spend</td> </tr> <tr> <td>Green when:</td> <td>Below £150k</td> </tr> <tr> <td>Amber when:</td> <td>Between £150k and £400k</td> </tr> <tr> <td>Red when:</td> <td>Above £400k</td> </tr> </table>	TARGET LEVEL:	Less than £150k non invoiced spend	Green when:	Below £150k	Amber when:	Between £150k and £400k	Red when:	Above £400k	
TARGET LEVEL:	Less than £150k non invoiced spend									
Green when:	Below £150k									
Amber when:	Between £150k and £400k									
Red when:	Above £400k									

1.1 Finance Performance Indicators

PI/FCS/019 – Organisational Efficiencies

ORGANISATIONAL
INDICATOR

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>The actual realisation of planned organisational efficiencies in comparison to budgeted levels</i>	 THIS PERIOD: 103% <i>PREVIOUS PERIOD: 100%</i>		<ul style="list-style-type: none"> • Overall efficiency savings as at end of Q3 was £5.1m compared to target of £5.0m. This is due to: <ul style="list-style-type: none"> ○ ILPS continuing to take the majority of the cases referred to prosecution - £1.8m. ○ The implementation of Case Examiners which delivered £2.2m savings in Q3. ○ £0.2m savings realised from replacing stenographers with loggers. ○ £0.2m savings from in-house clinical advisors replacing services provided by NCAS. ○ £0.6m savings in Hearings' venue hire costs due to a reduction in the number of external venues used. ○ £0.1m savings in Council costs due to reduction in number of Council members – from 24 to 12.
CORPORATE STRATEGY LINK	TARGET LEVEL:	For efficiency savings to be equal to or greater than the budgeted level	
Performance Objective 2: Management of resources/ efficiency	Green when:	Forecast yearly efficiency savings at 100% or greater of budgeted level	
DESIRED OUTCOME	Amber when:	Forecast yearly efficiency savings at 95% to 99% of budgeted level	
The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports.	Red when:	Forecast yearly efficiency savings at less than 80% of budgeted level	

1.2 IT Performance Indicators

KPI/FCS/009 – GDC Website and Online Register Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the GDC website is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period and the availability of the GDC website and online register was maintained continuously during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
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.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

PI/FCS/010 – eGDC Site Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the eGDC website is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period and with the site available for applicants and registrants to make online service interactions during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The eGDC site is available to applicants and registrants continuously with the minimum amount of disruption possible.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

KPI/FCS/011 – Dynamics CRM Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that the Dynamics CRM organisational database is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period with the system continuously available for use in all GDC departments that process their work within Dynamics CRM during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The central organisational database is available continuously with the minimum amount of disruption possible to staff productivity.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

PI/FCS/012 – GDC Exchange Email Availability DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that GDC Exchange Email is available.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> 100% uptime was achieved with no issues recorded during the period with GDC email available for all users continuously during Q3.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME	TARGET LEVEL: 99.7% + availability	
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.	Green when: 99.7% to 100%	
	Amber when: 97% to 99.69%	
	Red when: 0% to 96.99%	

1.2 IT Performance Indicators

PI/FCS/013 – IT Service Desk Timeliness

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of IT support/development requests that are processed within service level agreement timeframes.</i>	 THIS PERIOD: 96% PREVIOUS PERIOD: 95%	<ul style="list-style-type: none"> Performance has improved for Q3 2018 with 96% processed within the service level agreement. 2,145 service desk requests were completed over this period, 32 more than Q2 2018. 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.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across all functions		
DESIRED OUTCOME		
<small>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.</small>		
TARGET LEVEL:	95% within deadline	
Green when:	95% to 100%	
Amber when:	90% to 94.99%	
Red when:	0% to 89.99%	

PI/FCS/014 – IT Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of customer survey feedback received in the 'satisfactory' category.</i>	 THIS PERIOD: 98% PREVIOUS PERIOD: 98%	<ul style="list-style-type: none"> 98% of users rated their service as good or very good thus remaining in target for Q3 2018. 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.
CORPORATE STRATEGY LINK		
Performance Objective 2: Cost reduction/efficiency		
DESIRED OUTCOME		
<small>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.</small>		
TARGET LEVEL:	95% satisfactory	
Green when:	95% to 100%	
Amber when:	90% to 94.99%	
Red when:	0% to 89.99%	

1.3 Registration Performance Indicators – Process Dashboard

*NOTES FOR BELOW INDICATORS:
'Overall' Processing Time = Total time taken, including the time when the application was on hold awaiting further applicant information to be provided.
'Active' Processing time = Time only where the ability to process the application is in the control of the GDC.*

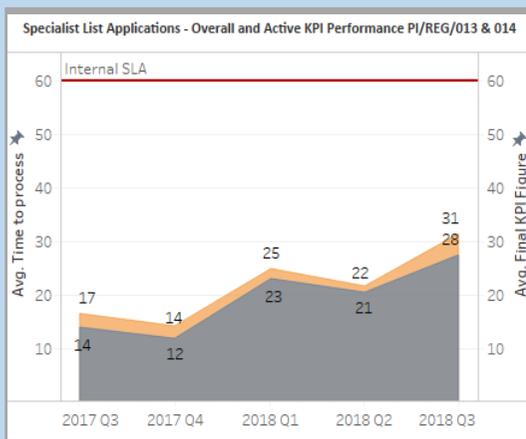
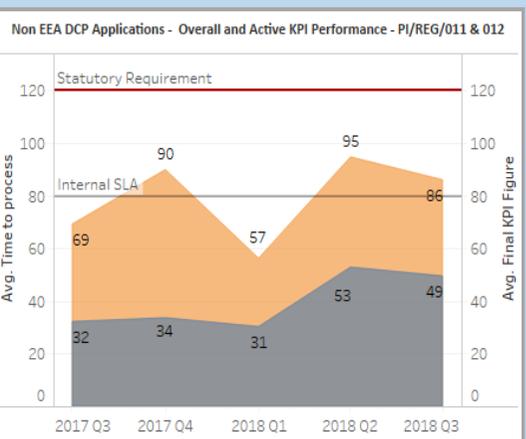
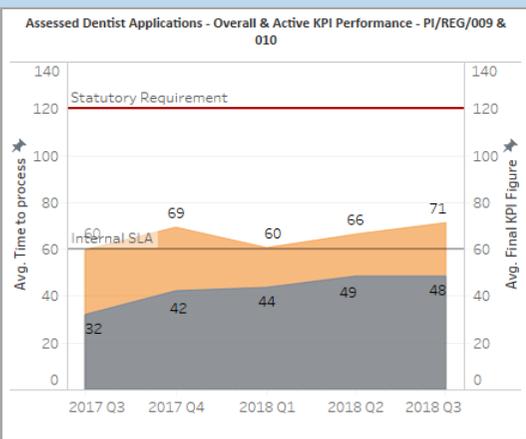
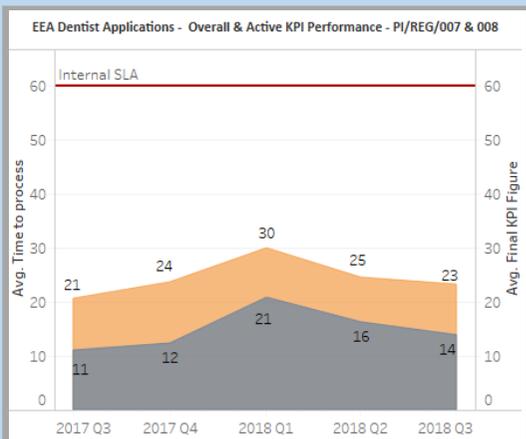
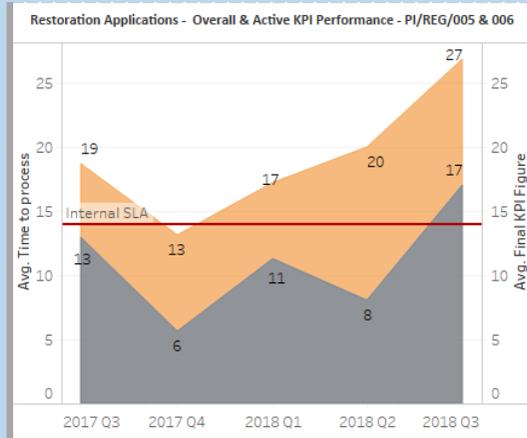
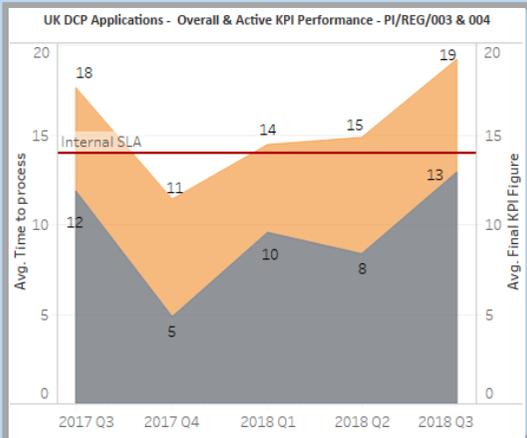
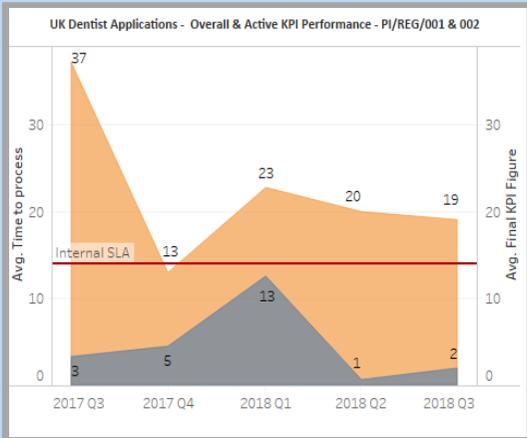
	PI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	KPI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time	THIS PERIOD 19 Calendar Days PREVIOUS PERIOD 20 Calendar Days	THIS PERIOD 19 Calendar Days PREVIOUS PERIOD 15 Calendar Days	THIS PERIOD 27 Calendar Days PREVIOUS PERIOD 20 Calendar Days	THIS PERIOD 23 Calendar Days PREVIOUS PERIOD 25 Calendar Days	THIS PERIOD 71 Calendar Days PREVIOUS PERIOD 66 Calendar Days	THIS PERIOD 86 Calendar Days PREVIOUS PERIOD 95 Calendar Days	THIS PERIOD 32 Calendar Days PREVIOUS PERIOD 22 Calendar Days
B. Average Active Processing Time	THIS PERIOD 2 Calendar Days PREVIOUS PERIOD 1 Calendar Days	THIS PERIOD 13 Calendar Days PREVIOUS PERIOD 8 Calendar Days	THIS PERIOD 17 Calendar Days PREVIOUS PERIOD 8 Calendar Days	THIS PERIOD 13 Calendar Days PREVIOUS PERIOD 16 Calendar Days	THIS PERIOD 48 Calendar Days PREVIOUS PERIOD 49 Calendar Days	THIS PERIOD 49 Calendar Days PREVIOUS PERIOD 53 Calendar Days	THIS PERIOD 28 Calendar Days PREVIOUS PERIOD 21 Calendar Days
C. Contextual Measures	Incoming: 857 applications received	1,332 applications received	289 applications received	204 applications received	49 applications received	105 applications received	53 applications received
	Processed: 504 applications completed	1,218 applications completed	366 applications completed	193 applications completed	14 applications completed	10 applications completed	27 applications completed
	Work In Progress: 3 live applications at quarter end	444 live applications at quarter end	225 live applications at quarter end	56 live applications at quarter end	18 live applications at quarter end	36 live applications at quarter end	33 live applications at quarter end
D. Insights	<ul style="list-style-type: none"> The total number of applications completed was 43% below forecast during Q3. 108 less applications were completed compared to the 612 applications completed in Q2. 	<ul style="list-style-type: none"> The total number of applications completed was 5% above forecast during Q3. The number completed was 2% lower than the 1238 completed in Q2. Due to short staffing, associated with the run-up to the Birmingham relocation, processing times have increased in Q3. 	<ul style="list-style-type: none"> 366 applications were completed in Q3, which is 15% lower than than forecast. Completed DCP applications were 4% lower than forecast. Completed Dentist applications was one application short of the forecast. Due to short staffing, performance indicators have decreased. 	<ul style="list-style-type: none"> 193 EEA Dentist applications were processed during Q3, which was 43% higher than forecast. Q3 received 28% more applications than the 216 applications received in Q2. 	<ul style="list-style-type: none"> 14 Dentist Assessment applications were completed which is three applications higher than forecasted. 	<ul style="list-style-type: none"> 10 applications were completed during Q3, which was 6 applications below forecast. Applications received remains consistent with the 107 applications received in Q2. 	<ul style="list-style-type: none"> 27 applications were completed in Q3 meeting the forecast exactly. 53 applications were received during Q3 which is similar to the 52 received in Q2.

