

SECTION 1 - 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)	* 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)	* 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)	* 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)	* 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)	* 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
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 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

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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)	<ul style="list-style-type: none"> * 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)	<ul style="list-style-type: none"> * 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)	<ul style="list-style-type: none"> * 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)	<ul style="list-style-type: none"> * 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)	<ul style="list-style-type: none"> * 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
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

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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)	* 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)	* 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)	* 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)	* 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
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

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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
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

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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
34	Request from the Executive Director FTP Transition to update performance indicator	Post-go-live amendment to performance indicator	PI/FTP/013	FTP	Hearings Lost & Wasted Days	Tom Scott (Executive Director, FTP Transition)	Hearings Lost & Wasted Days' is retitled to 'Hearing Days Utilised. This follows EMT discussion about changing the emphasis of this indicator in line with other FTP indicators (with the target level set at the aspiration to meet desirable levels, rather than to avoid undesirable levels) and the change is provisionally made in this version of the report with a target level of 80% or above, amber range of 76% to 79% and red of less than or equal to 75%. This criteria is the inverse measurement of the previous levels set when the emphasis of the measurement was focused on lost/wasted rather than productive days.	SLT board meeting - 17/12/2018	Q4 2018 scorecard
35	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	All FTP performance indicators with the exception of PI/FTP 017, 018 & 019	FTP	All FTP indicators other than those relating to Interim Orders Committee	Tom Scott (Executive Director, FTP Transition)	All FTP performance indicators that measure performance in percentages* are to be amended so that the amber bands are consistently span a range running to 10% below the existing target/desired performance level. This change is proposed so that so that they can act as an early warning signal for improving or deteriorating performance. At present the narrow bands mean that performance is prone to switching from red to amber or vice versa with very little warning It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards. *With the exception of Interim Orders Compliance Indicators 017/018/019 which will all continue to have no amber band.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
36	Request from Council at October 2019 meeting to consider the introduction of 'leading' indicators to give more insight into emerging improving or declining performance. Subsequently, the Executive Director FTP Transition submitted this request in response to this Council action.	Post-go-live amendment to performance indicator	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	On the FTP End to End Dashboard in the 'Contextual Measures' section, it is agreed to start expressing volumes of work incoming and in progress at each stage, with supplementary data on the number of weeks/months it will take to clear that work based on standard processing times to give a better indication of whether backlogs are starting to emerge. It is proposed that this change will come into effect for 2019 FTP performance reporting, from the publishing of the balanced scorecard for the January 2019 performance period onwards.	SLT board meeting - 17/12/2018	Quarterly version - Q1 2019 (implemented) Monthly version - January 2019 (implemented)

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37	Request from Executive Director Strategy and Organisational Development	Move of performance indicators section	PI/STR/006 PI/STR/007	STR to OD	Internal Communications - Awareness of Organisational Priorities and Understanding of the External Environment	Bobby Davis (Executive Director, Organisational Development)	Performance indicators to be moved from section 4.1 Communication & Engagement Performance Indicators to Section 3.4 HR Performance Indicators - People Planning, Engagement and Development	SLT board meeting - 12/02/2019	Q4 2018 scorecard
38	Request from Executive Director Legal & Governance	Removal of performance indicator	PI/FTP/007	Legal	ILPS Staff Productivity	Lisa-Marie Williams (Executive Director, Legal & Governance)	Performance indicator to be removed. The rationale for removing this indicator is that it measures individual employee performance which is more a matter for operational management team reporting rather than for SLT/FPC Council attention. At the time that the Balanced Scorecard was introduced in 2017, staff productivity in ILPS was a particular area of attention in line with several aspects of ILPS performance that were recognised to need improvement at that time. This is no longer the case, and this measure is now routinely reported as green hence removal.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - February 2019 (implemented)
39	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0023	Information	Freedom of Information Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
40	Request from Executive Director Legal & Governance	Post-go-live amendment to performance indicator	PI/FTP/0024	Information	Data Protection Act Statutory Compliance	Lisa-Marie Williams (Executive Director, Legal & Governance)	The target levels are amended to be 100% = Green, 91% to 99% = Amber, 90% or lower = Red. This differs from the current measurement whereby anything less than 100% = Red. The rationale for this change is to allow some tolerance to reflect instances whereby timeline extensions have been granted in accordance with the act.	SLT board meeting - 12/02/2019	Quarterly version - Q1 2019 (Implemented) Monthly version - January 2019 (implemented)
41	Request from Executive Director, FTP Transition	Post-go-live amendment to supplementary FTP indicators	FTP section 2.1 FTP End-to-End Dashboard Supplementary Indicators	FTP	FTP Contextual Measures	Tom Scott (Executive Director, FTP Transition)	FTP End to End Dashboard is proposed to have the Contextual measures section of the dashboard redeveloped to provide a balance sheet for each case stage. Thereby for each case stage the Opening Caseload + New Incoming - Processed - Cancelled will all be included and reconcile to provide the Closing Caseload for the end of the period.	SLT board meeting - 12/02/2019	Pending - Data required is pending further development

