

A meeting of the Council of the General Dental Council

11:30am on Thursday 22 October 2020 at the General Dental Council,

Via MS Teams

Members:

William Moyes (Chair)

Anne Heal

Caroline Logan

Catherine Brady

Crispin Passmore

Donald Burden

Jeyanthi John

Laura Simons

Mike Lewis

Sheila Kumar

Simon Morrow

Terry Babbs

The meeting will be held in public¹. Items of business may be held in private where items are of a confidential nature².

If you require further information or if you are unable to attend, please contact Katie Spears (Head of Governance) as soon as possible:

Katie Spears, Head of Governance and Board Secretary, General Dental Council

Tel: 0207 167 6151 Email: kspears@gdc-uk.org

¹ Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2017

² Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2017

Public Council Meeting

Questions from members of the public relating to matters on this agenda should be submitted using the form on the Council meeting page of the GDC website. When received at least three working days prior to the date of the meeting, they will usually be answered orally at the meeting. When received within three days of the date of the meeting, or in exceptional circumstances, answers will be provided in writing within seven to 15 working days. In any event, the question and answer will be appended to the relevant meeting minute and published on the GDC website.

Confidential items are outlined in a separate confidential agenda; confidential items will be considered in a closed private session.

To navigate to specific papers, please use the links in the agenda.

PART ONE – PRELIMINARY ITEMS

1.	Welcome and Apologies for Absence	William Moyes, Chair of the Council	11:30- 11:35am (5 mins)	Oral
2.	Declarations of Interest	William Moyes, Chair of the Council		
3.	Questions Submitted by Members of the Public	William Moyes, Chair of the Council		
4.	<u>Approval of Minutes of Previous Meetings</u> To note approval of: <ul style="list-style-type: none"> the full minutes of the public meeting and abbreviated minutes of the closed meetings held on 16 January 2020 were approved in the Closed Council meeting on 19 March 2020 and published shortly thereafter. 	William Moyes, Chair of the Council		<u>Attached</u>
5.	<u>Matters Arising and Rolling Actions List</u> To note any matters arising from the public meeting held on 16 January 2020 and review the rolling actions list	William Moyes, Chair of the Council		<u>Attached</u>
6.	<u>Decisions Log</u> To note decisions taken between meetings under delegation (if any)	William Moyes, Chair of the Council		<u>Attached</u>

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status
7.	Update from Committee Chairs <ul style="list-style-type: none"> a. Audit and Risk Committee b. Finance and Performance Committee 	<i>For noting</i>	11:35- 11:50am (15 mins)	Oral

8.	<p><u>Accounting Officer Advice</u></p> <p>Ian Brack, Accounting Officer, Chief Executive and Registrar</p>	<i>For noting</i>	11:50-12:00 (10 mins)	<u>Paper</u>
9.	<p>Review of the Costed Corporate Plan 2021- 2023 and Budget 2021</p> <p><u>Part A: CCP 2021-2023</u></p> <p><u>Part B: Budget 2021</u> (including Contingency Management Framework)</p> <p>Gurvinder Soomal, Executive Director, Registration & Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p> <p>David Criddle, Head of Business Intelligence, Delivery and PMO</p>	<i>For decision</i>	12:00-12:20pm (20 mins)	<u>Paper</u>
10.	<p><u>2021 Reserves Policy</u></p> <p>Gurvinder Soomal, Executive Director, Registration & Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p>	<i>For decision</i>	12:20-12:35pm (15 mins)	<u>Paper</u>
11.	<p><u>Annual Retention Fee Levels – CCP Funding Paper</u></p> <p>Gurvinder Soomal, Executive Director, Registration & Corporate Resources</p> <p>Samantha Bache, Head of Finance and Procurement</p>	<i>For decision</i>	12:35-12:50pm (15 mins)	<u>Paper</u>
LUNCH BREAK – 30 mins – 12:50-13:20pm				
12.	<p><u>Scheme of Delegations</u></p> <p>Melissa Sharp, Senior Counsel and Head of In-House Legal Advisory Service</p>	<i>For decision</i>	13:20-13:40pm (20 mins)	<u>Paper</u>

13.	Organisational Performance Part A: Financial Review and Forecast Part B: CCP Quarterly Performance Report Part C: Balanced Scorecard Samantha Bache, Head of Finance and Procurement David Criddle, Head of Business Intelligence, Delivery and PMO	<i>For discussion</i>	13:40-14:00pm (20 mins)	Paper
14.	Fitness to Practise Key Performance Indicators John Cullinane, Interim Executive Director, FtP Transition David Criddle, Head of Business Intelligence, Delivery and PMO	<i>For discussion</i>	14:00-14:20pm (20 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

15.	Any Other Business	William Moyes, Chair of the Council	14:20-14:25pm (5 mins)	Oral
16.	Review of the Meeting As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that: <ul style="list-style-type: none"> ➤ Time allocated to each paper ➤ Detail, balance, and level of information in papers ➤ Did papers make clear what happened at each Committee. ➤ The Council's work programme is appropriately prioritised and timetabled and balanced 	William Moyes, Chair of the Council	14:25-14:30pm (5 mins)	Oral
17.	Date of Next Meeting	Thursday, 17 December 2020 (Virtual)		

Appendix 1 - Items considered via correspondence

Note:

- *These papers will not be discussed during the substantive Council meeting unless there is a request, no later than 24 hours before the meeting, for a specific item to be added to the agenda.*
- *The deadline for comments on papers circulated via correspondence is outlined on the individual item.*

No.	Item	Authors	For	Closed/Public	Deadline
1	<u>Appointment of External Auditors</u>	Gurvinder Soomal/Sam Bache	Decision	Public	20 Oct 2020
2	<u>Whistleblowing – Joint Regulators Report</u>	Colin Mackenzie/Rebecca Ledwidge	Noting	Public	20 Oct 2020
3	<u>Public Affairs, Policy and Media Update and Stakeholder Engagement Report</u>	Colin Mackenzie/Lisa Bainbridge	Noting	Public	20 Oct 2020
4	<u>Customer Feedback – Fitness to Practise</u>	John Cullinane	Noting	Public	20 Oct 2020
5	<u>Customer Feedback – Registration</u>	Gurvinder Soomal	Noting	Public	20 Oct 2020
6	<u>Board Development Update</u>	Lisa Marie Williams/Katie Spears	Noting	Public	20 Oct 2020

**Minutes of the Meeting of the
General Dental Council
held at 11:00am on Thursday 16 January 2020
in Public Session
at the General Dental Council, 37 Wimpole Street, London, W1G 8DQ**

Council Members present:

William Moyes	(Chair)
Anne Heal	
Catherine Brady	
Crispin Passmore	
Geraldine Campbell	
Jeyanthi John	
Kirstie Moons	
Margaret Kellett	
Simon Morrow	
Terry Babbs	

Executive in attendance:

Ian Brack	Chief Executive and Registrar
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance
Sarah Keyes	Executive Director, Organisational Development
Stefan Czerniawski	Executive Director, Strategy
Tom Scott	Executive Director, FtP Transition

Staff in attendance:

Colin MacKenzie	Interim Head of Communications and Engagement
Melissa Sharp	Head of In-House Legal Advisory Service (Item 8 only)
Katie Spears	Interim Head of Governance (Secretary)
Paula Woodward Pfister	Interim Secretariat Manager

In attendance:

Members of the public.

PART ONE – PRELIMINARY ITEMS

1. Opening remarks and apologies for absence

- 1.1. The Chair welcomed everyone to the meeting and apologies were received from Caroline Logan and Sheila Kumar.

2. Declarations of interest

- 2.1. No conflicts of interest were declared.

3. Questions submitted by members of the public

- 3.1. No questions had been submitted by members of the public.

4. Approval of minutes of the previous meetings

- 4.1. The Council **noted** that the full minutes of the public meeting held on 5 December 2019 had been approved via correspondence and a final version had been circulated to Council members by email on 7 January 2020.

5. Matters arising from the Public Council meeting held on 3 October 2019 and rolling actions list

- 5.1. The Council **noted** the actions list and **approved** the completion of actions where they were marked as 'suggested complete'.
- 5.2. In relation to Item 26, the Executive Director, Strategy noted that the list of QA reports had been reviewed, corrected and the appropriate information had been provided to the Privy Council in the report.

6. Decisions log

- 6.1. The Council **noted** that, beyond the approval of the minutes, there had been no decisions taken in between meetings.

PART TWO – ITEMS FOR DECISION AND DISCUSSION

7. Board Development and Forward Plan

- 7.1. The Executive Director, Legal & Governance introduced the paper. It outlined a proposed programme of Board development following the Deloitte review and report from the end of 2019.
- 7.2. The Council **discussed** the following:
- 7.2.1. The workshop the previous day had been excellent and thought provoking for the Council. The direction taken in that session should be treated as a steer for the Executive team to start exploratory work around changes to the governance framework and the shape of this work would initially be discussed by the Chair, Chief Executive, Executive Director, Legal and Governance and the Interim Head of Governance. Any proposals for change would be brought back to the Council for further discussion and decision. It was envisaged that proposed revisions to the Terms of Reference of Committees would be brought to the March Council meeting for discussion.
- 7.2.2. There would be a need for some refinements to the plans following the direction given by Council in the workshop the preceding day. Time should also be built into the plans to allow flex as the development work began to embed.
- 7.2.3. The Council agreed that the plans were comprehensive, timely and measured and that it would be useful to appropriately engage external support across the course of the workstream. The resources developed as part of this workstream could usefully be put into effect as part of the induction of new Council members.
- 7.2.4. The Council would benefit from regular oral updates on the workstream at each Council meeting and noted the improvements that had already been made, particularly in relation to the Governance team, should be captured as there had already been significant progress.

- 7.2.5. The Council asked for prior circulation of slides for workshop sessions to allow those who wished to pre-read to do so, whilst those who preferred to see them in a group environment would be free to do so.
- 7.3. The Council **approved** the plans for Board development, with appropriate refinement following the workshop the previous day.
- Action: Interim Head of Governance to include Board Development updates on the workplan for each Council meeting.**
- Action: Interim Head of Governance to capture the improvement initiatives that are implemented as part of this workstream and share with Council at appropriate points.**
- Action: The Chair, Chief Executive, Executive Director, Legal and Governance and Interim Head of Governance to discuss the next steps on progressing the output of the workshop session with Deloitte on Board Development.**

8. EU Exit: Regulations

The Head of In-House Legal Advisory Service joined the meeting.

- 8.1. The Head of In-House Legal Advisory Service introduced the paper and accompanying regulations that the Council may be required to make, depending on the progress of the Withdrawal Agreement Bill through Parliament. The proposed amendments were to rules and regulations that had been approved by the Council in March 2019, on the basis of a potential 'no deal' Exit situation, and these proposed amendments would alter the timing of those regulations, coming into effect to align with the end of any implementation period.
- 8.2. The Council **noted** the update and **approved** the proposals in principle. The Head of the In-House Legal Advisory Service would write to update the Council on the position as it became clearer and seek the making of these regulations at an appropriate point, which could be done via correspondence.

The Head of In-House Legal Advisory Service left the meeting.

9. Moving Upstream 2020

- 9.1. The Executive Director, Strategy and the Interim Head of Communications and Engagement introduced the paper and invited the Council to approve the publication of Moving Upstream 2020.
- 9.2. The Council noted that the report was helpful and **approved** its publication with the following minor amendments:
- 9.2.1. Clarity around what 'evidence-based approach' and 'clinical governance' meant in the context of this report.
- 9.2.2. Revision of the paragraph on the 'state of dentistry' at 3.6.1, to outline the need for significant involvement with stakeholders, and clarity that the work on reviewing learning outcomes included updating them. The work around Values-Based Care should also be included.
- 9.2.3. Some general timescales should be included as to the ambition for the completion of work within the document, and these should align with those contained within the costed corporate plan (which was due for imminent publication) and where timescales are more detailed.
- 9.2.4. Branding should be consistent around the strapline of the corporate strategy and any errant hyphens should be removed.
- 9.3. The Council also noted the importance of circulating promptly an agenda and confirmed invitation, with precise timings, to stakeholders for the imminent Moving Upstream conference on 12 February 2020.

10. Guidance for the Management of Dental Professionals

- 10.1. The Executive Director, Strategy introduced the paper which provided the Council with an update on this long running piece of work. He noted that this was a working title and was under review. It was not envisaged that this guidance would be a self-contained document and, following the Council's discussions at its December workshop, would be thematic, modular and presented in an easily accessible format.
- 10.2. The Council **discussed** the following:
 - 10.2.1. This was a useful piece of work, with good stakeholder involvement, and it would be important to keep the guidance aligned with current terminology.
 - 10.2.2. There was scope to expand this work further, into areas such as mental health, wellbeing, indemnity and advertising, but the Council was also minded of the importance of drawing appropriate boundaries around where it provided advice or signposting.
 - 10.2.3. The use of alternative, modern media approaches to the dissemination of material should be considered and the Council noted that, to date, there appeared to be broad stakeholder support for guidance in this area.
- 10.3. The Council encouraged the team to progress this work expeditiously and bring back updates to the Council at relevant points.

11. Patient and Public Survey – Action Plan

- 11.1. The Executive Director, Strategy introduced the paper, which was in response to a Council action from December 2019 in relation to identified differences in satisfaction with dental treatment from sub-groups of the patient population. The Council was asked to note the work that was underway to improve the organisation's understanding of Equality Diversity and Inclusion (EDI) issues and the proposed action plan to undertake qualitative research to help analyse the quantitative data obtained. It was likely to take around 18 months before a final piece could be brought back to the Council, but regular updates would be provided at appropriate points. The Council also heard that this was only part of the organisation's approach to EDI and the wider EDI strategic piece would be brought to Council later in the year.
- 11.2. The Council discussed previous issues with data obtained and were reassured that this had been factored into the tender specification for the research work. The Council also noted that data obtained in relation to requests for EDI information was voluntarily given which would, by its nature, create a self-selecting sample but that this would also be factored into the analysis. The Council noted the importance of having a clear use and action plan for any data gathered and that the aim should be to collect information that would help the organisation perform more effectively in its core purposes.
- 11.3. The Council **noted** the update.

12. Extension of the Chair's Strategy Group

- 12.1. The Chair of Council introduced the paper and invited the Council to approve the extension of the Chair's Strategy Group for the period of six months. In line with discussions at the Council workshop on the previous day, the Council **approved** the extension requested (expiration 14 July 2020).

PART THREE – ITEMS FOR NOTING

13. Annual Reports – Committee Effectiveness

- 13.1. The Council **noted** the following annual reports on Committee Effectiveness and their relevant proposed workplans and thanked the Committee members for their hard work throughout 2019.

13.1.1. Audit and Risk Committee.

13.1.2. Finance and Performance Committee.

13.1.3. Remuneration Committee.

13.1.4. Policy and Research Board.

13.1.5. Statutory Panellists Assurance Committee.

It was agreed that thanks to the independent members of Committee also ought to be passed on.

Action: Interim Head of Governance to ensure independent members were thanked for their contribution to the work undertaken in 2019.

14. Annual Report of the Chair's Strategy Group

- 14.1. The Council **noted** the annual report of the Chair's Strategy Group and its current workplan.

15. Horizon Scanning and Stakeholder Engagement

- 15.1. The Council noted the horizon scanning and stakeholder engagement reports and noted that the issue of remote consulting and digital development was likely to be an important focus for the Council in relation to public safety.

16. Annual Assurance Reporting

- 16.1. The Council noted the following annual reports:

16.1.1. Information Governance.

16.1.2. People Services.

16.1.3. Annual Report on the Use of the Seal.

16.1.4. Decision Scrutiny Group.

16.1.5. Quality Assurance Group and the

16.1.6. Dental Complaints Service. In relation to this report, the Council **approved** a move to annual reporting, but with *ad hoc* updates if there were significant issues to be communicated.

Action: In the quarterly Information Governance report to the Audit and Risk Committee, the Information Governance Manager to give a high-level summary of the GDC's approach to right to be forgotten issues.

Action: The Executive Director, Organisational Development to provide to the Council in correspondence annual comparison data in relation to the ethnic composition of staff following the Estates programme.

PART FOUR - CONCLUSION OF BUSINESS

17. Any other Business

- 17.1. The Council **noted** the Council forward workplan.

18. Review of the meeting

- 18.1. The Council noted that there had been good discussion and improved papers. The movement of business from the closed to public sessions was working well.

19. Close of the meeting

- 19.1. There being no further business, the meeting ended at 13:20pm.

Date of next meeting: 18-19 March 2020 (Birmingham)

Name of Chair: William Moyes

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
3	13/12/2018	Public	16.3	Non-Council Member Appointments (SPC)	Council approved the re-appointment of three members - Rosie Varley, Martyn Green, Nigel Fisher - Governance to formally notify the three members of their reappointment.	KS	01/12/2020	LIVE	TBC	KS	Governance team reviewing agreements with Legal team and will re-issue in the abundance of caution. This work is currently on hold to align with the Adjudications piece and ongoing recruitment of SPC members.		Remains live at present.
4	03/10/2019	Public	13.10	Estates Strategy Programme Update	The Chief Executive and Executive Director, Organisational Development to consider how to provide the appropriate assurance to Council that the culture of the organisation was aligned with delivery ambitions.	IB/SK	01/12/2020	LIVE	TBC	IB/SK		To be incorporated into action plan following staff survey. This work has been delayed following the outbreak of COVID-19.	Remains live at present.
8	03/10/2019	Public	17.6	Balanced Scorecard	Executive Director, FtP Transition to consider how best to provide assurance to Council around the FTP performance indicators, particularly in relation to timeliness, and bring back a roadmap to Council in Q1 2020, after SLT and FPC.	JC	01/12/2020	LIVE	TBC	JC	FtP Performance Indicators were considered at Feb SLT and Feb FPC. The Chief Executive set up a task and finish group to tackle this issue which reported back to the FPC in May, June and July 2020. The Council was be provided an update on this work at its July meeting via the Chief Executive's report and the FPC continue to scrutinise this work. Council will receive a further update at its October meeting.	A project has been added to the CCP portfolio. A draft business case was discussed by EMT in August, and while the proposal was supported, further work was needed around how the proposal will be resourced. The Interim ED, FTP Transition will work with the Head of IT and the Head of Business Intelligence, Delivery and PMO on a revised proposal.	Remains live at present.
24	05/12/2019	Public	14.13	Revision Process for Speciality Curricula	Executive Director, Strategy to bring an update paper back to Council in October 2020.	SCz	01/12/2020	LIVE	TBC	SCz	Matter has been placed on Council forward work plan for December 2020.		Remains live at present.

Decisions Log – Council 22 October 2020

Item 05

Date	Decision taken by	Agenda Item	Tabled for?	Outcome
20/10/2020	Council – by circulation	Appointment of External Auditors	For decision	To be confirmed at Council meeting on 22 October 2020

Date	Decision taken by	Item	Tabled for?	Outcome
20/10/2020	Council – by circulation	Whistleblowing – Joint Regulators Report	For noting	To be confirmed at Council meeting on 22 October 2020
20/10/2020	Council – by circulation	Public Affairs, Policy and Media Update and Stakeholder Engagement Report	For noting	To be confirmed at Council meeting on 22 October 2020
20/10/2020	Council – by circulation	Customer Feedback – Fitness to Practise	For noting	To be confirmed at Council meeting on 22 October 2020
20/10/2020	Council – by circulation	Customer Feedback – Registration	For noting	To be confirmed at Council meeting on 22 October 2020
20/10/2020	Council – by circulation	Board Development Update	For noting	To be confirmed at Council meeting on 22 October 2020

Proposed 2021 Budget: Accounting Officer Advice

Author(s)	Ian Brack Chief Executive, Registrar and Accounting Officer
Type of business	For noting
Issue	To provide the Council with Accounting Officer advice on the Budget 2021 proposals
Recommendation	The Council is asked to note this advice

1. The Purpose of this Advice

- 1.1 The planning and budgeting process has been undertaken in the context of very high levels of uncertainty, in relation to both income and expenditure. One of the few absolute certainties we have is that the GDC must continue to meet its statutory obligations as a Regulator. As has been noted in previous discussions regarding COVID-19, we can review, reschedule and in some cases curtail our work – but we cannot stop it.
- 1.2 The risk assumptions which have informed our planning - and the provisions made against those risks - are of paramount importance to Council in assuring itself that the budget and plan are robust. This note provides advice on those assumptions and sets out key areas that Council members should take into account in determining whether to approve the 2021 budget.

2. Income risk assumptions

- 2.1 The income risk assumption adopted for the budget planning process was that the budget should assume a 10% income caution – i.e. that the budget would be deliverable in the light of a 10% reduction in income. This was in accord to my advice to FPC as Accounting Officer.
- 2.2 The basis for my advice is as follows. In determining forecast income, we have very reasonably extrapolated existing trends in relation to the growth of the overall register and to the income received from scrutiny fees.
- 2.3 However, the country is now experiencing the long-expected and significant second wave of COVID-19. My view is that the second wave is highly likely to resemble the first in having a significant effect on dentistry. Whilst there is now much better understanding of, and much better preparation for, what it will take to sustain dentistry, the sector will, nevertheless, be susceptible to any wider drop in public confidence (whether well founded or not) and to any wider controls on movement.
- 2.4 The resilience of the sector is, however, markedly diminished. It has already faced financial degradation from the first wave, with erosion of income and reserves, and therefore will be less likely to cope with further disruption and financial shock. My advice is that we should not assume, for planning purposes, that the NHS and Central Government will give

additional financial support to the sector, beyond that already provided through NHS contracting or business support arrangements.

- 2.5 The economics of the dental sector will undoubtedly be affected and but cannot be *certain* what impact this will have on the register (and therefore on the income generated by the ARF). What we can say is that impacts will be likely to manifest in those areas of the registers where change regularly occurs – new registrants joining, older registrants retiring, overseas qualified registrants returning to their home countries.
- 2.6 There is a possibility that we will see impacts in all of these areas, with some students not being able to graduate and register, some individuals concluding that retiring earlier than planned makes sense in the current economic conditions, and a combination of the wider impacts of leaving the EU and COVID-19 focusing the minds of foreign-qualified registrants considering returning home from the UK, or mulling on whether to come here to work.
- 2.7 We may also see, next summer, what we did not see in July – unusual numbers of DCPs deciding to leave the register as a result of continued disruption caused by COVID-19.
- 2.8 I cannot provide certainty on these risks, or build up for you a detailed, evidenced rationale for the premise that a second wave would have a significantly higher negative impact on individual registrants than that seen in the first wave, beyond the advice I have set out above. It must be conjecture at this point – but nevertheless we must consider these risks.
- 2.9 Given the potential changes set out in paras 2.5-2.7 above, our planning assumption is that a higher income caution rating of 10% (£3.6m) is prudent.

3. Expenditure risk assumptions

- 3.1 The calls upon GDC resource are particularly difficult to predict for the plan period as there are very large pieces of mandatory activity which lie outwith our control and are currently at large in in terms of timescale.
- 3.2 Legislative reform is perhaps the most significant of these and has impacts both on the 2021 budget and the overall plan. Whilst we know that thematic section 60 changes will not go ahead and that legislative reform will proceed by regulator, we do not yet know when our turn will come.
- 3.3 Furthermore (and more urgently in terms of the budget), we do not know what form international registration will take going forward. The resource implications of this are highly sensitive to the legislative approach adopted by Government.
- 3.4 The organisation also faces very high levels of uncertainty about the scope and scale of some elements of work which are within plan at present – it is very difficult for us to predict demand-led costs (for example, relating to legal advice) given the current volatility of workload.

4. Mitigating these risks in the budget and plan

- 4.1 The GDC cannot remove the risks which I have alluded to – in large part they lie outwith our control. In relation to expenditure, some relates to activity which, if the associated risk crystallises, will be non-discretionary.
- 4.2 To mitigate these risks, the Budget and plan make significant use of contingent provisions, both in the form of centrally-held provisions against specific areas of cost and more general central provisions. Where the probability of crystallisation is felt to be lower, or crystallisation is more likely to occur in the longer-term, the costs of specific risks are identified and are set against the reserves.

- 4.3 It is important that the Council are clear that in the case of central provisions and contingencies, these lie within budget and their release will be controlled by me as Chief Executive. FPC - and subsequently Council - will be made aware when calls against these occur but will not control them. This approach is appropriate as, by definition, they will be identified areas of activity where the uncertainty lies only in precise quantum likelihood or timing.
- 4.4 The executive needs certainty that *if* needed, these funds are available and can be accessed swiftly. The Council needs transparency as to the drawdown of the funds, and assurance as to the mechanism through which this will occur.
- 4.5 In relation to risks which are being set against the free reserves, we have far less certainty regarding the scope, scale, and timing of the activities and therefore they cannot be properly included within the budget or the plan at this stage. Therefore, the Council (or its committees) will exercise direct control over access to the associated resources, either through the reserves access policy or through the longer term process of turning them into budgeted contingent provisions or departmental budgets in future years.

5. Calls against the Reserves and the Reserves Policy

- 5.1 The probability that risk provisions set against the reserves will crystallise in this and the other years of the plan is now far higher than in previous years, which will result in calls being made against the reserves.
- 5.2 For this reason, the health of the reserves takes on a new and even greater significance and it is for this reason that it is proposed that the reserves should be maintained at 4.5 months of operating expenditure, net of identified risks, before “could do” or “should do” projects which have been put on hold in the current plan are reactivated.
- 5.3 This is also why great emphasis is placed on clearly identifying the risks set against the reserves - and where possible, providing clarity on the timing and likely maximum amount of associated costs.

6. Areas of Consideration and points to take into account

- 6.1 Council members will need to satisfy themselves that they understand and agree with the budget assumptions relating to both income and expenditure risk.
- 6.2 Council should also be comfortable that the purposes identified for budgeted contingent and central provisions are understood and are robust, and that the provisions made are adequate without being excessive.
- 6.3 They should assure themselves that they understand and are comfortable with the process for accessing contingency.
- 6.4 Finally, Council members should be satisfied that the risks set against the reserves and the estimated costs thereof are robust, and that the budget makes provision for adequate reserves in the context of the volatile and uncertain environment in which we must operate for the foreseeable future.
- 6.5 In undertaking this consideration, the Council can and should place considerable reliance on the detailed scrutiny and challenge undertaken by FPC.

7. Accounting Officer Recommendation

- 7.1 **I am satisfied that the proposed budget and plan are robust and provide appropriate capacity and resilience to deliver the Council’s Strategic Objectives.**

7.2 I therefore recommend that Council approves the 2021-23 Costed Corporate Plan and the 2021 Budget.

Appendices

- a. None

Ian Brack, Chief Executive, Registrar and Accounting Officer
ibrack@gdc-uk.org

15 October 2020

Costed Corporate Plan 2021-23

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	David Criddle, Head of Business Intelligence, Delivery & PMO Samantha Bache, Head of Finance and Procurement Lucy Chatwin, Head of People Services Louise Piper, Business Planning and PMO Manager
Type of business	For decision
Purpose	This paper is presented to the Council following the Finance and Performance Committee's endorsement of the final draft Costed Corporate Plan 2021-23. Public: This paper is to be discussed in public session at the 22 October Public Council Meeting.
Issue	To present the final draft of the Costed Corporate Plan 2021-23 which includes the portfolio, budget and workforce plan sections for review and approval by Council.
Recommendation	The Council is asked to: <ul style="list-style-type: none"> • Discuss and approve the CCP 2021-23 plan • Note the contingency management framework. • Delegate authority to the FPC to reinstate 'Could Do' projects throughout the delivery of the CCP plan, in the event that the level of income risk budgeted for does not materialise.

2. Executive summary

- 2.1 The purpose of this paper is to present final draft of the Costed Corporate Plan (CCP) 2021-23 which includes the Portfolio Plan, Workforce plan and Budget. The proposed 2021 budget is the subject of a separate, detailed paper.
- 2.2 The COVID-19 pandemic has reshaped the planning landscape and degraded our ability to create long term plans with certainty. Therefore, the driver for (and indeed the main challenge of) creating the CCP 2021-23 has been the need to create a plan providing organisational stability and longer-term resilience, whilst being able to adapt to the uncertainties ahead.
- 2.3 Given the risk of impacts to the dental profession and GDC income resulting from the COVID-19 pandemic, the CCP 2021-23 sets a budget balanced to 10% income risk. This has been achieved by utilising in year efficiency savings and a £1.3m contribution from previous underspend.
- 2.4 The Portfolio Plan and Workforce Plan represent the prioritised work to be delivered and the resources required to deliver them within the CCP budget envelope.

- 2.5 The CCP is planned in order to deliver the strategic aims and objectives as set out in the Corporate Strategy 2020-2022. In the light of the COVID-19 pandemic, the Corporate Strategy is receiving ongoing review and Council will have an opportunity to discuss the emerging findings and supporting evidence at the 22 October closed session. The CCP 2021-23 planning development has worked closely alongside the Corporate Strategy review process, and all known considerations have been incorporated into the CCP plan set out. This collaboration has enabled the CCP 2021-23 plan to be developed to required timescales and hence Council approval is requested at this 22 October 2020 meeting.
- 2.6 All portfolio and workforce planning is undertaken considering the entire portfolio to ensure there is cross-functional alignment of the work to deliver the corporate strategy. This is facilitated through the planning process adhering to the 'CCP Planning Principles' as detailed in Appendix B.
- 2.7 The core teams which coordinated the development of the CCP 2021-23 plan drafts were PMO, Finance and People Services. The Strategy Team have been consulted throughout to ensure feasibility and flexibility of the CCP plan, aligning to Corporate Strategy developments.
- 2.8 Executive Directors have each confirmed that the priorities, budget and team capacity levels set within their directorates are appropriate for delivery of the CCP plan.
- 2.9 EMT and FPC have reviewed and driven the development of the CCP 2021-23 plan through governance review and scrutiny of earlier drafts.
- 2.10 A draft CCP 2021-23 plan V1.5 was endorsed by FPC at their 10 September meeting.
- 2.11 Following the initial Council review on 24 September, FPC met again on 29 September to review the implications of updated income projections, following the completion of the DCP ARF collection, on the CCP budget and to revisit and confirm the portfolio MoSCoW priorities as a result.
- 2.12 At that meeting, FPC endorsed the adjustments to budget resulting from the updated income projections, and the portfolio MoSCoW priorities, as set out in this final draft (V1.6) being presented to Council for approval.
- 2.13 Council is requested to delegate authority to FPC to reinstate Could Do projects throughout the delivery of the CCP plan, in the event that the level of income risk budgeted for does not materialise. This would be undertaken through the following process:
- EMT will perform ongoing monitoring of budget, income and capacity and notify FPC in a timely manner when there is availability to deliver additional Could Do projects.
 - FPC will revisit Could Do priorities and agree the projects appropriate to reinstate at the time of review, based on their priority, viability to deliver at that time considering ongoing COVID-19 impacts, and ability to deliver within the additional budget and capacity envelope now available.
 - Council will be notified of Could Do projects reinstated and will receive progress updates through the CCP Quarterly Performance reporting.
- 2.14 The final draft version comprises of the following appendices which detail the plan:
- Appendix A provides the detailed summary for the CCP 2021-23 final version plan.
 - Appendix B details the CCP planning principles adhered to in creating the plan.
 - Appendix C provides the portfolio plan for the CCP 2021-23 schedule.
 - Appendix D provides the detailed draft budget and headcount plan for the CCP 2021-23.
 - Appendix E provides a breakdown of Contingency Management Framework

3. Developing the CCP 2021-23

- 3.1 The original CCP planning timetable was disrupted by the pandemic. There was an immediate need to review the 2020 operational delivery plan, in order to ascertain what must and could continue under enforced lockdown conditions. This resulted in a reduced plan for 2020 with only essential work continued.
- 3.2 The deferral of projects schedules resulted in a fuller portfolio plan for 2021 and provided a starting point for the 2021-23 planning discussions.
- 3.3 Meetings were held with each directorate ED and the Heads of function to discuss potential portfolio horizon plans for 2021-23. The meetings yielded a number of themes and confirmed the overarching understanding that planning was particularly challenging at present with the extent of known unknowns being uncovered.
- 3.4 The initial findings from the portfolio planning meetings were brought to the CPB held on 2nd of June 2020 for initial review of the portfolio. This informed the first draft CCP 2021-23 Portfolio Plan which was reviewed at the CPB board on 30 June and SLT on 6 July.
- 3.5 A series of CCP 2021-23 portfolio, budget and workforce planning meetings have been held with Heads of and EDs across directorates to plan each section of the CCP through the iterations of drafts, following the direction provided by EMT and FPC during their reviews.
- 3.6 All planning rounds have consistently considered the entire portfolio when planning to ensure there is cohesive cross functional review and alignment of the work planned across directorates.
- 3.7 The cross functional support required to sustain the portfolio delivery has been considered in all planning rounds to plan appropriate levels of headcount and budgets across the GDC teams.
- 3.8 Details of the timetable of governance reviews of the CCP planning process are shown within the 'CCP 2021-23 Development Timeline' in Appendix A.
- 3.9 The overall details of the final draft CCP 2021-23 plan, including the changes made between the fifth draft and final draft are provided in Appendix A.

4. Legal, policy and national considerations

- 4.1 This proposal does not impact GDC policy decision making. The CCP review and planning process will include the feasibility analysis of all GDC work including policy work. The process is to be considered as a conduit to support decision making and not where the decisions are made. There are no additional legal or national considerations currently.

5. Equality, diversity and privacy considerations

- 5.1 The programmes of work and all individual that are undertaken as a result of the creation of the CCP plan will each undertake individual equality and diversity impact assessments as routine part of their initiation and governance.

6. Risk considerations

- 6.1 Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will undertake risk management planning as routine.

7. Resource considerations and CCP

- 7.1 The development of the CCP Plan for 2021-2023 has involved multiple reviews co-produced with PMO, Finance and People Services. Consideration to financial and head count resource modelling and support level of workforce are incorporated into the plan.

8. Monitoring and review

- 8.1 The development and review of the CCP 2021-2023 plan has been iterative through stages of Corporate Planning Board, EMT/SLT, FPC & Council review, before final sign off at Council in October 2020.
- 8.2 In addition to reporting at SLT and Council, the governance of the supporting framework will mean that the component parts of the CCP will have reporting and monitoring systems to support effective management of delivery, once the plan goes into delivery in 2021.

9. Development, consultation and decision trail

- 9.1 This paper represents the final draft of the CCP for 2021-23 for Council to discuss and approve on 22 October 2020.
- 9.2 This meeting and all earlier stages of governance are detailed in the timetable shown within Appendix A - CCP 2021-23 Final Draft Summary.

10. Next steps and communications

- 10.1 Following approval for the CCP 2021-2023 plan the 2021 delivery plan will be developed, ready for implementation in January 2021.

Appendices

- a. Appendix A – Final Draft Summary
- b. Appendix B – CCP Planning Principles
- c. Appendix C – Portfolio Plan Details
- d. Appendix D – Budget & Headcount Plan
- e. Appendix E – Contingency Management Framework

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13 October 2020

CCP 2021-2023

Final Draft Plan Summary V1.6

Council 22 October 2020



- The Costed Corporate Plan (CCP) 2021-23 represents the Portfolio plan, Workforce plan and Budget for delivery of activity towards the GDC's Strategic Aims. A draft plan was endorsed by FPC at the 10 September meeting with adjustments to budget resulting from updated income projections, and a review of portfolio MoSCoW priorities endorsed by FPC at their 29 September meeting.
- The Covid-19 pandemic has reshaped the planning landscape and degraded our ability to create long term plans with certainty. As such the need to create a plan to provide organisational stability and longer-term resilience, alongside the ability to adapt to uncertainties ahead has been the driver for and the main challenge of creating the CCP 2021-23.
- In light of the risk of impacts to the dental profession and GDC income resulting from the Covid-19 pandemic, the CCP 2021-23 is planned to address the objective of setting a budget balanced to 10% income risk. This has been achieved by utilising in year efficiency savings and a £1.3m contribution from previous underspend.
- The portfolio and workforce plans represent the prioritised work to be delivered and the resources required to deliver them, within the CCP budget envelope. Executive Directors have each confirmed that the priorities, budget and team capacity levels set within their directorates are appropriate for delivery of the CCP plan.
- The activity is planned to deliver the strategic aims and objectives as set out in the Corporate Strategy 2020-2022. The CCP 2021-23 planning development has worked closely alongside the Corporate Strategy review, and all known considerations have been incorporated into the CCP plan set out.
- All portfolio and workforce plans are planned considering the entire portfolio to ensure there is cross functional alignment of the work to deliver the corporate strategy. This is facilitated through the planning process adhering to the 'CCP Planning Principles' as detailed in Appendix B.

CCP 2021-23 Development Timeline

Initial Drafts round CCP 21-23	Meeting Date
Corporate Planning Board: Review CCP portfolio as the first draft	30th June
Each directorate ED review and QA of budgets and headcounts	w/c 29 June
SLT meeting: review first draft CCP portfolio	06 July
Corporate Planning Board: Review second draft which includes CCP budget & headcount	9 July
FPC meeting: review third draft CCP	16 July
IB Meeting with GS, SB, DC – Review principles for budget setting scenarios for income risk	27 July
Council CCP Review – Update of status of CCP 21-23 development	30 July
Corporate Planning Board: Business case for Phase 1 and high level view of future phases for Regulatory Reform.	4 August
IB Meeting with GS, SB, DC - Early sight review of CCP 2021-23 Fourth draft & budget progress	4 August
EMT meeting: - Review of CCP 2021-23 Fourth draft and recommend for FPC 18 August. Agree business cases for Regulatory Reform and People & Organisational Development programmes recommend to FPC	11 August
FPC Additional meeting – Same papers as EMT 11 August	18 August
Final Drafts round CCP 21-23	
EMT meeting: Review Fifth draft CCP 2021-2023	26 August
FPC additional meeting: Review Fifth draft CCP 2021-2023	4 September
EMT review of revised papers from FPC 4 Sept and recommending final drafts of CCP 2021-2023, Budget 2021 paper, Funding for CCP Finance paper for FPC 10 September	
FPC meeting: Review Final Draft CCP 2021-2023 and budget to recommend to Council	10 September
Corporate Planning Board: Following FPC discuss status and presentation of final draft CCP 2021-2023 and budget before council initial review	22 September
Council Initial discussion of Final draft CCP 2021-2023, Budget 2021 and Reserves Policy	24 September
FPC additional meeting: Review income projection revisions on budget. Confirm final portfolio prioritisation	29 September
EMT/SLT meeting: Consideration of Final draft CCP 2021-2023 and budget before council approval requested	12 October
Council meeting: sign off CCP 2021-2023 and budget	22 October
Implementation preparation for 2021 delivery of plan	
2021 Delivery Planning	Q4
EMT/SLT meeting: review and approve CCP 2021 Delivery Plan	01 December

Appendix A Contents

- Change log – between Council 24 September and 22 October
- CCP Deliverables summary
- Income Risk summary
- Portfolio Plan
- Income Assumptions and Sensitivity Analysis
- Budget Plan
- Workforce Plan
- Next Steps

Additional Appendices

- Appendix B – CCP Planning Principles
- Appendix C – Portfolio Plan Details
- Appendix D – Budget & Headcount Plan
- Appendix E – Contingency Management Framework

V1.6 – Final draft Council 22 October - Changes made since Council 24 September as agreed with FPC on 29 September:

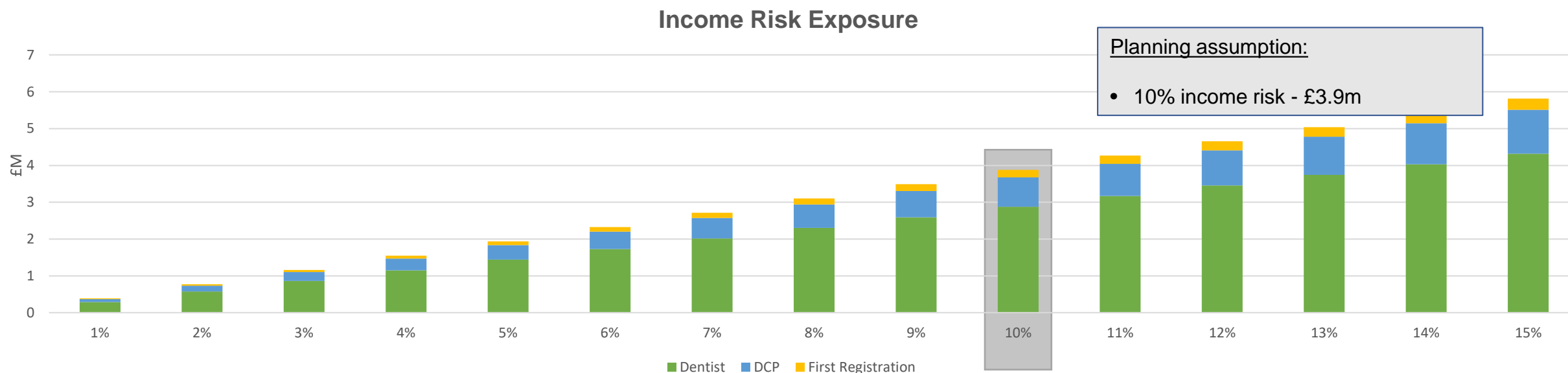
- FPC endorsed the updated income projections following the completion of DCP ARF collection. Budget updated accordingly.
- FPC reviewed and endorsed the MoSCoW priorities set out in the CCP Portfolio and no amendments were made to the priorities set in previous draft.
- Added the proposal for FPC to be delegated the authority by Council to reinstate ‘Could Do’ priority initiatives throughout CCP delivery should the appropriate funding be available. EMT monitoring will identify when additional budget and capacity becomes available, if levels of income risk planned for do not materialise, and FPC will review the priorities for ‘Could Do’ activity to reinstate. *See ‘Portfolio Plan – MoSCoW budget & capacity plan principles’*
- The ‘Could Do’ projects and initiatives with activity in 2021 have been ranked into 2 priority groups to represent current priority assessment. Priorities will be reassessed at the time when FPC review potential candidates to reinstate into delivery.
- Incorporated in the 2021 income forecasts and sensitivity analysis following the FPC review on 29 September.
- One project “Re-tender for external legal advisors” has been deferred by 12 months to Sep 21 to Feb 22 as current contracts likely to be extended until then.