1.4 Registration Performance Indicators – Process Dashboard Reference Sheet

DEPARTMENTAL INDICATORS	PI/REG/001 & 002 UK Dentist	PI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 EEA Dentist	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/013 & 014 Specialist
	DESCRIPTION	<p><i>PI/REG/001: The average overall time taken to process all UK Dentist Applications</i></p> <p><i>PI/REG/002: The average time taken with days on-hold removed to process all UK Dentist Applications</i></p>	<p><i>PI/REG/003: The average overall time taken to process all UK DCP Applications</i></p> <p><i>PI/REG/004: The average time taken with days on-hold removed to process all UK DCP Applications</i></p>	<p><i>PI/REG/005: The average overall time taken to process all Restoration Applications</i></p> <p><i>PI/REG/006: The average time taken with days on-hold removed to process all Restoration Applications</i></p>	<p><i>PI/REG/007: The average overall time taken to process all EEA Dentist Applications</i></p> <p><i>PI/REG/008: The average time taken with days on-hold removed to process all EEA Dentist Applications</i></p>	<p><i>PI/REG/009: The average overall time taken to process all Assessed Dentist Applications</i></p> <p><i>PI/REG/010: The average time taken with days on-hold removed to process all Assessed Dentist Applications</i></p>	<p><i>PI/REG/011: The average overall time taken to process all Assessed DCP Applications</i></p> <p><i>PI/REG/012: The average time taken with days on-hold removed to process all Assessed DCP Applications</i></p>
TARGET LEVEL:	Within 14 Calendar Days	Within 14 Calendar Days	Within 14 Calendar Days	Within 60 Calendar Days	Within 60 Calendar Days	Within 80 Calendar Days	Within 80 Calendar Days
GREEN when:	Average 0-14 Days	Average 0-14 Days	Average 0-14 Days	Average 0-60 Days	Average 0-60 Days	Average 0-80 Days	Average 0-80 Days
AMBER when:	Average 15 - 90 Days	Average 15 - 90 Days	Average 15 - 90 Days	Average 61 - 90 Days	Average 61 - 90 Days	Average 81 - 120 Days	Average 81 - 120 Days
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) +	91 Days (Statutory time limit 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.						

1.5 Registration Performance Indicators – Process Dashboard – Historic Tracking

Registration Processing Times
■ Overall
■ Active



1.6 Supplementary Registration Performance Indicators

PI/REG/015 – Call Centre Availability

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<p><i>The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).</i></p>	 THIS PERIOD: 94% PREVIOUS PERIOD: 98%	<ul style="list-style-type: none"> 21,876 out of 23,234 offered calls were handled during Q3 2018. The number of calls received had increased by 44% compared to Q2, this is due to the annual renewal period. 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>85% + calls are answered</td> </tr> <tr> <td>Green when:</td> <td>85% +</td> </tr> <tr> <td>Amber when:</td> <td>65% to 84%</td> </tr> <tr> <td>Red when:</td> <td>64% or lower</td> </tr> </table>	TARGET LEVEL:	85% + calls are answered	Green when:	85% +	Amber when:	65% to 84%	Red when:	64% or lower	
TARGET LEVEL:	85% + calls are answered									
Green when:	85% +									
Amber when:	65% to 84%									
Red when:	64% or lower									
The majority of customer service calls can be answered by CAIT in a timely fashion prior to the caller ceasing to wait in the call queue.										

PI/REG/017 – Registration Applications Processed

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<p><i>The year to date number of additions to the Register compared to budgeted levels.</i></p>	 THIS PERIOD: 105% to budget PREVIOUS PERIOD: 105%	<ul style="list-style-type: none"> The volume of applications processed remains above budget for Q3 2018 by 5%. 2,353 applications were completed against the 2,663 forecast. Of the applications completed: <ul style="list-style-type: none"> 52% were UK DCP applications. 22% were UK Dentist. 16% were Restoration. 8% were EEA Dentist and Non-EEA Dentist. 1% was Specialist. 1% was Overseas DCP. 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>100% of expected registrations</td> </tr> <tr> <td>Green when:</td> <td>95% +</td> </tr> <tr> <td>Amber when:</td> <td>85% and 94%</td> </tr> <tr> <td>Red when:</td> <td>84% or less</td> </tr> </table>	TARGET LEVEL:	100% of expected registrations	Green when:	95% +	Amber when:	85% and 94%	Red when:	84% or less	
TARGET LEVEL:	100% of expected registrations									
Green when:	95% +									
Amber when:	85% and 94%									
Red when:	84% or less									
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.										

PI/REG/019 – Minimum Acceptable Productivity

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<p><i>The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets.</i></p>	 THIS PERIOD: 100% PREVIOUS PERIOD: 100%	<ul style="list-style-type: none"> All of the UK Registration Officers met their relevant MAP during Q3 2018. 2,711 applications and 2,088 were completed during Q3. There were 598 live applications at the quarter end. The overall average time to process was 20 days whereas the average active processing time was 11 days during Q3. During Q3 established staff have been primarily occupied with training temporary staff and preparing for the Birmingham handover. Staff have also left and have not been temporary backfilled as a result of the time it takes to train temporary staff, and the handover to Birmingham operations. Currently, MAPs are only reportable for the UK Registration area but development is ongoing to ensure a robust set of MAPs are live and monitored for both DCP and Dentist Casework teams in 2018 								
CORPORATE STRATEGY LINK										
Performance Objective 1 & 2: Highly effective regulator and management of resources.										
DESIRED OUTCOME	<table border="1"> <tr> <td>TARGET LEVEL:</td> <td>95%+ of staff meeting MAP's</td> </tr> <tr> <td>Green when:</td> <td>95%+</td> </tr> <tr> <td>Amber when:</td> <td>85% to 94%</td> </tr> <tr> <td>Red when:</td> <td>84% or lower</td> </tr> </table>	TARGET LEVEL:	95%+ of staff meeting MAP's	Green when:	95%+	Amber when:	85% to 94%	Red when:	84% or lower	
TARGET LEVEL:	95%+ of staff meeting MAP's									
Green when:	95%+									
Amber when:	85% to 94%									
Red when:	84% or lower									
Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion.										