SECTION 2 - GDC PERFORMANCE INDICATORS MASTER LIST - ORGANISATIONAL DEVELOPMENT DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/001	HR	Recruitment Campaign Timeliness	The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks	Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant.	Performance Objective 1: High quality recruitment	90% within deadline	90% to 100%	70% to 89%	69% or lower	Departmental	Quarterly	PI
PI/HRG/002	HR	Recruitment Campaign Cost	The average cost per employee recruitment	The costs of recruiting new staff are not excessive and remain within budgeted/target levels.	Performance Objective 2: Cost reduction/efficiency	Average cost below £2500	100% or lower of target cost	101% to 120% of target cost	Higher than 120% of target cost	Departmental	Quarterly	PI
PI/HRG/003	HR	Recruitment Right First Time	The proportion of roles recruited to first time and the employee subsequently passes probation	Both of the following factors are successfully achieved: 1) Carrying out recruitment campaigns in a timely fashion helps to limit the impact on GDC productivity resulting from posts being vacant. 2) Subsequent probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% + of employees meet both criteria	70% and 89% of employees meet both criteria	69% or less of employees meet both criteria	Organisational	Quarterly	PI
PI/HRG/004	HR	Staff Sickness	The average number of employee sickness days (per quarter) for all GDC staff	For levels of employee sickness to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2 Days Average	Average 0 - 2 days	Average 2.1 - 3 days	Average 3.1 days +	Organisational	Quarterly	KPI
PI/HRG/005	HR	Staff Turnover : Natural	The natural rate of organisational GDC turnover (per quarter)	For levels of natural employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 2.6% Turnover	0% to 2.6%	2.7% - 5%	5.1%+	Organisational	Quarterly	KPI
PI/HRG/006	HR	Staff Turnover : Overall	The overall level of organisational turnover (per quarter)	For levels of overall employee turnover to be in line with benchmarked national average to help support productivity in line with planned levels	Performance Objective 1: Effective management of staff	Within 3.7% Turnover	0% to 3.7%	3.8% to 5.9%	6.0% +	Organisational	Quarterly	PI
PI/HRG/014	HR	Staff Engagement	Average engagement scores from staff taken from a six monthly staff survey	Staff are engaged in their role and are also satisfied with the work of the GDC and how they contribute towards its success.	Performance Objective 1: Talent management	70% or above	70% +	50% to 69%	49% or less	Organisational	Half Yearly	PI
PI/HRG/015	HR	Internal Opportunities	Quarterly percentage of roles filled by internal staff compared against external recruitment	Development opportunities are utilised to develop existing staff, where appropriate, which reduces external recruitment costs and nurtures existing staff.	Performance Objective 1: Talent management	50% or above	50% +	75% to 94%	29% or less	Organisational	Quarterly	PI
PI/HRG/016	HR	Key Roles with Identified Successor	Percentage of key roles in the organisation that have an identified successor in place	An identified successor allows for proactive planning for filling any key roles that become vacant and ensures a seamless handover takes place.	Performance Objective 1: Talent management	95% or above	95% +	75% to 94%	74% or less	Organisational	Quarterly	Placeholder awaiting data
PI/HRG/018	HR	Recruitment Probation Success	The proportion of employees who successfully completed their probation period within the designated time period after start date	Probation pass indicates appropriate level of competence reached and avoids need to repeat recruitment.	Performance Objective 1: High quality recruitment	90% of employees	90% +	70% - 89%	69% or less	Organisational	Quarterly	PI
PI/STR/006	Internal Communications	Internal Communications - Awareness Of Key Organisational Priorities	The percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities	GDC staff members feel well informed and engaged with internal communications activities. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: People management and strong leadership	60%	50% or above	40% to 59%	39% or under	Organisational	Quarterly	PI
PI/STR/007	Internal Communications	Internal Communications - Understanding of the External Environment	The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.	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.	Performance objective 1: People management and strong leadership	40%	40% +	25% - 40%	24% or less	Organisational	Quarterly	PI