CCP Component	Deliverables included in Final Draft V1.6
Portfolio Plan	<ul style="list-style-type: none">• Final MoSCoW prioritised Portfolio plan.• Validated all projects/programmes for IT capital expenditure budget and central contingency budget provisions.• Strategic Aim Mapping validation.• Schedule interdependency analysis and resource capacity evaluated across directorates for delivery of the CCP portfolio.• Confirmed no current adjustments required resulting from Corporate Strategy review.• Project naming review is completed with Communications team with some minor amendments are suggested to some projects for use in the external publication. However to preserve continuity of review by FPC and Council we have elected to not amend the naming defined in Appendix C and will adjust for publication following approval.
Workforce Plan	<ul style="list-style-type: none">• Headcount establishment following MoSCoW prioritisation of vacancies and EMT review decision for removal of new resource requests, and that any additional resourcing in year will only be agreed if within existing headcount. New resource requests will require a post to be given up elsewhere if does not fit within existing headcount.
Budget Plan	<ul style="list-style-type: none">• Final draft budget, balancing to 10% income risk, including income projection analysis following completion of the August 2020 DCP ARF collection.• Strategic Aim Mapping of agreed budget option.• Reserves & Liquidity review of Budget implementation.• Contingency Management Framework. (Appendix E)• 2021 Detailed Budget Paper• 2021 CCP 2021-23 Funding Paper

CCP 2021-2023 Income Risk

Income Risk Assessment – Planning Assumptions

- Whilst significant income risk did not materialise in 2020 from the DCP ARF collection (1.3% risk), we remain cautious about the likely exposure for the Dentist collection in December 2020 and the DCP collection in July 2021.
- A second wave of COVID-19, which we are now beginning to see crystallise in some regions, is highly likely to have a disproportionate effect on dentistry. The sector will have already faced financial degradation from wave 1, with erosion of income and reserves, and therefore will be less likely to cope with further disruption and financial shock. The NHS and Government's ability to bail out will have also substantially eroded.
- We believe that a second wave could have significantly higher impact than that seen in wave 1, and our planning assumption is that a higher income caution rating of 10% remains prudent. This is a caution rating applied across all registration income.
- The below chart demonstrates the financial risk exposure of an income risk of between 0% and 15% materialising across our ARF income, restoration and first registration income. (No income risk has been applied to other income streams.)
- Income risk will continue to be assessed and updated regularly as more data becomes available.

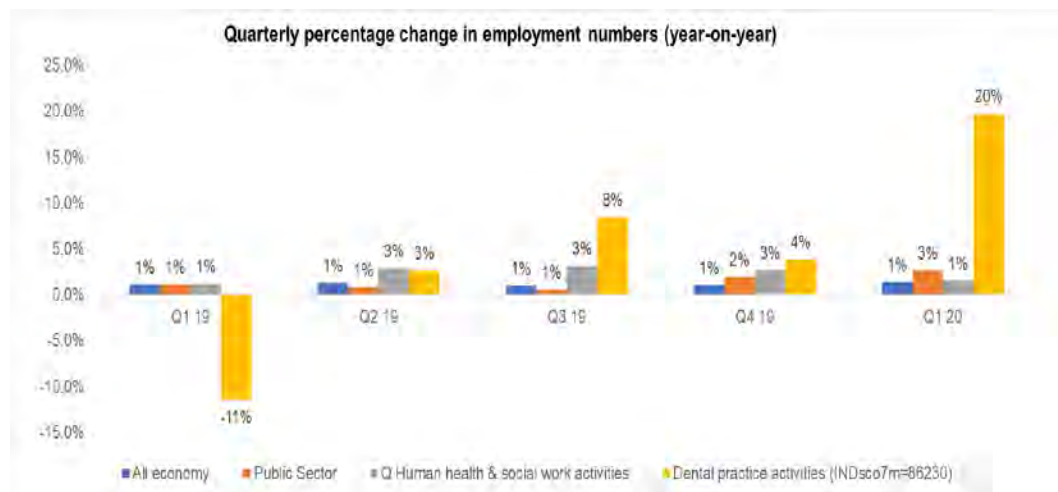


Assumptions underpinning 10% income caution

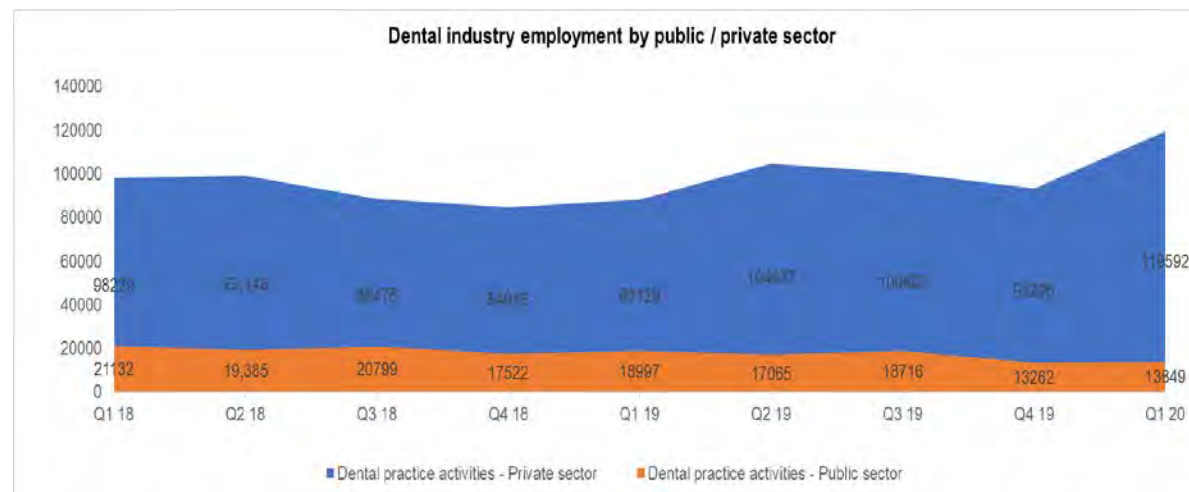
- There is significant uncertainty around the level of income risk that may materialise through the life of the plan, in particular as we begin to see the impact of COVID-19 and Brexit across the register. Estimating the impact is particularly difficult during a period of economic uncertainty.
- Whilst the impact of income risk is understood, the volatility on income streams and the timing of impact remain extremely difficult to predict.
- In particular, the following causes of concern around income have led us to determine that a 10% income risk remains a prudent assumption:
 - **2021 Student Dentist Graduate Cohorts** - We usually expect around 1,000 dentist students to graduate and join the register in the year. It is likely that graduation will be later in the year than normal for many student dentists and it is possible that for some, graduation, and thus initial registration, will be delayed into 2022.
 - **New EEA Qualified professionals** - Whilst we know MRPQ rules will continue to apply in the short term, we have less certainty around new immigration rules which will apply to EEA nationals. Whilst we do not see this as an absolute obstacle, it will add cost and complexity which may act as a barrier to entry for some professionals. We believe this may result in many professionals who would have ordinarily joined the register being dissuaded from doing so.
 - **Retention** – There are multiple concerns over the retention of registrants for 2021 onwards:
 - Whilst we did not see a significant level of reduction to DCP renewals in July 2020, we have anecdotal evidence that this was not because DCPs were being remunerated through the pandemic lockdown, but because they preferred to maintain their registration. Additional infection control measures fall disproportionately upon DCPs and we are aware that this is undermining job satisfaction. We are also aware that dental practices are struggling to recruit dental nurses at present. Given these factors it seems possible that the outflow from the register in 2021 will be higher than we would normally expect.
 - If the economy remains disrupted there is a higher likelihood that registrants nearing the end of their career may conclude that it is more financially viable to retire earlier than they would have otherwise planned.
 - We understand that changes to the NHS pensions arrangements may also influence a decision to retire earlier than planned.

Income Risk Assessment – Current Data

- DCP 2020/21 ARF – Income risk which has materialised 1.3% - £107k
- 20% increase in dental practice employment numbers (year on year) at end of Q1.
- Forecasted operating surplus for 2020, as a result of COVID cost avoidance savings, is likely to be in the region of £5m (Q2 forecast for 2020). An element of this underspend is likely to be required for income risk mitigation in 2021.
- Forecast registration numbers have been updated for 2021, taking a more detailed review of historical trend data.



Source: ONS Labour Force Survey



Source: ONS Labour Force Survey

Next available data:

- Changes in wages of main dental occupations using data from the Annual Survey of Hours Earnings Releases – October 2020
- Refreshed Labour Force Survey Data (Q2 2020) – October 2020
- Understanding education provider impact for 2021 graduates – November 2020
- Dentist ARF collection – December 2020

Portfolio Plan

See Appendix C for portfolio plan details

MoSCoW is used to ensure that all work is prioritised using a common set of criteria. The CCP budget priorities focus on including the **MUST** do programmes & projects first, before deciding the **SHOULD** do work to be included in the plan. If budget or capacity allows, the **COULD** do work priorities can be reviewed and addressed, and lastly **WON'T** do are only considered in the eventuality that all higher priorities are delivered, and budget & capacity still remains.

In all cases the project scope should focus only on the MUST do deliverables and MUST do timescales for when it is essential to deliver the work. Some projects will be contingent MUST do's based on external factors, i.e. regulatory reforms.

MUST

- Critical for success in meeting performance targets set for statutory objectives
- MANDATORY – for regulatory or statutory compliance
- Critical for success of fulfilling strategic aims
- Non-negotiable activity – must be completed
- Will deliver critical transformation agreed by EMT
- Will deliver significant savings and return on investment

SHOULD

- Enhancements to mandatory/necessary enablers which deliver significant savings and return on investment
- Work deriving from audit recommendations
- Work derived from known best practice
- Will cause significant impact if not undertaken
- Will deliver significant benefits, efficiencies or savings if delivered

COULD

- Desirable to enhance current operating models but not necessary as current models achieve outcome
- Improve processes which lead to minor efficiency gains
- To be included if time and resources permit
- Offer a return on investment which delivers greater returns than resource used

WON'T

- Not critical
- Offers lowest return on investment
- Can wait for the time being, in the eventuality all Must, Should and Could activities be completed, these can be revisited.
- Pet projects (nice to have)

MoSCoW Category	How accounted for in CCP budget and capacity plans
MUST DO – Essential activity to do in plan	<ul style="list-style-type: none">• Held in core budget - team budgets and central contingency.• Team headcounts and capacity are planned to focus on Must Do and Should Do delivery.• Regulatory Reform Programme is the only area of contingent Must Do:<ul style="list-style-type: none">• The programme sits in plan as a risk against reserves until clarity on timescales by DHSC are provided.• Preparatory work for reforms is essential to ensure the GDC are ready for reform workstreams.• Announcement of reforms will require flexibility to review and adjust portfolio priorities accordingly to reform timelines.
SHOULD DO – Agreed activity to do in plan	<ul style="list-style-type: none">• Held in core budget - team budgets and central contingency.• Team headcounts and capacity are planned to focus on Must Do and Should Do delivery.
COULD DO – Potential additional activity to do, if budget and capacity allows.	<ul style="list-style-type: none">• Could Do projects and initiatives may be delivered in addition to the Must Do and Should Do items, in the event that budget, income and capacity efficiencies allow.• The list of Could Do projects have been ranked into 2 priority groups to reflect current priorities at time of CCP 2021-23 final draft approval.• Council are requested to delegate authority to FPC to reinstate Could Do projects throughout the delivery of the CCP plan, through the following process:<ul style="list-style-type: none">• EMT will perform monthly monitoring of budget, income and capacity and notify FPC at a minimum quarterly when there is availability to deliver additional Could Do projects.• FPC will revisit 'Could Do' priorities and agree the projects appropriate to reinstate at the time of review, based on their priority, viability to deliver at that time considering ongoing COVID-19 impacts, and ability to deliver within the additional budget and capacity envelope now available.• Council will be notified of Could Do projects reinstated and will receive progress updates through the CCP Quarterly Performance reporting.• The current list of Could Do projects are not accounted for in the CCP 2021-23 budget with the exception of the Hearings Separation Programme for which the budget is held within central contingency.• Could Do projects will also be reviewed during CCP 2022-24 planning rounds as candidates for higher prioritisation.

MoSCoW Category	How accounted for in CCP budget and capacity plans
WON'T DO – To not do in the plan	<ul style="list-style-type: none">• Not included in the budget or capacity plans as they are proposed to not deliver within the CCP plan.• Won't Do projects are retained as listed in the portfolio plan for reference purposes. They will be reviewed in future CCP planning rounds in 2021 as candidates for reintroducing to the plan.
TBD – Potential future projects	<ul style="list-style-type: none">• These are potential projects which require longer term business case evaluation of requirements and priority, for which the evaluation timescales fall outside of the CCP 21-23 planning cycle.• They are not included in the budget or capacity plans and are identified as a risk against reserves.

Portfolio Plan – Could Do Priority Ranking

The 2021 ‘Could Do’ initiatives are ranked into priority groups - 1 or 2. EMT will monitor budget and capacity monthly and notify FPC at a minimum quarterly when there is availability to deliver additional Could Do projects. FPC will then revisit the ‘Could Do’ priorities and agree the projects appropriate to reinstate at the time of review, based on their priority, viability to deliver at that time considering ongoing COVID-19 impacts, and ability to deliver within the additional budget and capacity envelope now available.

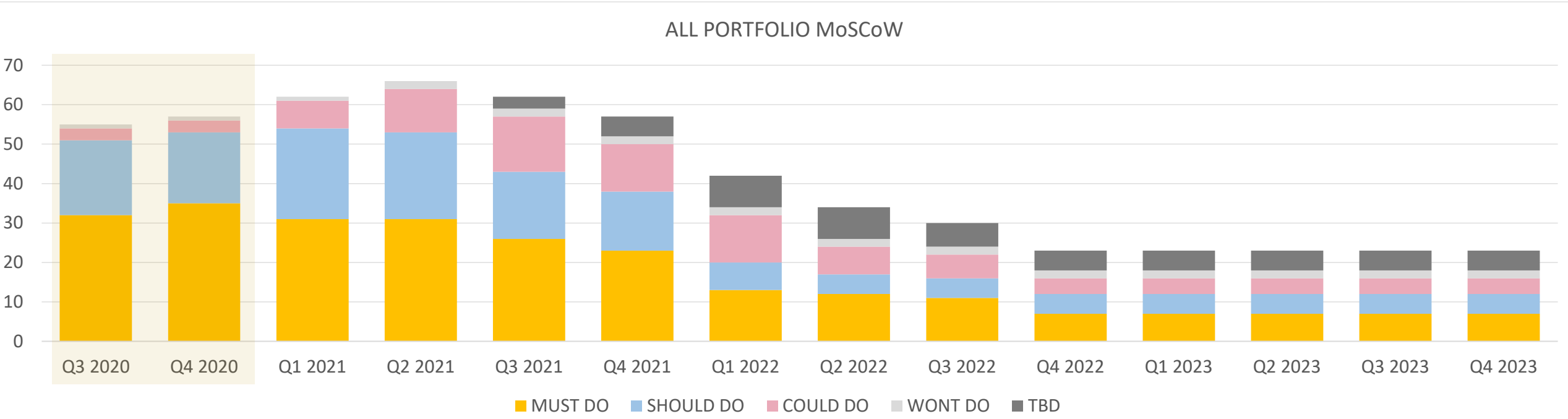
Parent Programme / Team Work Package	Project Type	Project Name	Type* (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Must Do Should Do Could Do Wont Do	Rank Priority Group
HEARINGS SEPARATION	Programme	Hearings Function Separation Programme - 3 component projects and recruitment of adjudication chair	FLOWCCP20-22	Feb-21	Mar-22	C	1
STRATEGY TWP	Business Led	State of the Nation	NEWCCP21-23	Jul-20	Nov-21	C	1
FTP TWP	Business Led	Pilot early intervention approach	FLOWCCP20-22	Apr-21	Dec-23	C	1
STRATEGY TWP	Operational initiative	Annual GDC Engagement	FLOWCCP20-22	Oct-20	Mar-21	C	1
LEGAL & GOVERNANCE TWP	Corporate Project	Review of criminal enforcement strategy	FLOWCCP20-22	Mar-21	Dec-21	C	2
FTP TWP	Corporate Project	Investigate the possibility of bespoke concern pathways	FLOWCCP20-22	Apr-21	Apr-22	C	2
STRATEGY TWP	Corporate Project	Implement a revised process for entry to specialty lists	FLOWCCP20-22	Apr-21	Sep-22	C	2
STRATEGY TWP	Operational initiative	Development of education provider workshops	FLOWCCP20-22	Apr-21	Oct-22	C	2
STRATEGY TWP	Business Led	Improve the quality of data reporting	FLOWCCP20-22	Jun-21	Jul-22	C	2
REGISTRATION TWP	Business Led	Plain English review of application forms and guidance	FLOWCCP20-22	Feb-21	Dec-21	C	2
CORPORATE RESOURCES TWP	Corporate Project	Paperless Expenses	NEWCCP21-23	Jul-21	Mar-22	C	2
CORPORATE RESOURCES TWP	Business Led	Development of data warehouse and reporting software	FLOWCCP20-22	Feb-21	Oct-21	C	2
CORPORATE RESOURCES TWP	Business Led	Implement internal self-service data reporting	FLOWCCP20-22	Feb-21	Feb-22	C	2
FTP TWP	Corporate Project	FTP CRM Usability & System Management Review	NEWCCP21-23	Jan-22	Dec-22	C	NOT 2021
STRATEGY TWP	Corporate Project	Complete implementation of fee-setting policy	FLOWCCP20-22	Jan-22	Feb-23	C	NOT 2021
STRATEGY TWP	Corporate Project	Review the process for QA of specialty training	FLOWCCP20-22	Jan-22	Feb-23	C	NOT 2021

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

- All activity is planned and prioritised considering the entire portfolio to ensure there is cross functional alignment of the work to deliver the corporate strategy, with EMT scrutinising and approving priorities, budget and workforce plans. This is facilitated through the planning process following the ‘CCP Planning Principles’ detailed in Appendix B.
- The Regulatory Reform programme business case has been deferred until Q2 2021. The programme remains as a line on the portfolio plan with no projects or budget allocated in plan, and therefore sits as a risk against reserves in the budget with amount TBD.
- The expansion of the “People & Organisational Development (POD)” programme to include new ways of working projects requires longer term business case evaluation of requirements and priority, for which the evaluation timescales fall outside of the CCP 21-23 planning cycle. Existing and key priority projects driven by the OD directorate are incorporated into the existing POD programme and OD TWP and are included within the budget and capacity plans. Projects which require the longer-term evaluation for the expanded programme business case are set as “TBD” MoSCoW priority. They are NOT included in budget and capacity plans and are identified as a risk against reserves.
- The Hearings Separation programme and associated projects are proposed as ‘Could Do’ with a budget of £383K over the 3-year plan held within the central contingency. The associated hiring of the Hearings Adjudication chair remains in plan with recruitment process currently in progress in 2020. The programme sits in the Could Do list for potential reinstatement into delivery should budget and capacity allow.
- Won’t Do projects not included in budget and capacity plans are listed below. These remain held in the portfolio for review in future CCP planning:
 - FTP ‘Shared learning from fitness to practise’ which had a resource request costs of “Learning & Insights Editor” associated to it.
 - FTP ‘Review of the communications with those raising concerns ’ which is internal resource time in costs.
 - L&G ‘Investigate appointment of legal apprentices’ which is internal resource time in costs.
 - Strategy ‘Develop our understanding of the impact of differing indemnity models on regulation’ which is internal resource time in costs.
- Complete portfolio plan details are shown in ‘Appendix C – Portfolio Plan Details’. This includes directorate breakdowns of MoSCoW prioritised projects across 2021-23.

	Projects & Operational Initiatives	Programmes	Team Work Packages		Projects & Operational Initiatives	Programmes	Team Work Packages
TOTAL MUST & SHOULD DO IN 3 YEAR PLAN*	75	2	6	MUST DO total	44	2	6
Completing 2020	18	-	-	SHOULD DO total	31	-	-
In flight 2021*	70	2	6	COULD DO total	18	1	-
In flight 2022*	28	2	6	WON'T DO total	4	-	-
In flight 2023 + 1 TBC*	10	2	6	TBD total	8	-	-

*Excludes those completing 2020, WON'T DO and TBD priorities. Includes MUST and SHOULD DO only as this the activity accounted for in CCP budget and capacity plans.



Risks	Risk likelihood*	Potential impacts	Impact severity due to mitigations
Second wave of COVID19 impacting 2020 delivery further – There are 18 projects in the portfolio due to complete in 2020 which if slip into 2021 would require resource capacity to continue the work.	Medium/High	Potential slippage of 2020 projects into Q1 2021 resulting in resources being stretched for initiating 2021 Q1 projects.	Low - The 2020 CCP is currently on track and readjusted from initial lockdown impacts. As such the ability for GDC to continue most projects is proven. The CCP delivery is monitored continuously and if necessary EMT would schedule reactive CCP planning rounds to review and revise portfolio timescales.
Capacity levels in 2021 - There is a significant volume of projects scheduled for progression and delivery in 2021. The plan is focused on ensuring capacity for the Must Do and Should Do activity, however there is a risk due to this high volume if there is disruption from external factors, capacity could be stretched, forcing re-prioritisation.	Low	Inability for projects to initiate as planned in 2021. Knock on affects to project schedules later in plan.	Medium - Capacity analysis for the planned Must Do and Should Do activity has been assessed for each directorate and approved by Executive Directors. Monitoring of the delivery and evaluating impacts of external factors will be ongoing and if necessary, the Portfolio Plan and timescales will require reprioritisation to adapt.
Unknown timescales for contingent Must Do - Regulatory Reform activity.	High	Prevents planning portfolio timescales and scope with certainty.	High - Ongoing CCP monitoring and reprioritisation planning to adapt portfolio when clarity on reforms become known. Programme business case deferred to Q2 2021.
Income Risks levels of 10% materialising.	Medium	Budget is reduced and subsequent choices made on reducing performance, removing projects or a combination of the both.	Low - Upfront planning of budget for 10% income risk level and the MoSCoW prioritisation plan in advance provide a plan with known areas where budget can be reduced.
Corporate Strategy aim amendments change focus of portfolio.	Low	Potentially invalidates some projects in portfolio and requires portfolio plan revisiting.	Low - Strategy and CCP team collaboration during planning has confirmed no initial impacts. Planning is based on assumption that any material change to aims would not impact 2021 plans and allow for 22-24 CCP planning to adapt.

***These risks have dependencies on highly unpredictable external factors of COVID19 progression and DHSC reforms timescales, and as such this likelihood assessment is to best of our current knowledge and essential ongoing monitoring will be performed, to assess if the risks are likely to materialise into issues.**

Income Assumptions and Sensitivity Analysis

Income Summary	Expected		2021 budget target (£)
	People	Income	Income
2020 Dentist ARF Collection	41,772	28,404,960	28,404,960
2020 Specialist List ARF Collection	4,236	304,922	304,922
2020/21 DCP ARF Collection*	69,715	7,947,510	4,570,627
2021/22 DCP ARF Collection*	70,089	7,932,348	3,307,789
2021 New Dentist Registrations	1,525	492,404	492,404
2020/21 New DCP Registrations	4,278	269,193	88,142
2021/22 New DCP Registrations	1,866	181,042	181,042
2021 Dentist Restorations	194	93,333	93,333
2020/2021 New DCP Restorations	966	72,071	14,824
2021/2022 New DCP Restorations	517	49,571	49,571
2021 Specialist List and TR	183	80,030	80,030
2021 Dentist Application Fees	2,288	259,362	259,362
2021 DCP Application Fees	6,483	929,070	929,070
2021 ORE Part 1	400	322,400	322,400
2021 ORE Part 2	432	1,265,328	1,265,328
Total GDC Budget for 2021 target			40,363,803

Notes:

- The expected 'people' column set out the number of registrants/applicants forecast for each income stream, with the 'income' being the income this would raise.
- We are obliged under current accounting standards to allocate income to the period to which it relates. The 2021 budget target column takes into account the allocation of income where it falls across 2 financial years.
- In particular, this allocation adjustment applies to DCP income, where the registration year commences on the 1 August.

Key points:

- Registration income updates were completed in September 2020, using a mix of techniques between historical trend analysis and management consideration of the external operating environment.
- The register is predicted to have around a 1% general growth for both DCPs and Dentists, with the Specialist register remaining at current level.
- No adjustments for income risk have been applied to the forecasting analysis, to prevent any duplication of provisioning for income risk.
- The biggest increase in income for 2021, from that projected for 2020, is in relation to Application income and associated new registration income. In particular there has been a significant increase seen in levels of income being forecast as a result of the continuing trend for the levels of non-EEA DCP's joining the register.
- Income projections in 2020 for application and assessment fees is expected to have doubled our best expectation by the end of the year. We had previously, for 2020, taken a prudent approach to forecasting this income based on the risk of the new fees acting as a potential barrier to entry on the register. For 2021, we are now including this income forecast in full.
- ORE income is also included in full, as the budget provision is also included for full in 2021. No income risk has been attributed to ORE income as expenditure will not be incurred if the exams cannot be run.
- The total increase in income expectation for 2021, versus the income analysis for 2020 (which was used for preparing previous versions of the CCP budget plan) is £1.4m. The increases are associated with:
 - Increase in processing, assessment and new registration fee income - £1m
 - Increase in Dentist fees - £260k
 - Increase in DCP fees - £100k
- The impact of the increased projection in our income has been modelled through to the impact on liquidity and reserves.

Sensitivity Analysis to ARF Income from register growth

Dentist register growth	1.5%	1.5%	1.5%	1.5%	1.5%	1.0%	1.0%	1.0%	1.0%	1.0%	0.5%	0.5%	0.5%	0.5%	0.5%
DCP register growth	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	41,979	41,979	41,979	41,979	41,979	41,772	41,772	41,772	41,772	41,772	41,565	41,565	41,565	41,565	41,565
DCP Registrant numbers	70,436	70,089	69,742	69,395	69,048	70,436	70,089	69,742	69,395	69,048	70,436	70,089	69,742	69,395	69,048
Dentist ARF	£28,546	£28,546	£28,546	£28,546	£28,546	£28,405	£28,405	£28,405	£28,405	£28,405	£28,264	£28,264	£28,264	£28,264	£28,264
DCP ARF	£7,895	£7,878	£7,862	£7,845	£7,829	£7,895	£7,878	£7,862	£7,845	£7,829	£7,895	£7,878	£7,862	£7,845	£7,829
Total fees	£36,440	£36,424	£36,407	£36,391	£36,374	£36,300	£36,283	£36,267	£36,250	£36,234	£36,159	£36,143	£36,126	£36,110	£36,093
Surplus/(Deficit) - £k	157	140	124	108	91	16	(0)	(17)	(33)	(50)	(124)	(141)	(157)	(174)	(190)

Dentist register growth	0.0%	0.0%	0.0%	0.0%	0.0%	-0.5%	-0.5%	-0.5%	-0.5%	-0.5%
DCP register growth	1.5%	1.0%	0.5%	0.0%	-0.5%	1.5%	1.0%	0.5%	0.0%	-0.5%
Dentist Registrant number	41,358	41,358	41,358	41,358	41,358	41,152	41,152	41,152	41,152	41,152
DCP Registrant numbers	70,436	70,089	69,742	69,395	69,048	70,436	70,089	69,742	69,395	69,048
Dentist ARF	£28,124	£28,124	£28,124	£28,124	£28,124	£27,983	£27,983	£27,983	£27,983	£27,983
DCP ARF	£7,895	£7,878	£7,862	£7,845	£7,829	£7,895	£7,878	£7,862	£7,845	£7,829
Total fees	£36,018	£36,002	£35,985	£35,969	£35,953	£35,878	£35,861	£35,845	£35,828	£35,812
Surplus/(Deficit) - £k	(265)	(281)	(298)	(314)	(331)	(406)	(422)	(438)	(455)	(471)

Key points:

- ARF income has been forecast on the assumption of 1% growth in both the Dentist and DCP register size.
- Total income derived from ARF for 2021 is forecast to be £36.3m. This excludes income from those on the specialist register.
- Sensitivity analysis has been completed on the assumptions applied to register growth. The above tables set out various scenarios of register growth, and the impact on ARF income. For example:
 - Should growth be limited to 0.5% in both the DCP and Dentist register, this would provide a reduction to forecast ARF income of £157k.
 - Should there be no growth in either register, this would provide a reduction to forecast ARF income of £314k.
 - Should we see a 1% growth in the Dentist register, and a reduction of 0.5% to the DCP register, this would provide a reduction to forecast ARF income of £50k.

Budget Plan

See Appendix D for budget plan details

Budget Plan Overview

BUDGET (£'000) 2021-23

Year	CCP 2020-22	UPDATED BASELINE CCP V1.3 2021-23	BUDGET CCP V1.5 2021-23	VARIANCE BUDGET TO BASELINE	VARIANCE BUDGET TO CCP 2020-22
2020	40,426	-			
2021	40,410	39,930	37,798	(2,132)	(2,612)
2022	40,758	40,143	39,196	(947)	(1,562)
2023	-	40,368	39,447	(921)	-
Total	121,594	120,441	116,441	(4,000)	-

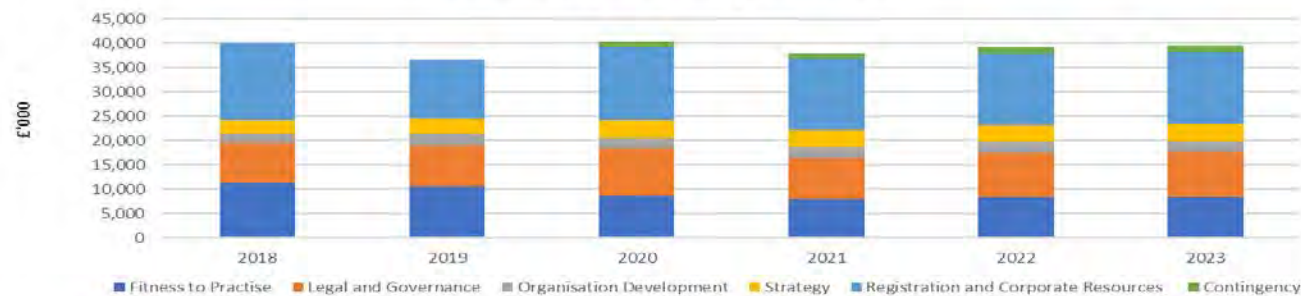
2021 BUDGET (£'000)

	*0% Income Risk	5% Income Risk	10% Income Risk	15% Income Risk
Income	40,364	38,425	36,486	34,547
Use of 2020 underspend	-	-	1,312	3,251
Budget (of which: £1,147k is held as contingency)	(37,798)	(37,798)	(37,798)	(37,798)
Budget Surplus/(Deficit)	2,566	627	-	-

Key points:

- Executive Directors and Heads of Service have reviewed external budgets to identify financial efficiencies and any impact of proposed reductions to budget submissions. External costs were also reviewed against the portfolio prioritisation to ensure any external costs relating to low priority projects have been removed.
- EMT have reviewed the draft budget and agreed those further efficiencies. These include incorporating some identified financial opportunities, where there is strong case, into the budget plan. A decision was reached to progress no new resourcing requests for 2021, with any new resourcing needs having to be met through change to the established headcount.
- Sustaining the budget efficiencies put forward as part of the 2021 external expenditure review, has not been confirmed. Budget Holders have stated that this would be subject to a further and more detailed review.
- To achieve sustainability of budget efficiencies for 2022 and beyond, we must deliver operational change in 2021.
- The budget efficiencies, from the external expenditure and resourcing review, have reduced the 2021 budget request by £2.1m, and the total CCP 2021-23 budget envelope by £4.0m.
- In the CCP 2020-22 we planned a smoothing of the ARF over the plan period, allowing for a discount to the annual ARF to redistribute £1.3m of prior period underspends in our reduction of carried reserves. This means that the ARF for the period was not designed to be cost neutral against budget.**
- The reduced budget has been modelled against 3 scenarios of income risk, meeting a firm commitment to balance the budget at 10% income risk. This has created our budget plan.

Revenue Expenditure by Directorate



*Income risk factor has been updated based on the 2020 registration income forecast tracker, which has been quality assured following further analysis completed on historical trend data. Income risk applies to ARF and first registration income, and not total forecast income.

** Unallocated surplus, should lower levels of income risk materialise, would be returned to reserves.

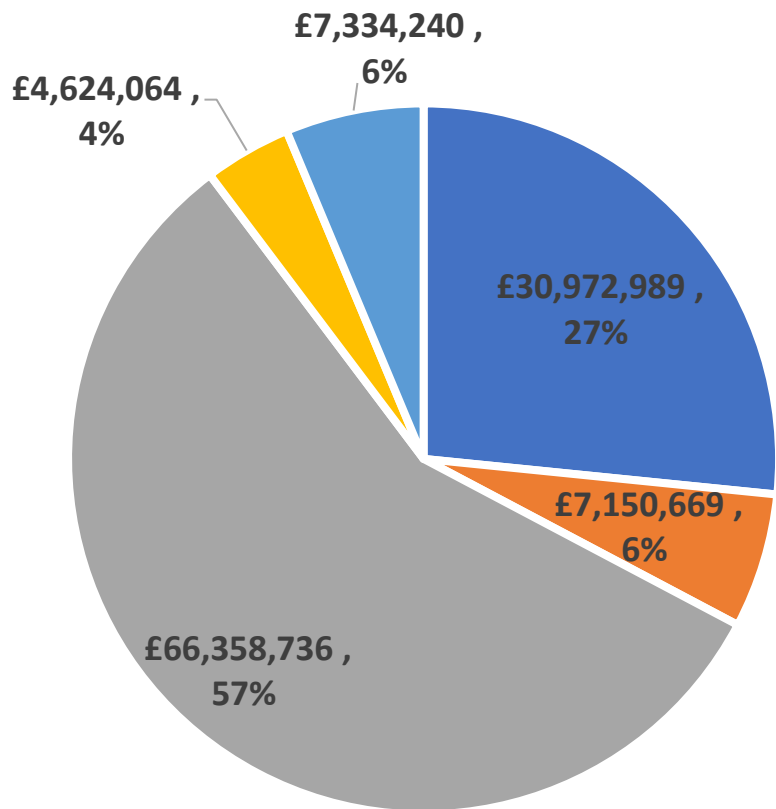
A prudent approach to contingency has been proposed. The level of contingency held will be modular and provide flexibility, agility and risk mitigation for the CCP 2021-23 plan. The contingency pots will be assessed at agreed trigger points to ascertain if they should be released. How the contingency budget will be managed is set out in the **Contingency Management Framework** at Appendix E.

Financial risks and uncertainty have been assessed to decide what is provided for in contingency, and which risks will continue to be mitigated by reserves if they materialise. Enabling us to set the reserves target at an appropriate level. All financial risks and provisions included have been assured by the relevant Executive Director.

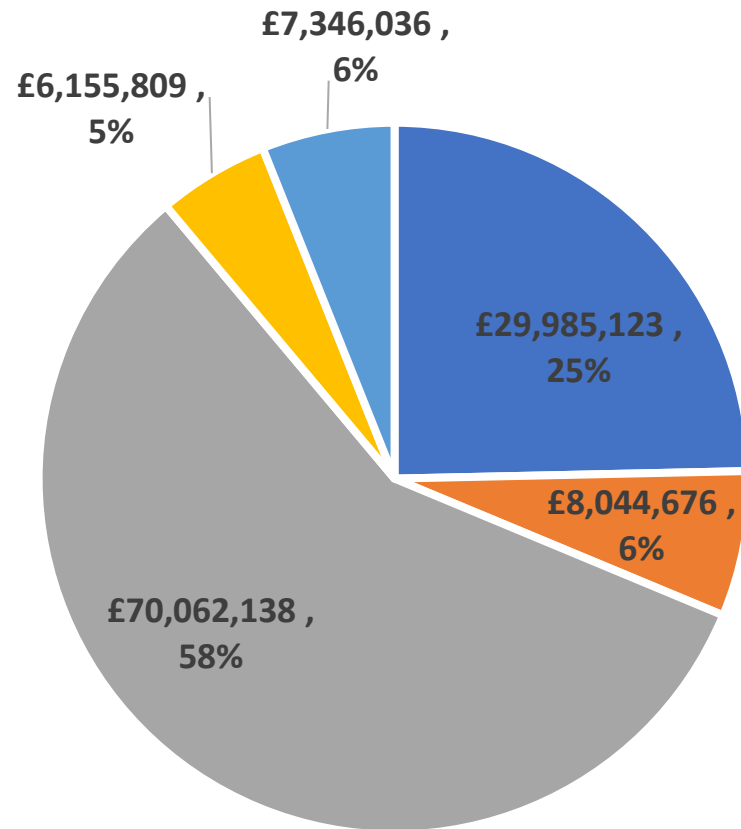
The contingency budget proposed for the CCP 2021-23 plan is set out below:

Contingency	2021	2022	2023	Trigger point for assessment
	£'000	£'000	£'000	
CEO General Contingency	100	100	100	Quarterly Review
Enabling provision for dormant posts held to manage operational demand	100	100	100	Quarterly Review
Other Pay Provision (1%), offset by payroll attrition factor (3%)	50	50	50	Quarterly Review
Enabling provision for annual pay award or implementation of new pay structure	300	450	450	February 2021
FTC Flexibility /Recruitment Slippage	50	50	50	Quarterly Review
Provision to provide flexibility for unforeseen external impacts which require amendment to the portfolio priorities to deliver our strategic aims.	-	500	500	CCP planning process
Provision for additional legal costs arising and advice is demand led, provision recognises savings that have been identified as high risk may not be fully realisable	250	-	-	Quarterly Review
Provision for overrun on hearings, recognising the impact of further delays in 2020 planned activity due to COVID -19	150	-	-	Quarterly Review
Hearings Separation Programme (*£60K additional in cap ex contingency)	109*	107	107	January 2021
Review boundaries of regulation project	38	-	-	Q1 2021
Total	1,147	1,357	1,357	

CCP 2021-2023 - STRATEGIC AIM COSTS MAPPING



CCP 2020-2022 - STRATEGIC AIM COSTS MAPPING



Strategic aim 1: operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care and professional conduct and is developed in the light of emerging evidence and experience.

Strategic aim 2: work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay.

Strategic aim 3: use evidence, research and evaluation to develop, deliver and embed a cost-effective and right touch model for enforcement action.

Strategic aim 4: maintain and develop the regulatory framework.

Strategic aim 5: continue to develop an outcome-focused, high-performing and sustainable organisation.

Broadly the % spread of costs are in line with the CCP 2020-2022

CCP 2021-2023 Strategic Aim Costing

Strategic Aim	2020	2021	2022	2023	3 Year Total	3 Year %
1	£9,846,883	£10,163,822	£10,313,576	£10,495,591	£30,972,989	27%
2	£2,589,554	£2,305,829	£2,447,726	£2,397,114	£7,150,669	6%
3	£23,681,474	£21,406,275	£22,745,241	£22,447,220	£66,358,736	57%
4	£1,979,519	£1,520,073	£1,552,277	£1,551,715	£4,624,064	4%
5	£2,328,287	£2,401,449	£2,407,177	£2,525,615	£7,334,240	6%

CCP 2020-2022

3 Year Total	3 Year %
£29,985,123	25%
£8,044,651	6%
£70,062,138	58%
£6,155,809	5%
£7,346,036	6%

Variance

3 Year £	3 Year %
£987,865	+ 2%
(£894,006)	0%
(£3,703,402)	- 1%
(£1,531,745)	- 1%
(£11,796)	0%

- Aim 1 - 2% higher in budget apportionment and 1.6 more FTE allocated
- Aim 2 - Budget apportionment and FTE allocation stays consistent
- Aim 3 - 1% lower in budget apportionment and 16.6 less FTE allocated, mainly due to proposed structural changes in the Legal and Governance Directorate
- Aim 4 - 1% lower in budget apportionment and 1.3 less FTE allocated
- Aim 5 - Budget apportionment remains consistent, and 4.7 less FTE allocated

Budget Plan – Planning Assumptions

Staff costs assumptions

- **GDC headcount will not increase over the planning period from 2020 establishment levels. Any requirement for new resources must be met by the existing headcount.**
- Vacant posts are costed at market rate, for those posted prioritised as 'Must Do' or 'Should Do' from the expected start date.
- Provision is included in for 2 FTE dormant posts, to enable flexibility to meet increased operational demand with funding held in Central Contingency.
- The 15% salary differential continues for Birmingham salaries.
- Defined benefit contributions remain at 20.3%, in line with the 2018 triannual review. Next review is scheduled for April 2021 and may impact actual contributions to be paid from April 2022. A financial risk against reserves has been recognised in relation to this risk.
- 1% other pay provision is included in central contingency for salary reviews, temporary promotions, maternity/sickness cover etc. However, this has been offset by a 3% attrition factor applied to central contingency in recognition of turnover savings that will be delivered in year. The net provision is £50k per annum in the plan.
- 2% pay award provision is included in central contingency for a potential annual cost of living pay award for 2021 and provisioned at 3% for 2022 and 2023.
- Member's remuneration held at current levels (£55k/£18k/£15k) for planning purposes. ***(Member's remuneration review is included in planned activities for 2022. Changes as a result of the review will be built in through future year iterations of the plan.)***

Pay Award Provision CCP 2021-23:

- Whilst a 3.0% pay award provision was included in the 2020 budget, EMT decided it would **not be** appropriate to implement a pay award for staff in April 2020. This was due to growing financial uncertainty caused by COVID-19.
- Choosing to hold no provision for a pay increase in 2021, would therefore be delivering a second year of pay freeze for staff.
- The pay award provision was expected to provide the funding for the implementation of a new pay and reward structure. Our previous commitment was that any change in pay structure should be cost neutral, however, this structure could also be designed to deliver cost efficiencies in the medium term.
- Whilst a pay provision of 2.0% is included in the budget, a final decision on the use, total value, timing and apportionment of any pay award remains subject to detailed discussion and agreement by EMT.
- The proposed pay award provision for 2021 has been set at a maximum of 2.0%. This is in line with the median of the agreed public sector range for 2020/21 pay increases, and the forecast median private-pay award forecasted for 2020.
- In remaining prudent a 3% pay award provision has been included in years 2 and 3 of the plan in line with average RPI forecast. This will be revisited for later years as part of the 2022-24 CCP planning process.