1.6 Supplementary Registration Performance Indicators

PI/REG/016 – Registration Customer Satisfaction

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".</i></p>	<p style="text-align: center;">THIS PERIOD: 88%</p> <p style="text-align: center;"><i>PREVIOUS PERIOD: 91%</i></p>	<ul style="list-style-type: none"> 88% of 329 respondents were positive about the Registration department's customer service supplied throughout the application process during the quarter. 6% provided neutral feedback and 4% provided negative feedback.
<p>CORPORATE STRATEGY LINK</p> <p>Performance Objective 1 & 2: Highly effective regulator and management of resources</p>		
<p>DESIRED OUTCOME</p> <p>Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.</p>	<p>TARGET LEVEL: 80% or above</p>	
	<p>Green when: 80% +</p>	
	<p>Amber when: 60% to 79%</p>	
	<p>Red when: 59% or lower</p>	

PI/REG/018 – Registration Audit Pass Rate

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<p><i>The proportion of Registration applications that pass audit inspection.</i></p>	<p style="text-align: center;">THIS PERIOD: N/A</p> <p style="text-align: center;"><i>PREVIOUS PERIOD: 89%</i></p>	<ul style="list-style-type: none"> The Dentist CPD Audit 2011-2015 cycle is still being carried out, due to a new auditor being in place, the next audits will be in Q4, team managers still conduct their own quality monitoring on a monthly basis.
<p>CORPORATE STRATEGY LINK</p> <p>Performance Objective 1 & 2: Highly effective regulator and management of resources</p>		
<p>DESIRED OUTCOME</p> <p>All registration applications are processed in line with recognised standard operating procedures, and adhere to process and quality control standards. The accuracy and of integrity of the register is maintained and only those who demonstrate suitable character, health and qualifications are registered.</p>	<p>TARGET LEVEL: 90% pass rate</p>	
	<p>Green when: 90% and 100%</p>	
	<p>Amber when: 80% and 89%</p>	
	<p>Red when: 79% or lower</p>	

Fitness to Practise Directorate Performance Indicators

2.1 FTP Process Performance Indicators Dashboard

2.2 FTP Process Performance Indicators Dashboard Reference Information

2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking

2.4 Interim Orders Committee Timeliness Performance Indicators

2.5 Interim Orders Committee Compliance Performance Indicators

2.6 Dental Complaints Service Performance Indicators

SUPPLEMENTARY INISGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

Please see the narrative on FTP timeliness in the executive summary (1.1) and specific narrative regarding KPI/FTP 005, 006 & 008 in the organisational key performance indicators page (1.2).

A summary relating to supportive indicators is noted below:

- PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness has remained within target in Q3, at 99%.
- PI/FTP/002 – The team has continued to reduce the backlog of older cases throughout 2018 meaning a large number of cases processed were older cases. In Q3 there was an improvement of 5% for this indicator. The new processes in Assessment have meant that newer cases are also being progressed in a more timely manner.
- PI/FTP/003 – Assessment referral to Case Examiner completion has increased to 17% as Assessment progresses more cases through the streamlined Rule 4 process introduced in Q2.
- PI/FTP/004 – Q3 has seen the team achieve the 7 day PI at 95% up from 91% in Q2.
- PI/FTP/007 – ILPS have completed 98% of hours targeted for Q3, an increase of 8% from Q2.
- PI/FTP/009 – In Q3 58% of cases achieved this target, down from 63% in Q2. 11 out of 26 cases missed this PI, the majority of these cases were longer than 5 days limiting the flexibility of where they can be listed.
- PI/FTP/010 – ILPS disclosure timeliness was on target during Q3 at 82%, with cases being delayed due to not all parties fully engaging/co-operating with the process.
- PI/FTP/011 – In Q3 there was a decrease of 2% against this target. Out of the 37 cases which contributed towards the PI, 9 cases were adjourned. Some of the reasons being due to: new allegations being proposed, case complexity, not proceeding in fairness to the registrant.
- PI/FTP/012 – All 29 cases met this PI in Q3, up from 94% in Q2.
- PI/FTP/013 – In Q3, lost/wasted hearing days increased to 28% with 40 days being lost and 47 wasted. The majority of this was in July as there were no cases to list due to a fall in referral rates towards the end of 2017.
- PI/FTP/028 – ELPS disclosure timeliness was achieved at 100% in Q3.

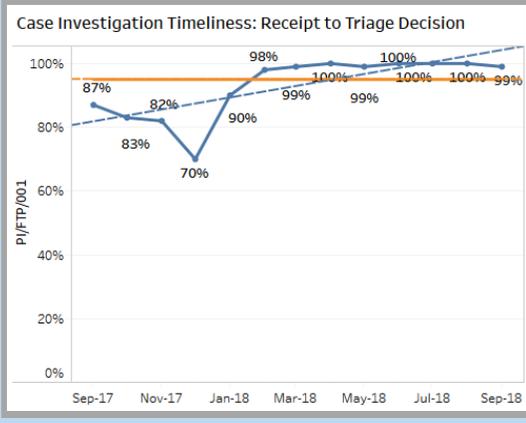
2.1 FTP End-to-End Process – Performance Indicators Dashboard

	IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings	
A. Headline Timeliness Performance Indicators	KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome) <small>TARGET: 75% within 15 months THIS PERIOD: 14% PREVIOUS PERIOD: 26%</small>						
	KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision <small>TARGET: 75% within 6 months THIS PERIOD: 23% PREVIOUS PERIOD: 18%</small>			PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing <small>TARGET: 80% within 9 months THIS PERIOD: 58% PREVIOUS PERIOD: 63%</small>			
B. Supportive Measures	PI/FTP/001 – IAT Timeliness: Receipt to IAT Decision <small>TARGET: 95% within 20 days THIS PERIOD: 99% PREVIOUS PERIOD: 100%</small>	PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision <small>TARGET: 70% within 17 weeks THIS PERIOD: 41% PREVIOUS PERIOD: 36%</small>	PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion <small>TARGET: 75% within 9 weeks THIS PERIOD: 17% PREVIOUS PERIOD: 10%</small>	KPI/FTP/006 – Proportional Split of Internal/External Prosecution Referrals <small>TARGET: 21 or fewer cases referred externally per quarter THIS PERIOD: 8 ELPS referrals PREVIOUS PERIOD: 17 ELPS referrals</small>		PI/FTP/011 – Hearings Completed Without Adjournment <small>TARGET: 85% THIS PERIOD: 79% PREVIOUS PERIOD: 81%</small>	
			PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision <small>TARGET: 95% within 7 days THIS PERIOD: 95% PREVIOUS PERIOD: 91%</small>	PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken <small>TARGET: 80% of cases disclosed within 98 days THIS PERIOD: 82% PREVIOUS PERIOD: 84%</small>	PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken <small>TARGET: 80% of ELPS cases disclosed within 98 days THIS PERIOD: 100% PREVIOUS PERIOD: 60%</small>	PI/FTP/012 – Hearings Completed With Facts Proved <small>TARGET: 80% THIS PERIOD: 100% PREVIOUS PERIOD: 94%</small>	
				PI/FTP/007 – ILPS Staff Productivity <small>TARGET: 95% of staff meeting target THIS PERIOD: 98% PREVIOUS PERIOD: 91%</small>		PI/FTP/013 – Hearing Days Productivity <small>TARGET: Under 20% Lost/Wasted THIS PERIOD: 28% PREVIOUS PERIOD: 12%</small>	
C. Contextual Measures	Incoming	416 cases	260 cases	211 cases	50 cases	8 cases	60 cases
	Processed	393 cases	387 cases	161 cases	62 cases	21 cases	23 cases
	Referral Rate	60%	56%	37%	83%	17%	54%
	Work In Progress	30 cases	541 cases (532 – Assessment + 9 – Rule 9)	348 cases (42 - CE Support + 300 - Rule 4 + 6 - Rule 6E)	154 cases	51 cases	192 cases awaiting hearings

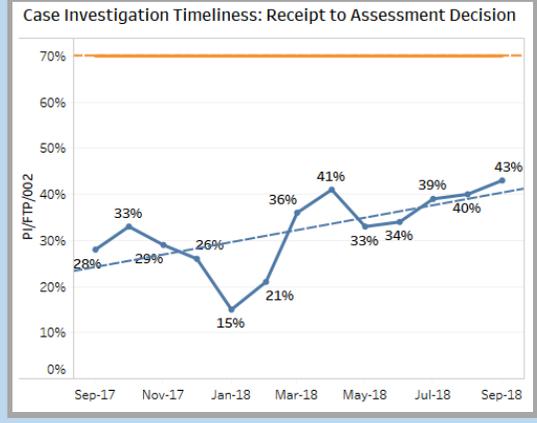
2.2 FTP End-to-end Process – Targets Reference Sheet