SECTION 2 - GDC PERFORMANCE INDICATORS MASTER LIST - ORGANISATIONAL DEVELOPMENT DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/014	Facilities	Health & Safety Incident Occurrence	Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	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.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	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)	1 or more prohibition notice	Organisational	Quarterly	PI
PI/FCS/015	Facilities	Serious Accident Occurrence	Volume of serious health and safety accidents reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations)	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.	Performance Objective 1 & 2: Highly effective regulator and management of resources	No incidents occur	No incidents occur	1 or more reported near miss	1 or more reported serious accident	Organisational	Quarterly	PI
PI/FCS/016	Facilities	Staff Satisfaction - Working Environment	Combined % of staff who are satisfied with the working environment at the GDC from the quarterly satisfaction survey	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.	Performance Objective 1 & 2: Highly effective regulator and management of resources	75% or above	75% +	50% and 74%	49% or less	Departmental	Quarterly	PI
PI/FCS/017	Facilities	Wimpole Street Lift Availability	The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service	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.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% availability (8 hours)	8 hours or less	8.1 hours to 16 hours	16 hours +	Departmental	Quarterly	PI
PI/FCS/018	Facilities	External Contractors Performance	Number of jobs completed by external contractors within their given priority SLA	The external contractors used by the GDC respond to the organisation's job requests quickly and efficiently.	Performance Objective 1 & 2: Highly effective regulator and management of resources	95% within SLA	95% +	70% and 94%	69% or less	Departmental	Quarterly	PI