Year	RPI Actual / Forecast	Pay increase awarded / provisioned
2018	3.3%	2.8%
2019	2.6%	2.2% - 2.5% (PC49 ↑ – PC48 ↓)
2020	3.1%	0.0%
2021	2.69%	2%
2022	2.84%	3.0%
2023	2.98%	3.0%

Private Sector key facts - Source: Expert HR:

- The forecast median private-sector pay award for 12 months ending 31 December 2020 - 2%
- The median pay settlement for basic pay stands at 2.2% in the 3-months up to the end of June 2020, and this is at the same level as in the previous three months. The interquartile range stands between 1.8% and 3%.

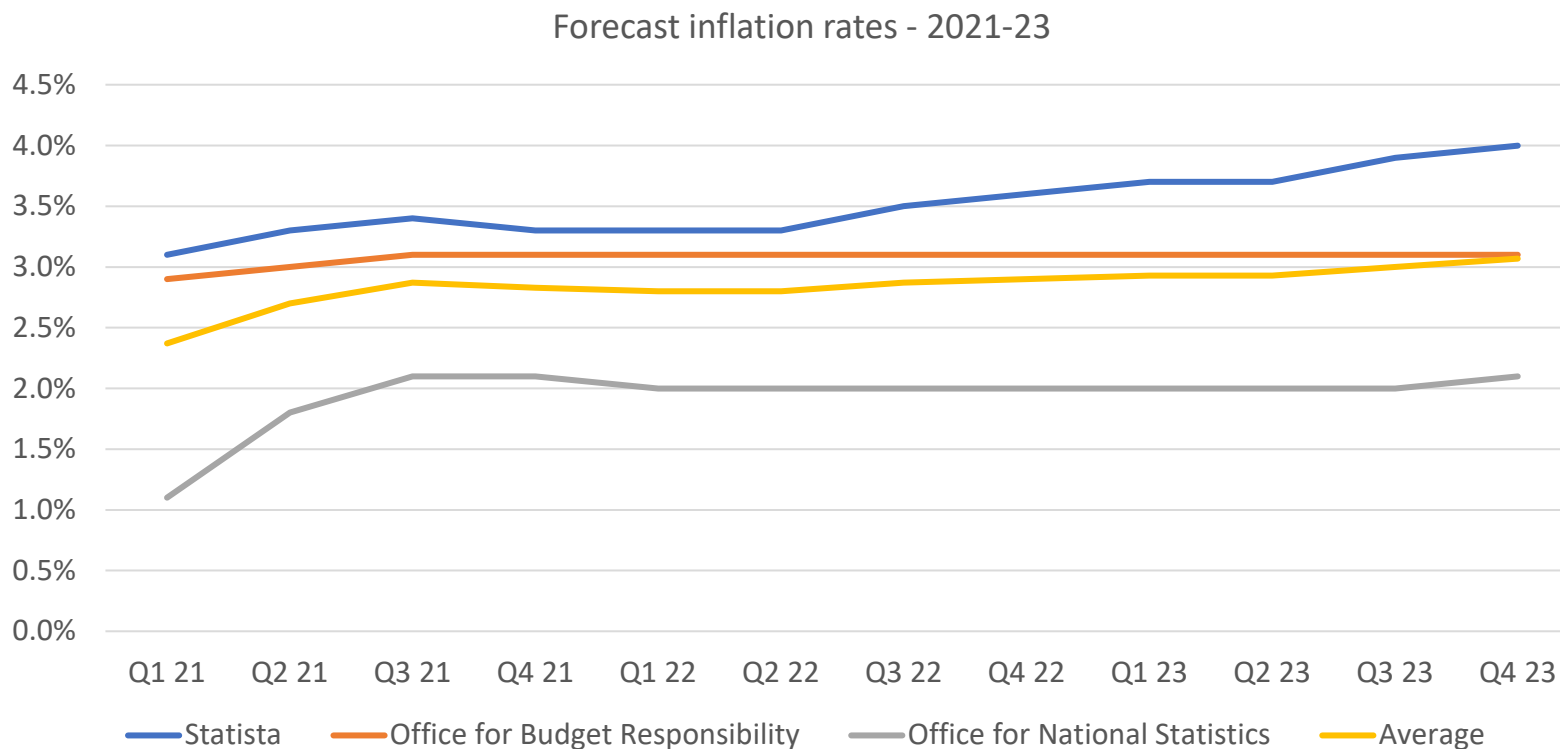
Public Sector key facts:

- General public sector pay increases for 2020 - 3.1% (Source: BBC)
- Public sector bodies are able to make pay awards within the range of 1.5% to 2.5% for 2020/21 (Source: GOV.UK) NHS Dentist pay increase for 2020 – 2.8% (source: GOV.UK)

Non-staff costs assumptions

- Non-payroll costs have been built bottom up for 2021 by budget holders and have no more than 3% applied for inflationary increases in 2022 or 2023.
- Where budget holders have raised that they are not yet able to fully understand the impact of COVID19 on business as usual operations, they have estimated potential risks and opportunities to provide a contextual view of possible volatility.
- Similarly, some budget holders have raised the continued uncertainty around Brexit and what that means to changes to our operations and cost base.
- Capital expenditure has been held at £750k for 2023 for planning purposes whilst we complete our work on a detailed asset and renewals plan.
- Costs for 'Review boundaries of regulation' project held in contingency (£38k) and is subject to final approval before allocating to operational budget.
- Costs for 'Hearings Separation Programme' held in contingency (£383k).

Forecast levels for RPI has been assessed by calculating the average of forecasts provided by three organisations:



Inflation impact on budget planning:

Year	Average Forecast Inflation	Maximum inflation applied in budgeting
2021	2.69%	N/A – budgets built bottom up
2022	2.84%	3%
2023	2.98%	3%

It remains prudent to retain a 3% provision in years 2022 and 2023 in line with average RPI forecast.

Workforce Plan

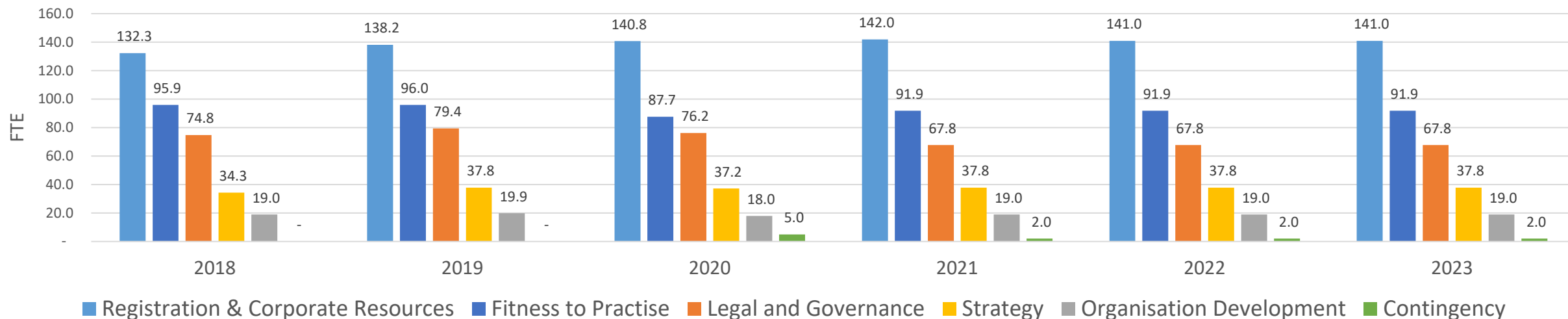
See Appendix D for headcount plan details

Workforce Plan – Key Details Summary

Established Headcount changes	Headcount removed	Frozen for recruitment 2021
RCR	-	- 3 FTE
FtP	-	-
L&G	- 1 FTE	-
STR	-	-
OD	-	-
TOTAL	- 1 FTE	- 3 FTE

- **EMT agreed that no new resource requests for 2020 should be progressed. Any request for new resource must be enabled by changes to the established headcount.**
- A business case has been discussed and agreed by EMT which enables a consultation for restructuring of the In-House Appeals & Criminal Services team. This would deliver a net reduction of 4 FTE. This opportunity has been incorporated into the draft budget, however as the proposal remains subject to consultation a financial risk has been recognised in case the restructure doesn't proceed.
- All vacant established headcount has been subject to a prioritisation exercise using MoSCoW criteria. As a result 3 posts have been frozen for 2021, and 1 post removed.
- 2 generic posts are maintained in central contingency for operational agility in central contingency.
- Further details and breakdowns of FTE by team and directorate are included in Appendix D.
- For 2021, to enable more flexibility to allow us to change the shape our workforce in meeting demand, we will be replacing the headcount control with an FTE control mechanism. This will be brought to FPC for agreement alongside the annual update of Financial policies.

FTE by Directorate



CCP 2021-2023 Financial Risk

Risks	Likelihood	£k over life of plan
ILPS budget for Counsel fees and Expert fees has been reduced by 20% to reflect the number of rule 6E's the business is currently seeing, but if this number increases the associated spend will increase.	Medium	450
The cost of the Business Intelligence self serve licenses for the CCP “Implement internal self service reporting” project. The option considered is Tableau Viewer based on a 100 Tableau Viewer licenses = £12K pa only part year cost for 2021, full cost in 2022 and increased volumes for 2023.	Low	33
Payroll costs have been budgeted until March 2021 on the basis that the service will roll into the new people system HRIS and the expectation is for all future costs to be picked up by HRIS.	Medium	55
A decision to amend the DB scheme in any year, will have an impact on the cost of the professional services.	Medium	90
The risk of an increase in Dental Complaints will require 2 additional clinical lay advisors.	Low	76
Risk of increased spend in July 2021 due to the renewal of the Microsoft EA licences. Oct 2018 list price increase was 10% but GDC were not impacted as were in the start of the 3yr fixed agreement.	Medium	60
Communications and Engagement have identified a risk for the accelerated digital Improvement project.	Low	60
Risk of Regulatory Reform Programme, dependent on DHSC’s plans and S.60 reform	TBD	TBD
Risk of costs associated with the delivery of the ‘International registration project’, where budget implications are not yet understood.	Medium	TBD
Organisational restructuring to change shape to meet current organisational demand and deliver long term expenditure efficiencies. A one off cost impact would materialise in year 1, with pay back to needing to be achieved by the end of the plan.	Medium/High	-
Emergency Education and QA activity occurring in 2021 as a result of the impact of COVID-19	High	70
Potential risk of the Legal and Governance Directorate restructure not proceeding following consultation.	Medium	786
Risk to pension DB scheme funding, requiring increase in employer pension contributions for April 2022. (Based on past service funding cost.) We are actively looking at ways to de-risk the scheme, which will be discussed as part of a separate paper with FPC and Council in due course.	Medium	1,190
Loss on investments due to further financial shock, would expect to fully recover value by the end of year 3.	Medium	-
Loss associated with running the ORE scheme in 2021 for reduced capacity diets	Medium	1,091
TOTAL RISK TO BE MET BY RESERVES		3,961

Opportunities	Likelihood	£k over life of plan
Policy have assumed the Clinical Fellow Scheme and whether it will be continuing to operate from 2021. They require this capacity but there will be a potential saving if the Clinical Fellow Scheme does not operate.	Low	64
Pension advice relate to trustee expenses/fees will drop after DB pension project	Medium	100
Introduce a new pay structure that differentiates between Central London office based and Greater London regional based, regional office based, and regional home based. This is subject to full assessment and business case of options before building into budget. (195.8 FTE London roles, £11m annual bill, applied to 15% of roles across 3 years.)	Medium/High	743
TOTAL		907

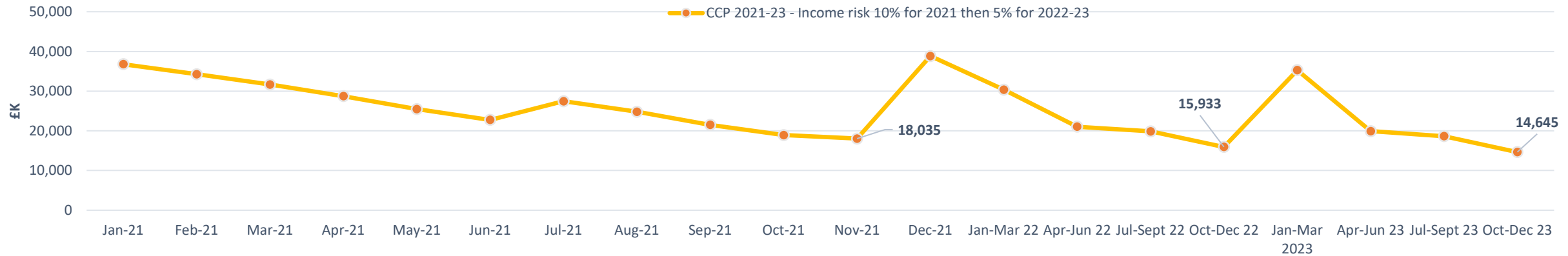
CCP 2021-2023 Reserves and Liquidity Scenarios

	£k
General Reserves at 31 December 2019	30,716
Reserves committed to fixed assets	(18,138)
Free reserves at 31 December 2019	12,578
2020 - Q2 Forecast underspend	5,516
2020 - Capital expenditure	(870)
Release of reserves committed to fixed assets (depreciation 2020)	1,501
Forecast free reserves at 31 December 2020	18,725
Capital investment 2021-23	(2,230)
Release of reserves committed to fixed assets (depreciation 2021-23)	3,418
Over recovery of income against expenditure 2021-23	4,648
Forecast free reserves at 31 December 2023	24,561
Free reserves expressed as number of months of annual operating expenditure (Dec 2023)	7.5
<i>In consideration of financial risks:</i>	£k
<i>Financial risks identified in the 2021-23 CCP (Medium/high likelihood)</i>	<i>(3,961)</i>
<i>Income risk - 10% income risk 2021</i>	<i>(3,878)</i>
<i>5% sustained reduction in register size for 2022/23</i>	<i>(3,878)</i>
Total financial risk 2021-23	(11,717)
Free reserves as adjusted for current assessment of financial risk	12,844
Adjusted free reserves expressed as number of months of annual operating expenditure	3.9
Target level of free reserves, expressed as number of months of annual operating expenditure	4.5

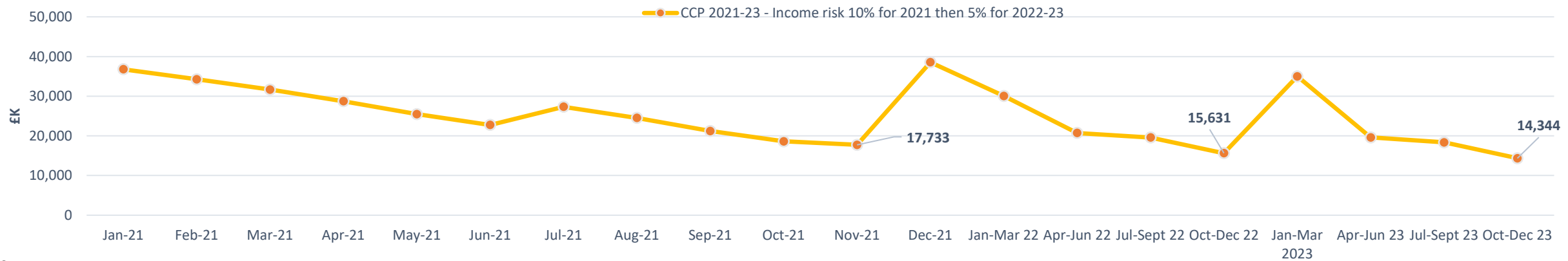
Reserves review key points:

- Forecast free reserves, as adjusted for financial risk, are forecast to be **£12.8m** at the end of the planning period. This is the equivalent to **3.9 months** of annual operating expenditure at the end of 2023. This is within the parameters of our reserves policy, but less than our current reserves target of **4.5 months**.
- The forecast free reserves have been completed based on the forecast 2021 register size, and now reflects the latest registration income forecast. It is assumed for planning purposes that the ARF remains at the same level for the next 3 years. Any reduction in ARF will decrease free reserves.
- Due to the uncertainty of impact of Brexit, we conclude that there is a likelihood of impact to income from EEA joiners to the register in 2022 and 2023. However, in calculating free reserves, we have not applied further caution to overseas registration income as we believe it is covered by the general income risk provision.
- To increase forecast free reserves as adjusted for risk, to the target level would require further budget efficiencies to be found for 2022 and 2023, or an undesirable increase to ARF.
- If income risk does not materialise the first point of call will be to replenish free reserves to the target 4.5 months level, followed by revisiting Could Do projects.

Scenario 1: Income risk will have a greater impact in year 1 of the plan 10%, with a lesser 5% income caution applied to years 2 and 3 of the plan.



Scenario 2: Income risk will have a greater impact in year 1 of the plan 10%, there will be no UK Dentist graduates joining the register in 2021 and a lesser 5% income caution will apply to years 2 and 3 of the plan.



Notes:

- Updated using 2021 forecast registration income
- New overseas registration forecast income has been reduced by 25% in years 2022 and 2023 due to uncertainty around Brexit.
- Given volatility in financial markets with uncertainty around COVID-19 and Brexit, our investments (currently c.£17m) are likely to experience both positive and negative fluctuations in the year. Our best estimate is that we can expect any negative impact to asset values to have recovered by the end of the planning period and as such, we are not forecasting any material investment growth.

Next Steps

Going forward - following final draft approval by Council in October:

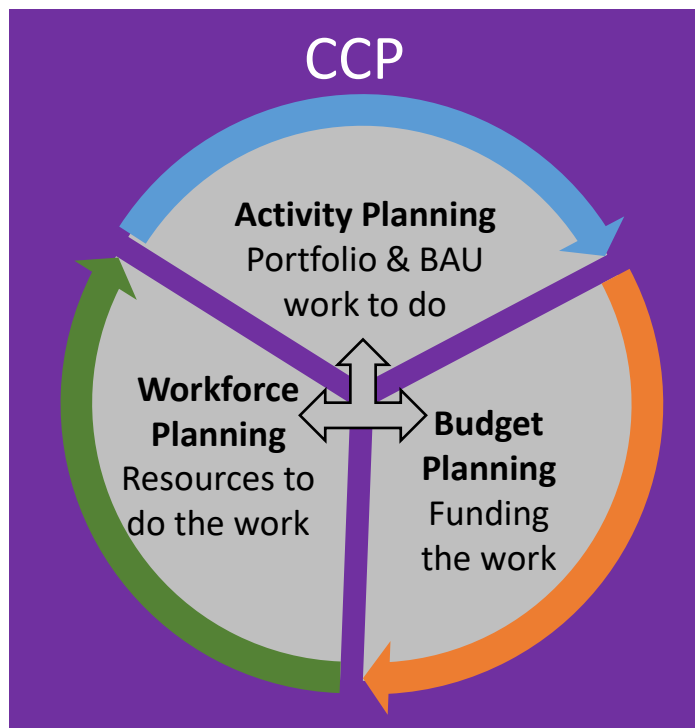
- EMT will provide monthly monitoring and assurance of budget, resource and delivery of the plan following approval by Council in October. Monitoring delivery, anticipating and actioning change will be undertaken on a monthly basis, complementing the annual planning rounds for the following years detailed activity.
- The monthly monitoring and management cycle to allow for greater flexibility once a clearer understanding of the longer-term impacts of the pandemic is upon the industry.
- The CCP Quarterly Performance Report and supporting papers provide committees and Council with status of delivery and of the Corporate Strategy and CCP.
- Where key changes are required to the plan these will be presented to FPC and Council.

CCP Planning Principles

CCP Overall Planning Principles

Regulatory Framework
Statutory functions

Corporate Strategy
Aims and Objectives



- Activity, Budget and Workforce planning all influence each other. The planning process should, always be integrated across all three factors. Any change to the principles or plans in one requires the implications to the other two areas to be evaluated.
- Activity is planned to deliver our statutory functions and the aims of our Corporate Strategy. The portfolio is MoSCoW prioritised to agree the change work we **MUST** do to deliver these statutory functions and strategic aims, and the work we **SHOULD** do to enable the most benefits & ROI in the way we operate.
- All Activity is planned considering the entire portfolio to ensure there is cross functional alignment of all work planned to deliver the corporate strategy.
- Budget is determined to identify the costs for resources (people, estates, systems, investments, assets) required to enable the successful delivery of the Activity planned.
- Workforce is planned to provide the right skills and capacity support across the GDC teams to deliver the Activity planned. Headcount levels and new role resource requests are MoSCoW prioritised also to agree the essential roles and resources required.
- External factors, risks and known unknowns are modelled to allow for contingencies and provisions to be included in the CCP plans which are dependent upon these other factors materialising.
- To provide flexibility in the planning and delivery, ongoing iterative monitoring of Activity, Budget and Workforce plans and priorities is essential.
- When external factors dictate so (such as DHSC announcing details of regulatory reforms) the CCP Portfolio will require review and reprioritisation of activity and timescales.
- Quarterly reviews across the GDC provide in year reforecasting capability and reallocation of resources and budget to meet updated priorities, enabling the flexibility.
- Provisions held within the central contingency budget for contingent Must Dos are controlled by the executive to switch on in an agile manner as soon as the contingent factors materialise.
- All Activity in the portfolio receives EDI, Data Protection and Legal evaluations during the delivery initiation.

Principle	How we approach it
Cohesive Cross Functional Planning	<ul style="list-style-type: none">The activity planning reviews the alignment and dependencies across the entire portfolio to ensure that the plan presented is cohesively timed and the activity is aligned across functions for the delivery.Programmes, Team Work Packages and Projects have business lead directorates stated but all governance boards and delivery teams are selected to include the correct cross functional representation.
Phased & Iterative Planning	<ul style="list-style-type: none">A phased planning approach is illustrated within the portfolio programmes to provide agility and allow the plans to adapt as information becomes available on known unknowns. Business cases are prepared for phase 1 of new programmes and include a high-level proposal for future phases.Iterative CCP portfolio prioritisation will occur as information on known unknown becomes available. This will continue through into the delivery of the plan following approval.
MoSCoW prioritised activities	<ul style="list-style-type: none">MoSCoW is used to ensure that all work is prioritised using a common set of criteria.The budget priorities focus on the MUST do activity first before deciding the SHOULD do work to be included.If budget or capacity allows, the COULD do work can be addressed and reinstated by FPC, and lastly WON'T do is work not to be done unless priorities change or all higher priorities are delivered, and budget & capacity still remains.In all cases the project scope should focus only on the MUST do deliverables and MUST do timescales for when it is essential to deliver the work.Some activity will be contingent MUST do, dependent upon external factors, i.e. regulatory reforms.
Business Case dependent	<ul style="list-style-type: none">All new programmes and projects are subject to business case approval.Provisional budgets are being allocated where external expenditure in later years of the plan is expected but full costing analysis would be pending business case.
Capacity Analysis	<ul style="list-style-type: none">Teams review the CCP portfolio when planning their headcounts, particular for cross functional support roles.Resource demand assessment is performed for EDs to provide high level assurances that there is the capacity in their teams to deliver the work prioritised within the portfolio plan.

Principle	How we approach it
Budget baseline	<ul style="list-style-type: none">The budget will not exceed the level set in the CCP 2020-22 budget envelope for 2021 or 2022.
Budget should balance income, assessed for income risk	<ul style="list-style-type: none">Consider appropriate level of utilisation of 2019/20 underspends to mitigate any income risk. Underspend will also need to support any slippage of work from 2019.A budget scenario for each 5%, 10% and 15% income risk (at team budget level), compared against baseline for 2021 to be created:<ul style="list-style-type: none">Budget holders assess each budget line for fixed, variable and avoidable costs:<ul style="list-style-type: none">Identify impact of reducing variable costs on operational/portfolio performanceIdentify impact of mitigating avoidable cost on operational/portfolio performanceRevised budget scenarios and impact of reduction in headcount can be used to draw the line on capacity on the portfolio as to what can be delivered, using the prioritisation from MoSCoW ratings.Build in 5% income risk to budget plans for 2022 and 2023 to facilitate a structural income risk going forward.
Prudent approach to contingency	<ul style="list-style-type: none">A budget which is set neutral to the budget envelope (or less than), however containing a greater level of modular contingency to provide flexibility, agility and risk mitigation.Assessment of likelihood of risk to decide what is provided for in contingency, and which risks should continue to be mitigated by reserves if they materialise.Setting an appropriate reserves target for 2021 based on approach to management of financial risk.Modular contingency to have appropriate check points for its release to either:<ul style="list-style-type: none">switch on packages of work, i.e. 'contingent must do' or 'could do'return to reservesDesign mechanism for accessing and releasing contingency, with appropriate check point gates. Approach to enabling contingent 'must do' resides with Executive to meet the need to be agile and reactive.

Principle	How we approach it
ARF should be the cost of regulation, any reduction in ARF should be sustainable.	<ul style="list-style-type: none">• Refresh percentage of operational activity between registrant group.• Apply percentages, revised reserves target, registrant number projections and update the required ARF for each of the budget scenarios.• Consider against the budget envelope for the next 3-year planning period.
Long term financial sustainability	<ul style="list-style-type: none">• Consider the going concern exercise over the 3-year period, modelling reserves, income risk and liquidity.

Principle	How we approach it
Headcount baseline in plan	<ul style="list-style-type: none">• No new resource requests submitting during CCP 2021-23 planning period will be provisioned for.• Any additional resourcing requests will only be agreed if within existing headcount.• New resource requests will require a post to be given up elsewhere if does not fit within existing headcount.
Established headcount should not increase, but organisational shape and policies can change	<ul style="list-style-type: none">• MoSCoW approach to workforce planning for current vacant posts to assess where posts can be frozen for recruitment or removed.• Consider in recruitment planning whether Permanent, Fixed Term or Contractor to meet the demand in the most operationally efficient and sustainable way.• Explore anything we could do in the short term to increase flexibility in staffing model in other ways. (Capacity/capability adding changes, e.g. apprenticeships, temporary secondments, internships, upskilling)• Look at income generating opportunities through policy change.
Sustainable headcount	<ul style="list-style-type: none">• Longer-term sustainability to headcount and organisational shape would need to be considered through People and Organisational Development Programme, which includes organisational structure design and workforce planning.(what do we buy, build, borrow or bot/automate)• Remain open to whether a zero base headcount planning requirement is required, impacting years 2/3 of the plan.

- The coronavirus pandemic has reshaped the planning landscape and degraded our ability to create long term plans.
- The future of the organisation is unclear at present, though there are a series of “known unknowns” and the understanding that in order to remain resilient we must be flexible and adaptive.
- What has arisen is an opportunity to design in resilience, flexibility and change ways of working.
- We have had to build flexibility into the planning process to allow for adaptation as new information on current unknowns emerges.
- The CCP Team work in conjunction with the Strategy Team in order to ensure we build agility into the core of both the Corporate Strategy and the CCP.
- The core plan is built on the principles of stabilising the organisation, building its resilience and transformation in order to support registrants and patients and ensure safe, high quality dental services in the UK.
- The approach to accommodate the essential flexibility is to create a plan with manageable phases which will be scoped and revised iteratively when the need arises.

There are risks from known unknowns which prevent certainty for the business to horizon plan initiatives in the CCP Portfolio:

- Regulatory Reform details and timescales unknown for a number of areas
- Interdependencies across programmes for future phases where timescales not yet known.
- Longer term COVID19 impacts of the dental profession
- Longer term COVID19 office arrangements and working practices
- The potential for an ongoing second spike in infections, a vaccine has yet to be developed and the progression of the virus itself and the possibilities of mutation are as yet unknown.

The Strategy Research and CCP planning teams have collaborated throughout the CCP development process to model the impacts of these known unknowns and refine the plan as further data has become available. This process will continue as part of the ongoing monitoring during CCP delivery.

The CCP plan has been built to a budget income risk of 10% to enable the plan to adapt to varying levels of income risk. The MoSCoW prioritisation against enables the GDC to make decisions on additional activity to perform should income be greater than the 10% risk planned for, or reduce activity further if necessary.

No	Strategic Aim	Analysis
1	Operate a regulatory system which protects patients and is fair to registrants...	Professional and public expectations may have changed particularly around risk appetites (risk averse behaviours vs expectations for more rapid adoption of the new)
2	Work with the professions and our partners to ensure that patients are able to raise concerns with the agency best placed to resolve them...	<p>Access to dental care is going to be a significant concern for the public</p> <p>The nature of concerns may change (new opportunities for misconduct such as profiteering, new cultural biases, new risks in practice)</p> <p>Some agencies are not taking new concerns or progressing cases at peak transmission</p>
3	Use evidence, research and evaluation to develop, deliver and embed a cost-effective and right touch model for enforcement action.	<p>Remote hearings potentially change or accelerate change in how we undertake our enforcement action.</p> <p>The factors affecting our enforcement decisions are likely to be changed.</p>
4	Maintain and develop the regulatory framework	<p>Reform agenda is likely to fragment with some parts moving at pace and others being deferred</p> <p>Pace of change in dentistry is likely to increase</p>
5	Continue to develop an outcome-focused, high performing and sustainable organisation	Increased focus on flexible regulation may lead to wider support for outcome-focused approaches.

Appendix C

Portfolio Plan –

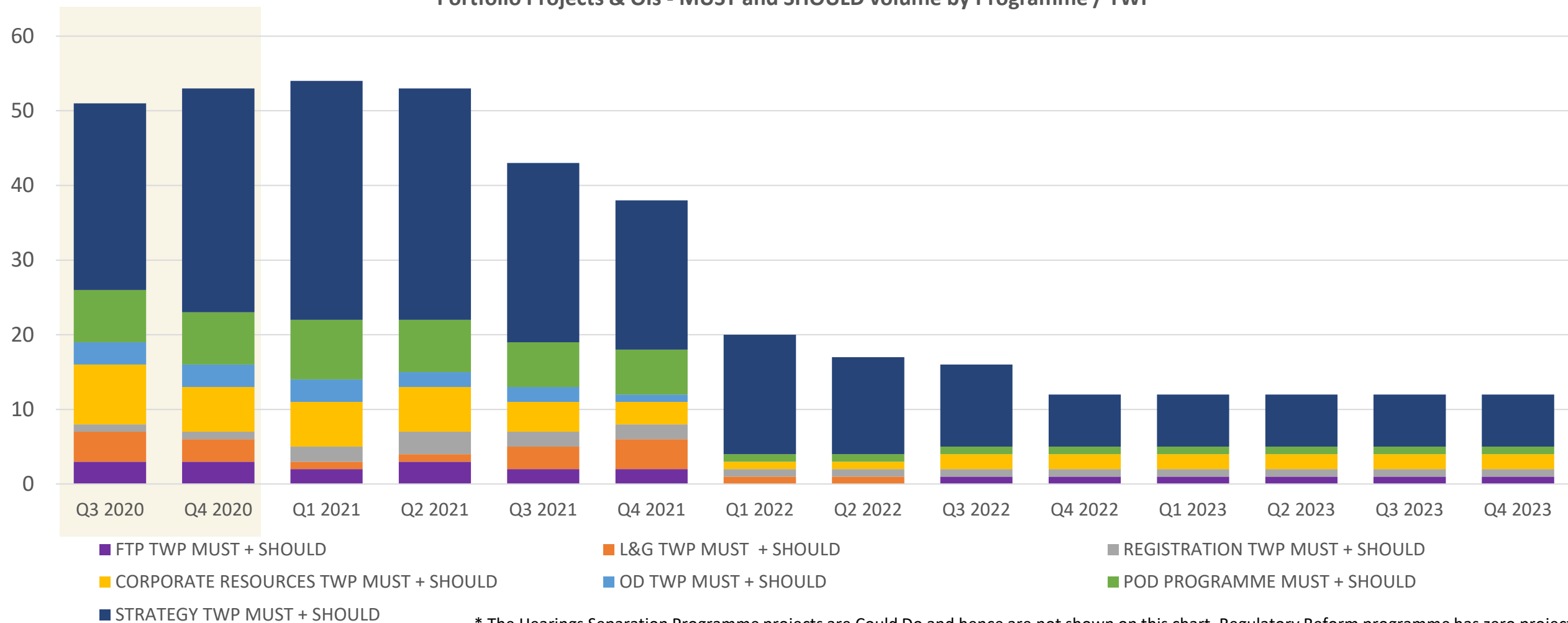
Programmes, Team Work Packages and Projects

Portfolio Plan – Programme / TWP Delivery Profile – Must Do & Should Do

The chart below shows the volume of MUST DO and SHOULD DO* projects and operational initiatives for each programme and team work package. This represents the key activity planned and budgeted for in the CCP.

The Could do, Won't do and TBD volumes are illustrated in the breakdowns for each programme and directorate TWP in the following slides.

Portfolio Projects & OIs - MUST and SHOULD volume by Programme / TWP



Programme Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Regulatory Reform Programme <i>(Business case deferred to Q2 2021 – no projects or budget currently allocated)</i>	NEWCCP21-23	Apr-21	Dec-23	3	M
People & Organisational Development Programme	FLOWCCP20-22	Jan-20	Mar-23	5	M
Hearings Function Separation Programme	FLOWCCP20-22	Feb-21	Mar-22	3	C

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

2020		2021				2022				2023			
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		Processes and Systems improvements workstream P1											
People & Culture Workstream phase 1													

People & Culture Workstream Phase 1

- Internal Engagement Strategy & Action Plan development - Aug-20 - Apr-21 (M)
- EDI Strategy and Action Plan development - Jul-20 - Jan-21 (M)
- Effective Associates - Aug-20 - Dec-21 (M)
- Operating effectively in a digital age - Apr-21 - Dec-21 (S)
- Organisational Policies Framework - Aug-20 - Mar-21 (S)
- People Systems - Jan-20 - Dec-21 (M)
- Policies & working practice changes due to COVID - Jun-20 - Dec-21 (M)
- Building Leadership - Jun-20 - Dec-21 (M)
- Management Capability - Jul-21 - Mar-23 (S)

Processes and Systems improvements workstream - Phase 1

- Optimisation of GDC estate stage 1 - Jan-21 - Jun-21 (S)
- Review and analysis of systems and process improvements - Jan-21 - Jun-21 (S)

TBD – These potential projects require longer term business case evaluation of requirements and priority, for which the timescales are outside of the CCP 21-23 planning cycle. They are not included in the budget or capacity plans and are identified as a risk against reserves.

- Rewarding Contribution
- Optimisation of GDC estate stage 2
- Organisational Operating Model Design
- People Systems Phase 2 - LMS Implementation
- Talent Management programmes
- Delivery of systems and processes improvements - Stage 1
- Delivery of systems and processes improvements - Stage 2

Aim: The programme aims to support the GDC to achieve its strategic goals via the creation of an organisation with a flexible and agile workforce capable of responding to challenges and the ability to change at pace; where the people are multi-faceted and not wedded to one job description.

Objectives:

- Analysis of future requirements and current workforce profile to determine gap
- Organisation-wide approach to organisational design intended to produce an adaptable, flexible organisation through effective business models, structures and roles
- Development of a modern resourcing approach adopting the most cost effective and agile recruitment and selection strategies to bring talent into the organisation
- Determine a revised reward proposition to ensure the GDC is able to attract, retain and motivate talent
- Develop a new approach to learning and development including the facilitation of a culture of 'everyday learning'
- Active engagement with the workforce using their ideas to engender action across all people activities and create stronger business results

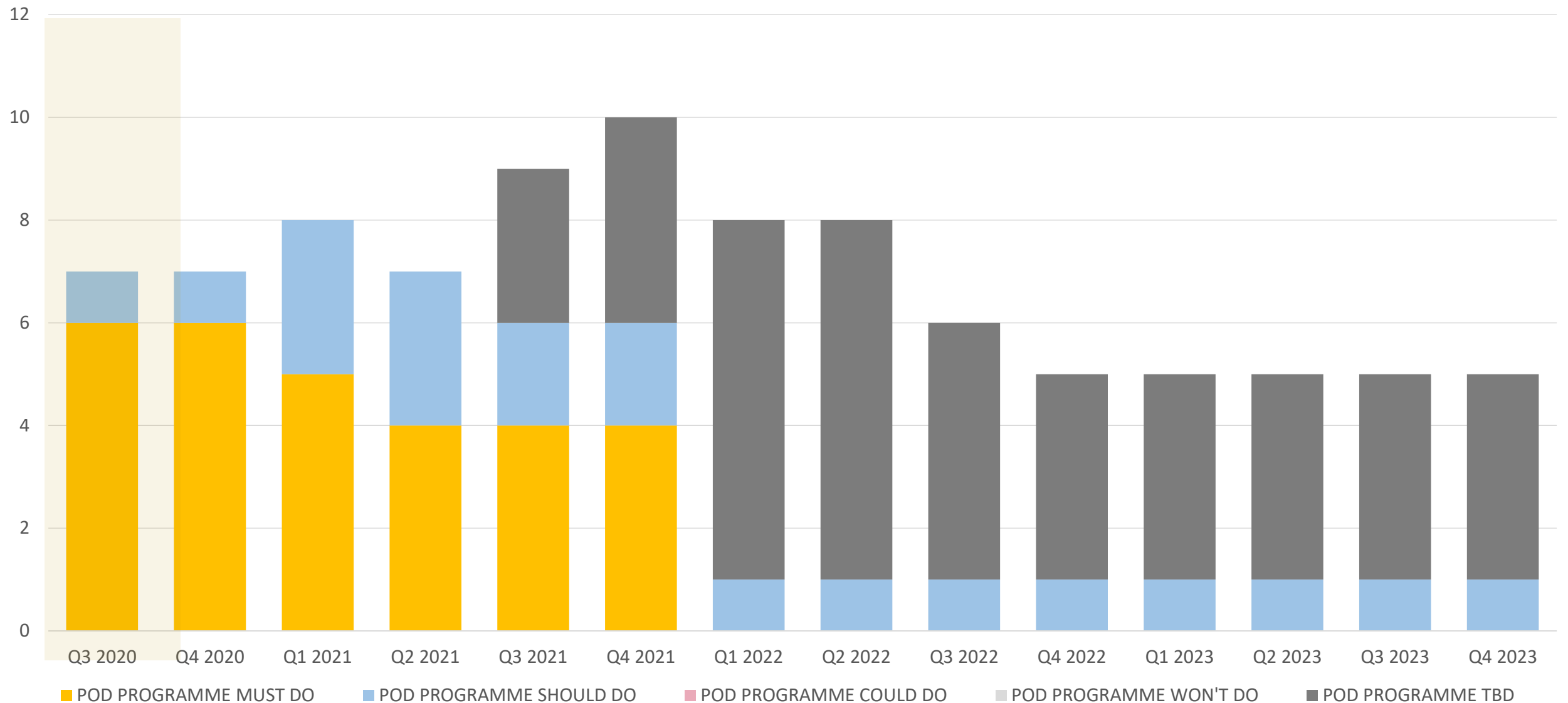
MoSCoW Priority:

- **MUST DO** – For the existing POD programme as defined in the list of project in both phase 1 workstreams.

Project Type	Project Name (Same as Project Online)	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Corporate Project	Rewarding Contribution	FLOWCCP20-22	Oct-21	Oct-22	5	TBD
Business Led	Internal Engagement Strategy & Action Plan development	NEWCCP21-23	Aug-20	Apr-21	5	M
Corporate Project	EDI Strategy and Action Plan development	NEWCCP21-23	Jul-20	Jan-21	5	M
Corporate Project	Effective Associates	NEWCCP21-23	Aug-20	Dec-21	5	M
Corporate Project	Operating effectively in a digital age	NEWCCP21-23	Apr-21	Dec-21	5	S
Corporate Project	Optimisation of GDC estate stage 1	NEWCCP21-23	Jan-21	Jun-21	5	S
Corporate Project	Optimisation of GDC estate stage 2	NEWCCP21-23	Jan-22	Dec-22	5	TBD
Corporate Project	Organisational Policies Framework	NEWCCP21-23	Aug-20	Mar-21	5	S
Corporate Project	Organisational Operating Model Design	NEWCCP21-23	Jul-21	Dec-22	5	TBD
Corporate Project	People Systems	FLOWCCP20-22	Jan-20	Dec-21	5	M
Corporate Project	People Systems Phase 2 - LMS Implementation	NEWCCP21-23	Jan-22	Aug-22	5	TBD
Corporate Project	Policies & working practice changes due to COVID	NEWCCP21-23	Jun-20	Dec-21	5	M
Corporate Project	Review and analysis of systems and process improvements	NEWCCP21-23	Jan-21	Jun-21	5	S
Corporate Project	Talent Management programmes	NEWCCP21-23	Jul-21	Mar-23	5	TBD
Business Led	Building Leadership	NEWCCP21-23	Jun-20	Dec-21	5	M
Corporate Project	Delivery of systems and processes improvements - Stage 1	NEWCCP21-23	Jul-21	Jun-22	5	TBD
Corporate Project	Delivery of systems and processes improvements - Stage 2	NEWCCP21-23	Jan-22	Mar-23	5	TBD
Business Led	Management Capability	NEWCCP21-23	Jul-21	Mar-23	5	S

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

POD Programme Project & OIs MoSCoW



2020		2021				2022				2023			
Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
		Hearings Separation Programme											

Hearing Separation Programme

Projects:

- Strengthen the separation of the hearings function – Feb 21- Mar 22
- Identify software options of empanelment process – Jul 21 – Mar-22
- Consider software improvements for hearings – Jul 21 – Mar-22

BUDGET: £383k 3 year cost: 2021 £109k operational and £60k cap ex. £107k operational costs in 2022 and 2023.

The Hearing Separations Programme is to be fully scoped and phased if appropriate, as this scoping was commenced but not completed before the programme was deferred. The scoping work will take place in Q4 2020 and a business case written for approval. High level aims and objectives are as follows.