DEPARTMENTAL INDICATORS	KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings	
A. Headline Timeliness Performance Indicators	PI/FTP/008 <i>The proportion of cases that reach an initial hearing within 15 months of receipt</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*						
	PI/FTP/005 <i>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</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*			PI/FTP/009 <i>The proportion of prosecution cases heard within 9 months of referral for prosecution</i> TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*			
B. Supportive Measures	PI/FTP/001 <i>The proportion of cases to clear IAT within 20 working days of receipt</i> TARGET: 95% + on time Green: 95%+ Amber: 90 - 94% Red: <90% (PO 1 & PO 5)* [DO1]*	PI/FTP/002 <i>The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt</i> TARGET: 70% + on time Green: 70%+ Amber: 65 - 69% Red: <65% (PO 1 & PO 5)* [DO2]*	PI/FTP/003 <i>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</i> TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*	PI/FTP/006 <i>The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions</i> TARGET: 7 or fewer ELPS referrals per month Green: 7 or fewer Amber: 8 - 9 Red: 10+ (PO 2)* [DO4]*		PI/FTP/011 <i>The proportion of initial hearings to be completed without adjournment</i> TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80% (PO 2)* [DO8]*	
				PI/FTP/010 <i>The proportion of ILPS cases to be disclosed within 98 working days of referral</i> TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/028 <i>The proportion of ELPS cases to be disclosed within 98 working days of referral</i> TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75% (PO 1 & PO 5)* [DO7]*	PI/FTP/012 <i>The proportion of cases heard at initial hearings to have facts proved</i> TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70% (PO 5)* [DO9]*	
				PI/FTP/004 <i>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</i> TARGET: 95% + on time Green: 95%+ Amber: 90 - 94% Red: <90% (PO 1 & PO 5)* [DO3]*	PI/FTP/007 <i>The proportion of all ILPS staff to reach annual time recording targets by team role</i> TARGET: 95% Of Staff Green: 95%+ Amber: 90 - 94% Red: <90% (PO 2)* [DO5]*		PI/FTP/013 <i>The proportion of Lost and Wasted hearing days to remain versus total scheduled days each month</i> TARGET: Under 20% Lost/Wasted Green: 20% or under Amber: 20 - 24% Red: >25% (PO 2)* [DO10]*
	(PO)* Objectives (PO 1) Performance Objective 1: Reduce time taken to investigate complaints (PO 2) Performance Objective 2: Management of resources/ efficiency (PO 5) Professional Objective 5: Timely, fair and proportionate FTP action						
	[DO]* Desired Outcome DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPS costs to be kept under control and within budgeted levels DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPS costs to be kept under control and within budgeted levels DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection. DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.						

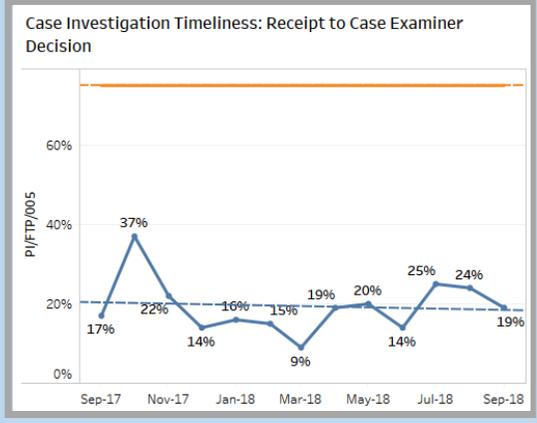
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



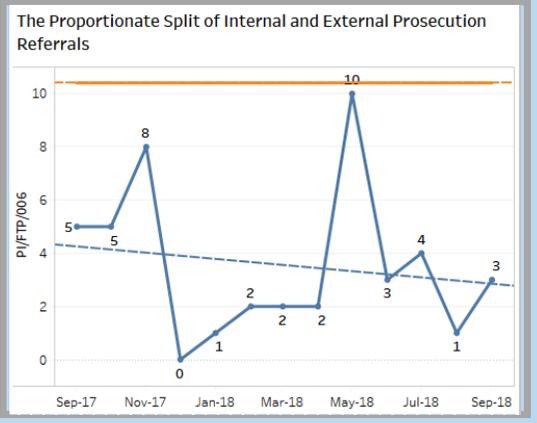
Target = 95% within 20 days



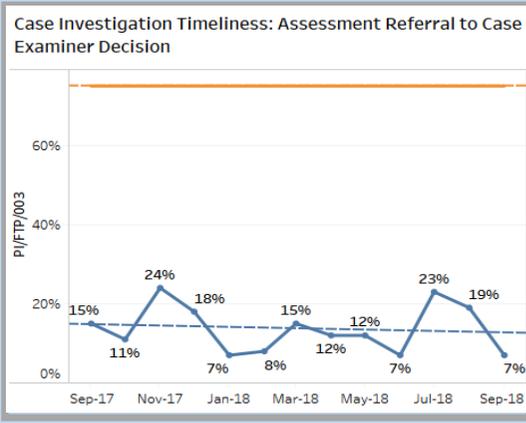
Target = 70% within 17 weeks



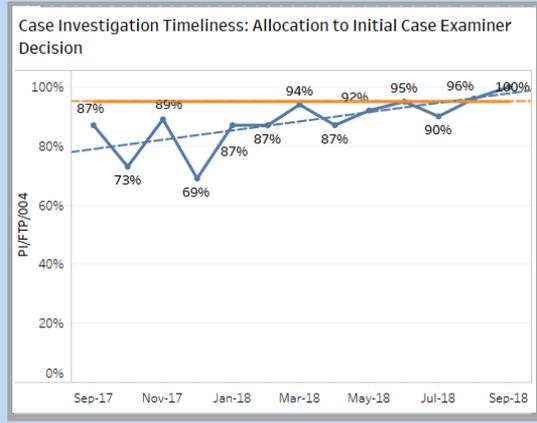
Target = 75% within 6 months



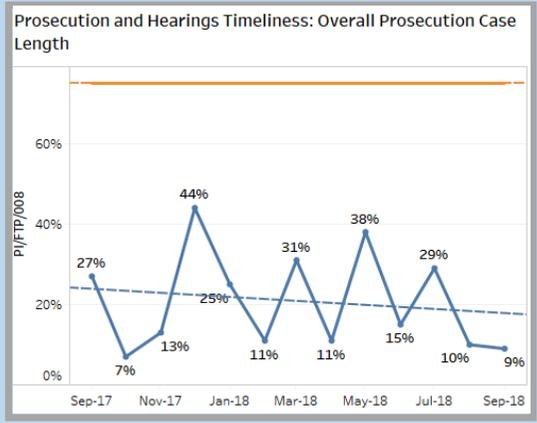
Target = 21 or fewer cases referred externally per quarter



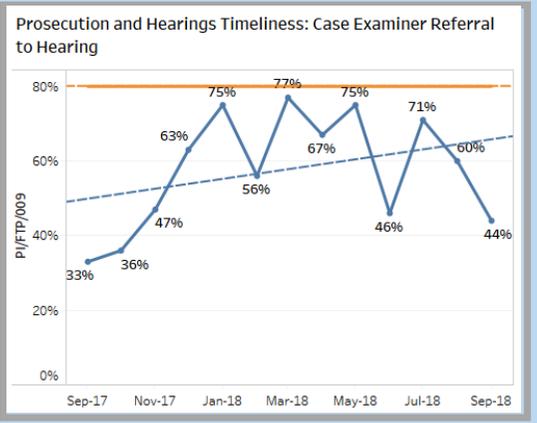
Target = 75% within 9 weeks



Target = 95% within 7 days

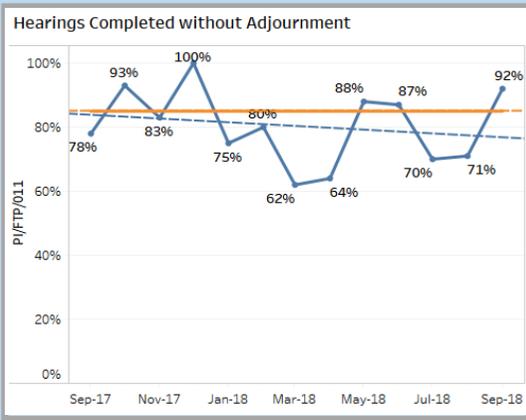


Target = 75% within 15 months

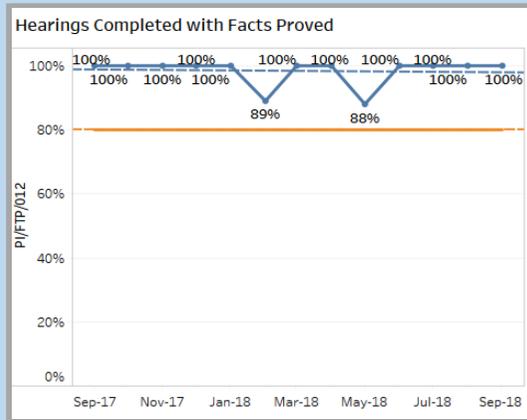


Target = 80% within 9 months

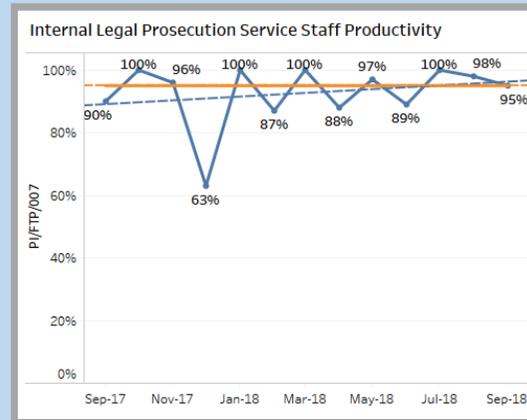
2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking



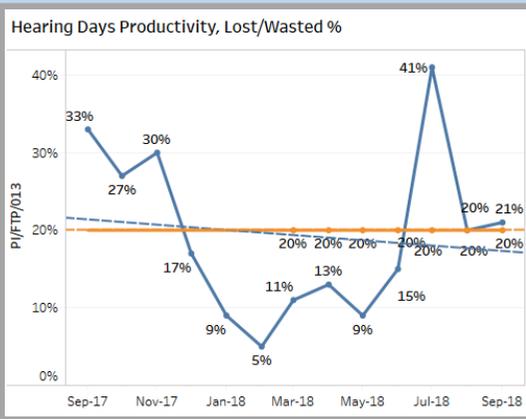
Target = 85%



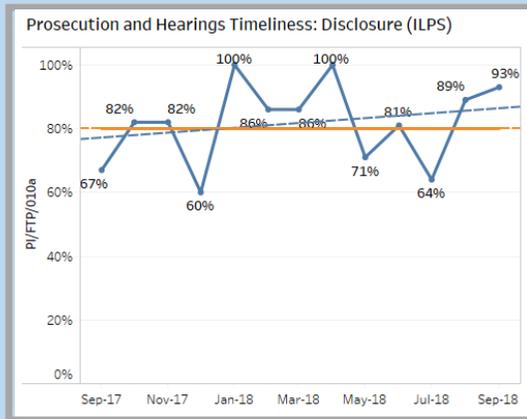
Target = 80%



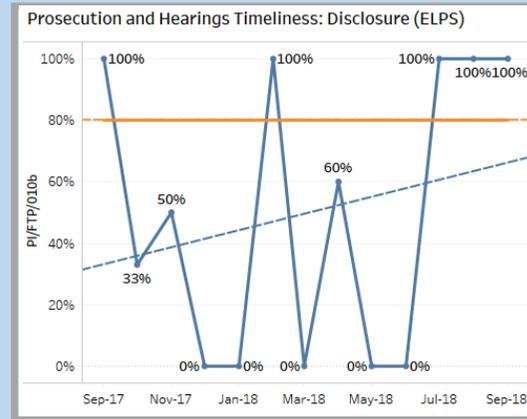
Target = 95%



Target = under 20%



Target = 80% of cases disclosed within 98 days



Target = 80% of cases disclosed within 98 days

2.4 FTP Performance Indicators – Interim Orders Committee Timeliness

KPI/FTP/014 – IOC Timeliness: Registrar and Case Examiner Referrals

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner.</i>	 THIS PERIOD: 93% <i>PREVIOUS PERIOD: 84%</i>	<ul style="list-style-type: none"> 6 out of 31 cases missed the KPI in Q3 2018. 4 of the cases are re-referrals and do not count towards the KPI. In September, 1 case was initially listed for a hearing within 18 days of referral, but the GDC made an application to move the date due to needing a health report and it was relisted to the end of August – at this hearing the registrant then made an application to the panel on the day to postpone in order to obtain legal advice. The hearing was then relisted to mid September. Another case was referred in August and listed within 10 days, the registrant then made an application to postpone which was granted and the hearing was relisted for September.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% + on time	
<small>Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.</small>	Green when: 95% +	
DESIRED OUTCOME	Amber when: 90- 94%	
<small>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.</small>	Red when: <90%	

PI/FTP/015 – IOC Timeliness: IAT Referrals

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.</i>	 THIS PERIOD: 83% <i>PREVIOUS PERIOD: 76%</i>	<ul style="list-style-type: none"> 1 out of 6 cases missed this PI in Q3. This case was delayed due to the informant experiencing difficulty in sending information in to the IAT. Once the information was received, there were further delays caused by seeking consent from other individuals as their personal data had been sent in as part of the investigation. The following case does not count towards the KPI as it was a re-referral. The case was rejected for IOC referral from IAT in March and was then referred from Assessment in August 2018 before being heard in September.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% + on time	
<small>Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.</small>	Green when: 95% +	
DESIRED OUTCOME	Amber when: 90- 94%	
<small>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.</small>	Red when: <90%	

PI/FTP/016 – IOC Timeliness: IAT Referrals (following consent chase)

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.</i>	 THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i>	<ul style="list-style-type: none"> All 4 cases met this PI. The 1 case that missed was a re-referral and does not count towards the PI. IAT made a decision to refer this case in August 2017 and it was heard in September 2017, the IOC decision was subsequently overruled by the Higher Court. The case was then referred to IOC by Assessment in June 2018 and was heard in July 2018.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% + on time	
<small>Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints.</small>	Green when: 95% +	
DESIRED OUTCOME	Amber when: 90- 94%	
<small>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.</small>	Red when: <90%	

2.5 FTP Performance Indicators – Interim Orders Committee Compliance

PI/FTP/017 – Resumed Order Statutory Compliance: Jurisdiction

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.</i>	 <p>THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i></p>	<ul style="list-style-type: none"> No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q3 2018.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.	TARGET LEVEL: 100% compliant	
DESIRED OUTCOME	Green when: 100%	
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	Amber when: N/A	
	Red when: <100%	

PI/FTP/018 – Interim Orders Statutory Compliance: Statutory Reviews

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of review interim order hearings to be heard within the stated statutory deadlines.</i>	 <p>THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i></p>	<ul style="list-style-type: none"> No review IOC hearings were heard after expiry of orders during Q3 2018.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.	TARGET LEVEL: 100% compliant	
DESIRED OUTCOME	Green when: 100%	
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	Amber when: N/A	
	Red when: <100%	

PI/FTP/019 – Interim Orders Statutory Compliance: High court extensions

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of High Court extension orders to be made before expiry of interim order.</i>	 <p>THIS PERIOD: 100% <i>PREVIOUS PERIOD: 100%</i></p>	<ul style="list-style-type: none"> No High Court Extension orders were made after expiry of an order in Q3 2018.
CORPORATE STRATEGY LINK		
Professionals Objective 5: Timely, fair and proportionate FTP action.	TARGET LEVEL: 100% compliant	
DESIRED OUTCOME	Green when: 100%	
Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection.	Amber when: N/A	
	Red when: <100%	

2.6 Dental Complaints Service Performance Indicators

PI/STR/001 – Timeliness of DCS Enquiry Handling

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of DCS enquiries that are completed within 48 hours.</i>	 THIS PERIOD: 92% PREVIOUS PERIOD: 96%	<ul style="list-style-type: none"> This indicator is a combined average of new email, phone, letter and webform enquiries in the quarter received and processed by the DCS. In total 394 out of 426 enquiries were dealt with within 48 hours. As per the previous quarter, calls and letters were processed within target in over 90% of cases.
CORPORATE STRATEGY LINK		
Performance objective 1: Improve performance across functions so we are highly effective as a regulator		
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.		
	TARGET LEVEL: 80% or above Green when: 80%+ Amber when: 75% to 79% Red when: < 75%	

PI/STR/002 – Timeliness of DCS Case Resolution

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of DCS cases that are completed within 3 months.</i>	 THIS PERIOD: 89% PREVIOUS PERIOD: 80%	<ul style="list-style-type: none"> 89% of cases were substantively completed within three months during Q3 2018. 135 out of 152 cases were completed within 3 months. The DCS held no panel meetings in Q3.
CORPORATE STRATEGY LINK		
Performance objective 1: Improve performance across functions so we are highly effective as a regulator		
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.		
	TARGET LEVEL: 80% or above Green when: 80% + Amber when: 75% to 79% Red when: < 75%	

PI/STR/003 – DCS Customer Service Feedback

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of feedback received which falls into the categories of 'good' or 'excellent'.</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 94%	<ul style="list-style-type: none"> This indicator measures the average percentage across several key categories within the DCS customer service feedback forms. 19 responses were received in Q3 with the team achieving 100% customer service.
CORPORATE STRATEGY LINK		
Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach		
DESIRED OUTCOME		
DCS service users are left with a positive perception of their experience of engaging with the DCS process.		
	TARGET LEVEL: 90% or above Green when: 90% + Amber when: 85% to 89% Red when: < 85%	

Organisational Development Directorate Performance Indicators

3.1 Governance Performance Indicators

3.2 HR Performance Indicators – Recruitment

3.3 HR Performance Indicators – Resources

3.4 HR Performance Indicators – People Planning, Engagement and Development

3.5 Facilities Performance Indicators

3.6 Information Performance Indicators

3.7 Illegal Practice performance Indicators

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

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines.</i>	 THIS PERIOD: 60% PREVIOUS PERIOD: 92%	<ul style="list-style-type: none"> There were 10 meetings and 162 papers in Q3 2018 compared to 13 meetings and 209 papers in Q2 . Of the 162 papers, 65 were late (compared to 19 in the last quarter). 16 were a day late (most of those being EMT papers), and 34 were 4+ working days late (mostly FPC papers). Lateness was due to deadlines for FPC and ARC being altered to accommodate papers going through EMT first. The proximity of meetings to one another caused difficulties, addressed in 2019 dates. The budget process exceeded submission deadlines. The outgoing Head of Governance left the team short-staffed. Staff leave by papers authors in July/August also contributed to the papers being late. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <th>TARGET LEVEL:</th> <td>90% within deadline</td> </tr> <tr> <th>Green when:</th> <td>90% to 100%</td> </tr> <tr> <th>Amber when:</th> <td>70% to 89%</td> </tr> <tr> <th>Red when:</th> <td>0% to 74%</td> </tr> </table>	TARGET LEVEL:	90% within deadline	Green when:	90% to 100%	Amber when:	70% to 89%	Red when:	0% to 74%	
TARGET LEVEL:	90% within deadline									
Green when:	90% to 100%									
Amber when:	70% to 89%									
Red when:	0% to 74%									
Performance Objective 1: Good governance/strong leadership										
DESIRED OUTCOME										
Providing papers to Council members and the Executive with adequate time to consider content supports good evidence based decision-making.										