SECTION 3 - GDC PERFORMANCE INDICATORS MASTER LIST - STRATEGY DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/STR/004	Communications	External Mass Engagement	The number of items of media coverage generated by proactive efforts from the GDC, versus the number that are generated due to reactive work	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.	Performance objective 1: Improve our communication with dental professionals and stakeholders	35> (proactive)	>35 (proactive)	21-34 proactive	20 or fewer (proactive)	Organisational	Quarterly	PI
PI/STR/005	Communications	External Face-To-Face Engagement	The number of face to face engagement events with they GDC's key stakeholders.	An increasing number of Registrants are able to hear GDC messaging in face to face updates, to enable the delivery of key messages. This supports the wider GDC commitment to transparency and improving the GDC's engagement with all of our audiences.	Performance objective 1: Improve our communication with dental professionals	>60 engagements	>60 engagements	51-59 engagements	50 or fewer engagements	Organisational	Quarterly	PI
PI/STR/008	Standards	Standards Perception	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 Regulatory Reform Programme	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.	Professionals objective 4: To guide dental professionals in meeting the standards we set for them	TBC	TBC	TBC	TBC	Departmental	TBC	Placeholder awaiting development
PI/STR/009	Quality Assurance	Education providers - Proportion meeting 'Protecting Patients' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Protecting Patients standards	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	Professional Objective 2: Help ensure professionals are properly trained	70% met and less than 10% not met	70% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/010	Quality Assurance	Education providers - Proportion meeting 'Governance' Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Governance standards	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	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 20% not met	50% met and less than 20% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/011	Quality Assurance	Education providers - Proportion meeting ' Student Assessment Standards for Education	Proportion of education providers recognised to be either 'meeting' or 'strongly meeting' the Student Assessment standards	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	Professional Objective 2: Help ensure professionals are properly trained	50% met and less than 10% not met	50% met and less than 10% not met	One of criteria not met	Both criteria not met	Departmental	Quarterly	PI
PI/STR/012	Quality Assurance	Proportion of inspections that require re-inspection	Proportion of all institutions inspected within the period that require follow up re-inspection	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	Professional Objective 2: Help ensure professionals are properly trained	<15% re-inspection	<15% re-inspection	15% to 29% re-inspection	30%> re-inspection	Departmental	Quarterly	PI
PI/STR/013	Communications	GDC newsletter engagement	The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.	More dental professionals engage with us on a more regular basis, and have access to our key updates and messages, ensuring they have a much greater understanding of the GDC and how we regulate the profession.	Performance objective 1: Improve our communication with dental professionals and stakeholders.	>50%	.>50%	40-49%	<40%	Organisational	Quarterly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/001	UK Registration	UK Dentist Overall Processing Time	The average overall time taken to process all UK Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	90 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/002	UK Registration	UK Dentist Active Processing Time	The average time taken with days on-hold removed to process all UK Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/003	UK Registration	UK DCP Overall Processing Time	The average overall time taken to process all UK DCP Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/004	UK Registration	UK DCP Active Processing Time	The average time taken with days on-hold removed to process all UK DCP Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/005	UK Registration	Restoration Overall Processing Time	The average overall time taken to process all Restoration Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/006	UK Registration	Restoration Active Processing Time	The average time taken with days on-hold removed to process all Restoration Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 14 Calendar Days	Average 0-14 Days	Average 15 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	KPI
PI/REG/007	Dentist Casework Registration	EEA Dentist Overall Processing Time	The average overall time taken to process all EEA Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/008	Dentist Casework Registration	EEA Dentist Active Processing Time	The average time taken with days on-hold removed to process all EEA Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/009	Dentist Casework Registration	Assessed Dentist Overall Processing Time	The average overall time taken to process all Assessed Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/010	Dentist Casework Registration	Assessed Dentist Active Processing Time	The average time taken with days on-hold removed to process all Assessed Dentist Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 60 Calendar Days	Average 0-60 Days	Average 61 - 90 Days	91 Days (Statutory time limit level) +	Departmental	Monthly	PI
PI/REG/011	DCP Casework Registration	Assessed DCP Overall Processing Time	The average overall time taken to process all Assessed DCP Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 120 Days	121 Days (Statutory Time Limited Level) +	Departmental	Monthly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/REG/012	DCP Casework Registration	Assessed DCP Active Processing Time	The average time taken with days on-hold removed to process all Assessed DCP Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81-120 Days	121 Days (Statutory Time Limit Level) +	Departmental	Monthly	PI
PI/REG/013	Dentist Casework Registration	Specialist List Overall Processing Time	The average overall time taken to process all Specialist List Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/014	Dentist Casework Registration	Specialist List Active Processing Time	The average time taken with days on-hold removed to process all Specialist List Applications	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	Within 80 Calendar Days	Average 0-80 Days	Average 81 - 90 Days	91 Days +	Departmental	Monthly	PI
