

BALANCED SCORECARD CONTROL LOG

Formal change control to balanced scorecard definitions commenced following the publication of the first report. EMT approved amendments to definitions since this point are listed below.

Change number	PROVENANCE OF CHANGE	TYPE OF CHANGE	PERFORMANCE INDICATOR REFERENCE NUMBER	FUNCTIONAL AREA	TITLE	CONSULTED	DETAILS OF CHANGE	EMT APPROVAL DATE	VERSION CHANGE MADE FOR
1	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Casework	Case Repatriation	Jonathan Green (Director of FTP)	<ul style="list-style-type: none"> * Title - Case Repatriation * Definition – The volume of cases transferred to the NHS for handling in line with the recognised annual target for case repatriation * Target – 200 cases per year (as defined in the NHS Raising Concerns business case) * Green when – 17 per month + * Amber when – 13 to 16 per month * Red when – 0 to 12 per month * Ref number - PI/FTP/027 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
2	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	FTP - Information	Non-Serious Data Breaches	Jonathan Green (Director of FTP)	<ul style="list-style-type: none"> * Title - Non-Serious Data Breaches * Definition – The volume of non-serious data breaches (recognised to amount to an 'amber' incident classification) recorded across the GDC. * Target – Less than 2 non-serious data breaches per month * Green when – 0 to 2 per month * Amber when – 3 to 4 per month * Red when – 5+ per month * Ref number - PI/FTP/026 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
3	Request for inclusion by EMT at board meeting on 12/12/2016	Addition of new performance indicator	New indicator - No previous reference number	Finance	Organisational Efficiencies	Graham Masters (Director of Finance & Corporate Services)	<ul style="list-style-type: none"> * Title - Organisational Efficiencies * Definition – The actual realisation of planned organisational efficiencies in comparison to budgeted levels * Target – For efficiency savings to be equal to or greater than the budgeted level * Green when – Forecast yearly efficiency savings at 100% or greater of budgeted level * Amber when – Forecast yearly efficiency savings at 95% to 99% of budgeted level * Red when – Forecast yearly efficiency savings at less than 95% of budgeted level * Ref number - PI/FCS/019 	EMT board meeting - 06/02/2017	Q1 2017 scorecard
4	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/009	QA	Education providers - Proportion meeting 'Patient Protection' standards for education'	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards * Target level - 70% met and less than 10% not met * Green when - 70% met and less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
5	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/010	QA	Education providers - Proportion meeting 'Governance' standards for education	Ross Scales (Interim Head of QA & Education)	<ul style="list-style-type: none"> * Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards * Target level - 50% met and less than 20% not met * Green when - 50% met and less than 20% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met 	EMT board meeting - 03/05/2017	Q1 2017 scorecard

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6	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/011	QA	Education providers - Proportion meeting 'Student Assessment standards for education	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards * Target level - 50% met and less than 10% not met * Green when - 50% met an less than 10% not met * Amber when - One of the target criteria not met * Red when - Both of the target criteria not met	EMT board meeting - 03/05/2017	Q1 2017 scorecard
7	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/012	QA	Proportion of inspections that require re-inspection	Ross Scales (Interim Head of QA & Education)	* Definition - Proportion of inspections that require re-inspection * Target level - <15% re-inspection * Green when - <15% re-inspection * Amber when - 15% to 29% re-inspection * Red when - 30%> require re-inspection	EMT board meeting - 03/05/2017	Q1 2017 scorecard
8	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/004	Communications	External Mass Engagement	Lisa Cunningham (Head of Communications)	* Definition - The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work * Target level - 20 (proactive) * Green when - 15+ (proactive) * Amber when - 12-14 (proactive) * Red when - 11 or fewer (proactive)	EMT board meeting - 03/05/2017	Q1 2017 scorecard
9	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/005	Communications	External Face-to-Face Engagement	Lisa Cunningham (Head of Communications)	* Definition - The number of face to face engagement events with they GDC's key stakeholders. * Target level - 35 engagements * Green when - 30+ engagements * Amber when - 25-29 engagements * Red when - 24 or fewer engagements	EMT board meeting - 03/05/2017	Q1 2017 scorecard
10	Inclusion within original definitions list as a placeholder following engagement with the Strategy directorate in advance of the 12/12/2016 EMT board meeting	Full development of placeholder performance indicator	PI/STR/006	Communications	Internal Communications - Awareness of Organisational Priorities	Lisa Cunningham (Head of Communications)	* Definition - Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities (short-term definition to be amended when survey becomes available during Q2) * Target level - 60% * Green when - 50%+ * Amber when - 40% to 49% * Red when - 39% or under	EMT board meeting - 03/05/2017	Q1 2017 scorecard
11	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting v local reporting. Subsequent contact has led to Lisa Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	ILPS Staff Productivity	Lisa-Marie Roca (Principal Legal Advisor), Mark Caprio (Legal Operations Manager), Peter Day (Head of FTP QA & Monitoring)	*All target and RAG levels to remain unchanged. * Amendment to be made to definition and therefore also the method of measuring actual performance * Previous definition - The proportion of ILPS staff to reach annual time recording targets by team role * New definition - Actual amount of overall billable team time recorded as a proportion of the overall target time * Rationale of change - FTP legal team view that the revised indicator is a more pertinent measure on the basis that staff holidays will generally skew the % of staff target and what's more important is that regardless of the number of people, what matters is that we have met the number of hours of work that the team need to complete each month	EMT board meeting - 03/05/2017	Q1 2017 scorecard