Aim:

The operational separation of the GDC's adjudication function, from the investigation and prosecution functions, within the current legal framework

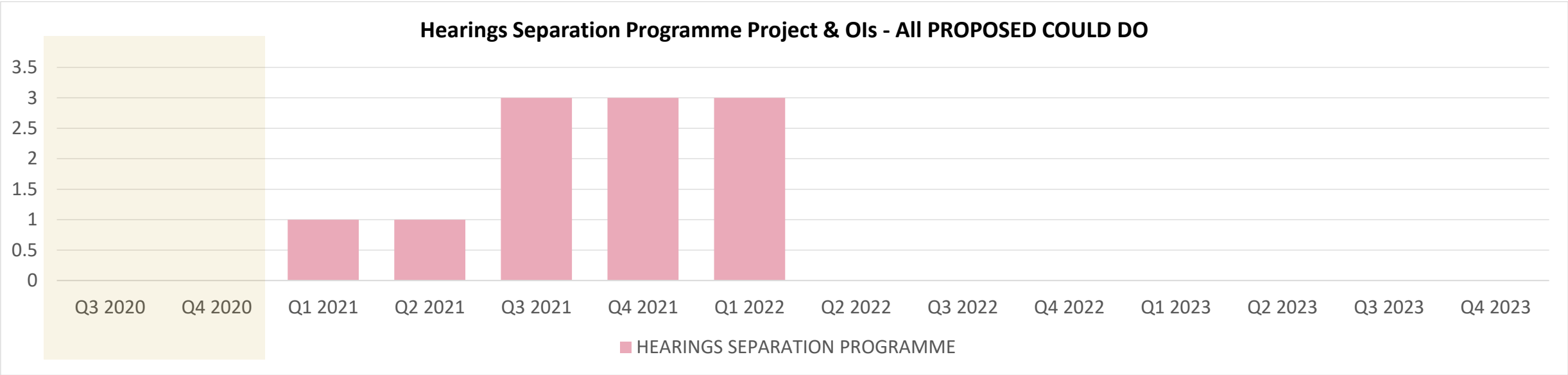
Objectives:

- To review and revise the governance arrangements for the oversight of the adjudication function, that provide it with a higher degree of transparency and a discrete identity
- To develop administrative arrangements which are operationally separate from the remainder of the GDC and are seen to be so

MoSCoW Priority:

- **The programme sits in the Could Do list for potential reinstatement into delivery should budget and capacity allow.**
- **The associated hiring of the Hearings Adjudication chair remains in plan also with recruitment process in progress in 2020.**
- **The budget for the programme is currently held in the central contingency and the Hearings Adjudication chair held in workforce plan budget.**

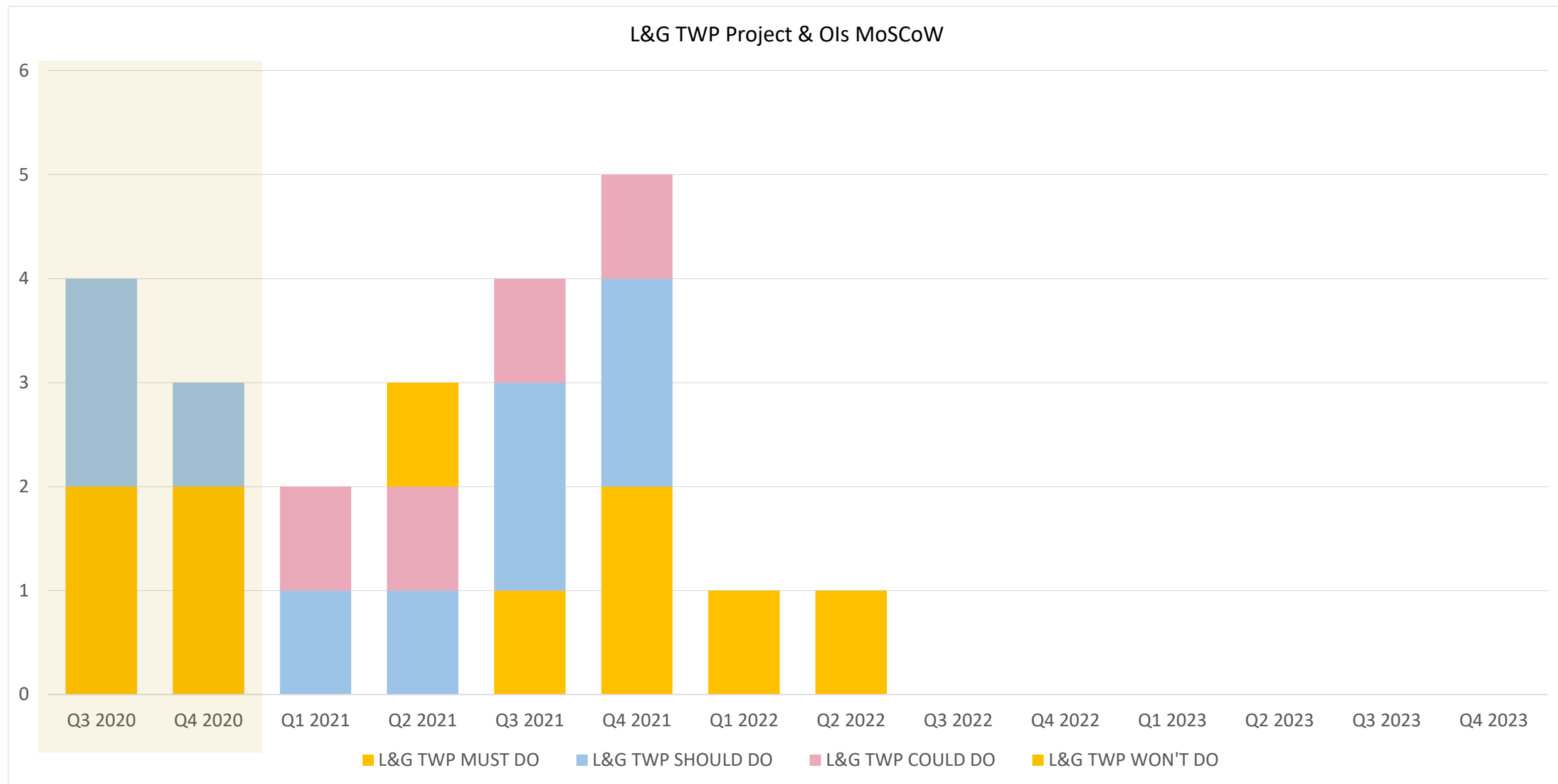
Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Corporate Project	Consider software improvements for hearings	FLOWCCP20-22	Jul-21	Mar-22	3	C
Corporate Project	Identify software options of empanelment process	FLOWCCP20-22	Jul-21	Mar-22	3	C
Corporate Project	Strengthen the separation of the hearings function	FLOWCCP20-22	Feb-21	Mar-22	3	C



*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

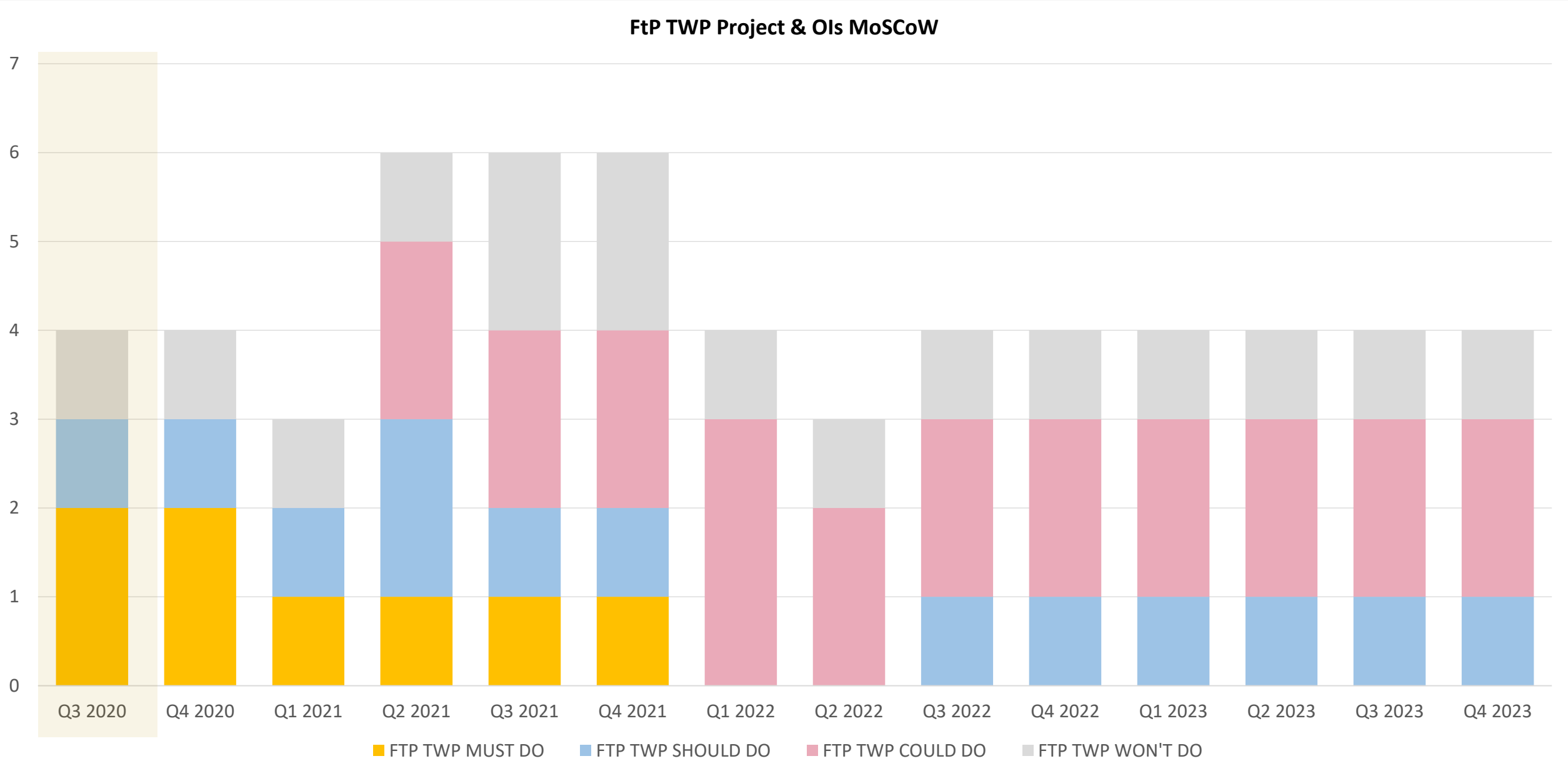
Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Operational initiative	Re-tender for external legal advisors	FLOWCCP20-22	Sep-21	Feb-22	5	M
Operational initiative	Procurement of Recruitment Partner for Council & Committee posts	NEWCCP21-23	Jul-21	Dec-21	5	S
Corporate project	Implement board effectiveness recommendations	FLOWCCP20-22	Jan-20	Dec-21	5	S
Corporate project	Procurement of external support for Council & Committee Effectiveness Review 2022	NEWCCP21-23	Dec-21	Jul-22	5	M
Corporate Project	Review of criminal enforcement strategy	FLOWCCP20-22	Mar-21	Dec-21	3	C
Corporate Project	Investigate appointment of legal apprentices	FLOWCCP20-22	Jun-21	Aug-21	5	W

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.



Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Business Led	Remote hearings implementation & improvement	NEWCCP21-23	Apr-20	Dec-21	3	M
Operational initiative	Tender for supplier to review the quality of CDA reports	FLOWCCP20-22	Apr-21	Aug-21	5	S
Operational Initiative	Review process for preparing bundles	FLOWCCP20-22	Jul-22	Dec-23	3	S
Corporate Project	FTP CRM Usability & System Management Review	NEWCCP21-23	Jan-22	Dec-22	5	C
Corporate Project	FTP KPIs Redesign	NEWCCP21-23	Oct-20	Jan-22	3	S
Corporate Project	Investigate the possibility of bespoke concern pathways	FLOWCCP20-22	Apr-21	Apr-22	3	C
Corporate Project	Review of the communications with those raising concerns	FLOWCCP20-22	Sep-21	Dec-22	3	W
Corporate Project	Shared learning from fitness to practise	FLOWCCP20-22	Jan-20	Dec-21	3	W
Business Led	Pilot early intervention approach	FLOWCCP20-22	Apr-21	Dec-23	3	C

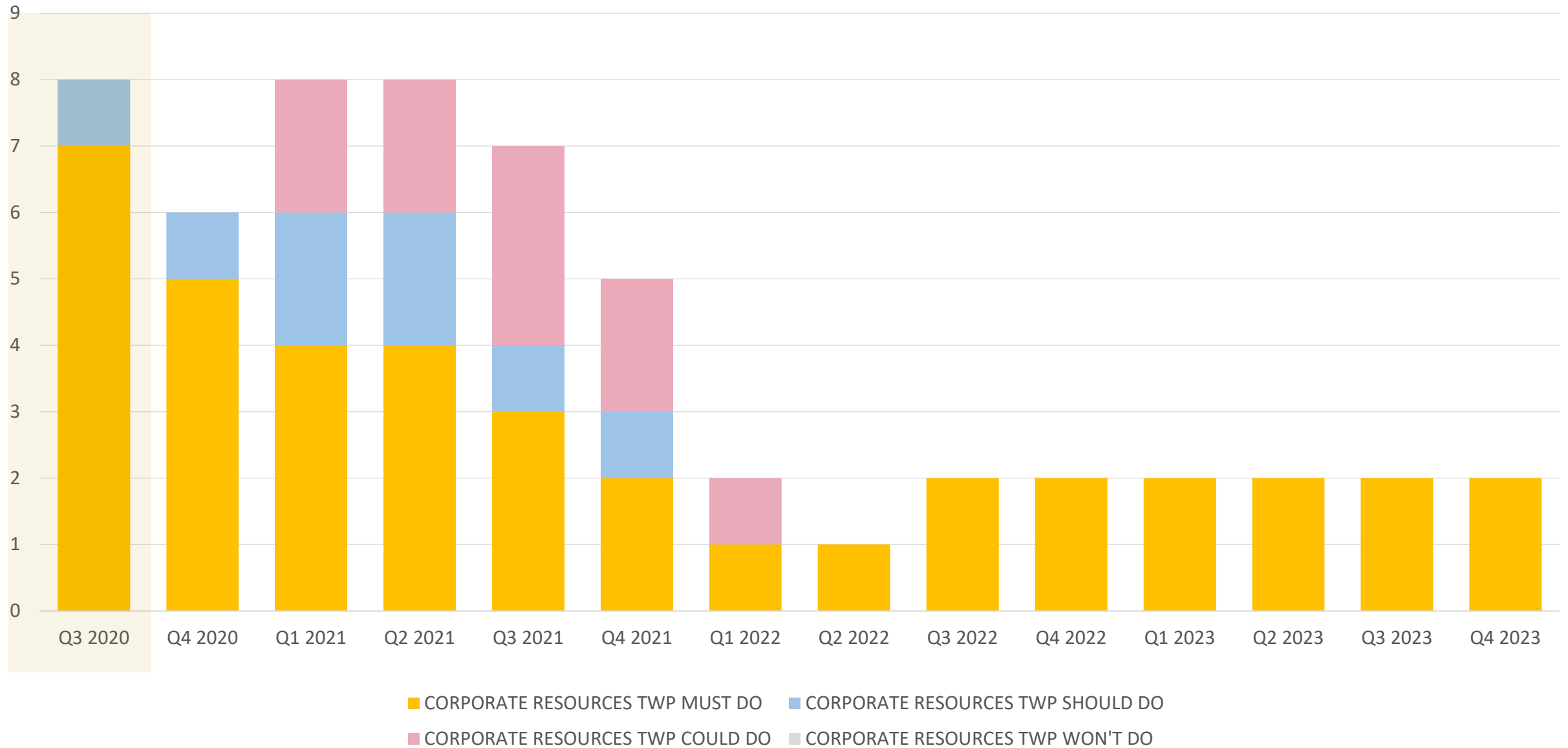
*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.



Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Operational initiative	Facilities cleaning contract renewals (2023)	NEWCCP21-23	Mar-23	Sep-23	5	M
Operational initiative	Facilities consultancy contract renewals (2021)	NEWCCP21-23	Jun-21	Oct-21	5	M
Operational initiative	Risks and Opportunity review	NEWCCP21-23	Dec-20	Jan-21	5	M
Corporate Project	Implement new procurement and contract management process	FLOWCCP20-22	Jan-20	Aug-21	5	M
Corporate Project	Paperless Expenses	NEWCCP21-23	Jul-21	Mar-22	5	C
Corporate Project	Update financial processing and management systems	FLOWCCP20-22	Oct-20	Jan-22	5	M
Business Led	Introduce new telephone system	FLOWCCP20-22	Jan-21	Jan-22	5	S
Business Led	IT Strategy - Development & Implementation	NEWCCP21-23	Jan-21	Dec-23	5	M
Business Led	Development of data warehouse and reporting software	FLOWCCP20-22	Feb-21	Oct-21	5	C
Business Led	Implement internal self-service data reporting	FLOWCCP20-22	Feb-21	Feb-22	5	C
Business Led	Replace Credit Card Processing Systems	FLOWCCP20-22	May-20	May-21	5	M
Operational initiative	Risk and Audit – independent internal auditors renewal	NEWCCP21-23	Aug-22	Dec-22	5	M
Operational initiative	Risk and Audit – specialist audit law firm renewal	NEWCCP21-23	Jan-21	Jul-21	5	S

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

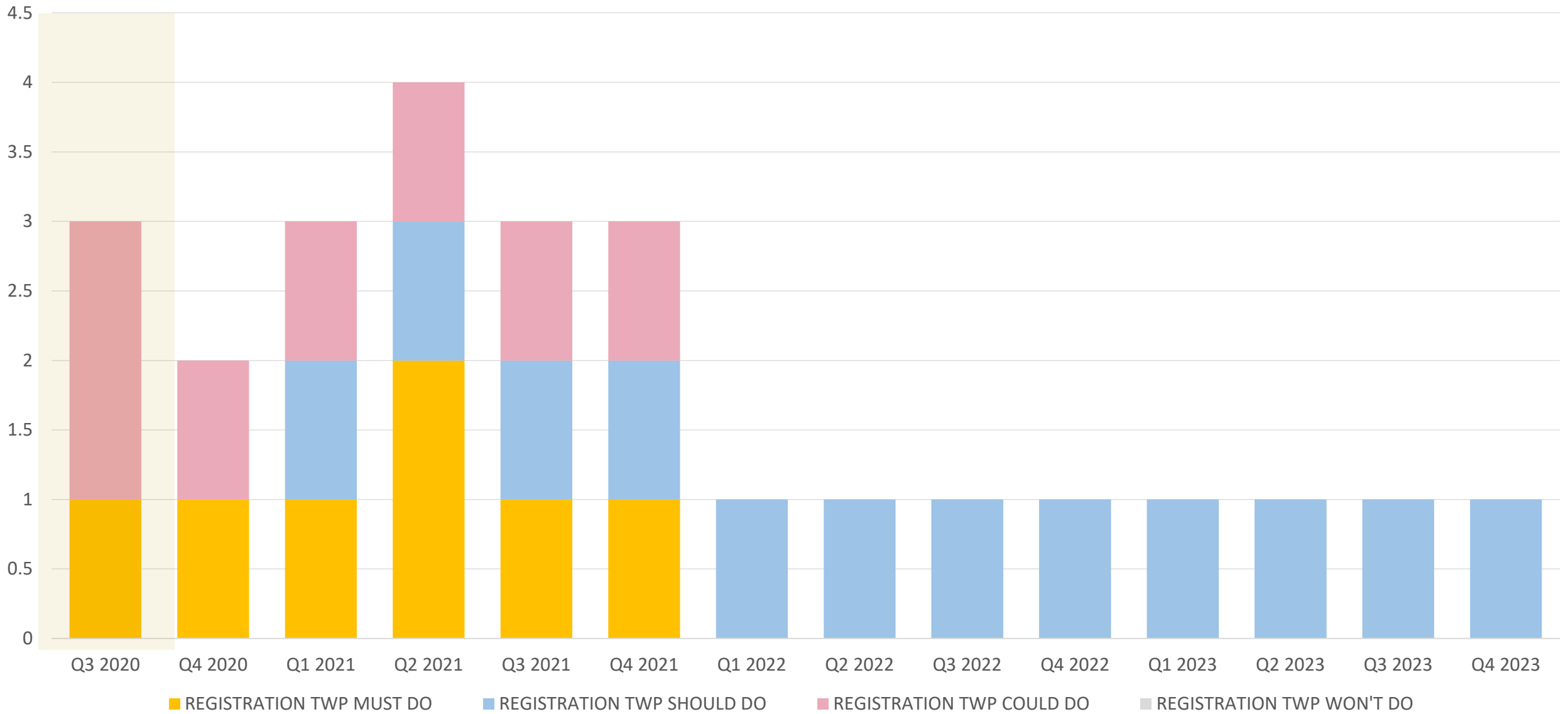
Corporate Resources TWP Project & OIs MoSCoW



Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Business Led	Plain English review of application forms and guidance	FLOWCCP20-22	Feb-21	Dec-21	5	C
Operational initiative	Annual Renewal - DCP and Dentist Annual renewal projects	FLOWCCP20-22	Sep-20	Jun-21	5	M
Operational initiative	CPD Audit	FLOWCCP20-22	May-21	Dec-21	5	M
Corporate Project	Brexit system change implementation	NEWCCP21-23	TBC	TBC	5	M
Corporate Project	Introduce a paperless office in Registration	FLOWCCP20-22	Feb-21	Dec-22	5	S
Corporate Project	Operationalise CPD reforms	NEWCCP21-23	Jan-23	Dec-23	5	M

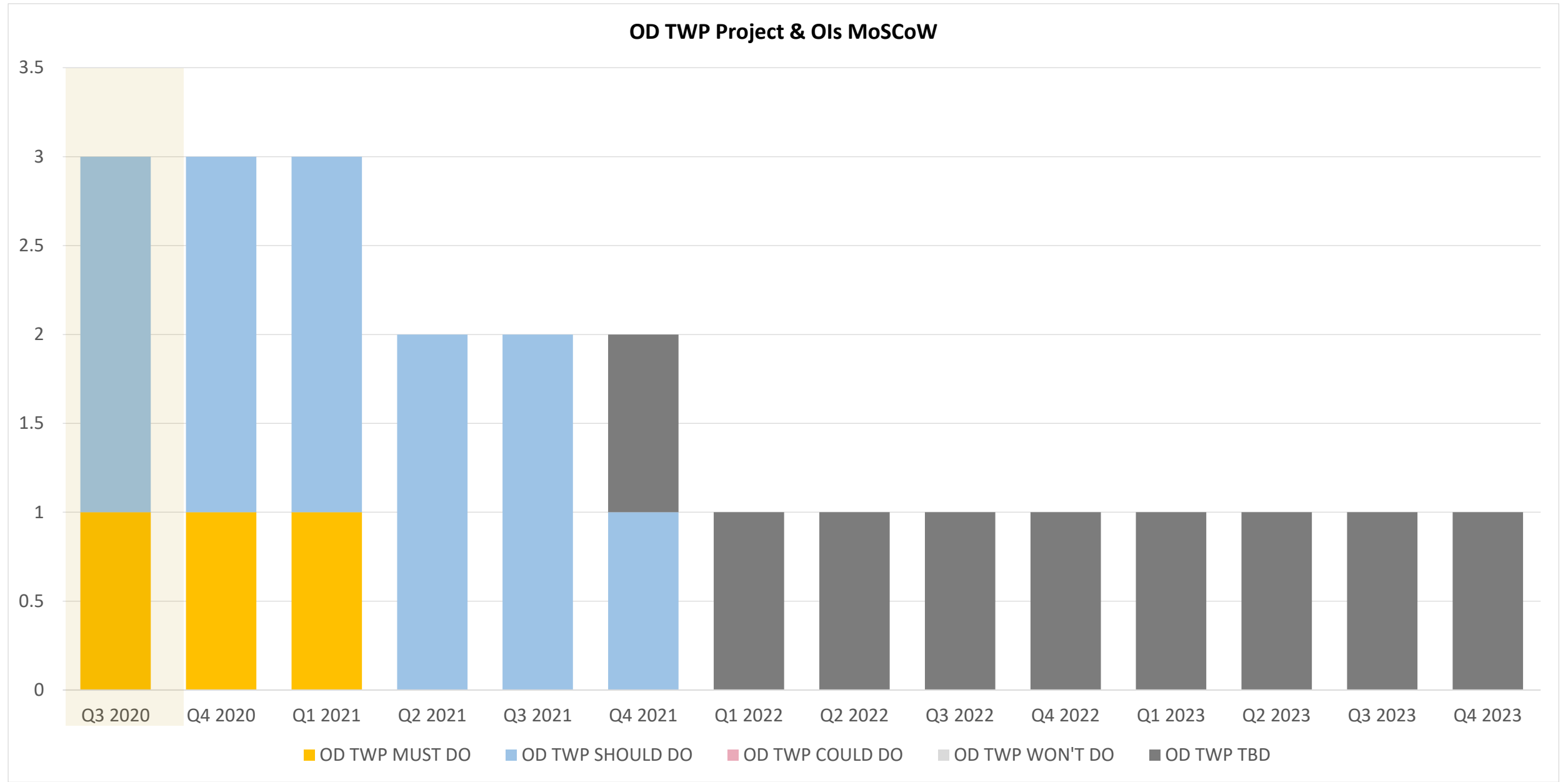
*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

Registration TWP Project & OIs MoSCoW



Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20-22)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Corporate Project	Defined Benefit Pension consultation	FLOWCCP20-22	Jul-20	Oct-21	5	S
Business Led	Resourcing Strategy	FLOWCCP20-22	Jul-20	Dec-21	5	S
Business Led	Compliance Project	NEWCCP21-23	Aug-20	Mar-21	5	M
Business Led	Workforce Planning	NEWCCP21-23	Oct-21	Dec-22	5	TBD

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.



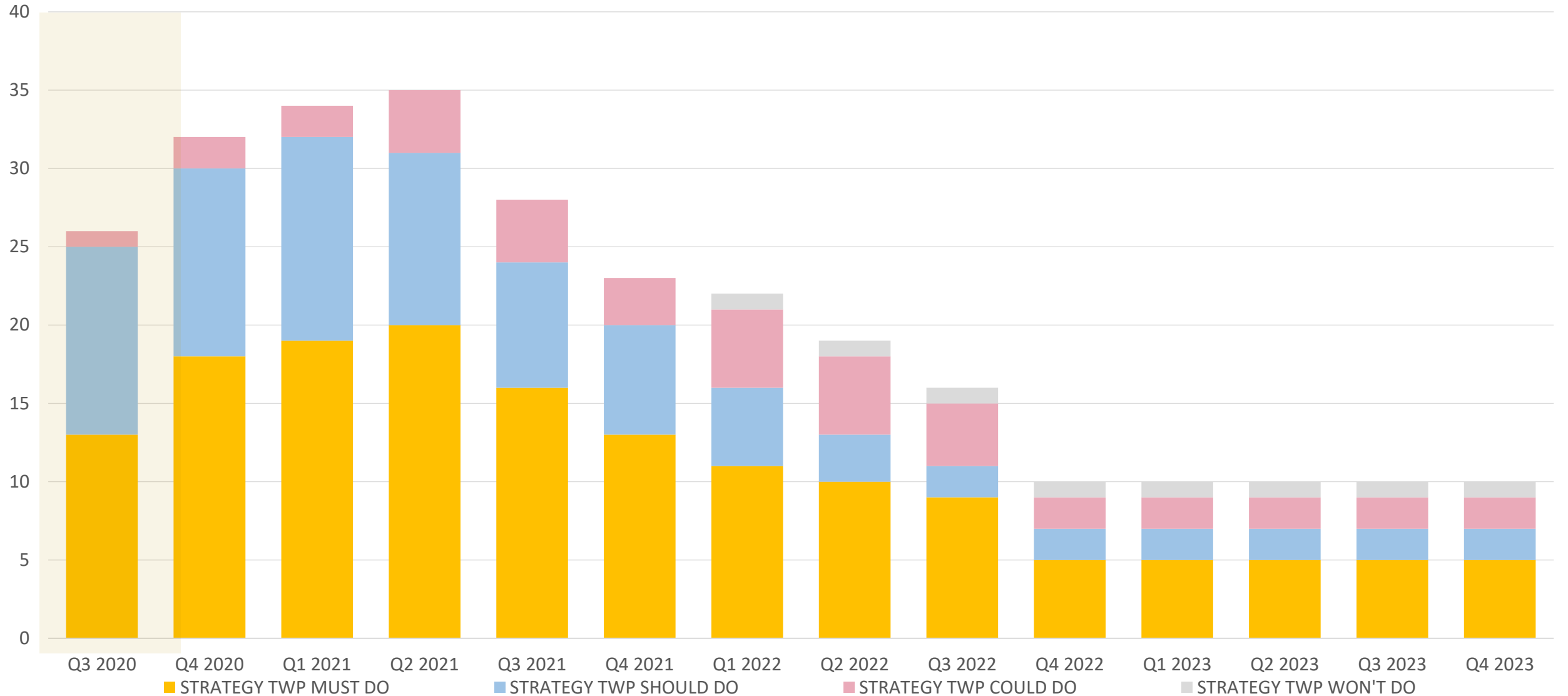
Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Operational initiative	Annual GDC Engagement	FLOWCCP20-22	Oct-20	Mar-21	5	C
Operational initiative	Annual Report and Accounts (ARA)	FLOWCCP20-22	Nov-20	Jul-21	5	M
Operational initiative	Step change our approach to stakeholder engagement	FLOWCCP20-22	Jan-20	Jan-22	1	S
Operational initiative	Student, Foundation dentist and new registrant engagement programmes	FLOWCCP20-22	Jun-20	Jan-21	1	S
Operational initiative	To produce the whistleblowing reports - prescribed person and internal	FLOWCCP20-22	Jan-21	Sep-21	5	M
Operational initiative	Use the SPEAC model to ensure we maximise opportunities to leverage our external engagement	FLOWCCP20-22	Jul-20	Mar-23	5	S
Corporate Project	Review standardised registration communications, phase 2	FLOWCCP20-22	Jan-20	Jan-21	1	S
Business Led	Develop a publication framework	FLOWCCP20-22	May-20	Jun-21	5	S
Business Led	Implement further digital improvements	FLOWCCP20-22	Jul-20	Mar-21	1	S
Business Led	Review of standardised registration communications, phase 3	FLOWCCP20-22	Jan-21	Jan-22	1	S
Business Led	State of the Nation	NEWCCP21-23	Jul-20	Nov-21	1	C
Operational initiative	Develop 2023 - 2025 corporate strategy	FLOWCCP20-22	Nov-20	Oct-22	5	M
Operational initiative	PSA performance review	FLOWCCP20-22	Dec-20	May-21	5	M
Corporate Project	Complete implementation of fee-setting policy	FLOWCCP20-22	Jan-22	Feb-23	4	C
Corporate Project	Develop a comprehensive complaints resolution model	FLOWCCP20-22	Apr-21	May-22	2	S
Corporate Project	Develop an outcome-focused model for lifelong learning	FLOWCCP20-22	Mar-19	Dec-22	1	S
Corporate Project	Implement a framework to promote professionalism	FLOWCCP20-22	Jul-19	Dec-22	1	M
Corporate Project	Implement a revised process for entry to specialty lists	FLOWCCP20-22	Apr-21	Sep-22	1	C
Corporate Project	Payment by instalments - CRM/ EGDC Payment by Instalment Processing	FLOWCCP20-22	Apr-20	Aug-21	5	S
Corporate Project	International Registration	NEWCCP21-23	Jul-20	Dec-23	3	M
Corporate Project	Review boundaries of regulation	NEWCCP21-23	Jul-20	Dec-23	3	M

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

Project Type	Project Name	*Type (NEWCCP21-23, FLOWCCP20)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
Corporate Project	Principles of Regulatory Decision Making	FLOWCCP20-22	Jul-19	Mar-21	3	S
Corporate Project	Publish guidance for the managers of dental professionals	FLOWCCP20-22	Jul-19	Apr-21	1	S
Corporate Project	Review approach to regulatory intervention	FLOWCCP20-22	Jul-19	Feb-23	3	M
Corporate Project	Review internal fitness to practise guidance	FLOWCCP20-22	Sep-19	Jun-21	4	S
Corporate Project	Review scope of practice for all titles	FLOWCCP20-22	Mar-20	Oct-21	4	S
Business Led	Consult on learning outcomes and expectations for safe beginners	FLOWCCP20-22	Jan-21	Mar-22	1	M
Business Led	Develop our understanding of the impact of differing indemnity models on regulation	FLOWCCP20-22	Jan-22	Jan-23	2	W
Business Led	Develop tools to support patient-centred care	FLOWCCP20-22	Feb-21	Mar-22	1	S
Business Led	Embed human factors into fitness to practise decision-making	FLOWCCP20-22	Jun-20	Dec-21	3	M
Business Led	Understand and model risks which result in concerns	FLOWCCP20-22	Jul-20	Aug-21	1	M
Operational initiative	Development of education provider workshops	FLOWCCP20-22	Apr-21	Oct-22	1	C
Corporate Project	Implement a process for mediated entry to specialty lists	FLOWCCP20-22	Jun-19	Feb-21	1	M
Corporate Project	Review of specialty training curricula	FLOWCCP20-22	Apr-21	Nov-22	1	M
Corporate Project	Review the process for QA of specialty training	FLOWCCP20-22	Jan-22	Feb-23	1	C
Business Led	Develop and implement QA strategy	FLOWCCP20-22	Oct-20	Oct-21	1	M
Business Led	Develop the approach to thematic review QA	FLOWCCP20-22	Mar-18	Dec-22	1	M
Business Led	Remote QA	NEWCCP21-23	Oct-20	Jul-21	1	M
Business Led	Revise the standards for education	FLOWCCP20-22	Apr-21	Jun-22	1	M
Business Led	Brexit impact and implications to registrants 2 years on	NEWCCP21-23	Jan-21	Aug-22	4	S
Business Led	Build capability to complete economic analysis	FLOWCCP20-22	Jul-19	Aug-21	4	M
Business Led	Develop and quality assure GDC's data holdings	FLOWCCP20-22	Jul-20	Dec-21	4	M
Business Led	Develop monitoring and evaluation of upstream activity	FLOWCCP20-22	Oct-19	Oct-22	4	M
Business Led	Develop monitoring and evaluation of fitness to practise	FLOWCCP20-22	Oct-19	Oct-22	4	M
Business Led	Develop our approach to the use of fitness to practise data	FLOWCCP20-22	Oct-19	Nov-21	4	M
Business Led	Improve the quality of data reporting	FLOWCCP20-22	Jun-21	Jul-22	5	C

*FLOWCCP20-22 = Was in CCP 2020-22 plan and remains. NEWCCP21-23 = Added during planning process for CCP 2021-23 plan.

Strategy TWP Project & OIs MoSCoW



Parent Programme / Team Work Package	Project Type	Project Name	Type (COMP20)	Start Date	End Date	Strategic Mapping	Must Do Should Do Could Do Wont Do
FTP TWP	Operational initiative	To produce the annual customer service feedback form	COMP20	Apr-20	Dec-20	5	M
FTP TWP	Corporate Project	Review process for instructing experts	COMP20	May-20	Nov-20	3	S
L&G TWP	Corporate Project	Effectiveness review of investigation and advocacy services	COMP20	May-20	Oct-20	4	S
L&G TWP	Business Led	Review delegated decision-making procedures	COMP20	Aug-19	Dec-20	5	M
L&G TWP	Corporate Project	Clinical Advisors - Experts Review Project	COMP20	Aug-18	Dec-20	3	M
CR TWP	Business Led	Return to office readiness	COMP20	May-20	Aug-20	5	M
CR TWP	Corporate Project	Travel booking portal	COMP20	Jan-20	Dec-20	5	S
CR TWP	Business Led	Bank provider change	COMP20	Jan-20	Sep-20	5	M
CR TWP	Corporate Project	Introduce new digital audio recording system	COMP20	Feb-19	Dec-20	5	M
CR TWP	Business Led	Replace Skype system with MS Teams	COMP20	Apr-20	Nov-20	5	M
CR TWP	Business Led	Upgrade to Dynamics CRM system	COMP20	Apr-20	Oct-20	5	M
CR TWP	Operational initiative	CCP planning process - CCP 2021-2023	COMP20	Jan-20	Oct-20	5	M
CR TWP	Operational initiative	PPM best practice: shared learning report	COMP20	Feb-20	Aug-20	5	C
CR TWP	Business Led	Replace Direct Debit System	COMP20	Jan-20	Jun-20	5	M
REG TWP	Corporate Project	Compensation measures (EU)	COMP20	May-20	Oct-20	5	C
REG TWP	Corporate Project	Update qualifications and awarding body data	COMP20	Jan-20	Dec-20	5	C
STR TWP	Corporate Project	Revise the support provided to new registrants	COMP20	Apr-18	Aug-20	1	M
STR TWP	Business Led	Complete review of dentists' preparedness for practice	COMP20	Jan-20	Aug-20	1	S

Table 1: Revenue Budget

	Actual 2018 £k	Actual 2019 £k	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Budget 2023 £k	Variance 2021 v 2020 £k	Variance 2022 v 2020 £k	Variance 2023 v 2020 £k
Meeting fees & expenses	5,674	5,669	4,540	4,118	4,555	4,718	-9.3%	0.3%	3.9%
Legal & professional fees	6,798	6,761	7,639	6,828	7,443	7,630	-10.6%	-2.6%	-0.1%
Staffing costs	21,574	17,667	19,963	18,883	18,865	18,864	-5.4%	-5.5%	-5.5%
Other staff costs	977	1,005	1,090	1,037	1,133	1,167	-4.8%	3.9%	7.0%
Publications	381	494	787	627	673	572	-20.3%	-14.5%	-27.4%
IT costs	1,305	1,305	1,433	1,708	1,767	1,820	19.2%	23.3%	27.0%
Premises	1,956	1,543	2,118	1,604	1,642	1,691	-24.2%	-22.5%	-20.2%
Finance costs	259	600	354	598	603	613	69.0%	70.4%	73.2%
Depreciation	1,061	1,593	1,149	1,247	1,157	1,015	8.5%	0.7%	-11.7%
Contingency	-	-	1,353	1,147	1,357	1,357	-15.2%	0.3%	0.3%
Total	39,985	36,637	40,426	37,798	39,196	39,447	-6.5%	-3.0%	-2.4%

Table 2: Capital budget

	Actual 2018 £k	Actual 2019 £k	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Budget 2023 £k	Variance 2021 v 2020 £k	Variance 2022 v 2020 £k	Variance 2023 v 2020 £k
Facilities	1,684	611	170	120	80	80	-29.4%	-52.9%	-52.9%
IT	942	481	700	590	650	650	-15.7%	-7.1%	-7.1%
FtP	-	-	-	60	-	-	-	-	-
Total	2,626	1,092	870	770	730	730	-11.5%	-16.1%	-16.1%

Table 3: Directorate summary

	Actual 2018 £k	Actual 2019 £k	Budget 2020 £k	Budget 2021 £k	Budget 2022 £k	Budget 2023 £k	Variance 2021 v 2020 £k	Variance 2022 v 2020 £k	Variance 2023 v 2020 £k
Fitness to Practise	11,278	10,480	8,635	7,983	8,254	8,366	-7.5%	-4.4%	-3.1%
Legal and Governance	8,167	8,529	9,723	8,365	9,132	9,278	-14.0%	-6.1%	-4.6%
Organisation Development	1,968	2,348	2,218	2,249	2,227	2,260	1.4%	0.4%	1.9%
Strategy	2,747	3,087	3,624	3,427	3,546	3,458	-5.4%	-2.2%	-4.6%
Registration and Corporate Resources	15,825	12,193	14,873	14,626	14,680	14,728	-1.7%	-1.3%	-1.0%
Contingency	-	-	1,353	1,147	1,357	1,357	-15.2%	0.3%	0.3%
Total	39,985	36,637	40,426	37,798	39,196	39,447	-6.5%	-3.0%	-2.4%

Table 4: Contingency breakdown

	Budget 2021 £k	Budget 2022 £k	Budget 2023 £k
CEO general contingency	100	100	100
Enabling provision for dormant posts held to manage operational demand	100	100	100
Other Pay Provision (1%), offset by payroll attrition factor (3%)	50	50	50
Enabling provision for annual pay award or implementation of new pay structure	300	450	450
FTC Flexibility /Recruitment Slippage	50	50	50
Provision to provide flexibility for unforeseen external impacts which require amendment to the portfolio priorities to deliver our strategic aims.	-	500	500
Provision for additional legal costs arising and advice is demand led, provision recognises savings that have been identified as high risk may not fully realisable	250	-	-
Provision for overrun on hearings, recognising the impact of further delays in 2020 planned activity	150	-	-
Hearings Separation Programme (£60K additional in cap ex contingency)	109	107	107
Review boundaries of regulation project	38	-	-
Total	1,147	1,357	1,357

Table 5: Headcount summary by Directorate

	Actual Dec 2019 FTE	Budget Dec 2019 FTE	Budget Dec 2020 FTE	Budget Dec 2021 FTE	Budget Dec 2022 FTE	Budget Dec 2023 FTE	Variance 2021 v 2020 £k	Variance 2022 v 2020 £k	Variance 2023 v 2020 £k
Fitness to Practise	95.9	96.0	87.7	91.9	91.9	91.9	4.8%	4.8%	4.8%
Legal and Governance	74.8	79.4	76.2	67.8	67.8	67.8	-11.0%	-11.0%	-11.0%
Organisation Development	19.0	19.9	18.0	19.0	19.0	19.0	5.6%	5.6%	5.6%
Strategy	34.3	37.8	37.2	37.8	37.8	37.8	1.6%	1.6%	1.6%
*Registration and Corporate Resources	132.3	138.2	140.8	141.0	140.0	140.0	0.1%	-0.6%	-0.6%
Contingency	-	-	5.0	2.0	2.0	2.0			
Total	356.3	371.3	364.9	359.5	358.5	358.5	-1.5%	-1.8%	-1.8%

*Seasonal resource headcount 1FTE missed in Budget 2020 and adjusted for comparative purposes.