PI/REG/015	Customer Advice & Information team	Call Centre Availability	The proportion of inbound calls from members of the public that are answered by the Customer Service and Information team	The majority of customer service calls can be answered by the customer service team in a timely fashion prior to the caller ceasing to wait in the call queue.	Performance Objective 1 & 2: Highly effective regulator and management of resources	85% + calls are answered	85% +	65% to 84%	64% or lower	Departmental	Monthly	PI
PI/REG/016	Cross Directorate	Registration Customer Satisfaction	Combined % of respondents either strongly agreeing or agreeing with the statement "I was satisfied with the customer service I received from the GDC".	Recent applicants, registrants and Overseas Registration Examination candidates are satisfied with the customer service that they have received from the GDC.	Performance Objective 1 & 2: Highly effective regulator and management of resources	80% or above	80% +	60% to 79%	59% or lower	Departmental	Monthly	PI
PI/REG/017	Registration	Registration Applications Processed	The year to date number of additions to the Register compared to budgeted levels	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	Performance Objective 1 & 2: Highly effective regulator and management of resources	100% of Expected Registrations	95% +	85% and 94%	84% or less	Departmental	Monthly	PI
PI/REG/018	Cross Directorate	Registration Audit Pass Rate	The proportion of Registration applications that pass audit inspection	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.	Performance Objective 1 & 2: Highly effective regulator and management of resources	90% pass rate	90% and 100%	80% and 89%	79% or lower	Departmental	Monthly	PI
PI/REG/019	Cross Directorate	Minimum Acceptable Productivity	The proportion of all Registration staff reaching minimum acceptable productivity (MAP) targets	Team member productivity is high, supporting wider objectives to process volumes of incoming work in a timely fashion	Performance Objective 1 & 2: Highly effective regulator and management of resources	95%+ Of Staff Meeting MAP's	95%+	85% to 94%	84% or Lower	Departmental	Monthly	PI
PI/FCS/001	Finance	Organisational Income	Total income received by the GDC from all registrant types compared with budget	Total ARF income received by the GDC is sufficient to fund its operations	Performance Objective 2: Management of resources/ efficiency	100% + to budget	100% +	98% to 99.9%	97.9% or lower	Organisational	Quarterly	KPI
PI/FCS/002	Finance	FTP Expenditure	Total forecast annual operating expenditure by the FtP directorate compared with budget	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	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organiaational	Quarterly	KPI
PI/FCS/003	Finance	Non-FTP Expenditure	Total forecast GDC annual operating expenditure (excluding the FtP directorate), compared with budget	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	Performance Objective 2: Management of resources/ efficiency	100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	Above 105%	Organisational	Quarterly	KPI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/004	Finance	Pension Scheme Funding Position	The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities	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.	Performance Objective 2: Management of resources/ efficiency	100% or greater	Less than £2m shortfall	Between £2m and £5m shortfall	Greater than £5m shortfall	Organisational	Quarterly	PI
PI/FCS/005	Finance	Financial Reporting Timeliness	The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline	The Finance function is to provide a professional and timely accounting service in respect of management accounts and related reports	Performance Objective 2: Management of resources/ efficiency	3 out of 3 months delivered to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	Departmental	Quarterly	PI
PI/FCS/006	Finance	Fees and Expenses Payments Timeliness	Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines	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.	Performance Objective 2: Management of resources/ efficiency	95% processed within deadline	95% +	85% to 94%	84% and lower	Departmental	Quarterly	PI
PI/FCS/007	Finance	Invoices and Refunds Timeliness	Proportion of invoices and refunds that are processed in line with recognised deadline (Note: RAG rating driven by the weaker performing out of the two factors)	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.	Performance Objective 2: Management of resources/ efficiency	90% processed within 30 days	90% +	75% to 89%	74% and lower	Departmental	Quarterly	PI
PI/FCS/008	Finance	Adherence to Purchase Order Policy	Value of invoices where a purchase order has been raised at the point of commissioning the service/product	GDC purchasing policies are adhered by staff members and purchase orders are raised in all instances when they are required.	Performance Objective 2: Management of resources/ efficiency	Less than £150k non invoiced spend	Below £150k	Between £150k and £400k	Above £400k	Organisational	Quarterly	PI
PI/FCS/019	Finance	Organisational Efficiencies	The actual realisation of planned organisational efficiencies in comparison to budgeted levels	For efficiency savings to be equal to or greater than the budgeted level	Performance Objective 2: Management of resources/ efficiency	For efficiency savings to be equal to or greater than the budgeted level	Forecast yearly efficiency savings at 100% or greater of budgeted level	Forecast yearly efficiency savings at 95% to 99% of budgeted level	Forecast yearly efficiency savings at less than 95% of budgeted level	Organisational	Quarterly	PI
PI/FCS/009	IT	GDC Website and Online Register Availability	The proportion of time that the GDC website is available	Key IT systems are reliable and maintain maximum uptime to minimise business disruption. The GDC website (including the online register and FTP complaint web form) is available to the public continuously with the minimum amount of disruption possible.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/010	IT	eGDC Site Availability	The proportion of time that the eGDC website is available	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.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI
PI/FCS/011	IT	Dynamics CRM Availability	The proportion of time that the Dynamics CRM organisational database is available	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.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	KPI
PI/FCS/012	IT	GDC Exchange Email Availability	The proportion of time that GDC Exchange Email is available	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.	Performance Objective 1: Improve performance across all functions	99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	Departmental	Monthly	PI