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12	Email query from Principal Legal Advisor on 22/02/2017 to raise a question over a disparity in BSC reporting v local reporting. Subsequent contact has led to Lisa Marie endorsing a change to the BSC version of this indicator	Post-go-live amendment to performance indicator	PI/FTP/007	FTP/Legal	Prosecution Timeliness - Disclosure Time Taken	Lisa-Marie Roca (Principal Legal Advisor) & Mark Caprio (Legal Operations Manager)	<ul style="list-style-type: none"> * Measure to be split in two to give better visibility of the ILPS team and ELPS team in performing to this target. * Target levels and RAG levels for both measures to match originally defined indicators. * Rationale of change - Need to give greater visibility of whether adverse/positive performance in this area is driven by ILPS or ELPS as they are managed by the business as distinct entities 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
13	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/004	HR	Staff Sickness	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	<ul style="list-style-type: none"> * Target level to remain unchanged at 2 days * Green band to remain unchanged at 2 days or lower * Amber band to be amended from 2.1-6 days to 2.1-3.0 days * Red band to be amended from 6.1 days+ to 3.1 days+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational sickness levels. 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
14	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/005	HR	Natural Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	<ul style="list-style-type: none"> * Target level to be changed from 1.05% turnover to 2.6% turnover * Green band to change from 0%-1.05 to 0%-2.6% * Amber band to be amended from 1.06%-4.5% to 2.7%-5% * Red band to be amended from 4.6 days+ to 5.1+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels. 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
15	A) Finance & Performance Committee discussion at February 2017 board meeting which queried the suitability of RAG levels in the HR sickness and turnover measures B) Additionally, annual HR consideration of target level suitability to take into account latest benchmarking data	Post-go-live amendment to performance indicator	PI/HRG/006	HR	Overall Turnover	Sue Steen (Interim Director of Organisational Development), Kim Chudley (Head of HR), Sara Cairns (HR Manager)	<ul style="list-style-type: none"> * Target level to be changed from 3% turnover to 3.7% turnover * Green band to change from 0%-3% to 0% to 3.7% * Amber band to be amended from 3.1%-5% to 3.8% to 5.9% * Red band to be amended from 5.1%+ to 6.0%+ * Rationale of change: 1) Consideration of update to annual sector benchmarking data 2) Departmental agreement with FPC feedback that the initially drafted amber band was too broad and risked failing to provide adequate visibility of changes to organisational turnover levels. 	EMT board meeting - 03/05/2017	Q1 2017 scorecard
16	Request from Head of Finance to amend method of measurement	Full development of placeholder performance indicator	PI/FCS/005	Finance	Invoices and Refunds Timeliness	Melanie Stewart (Head of Finance) Sally Cripps (Financial Operations Manager)	<ul style="list-style-type: none"> * Target level and all RAG thresholds remain unchanged * An amendment has been made to the way in which the invoice indicator is intended to be measured. Previously, time to process individual invoices was proposed to be measured, but the new measure evaluates the success rate of paying our suppliers within our payment terms of 30 days which is a more suitable measurement of performance. * Invoice payments and refunds will be reported on within this PI as a composite measure, with the RAG rating being driven by the weaker performing out of the two factors. 	EMT board meeting - 03/05/2017	Q1 2017 scorecard