Table 6: Headcount summary by Team

	Actual Dec 2019 FTE	Budget Dec 2019 FTE	Budget Dec 2020 FTE	Budget Dec 2021 FTE	Budget Dec 2022 FTE	Budget Dec 2023 FTE	Variance 2021 v 2020 £k	Variance 2022 v 2020 £k	Variance 2023 v 2020 £k
Case Progression	39.7	37.6	41.1	44.1	44.1	44.1	7.3%	7.3%	7.3%
DCS	6.6	6.6	6.6	7.0	7.0	7.0	6.1%	6.1%	6.1%
FtP Management	4.0	3.0	4.0	5.0	5.0	5.0	25.0%	25.0%	25.0%
Hearings	31.8	31.8	26.0	26.0	26.0	26.0	0.0%	0.0%	0.0%
Case Examiners	13.8	17.0	10.0	9.8	9.8	9.8	-2.0%	-2.0%	-2.0%
Total Fitness to Practise	95.9	96.0	87.7	91.9	91.9	91.9	4.8%	4.8%	4.8%
Registration	24.0	21.0	22.0	22.0	22.0	22.0	0.0%	0.0%	0.0%
Registration Management	5.0	6.0	8.0	9.0	9.0	9.0	12.5%	12.5%	12.5%
Registration Operations	30.0	28.0	27.0	27.0	27.0	27.0	0.0%	0.0%	0.0%
ORE - Exams	4.0	4.0	4.0	4.0	4.0	4.0	0.0%	0.0%	0.0%
Projects	12.4	13.6	13.8	13.0	13.0	13.0	-5.8%	-5.8%	-5.8%
PMO	6.0	7.0	7.0	7.0	7.0	7.0	0.0%	0.0%	0.0%
Finance	14.0	13.0	16.0	15.0	15.0	15.0	-6.3%	-6.3%	-6.3%
Corporate Resources Management	7.9	9.6	9.0	9.0	9.0	9.0	0.0%	0.0%	0.0%
IT	17.0	26.0	23.0	23.0	23.0	23.0	0.0%	0.0%	0.0%
CEO and Executive Directors	7.0	5.0	6.0	7.0	6.0	6.0	16.7%	0.0%	0.0%
Facilities	5.0	5.0	5.0	5.0	5.0	5.0	0.0%	0.0%	0.0%
Total Registration & Corporate Resources	132.3	138.2	140.8	141.0	140.0	140.0	0.1%	-0.6%	-0.6%
People Services	19.0	19.9	18.0	19.0	19.0	19.0	5.6%	5.6%	5.6%
Total Organisational Development	19.0	19.9	18.0	19.0	19.0	19.0	5.6%	5.6%	5.6%
In-House Legal Presentation Service	34.8	33.8	31.0	31.0	31.0	31.0	0.0%	0.0%	0.0%
In-House Appeals & Criminal Services	12.0	10.8	11.8	8.0	8.0	8.0	-32.2%	-32.2%	-32.2%
In-House Legal Advisory Service	9.0	10.8	9.4	7.8	7.8	7.8	-17.0%	-17.0%	-17.0%
Information Governance	5.0	6.0	7.0	7.0	7.0	7.0	0.0%	0.0%	0.0%
External Legal Presentation Service	1.0	1.0	1.0	1.0	1.0	1.0	0.0%	0.0%	0.0%
Legal Management	4.0	6.0	5.0	5.0	5.0	5.0	0.0%	0.0%	0.0%
Governance	9.0	11.0	11.0	8.0	8.0	8.0	-27.3%	-27.3%	-27.3%
Total Legal & Governance	74.8	79.4	76.2	67.8	67.8	67.8	-11.0%	-11.0%	-11.0%
Policy	11.7	14.0	14.0	15.0	15.0	15.0	7.1%	7.1%	7.1%
Research	5.0	4.0	4.0	4.0	4.0	4.0	0.0%	0.0%	0.0%
Education QA	8.8	9.8	9.8	9.8	9.8	9.8	0.0%	0.0%	0.0%
Communication & Engagement	8.8	10.0	9.4	9.0	9.0	9.0	-4.3%	-4.3%	-4.3%
Total Strategy	34.3	37.8	37.2	37.8	37.8	37.8	1.6%	1.6%	1.6%
Contingency	-	-	5.0	2.0	2.0	2.0			
Total	356.3	371.3	364.9	359.5	358.5	358.5	-1.5%	-1.8%	-1.8%

Appendix E – Contingency Management Framework

Purpose:

The Contingency Management Framework (CMF) sets out our approach to Contingency for the CCP 2021-23, including:

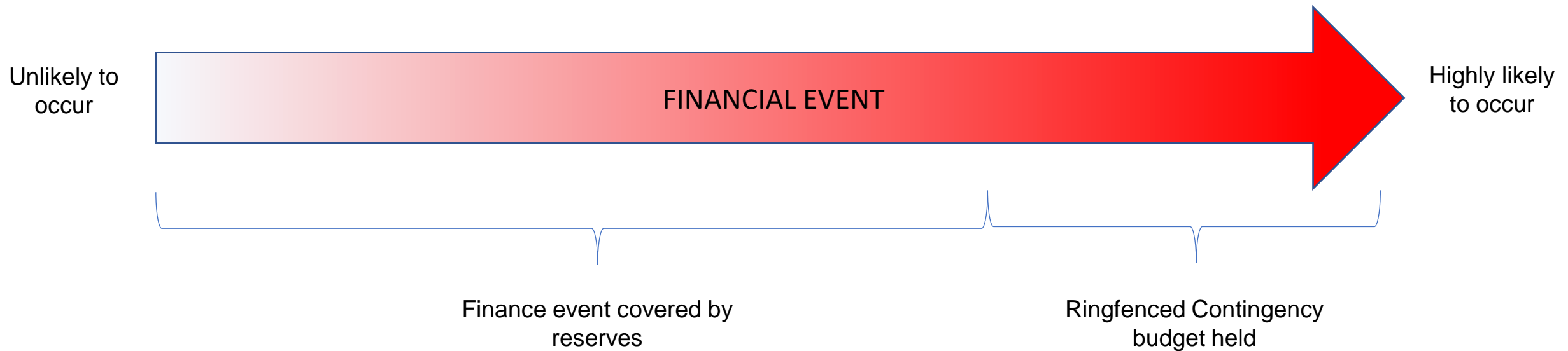
- when contingency budgets will be held
- how contingency budget can be accessed
- when contingency budgets will be reviewed and released.

The CMF has been designed in line with the below overarching budgeting principle:

Principle	How we approach it
Prudent approach to contingency	<ul style="list-style-type: none">• A budget which is set neutral to the budget envelope (or less than), however containing a greater level of modular contingency to provide flexibility, agility and risk mitigation.• Assessment of likelihood of risk to decide what is provided for in contingency, and which risks should continue to be mitigated by reserves if they materialise.• Setting an appropriate reserves target for 2021 based on approach to management of financial risk.• Modular contingency to have appropriate check points for its release to either:<ul style="list-style-type: none">• switch on packages of work, i.e. 'contingent must do' or 'could do'• return to reserves• Design mechanism for accessing and releasing contingency, with appropriate check point gates. Approach to enabling contingent 'must do' resides with Executive to meet the need to be agile and reactive.

When are contingency budgets held?

- Financial events which are considered highly likely to occur, but where there is no certainty on timing and/or value, will be provided for by a dedicated ringfenced contingency budget. For CCP 2021-23 this includes:
 - Where there is a high likelihood of a financial risk materialising
 - Events assessed as a contingent “Must Do”
 - Demand led impact on internal resourcing, where we “Must” be able to react if required
 - Central provision for known pay provisions
 - Flexibility for years 2 and 3 of the planning period to account for any uncertainty in our planning around the activity required to deliver the Council’s strategic aims.
- Remote financial risks, and those risks assessed as having a low/medium likelihood of materialising, are covered by the financial reserves held by the Council.
- Financial risks may also be specifically agreed to be covered by previous years underspends. Where this is the case, they will also covered by financial reserves. For the 2021 Budget, this will include a contribution, if required, to cover any wider materialisation of income risk.



How will contingency budgets be accessed?

- A contingency budget can only be used for the purpose of that provision, which will be agreed by the Council in October each year.
- Access to any contingency budget will require the express approval of the Chief Executive (CEO).
- In the CEO's assessment of the appropriateness of accessing any contingency budget request he will consider (where appropriate):
 - The purpose of the request and that it is in line with the purpose of the provision agreed by the Council
 - Any forecast underspend within the relevant business area as to whether the additional costs can be met within the existing directorate budget allocation
 - The evidence supporting an increase in demand led activity, included the impact on current performance metrics, as part of his assessment of the need for additional resourcing
 - A value for money assessment, which tests that the outcome desired is being proposed to be delivered in the most cost-effective way
 - The impact of any consequential commitment against future financial years of agreeing any proposal.
- Any request to access contingency that is not in line with the purpose of the provision for which Council agreed requires a business case to Council, which will be treated as a request to access reserves.

Council approve
purpose of
contingency
budgets



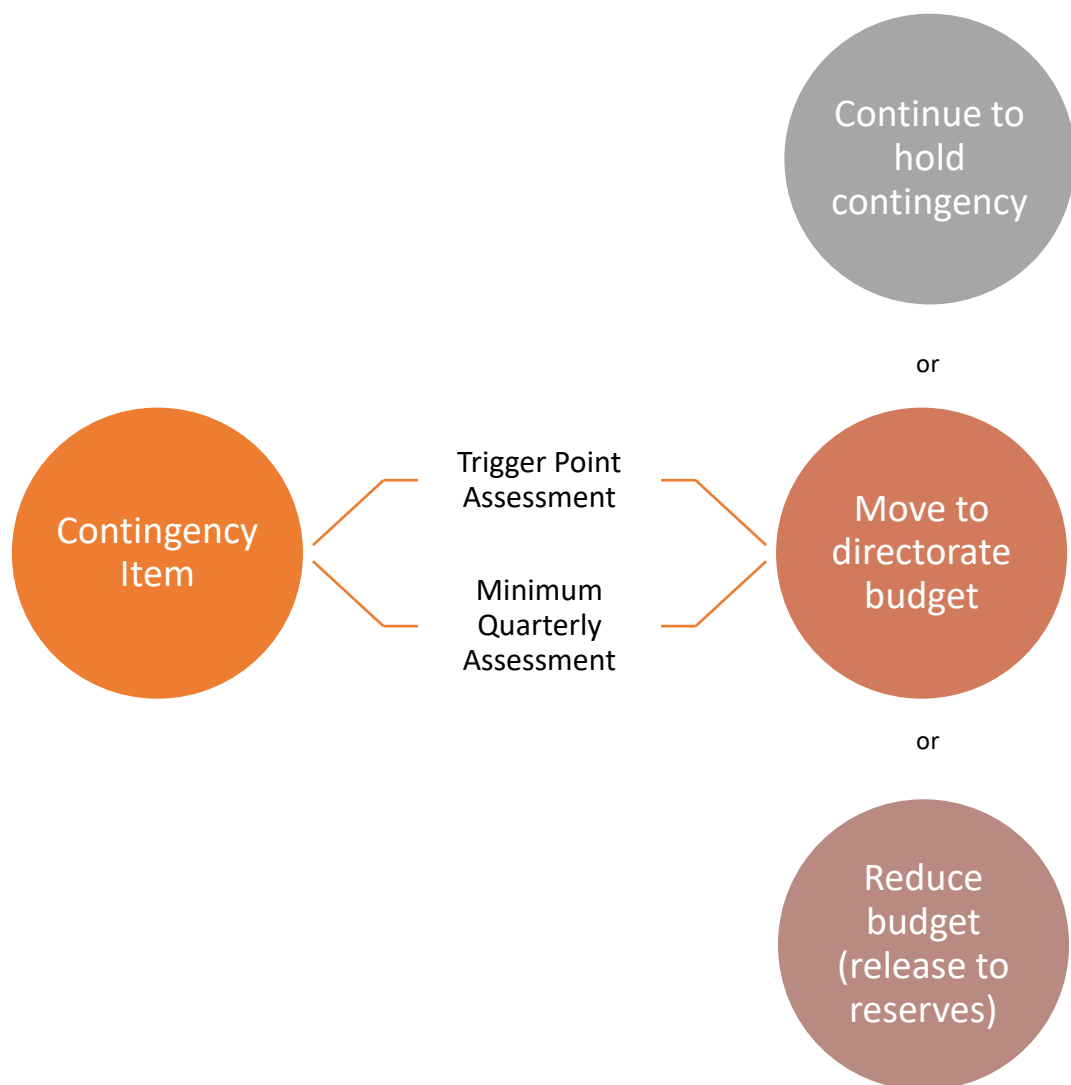
Budget holder
submits request to
access contingency
budget to CEO



CEO assessment of
request



If agreed, Finance
Team advised of
approval and
budget is allocated



- The contingency budget will be broken down into specific individual requirements, with each item being dedicated a specific ring-fenced provision and an agreed trigger point review date.
- In setting a review date, the following should be considered:
 - Any specific decision point that will inform if an event will occur.
 - Will the in year financial cover required diminish as time passes, with the impact either not materialising at all or materialising in a future year, and at what point this will be known.
- All contingency budget items must subject to review as a minimum at least once a quarter.
- Actioning any allocation or release of the contingency budget will be undertaken on a quarterly basis.
- The contingency budget review will be reported on through the CCP Quarterly Performance Report and quarterly financial forecasting papers to provide committees and Council oversight of the process.

2021 Budget

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	<p>This paper is presented to the Council following the Finance and Performance Committee's endorsement of the proposed 2021 budget.</p> <p>Public: This paper is to be discussed in the public session of the 22 October 2020 Council Meeting.</p> <p>This paper supplements the content of the CCP 2021-23 and CCP 2021-23 Funding papers.</p>
Issue	To present for approval the 2021 budget.
Recommendation	The Council is asked to discuss the contents of this paper and approve the budget for 2021.

1. Background on our approach to budget setting

- 1.1 Beginning in 2020, the GDC has set its budget in line with the activities planned over the next three-year corporate plan period. The corporate plan is a rolling three-year programme designed to deliver the triennial Corporate Strategy. The Programme Management Office (PMO), Finance and People Services have collaborated in the development the Costed Corporate Plan 2021-23. This comprises of the budget and long-term financial forecast, workforce plan and overall delivery plan of operational activity and key programmes and projects.
- 1.2 As change projects have been identified in the planning of the CCP, they have been prioritised and their costs have been analysed (including the impact on cross-cutting enabling functions) and factored into the draft 2021 budget.
- 1.3 The 2021-23 CCP and 2021 budget setting timetable was disrupted by the COVID 19 pandemic, as there was an immediate need to review the 2020 plan to ascertain what must and could continue under enforced lockdown conditions. This resulted in some deferral of projects to the 2021 portfolio and provided a starting point for the 2021-23 planning discussions.
- 1.4 Templates were sent to budget holders in June for them to assess their future resource requirements and define initial directorate and programme budgets and workforce plans. Colleagues from PMO and People Services also attended the finance planning meetings to review team headcounts and capture initial information about potential new posts.
- 1.5 Scrutiny meetings were then held with each Executive Director and their directorate Heads of Service between the 30 June and 2 July 2020. The consolidated budget and headcount

plans were included in the CCP 2021-23 second draft, which was review by the Corporate Planning Board on 9 July 2020.

- 1.6 Following that review, the Executive Management Team (EMT) further reviewed the budget in detail at a meeting on the 13 July 2020, before a second review by the CPB on the 14 July 2020.
- 1.7 EMT approved the consolidated budget and headcount plans could progress to the Finance and Performance Committee (FPC) for first review on the 16 July, with feedback from that meeting being included in further iterations. Further reviews have been completed by FPC on 18 August and 4 September 2020.
- 1.8 FPC reviewed and endorsed the final proposed 2021 budget at their meeting on the 10 September 2020.
- 1.9 Council considered the draft 2021 budget at their Special Council meeting held on the 24 September 2020.

2. Budget planning principles

- 2.1 The budget planning principles that apply to the setting of the 2021 budget are:
 - a. The total budget and headcount must not exceed the level set in the CCP 2020-22.
 - b. The budget should balance anticipated income, including the current assessment of income risk.
 - c. A prudent approach to contingency must be taken to provide flexibility, agility, and risk mitigation.
 - d. The budget should be set ensuring long-term financial sustainability and ensure the GDC retains its going concern status when modelling reserves, income, and liquidity.

3. High-level budget assumptions

- 3.1 Costs for 2021 have been built bottom-up by budget holders, aligned to the activities they have planned for the period. Where the impact COVID-19 may have material impact on operations, estimated financial risk and opportunities were identified to provide a contextual view of possibility volatility in the budget.
- 3.2 Similarly, budget holders have identified potential financial risks and opportunities around the impact of Brexit and how it may impact on the way we deliver our statutory duties and our cost base.
- 3.3 The key financial risk for 2021 relates to income. In 2019 we ceased the practice of applying caution ratings to our income budgets, however, given the increased financial risk and volatility as a result of COVID-19, we are applying a caution rating on our 2021 income of 10%. In line with the budget planning principles, the budget has been set to meet this challenge to income.
- 3.4 A provision has been included in the draft final 2020 budget for the Council's led initiative to deliver a Hearings Separation Programme, which was last discussed by Council in December 2019. This programme was prioritised as a 'Could Do' project by the Executive due to:
 - a. It being a logical consequence of the necessity to reduce cost against an increased and potentially volatile increased level of income risk.
 - b. Requiring time to understand the impact of COVID-19 on the operational practicality of adjudication separation.

- c. The associated recruitment of the Adjudications Chair also requires consideration alongside the decisions by Council on Hearings Separation Programme.
- 3.5 2021 staffing costs have been based on the current 2020 establishment. All posts, including vacant posts are costed at market rate.
- 3.6 Whilst a pay award provision was included in the 2020 budget, EMT decided to freeze employee pay in April 2020 due to the growing financial uncertainty in the external environment as a result of COVID-19. A reduced pay award provision of 2%, in line with the median of the agreed public sector pay award range, has been included in the 2021 budget. This will ensure that we retain the ability to enable a pay award in 2021 if appropriate, and/or deliver any changes to the pay structure that may improve long-term financial efficiency. Whilst a provision is included, a final decision on the use, total value, timing, and apportionment of any pay award remains subject to detailed discussions and agreement by EMT in April 2021.
- 3.7 Council Members' remuneration has been held at current levels (£55k/£18k/£15k) for planning purposes. The CCP 2021-23 does include provision for this review to be completed in 2022, if the remuneration level changes as a result, this will be updated in the planning cycle next year.
- 3.8 Pay differentials for Birmingham-based posts have remained set at 15% below London salaries. 1% other pay provision is included for salary reviews, temporary promotions, maternity/sickness cover etc. However, this has been offset by a 3% attrition factor in recognition of turnover savings that will be delivered during the year. The net provision is £50k per annum in the plan.
- 3.9 Defined benefit contributions remain at 20.3%, in line with the 2018 triannual review. The next triannual review will be completed in April 2021 and may impact actual contributions to be paid from April 2022. A financial risk against reserves has been recognised in relation to this risk for later years.
- 3.10 The FtP budget model has generated a set of forecast FtP assumptions which the business will continue to review, scrutinise, and challenge. Work carried out by budget holders in the FtP function to forecast future resources is underpinned by output from the model.
- 4. 2021 GDC draft expenditure budget**
- 4.1 The proposed 2021 budget projects a decrease in total operating expenditure from £40.4m in 2020 to £37.8m in 2021 (6.5%) but nevertheless, requires financial subsidisation of £1.3m from the forecast 2020 underspend.
- 4.2 Comparisons in the proposed 2021 budget to the 2020 forecast have not been included in the budget setting process this year, due to the significant impact of COVID-19 on projected our activity and 2020 cost base.

Table 1 Proposed 2021 Budget

	Actual 2018 £k	Actual 2019 £k	Budget 2020 £k	Budget 2021 £k	Variance 2021 v 2020 £k
Meeting fees & expenses	5,674	5,669	4,540	4,118	-9.3%
Legal & professional fees	6,798	6,761	7,639	6,828	-10.6%
Staffing costs	21,574	17,667	19,963	18,883	-5.4%
Other staff costs	977	1,005	1,090	1,037	-4.8%
Publications	381	494	787	627	-20.3%
IT costs	1,305	1,305	1,433	1,708	19.2%
Premises	1,956	1,543	2,118	1,604	-24.2%
Finance costs	259	600	354	598	69.0%
Depreciation	1,061	1,593	1,149	1,247	8.5%
Contingency	-	-	1,353	1,147	-15.2%
Total	39,985	36,637	40,426	37,798	-6.5%

5. 2021 headcount summary

- 5.1 In line with the agreed budget planning principles, the GDC headcount will not increase in 2021. New resourcing requirements will be facilitated by changes being met elsewhere in the existing headcount.
- 5.2 The proposed organisational headcount is a decrease in total Full-Time Equivalent (FTE) to 359.5 in 2021, from 364.9 FTE in 2020 (1.5%)

Table 2 Proposed 2021 Headcount

	Actual Dec 2019 FTE	Budget Dec 2019 FTE	Budget Dec 2020 FTE	Budget Dec 2021 FTE	Variance 2021 v 2020 £k
Fitness to Practise	95.9	96.0	87.7	91.9	4.8%
Legal and Governance	74.8	79.4	76.2	67.8	-11.0%
Organisation Development	19.0	19.9	18.0	19.0	5.6%
Strategy	34.3	37.8	37.2	37.8	1.6%
*Registration and Corporate Resources	132.3	138.2	140.8	141.0	0.1%
Contingency	-	-	5.0	2.0	
Total	356.3	371.3	364.9	359.5	-1.5%

*Seasonal resource headcount 1FTE missed in Budget 2020 and adjusted for comparative purposes.

- 5.3 A total of 2.0 FTE has been identified as potential dormant posts required for the life of the CCP to enable the GDC to manage resourcing reactivity to increased volume and consequence of incoming casework, cross skilling development.
- 5.4 A budget and operational effectiveness opportunity was identified for restructuring within the Legal and Governance Directorate. The headcount and budget reflect this opportunity. However, this proposal is still subject to consultation with affected job holders and such a financial risk has been identified against reserves in case the restructuring does not proceed.
- 5.5 To enable a more agile approach to our resourcing and to enable us to direct resources to where they are operationally required, the 2021 headcount control will be moved to a control based on total organisational FTE. This policy will be subject to approval by Council in December 2020.

6. Key FtP budget assumptions

- 6.1 Finance work closely with both FtP and Legal Services to deliver a budget that is prepared with reference to the FtP budget model assumptions, as modified in line with management insight. This approach was agreed and developed at the end of Q1 2018 and the budget

model is reviewed quarterly, and the review signed off by both the Executive Director, Fitness to Practice and the Head of Finance and Procurement.

- 6.2 During 2020 we commenced our work to fundamentally review the budget model in terms of refining the model to better represent the changes to the FtP functions and processes as a result of the E2E review.
- 6.3 Statistical analysis was adopted to predict the case stream numbers using CRM data, but this was prone to high error levels because this information was not captured consistently pre-2018. We have now agreed grouping several streams together by a theme, which will make this analysis more robust. This work will continue in quarter 4 2020.
- 6.4 The 2020 Q2 FtP budget model review was completed in July 2020 and the result supplemented with known management information. Table 3 shows performance against budget since October 2019. (Any performance varying more than +/- 10 from budget is shown in 'red' if the projection is not met, and in 'green' if it is exceeded.)

Table 3 FtP Budget Model Performance

	Oct-19		Nov-19		Dec-19		Jan-20		Feb-20		Mar-20		Apr-20		May-20		Jun-20	
	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud	Act	Bud
Incoming cases	159	151	119	176	109	151	122	121	133	131	103	126	69	121	59	124	63	121
IAT Referrals to Assessment	103	104	92	104	82	104	91	100	104	100	106	100	62	99	37	100	49	99
Assessment decisions	70	122	100	122	72	122	111	110	94	110	91	110	82	110	94	110	74	110
Case Examiner Decisions	26	80	39	80	20	80	49	58	42	58	57	58	63	58	30	58	44	58
Case Examiner referrals	5	23	15	23	7	23	12	23	12	23	18	23	20	23	8	23	11	23

Table 4 Key FtP Assumptions

	2016	2017	2018	2019	2020	2021
	Actual	Actual	Actual	Actual	Budget	Budget
Incoming complaints	2,630	1,910	1,643	1,413	1,453	1,413
IC/CE referrals for prosecution	315	219	242	254	330	201
ILPs new referrals	208	165	202	203	264	171
ELPs new referrals	107	54	50	59	66	30
Scheduled hearing days	1,746	1,658	1,282	1,351	1,224	1,071

- 6.5 The actual rate of incoming concerns was a mean average of 118 per month in 2019 compared with 119 cases on average a month in quarter 1 2020. We are seeing an increase in the number of incoming cases as dental activities recommence, so it is premature to change the budget assumption for 2021 with limited reliable data being available. Therefore, we have maintained our 2020 current forecast assumption of an average of 117.8 incoming concerns per month.
- 6.6 Cases progressed to Case Examiners in the first half of 2020 was a mean of 48 cases a month, against an expected 58 cases a month. Having considered this average, and data relating to assessment case progression (reduced from 110 to 90 cases) it was felt appropriate to adjust the planning assumption to be in line with the averages year to date being seen.
- 6.7 The average case examiner referral rate in 2019 was 38% (against a budget of 36%) and the actual rate achieved to year to date is 33%. Given consideration of the trend information, the assumption for 2021 has been amended to a referral rate of 35%.

- 6.8 The impact of COVID-19 has resulted in it being necessary for management to consider the wider financial volatility as the model is limited to trend analysis, which is no longer appropriate as the trends have been materially impacted by COVID-19. In the wider consideration of the potential financial impact, financial risks and opportunities have been considered. Where the risk of increased costs is perceived to be high, a central provision for 2021 has been included. All other financial risk has been set against reserves.
- 6.9 The impact of COVID-19 has resulted in a year to date underspend for 2020. Up until the end of June 2020, Hearings have achieved an underspend of £500k and ILPS/ELPS have an underspend of £800k for professional legal costs. The detailed financial re-forecasting completed in June 2020 has projected a combined financial underspend of approximately £2 million for Hearings and Legal Services by the end of 2020, with around £500k of Hearing's costs which may not impact until 2021. It remains possible that some of this cost might not materialise because of the difference in cost between remote and physical hearings. At this stage of our planning, we are still not sure what the mix will be between these two types of hearing activity.

7. Central provisions and contingencies

- 7.1 A prudent approach to contingency has been proposed for 2021, given the high level of uncertainty as a result of COVID-19 and Brexit impact.
- 7.2 The level of contingency held is modular and provides flexibility, agility and risk mitigation for the CCP 2021-22 plan. The contingency pots will be assessed at agreed trigger points to ascertain if they should be released to reserves or progress 'Could Do' or 'Won't Do' activities.
- 7.3 In our approach to contingency, we recognise the limitations of our financial predictive models, which rely substantially on trend data for both Fitness to Practice and Registration operational activity. Accepting that trend data has been disrupted by the impact of COVID-19, management has overlaid these datasets with a further set of predictive management assumptions. A financial provision has been included in the central budget provisions where there is a high likelihood of financial variability occurring, or a financial risk recognised where the likelihood of variability is considered lower.
- 7.4 Financial risks and uncertainty were assessed to decide what is provided for in contingency budgets, and which risks will be mitigated by reserves if they materialise. This is reflected in our assessment of the appropriateness of our reserves target.
- 7.5 The contingency budget proposed for the CCP 2021-23 plan is set out in tables 5 and 6 below.

Table 5 2021 Budget Central Provisions

2021 budget - central provisions	£k	Review point
Hearings Separation Programme (*£60K additional in cap ex contingency)	109	October 2020
Review Boundaries of Regulation Project	38	Q1 2021
Provision for overrun on hearings, recognising the impact of further delays in 2020 planned activity due to COVID -19	150	Quarterly
Provision for additional legal costs arising and advice is demand led, provision recognises savings that have been identified as high risk may not be fully realisable	250	Quarterly

2021 budget - central provisions	£k	Review point
Other Pay Provision (1%), offset by payroll attrition factor (3%)	50	Quarterly
Enabling provision for annual pay award or implementation of new pay structure	300	February 2021
	897	

Table 6 2021 Budget Contingencies

2021 budget – contingencies	£k	Review point
CEO general contingency	100	Quarterly
Enabling provision for dormant posts	100	Quarterly
FTC Flexibility for recruitment slippage between years	50	Quarterly
	250	

8. Capital programme

- 8.1 Proposed capital expenditure included in the proposed budget for 2021 are set out in table 7.

Table 7 2021 Capital Programme Budget

2021 Capital Programme	£k
Facilities:	
Provision for Major Plant Failure, 37 Wimpole Street	50
Miscellaneous Furniture replacements	20
External decorations	50
IT:	
Rolling IT Infrastructure Upgrades	200
Cloud PBX Implementation	100
Finance Business Central Implementation	65
HR Systems Strategy	225
Contingency	
Hearings Separation Programme	60
	770

9. Financial risk to the 2021 budget

- 9.1 The current financial risk exposure as identified for 2021 are set out in table 8.

Table 8 2021 Financial Risk Exposure

Risk	Exposure (2021) £k
Income risk – 10% income risk across Annual Retention Fee and First Registration income	3,878 (mitigated through planning the budget to net against this level of income caution rating)
Loss associated with running the ORE scheme in 2021, at reduced capacity levels	1,091
ILPS budget for Counsel fees and Expert fees has been reduced by 20% to reflect the number of Rule 6E's the business is currently seeing, but if this number increases the associated spend will increase.	150
Communications and Engagement have identified a risk for the accelerated digital Improvement project.	60
Risk of Regulatory Reform Programme, dependent on DHSC's plans and S.60 reform	TBD
Risk of costs associated with the delivery of the 'International registration project', where budget implications are not yet understood.	TBD
Emergency Education and QA activity occurring in 2021 as a result of the impact of COVID-19	70
Other minor operational financial risks	100
Potential risk of the Legal and Governance Directorate restructure not proceeding following consultation.	262
Potential financial risk exposure 2021	5,611

10. Legal, policy and national considerations

- 10.1 The GDC must set a budget that enables it to fulfil its statutory functions.
- 10.2 This budget proposed does not impact on GDC policy decision making. The CCP review and planning process has included feasibility analysis of all GDC work including policy work. The identified budget required is considered as a conduit to support decision making and not to present a barrier to decisions being made.
- 10.3 There are no additional legal or national considerations.

11. Equality, diversity, and privacy considerations

- 11.1 New policies, procedures and projects include equality impact assessments and therefore planned work in 2021 will systematically consider equality and diversity implications.

12. Risk considerations

- 12.1 The budget set is the product of the development of the CCP, which aligns our plan of activity with the work required to deliver the Corporate Strategy. This process acts as a mitigation of Strategic risk 'Failure to achieve the objective and realise the benefits of the corporate strategy'.
- 12.2 The budget setting process is subject to scrutiny in its development by EMT, FPC and Council to ensure that it is financially efficient in delivering the Corporate Strategy, and that cost efficiency measures outlined in the CCP are deliverable. The process applied acts in

mitigation to operational risk 'Failure to successfully implement significant cost efficiency measures as outlined in the CCP'.

- 12.3 Risks are captured on the Strategic Risks Register and regularly monitored. The programmes of work that are undertaken as a result of the creation of the CCP plan will undertake risk management planning as routine.

13. Resource considerations and CCP

- 13.1 The development of the CCP Plan for 2021-2023 has involved multiple reviews and was co-produced with PMO, Finance and People Services. Consideration to financial and head count resource modelling are integral to the process.
- 13.2 The budget set for 2021, needs to be set appropriately to enable the GDC to fulfil its statutory duties and meet our commitments set out in the Corporate Strategy.

14. Monitoring and review

- 14.1 Our governance and supporting framework mean that there is regular reporting and monitoring arrangements in place. The monitoring of the 2021 budget will be through the reporting mechanisms set out in table 9.

Table 9 Types of SLT and committee business

Report	Frequency	Audience
Management Accounts	Monthly	Budget Holders
Financial Performance Report	Monthly	EMT FPC
Portfolio Report	Quarterly	EMT FPC Council
Financial Forecasting	Quarterly	EMT FPC Council (Public Paper)
Annual Report and Accounts	Annually	EMT ARC Council

15. Development, consultation, and decision trail

- 15.1 The budget presented represents the final budget proposal derived through the development and review of the CCP 2021-23.
- 15.2 The development of the CCP has been iterative, having been discussed, challenged, and amended following meetings of EMT and FPC at the review points set out within the CCP2021-23 paper.
- 15.3 A detailed change log has been retained showing the development of the plan and budget through each stage.
- 15.4 FPC considered and provided endorsement of the draft 2021 budget at their meeting on the 10 September 2020.
- 15.5 Council considered the draft 2021 budget at their Special Council meeting held on the 24 September 2020.

16. Next steps and communications

- 16.1 The key messaging for communicating the 2021 budget has been prepared as part of our development of the CCP 2021-23 communications plan.

Appendices

- a. None.

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13 October 2020

2021 Reserves Policy

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper is presented to the Council following the Finance and Performance Committee's endorsement of the draft 2021 Reserves Policy at their 10 September 2020 meeting. This paper supplements the content of the CCP 2021-23 papers.
Issue	To present the proposed 2021 Reserves Policy, in line with our wider work on the CCP 2021-23, for Council approval.
Recommendation	The Council is asked to discuss and approve the 2021 Reserves Policy.

1. Background

- 1.1 The Reserves Policy is designed to ensure that the GDC has the financial capacity to maintain delivery of its functions and processes to protect the public and regulate the dental profession; whilst recognising the risks that the GDC faces and ensuring that the GDC has adequate levels of working capital throughout the year.
- 1.2 Our Reserves Policy is aligned with our budget, fees, and reserves target for the three-year plan of strategic activity (CCP).
- 1.3 The current target level of free reserves, as adjusted for known financial risk, is equivalent to 4.5 months of operating expenditure. This target seeks to provide the optimum level of financial resilience to ensure the GDC remains a viable organisation and can meet the Going Concern test performed each year by our external auditors.
- 1.4 This is reflected in our 2020 Reserves Policy, which states:
 - a. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
 - b. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council
 - c. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
 - The objectives of Council in pursuit of our statutory and regulatory responsibilities.
 - funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks.

- risks to the income and expenditure of the Council.
- planned major capital spending programmes.
- The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy is to maintain free reserves at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of our three-year plan of strategic activity, December 2022.

d. The Council will review this Reserves Policy not less than annually.

2. Forecast free reserves over the CCP 2021-23

- 2.1 Forecast free reserves, as adjusted for financial risk, are forecast to be £12.8m at the end of the new planning period (CCP 2021-23). This is the equivalent to 3.9 months of annual operating expenditure at December 2023. This is within the parameter of our current reserves policy (3-6 months of operating expenditure), but less than our current reserves target of 4.5 months.

Table 1 Forecast Free Reserves

	£k
General Reserves at 31 December 2019	30,716
Reserves committed to fixed assets	(18,138)
Free reserves at 31 December 2019	12,578
2020 - Q2 Forecast underspend	5,516
2020 - Capital expenditure	(870)
Release of reserves committed to fixed assets (depreciation 2020)	1,501
Forecast free reserves at 31 December 2020*	18,725
Capital investment 2021-23	(2,230)
Release of reserves committed to fixed assets (depreciation 2021-23)	3,418
Over recovery of income against expenditure 2021-23	4,648
Forecast free reserves at 31 December 2023	24,561
Free reserves expressed as number of months of annual operating expenditure (Dec 2023)	7.5
<u>In consideration of financial risks:</u>	
<i>Financial risks identified in the 2021-23 CCP (Medium/high likelihood)</i>	<i>(3,961)</i>
<i>Income risk - 10% income risk 2021</i>	<i>(3,878)</i>
<i>5% sustained reduction in register size for 2022 and 2023</i>	<i>(3,878)</i>
Total financial risk 2021-23	(11,717)
Free reserves as adjusted for current assessment of financial risk	12,844
Adjusted free reserves expressed as number of months of annual operating expenditure	3.9

	£k
<i>Target level of free reserves, expressed as number of months of annual operating expenditure</i>	4.5

- 2.2 The biggest uncertainty we face is around the level of income risk which will materialise as a result of COVID-19 during the planning period. Whilst we did not see significant income risk materialise in 2020 from the DCP ARF collection (1.3% reduction), we remain cautious about the likely exposure we face for the Dentist ARF collection in December 2020. We also have concern around the certainty of first registration fees if graduates impacted by COVID-19 face difficulty in joining the register during 2021.
- 2.3 A second wave of COVID-19 is highly likely to have a disproportionate effect on dentistry. The sector has already faced financial degradation from wave 1, with erosion of income and reserves, and therefore will be less likely to cope with further disruption and financial shock. The NHS and Government's ability to bail out will have also substantially eroded.
- 2.4 We believe that a second wave would have a significantly higher impact than that seen in wave 1 and our planning assumption is that it is prudent to forecast a higher income caution rating of 10% in 2021, with a income caution rating of 5% remaining for 2022 and 2023.
- 2.5 The current fee levels were approved in October 2019, for the entirety of the period covering the current Corporate Strategy (2020-22). Fees were set in line with the principles set out in our 2018 Fees Policy. Forecast free reserves have been calculated assuming that ARF remains at the same level for the next 3 years.
- 2.6 If income risk does not materialise we would first consider the replenishment of our free reserves to the target level of 4.5 months, ahead of committing to progress any 'Could Do' and 'Won't Do' projects, which have been de-prioritised from our portfolio for 2021-23.
- 2.7 A commitment now to increase the forecast free reserves level back to the target level, based on the current planning assumptions, would require a commitment to further budget efficiencies and/or a decision to increase the ARF; these changes are not being proposed.

3. 2021 Reserves Policy

- 3.1 Following our review of the current financial risk we face and our forecasted level of free reserves at the end of the next strategic planning period (December 2023), we are not recommending any changes are required to the Reserves Policy for 2021.
- 3.2 The proposed 2021 Reserves Policy is included at appendix 1.

4. Legal, policy and national considerations

- 4.1 The GDC must hold a level of reserves that supports financial viability and ensured our statutory duties can be completed, including providing financial agility to address any financial risks that may materialise.
- 4.2 The Reserves Policy does not have differing impacts for any of the four nations.

5. Risk considerations

- 5.1 We must hold financial reserves to evidence that we remain a going concern. As a going concern, we need to ensure that we can meet our financial obligations as they fall due. Holding an appropriate level of financial reserves, which will allow us to respond to any financial risk that may materialise, ensures that we can continue to fulfil our statutory duties for the foreseeable future.
- 5.2 In considering the level of financial risk exposure mitigated by free reserves, risks identified in the Strategic Risk Register and through the CCP 2021-23 process have been considered.

- 5.3 The greatest uncertainty is currently relating to potential income risk. We are working on an assumption of income risk of 10% for 2021 and retaining an income caution rating of 5% in years 2 and 3 of the plan.
- 5.4 The following key pieces of information remain vital in understanding the level of income risk we are likely to face in the future:
- a. Result of the Dentist 2020 ARF collection (December 2020).
 - b. Impact to graduates who would be joining the register in 2021 (likely to know more November 2020).

6. Monitoring and review

- 6.1 We regularly monitor and review our assessment of financial risk, and the impact on the draft reserves position. This is regularly reported through the CCP Quarterly Performance Report, which is reviewed by FPC and Council.
- 6.2 We also regularly monitor the forecast level of free reserves at the end of the current three-year planning cycle to ensure that our forecast free reserves, as adjusted for financial risk, remain within the upper and lower limits of our reserves policy. This enables us to early identify where we need to make amendments our work programme, which will include exploiting any opportunities to expedite current activities or introduce new activities where there is a quantifiable benefit to public protection and the profession.
- 6.3 The Reserves Policy will continue to be reviewed annually by the Council.

7. Development, consultation, and decision trail

- 7.1 Considerations for the 2021 Reserves Policy were presented to EMT at their meeting on 10 August 2020 for discussion.
- 7.2 The impact on free reserves from the budgetary planning for the delivery of the CCP 2021-23 has been considered regularly by EMT and FPC at review points set out within the CCP 2021-23 timetable.
- 7.3 FPC considered and provided endorsement of the draft 2021 Reserves Policy at their meeting on the 10 September 2020.

8. Next steps and communications

- 8.1 The policy will come into force from 1 January 2021.

Appendices

- a. Reserves Policy 2021

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13 October 2020

Appendix 1**Reserves Policy 2021**

1. The Council establishes a policy to maintain an appropriate level of financial reserves to protect the General Dental Council from a significant event or events which would have a substantial affect, such as a major loss of revenues or a sudden major increase in expenditure.
2. Reserves are classified as free reserves, reserves committed to fixed assets and pension reserves, as stated in the Annual Report & Accounts of the Council.
3. However, as our revenue comes mainly from statutory fees, we set the free reserves level having regard to:
 - a. the objectives of Council in pursuit of our statutory and regulatory responsibilities.
 - b. funding working capital and management of day-to-day cash flows of the Council, where income is concentrated in summer and winter peaks.
 - c. risks to the income and expenditure of the Council.
 - d. planned major capital spending programmes.
4. The GDC aims to maintain the free reserves level at a level that is not excessive but does not put solvency at risk. Our policy is to maintain free reserves at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of the current strategic planning period.
5. The Council will review this Reserves Policy not less than annually.

CCP 2021-23 - Funding

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper is presented to the Council following the Finance and Performance Committee's endorsement of the funding assumptions and recommendation of the proposed ARF for 2021. This paper supplements the CCP 2021-23 paper and Budget 2021 paper.
Issue	To present the CCP funding assumptions and, for approval, the proposed level of ARF for 2021.
Recommendation	The Council is asked to discuss the contents of this paper and approve the proposed ARF for 2021.