SECTION 4 - GDC KEY PERFORMANCE INDICATORS MASTER LIST - REGISTRATION AND CORPORATE RESOURCES DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FCS/013	IT	IT Service Desk Timeliness	The proportion of IT support/development requests that are processed within service level agreement timeframes	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.	Performance Objective 1: Improve performance across all functions	90% within deadline	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI
PI/FCS/014	IT	IT Customer Service Feedback	The proportion of customer survey feedback received in the 'satisfactory' category	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.	Performance Objective 1: Improve performance across all functions	95% satisfactory	95% to 100%	90% to 94.99%	0% to 89.99%	Departmental	Monthly	PI
<p align="center">Additional Registration information to be provided in the 'Registration process flow' section for each route to registration for the following fields: <i>Incoming, applications Processed, applications Work In Progress applications</i>. These are being classified as 'contextual measures' rather than 'Key Performance Indicators'</p>												

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/001	Casework	IAT Timeliness: Receipt to IAT Decision	The proportion of cases to clear triage within 20 working days of receipt	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% +within 20 days	95% +	85-94%	<85%	Departmental	Monthly	PI
PI/FTP/002	Casework	Assessment Timeliness: Receipt to Assessment Decision	The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	70% within 17 weeks	70% +	60 - 69%	<60%	Departmental	Monthly	PI
PI/FTP/003	Case Examiners	Case Examiner Timeliness: Assessment Referral to Case Examiner Decision	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	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% +within 9 weeks	75% +	65 - 74%	<65%	Departmental	Monthly	PI
PI/FTP/004	Case Examiners	Case Investigation Timeliness: Allocation to Case Examiner Decision	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	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + within 7 working days	95% +	85- 94%	<85%	Departmental	Monthly	PI
PI/FTP/005	Casework	Case Investigation Timeliness: Receipt to Case Examiner Decision	The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within six months of receipt	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 6 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/006	Prosecution (ILPS/ELPs)	The Proportionate Split of Internal and External Prosecution Referrals	The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions	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	Performance Objective 2: Management of resources/ efficiency	7 or fewer per month (ELPs); ILPS the remainder. Overall, 84 in budget year (ELPs); ILPS the remainder	7 or below	8 to 9	10 or greater	Departmental	Monthly	KPI
PI/FTP/008	Casework/Case Examiners/Prosecution/ Hearings	Full Case Timeliness: Overall Case Length	The proportion of cases that reach the prosecution stage that reach an initial hearing within 15 months of receipt	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.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	75% + within 15 months	75% +	65 - 74%	<65%	Departmental	Monthly	KPI
PI/FTP/009	Prosecution	Prosecution Timeliness: Case Examiner Referral to Hearing	The proportion of prosecution cases heard within 9 months of referral for prosecution	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.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + within 9 months	80%	70 - 79%	<70%	Departmental	Monthly	PI
PI/FTP/010	Prosecution/Hearings	Prosecution and Hearings Timeliness: ILPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	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.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	70 - 79%	<70%	Departmental	Monthly	PI
PI/FTP/011	Hearings	Hearings Completed without Adjournment	The proportion of initial hearings to be completed without adjournment	Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process	Performance Objective 2: Management of resources/ efficiency	85% + without adjournment	85% +	75 - 84%	<75%	Departmental	Monthly	PI
PI/FTP/012	Hearings	Hearings Completed with Facts Proved	The proportion of cases heard at initial hearings to have facts proved	Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate	Professionals Objective 5: Timely, fair and proportionate FTP action	80% + with facts proved	80%	70 - 79%	<70%	Departmental	Monthly	PI

SECTION 5 - GDC PERFORMANCE INDICATORS MASTER LIST - FTP DIRECTORATE

NEW

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/FTP/014	Casework/Case Examiners/Prosecution/ Hearings	Interim Orders Timeliness: Registrar and Case Examiner Referrals	The proportion of initial IO cases to be heard within 21 working days of referral by Registrar or CE	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.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	KPI
PI/FTP/015	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals	The proportion of initial Triage IO cases to be heard within 28 working days from receipt	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 Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	PI
PI/FTP/016	Casework/Prosecution/ Hearings	Interim Orders Timeliness: Triage Referrals (following consent chase)	The proportion of initial Triage IO cases pending consent to be heard within 33 working days from receipt	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 Triage referral, enabling a timely decision as promptly as possible whilst reaching the correct outcome in the interests of patient protection.	Professionals Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	95% + on time	95% +	85 - 94%	<85%	Departmental	Monthly	PI
PI/FTP/017	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Jurisdiction	The proportion of Resumed cases to be heard without loss of jurisdiction	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100 %	n/a	<100%	Departmental	Monthly	PI
PI/FTP/018	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: Hearing Before Expiry	The proportion of review interim order hearings to be heard before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/019	Prosecution/Hearings/Case Review	Interim Orders Statutory Compliance: High court extensions	The proportion of High Court extension orders to be made before expiry of interim order	Interim Orders are progressed in line with statutory and procedural guidance and the order is maintained in the interests of patient protection	Professionals Objective 5: Timely, fair and proportionate FTP action	100% compliant	100%	n/a	<100%	Departmental	Monthly	PI
PI/FTP/028	Prosecution/Hearings	Prosecution and Hearings Timeliness: ELPS Disclosure	The proportion of prosecution cases to be disclosed within 98 working days of referral	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.	Professional Objective 5 & Performance Objective 1: Timely, fair and proportionate FTP action/ reduce time taken to investigate complaints	80% + on time	80% +	75 - 79%	<75%	Departmental	Monthly	PI
PI/STR/001	DCS	Timeliness of DCS enquiry handling	The proportion of DCS enquiries that are completed within 48 hours	DCS enquiries are dealt with in a timely fashion that enables the enquirer to seek the information that they require within a suitable timeframe	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/002	DCS	Timeliness of DCS case resolution	The proportion of DCS cases that are completed within 3 months	DCS cases are dealt with in a timely fashion that leads to a swift resolution to complaints for the patient and the practitioner	Performance objective 1: Improve performance across functions so we are highly effective as a regulator	80% or above	80% +	75 - 79%	<75%	Departmental	Quarterly	PI
PI/STR/003	DCS	DCS Customer Satisfaction Level	The proportion of feedback received which falls into the categories of 'good' or 'excellent'	DCS service users are left with a positive perception of their experience of engaging with the DCS process	Performance objective 3: Be transparent about our approach so public, patients, professionals and partners can be confident about our approach	90% or above	90% +	85% to 89%	<85%	Departmental	Quarterly	PI
PI/FTP/029	Hearings	Cumulative Hearings Performance Against Budget Forecast	The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted			90% or above	90% +	80% to 90%	<80%	Departmental	Monthly	PI