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

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results.</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 92%	<ul style="list-style-type: none"> Satisfaction with paper quality and meetings continues to be high – 75% of respondents thought papers very good, and 25% good. Paper circulation was timely – one respondent appreciated being warned of later papers to plan reading time, another said that late papers were unhelpful. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <th>TARGET LEVEL:</th> <td>75% satisfaction</td> </tr> <tr> <th>Green when:</th> <td>75% to 100%</td> </tr> <tr> <th>Amber when:</th> <td>50% to 74%</td> </tr> <tr> <th>Red when:</th> <td>0% to 49%</td> </tr> </table>	TARGET LEVEL:	75% satisfaction	Green when:	75% to 100%	Amber when:	50% to 74%	Red when:	0% to 49%	
TARGET LEVEL:	75% satisfaction									
Green when:	75% to 100%									
Amber when:	50% to 74%									
Red when:	0% to 49%									
Performance Objective 1: Good governance/strong leadership										
DESIRED OUTCOME										
Council members need to be appropriately informed and have good information to make evidence based decisions.										

PI/HRG/012 – Council/Committee Minutes Circulation Timeliness ORGANISATIONAL INDICATOR

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The number of Committee and Council minutes that are shared to EMT in line with recognised post-meeting deadlines.</i>	 THIS PERIOD: 8 PREVIOUS PERIOD: 5	<ul style="list-style-type: none"> Eight of 11 sets of minutes were presented late, of which four were EMT Board minutes. FPC had two sets of minutes which were late, and SPC and ARC each had one set of minutes which were late. Additional meeting included. Reasons for late minutes in Q3 included staff being on annual leave, the Governance Team being understaffed due to the departure of the Head of Governance and staff sickness. Council minutes continued to be delivered to time and satisfaction with the quality was high. Overall minute quality was maintained. The delays to minutes are not thought to have affected the business of the committees nor reporting to the Council. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <th>TARGET LEVEL:</th> <td>Less than 2 late</td> </tr> <tr> <th>Green when:</th> <td>0-2 sets of minutes over a day late in period</td> </tr> <tr> <th>Amber when:</th> <td>3-4 sets minutes over a day late in quarter</td> </tr> <tr> <th>Red when:</th> <td>5+ sets minutes over a day late in quarter</td> </tr> </table>	TARGET LEVEL:	Less than 2 late	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	
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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									
Performance Objective 1: Good governance/strong leadership										
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.										

PI/HRG/013 – Corporate Complaints Timeliness DEPARTMENTAL INDICATOR

KEY PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:								
<i>The number of corporate complaints responded to within the 15 working day deadline.</i>	 THIS PERIOD: 82% PREVIOUS PERIOD: 76%	<ul style="list-style-type: none"> 22 unique complaints received in Q3 2018 Even spread of themes 13/22 were categorised as Registration issues 18/22 (82%) were completed and closed within 15 working days KPI 4 complaints went over KPI: <p>2 were the same case with complex MP letter 1 IT/CRM issue 1 needed further details from complainant who took time to respond</p> <ul style="list-style-type: none"> New dedicated resource in Governance team to manage the process Identified need for more robust and fit for purpose tracking system, currently in planning stages. 								
CORPORATE STRATEGY LINK	<table border="1"> <tr> <th>TARGET LEVEL:</th> <td>100% within deadline</td> </tr> <tr> <th>Green when:</th> <td>85% - 100%</td> </tr> <tr> <th>Amber when:</th> <td>75% to 84%</td> </tr> <tr> <th>Red when:</th> <td>0% to 74%</td> </tr> </table>	TARGET LEVEL:	100% within deadline	Green when:	85% - 100%	Amber when:	75% to 84%	Red when:	0% to 74%	
TARGET LEVEL:	100% within deadline									
Green when:	85% - 100%									
Amber when:	75% to 84%									
Red when:	0% to 74%									
Performance Objective 1: Good governance/strong leadership										
DESIRED OUTCOME										
All corporate complaints are responded to within the 15 working day deadline.										

3.2 – HR Performance Indicators - Recruitment

PI/HRG/001 – Recruitment Campaign Timeliness

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks</i>	<p>THIS PERIOD:  93% Within Target</p> <p>PREVIOUS PERIOD: 89% within target</p>	<ul style="list-style-type: none"> 93% of recruitment campaigns (26/28) were completed within the six week period, which is an increase from Q2. Of the 2 that missed the target: <ul style="list-style-type: none"> One saw a preferred candidate decline an offer, which then required the negotiation of an offer for a second choice candidate. One was a result of candidate availability, which delayed the interview process. Half the roles were filled within 2 weeks or less from the point of advert.
CORPORATE STRATEGY LINK	<p>TARGET LEVEL: 90% within deadline</p>	
Performance Objective 1: High quality recruitment	<p>Green when: 90% to 100%</p>	
DESIRED OUTCOME	<p>Amber when: 70% to 89%</p>	
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	<p>Red when: 69% or lower</p>	

PI/HRG/002 – Recruitment Campaign Cost

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average cost per employee recruitment</i>	<p>THIS PERIOD:  £919 Average Cost</p> <p>PREVIOUS PERIOD: £1,291 Average Cost</p>	<ul style="list-style-type: none"> Only 15% of roles were filled via a recruitment agency. Out of the remaining 85%, 30% were filled through the Guardian (8 roles), 41% were filled internally (11 roles), 14% were filled through the GDC website or other sources (4 roles) 75% of roles filled by external candidates were from a direct source rather than a recruitment agency. The figure does not include the Head of Governance placement fee of £17,910, including that spend, the cost per hire would be £1,526. This has been included because the campaign was not managed by the Recruitment Team. This kind of omission is consistent with previous reporting periods.
CORPORATE STRATEGY LINK	<p>TARGET LEVEL: Average cost below £2500</p>	
Performance Objective 2: Cost reduction/efficiency	<p>Green when: 100% or lower than target</p>	
DESIRED OUTCOME	<p>Amber when: 101% to 120%</p>	
The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	<p>Red when: 120% +</p>	

KPI/HRG/003 – Recruitment Right First Time

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of roles recruited to first time and the employee subsequently passes probation</i>	<p>THIS PERIOD:  93%</p> <p>PREVIOUS PERIOD: 95%</p>	<ul style="list-style-type: none"> 93% of campaigns were filled first time (26 out of 28). Roles not recruited first time (Governance Administrator & Senior FtP Lawyer) were filled following a second campaign. Of the roles that missed the target: <ul style="list-style-type: none"> One first choice candidate initially accepted the offer but then withdrew (offered another role). One declined the offer (salary offered was too low).
CORPORATE STRATEGY LINK	<p>TARGET LEVEL: 90% of employees</p>	
Performance Objective 1: High quality recruitment	<p>Green when: 90% + of campaigns filled first time</p>	
DESIRED OUTCOME	<p>Amber when: 70% to 89% of campaigns filled first time</p>	
Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	<p>Red when: 69% or fewer campaigns filled first time</p>	

KPI/HRG/004 – Recruitment Probation Success

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of employees who successfully pass their probation period within the designated time period after start date.</i>	<p>THIS PERIOD:  80%</p> <p>PREVIOUS PERIOD: 71%</p>	<ul style="list-style-type: none"> 45 employees in total were due to pass probation in Q3 2018. 9 of the 45 were voluntary leavers and left during probation (20%). This means 36 out of 45 therefore formally passed probation, equating to 80%. In actuality, 0% failed their probationary period (in terms of performance or conduct concerns). The leavers during probation performance indicator are relative to PI/HRG/005, which indicates a marked decrease in natural turnover when compared to the previous quarter. Given the higher numbers of employees due to pass their probation in Q3, this indicates a marked improvement
CORPORATE STRATEGY LINK	<p>TARGET LEVEL: 90% of employees</p>	
Performance Objective 1: High quality recruitment	<p>Green when: 90% + of employees meet criteria</p>	
DESIRED OUTCOME	<p>Amber when: 70% to 89% of employees meet criteria</p>	
Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	<p>Red when: 69% or less of employees meet criteria</p>	

3.3 – HR Performance Indicators – Resources

PI/HRG/004 – Staff Sickness

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The average number of employee sickness days for all GDC staff</i>	<p>THIS PERIOD:  1.67 Days Average</p> <p><i>PREVIOUS PERIOD:</i> 1.98 Days Average</p>	<ul style="list-style-type: none"> The average sickness figures are based on both long-term (LTS), and short-term (STS) absences <ul style="list-style-type: none"> For reference, long-term sickness is based on absences of 20 days or more Of those staff sick in Q3, 4.3% were long-term and the remaining 95.7% were short-term. There were 621 days lost in total. <ul style="list-style-type: none"> LTS accounted for 178 days (28% of the total) STS accounted for 443 days (72%) When compared against Q2, there has been a decrease in both LTS and total days lost. The figures are comparable to those in Q3 2017 (1.63 days average, with a split of 32% and 68% for LTS and STS respectively). The continued approach by HR in being proactive when supporting managers with sickness absence is apparent, with a significant reduction in long-term sickness cases specifically.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 2 Days Average</i>	
DESIRED OUTCOME	<p>Green when: Average 0 – 2 days</p> <p>Amber when: Average 2.1 – 3.0 days</p> <p>Red when: Average 3.1 days +</p>	
For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/005 – Staff Turnover : Natural

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The natural rate of organisational GDC turnover</i>	<p>THIS PERIOD:  4.3 % Turnover</p> <p><i>PREVIOUS PERIOD:</i> 8.1 % Turnover</p>	<ul style="list-style-type: none"> Q3 saw 16 voluntary leavers: <ul style="list-style-type: none"> FTP x3, OD x4, R&CR x9 10 of the leavers had less than 12 months' service. 8 leavers were on fixed-term contracts, but left before their fixed-term end date. 6 leavers completed the exit questionnaire. Amongst the reasons for leaving: <ul style="list-style-type: none"> 2 cited "nature of the work itself" 2 cited "confidence in the organisation" 2 referred to the end of their FTCs Work is ongoing to encourage better response rates and improved data quality from exit questionnaires.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 2.6% Turnover</i>	
DESIRED OUTCOME	<p>Green when: 0% to 2.6%</p> <p>Amber when: 2.7% to 5%</p> <p>Red when: 5.1% +</p>	
For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