1. Background on our approach to fee setting

- 1.1 Fee levels were approved in October 2019, for the entirety of the period covering the current strategic cycle (2020-22). Fees were set in line with the principles set out in our 2018 Fees Policy:
 - a. Fee levels are determined by the cost of regulating each registrant group.
 - b. The method of calculating fee levels should be clear.
 - c. Supporting certainty for registrants and the workability of the regulatory framework.
- 1.2 In setting the fee levels in 2019, the Council agreed a reduction for both Dentists and DCPs to their ARF. The reduced income from the ARF would not be sufficient to cover spend in planned expenditure in 2021 and the plan utilised £1.3m of previous Council underspend to meet this shortfall, whereas in later years the impacts would be smoothed out so the income and expenditure would balance. Thus, the ARF set for the period 2020-22 was not designed to be cost neutral against the budget envelope.
- 1.3 The 2021 budget proposes no intermediary change to the level of fees to be charged to registrants in 2021 as we are still within the year one of the cycle and working through the effects of smoothing the previous reduction over the next two years of the plan.

2. CCP budget envelope 2021-23

- 2.1 The estimated 2021-23 budget envelope is set out in table 1.

Table 1 CCP 2021-23 budget envelope

	Budget 2021 £k	Budget 2022 £k	Budget 2023 £k	Total £k
Meeting fees & expenses	4,181	4,637	4,802	13,620
Legal & professional fees	6,821	7,436	7,622	21,879
Staffing costs	19,327	19,255	19,253	57,835
Other staff costs	1,037	1,133	1,167	3,337
Publications	627	673	572	1,872
IT costs	1,708	1,767	1,820	5,296
Premises	1,604	1,642	1,691	4,937
Finance costs	598	603	613	1,814
Depreciation	1,247	1,157	1,015	3,418
Contingency	1,288	1,250	1,250	3,788
Total	38,439	39,552	39,806	117,796

2.2 The result of our planning is a total budget requirement of £117.8m over the 3-year planning period, which is £3.8m less than the equivalent level we planned as required for the period 2020-22.

3. 2021 Funding and income risk

3.1 The cost of delivery of the plan will be met from income sources that are available to the GDC. These are:

- a. First registration fees.
- b. Annual retention fees (ARF).
- c. Examination fees for overseas registrants (ORE).
- d. Income from investments.

3.2 Whilst we did not see significant income risk materialise in 2020 from the DCP ARF collection (1.3% reduction), we remain cautious about the likely exposure for the Dentist ARF collection in December 2020, and the impact on first registration fees if there are difficulties with graduates joining the register during 2021.

3.3 For reasons set out in the separate Accounting Officer Advice paper and the main CCP 2021-23 pack (appendix A), the planning assumption has been to set a 10% (£3.6m) income caution.

3.4 Any unallocated surplus, as a result of income risk materialising at lower levels, would in the first instance be held by reserves ahead of any decision to progress any project deprioritised in the CCP 2021-23 plan.

4. High level funding assumptions

Table 2 Funding Assumptions

Income type	Description
Registration Fees	<ul style="list-style-type: none"> Costs to be covered relate to forecasted new registrant numbers over the three years of the CCP. For 2020, we took a prudent approach to forecasting first registration income due to concerns over the increase in

Income type	Description
	<p>overseas DCP registrations being only a temporary change, and whether the new fees may act as a barrier to entry.</p> <ul style="list-style-type: none"> • Now that the new fees have been operational for 9 months, we have better data to inform our predictive assumptions. • Registrant volumes are based on figures as at the end of August 2020, and we have identified no potential distorting factors. • Should there be an increase in registration applications, it remains likely that additional resources will be required to deal with the workload in line with our service standards. The cost of any additional resources would broadly offset the additional income generated. • In considering liquidity and reserves, we have looked at the impact of Dentist Graduates not being able to graduate and join the register in 2021. This could have a financial impact of around £300k on income for 2021. • 10% income risk has been applied to across registration fees in our assessment on free reserves.
Annual Retention Fee (ARF)	<ul style="list-style-type: none"> • Fee levels were set in October 2019 for the entirety of the period covering our current strategic cycle (2020-22). • The register is assumed to have an underlying general growth of 1% for both DCPs and Dentists, with the Specialist register remaining at current level. • The number of registrants may also be affected by other factors in the current situation, but no adjustment to the forecast registrant numbers have been applied to the register forecasting analysis, to prevent any duplication with our general provision of 10% income risk. • The detailed underpinning forecasting work and assumptions on expected registration numbers were provided to the Finance and Performance Committee for scrutiny at their meeting on 29 September 2020.
Examination Fees for overseas registrants (ORE)	<ul style="list-style-type: none"> • The GDC oversees these examinations, which are in two parts: <ul style="list-style-type: none"> ○ Part one exams are computer-based assessments held at Kings College. There are normally two sittings a year of 200 candidates per diet with a fixed cost of £806. ○ Part two consists of four elements over three days: OSCE assessment, Dental Treatment Plan, Medical Emergencies and Dental Mannequin. We typically run three sessions a year for 144 candidates per diet, with a fixed cost of £2,929 per candidate. • The ORE is not cost neutral. It sits outside the scope of the registration fees policy; therefore, the additional costs are to be absorbed within the ARF as the only available mechanism for recouping them. • What we charge is limited by secondary legislation, so we do not have the power to vary them to effect full cost recovery. • Our assumption is that we will run a full ORE programme in 2021, however if we are unable to run a diet due to continued COVID-19 disruption, both income and our expenditure will reduce proportionately. Therefore, no income risk has been applied to ORE income in our assessment.

Income type	Description
Income from investments	<ul style="list-style-type: none"> In general, the income we receive from investments dividends is a modest contribution to total income around £300k per annum. Given the continued disruption to financial markets, through the impact of COVID-19 and Brexit, the income we receive from investments is highly volatile for 2021, with an increased likelihood of incurring unrealised losses across our portfolio. Therefore, we are not forecasting any benefit from investment income in 2021. Income from investments will provide a true surplus over expenditure for any benefit received and therefore a small benefit to reserves.

5. Forecast free reserves

- 5.1 Forecast free reserves, as adjusted for financial risk, are forecast to be £12.8m at the end of the planning period. This is the equivalent to 3.9 months of annual operating expenditure at the end of 2023. This is within the parameters of our reserves policy, but less than our current reserves target of 4.5 months.
- 5.2 The forecast free reserves have been completed based on the forecast 2021 register size, and now reflects the result of the latest registration income forecast. It is assumed that the ARF remains at the same level for the next 3 years. Any reduction in ARF will decrease free reserves.
- 5.3 Due to the uncertainty of impact of Brexit, we do believe that there is a likelihood of impact to income from EEA joiners to the register in 2022 and 2023. However, in calculating free reserves, we have not applied further caution to overseas registration income as we believe it is covered by the general income risk provision.

Table 3 Forecast Free Reserves

	£k
General Reserves at 31 December 2019	30,716
Reserves committed to fixed assets	(18,138)
Free reserves at 31 December 2019	12,578
2020 - Q2 Forecast underspend	5,516
2020 - Capital expenditure	(870)
Release of reserves committed to fixed assets (depreciation 2020)	1,501
Forecast free reserves at 31 December 2020	18,725
Capital investment 2021-23	(2,230)
Release of reserves committed to fixed assets (depreciation 2021-23)	3,418
Over recovery of income against expenditure 2021-23	4,648
Forecast free reserves at 31 December 2023	24,561
Free reserves expressed as number of months of annual operating expenditure (Dec 2023)	7.5
<u>In consideration of financial risks:</u>	
Financial risks identified in the 2021-23 CCP (Medium/high likelihood)	(3,961)
Income risk - 10% income risk 2021	(3,878)

	£k
<i>5% sustained reduction in register size for 2022 and 2023</i>	<i>(3,878)</i>
Total financial risk 2021-23	(11,717)
Free reserves as adjusted for current assessment of financial risk	12,884
Adjusted free reserves expressed as number of months of annual operating expenditure	3.9
Target level of free reserves, expressed as number of months of annual operating expenditure	4.5

6. Annual Retention Fee 2021

- 6.1 The 2021 budget proposes no intermediary change to the level of fees to be charged to registrants in 2021 as we are still within the year one of the cycle and working through the effects of smoothing the previous reduction over the next two years of the plan.
- 6.2 It is recommended that we retain our current fee levels for the 2021 ARF.

Table 4 Annual Retention Fee 2021

Fee	£
Dentist	680
Specialist	72
DCP	114

7. Legal, policy and national considerations

- 7.1 The GDC must set a budget that enables it to fulfil its statutory functions.
- 7.2 This budget proposed does not impact on GDC policy decision making. The CCP review and planning process has included feasibility analysis of all GDC work including policy work. The identified budget required is considered as a conduit to support decision making and not to present a barrier to decisions being made.
- 7.3 The power to prescribe a fee for retention on the register is given to the GDC in the Dentists Act 1984, which requires that 28 days' notice be given to make changes to the fee regulations. The levels are set by the Rules made under the Act by the GDC. The ARF Level for 2020 – 2022 was set in accordance with the Council approved Fees Policy.
- 7.4 There are no additional legal or national considerations.

8. Risk considerations

- 8.1 The budget set is the product of the development of the CCP, which aligns our plan of activity with the work required to deliver the Corporate Strategy. This process acts as a mitigation of Strategic risk 'Failure to achieve the objective and realise the benefits of the corporate strategy'.
- 8.2 The budget setting process is subject to scrutiny in its development by EMT, FPC and Council to ensure that it is financially efficient in delivering the Corporate Strategy, and that cost efficiency measures outlined in the CCP are deliverable. This scrutiny considered the funding available, as derived from our forecast of income at the fee levels agreed for the 3-year Corporate Strategy Period, and the impact of any under or over recovery on forecast reserve levels.

- 8.3 Financial risks are captured as part of the process, including our assessment of risk to income. These risks are subject to scrutiny by EMT, FPC and Council to ensure they are prudent and appropriate assumptions.

9. Resource considerations and CCP

- 9.1 The development of the CCP 2021-23 has involved multiple reviews and was co-produced with PMO, Finance and People Services. Consideration to financial and head count resource modelling are integral to the process.
- 9.2 The principle for the calculation of the ARF is that Council approve the activity required in the CCP, and corresponding budget envelope, to ensure that the GDC meets its statutory duties and commitments set out in the Corporate Strategy. The ARF is the resulting product of how much income we need to generate to fund that approved plan of activity; having considered any other income we may receive and the current forecast level of free reserves.

10. Monitoring and review

- 10.1 Our governance and supporting framework mean that there is regular reporting and monitoring arrangements in place. The monitoring of the 2021 income will be through the regular budget reporting mechanisms.
- 10.2 Alongside monitoring of income received, we will also monitor our planning assumptions on income risk and track any income risk that crystallises. This position will be reported to FPC on a quarterly basis, or sooner if required by exception. This monitoring and review process will enable us to react quickly to any emerging issues and, where appropriate, switch on any work packages which are currently deprioritised in the CCP 2021-23 portfolio.
- 10.3 Registration income predictions are updated for the following year once the DCP ARF collection and initial request for restoration are complete. This timing provides us the most accurate data set to project our registration income predictions forward. The next annual refresh will be completed during August 2021 for 2022's forecast income.

11. Development, consultation, and decision trail

- 11.1 The budget presented represents the final budget proposal derived through the development and review of the CCP 2021-23.
- 11.2 The development of the CCP has been iterative, having been discussed, challenged, and amended following meetings of EMT and FPC at the review points set out within the CCP 2021-23 paper.
- 11.3 A detailed change has been retained showing the development of the plan and budget through each stage.
- 11.4 FPC considered the update for forecasted registration income, including the detailed underpinning analysis, and endorsed the recommendation to retain current ARF levels at their meeting on 29 September 2020.

12. Next steps and communications

- 12.1 The key messaging for communicating the 2021 ARF has been prepared as part of our development of the CCP 2021-23 communications plan.

Appendices

- a. none

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13 October 2020

Council Delegations

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Melissa Sharp, Senior Counsel and Head of In-house Legal Advisory Service
Type of business	For decision
Issue	The Council's scheme for delegating its functions requires review and approval.
Recommendation	Following review, input and guidance from the Audit and Risk Committee, the Council is asked to approve the proposed revisions to the Scheme of Council delegations, and to make [and seal when possible] the General Dental Council (Delegation of Functions) Rules 2020.

1. Introduction

- 1.1 The Council delegates certain of its functions, as set out in the Dentists Act 1984, to enable the GDC staff to support the performance of the Council's statutory functions. It does this by approving a Scheme of Council delegations (the Scheme).
- 1.2 The current Scheme was last amended by the Council in 2016, and is included at **Appendix 1**. The document sets out which matters the Council has reserved to itself and those that fall specifically within the remit of the Chief Executive. The effect of this is that all other powers and duties are delegated to subsidiary bodies (Committees) or to the Executive.
- 1.3 The Audit and Risk Committee's (ARC) Terms of Reference require the Committee to review the Scheme annually, report to the Council on whether it remains adequate and make any recommendations to the Council. As part of their 2019 review of Board Effectiveness, Deloitte recommended that the Scheme be reviewed.
- 1.4 Throughout 2020, the In-house Legal Advisory Service (ILAS) has been seeking input and guidance on the review of the Scheme, and at its meeting on 29 September 2020, the ARC recommended revisions to the Scheme for presentation to Council.
- 1.5 This paper describes the proposed changes, with drafts of the new Scheme included at **Appendix 2 and 3**.
- 1.6 The Council is asked to **approve** the new Scheme of Delegation.

2. Background to delegations and the current position

- 2.1 The Dentists Act 1984 and other legislation gives the Council numerous powers and functions. In common with many statutory schemes, the Act recognises that the 12 members of Council could not perform all those activities, and expressly permits the Council to delegate many, but not all, of its functions.
- 2.2 Delegation gives the delegate the legal power to make a decision or perform a task on behalf of the Council, who remain ultimately accountable for actions taken by delegates. These delegations are made in accord with the principles that delegates are not permitted

to sub-delegate functions to others and, once delegated, a function should be exercised only by the delegate, and not by the body that has granted the delegation.

- 2.3 In 2016, the Council approved the current Scheme (Matters Reserved document – **Appendix 1**), which delegates the majority of functions to the Executive team, with the exception of some matters the Council reserved to itself, and some that were expressly delegated to the Chief Executive.
- 2.4 The Scheme covers a mix of those functions expressly created by the Act and those activities that the Council identified as necessary to enable it to deliver its objectives¹. It also refers to the role of Committees in providing advice to support Council decision-making, describes how the Council will ensure effective performance and covers the role of the Registrar.
- 2.5 ILAS has worked with colleagues across the organisation to review how delegations are currently being exercised, and found that whilst decisions are generally being made at the correct level, there were a number of risks which a new draft scheme should try to address. These risks include the fact that the current Scheme was not generally considered to be clear or easily accessible.
- 2.6 Furthermore, it serves multiple purposes and much of the detail that flows from or supplements the document is held separately. This has created the risk a perceived lack of transparency and certainty, and presents a challenge for those responsible for monitoring and advising on compliance with Scheme.
- 2.7 This approach also creates a risk of unlawful sub-delegation and potential duplication of effort where it is not clear which part of the organisation is responsible for certain activities.
- 2.8 Finally, the fact that the Act requires that Council delegations are made by Rules, which are not currently in place, also creates a slight risk that the validity of delegated decisions may be questioned. This has not happened to date and so the risk is low, but the review presents an opportunity to bring the Scheme in line with the legal requirements.

3. **Proposed revisions to the Scheme of Council delegations**

- 3.1 The proposed revisions to the Scheme focus on structure, whilst also recommending a small number of substantive changes. It is proposed that the overall Scheme is made up as follows:
 - a. Council Rules – delegation and reservation of statutory functions – for **approval (Appendix 2)**
 - b. Council statement on ensuring effective performance – for **approval (Appendix 3)**
 - c. Committee Terms of Reference – previously approved
 - d. Operational mapping of CEO, Registrar, Accounting Officer and GDC Staff functions – not presented for approval.

Rules

- 3.2 It is recommended that the current Scheme is replaced by what would become the General Dental Council (Delegation of Functions) Rules 2020, which are presented in draft to the

¹ As permitted by Sch 1, para 6 of the Dentists Act 1984.

Council for making and sealing (when possible)². The Privy Council are not involved in the making of these rules, beyond storing a copy of them when they are provided by the GDC.

- 3.3 The Rules take a similar approach to the current Matters Reserved list, by providing that all of the Council's statutory functions are delegated unless they are included in one of the Schedules to the Rules, which identify those matters reserved to the Council and those delegated expressly to particular office-holders, or their nominated deputies.
- 3.4 One difference from the current Scheme is that those functions not expressly delegated as above would be delegated to GDC staff, rather than the Executive. The allocation of functions amongst staff would continue to be managed operationally by the Chief Executive as is currently the case. The proposed approach would avoid the risk of sub-delegation by the CEO and Executive team where functions are performed by other members of GDC staff, and so ensure the validity of all decision-making.
- 3.5 The Council will note that rule-making powers are not reserved to the Council in the Rules. Such drafting is not required because the Act prevents the delegation of those functions in any event, and so it would be unnecessary and inappropriate duplication to include in the Rules.
- 3.6 It is proposed that the Rules will include a requirement that they be reviewed at least every two years, to allow updates to be made in response to operational requirements if necessary.
- 3.7 As noted in the previous paper, this review covers the delegation of Council's functions only, and any actions conferred by the Act directly on other decision-makers, such as the Registrar or Statutory Committees, are outside the scope of this work.
- 3.8 It is also worth noting that the Scheme has and continues to capture the point or level at which decisions are actually taken, and so does not reflect the often significant operational and advisory support provided to decision-makers by staff teams and Committees.
- 3.9 During the development of this work, there was some discussion as to whether the Scheme might be used to support the interaction between the work of Committees and Council. Whilst this is largely a governance issue that will be considered by relevant colleagues, it has been proposed that the Rules could require Council, when making reserved decisions, to take account of advice or recommendations provided by Committees in accordance with the relevant Terms of Reference. Whilst we anticipate this happens in any event as a matter of good practice, and would not bind the Council to follow any particular course, the recording of the requirement in the Rules would support the Council to consider relevant factors and record its reasons for not pursuing a recommended course.
- 3.10 To provide assurance to the Council that it has considered all of the functions and correctly drawn the line as to what should be reserved, what should be the subject of express delegations, and what should fall to the operational management of the organisation, detailed analysis that underpins the proposals was provided to, and considered by, the ARC.

Council statement on ensuring effective performance

- 3.11 Whilst the focus of this work is the delegation of the Council's functions, the vast majority of which are covered by the draft Rules, we are conscious that the Council may wish to retain

² There is no legislative requirement to seal the Rules but the Privy Council generally require a sealed copy to be sent to them. During the pandemic period the Privy Council has expressed that it is content for Rules to be made, signed electronically and a sealed copy provided at an appropriate point in the future.

some of the additional material that was contained in the 2016 Matters Reserved document, including the three delegations that do not derive directly from the Act.

- 3.12 The document at **Appendix 3** is a proposed statement which includes the measures agreed by the Council in 2016 as to how it would ensure effective performance, of delegated functions and more broadly. It also includes the small number of delegations that are not appropriate for inclusion in the Rules.
- 3.13 The sections from the original which set out the Registrar's functions, as conferred directly by the Act, and refer to matters which are not within the remit of Council have been removed.
- 3.14 In their written comments, Committee members agreed that establishing a system for registration of interests, and reviewing the GDC's compliance with various aspects of the legal framework were matters that no longer required express inclusion in this document, and so they have also been omitted.

4. Implementation and monitoring

- 4.1 A review and refresh of the current Scheme of Delegations provides an excellent opportunity to remind all involved of their roles as delegators and delegates, including the responsibilities and limitations arising from this way of working. From the analysis completed to date, it is clear that people understand what they need to do, but there is room for improved clarity about the framework within which they are undertaking such activity.
- 4.2 The proposal is to provide some refresher training as part of the roll-out of the revised Scheme, following the Council's approval, and then conduct a more formal survey in 2021 to test whether the Scheme is properly embedded. The results of this would be reported to ARC as part of its annual review of the Scheme.

5. Legal, policy and national considerations

- 5.1 The Dentists Act 1984 confers a power on the Council to make rules to delegate some of its powers and functions. It is likely that any proposals for a revised scheme will include a set of draft Rules to give legal effect to the Scheme.

6. Equality, diversity and privacy considerations

- 6.1 No implications have been identified as yet but the need for assurance that those with delegated authority are making decisions with the necessary regard to these considerations will be addressed in any proposals for amendments to the current Scheme.

7. Resource considerations and CCP

- 7.1 The Delegations review is in the CCP for 2020.

8. Development, consultation and decision trail

- 8.1 The team sought advice and direction regarding this work from the ARC at its meetings in June and September 2020, as well as in correspondence when it was not possible to convene a workshop.
- 8.2 We have worked with operational teams to gather information as to their awareness of, and compliance with, the current Scheme of Delegations and will continue to do so to finalise the operational mapping exercise.

9. Next steps and communications

- 9.1 In the event that Council approves the Scheme and Rules, the updates will be shared with colleagues, by way of internal communications and refresher training.

Appendices

1. Matters Reserved to Council – October 2016
2. Draft Rules
3. Draft Statement

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09 October 2020

Matters reserved to the Council and Matters Delegated to the Chief Executive

Matters reserved to the Council

Preamble

The Council's role is to set the direction of the GDC in line with its mission and purpose; to ensure systems are in place to enable it to monitor performance and to hold the Executive to account; and to ensure probity. The Council has determined that it can most effectively carry out its functions by delegating certain matters to subsidiary bodies or the Executive. Those delegations are contained in a Scheme of Delegation. It will not delegate:

- Approval of strategy
- Statutory rule making
- Approval of the annual business plan and budget
- Approval of the annual report and accounts and any report required to be laid before the Parliaments
- Holding the Executive to account for its management of the organisation, through reports and monitoring

This statement sets out what the Council reserves to itself in more detail.

Decisions reserved to the Council

Statutory functions

- C1. Making rules, regulations and standing orders under powers conferred by the Dentists Act which set out how the GDC will carry out its functions contained in the Dentists Act¹ and performing other duties set out in the Act

Strategic functions

- C2. Approving strategic objectives and strategy

Financial Reporting

- C3. Approving reports required to be submitted to the Privy Council and the Comptroller and Auditor General and the Auditor General for Scotland prior to being laid in the Parliaments.

Financial and Business Plans

- C4. Approval of the financial and business plan
- C5. Approval of the Annual Retention Fee and the reserves policy

¹ Schedule 1 paragraph 8 of the Dentists Act 1984.

Appointments

- C6. Provisional suspension of a Council Member's term of office
- C7. Appointment and removal of members of the Appointments Committee
- C8. Appointment and removal of chairs and members of non-statutory committees and task and finish groups of the Council
- C9. Appointment and removal of the Chief Executive
- C10. Approval of the appointment of the External Auditors following a recommendation from the Audit and Risk Committee.

Remuneration and Remuneration Policy

- C11. Approval of changes to Council and office holder fees, following a recommendation from the Remuneration Committee.
- C12. Approval of the policy for remuneration of the Chief Executive and the Executive Management Team, following a recommendation from the Remuneration Committee.

How the Council will ensure effective performance

Review performance

- C13. Setting the organisation's performance measures and targets and ensuring that the targets are met by the Executive Management Team
- C14. Overseeing the organisation's operations ensuring competent and prudent management and planning and receiving regular performance reports
- C15. Ensuring that the appropriate governance, risk management and internal controls are in place
- C16. Ensuring that the Council is adequately resourced to achieve its aims, including the strategic oversight of the efficient use of human resources
- C17. Reviewing reports on delegated authority used and receiving reports from the Executive and Committees of the Council, including the Appointments Committee
- C18. Agreeing the Strategic Risk Register

Corporate Governance

- C19. Approval of the scheme of delegation
- C20. Approval of the financial delegations of the GDC
- C21. Undertaking a formal and rigorous annual review of its own performance and in line with the Council Member Appraisal process a review of its committees and individual members against its objectives
- C22. Ensuring that Council and committee members are appropriately trained
- C23. Establishing and maintaining a system for the declaration, management and registration of members' interests in line with the Standing Orders

- C24. Reviewing the GDC's statutory compliance e.g. with legislation the Dentists Act 1984 and regarding Data Protection, Freedom of Information, Health and Safety, Equality and Diversity, and Human Rights

Matters to which the Council is not entitled by reason of Data Protection legislation

- C25. Personal information regarding staff (including the Chief Executive). If it is necessary in order to determine reward or (in respect of the Chief Executive only) in respect of any disciplinary or performance matter, this information shall be provided to the Remuneration Committee who (having sought permission of and consulted the relevant employee) will determine whether it is necessary for any of that information to be given to the Council and if so how much and in what form
- C26. Details of fitness to practise cases within the remit of the statutory committees, other than those details in the public domain

Matters delegated to the Chief Executive

Preamble

The Council sets strategy and policy, and determines the outcomes and outputs of the GDC in support of its purpose and values. The means by which those outcomes and outputs are achieved is a matter for the Chief Executive and staff. The Chief Executive is accountable to the Council for this.

The Council sets out in detail its requirements of the Chief Executive in the contract of employment and role profile. The process by which the Council holds the Chief Executive accountable is that:

1. The Chief Executive will provide regular management reports to the Council, and will ensure that appropriate reports are provided to committees regarding matters within their remits
2. The Council may question the Chief Executive on any matter which he or she undertakes on behalf of the GDC.

The Chief Executive is the Registrar and is customarily appointed by the Privy Council to fulfil the role of Accounting Officer (by virtue of the Chief Executive appointment) and appoints a member of staff as Secretary to the Council. This document sets out the delegations to the Chief Executive. For completeness, the Chief Executive's statutory and other functions as Registrar, and as Secretary, are also set out. As Accounting Officer duties and powers do not derive from the Council, they are not set out in this note.

Matters delegated to the Chief Executive

E1. Carrying out the Dental Complaints Service

E2. Functions regarding education including the Council's functions under sections 9(1) to (4) and 10(1) of the Dentists Act 1984 (delegated by a Rule of the Council dated 8 December 2011)

E3. Minor amendments to the procurement policy and credit control policy

Matters for which the Chief Executive is responsible without reference to the Council

E4. All staff matters save those reserved to the Remuneration Committee

E5. Carrying out the business of the GDC within the budget set by the Council

E6. For the avoidance of doubt, other than in an emergency, the Chief Executive will consult the Council or the relevant committee whenever the Chief Executive's actions have a major impact on matters within the Council or the committee's remit. In an emergency the Chief Executive will seek to consult the Chair of the Council and the chair of any appropriate committee, and will in any event report to the Council and/or the committee as soon as possible.

Functions of the Chief Executive as Registrar and Secretary

The Council appoints the Chief Executive as Registrar under section 14 Dentists Act 1984. The Registrar

1. Is keeper of the register
2. May delegate (either generally or specifically) any of his or her functions to any of the Council's officers

As keeper of the registers, the Registrar:

1. Must register, restore and erase registrants and visiting practitioners
2. Must enter and remove details of undertakings and warnings on the register
3. Must publish the register and issue certificates of registration
4. Must notify registrants of registration decisions and may request further information for registration decisions
5. Must appoint Case Examiners
6. Must investigate complaints or investigations received and determine whether they amount to fitness to practise allegations
7. May refer an allegation to the Case Examiners, Investigating Committee and the Interim Orders Committee
8. May review previous determinations of the registrar or the Investigating Committee
9. May exercise the functions of the Investigating Committee as set out in rules:
 - a. May carry out enquiries as directed by the Investigating Committee
 - b. May seek representations and carry out investigations to facilitate reviews of warnings
 - c. May carry out investigations relating to compliance with undertakings
10. Must, subject to information regarding a registrant's health, publish charges against a registrant and orders of the Practice Committees
11. May extend the time allowed for certain statutory appeals in specified circumstances
12. Must disclose Fitness To Practise information to any person if in the public interest
13. Must refer an application for restoration following erasure to the Conduct Committee (if erasure was due to conduct)
14. May agree that a registration appeal can proceed without a hearing
15. Must determine the manner in which information is to be published under the rules
16. Must certify documents issued by the Council in Fitness To Practise legal proceedings

By virtue of the GDC's Standing Orders the Secretary's duties include:

1. Custody of the register of all records and of all records and other documents
2. Responsibility for the conduct of business of the Council in accordance with the provisions of the Act and of the Standing Orders, including the taking and keeping of minutes of the Council and committee meetings
3. Custody of the corporate seal
4. Witness to the sealing of documents
5. Keeping a record of the seal and reporting sealings to the Council

Reviewed and amended by the Council of the GDC on 5 October 2016

The General Dental Council (Delegation of Functions) Rules 2020

The General Dental Council make the following rules in exercise of the powers conferred by section 50C(6) of and paragraph 8(1)(b) of Schedule 1 to the Dentists Act 1984¹.

Citation, commencement and interpretation

1. These Rules may be cited as the General Dental Council (Delegation of Functions) Rules 2020 and shall come into force on 1 November 2020.
2. In these Rules-

“Act” means the Dentists Act 1984; and

“Council” means the General Dental Council as established by section 1 of the Dentists Act 1984.

Delegation of Functions

3. Subject to Rules 4 and 5, the Council delegates its functions under the Act to officers of the Council.
4. The functions in Schedule 1 are reserved to the Council.
5. The functions in Schedule 2 are delegated to the Chief Executive Officer, or their nominated deputy.
6. The functions in Schedule 3 are delegated to the Registrar, or their nominated deputy.
7. *When making the decisions in Schedule 1, the Council shall take account of any relevant advice or recommendations provided by relevant Committees, the Chief Executive Officer, and/or Registrar.*

Review

8. These Rules shall be reviewed by the Council at intervals of no more than 2 years.

¹ 1984 c.24; section 50C was inserted and paragraph 8(1)(b) of Schedule 1 amended by, S.I. 2005/2011

Transitional and savings provisions

9. The General Dental Council (Delegation of Functions) Rules 2011 are revoked.

10. Nothing in these Rules shall affect the validity of any decision taken by the Council or on its behalf before the coming into force date.

Given under the official seal of the General Dental Council this 22 October 2020.

In the absence of the seal, I confirm this is the decision of the Council.

William Moyes, Chair of Council

Signed electronically in the light of emergency situation preventing physical signature

Ian Brack, Registrar and Chief Executive Officer

Signed electronically in the light of emergency situation preventing physical signature

Schedule 1 – Functions reserved to the Council

1. The following functions are reserved to the Council –

<i>Function</i>	<i>Statutory reference</i>
Publication annually of a report on exercise of Council functions, a statistical report on arrangements for protection of the public and a strategic business plan	Section 2B(1)
Keep and prepare annual statement of accounts	Section 2C(1)
Appointment of external auditors	Section 2C(2)
Payment of inspectors	Section 9(5) and 10(2)
Appointment of Registrar	Section 14(2)
Determination of Registrar's remuneration	Section 14(3)
Direct Registrar as to their duties in relation to the Register	Section 14(4)
Consultation on changes to English language guidance	Sections 15A(11) and 36CA(12)
Direct Registrar as to the details and form of the public register	Section 22(1) and 36G(1)
Act as Respondent to a statutory appeal	Section 29(4) and section 36S(7)
Set standards of proficiency, education and training for professions complementary to dentistry	Section 36D(1)
Approve qualifications for professions complementary to dentistry	Section 36D(2)
Undertake a consultation before making any changes to standards guidance	Sections 26B(5) and 36M(5)
Act as UK competent authority	Section 36ZA(1)
Pay Council and Committee members fees, allowances and expenses	Schedule 1, paras 6(2), 6(2A), 7(1) and 7(2)

Schedule 2 – Functions delegated to the Chief Executive Officer

1. The following functions are delegated to the Chief Executive Officer, or their nominated deputy –
 - a. Incur expenditure for the investigation and resolution of dental complaints (section 2D of the Act).

Schedule 3 – Functions delegated to the Registrar

1. The following functions are delegated to the Registrar, or their nominated deputy –
 - a. Supervision of instruction given by dental schools and postgraduate institutions (section 9(1) to (4) of the Act)
 - b. Appoint a person to be present at examinations (section 10(1) of the Act)
 - c. Make a representation to the Privy Council if a course of study or examinations in dentistry does not provide the requisite knowledge and skills (section 11(1) of the Act)
 - d. Make a representation to the Privy Council if a dental authority has tried to impose conditions on a candidate (section 12(1) of the Act).

Council oversight of effective performance

Preamble

The Council's role is to set the direction of the GDC in line with its mission and purpose; to ensure systems are in place to enable it to monitor performance and to hold the Executive to account; and to ensure probity. The Council has determined that it can most effectively carry out its functions by delegating certain matters. The General Dental Council (Delegation of Functions) Rules 2020 set out which functions are delegated, and to whom, and which remain with the Council. The latter include:

- Approval of strategy
- Statutory rule making
- Approval of the annual business plan and budget
- Approval of the annual report and accounts and any report required to be laid before the Parliaments

The Council determines the outcomes and outputs of the GDC in support of its purpose and values. The means by which those outcomes and outputs are achieved is a matter for the Chief Executive and staff. The Chief Executive is accountable to the Council for this.

The Council sets out in detail its requirements of the Chief Executive in the contract of employment and role profile. The process by which the Council holds the Chief Executive accountable is that:

1. The Chief Executive will provide regular management reports to the Council, and will ensure that appropriate reports are provided to committees regarding matters within their remits
2. The Council may question the Chief Executive on any matter which he or she undertakes on behalf of the GDC.

The Chief Executive is the Registrar and is customarily appointed by the Privy Council to fulfil the role of Accounting Officer (by virtue of the Chief Executive appointment) and appoints a member of staff as Secretary to the Council.

This document makes supplemental provision in respect of the delegation or reservation of activities which do not derive directly from the Dentists Act 1984. It also sets out how the Council will ensure effective performance of the delegated functions.

Decisions reserved to the Council

Approval of the reserves policy

Decisions delegated to the Chief Executive

Minor amendments to the procurement policy and credit control policy

How the Council will ensure effective performance

Review performance

- C1. Setting the organisation's performance measures and targets and ensuring that the targets are met by the Executive Management Team
- C2. Overseeing the organisation's operations ensuring competent and prudent management and planning and receiving regular performance reports

- C3. Ensuring that the appropriate governance, risk management and internal controls are in place
- C4. Ensuring that the Council is adequately resourced to achieve its aims, including the strategic oversight of the efficient use of human resources
- C5. Reviewing reports on delegated authority used and receiving reports from the Executive and Committees of the Council, including the Appointments Committee
- C6. Agreeing the Strategic Risk Register

Corporate Governance

- C7. Approval of the scheme of delegation
- C8. Approval of probity policies
- C9. Approval of the financial delegations of the GDC
- C10. Undertaking a formal and rigorous annual review of its own performance and in line with the Council Member Appraisal process a review of its committees and individual members against its objectives
- C11. Ensuring that Council and committee members are appropriately trained

Q2 2020 Organisational Performance

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement David Criddle, Head of Business Intelligence, PMO & Delivery
Type of business	For discussion
Purpose	This paper presents a summary of the key points for organisational performance for the quarter.
Issue	The paper reports on the Financial Review for the Q2 2020 performance period and discusses the Financial Forecast, the CCP Quarterly Performance and the Balanced Scorecard which are detailed in Annexes 1 to 3.
Recommendation	Council is asked to: <ul style="list-style-type: none"> • Discuss and note the cover paper and Annexes 1 to 3. • Note and approve the Balanced Scorecard report administration changes outlined in relevant section below.

1. Introduction

- 1.1 This paper provides a summary of the key points raised within organisational performance across the GDC, covering the Q2 2020 performance period.
- 1.2 Section 3 provides a financial performance review to the period ending June 2020.
- 1.3 Annex 1 is provided as the result of the Q2 Financial Forecast. This report is a consideration of the GDC's expected financial performance by the end of the financial year, based on the reforecast completed by budget holders in June 2020.
- 1.4 Annex 2 is the CCP Quarterly Performance Report. This report is intended to provide Council with a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
- 1.5 Annex 3 is the Balanced Scorecard. This report is the operational performance management report across the GDC directorates. It enables the organisation to set and track performance indicators which reflect success against key business strategies and objectives.

2. Assurance

- 2.1 Annexes 1 & 3 were reviewed by EMT on 11 August 2020, with Annex 2 reviewed by EMT on 1 September 2020. All reports were discussed and noted by FPC at their 10 September 2020 meeting.

3. Q2 Financial Review summary

- 3.1 At the end of June 2020, the GDC's operating surplus was £2.8m higher than budgeted at £18.1m. Actual income is £0.2m lower than budgeted and expenditure is £3.6m lower than budgeted for the period.
- 3.2 The table below summarises the income and expenditure account for the six months ending 30 June 2020.

Table 1 Quarter 2 Financial outturn

GDC Summary								
For the period ending 30th June 2020								
	Year to Date					Full Year		
	Actual	Forecast	Budget	Variance to Forecast	Variance to Budget	Forecast	Budget	Variance to Budget
	£000	£000	£000	£000	£000	£000	£000	£000
Income								
Fees	33,938	34,008	33,856	(71)	82	37,816	38,031	(215)
Investment income	208	209	0	(0)	208	440	0	440
Exam income	501	501	1,044	0	(543)	1,044	1,588	(543)
Miscellaneous income	97	97	0	0	97	132	0	132
Total Income	34,744	34,815	34,900	(71)	(157)	39,432	39,619	(187)
Expenditure								
Meeting fees & Expenses	1,663	1,679	2,349	16	686	3,416	4,540	1,124
Legal & Professional	2,324	2,364	3,827	40	1,503	6,112	7,639	1,527
Staffing costs	9,138	9,132	10,003	(7)	864	18,231	19,933	1,701
Other staff costs	294	328	579	34	285	773	1,090	317
Research & Engagement	170	172	435	2	265	512	800	288
IT costs	577	599	730	22	153	1,359	1,450	91
Office & Premises costs	781	773	1,048	(8)	266	1,595	2,118	523
Finance costs	263	264	140	1	(123)	581	354	(227)
Depreciation costs	806	794	473	(11)	(333)	1,501	1,148	(353)
Contingency	0	0	0	0	0	0	1,353	1,353
Total Expenditure	16,016	16,104	19,584	88	3,567	34,081	40,425	6,344
HMRC Refund	0	0	0	0	0	0	0	0
OPERATING SURPLUS / (DEFICIT) BEFORE TAXATION	18,727	18,711	15,317	17	3,411	5,351	(806)	6,157
Unrealised Gain / (Loss) on Investments	(641)	(641)	0	(0)	(641)	(641)	0	641
TOTAL SURPLUS / (DEFICIT) BEFORE TAXATION	18,086	18,070	15,317	16	2,769	4,710	(806)	6,798

- 3.3 Income was £0.2m lower than budgeted due to the following:

- Exam income:** £0.5m lower than budgeted relating to delaying collection of examination fees due to the deferment of exams as an impact of COVID-19.
- Fee income:** £0.1m lower than budgeted income consisting of:
 - £230k adverse variance on initial Dentist registrations due to 521 fewer registrations processed year to date against expected levels
 - £186k favourable variance resulting from additional ARF income received in the 2020 Dentist ARF collection (December 2019).
- Investment income:** £208k favourable variance due to increased levels of bank interest and dividends received.
- Miscellaneous income:** £97k favourable variance due to:

- £54k received from the sale of assets reaching the end of their useful economic life
- £43k income received from HMRC in respect of staff furlough claims.

3.4 Expenditure was £3.6m lower than budgeted of which:

- a. **£0.8m are recurring savings:** lower than budgeted 2020 expenditure that results from a permanent change in the GDC's circumstances and as such, will impact on the budget requirements for future years.
- b. **£1.2m of one-off savings:** these are only expected to occur in 2020. Costs are expected to return to budgeted levels in future years.
- c. **£1.5m of savings due to timing differences:** these arise when activities are brought forward or postponed, and related expenditure occurs earlier or later than projected in the budget.

3.5 Since 2019, it has been a requirement for our Annual Reports and Accounts that we charge unrealised gains or losses to our Income and Expenditure statement. In 2019, we calculated this as an end of year adjustment, however, given the effect of COVID-19 on financial markets, we have now elected to include the impact of movements in our investments within our quarterly reporting.

3.6 Whilst the current year to date loss on investments is £0.6m it should be noted that we are have seen a significant recovery in the value of our portfolio following an initial sharp decline in February/March 2020.

3.7 The significant variances (defined as individually being circa £0.1m or higher) for expenditure being £3.6m lower than budgeted are set below:

Table 2 Significant variances

Recurring' savings/(overspend)	£000s
Staff costs: Savings attributable to: <ul style="list-style-type: none"> • vacancies being carried because of the ongoing delay in initiating recruitment due to the pandemic lock down • the impact of staff across all departments on developmental salary ranges compared to market rate budgets • the decision to not award a cost of living salary increase for staff in 2020. 	865
Depreciation (£218k) & Finance costs (£123k): The increase in depreciation and interest charges represent the change in accounting policy (IFRS16) which impacts on the way we account for accommodation leases. The increase is offset by a reduction in Office & Premises costs; where the lease charges were originally budgeted.	(341)
Office & Premises: Underspent because of the cost of the accommodation leases now being depreciated evenly across the lease period following the implementation of IFRS16.	266
Other: recurring savings individually less than £100k	52
	842
'One-off' savings/(overspend)	
Research & Engagement: In response to the pandemic, a re-profiling of research commissioning was undertaken. The effect of this re-scoping exercise delivers a one-off savings against budget - £198k. Website development plans have been delayed, and engagement events cancelled because of COVID-19. - £92k. Budget for 2021 onwards expected to return to normal levels.	290
ILPS & ELPS: A reduction in anticipated referrals because of an increase in cases impacted by Rule 6E, and a reduction in FTP throughput as a result of COVID-19 impacts.	832

Recurring' savings/(overspend)	£000s
Other: one off savings individually less than £100k	156
	1,278
Savings/(overspends) from timing differences	
ORE: A reduction in costs from the cancellation of April exams due to COVID-19. The underspend on expenditure is offset against the reduced exam fee income we have recovered.	582
Hearings: Year to date underspend in meeting fees and expenses due to the impact of COVID-19, which has reduced our ability to hold Hearings in quarter 2.	503
Depreciation: Overspent due to timing differences in the profiling of the depreciation budget across the financial year.	(114)
IT: Underspent due to timing differences in the profiling of IT software licenses expenditure, and a reduction in consultancy expenditure which has been delayed due to timing of project work impacted by COVID-19.	153
Other: one off savings due to timing differences	315
Not analysed	8
	1,447
Total expenditure variance to budget	3,567

4. Staff headcount as of 30 June 2020

4.1 At the end of June 2020, the total GDC headcount was:

Table 3 Headcount – June 2020

Contract type	March 2020 FTE	June 2020 FTE	Movement FTE (-)/+
Permanent	315.2	315.4	0.2
Fixed Term Contract	36.0	28.4	(7.6)
Temporary Staff	6.0	1.0	(5.0)
Total	357.2	344.8	(12.4)

4.3 The total headcount on 30 June 2020 is 26.3 FTE less than budgeted.

4.4 Headcount levels for permanent staff have remained stable since the end of the previous quarter, however, staff numbers overall have reduced by 12.4 FTE. This is mainly due to terminating a number of temporary roles and delays in commencing recruitment activity during the pandemic lockdown.