Additional FTP information to be provided in the 'FTP process flow' section for each route process stage for the following fields: *Incoming, cases ,Processed, cases , Referral rate, Work In Progress.*
These are being classified as 'contextual measures' rather than 'Key Performance Indicators'

SECTION 6 - GDC PERFORMANCE INDICATORS MASTER LIST - LEGAL, GOVERNANCE & INFORMATION DIRECTORATE

Reference Number	Functional department	Title	Description	Desired Outcome	Corporate Strategy	Target Level	Green	Amber	Red	Scope	Update Frequency	Current Status
PI/HRG/010	Governance	Council/Committee Paper Circulation Timeliness	The proportion of meeting papers that are shared to Council members and the Executive in line with recognised pre-meeting deadlines	Providing papers board members with adequate time to consider content ahead of meeting supports good evidence based decision making.	Performance Objective 1: Good governance/strong leadership	90% within deadline	90% to 100%	75% to 94%	0% to 74%	Organisational	Quarterly	PI
PI/HRG/011	Governance	Council/Committee Paper Quality	The satisfaction level of Council members and the Executive with meeting paper quality demonstrated through post-meeting survey results	Board members need to be appropriately informed and have good information to make evidence based decisions.	Performance Objective 1: Good governance/strong leadership	90% Satisfaction	75% to 100%	50% to 74%	0% to 49%	Organisational	Quarterly	PI
PI/HRG/012	Governance	Council/Committee Minutes Circulation Timeliness	The number of Committee and Council minutes that are shared to EMT in line with recognised post meeting deadlines	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.	Performance Objective 1: Good governance/strong leadership	Less Than 2 Sets Of Minutes Late Per Quarter	0-2 sets of minutes over a day late in period	3-4 sets minutes over a day late in quarter	5+ sets minutes over a day late in quarter	Departmental	Quarterly	PI
PI/HRG/013	Governance	Corporate Complaints Timeliness	The number of corporate complaints responded to within the 15 working day deadline	All corporate complaints are responded to within the 15 working day deadline.	Performance Objective 1: Good governance/strong leadership	100%	85% - 100%	75% - 84%	0% - 74%	Departmental	Quarterly	PI
PI/FTP/020	Illegal Practice	Illegal Practice Timeliness: Receipt to Charging	The proportion of IP cases to have a charging decision made within 9 months of receipt.	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.	Performance Objective 1: Improve performance across our functions	90% + on time	90% +	85 - 89%	<85%	Departmental	Monthly	PI
PI/FTP/021	Illegal Practice	Illegal Practice Timeliness: Administrative Review	The proportion of enquiries into the IP team to have an initial review by a legal assistant within 3 working days of receipt.	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	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/022	Illegal Practice	Illegal Practice Timeliness: Initial Paralegal Review	The proportion of enquiries into the IP team to be assessed by a paralegal within 5 working days of receipt.	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	Performance Objective 1: Improve performance across our functions	95% + on time	95% +	90 - 94%	<90%	Departmental	Monthly	PI
PI/FTP/023	Information	Freedom of Information Statutory Compliance	The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes)	Requests for information under the Freedom of Information Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/FTP/024	Information	Data Protection Act Statutory Compliance	The proportion of Subject Access Requests to be responded to within 40 calendar days (incl. extension timeframes)	Subject Access Requests under the Data Protection Act are processed within statutory timeframes	Performance Objective 3: Transparency about our approach	100% compliant	100%	91 to 99%	<91%	Organisational	Monthly	PI
PI/FTP/025	Information	Serious Data Security Breaches	The number of serious incidents requiring self-reporting to the Information Commissioners Office	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	Performance Objective 1: Improve performance across our functions	Zero self reports	0	n/a	1 or more	Organisational	Monthly	KPI
PI/FTP/026	Information	Non-Serious Data Security Breaches	The number of data classified as non-serious and dealt with by the GDC internally	The GDC handles all confidential information securely, fulfilling its obligations as a data handler and avoiding information breaches	Performance Objective 1: Improve performance across our functions	Less than 2 non-serious breaches per month	0 to 2 per month	3 to 4 per month	5+ per month	Organisational	Monthly	PI