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17	Request from Executive Director, Organisational Development for a measurement of Facilities customer satisfaction and it being recognised that it is possible to measure the effectiveness of external contractors.	Addition of new performance indicator	PI/FCS/018	Facilities	External Contractors Performance	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - External Contractors Performance * Definition – Number of jobs completed by external contractors within their given priority SLA * Target – 85% within SLA * Green when – 85% + * Amber when – 70% and 84% * Red when – 69% or less * Ref number - PI/FCS/018	EMT board meeting - 22/08/2017	Q2 2017 scorecard
18	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Staff Satisfaction	Bobby Davis (Executive Director, Organisational Development)	* Title - Staff Engagement * Definition – Average engagement scores from staff taken from a six monthly staff survey * Target – 70% or above * Green when – 70% + * Amber when – 50% and 69% * Red when – 49% or less * Ref number - PI/HRG/014	EMT board meeting - 22/08/2017	Q2 2017 scorecard
19	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Internal Opportunities	Bobby Davis (Executive Director, Organisational Development)	* Title - Internal Opportunities * Definition – Quarterly percentage of roles filled by internal staff compared against external recruitment * Target – 50% or above * Green when – 50% + * Amber when – 30% and 49% * Red when – 29% or less * Ref number - PI/FCS/015	EMT board meeting - 22/08/2017	Q2 2017 scorecard
20	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Addition of new performance indicator	New indicator - No previous reference number	HR	Key Roles with Identified Successor	Bobby Davis (Executive Director, Organisational Development)	* Title - Key Roles with Identified Successor * Definition – Percentage of key roles in the organisation that have an identified successor in place * Green when – 95% + * Amber when – 75% and 94% * Red when – 74% or less * Ref number - PI/FCS/016	EMT board meeting - 22/08/2017	Q2 2017 scorecard
21	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/007	HR	Staff Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
22	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/008	HR	Leadership Behaviour 360 Feedback	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
23	Request from Executive Director, Organisational Development for changes to HR performance indicators.	Removal of performance indicator	PI/HRG/009	HR	Leadership Behaviour Survey Results	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to changing priorities meaning that these indicators are no longer relevant.	EMT board meeting - 22/08/2017	Q2 2017 scorecard
24	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/HRG/017	Governance	Corporate Complaints Timeliness	Bobby Davis (Executive Director, Organisational Development)	* Title - Corporate Complaints Timeliness * Definition – The number of corporate complaints responded to within the 15 working day deadline * Green when – 85% + * Amber when – 75% to 84% * Red when – 0% to 74% * Ref number - PI/HRG/017	EMT board meeting - 31/10/2017	Q3 2017 scorecard
25	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Removal of performance indicator	PI/HRG/013	Governance	Governance Meeting Costs	Bobby Davis (Executive Director, Organisational Development)	Performance Indicator to be removed from report due to this being outside of the control of the team.	EMT board meeting - 31/10/2017	Q3 2017 scorecard
26	Request from Executive Director, Organisational Development for changes to Organisational Development performance indicators.	Addition of new performance indicator	PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Bobby Davis (Executive Director, Organisational Development), Stephen Lillywhite (Head of Facilities Management)	* Title - Staff Satisfaction - Working Environment * Definition – % of staff who are satisfied with the working environment at the GDC * Green when – 75% + * Amber when – 50% to 74% * Red when – 0% to 49% * Ref number - PI/FCS/016	EMT board meeting - 12/02/2018	Q4 2017 scorecard

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27	A) Finance & Performance Committee and Council discussion at November and December 2017 board meetings which queried the usefulness of this performance indicator B) Request from Executive Director, FTP Transition to remove performance indicator	Removal of performance indicator	PI/FTP/027	FTP	Case Repatriation - Triage and Assessment Referrals to NHS	Tom Scott (Executive Director, FTP Transition)	Performance indicator to be removed due to target being an absolute figure and the type of incoming cases the GDC receives being outside of our control. Analysis of case plans has shown that no referrals are being missed.	EMT board meeting - 12/02/2018	Q4 2017 scorecard
28	Request from Executive Director, Organisational Development for Compliance performance indicator to be removed	Removal of performance indicator	PI/REG/021	Compliance	Compliance Audit Findings	Bobby Davis (Executive Director, Organisational Development)	Performance indicator to be removed from report while consideration is given to how the Compliance team is reported on alongside the Internal Audit function. Revised performance indicators across Compliance and Internal Audit will be considered in 2019 reporting.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
29	Request from Council to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/001	FTP	IAT Timeliness: Receipt to IAT Decision	Tom Scott (Executive Director, FTP Transition)	Target level to be adjusted to 20 days following Council request.	EMT board meeting - 03/05/2018	Q1 2018 scorecard
30	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Post-go-live amendment to performance indicator	PI/FTP/010	FTP	ILPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Principal Legal Advisor)	Performance indicator to now focus solely on ILPS performance.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
31	Request from Executive Director, FTP Transition and Principal Legal Advisor to split performance indicator	Addition of new performance indicator	PI/FTP/028	FTP	ELPS Timeliness: Disclosure Time Taken	Tom Scott (Executive Director, FTP Transition), Lisa-Marie Williams (Principal Legal Advisor)	* Title - ELPS Timeliness: Disclosure Time Taken * Definition – The proportion of ELPS cases to be disclosed within 98 working days of referral * Green when – 80% + * Amber when – 75% to 79% * Red when – 0% to 74% * Ref number - PI/FTP/028	EMT board meeting - 30/07/2018	Q2 2018 scorecard
32	Request from Executive Director, Registration and Corporate Resources for PMO performance indicator to be removed.	Removal of performance indicator	PI/REG/020	Registration and Corporate Resources	PMO Engagement Survey Results	Gurvinder Soomal (Executive Director, Registration and Corporate Resources)	Performance indicator to be removed from the report due to the changing nature of the PMO's role and how business planning is now embedding into business as usual rather than being considered as one-off activity on an annual basis.	EMT board meeting - 30/07/2018	Q2 2018 scorecard
33	Request from Executive Director, FTP Transition and Principal Legal Advisor to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/014 PI/FTP/015 PI/FTP/016	FTP	IOC Timeliness Measures	Tom Scott (Executive Director, FTP Transition)	All cases that are being relisted for an IOC, to be excluded from the cohorts of cases measured within these indicators.	EMT board meeting - 24/11/2018	Q3 2018 scorecard