5. CCP Quarterly Performance Report Summary

5.1 Following recommendations from Deloitte, this report responds to a requirement to streamline the reports that are presented to Council and to report at a strategic level report on performance of CCP delivery towards the Corporate Strategy aims.

5.2 A template version of the report was agreed from a Q1 2020 prototype and the Q2 version is the first full report.

- 5.3 Full details of GDC wide performance dashboards and insights narrative, as well as breakdown of performance by each of the 5 strategic aims are in the main report in Annex 2. For ease key performance insights shown in the report are highlighted below.

5.4 **CCP Performance overview – Q2 2020:**

- a. The Key areas of CCP delivery, financial controls and Headcount are all within agreed performance parameters and rated Green.
- b. The CCP delivery is based on the revised plan approved on the 23rd of April by EMT in response to the COVID-19 pandemic lockdown conditions. Overall performance is majority on track and anticipated to achieve delivery of portfolio aims in 2020 delivery.

5.5 **Finance Overview – Q2 2020:**

- a. Budget spend for Q2 was £3.6m lower than anticipated, this is mainly due to reduced costs by the pandemic, particularly around travel and salary budgets. The reserves of the organisation remain within target.

5.6 **Establishment Plan Overview – Q2 2020:**

- a. At the end of Q2 there are 27 vacancies, which is 26.3 FTE less than budgeted. The level for permanent staff has remained stable compared to the end of Q1, however headcount overall has reduced by 12.4 FTE due to removing a number of temporary roles and decision made to hold recruitment activity during the pandemic lockdown. With the easing of Lockdown, critical posts have been recruited. Offers that were on hold have been made with delayed start dates and remain accounted for as a vacancy until the start date. Further campaigns are either live or being planned for Q3 for posts that the leadership team have confirmed are needed. The remaining posts are being reviewed as part of the CCP budget reviews to establish if they continue to be required

5.7 **Strategic Aims 1-5:**

- a. The report takes a narrative voice from strategy to explain performance against the overarching strategic aims, with supporting data in visual formats to quantify the narrative.

6. **Balanced Scorecard Performance**

- 6.1 Key performance headlines are presented within the executive summary of the main report in Annex 3. For ease of reference matters noted in the key successes and issues section are detailed below.

6.2 Key Performance Highlights in Q2 2020:

- a. **Interim Orders Committee Timeliness:** Registrar and Case Examiners referrals performance is at 93% for Q2 increasing by 17% from the 76% achieved in Q1 2020. Of the 28 cases, 26 were heard within 21 working days. IAT referrals increased from 62% in Q1 to 86% in Q2, with 12 out of 14 cases referred to the IOC within 28 working days, compared to 8 out of 13 in Q1.
- b. **Information Performance Summary:** There were no Major ICO impacts in Q2 which required reporting to the ICO. There were also no DSIs which had a major GDC impact. 100% of FOI requests were responded to within the statutory deadline in Q2, this increased from 95% in Q1. The proportion of Subject Access Requests meeting SLA remains at 95% (35 out of 37) for Q2. Of the two missed, one was administrative oversight, which the team have learnt from and put a system in place to reduce the possibility of this occurring again. The second was due to the volume and complexity of the information requested.

- c. **Registration Timeliness Summary:** All eight registration routes are below SLA for average active processing time in Q2. For Average Overall Processing time four routes are in green target and four are in amber range. Through the pandemic several applicants are experiencing difficulties obtaining necessary supporting documentation to complete their applications. In addition, once an application is considered complete, there have been delays in receiving payment for registration. Both factors continue to impact overall processing times.

6.3 Key Performance Exceptions in Q2 2020:

- a. **FtP Investigation Timeliness:** There was an 8% improvement from Q1 to Q2 however investigation timeliness remains in red performance with 23% of cases meeting the 6-month target. This is attributed to the proportion of older cases having decisions made at Case Examiner. One case was from 2016, 20 were from 2018, 144 were from 2019 and 8 were from 2020. Whilst the team are continuing to work through and get older cases to the Case Examiners, this will have an adverse impact on the performance.
- b. **FtP Prosecution Timeliness:** The Case Examiner Referral to Hearing Decision performance fell to 31% in Q2, compared to 40% in Q1. Of the 13 cases closed in Q2, four met the 9-month target. Of the nine that missed target, two were relisted due to COVID-19 circumstances.
- c. **Registration Applications Processed Versus Target:** 1,418 of applications were processed compared to budgeted 2,000 for Q2. This can be attributed to practices being closed due to COVID-19 and recruitment in the industry having slowed. The largest impact on Q2 was UK dentists as over 575 were forecast but less than 176 were registered. This was due to Foundation Training dates being delayed and BDS graduates being advised to submit applications when they were ready for registration. This has resulted in £230k lower than budgeted income in Q2 for Dentist registrations but we expect this to be offset in the coming months. In addition, Part 2 ORE did not take place and there would have been applications from those who were successful. Additionally, the teams are having difficulty obtaining documentation necessary for overseas applicants and some applicants have withdrawn applications due to being unable to travel to the UK.

- 6.4 **Report Administration** – Amendments to Balanced Scorecard reporting criteria which were approved by EMT on 11 August and by FPC on 10 September are detailed in section ‘1.6 Proposed Reporting Criteria Amendments’ of the main report in Annex 3. Council are requested to note and approve these amendments.

Appendices

- Annex A: Financial Forecast – Q2 2020
- Annex B: CCP Quarterly Performance Report – Q2 2020
- Annex C: Balanced Scorecard – Q2 2020

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13 October 2020

Quarter 2 Financial Forecast

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For discussion
Purpose	This paper is presented to the Council following the Finance and Performance Committee's scrutiny of the Quarter 2 Financial Forecast.
Issue	To report the Council on GDC's updated quarter 2 financial forecast.
Recommendation	The Council is asked to discuss the content of this paper.

1. Quarter 2 2020 forecast

- 1.1 This paper is to report on the GDC's financial forecast for 2020, as of the end of the second quarter.
- 1.2 A detailed review of forecast income and expenditure for 2020 was undertaken in June 2020.
- 1.3 The forecast reflects the following:
 - a. the detailed review of expenditure incurred year to date
 - b. the outcome of the Q2 forecast updates submitted by each directorate
 - c. the actual income from the 2020 Dentist ARF collection.
- 1.4 It shows that the budgeted operating deficit of £0.8m could become a surplus of £4.7m by the end of 2020, a movement of £5.5m.

Table 1 Quarter 2 Financial Forecast

	2020 Budget	2020 Q2 Forecast	Variance Forecast to Budget
	£000	£000	£000
Income			
Fees	38,031	37,816	(215)
Investment income	-	440	440
Exam income	1,588	1,044	(543)
Miscellaneous income	-	132	132
Total Income	39,619	39,432	(187)
Expenditure			
Meeting fees & expenses	4,540	3,416	1,124
Legal & professional	7,639	6,112	1,527

	2020 Budget	2020 Q2 Forecast	Variance Forecast to Budget
	£000	£000	£000
Staffing costs	19,933	18,231	1,701
Other staff costs	1,090	773	317
Research & engagement	800	512	288
IT costs	1,450	1,359	91
Office and premises costs	2,118	1,595	523
Finance costs	354	581	(227)
Depreciation costs	1,148	1,501	(353)
Contingency	1,353	-	1,353
Unrealised losses on investments	-	(641)	(641)
Total expenditure	40,425	34,722	6,985
Operating surplus/(deficit) before tax	(806)	4,710	5,516

2. Key variances in the Q2 forecast

- 2.1 The biggest driver of the forecast underspend for 2020 is the impact of COVID-19 on our delivery of planned activities, which we set out in the CCP 2020-22. Whilst there has been a reduction in anticipated activity and expenditure for this financial year, a number of our planned activities have been reprofiled to 2021. Any deferment of our work and the associated financial impact has been addressed through our planning of the CCP 2021-23. These savings are therefore not true financial savings, but a reprofiling of our expenditure into later accounting periods.
- 2.2 Having to adapt the way we work through the pandemic has reduced expenditure on items such as business travel, Council expenses and meeting costs for 2021. Whilst this has generated a financial saving, we will continue to explore what the new way of working looks like, and ensure our operating model will both deliver our functions effectively but also financially efficiently as we head into 2021 and beyond.
- 2.3 In some areas, we have taken an active decision to reduce cost for 2021 given the increase in financial risk and uncertainty that we face. This includes a decision to not award a 2020 pay increase for our employees and freezing the recruitment for non-business critical posts through the pandemic lock down. Savings from these efficiency decisions are estimated to be around £1.7m.
- 2.4 The key drivers (defined as individually being circa £0.1m or higher) for the forecast surplus being £5.5m higher than budgeted are set out in table 2.

Table 2 Key drivers for the forecast surplus

Income	£000
Fees: Adverse variance on initial dentist registrations due to 521 fewer registrations against predicted levels, offset by £186k additional ARF income received in the 2020 Dentist ARF collection.	(215)
Investment Income: Additional unbudgeted income generated from bank interest and investment dividends have been reflected in the forecast.	440

Exam Income: Forecast has been adjusted to recognise exam deferment as an impact of COVID-19. This is offset against a reduced forecast on exam expenditure which will not be incurred in 2020.	(543)
Miscellaneous Income: Forecast has been updated to recognise the £54k received from the sale of assets, which had reached the end of their useful life, and furlough income received from HMRC.	132
Total Q2 Income forecast variance	(187)
Expenditure	
Staffing costs: Forecast has been updated across all directorates for the following: <ul style="list-style-type: none"> • anticipated start dates for current vacancies which have experienced a delay in initiating recruitment activity due to COVID-19 • the decision that was taken to not award a cost of living pay increase to our staff in 2020 • the impact of successfully recruiting staff on developing range salaries, compared to budgeted market rate budget, and the expectation of when those staff will move to market rate. 	1,701
Contingency: Having reviewed the budgeted contingency there is no indication that there will be a requirement to access contingency funding due to existing underspends across business areas.	1,353
FTP Hearings: Forecast amended to reflect lower levels of hearings/adjudications due to COVID-19 restrictions.	960
ILPS: Forecast amended to reflect reduced expenditure incurred year to date, and an expected 20% reduction in referrals in quarter 3 and 4 due to increased Rule 6E activity.	781
ORE Exams: Reduction in the forecast due to deferral of ORE exams resulting from COVID19 disruption.	582
Office & Premises: Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	523
Other Staffing Costs: Reduction in business travel, recruitment costs and learning and development because of COVID-19 disruption.	317
Research & Engagement: Following the pandemic, a detailed review of necessary research and engagement activities was completed. This has resulted in a reduction in forecast spend for 2020.	288
ELPS: The proportion of cases referred from Case Examiners to ILPS/ELPS was previously set at 80:20, however, the actual ratio, to June 2020, is 92:8. This is due to a reduction in the volume of referrals and the available capacity within the ILPS team.	236
Education QA: Impact of reduced activity on physical inspections due to COVID-19 disruption, and our decision not to increase the regulatory burden on providers during the lockdown.	150
Registration: DCP activity is expected to increase in the final half of the year due to clearing a backlog of applications. This will be offset by an increase in income received.	(37)
Depreciation Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	(353)
Finance Costs (Facilities): Forecast has been adjusted to reflect the change in accounting policy following the implementation of IFRS16, which now sees expenditure on accommodation leases recorded under depreciation and finance costs.	(227)

Unrealised losses on investments: Forecast has been updated to reflect the impact on losses on the investment portfolio over the first 6 months of this year.	(641)
Not analysed	70
Total Q2 Expenditure forecast variance, excluding unrealised losses on investments	5,516

2.5 The latest forecast returns from teams assume headcount of 353.8 FTE at 31 December 2020, compared with an anticipated 361.9 FTE in the original budget.

2.6 The variance in FTE mainly relates to delays in recruitment of posts due to COVID-19 restrictions, and seasonal roles which are designed to deal with peaks of activity not anticipated as being required.

3. Financial risk and opportunity considerations

3.1 The following financial risks and opportunities have been updated as a result of the Q2 2020 financial forecasting round:

- a. In February/March 2020, our investments were materially impacted by the downturn of financial markets resulting from COVID-19. We incurred unrealised losses in the region of 16% (£2.8m). As of June 2020, we had seen a significant recovery of investment assets, however, we recognise that the risk of a second wave of the pandemic could see further unrealised losses before the end of this financial year. We are currently forecasting losses of £0.6m for 2020, in line with the recovery we have seen. In being prudent, we have reflected a potential further loss in investment assets in our financial risk assessment of £2m by the end of this year.
- b. At the time of completing the Q2 forecast, we were partway through the annual collection of DCP ARF income for 2020/21. Our assumption, based on the level of information requests we had taken concerning voluntary removal, and the income received at that stage of the process against performance this time last year, was an estimated income risk of up to 5% may materialise. To reflect this exposure, we recognised a financial risk of £0.4m in our Q2 forecasting. The actual income risk that materialised through the DCP ARF collection was 1.3% (£106k).
- c. Within Hearings, the impact of COVID-19 and the switch to remote hearings has reduced forecast expenditure, resulting in an underspend of £1m against budget for 2020. The assumptions used in the forecast around Hearings activity are a mix of remote and physical activity, however, should Hearings activity normalise towards the later part of 2020, we would expect a greater number of physical hearings and a resultant increase in expenditure. We have included a financial risk of £0.25m recognising this financial risk.
- d. Within ILPS, the impact of a reduced number of referrals as of June 2020 has resulted in an underspend year to date of £595k. Referrals activity is forecast to further decrease by 20% in Q3 & Q4 2020, thereby resulting in a full-year forecast underspend of £781k. The normalisation of activity in the latter part of this financial year could result in increased expenditure required for this area, as such, financial risk of £0.2m has been recognised.
- e. Within ELPS, the impact of reduced referrals as of June 2020 has resulted in an underspend year to date of £237k. The assumptions applied in the Q2 forecast expects cost activity to normalise in Q3 & Q4, however subsequent work is actively being undertaken to validate these assumptions which may change the full-year

forecast position by reducing expected costs in future months. A financial opportunity of £0.1m has been recognised in this respect.

4. Forecast reserves

- 4.1 In December 2019, Council approved the 2020 Reserves Policy. This confirmed that the GDC should aim to maintain the free reserves level at a level that is not excessive but does not put solvency at risk.
- 4.2 Free reserves are to be at a minimum of three months of operating expenditure, as adjusted for our current assessment of financial risk, with a target of four and a half months of operating expenditure by the end of our current three-year plan of strategic activity, December 2022.
- 4.3 As a result of the updated quarter 2 forecast and our assessment of financial risk, the forecast free reserves at 31 December 2022 are £19.5m. This is the equivalent of 4.3 months of budgeted operating expenditure at the end of the planning period, which is around £0.5m short of the target set by Council.
- 4.4 Work on our assessment of income risk impacting 2021-23, and the updated financial risk exposure over the next strategic planning period, has now been completed. This reported to Council as part of the suite of papers on the CCP 2021-23.

5. Monitoring and review

- 5.1 Actual financial performance is monitored monthly and will provide an analysis of the variance between the actual spend, the revised Q2 financial forecast and the original budget.
- 5.2 Budget holders are actively refreshing their financial forecast for 2020, as part of the regular Q3 financial forecast update round, and the result will be reported to FPC in November 2020.

6. Development, consultation, and decision trail

- 6.1 The updated quarter 2 financial forecast has been developed with Budget Holders across the organisation and shared with the Senior Leadership Team for comment. This was formally considered by the Executive Management Team at their meeting on 11 August 2020.
- 6.2 FPC formally considered the quarter 2 financial forecast at their meeting on 10 September 2020.

7. Next steps and communications

- 7.1 The updated financial performance for quarter 3 (period ending 30 September 2020) and the updated quarter 3 financial forecast will be discussed by FPC at their November 2020 meeting. Council will review the financial position at the end of quarter 3 in December 2020.

Appendices

- a. none

Samantha Bache, Head of Finance and Procurement
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06 October 2020

CCP Quarterly Performance Report

Quarter 2 2020

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the CCP Quarter Council Report Q2 2020 for discussion. This report is intended to provide Council with a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
Recommendation:	Council are requested to discuss and note the report
Decision Trail:	SLT 1 September 2020 FPC 10 September 2020

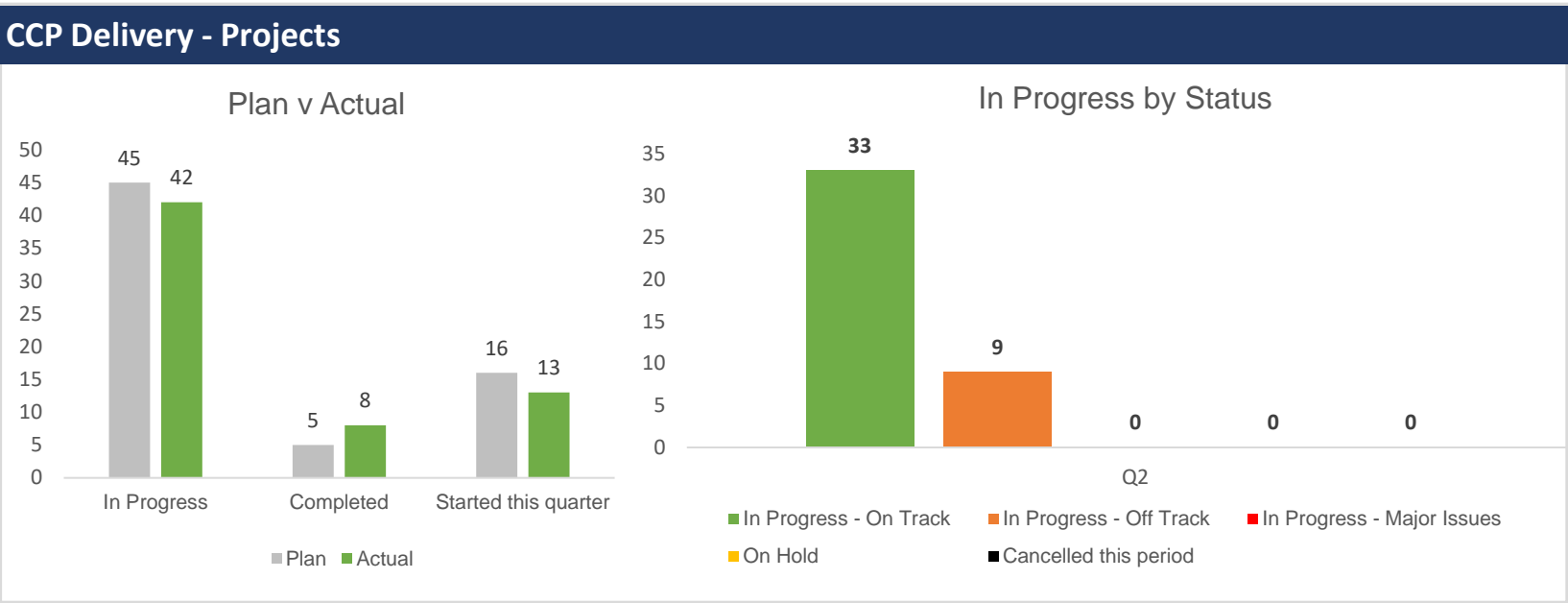
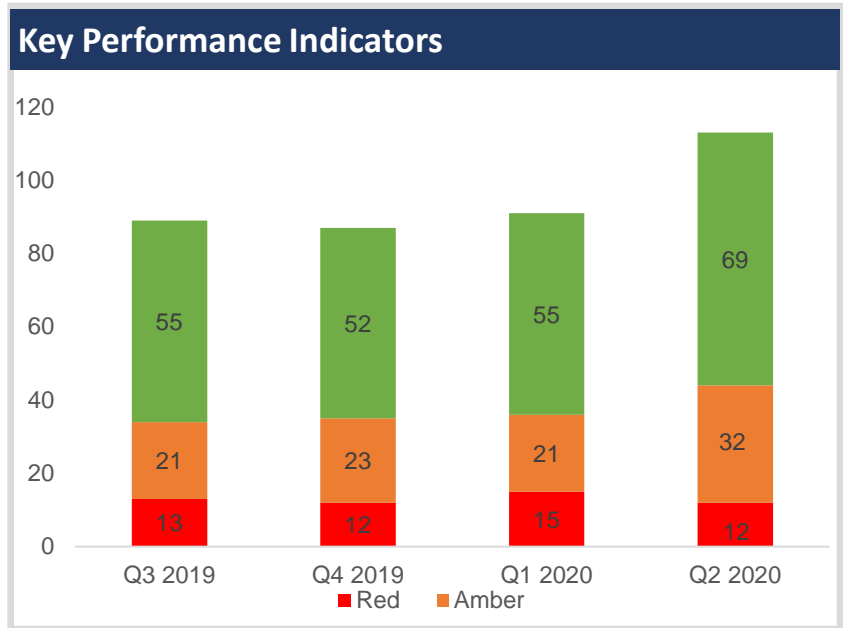
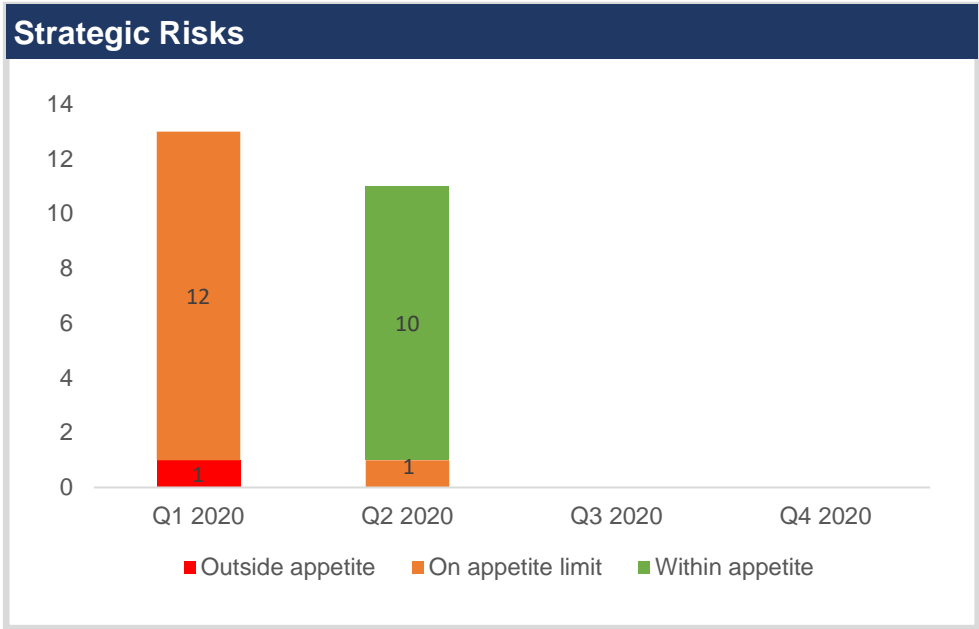
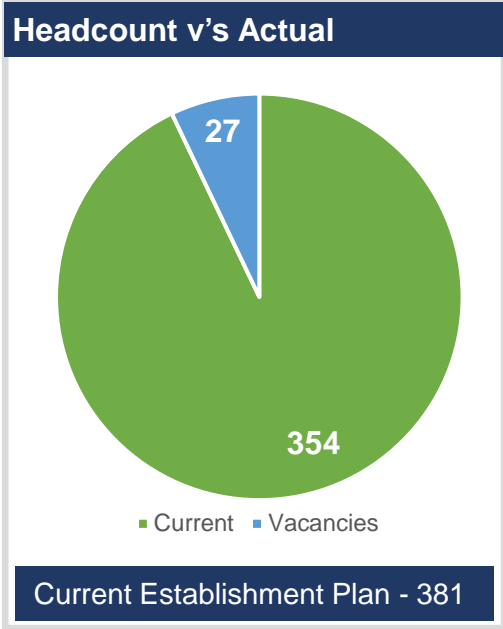
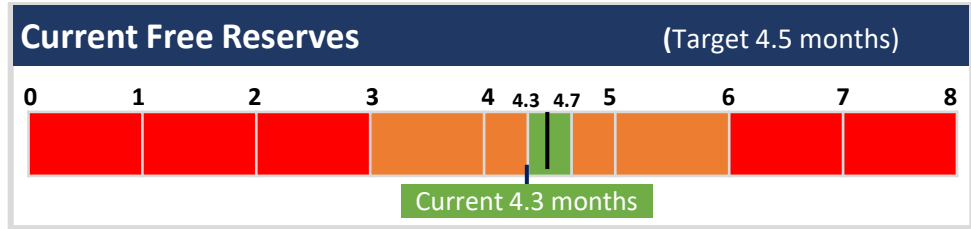
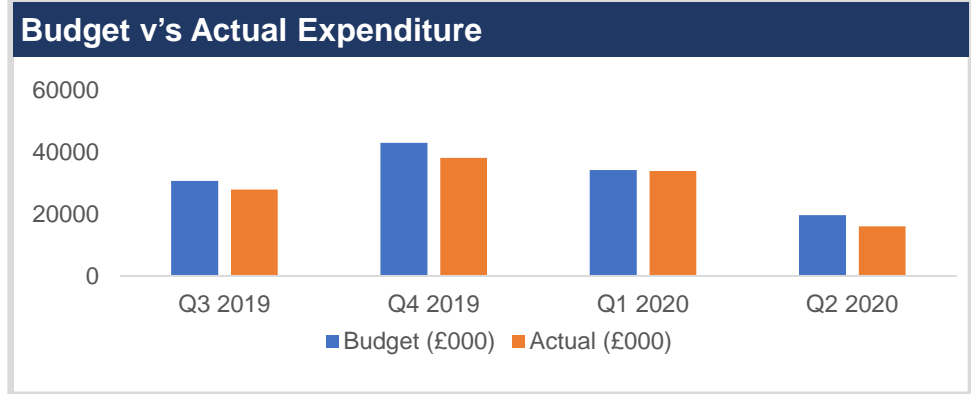
The key performance insights in Q2 2020 are:

CCP Performance Overview – The review of the original 2020-22 plan to assess the immediate impacts of COVID19 was concluded in Q2 with a revised plan agreed for 2020 to focus on must do activity only. The CCP delivery has adjusted to the revised plan alongside adapting to working from home arrangements and the majority of projects have returned to a green status by the end of the quarter. Any issues noted against projects within the strategic aim summaries in section 3 are not expected to impact overall delivery. Planning for the CCP 2021-23 has commenced in Q2 with early drafts reviewed by EMT and FPC, who set a clear direction for the plan to be built on assumptions of higher income risk levels due to the ongoing uncertainties with COVID19 long term impacts.

Finance Overview - Across the organisation, total year to date spend was £16m at the end of the Q2 period, £3.6m lower than budgeted. The key variances were:

- £0.8m relating to ILPS/ELPS legal expenses following a reduction in anticipated numbers of referrals, a reduction in throughput from FTP as a result of the impact of COVID-19 and an increase in cases impacted by Rule 6E.
- £0.8m relates to staff cost savings from vacancies being carried due to delays in recruitment resulting from COVID-19 disruption; the 2020 pay freeze and a number of staff being on development salary ranges.
- £0.6m resulting from the delays in ORE examination as a direct impact of COVID-19.
- £0.5m from the impact of COVID-19 on our ability to conduct Hearings.
- £0.2m relates to a reprofiling of research commissioning in response to the impact of COVID-19.
- £0.2m is from profiling differences in IT expenditure and a reduction of commissioning IT professional services as a result of delays in project delivery relating to COVID-19.

Establishment Plan Overview - At the end of Q2 there are 27 vacancies, which is 26.3 FTE less than budgeted. The level for permanent staff has remained stable compared to the end of Q1, however headcount overall has reduced by 12.4 FTE due to removing a number of temporary roles and decision made to hold recruitment activity during the pandemic lockdown. With the easing of Lockdown, critical posts have been recruited to. Offers that were on hold have been made with delayed start dates, and remain accounted for as a vacancy until the start date. Further campaigns are either live or being planned for Q3 for posts that the leadership team have confirmed are needed. The remaining posts are being reviewed as part of the CCP budget reviews to establish if they continue to be required.



2.1 Strategic Aim 1

Strategic Aim 1: To operate a regulatory system which protects patients and is fair to registrants, while being cost-effective and proportionate; which begins with education, supports career-long learning, promotes high standards of care

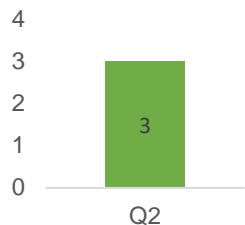
Budget v's Actual

■ Budget (£000)
■ Actual (£000)

- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

Strategic Risks

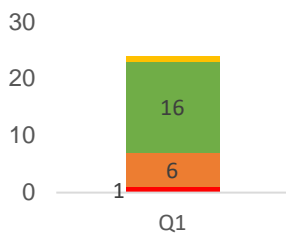
■ Within appetite
■ On appetite limit
■ Outside appetite



- There are no strategic risks rated amber or red in Q2
- Details are included within the Strategic Risk Register report in section 3.0

KPIs

■ Green
■ Amber
■ Red



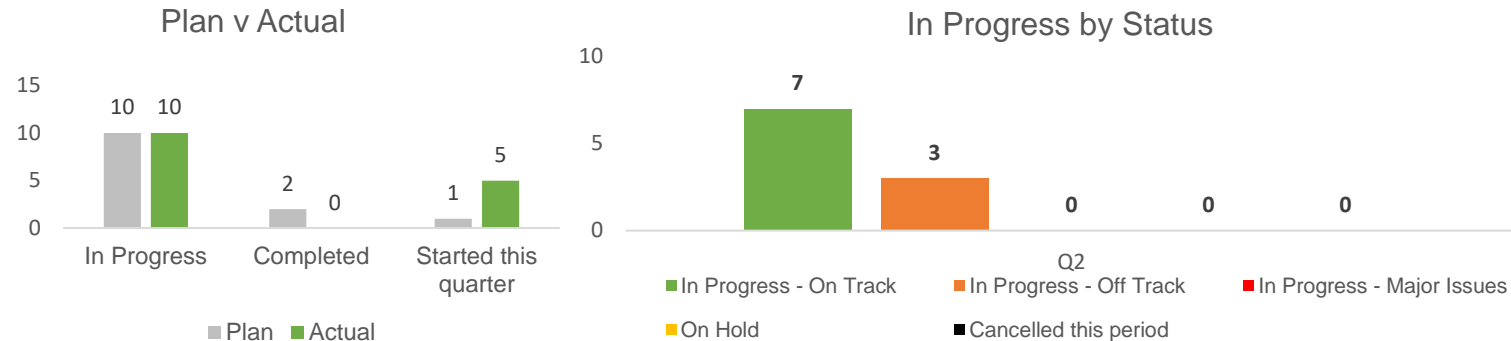
- Amber and Red performance indicators are listed below with full details available in the Q2 2020 Balanced Scorecard:
Amber
PI/STR/004
PI/STR/005
KPI/REG/001 & 002
KPI/REG/003 & 004
PI/REG/005 & 006
PI/REG/009 & 010
Red
KPI/REG/017

SA/001 – name of new SA kpi



- Note: Strategic Aims KPIs are in development so not currently reportable

CCP Delivery – Project Progress



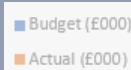
Progress Summary

- Much of the activity so far in 2020 has been to establish the framework and building blocks for an outcomes focused model of upstream regulation. A key part of that is being able to assess the GDC's impact, particularly in respect of public protection. To support this understanding we have developed an approach to determining social return on investment, so that we can measure current impact and change over time. We have also made progress with our approach to monitoring and evaluation and have built both outcome and impact measures into each initiative (e.g. professionalism). We have conducted rapid evidence reviews on a number of areas, including CPD, professionalism and preparedness for practice, and will use the results of these to inform the further development of the work programmes
- We have made progress with several of our planned initiatives to support our move towards this aim, but have also faced delays with some as a result of the pandemic. The monitoring and evaluation built into each of the initiatives should enable an improved understanding of the impact of individual components and their collective effect over the life of this strategy.
- The projects in exception are delayed due to impacts on their schedules due to COVID19:
 - Strategy TWP - Develop an outcome-focused model for lifelong learning
 - Strategy TWP - Implement a framework to promote professionalism
 - Strategy TWP - Revise the support provided to new registrants

2.2 Strategic Aim 2

Strategic Aim 2: work with the professions and our partners to ensure that patients and the public are able to raise concerns with the agency best placed to resolve them effectively and without unnecessary delay.

Budget
v's Actual



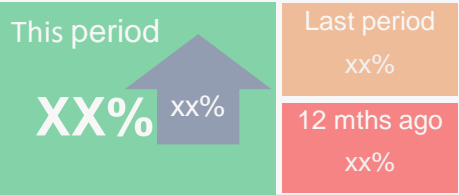
Strategic
Risks



KPIs



SA/002 – name of new SA kpi



- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

- N/A
- There are no strategic risks mapped to strategic aim 2 at this time. All strategic aims are assessed in relation to the strategic risk register.
- Operational risks mapped to Strategic Aim 2 are reviewed and scrutinised at ARC.
- See section 3.0 for the full Strategic risk register.

- There are issues pertaining to Strategic Aim 2 related performance indicators

- Note: Strategic Aims KPIs are still in development so not currently reportable*

CCP Delivery – Project Progress

- There are no projects in progress at present mapped to strategic aim 2.
- The 2 projects reported in Q1 2020 of “Develop a comprehensive complaints resolution model” and "Review alternative models for private dentistry complaint handling" have now been merged during the CCP 2020 review and deferred to recommence in November 2020.

Progress Summary

- While some of our work to support progress towards this strategic aim has been delayed as a result of the pandemic, we have made progress in our approach to sharing and understanding complaints data and how we can use it. This is designed to enable us to answer the following questions:
 - Where does risk lie?
 - Where can we and others better intervene?
 - How, working with others, can we better define our roles in an effective regulatory framework?
- Establishing a baseline with the data will enable us to refine our approach and measure our progress and success going forward.

2.3 Strategic Aim 3

Strategic Aim 3: use evidence, research and evaluation to develop, deliver and embed a cost-effective and right-touch model for enforcement action.

Budget v's Actual

■ Budget (£000)
■ Actual (£000)

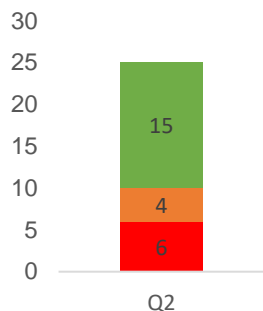
Strategic Risks

■ Within appetite
■ On appetite limit
■ Outside appetite

KPIs

■ Green
■ Amber
■ Red

N/A



- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

- There are no strategic risks mapped to strategic aim 3 at this time. All strategic aims are assessed in relation to the strategic risk register.
- Operational risks mapped to Strategic Aim 3 are reviewed and scrutinised at ARC.
- See section 3.0 for the full Strategic Risk Register report

- Amber and Red performance indicators are listed below with full details available in the Q2 2020 Balanced Scorecard:

Amber	Red
PI/FTP/011	PI/FTP/002
PI/FTP/014	PI/FTP/003
PI/FTP/015	PI/FTP/005
PI/FTP/022	PI/FTP/008
	PI/FTP/009
	PI/LEG/024

- Note: Strategic Aims KPIs are still in development so not currently reportable*

SA/003 – name of new SA kpi

This period

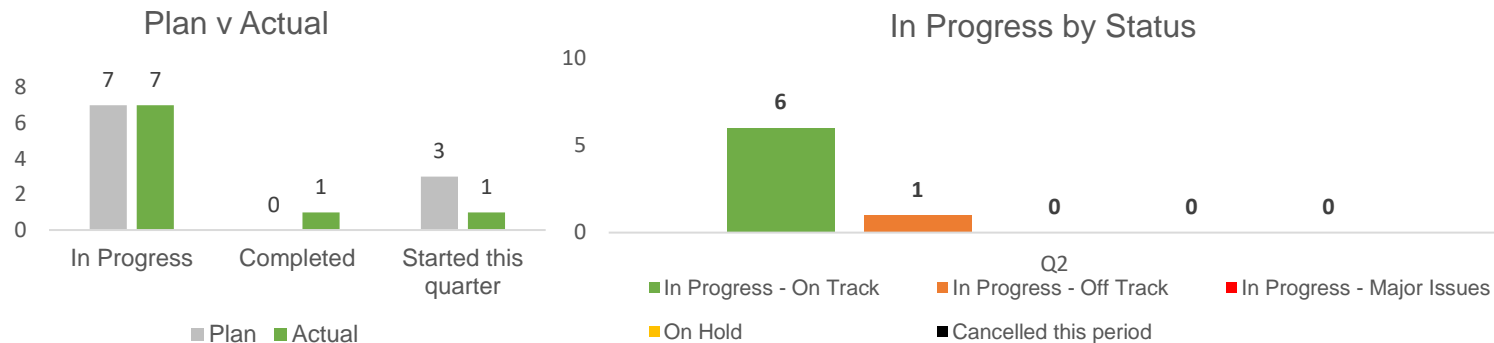
XX%

xx%

Last period
xx%

12 mths ago
xx%

CCP Delivery – Project Progress



Progress Summary

- Much of the progress so far in 2020 has been in establishing a system to enable us to understand what the data and other sources of evidence in relation to FtP tells us, particularly in relation to the impact on public protection. This includes a rapid evidence review of the way in which other regulators capture and analyse their FtP data.
- The work we have done to establish an approach to understanding social return on investment will also enable us to understand impact and measure change over time.
- We have made progress on developing principles to guide regulatory decision making, to enable us to put the concept of right touch regulation into practice. This has been delayed by the impact of the pandemic, but we expect to share a draft with SLT in October 2020.
- The project in exception is due to delays in schedule from COVID-19:
 - Strategy TWP – Embed human factors into fitness to practice decision-making

2.4 Strategic Aim 4

Strategic Aim 4: maintain and develop the regulatory framework.

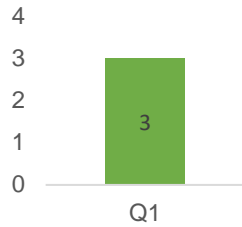
Budget v's Actual

■ Budget (£000)
■ Actual (£000)

- Note: Finance require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.

Strategic Risks

■ Within appetite
■ On appetite limit
■ Outside appetite



- There are no strategic risks rated amber or red in Q2.
- See section 3.0 for the full Strategic Risk Register report

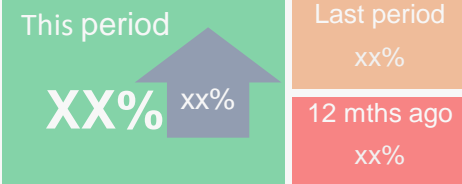
KPIs

■ Green
■ Amber
■ Red

N/A

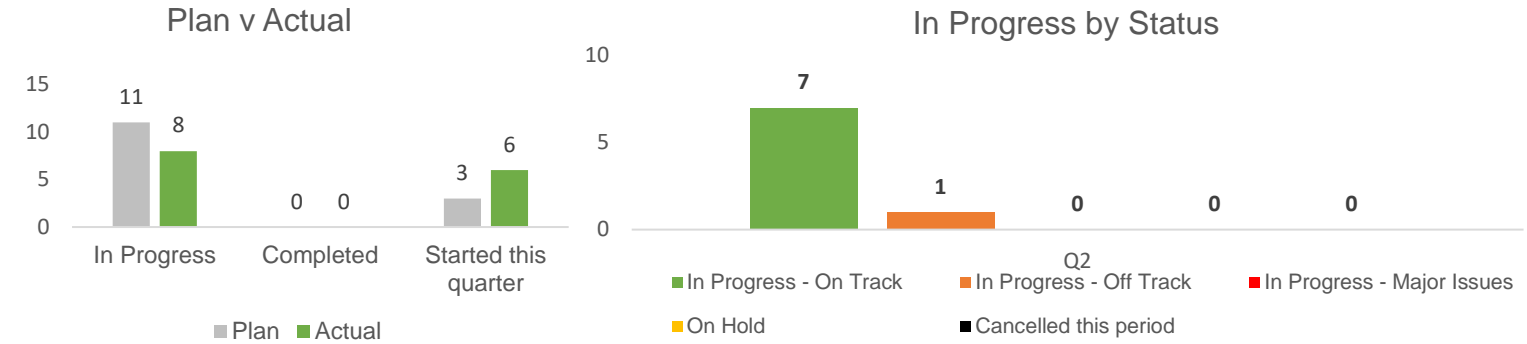
- No KPIs are currently aligned to Strategic Aim 4.

SA/004 – name of new SA kpi



- Note: Strategic Aims KPIs are still in development so not currently reportable

CCP Delivery – Project Progress



Progress Summary

- Much of the timetable in respect of work to develop the regulatory framework is set externally as it depends on legislative change. We continue to influence the development of the policy to support that legislative change, and to ensure that our regulatory remit is clear, particularly where changes in the sector and patient/public demand indicate that there may be gaps in the framework (e.g. remote orthodontics, dual registration).
- The project in exception is due to delays in schedule from COVID-19:
 - STWP – Develop and quality assure GDC's data holdings

2.5 Strategic Aim 5

Strategic Aim 5: continue to develop an outcome-focused, high-performing and sustainable organisation.