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/FCS/001 - 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.	December 2016 EMT Board		
KPI/FCS/002 - Forecast FTP Expenditure	Rationale for priority status: The delivery of FTP activity within budgeted levels is a key organisational priority and is be included to provide ongoing board visibility of cost control in this area.	December 2016 EMT Board		
KPI/FCS/003 - 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.	December 2016 EMT Board		
KPI/HRG/004 - Staff Sickness	Rationale for priority status: Staff sickness levels across the organisation is recognised to be of key importance to help to provide capacity for the organisation to deliver its business plan and business as usual activities.	December 2016 EMT Board		
KPI/HRG/005 - Natural Turnover	Rationale for priority status: Staff retention across the organisation is recognised to be of key importance to the help to provide capacity for the organisation to deliver its business plan and business as usual activities.	December 2016 EMT Board	July 2018 EMT Board	No longer to be reported as a KPI as it has been accepted that the target level will not be met for the considerable future due to the Estates Strategy and the office move to Birmingham.
KPI/REG/004 - UK DCP Applications 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).	December 2016 EMT Board		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/REG/006 - Restoration Applications 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).	May 2018 EMT Board	July 2018 EMT Board	PI to be replaced by KPI/REG/002 - Dentist Applications Active Processing Time due to this being a key seasonal measure for Q2 2018.
KPI/FTP/014 - 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.	December 2016 EMT Board		
KPI/FTP/005 - 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.	December 2016 EMT Board		
KPI/FTP/008 - 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.	December 2016 EMT Board		
KPI/FCS/009 - 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.	December 2016 EMT Board		
KPI/FCS/010 - 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.	December 2016 EMT Board		

SECTION 7 - TRACKING LOG FOR ESCALATIONS TO THE KPI DASHBOARD				
TITLE	RATIONALE FOR PRIORITY STATUS	ESCALATION DECISION DATE	DE-ESCALATION DECISION DATE (Where applicable)	DE-ESCALATION DECISION RATIONALE (Where applicable)
KPI/FTP/006 - 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.	December 2016 EMT Board		
KPI/FTP/025 - 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.	December 2016 EMT Board		
KPI/REG/002 - UK Dentist Applications Average 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).	July 2018 EMT Board	November 2018 SLT Board	After the seasonal conclusion of the graduate dentist peak period for 2018 it was agreed that this indicator be de-escalated and replaced by PI/REG/006 Restoration Applications Active Processing Time for the next report, as it is now the seasonally busier route.
KPI/REG/006 - Restoration Applications 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).	November 2018 SLT Board		

NOTE: Please note, it has been identified during February 2019 that on the Q3 2018 Balanced Scorecard the Registration indicators that were shown on the escalated measures dashboard on the report were KPI/REG/002 (UK Dentist Active Applications) & KPI/REG/006 (Restoration Active Applications) due to an administrative error in report completion. In actual fact, the indicators that should have shown on the escalated dashboard (in line with the above escalation tracking) should have been KPI/REG/002 (UK Dentist Active Applications) and KPI/REG/004 (UK DCP Active Applications). UK DCP Applications were reported on in section 1.3 of the report accurately as normal, with actual performance being green meeting target at 13 calendar days.