PI/HRG/006 – Staff Turnover : Overall

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The overall level of organisational turnover</i>	<p>THIS PERIOD:  5.9 % Turnover</p> <p><i>PREVIOUS PERIOD:</i> 10 % Turnover</p>	<ul style="list-style-type: none"> Q3 saw 22 leavers in total, of which 6 were not identified under natural turnover: <ul style="list-style-type: none"> 3 due to fixed-term contracts ending. 2 leavers by mutual agreement. 1 dismissal during probation. (NB. This individual was due to complete probation in Q1 2019. This is why they appear here but not in KPI/HRG/004). There has been a significant reduction in total staff turnover and indeed natural turnover, when compared to Q2. Upon review against Q3 2017 (6.1% and 5% natural) the figures are very similar. Q3 2017 was prior to any estates announcements so it appears that Q3 2018 has stabilised further to recent impact of S1.
CORPORATE STRATEGY LINK	TARGET LEVEL:	
Performance Objective 1: Effective management of staff	<i>Within 3.7% Turnover</i>	
DESIRED OUTCOME	<p>Green when: 0% to 3.7%</p> <p>Amber when: 3.8% to 5.9%</p> <p>Red when: 6.0% +</p>	
For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels		

3.4 HR Performance Indicators – People Planning, Engagement and Development

PI/HRG/014 – Staff Engagement

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Average engagement scores from staff taken from a six monthly staff survey</i>	<p>THIS PERIOD:</p> <p>PREVIOUS PERIOD: N/A%</p>	<ul style="list-style-type: none"> Overall engagement of 46% was measured in the August 2017 staff survey. 72% of staff responded to the survey. Action plan approved by Council in February 2018, setting out interventions to improve engagement & staff satisfaction. Plan communicated to staff in March 2018. Engagement data was due to be collected in July but resources have continued to be diverted to Estates work. Instead of relying on broad data sampling, we need to revise our approach to acknowledge the different staff groups and their respective stages in the employee life cycle. It is much more important to effectively support staff through their induction (Birmingham) and through consultation (London) than to measure against broad engagement principles. Similarly, the change in organisational structure and priorities means that comparing current engagement scores against August 2017 is unlikely to provide useful insight.
CORPORATE STRATEGY LINK		
Performance Objective 1: Talent management	TARGET LEVEL: 70% or above	
DESIRED OUTCOME	Green when: 70% +	
Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.	Amber when: 50% to 69%	
	Red when: 49% or less	

PI/HRG/015 – Internal Opportunities

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Quarterly percentage of roles filled by internal staff compared against external recruitment</i>	<p>THIS PERIOD: 39%</p> <p>PREVIOUS PERIOD: 44%</p>	<ul style="list-style-type: none"> There was no indicative trend for the types of roles that were filled internally or externally. 11 of 28 roles were filled by internal candidates, representing a decrease of 5% against Q2. The pipeline for talent within the Legal teams continues to promote opportunity and accounted for 6 of the 11 moves (55%). Lessons learned from the way the Legal team manage opportunities and progression will be factored in to organisational talent management strategies. It remains likely that the impact of Estates work is affecting internal moves: <ul style="list-style-type: none"> Majority of leavers are in Registration and these posts are being replaced with external FTCs Employees with a confirmed redundancy package are not looking at internal opportunities Uncertainty about those impacted by Strand 2 has meant staff are looking at external opportunities rather than internally
CORPORATE STRATEGY LINK		
Performance Objective 1: Talent management	TARGET LEVEL: 50% or above	
DESIRED OUTCOME	Green when: 50% +	
Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	Amber when: 30% to 49%	
	Red when: 29% or less	

PI/HRG/016 – Key Roles with Identified Successor

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Percentage of key roles in the organisation that have an identified successor in place</i>	<p>PLACEHOLDER AWAITING AVAILABILITY OF DATA</p>	<ul style="list-style-type: none"> Effective succession planning reduces the risk that business critical roles are left vacant at short notice, thus safeguarding business continuity. Effective successors/deputies increase capacity in key roles, as well as providing development opportunities that can improve engagement and staff retention. Work on business critical roles continues as part of the workforce planning project. We had hoped that data might be available from Q3 2018 but it is now unlikely to be available before 2019. Organisational Design (Workforce Planning) project commenced including work with consultants on OD frameworks and review of resourcing approach.
CORPORATE STRATEGY LINK		
Performance Objective 1: Talent management	TARGET LEVEL: 95% or above	
DESIRED OUTCOME	Green when: 95% +	
An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.	Amber when: 75% to 94%	
	Red when: 74% or less	

PI/FCS/014 – Health & Safety Incident Occurrence

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	THIS PERIOD: 0 incidents PREVIOUS PERIOD: 0	<ul style="list-style-type: none"> During Q3 2018, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.
CORPORATE STRATEGY LINK	TARGET LEVEL: No incidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: No incidents occur	
DESIRED OUTCOME	Amber when: 1 or more improvement notice received OR 1 or more significant incident dealt with internally but in line with H&S Executive guidance (near miss)	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Red when: 1 or more prohibition notice	

PI/FCS/015 – Serious Accident Occurrence

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).</i>	THIS PERIOD: 0 accidents; 0 Near Miss PREVIOUS PERIOD: 0 accidents, 0 near misses	<ul style="list-style-type: none"> No serious accidents and no near misses were recorded in Q3 2018.
CORPORATE STRATEGY LINK	TARGET LEVEL: No accidents occur	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: No accidents occur	
DESIRED OUTCOME	Amber when: 1 or more internally recognised near miss	
A safe environment for all GDC employees and visitors in all parts of the GDC premises. Health, safety and environmental standards monitored, reviewed and maintained in accordance with all legal and regulatory requirements.	Red when: 1 or more serious accident	

PI/FCS/016 – Staff Satisfaction – Working Environment

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey.</i>	THIS PERIOD: N/A PREVIOUS PERIOD: 62%	<ul style="list-style-type: none"> Due to the move to Birmingham this survey is on hold. GVA Acuity are engaged to carry out a workstyle study.
CORPORATE STRATEGY LINK	TARGET LEVEL: 75% or above	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: 75% +	
DESIRED OUTCOME	Amber when: 50% to 74%	
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.	Red when: Below 49%	

PI/FCS/017 – Wimpole Street Lift Availability

DEPARTMENTAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service.</i>	THIS PERIOD: 6 PREVIOUS PERIOD: 21	<ul style="list-style-type: none"> 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. During Q3 2018 there were 2 reported reactive visits to remedy faults on the main lifts.
CORPORATE STRATEGY LINK	TARGET LEVEL: 95% availability (8 hours)	
Performance Objective 1 & 2: Highly effective regulator and management of resources	Green when: 8 hours or less	
DESIRED OUTCOME	Amber when: 8.1 hours to 15.9 hours	
Facilities Team ensure that lifts are 37 Wimpole Street are available and reliable. Staff and visitors rely on the lifts to get to upper floors - some staff have problems using the stairs and rely on lifts for building accessibility.	Red when: 16 hours +	

3.5 Facilities Performance Indicators

PI/FCS/018 – External Contractor Performance		DEPARTMENTAL INDICATOR
PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	
<i>Number of jobs completed by external contractors within their given priority SLA</i>	<p>THIS PERIOD: 94% </p> <p><i>PREVIOUS PERIOD: 78%</i></p>	
CORPORATE STRATEGY LINK	PERFORMANCE INSIGHTS:	
Performance Objective 1 & 2: Highly effective regulator and management of resources	<ul style="list-style-type: none"> This performance indicator is based on the jobs completed by GVAAcuity, the GDC's external contractor. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task. The target level for jobs to be completed within SLA has been set as 95% (GDC). GVAAcuity logged 128 jobs during Q3 2018 of which 93.75% were within SLA of the combined Reactive and Planned Jobs. 	
DESIRED OUTCOME	TARGET LEVEL:	95% within SLA
The Facilities team are aware of the areas of the working environment that matter most to staff and staff have a mechanism for feeding back on the working environment.	Green when:	95% +
	Amber when:	70% and 94%
	Red when:	69% or less

PI/FTP/023 – Freedom of Information Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 98%	<ul style="list-style-type: none"> All 42 FOI requests in Q3 were responded to within the SLA.
CORPORATE STRATEGY LINK		
Performance Objective 3: Transparency about our approach		
DESIRED OUTCOME	TARGET LEVEL: 100% compliant Green when: 100% Amber when: N/A Red when: <100%	
Requests for information under the Freedom of Information Act are processed within statutory timeframes.		

PI/FTP/024 – Data Protection Act Statutory Compliance

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of Subject Access Requests to be responded to within 40 calendar days (incl. extension timeframes)</i>	 THIS PERIOD: 100% PREVIOUS PERIOD: 95%	<ul style="list-style-type: none"> All 29 DPA requests were processed within the 40 day target.
CORPORATE STRATEGY LINK		
Performance Objective 3: Transparency about our approach		
DESIRED OUTCOME	TARGET LEVEL: 100% compliant Green when: 100% Amber when: N/A Red when: <100%	
Subject Access Requests under the Data Protection Act are processed within statutory timeframes		

KPI/FTP/025 – Serious Data Security Breaches

ORGANISATIONAL INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of serious incidents requiring self-reporting to the Information Commissioners Office</i>	 THIS PERIOD: 0 PREVIOUS PERIOD: 3	<ul style="list-style-type: none"> There were no serious data breaches in Q3 2018 compared to a total of three in the previous quarter.
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME	TARGET LEVEL: Zero self reports Green when: 0 Amber when: N/A Red when: 1 or more	
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		

PI/FTP/026 – Non Serious Data Security Breaches

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC.</i>	 THIS PERIOD: 15 PREVIOUS PERIOD: 11	<ul style="list-style-type: none"> During Q3, 15 out of 45 data security breaches were classified as amber or significant: <ul style="list-style-type: none"> 7 related to data being disclosed to the incorrect recipient 6 related to the incorrect data being disclosed to intended recipient 2 related to lost/stolen paperwork
CORPORATE STRATEGY LINK		
Performance Objective 1: Improve performance across our functions		
DESIRED OUTCOME	TARGET LEVEL: <= 6 per quarter Green when: 0 – 6 Amber when: 7 – 12 Red when: Over 12	
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		

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of IP cases to have a charging decision made within 9 months of receipt.</i>	 THIS PERIOD: 97% PREVIOUS PERIOD: 98%	<ul style="list-style-type: none"> During Q3 2018, 29 of 30 cases had received a decision within the nine month target. One case missed the PI due to it requiring expert legal advice on the issues raised which took longer to obtain than expected.
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.		
	TARGET LEVEL: 90% + on time Green when: 90% + Amber when: 85 - 89% Red when: <85%	

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.</i>	 THIS PERIOD: 98% PREVIOUS PERIOD: 100%	<ul style="list-style-type: none"> Out of 270 enquiries in Q3 2018, 5 were not reviewed within 3 working days. 1 case was created in error and has been cancelled. The remaining were due to the team not being fully resourced throughout Q3.
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.		
	TARGET LEVEL: 95% + on time Green when: 95% + Amber when: 90 - 94% Red when: <90%	

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.</i>	 THIS PERIOD: 92% PREVIOUS PERIOD: 96%	<ul style="list-style-type: none"> 15 out of 192 cases were not assessed within 5 working days. This was due to staff sickness and annual leave which left the team under resourced for a number of weeks.
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.		
	TARGET LEVEL: 95% + on time Green when: 95% + Amber when: 90 - 94% Red when: <90%	

Strategy Directorate Performance Indicators

- 4.1 Communications Performance Indicators***
- 4.2 QA Performance Indicators***
- 4.3 Strategy Performance Indicators***

4.1 – Communications and Engagement Performance Indicators

PI/STR/004 – External Mass Engagement

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work.</i>	<div style="text-align: center;">  THIS PERIOD: 43 PREVIOUS PERIOD: 57 </div>	<ul style="list-style-type: none"> In Q3 of 2018, there was a total of 181 media clips featuring the General Dental Council. Of these mentions, 43 (24%) were driven proactively via press releases, comments, interview opportunities and authored content. Over the course of Q3 a total of 23 reactive enquiries were received.
CORPORATE STRATEGY LINK		
Performance objective 1: Improve our communication with dental professionals and stakeholders.	TARGET LEVEL: 20 (proactive)	
DESIRED OUTCOME	Green when: 15+ (proactive)	
The GDC is able to plan effectively in order to positively influence and shape media coverage and to reduce the volume of reactive media coverage to the lowest possible level. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Amber when: 12 - 14 (proactive)	
	Red when: 11 or fewer (proactive)	

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

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The number of face to face engagement events with they GDC's key stakeholders.</i>	<div style="text-align: center;">  THIS PERIOD: 68 PREVIOUS PERIOD: 60 </div>	<ul style="list-style-type: none"> The overall figure for F2F engagement is 68, which is 13% up on Quarter 2. Face to face activity is broken down as follows: <ul style="list-style-type: none"> Government 19 Other Regulators 16 Education partners 12 Professional body 17 Defence Unions 3 Other 1 This engagement activity includes seven events with DCP's, two with dentists, one with student DCP's and four with student dentists The breakdown of engagement by country was: <ul style="list-style-type: none"> UK- 31 England – 21 Scotland – 7 Wales – 6 Northern Ireland – 1 International - 2 Northern Ireland remains a key engagement priority for Q4.
CORPORATE STRATEGY LINK		
Performance objective 1: Improve our communication with dental professionals.	TARGET LEVEL: 35 engagements	
DESIRED OUTCOME	Green when: 30+ engagements	
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).	Amber when: 25 – 29 engagements	
	Red when: 24 or fewer engagements	

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

ORGANISATIONAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.</i>	<div style="text-align: center;">  THIS PERIOD: 51% PREVIOUS PERIOD: 50% </div>	<ul style="list-style-type: none"> In addition to this record of the 'open rates' of the staff newsletter, it is worth noting the following: 80% of staff attended the event to hear the announcement about Strand 2 237 hits on the dedicated relocation intranet page, in first four days from launch.
CORPORATE STRATEGY LINK		
Performance objective 1: People management and strong leadership.	TARGET LEVEL: 60%	
DESIRED OUTCOME	Green when: 50% or above	
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).	Amber when: 40% to 49%	
	Red when: 39% or under	

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

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.</i>	<div style="text-align: center;">  THIS PERIOD: 30% PREVIOUS PERIOD: 27% </div>	<ul style="list-style-type: none"> This reports 'click through rates', where staff have clicked into an intranet/website item from items in the staff newsletter. This reflects their engagement with factors and events in the external environment that will/could have an effect on the GDC. We have evolved the newsletter to encourage engagement. This figure is an average of all items in the newsletter, some items see much higher engagement than others. <p><i>NOTE – It was announced on 01/10/2018 that the Internal Communications team will be moving to the Organisational Development (OD) Directorate – this indicator will move to the OD section for the Q4 version of the report)</i></p>
CORPORATE STRATEGY LINK		
Performance objective 1: People management and strong leadership.	TARGET LEVEL: 40%	
DESIRED OUTCOME	Green when: 40% or above	
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.	Amber when: 25% to 40%	
	Red when: 24% or under	

4.2 QA Performance Indicators

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

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards</i>	 THIS PERIOD - 2016/17 – 88% met, 11% partially met, 1% not met PREVIOUS PERIOD - 2015/16 – 73% met, 20% partially met, 7% not met	<ul style="list-style-type: none"> An increased proportion of Protecting Patients standards have been fully met in the 2016/17 than in the 2015/16 year, with only one programme with one requirement that was not met. This improvement may be partly due to the number of hygiene & therapy inspections were carried out over this period, with some meeting all or nearly all requirements.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
	TARGET LEVEL: 70% met and less than 10% not met Green when: 70% met and less than 10% not met Amber when: One of criteria not met Red when: Both criteria not met	

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

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards</i>	 THIS PERIOD - 2016/17 – 51% met, 43% partially met, 6% not met PREVIOUS PERIOD - 2015/16 – 44% met, 42% partially met, 15% not met	<ul style="list-style-type: none"> An slightly increased proportion of Governance standards have been fully met in 2016/17 inspections than in the 2015/16 year. See PI/STR/009 for more general insights.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
	TARGET LEVEL: 50% met and less than 20% not met Green when: 50% met and less than 20% not met Amber when: One of criteria not met Red when: Both criteria not met	

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

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards</i>	 THIS PERIOD - 2016/17 – 47% met, 46% partially met, 8% not met PREVIOUS PERIOD - 2015/16 – 51% met, 40% partially met, 9% not met	<ul style="list-style-type: none"> There has been a slight decrease in the proportion of Student Assessment standards that were judged to be fully met in 2016/17 than the 2015/16 year, with a slight increase in the proportion not met. See PI/STR/009 for more general insights.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
Institutions are recognised to be meeting a high proportion of the GDC's Standards for Education in order to help develop graduates who are safe to practice at the point of GDC register entry		
	TARGET LEVEL: 50% met and less than 10% not met Green when: 50% met and less than 10% not met Amber when: One of criteria not met Red when: Both criteria not met	

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

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE	PERFORMANCE INSIGHTS:
<i>Proportion of inspections that require re-inspection</i>	 THIS PERIOD - 2016/17 – 8% re-inspections PREVIOUS PERIOD - 2015/16 – 25% re-inspections	<ul style="list-style-type: none"> As referenced in further detail in the 2015 QA annual report, re-inspection generally increases standard compliance by 50%. The likelihood of re-inspection differs between groups. Only one re-inspection was required for the programmes inspected in 2016/17.
CORPORATE STRATEGY LINK		
Professional Objective 2: Help ensure professionals are properly trained		
DESIRED OUTCOME		
The majority of institutions pass inspection first time round without the need for re-inspection, indicating that they are meeting required standard without need for re-inspection		
	TARGET LEVEL: <15% re-inspection Green when: <15% re-inspection Amber when: 15% - 29% re-inspection Red when: 30%> re-inspection	

PI/STR/008 – Standards Perception

DEPARTMENTAL
INDICATOR

PERFORMANCE INDICATOR:	ACTUAL PERFORMANCE		PERFORMANCE INSIGHTS:
<i>Degree of evidence of positive perception of the GDC's Standards to be tested through data collected as part of the wider work of the Shifting the Balance Programme.</i>	PLACEHOLDER AWAITING AVAILABILITY OF DATA		<ul style="list-style-type: none"> This performance indicator will be fully developed in line with the data collection plan for 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	TARGET LEVEL:	TBC	
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.	Green when:	TBC	
	Amber when:	TBC	
	Red when:	TBC	