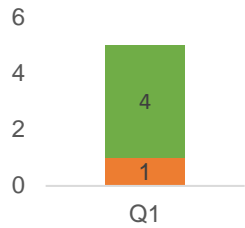
Budget v's Actual

■ Budget (£000)
■ Actual (£000)

- Note: Finance would require systems development of the Finance general ledger system to robustly deliver. A prototype calculation can be developed in interim by end 2020.*

Strategic Risks

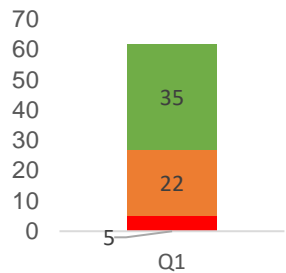
■ Within appetite
■ On appetite limit
■ Outside appetite



- There is 1 strategic risk rated amber in Q2 – SRR13
- Details are included within the Strategic Risk Register report in section 3.0

KPIs

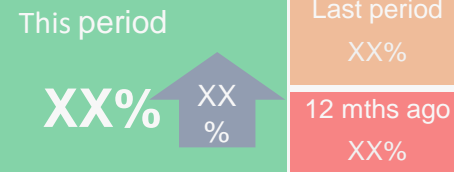
■ Green
■ Amber
■ Red



- The red performance indicators are below with full details available in the Q2 2020 Balanced Scorecard:

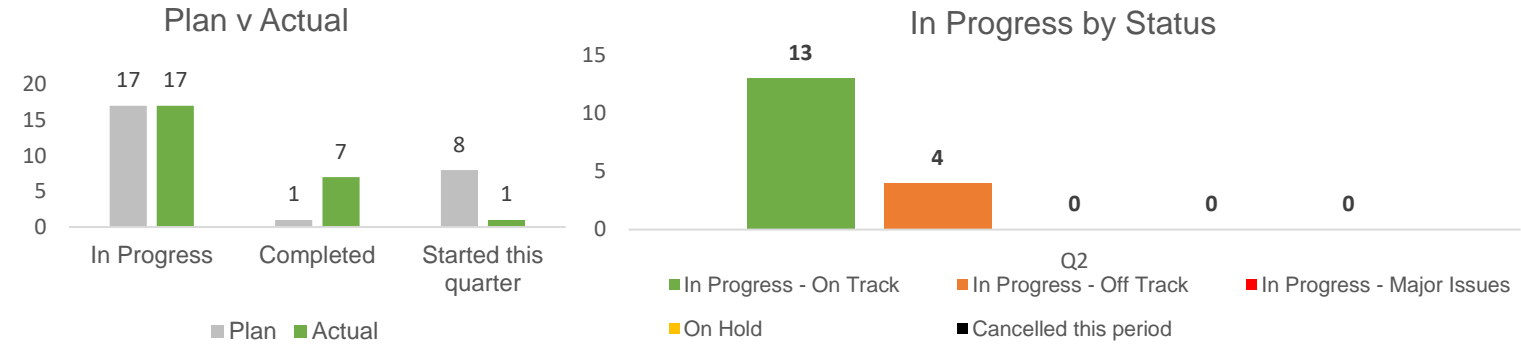
PI/FCS/018
PI/HRG/001
PI/HRG/002
PI/HRG/015
KPI/REG/017

SA/005 – name of new SA kpi



- Note: Strategic Aims KPIs are still in development so not currently reportable*

CCP Delivery – Project Progress



Progress Summary

- The structures that have been developed and put in place in the first half of 2020 to understand and support the organisation's performance enable more effective planning and monitoring. These structures were deployed in both a planned way as part of the normal planning cycle, and an unplanned way as a result of the impact of the pandemic.
- Focus is on stability and long term sustainability through financial planning. Work is being undertaken to understand operational priorities to ensure that in the event budgets are constrained, the essential work continues.
- The projects in exception are delayed due to impacts on their schedules due to COVID19:
 - CRTWP – Implement new procurement management process
 - CRTWP – Implement new digital audio recording system
 - RGTWP – Compensation measures (EU)
 - RGTWP – Update qualifications and awarding body data

GENERAL DENTAL COUNCIL

Balanced Scorecard Report Review of Q2 2020 Performance Project Management Office

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Council with the balanced scorecard covering the Q2 2020 performance period. The report contains an executive summary which highlights all relevant issues and successes, details of any changes to the report structure added this period and the performance of all indicators for the current period.
Recommendation:	Council are asked to discuss the report and approve the amendments set out in Section 1.6 'Proposed Reporting Criteria Amendments'
Decision Trail:	SLT 11 August 2020 FPC 10 September 2020

Balanced Scorecard Report Review of Q2 2020 Performance

Page	Overview of Key Areas
3 - 4	Executive Summary
5 - 6	Key Performance Indicators – Summary Dashboard
7	RAG Summary
8 - 10	Tracking of Previous EMT Actions
11	Proposed Reporting Criteria Amendments
12 - 23	Registration & Corporate Resources Directorate Performance Indicators
24 – 34	Fitness to Practice Directorate Performance Indicators
35 – 43	Legal and Governance Performance Indicators
44 – 49	Organisational Development Performance Indicators
50 - 52	Strategy Performance Indicators

1.1 Executive Summary

Key Performance Highlights

For Noting: A front page summary of the ongoing effects of COVID-19 on Fitness to Practise performance indicators (at the time of Q2 reporting) is included in this quarters report on page 25

- 1. Interim Orders Committee Timeliness Summary:** Registrar and Case Examiners referrals performance is at 93% for Q2 increasing by 17% compared to the 76% achieved in Q1 2020, which is amber but within 4% of target. Of the 28 cases, 26 were heard within 21 working days compared to 25 out of 33 in Q1. IAT referrals increased from 62% in Q1 to 86% in Q2, with 12 out of 14 cases referred to the IOC within 28 working days, compared to 8 out of 13 in Q1. IAT referrals (following consent chase) achieved 100%. There was 1 IAT referral following consent chase made to the IOC in Q2. (See section 2.4 – FTP Performance Indicators – Interim Orders Committee Timeliness)
- 2. Information Performance Summary:** There were no Major ICO impacts in Q2 requiring reporting to the ICO. There were also no DSIs which had a major GDC impact. 100% of FOI requests were responded to within the statutory deadline in Q2, this increased from 95% in Q1, and as a result moves from amber to green performance. The proportion of Subject access requests meeting SLA remains at 95% for Q2 with 35 out of 37 SAR requests completed with the statutory deadline of 30 days. (See section 3.1 Information Performance Indicators)
- 3. Registration Timeliness Summary:** All 8 registration routes are in green target level for average active processing time in Q2. For Average Overall Processing time 4 out of the 8 routes are in green target level and 4 are in amber range. Through the COVID-19 pandemic a number of applicants are experiencing difficulties obtaining necessary supporting documentation to complete their applications. In addition, once an application is considered complete, there have been delays in receiving payment for registration. Both of these factors continue to impact overall processing times. (See section 1.1 Registration Performance Indicators – Process Dashboard)

Key Performance Exceptions

- 1. FtP Investigation Timeliness:** There was an 8% increase from Q1 to Q2 however investigation timeliness remains in red performance with 23% of cases meeting the 6 month target. This is attributed to the proportion of older case having decisions made at Case Examiner. 1 case was from 2016 which was 181 weeks old, 20 were from 2018, 144 were from 2019 and 8 were from 2020. Whilst the team are continuing to work through and get older cases to the Case Examiners, this will have an adverse impact on the performance. (See section 2.1 FTP End-to-end Process – Performance Indicators)
- 2. FtP Prosecution Timeliness:** Case Examiner Referral to Hearing Decision decreased to 31% in Q2, compared to 40% in Q1, remaining in red performance level. Of the 13 cases closed in Q2, 4 met the 9 month target. 1 case was adjourned as a Registrant decided to participate in the hearing late – causing insufficient time to conclude as the hearing on the 1 day listed. 1 case was linked to another case so has to wait for listing together. 1 case was listed for 15 days and this was the first available listing for this length of hearing. There was 1 case for April, this took 26 months which found the Fitness to Practise was impaired and a reprimand given. 2 were outside KPI but were originally listed within the 9 months. 2 were relisted due to Covid-19 circumstances. (See section 2.1 FTP End-to-end Process – Performance Indicators)
- 3. Registration applications processed below target due to lower volume of applications:** 1,418 of applications were processed compared to budgeted 2,000 for Q2. This can be attributed to practices being closed due to COVID19 and recruitment in the industry having slowed. The largest impact on Q2 was UK dentists as over 575 were forecast but less than 176 were registered. This is due to Foundation Training dates being delayed and BDS graduates being advised to submit applications when they are ready for registration. This has resulted in £230k lower than budgeted income in Q2 for Dentist registrations but we expect this to be offset in the coming months. In addition Part 2 ORE did not take place and there would have been applications from those who were successful. Also for EU and Overseas dentists the teams are having difficulty obtaining documentation necessary for registration completion and some applicants have withdrawn applications due to being unable to travel to the UK. (See section 1.6 Supplementary Registration Performance Indicators)

Looking Forward

- Following a review of the CCP 2020 operational plans and CCP 2020-2022 to react to immediate impacts of COVID19, EMT are reviewing the Corporate Strategy to understand how the strategy may need to be adapted for regulating the dental profession following the COVID19 pandemic.
- The planning for the 2021-2023 CCP is adapting and align the plans of activity to be performed to a revised corporate strategy.
- Both the Corporate Strategy revision and 2021-2023 CCP final draft are scheduled for discussion and approval by Council in their October meeting.

Actions Planned by EMT

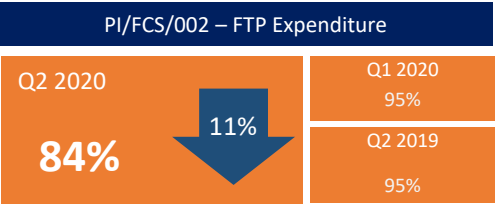
- All EMT actions are detailed in Section 1.5 of this report with status updated for as at end of Q2 2020.

1.2 Key Performance Indicators

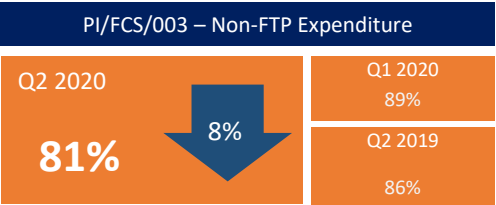
Financial – Q2 2020



- Exam income: currently £0.5m lower than budget relating to exam deferment due to Covid 19.
- Fee income: whilst currently showing a very small variance to both forecast and budget in total, the key points to note are a £230k adverse variance on initial Dentist registrations due to 521 fewer registrations against predicted levels, offset by £186k additional ARF received in the 2020 Dentist ARF collection.



- This KPI compares the year to date actual results for FtP operating expenditure to the agreed budget.
- FtP expenditure was £707k lower than budget for year to date.



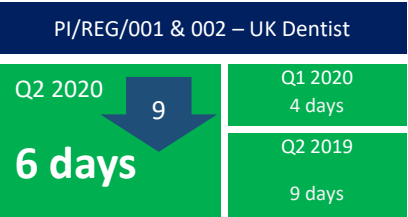
- Overall, non-FtP expenditure was £2.8m lower than budgeted for year to date.
- Non-FtP Legal & Professional fees were £1.5m lower than budgeted. Covid 19 impact has reduced the Hearings and FTP Pipeline of activity feeding into Legal and Governance.
- Staffing costs and other staff costs overall are 1.1m lower than budgeted due to recruiting delays, recruiting posts at lower than budgeted market rate and large reductions in travel and associated costs

Resources – Q2 2020

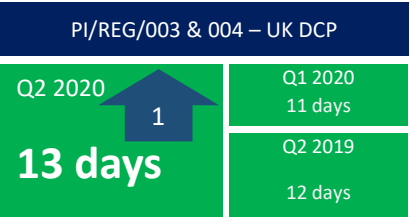


- Of those staff sick in Q2, 6.8% were long term sick and the remaining 93.2% were short term.
- There were 403.5 days lost in total
- When compared against Q1, there has been a decrease in both short term and long term sickness, overall sickness days total has decreased by 400.5 days (50%).

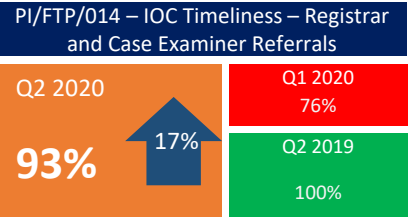
Timeliness – Q2 2020



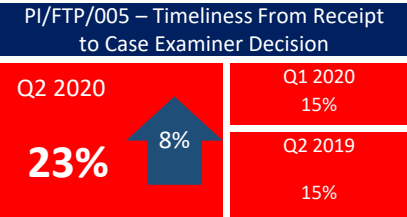
- 413 applications were received in Q2 which is a 392% increase from the 84 applications received in Q1.
- The 176 applications completed is 69% lower than forecast (575).



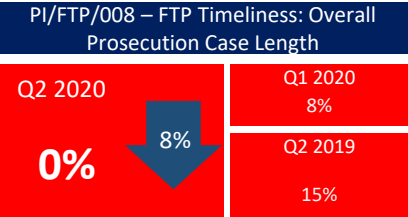
- 937 applications were received in Q2 which is a 26% decrease from the 1260 applications received in Q1.
- The 982 applications completed is 9% lower than forecast (1074).



- Of the 28 cases, 26 were heard within 21 working days in Q1. This is compared to 25 out of 33 in Q1



- There were 173 cases that were progressed to CEs concluded in Q2 2020. 1 case was from 2016 which was 181 weeks old, 20 were from 2018, 144 were from 2019 and 8 were from 2020. Whilst the team are continuing to work through and get older cases to the CEs, this will have an adverse impact on the performance.



- Full Case Timeliness decreased to 0% for Q2 compared to 8% in Q1. Of the 12 cases, 2 Registrants would not cooperate with the investigations, 1 delay was due to a delay in health assessment, 1 delay caused by court proceedings, 1 delay involved two registrants – (one case needed to be heard before the other was listed) and 1 case was slow throughout the process involved plagiarism. The other cases were closed by case examiners after Rule 6E.

1.2 Key Performance Indicators

Internal Process – Q2 2020

PI/FCS/009 – GDC Website and Online Register Availability

Q2 2020	Q1 2020 99.9%
100%	Q2 2019 100%

0.1%

- 100% uptime was achieved (there were at 2 minutes downtime in May and a further 6 minutes in June) during the period with minor issues recorded during the period and availability of the GDC website and online register maintained continuously during Q2.

PI/FCS/010 – Dynamics CRM Availability

Q2 2020	Q1 2020 100%
100%	Q2 2019 100%

0%

- 100% uptime was achieved with no issues recorded during the period with GDC Dynamics CRM being continuously available for all users during Q2.

PI/FTP/006 – Proportionate Split of Internal/External Prosecution Referrals

Q2 2020	Q1 2020 90%
95%	Q2 2019 81%

5%

- 39 out of the 41 cases in Q2 were Internal Prosecution Referrals compared to 38 out of 43 in Q2.

PI/LEG/001 – Major ICO Impacts

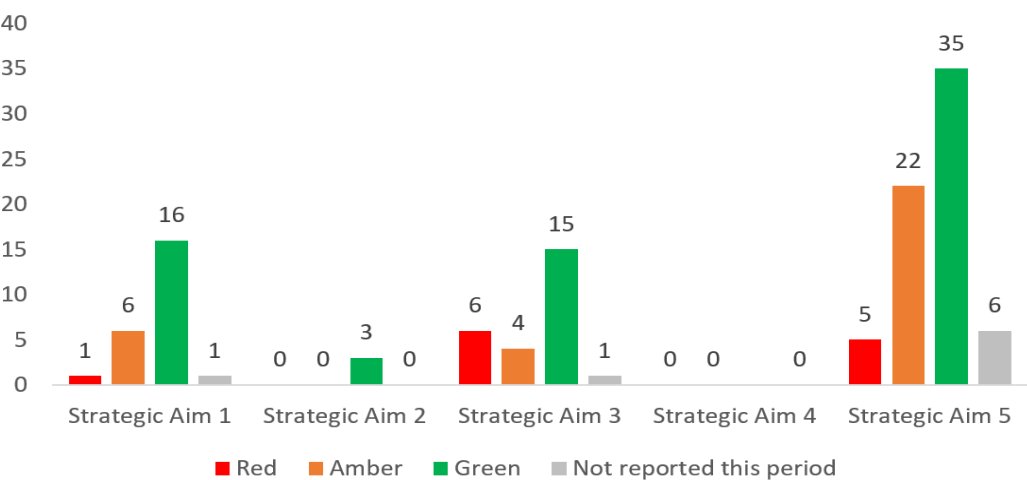
Q2 2020	Q1 2020 0
0	Q2 2019 1

0

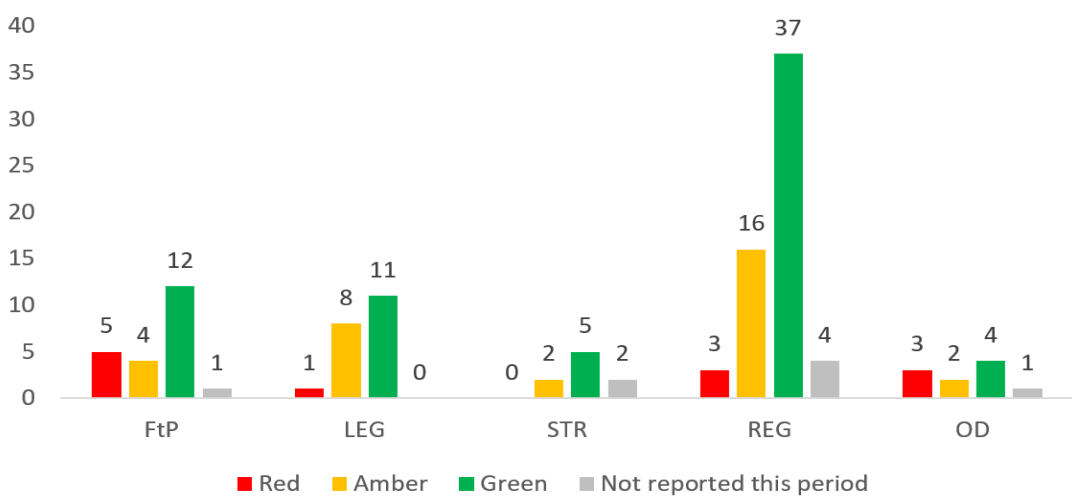
- Of the total number of 34 DSIs in Q2, none were categorised as major ICO impact.

Indicators by Directorate Summary

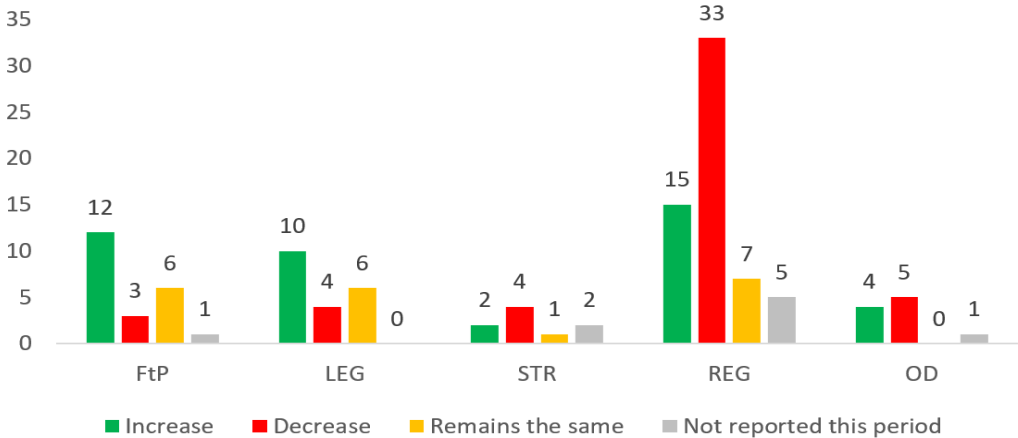
RAG Summary-Performance by Strategic Aim



RAG Summary-Performance Indicators by Directorate



Direction of Travel Summary-Performance Indicators by Directorate



1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q2 2020	Status
BSC005	Registration monitoring of workload and capacity: At 2 July 2019 SLT meeting, SLT noted the increase and sustained workload of Registration application volumes within DCP Casework. Several mitigations have been put in place including additional resource (both registration assessment panel members and a registration caseworker). SLT will continue to monitor the workload, capacity and related performance indicators on a monthly basis, so that effectiveness of current mitigations and any further options can be evaluated regularly.	Q2 2019	Gurvinder Soomal	<ul style="list-style-type: none"> 7 new Registration Assessment Panellists were appointed to DCP Casework Panels. The Panellists are now trained and able to fully participate, reducing the pressure from the existing pool of panellists. 1 additional Registration Caseworker joined the DCP Casework Team in November 2019. As of July 2020, there are 357 live applications, compared with 133 live applications in July 2019 (a 268% increase). An indicator has been added to the balanced scorecard in relation to DCP additional title applications (SLT now has increased visibility of application numbers). 	In Progress
BSC006	EMT monitoring of FtP timeliness – FtP to consider adding additional performance indicators for timeliness: The current FtP timeliness indicators provide a blanket view to 100% all cases, which does not provide visibility to the range of possible constraints on timeliness. The action is for additional performance indicators / data views to be considered and proposed to SLT, which provide a more granular view on timeliness. This is formally committed to the FtP action plan.	Q3 2019	John Cullinane	A paper framing the challenge which measuring performance in FtP faces was reviewed by FPC on 15 June. The agreed next steps are for a project business case to be defined for the development and implementation of new FtP KPIs and plan is for business case to be ready to review in August. In addition a resource request proposal for a FtP CRM systems product owner is to be developed which would be a role to plan and deliver roadmap of FtP CRM systems development across all stage of the FtP process.	In Progress

1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q2 2020	Status
BSC007	Maintain regular sight of ongoing performance report development activities: There is an ongoing roadmap of review and development for the balanced scorecard and bridging paper to ensure the report remains current and effective. The substance of the performance report is included in the bridging paper and details level in the balanced scorecard. This action is for SLT to be kept updated on the development activities status through the EMT action updates.	Q3 2019	Gurvinder Soomal	Development for the prototype quarterly CCP Performance Report has been presented to FPC & Council and then Q1 2020 report fully populated and is for review by FPC on 16 July. A new design template of the balanced scorecard has been introduced for April scorecard and Q2 2020 report will see the new design reviewed by FPC and Council.	Ongoing
BSC009	FtP Performance Indicators complete set review: Agreed at SLT meeting 4 Feb 2020 that EMT should will have separate discussions to review the current challenges faced through measuring FtP performance using the current set of performance indicators. From this there will be proposals for appropriate changes to indicators, their measures and targets. This relates also EMT to BSC006 but is taken as a separate action.	Q4 2019	John Cullinane	A paper framing the challenge which measuring performance in FtP faces was reviewed by FPC on 15 June. The agreed next steps are for a project business case to be defined for the development and implementation of new FtP KPIs and plan is for business case to be ready to review in August. In addition a resource request proposal for a FtP CRM systems product owner is to be developed which would be a role to plan and deliver roadmap of FtP CRM systems development across all stage of the FtP process.	In Progress
BSC010	Registration to monitor team resource in relation for handling of EEA/Overseas DCP applications: SLT approved the addition of performance indicators to PI/REG/21 and PI/REG/22 at February 4 meeting and it was agreed EMT should monitor the volume of applications and the DCP case worker resource capacity closely.	Q4 2019	Gurvinder Soomal	The indicators are now included within the balanced scorecard, providing increased visibility of DCP application numbers. Resource and capacity continue to be closely monitored, as reflected in the update against BSC005.	In Progress

1.5 Tracking of EMT Actions

Action ID #	Action	Date Raised	SRO	Current status comments as at end Q2 2020	Status
BSC011	Creation of a revised FtP Action Plan	Q1 2020	John Cullinane	A revised action plan was presented to FPC in May 2020. The plan encompasses action to reduce the volume of cases in IAT/casework/Rule 4, as well as actions to introduce feedback loops and further business improvement activity throughout 2020 and then as business as usual. The action plan will be reviewed by FPC on 16 July and by Council on 30 July.	In Progress
BSC012	Review of the Corporate Strategy & CCP as a result of COVID19 impacts	Q1 2020	Stefan Czerniawski Gurvinder Soomal	The review of the Corporate Strategy to understand how the strategy may need to be adapted for regulating the dental profession following the COVID19 pandemic is underway with the proposals to be discussed with Council at the October meeting. The planning for the 2021-2023 CCP is in progress with first draft presented to FPC at 16 July meeting.	In Progress
BSC013	Monitor FTP incoming case volume - EMT to monitor FTP incoming cases closely as the reduction in incoming cases pushes case length measures longer as more complex cases remain in progress.	Q1 2020	John Cullinane	Incoming cases in Q2 2020 have fallen by 38% compared to the same period in 2019 (191 incoming compared to 305). The effect of this on performance will emerge in Q3/Q4 as the effect of having fewer "new" cases will be that older cases will have more impact on the overall figures than previously.	In Progress

1.6 Proposed Reporting Criteria Amendments

Change Details - AMENDMENTS APPROVED BY EMT AT THE 11 AUGUST 2020 SLT MEETING AND FPC AT 10 SEPTEMBER MEETING	Executive Sponsor	Action Requested	Change Status
<p>Organisational Development team are proposing a revised suite of performance indicators which have been through a workshop review with FPC and the following proposed for formal approval:</p> <p>1) The following 3 performance indicators are retired as they are no longer reportable: PI/HRG/016 – Key Roles with Identified Successor PI/STR/006 – Internal Communications - Awareness of Organisational Priorities PI/STR/007 – Internal Communications – Understanding of the External Environment</p> <p>2) That both current and proposed OD performance indicators are included in parallel within the Quarterly Balanced Scorecards for the remainder of 2020 whilst further development and monitoring of the new suite is review further with OD, EMT and FPC. See sections 4.3 & 4.4 for the new proposed set of OD performance indicators added for Q2.</p>	Sarah Keyes	For noting	Approved August EMT
IACE team are proposing to introduce 3 new performance indicators. Currently, the balance scorecard includes 3 x KPIs for illegal practice cases, however, the team are also responsible for the timely preparation and presentation of all registration and restoration appeals and the timely delivery of Rule 9 reviews. The request is therefore to include KPIs reporting on these business areas. The first KPI will be the number of reviews upheld at stage 1 of the Rule 9 process, the second KPI is the number of review upheld at stage 2 of the Rule 9 process and the final KPI will be proportion of Registration appeals dismissed.	Lisa Marie Williams	For noting	Approved August EMT
Fitness to Practice main performance indicators. Following the period of testing across the Q1 2020, April 2020 and May 2020 Balanced scorecard reports we have now reverted back to the old “on/off” indicators pending the full redesign of FTP KPIs fully in the FTP KPIs design process.	John Cullinane	For noting	Approved July EMT
<p>For noting</p> <p>There is no data update available as yet for QA Performance Indicators STR 009, STR 010 and STR 011 for the annual update JULY 2019 – JUNE 2020. This is due to COVID-19 delaying the compiling of the update. The QA team are working on compiling this data to be available in the near future and the Balanced scorecard will be updated when this data is supplied.</p>	Stefan Czerniawski	For noting	N/A

Registration and Corporate Resources Directorate Performance Indicators

Page	Section
13 - 15	1.1 Finance Performance Indicators (Quarter Only PI's)
16 - 17	1.2 IT Performance Indicators
18 - 19	1.3 Registration Process Performance Indicators Dashboard Results & Reference Information
20 – 21	1.4 Registration Performance Indicators – Process Dashboard – Historic Tracking
22	1.5 Supplementary Registration Performance Indicators
23 - 24	1.6 Facilities Performance Indicators (Quarter Only PI's)

Reference Dates for PIs:

Current Month	JUNE 2020	Current 3 Months	JUNE, MAY, APR 20
Previous month	MAY 2020	Previous 3 months	MARCH, FEB, JAN 20
Current Month Prior Year	JUNE 2019	Current 3 Months Prior Year	JUNE, MAY, APRIL 19

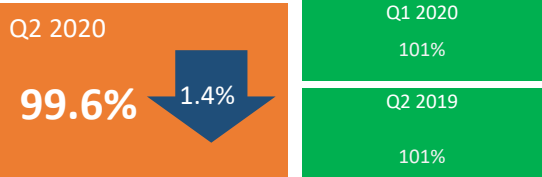
Trend Image Key:

Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

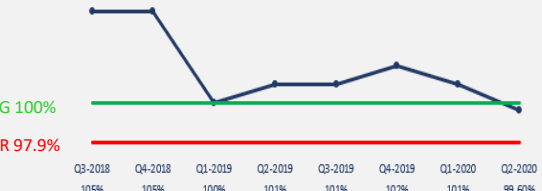
1.1 Finance Performance Indicators

PI/FCS/001 - Organisational Income

Total income received by the GDC from all registrant types and other miscellaneous sources compared with budget.



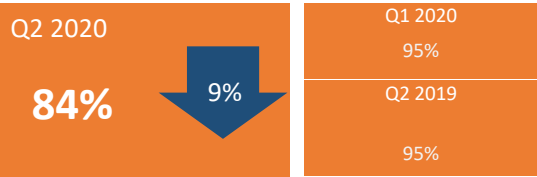
- PERFORMANCE INSIGHTS**
- Total Income was £0.2m lower than budgeted due to:
- Exam income: £0.5m lower than budget from exam deferment due to Covid 19.
 - Fee income: whilst currently showing a very small variance to both forecast and budget in total, the key points to note are a £230k adverse variance on initial Dentist registrations due to 521 fewer registrations against predicted levels, offset by £186k additional ARF received in the 2020 Dentist ARF collection.
 - Investment income is £208k over budget due to increased levels of bank interest and dividends received against budgeted levels.
 - Miscellaneous income is currently over predicted levels due to £54k received from the sale of assets reaching the end of their useful life, and £43k received in furlough income from HMRC.



T	G	A	R	Aim
100% to budget	100%+	98-99.9%	<97.9%	5

PI/FCS/002 - FTP Expenditure

Total forecast annual operating expenditure by the FTP directorate (inc FtP Commissioning) compared with budget



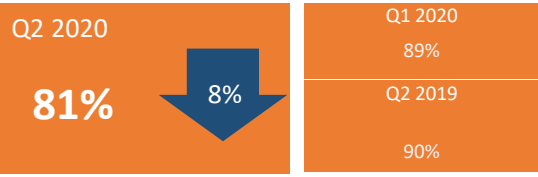
- PERFORMANCE INSIGHTS**
- This KPI compares the year to date results for FtP operating expenditure to the agreed budget.
 - FtP expenditure was £707k lower than budget for year to date.
 - Meeting Fees & Expenses accounted for £594k underspend mainly due to continued reduction in hearing expenses and DCS complaints panels. Further panellist training and delays in NHS complaints with work likely to be pushed into 2021.
 - Staffing costs are £146k under budget due to vacancies associated with the current recruitment freeze and the council decision to not award a pay award in 2020.



T	G	A	R	Aim
100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	> 105%	5

PI/FCS/003 – Non-FTP Expenditure

Total forecast GDC annual operating expenditure (excluding the FTP directorate), compared with budget



- PERFORMANCE INSIGHTS**
- Overall, non-FtP expenditure was £2.8m lower than budgeted for year to date.
 - Non-FtP Legal & Professional fees were £1.5m lower than budgeted. Covid 19 impact has reduced Hearings and FTP pipeline of activity feeding into Legal and Governance.
 - Staffing costs and other staff costs overall are 1.1m lower than budgeted due recruiting delays, posts being at lower than budgeted market rate and large reductions in travel and associated costs.
 - Other underspending areas are Office & Premises costs (£266k) due to release of the Colmore Square rent free premium and Research & Engagement (£265k) due to the Covid re-profile for Research commissioning. These are offset by overspends in Depreciation costs (£333k) & Finance Costs (£123k), both represent the change in accounting policy, following the introduction of IFRS16, and cost offset previously recorded under Office & Premises.



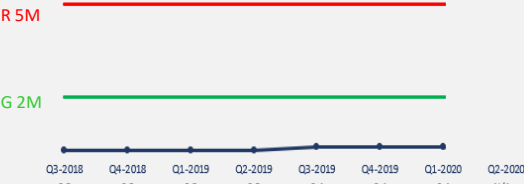
T	G	A	R	Aim
100% to budget	98% to 102%	Below 98% OR 102.1% to 105%	> 105%	5

PI/FCS/004 – Pension Funding Scheme

The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities



- PERFORMANCE INSIGHTS**
- The triennial valuation as at 1 April 2019 was prepared by the pension scheme's actuary.
 - The valuation showed a surplus of 0.4m comparing to 0.3m last period.
 - This KPI is updated annually when we receive the Pension Scheme accounts from the external provider, however this is not yet available therefore the next update will be in Q3.



T	G	A	R	Aim
100% or greater	Less than £2m shortfall	Between £2m & £5m shortfall	Greater than £5m shortfall	5

1.1 Finance Performance Indicators

PI/FCS/005 – Financial Reporting Timeliness				
The number of reports that are submitted by Finance to budget holders/Governance on or prior to deadline.				
<div><div><div>Q2 2020</div><div>2 out of 3</div><div>67%</div></div><div><div>Q1 2020</div><div>0%</div></div><div><div>Q2 2019</div><div>67%</div></div></div>				
PERFORMANCE INSIGHTS				
<ul style="list-style-type: none">The April Performance report was issued 1 day late however May & June month end reporting was on time.The initial submission of the 2021-2023 CCP Budget was completed, with Finance Business Partners and the analysis team working together with budget holders to achieve the required deadline.The June management accounts process included the re-forecasting of full year income and expenditure for the Q2 reporting round.				
<div><div><div>G 100%</div><div>(3 out of 3)</div></div><div><div>R 33%</div><div>(1 out of 3)</div></div><div><div>Q3-2018</div><div>67%</div></div><div><div>Q4-2018</div><div>100%</div></div><div><div>Q1-2019</div><div>67%</div></div><div><div>Q2-2019</div><div>67%</div></div><div><div>Q3-2019</div><div>33%</div></div><div><div>Q4-2019</div><div>100%</div></div><div><div>Q1-2020</div><div>0%</div></div><div><div>Q2-2020</div><div>67%</div></div></div>				
T	G	A	R	Aim 5
3 out of 3 months to deadline	3 out of 3 months	2 out of 3 months	1 out of 3 or fewer	

PI/FCS/006 – Fees and Expenses Payments Timeliness				
Proportion of associates fees & expenses and staff expenses that are processed in line with recognised deadlines				
<div><div><div>Q2 2020</div><div>Fees: 93%</div><div>Expenses: 68%</div></div><div><div>Q1 2020</div><div>Fees: 96%</div><div>Expenses: 93%</div></div><div><div>Q2 2019</div><div>Fees: 79%</div><div>Expenses: 82%</div></div></div>				
PERFORMANCE INSIGHTS				
<ul style="list-style-type: none">93% of fees were paid on time, a decline from 96% last period.68% of expenses were paid within deadline, against a target of 95%. Decline from 93% last period.Late payment of fees and expenses was due to claims being sent through after the required cut off dates. Committee secretaries continue to be advised of the cut off dates so that members can be fully informed of the required submission dates.				
<div><div><div>G 90%</div><div>R 84%</div></div><div><div>Q3-2018</div><div>97%</div></div><div><div>Q4-2018</div><div>100%</div></div><div><div>Q1-2019</div><div>100%</div></div><div><div>Q2-2019</div><div>79%</div></div><div><div>Q3-2019</div><div>86%</div></div><div><div>Q4-2019</div><div>96%</div></div><div><div>Q1-2020</div><div>96%</div></div><div><div>Q2-2020</div><div>93%</div></div></div> <div><div>Fees</div><div>97%</div></div> <div><div>Expenses</div><div>92%</div></div>				
T	G	A	R	Aim 5
95% processed in deadline	95% +	85% to 94%	84% and lower	

PI/FCS/007 – Invoices and Refunds Timeliness				
Proportion of invoices and refunds that are processed in line with recognised deadline				
<div><div><div>Q2 2020</div><div>92%</div></div><div><div>Q1 2020</div><div>97%</div></div><div><div>Q2 2019</div><div>86%</div></div></div>				
PERFORMANCE INSIGHTS				
<ul style="list-style-type: none">Overall Q2 performance for Invoices, Suppliers and Refunds is 92%, which is 5% lower than Q1 but still 2% above the target of 90%.Q4 performance for invoices is 85%, which is 5% below the target of 90%. A number of Legal invoices were paid 2 days later than the 30-day target due to access issues arising from the furloughing of staff at very short notice. All issues have now been addressed and performance is expected to return to normal levels in future.The number of suppliers paid within our 30 days payment terms is 92%, 5% below Q1, however 2% above target.100% refunds were paid on time against the target of 90%. Performance for Q1 was also 100%.				
<div><div><div>G 90%</div><div>R 74%</div></div><div><div>Q3-2018</div><div>76%</div></div><div><div>Q4-2018</div><div>79%</div></div><div><div>Q1-2019</div><div>76%</div></div><div><div>Q2-2019</div><div>86%</div></div><div><div>Q3-2019</div><div>94%</div></div><div><div>Q4-2019</div><div>92%</div></div><div><div>Q1-2020</div><div>97%</div></div><div><div>Q2-2020</div><div>92%</div></div></div>				
T	G	A	R	Aim 5
90% processed within 30 days	90% +	75% to 89%	74% and lower	

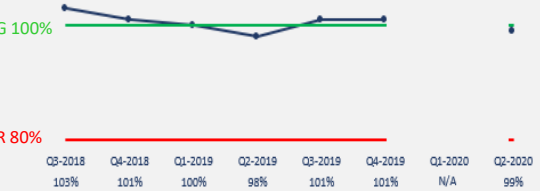
PI/FCS/008 – Adherence to Purchase Order Policy				
Value of invoices where a purchase order has not been raised at the point of commissioning the service/product				
<div><div><div>Q2 2020</div><div>£173k</div></div><div><div>Q1 2020</div><div>£51k</div></div><div><div>Q2 2019</div><div>£63.4k</div></div></div>				
PERFORMANCE INSIGHTS				
<ul style="list-style-type: none">£173k of invoices were not compliant in the past period, which is £23k above the £150k target.£111k relates to 2 Workman invoices where a PO had to be created after receipt of the invoices and which were subsequently subject a large number of queries before payment could be authorised.If the Workman invoices are excluded the balance would be £62k, well within the KPI target.				
<div><div><div>R 400k</div><div>G 150k</div></div><div><div>Q3-2018</div><div>110.9</div></div><div><div>Q4-2018</div><div>283.2</div></div><div><div>Q1-2019</div><div>42.4</div></div><div><div>Q2-2019</div><div>63.4</div></div><div><div>Q3-2019</div><div>44.7</div></div><div><div>Q4-2019</div><div>117.4</div></div><div><div>Q1-2020</div><div>51.4</div></div><div><div>Q2-2020</div><div>173</div></div></div>				
T	G	A	R	Aim 5
> £150k non invoiced spend	Below 150k	Between £150k and £400k	Above 400k	

PI/FCS/019 – Organisational Efficiencies

The actual realisation of planned organisational efficiencies in comparison to budgeted levels

Q2 2020	Q1 2020
99%	N/A
	Q2 2019
	98%

- PERFORMANCE INSIGHTS
- Overall 2020 forecast efficiency savings is £2.77m compared to target of £2.8m.
 - The June'20 checkpoint of the Estates Strategy Business Case compared to the Nov'19 update was done in conjunction with the Facilities Contracts and Operations Manager. This review identified the following :
 - Increased depreciation charges related to extra capital expenditure at Colmore Square :
 - 32 Additional desks in expansion area (£20k)
 - Additional assessable WC door (£15k)
 - Compressor Failure in IT Server Room (£5k)
 - Increased depreciation charges related to extra capital expenditure of £50k for the Wimpole Street re-fit.
 - 17% Service Charge increase at Colmore Square (£30k)

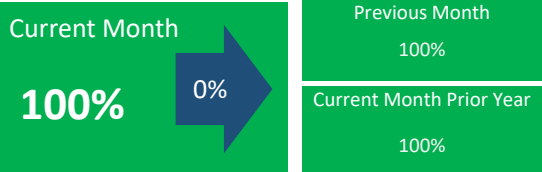


T	G	A	R	Aim
Efficiency savings > or = budget level	FYE savings at 100% or > of budget level	FYE savings at 95%-99% of budget level	FYE savings at < than 80% of budget level	5

1.2 IT Performance Indicators

PI/FCS/009 – GDC Website and Online Register Availability

The proportion of time that the GDC website is available



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	99.9%	99.9%

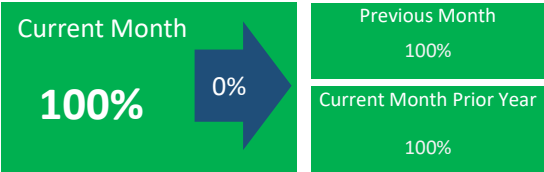
PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- 100% uptime was achieved with only 8 minutes downtime and with minor issues recorded during the period and availability of the GDC website and online register maintained continuously during Q2.

T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/010 – eGDC Site Availability

The proportion of time that the eGDC website is available



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%

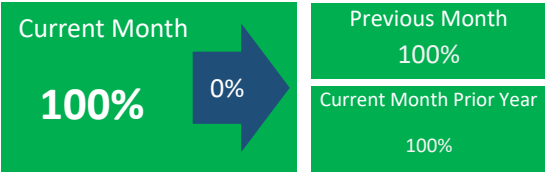
PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- 100% uptime was achieved with no issues recorded during the period and with the eGDC site continuously available for applicants and registrants to make online service interactions during Q2.

T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/011 – Dynamics CRM Availability

The proportion of time that the Dynamics CRM organisational database is available.



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%

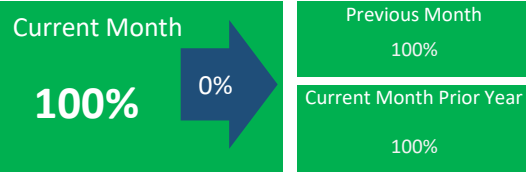
PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- 100% uptime was achieved with no issues recorded during the period with GDC Dynamics CRM being continuously available for all users during Q2.

T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/012 – GDC Exchange Email Availability

The proportion of time that GDC Exchange Email is available.



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
100%	100%	100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- 100% uptime was achieved with no issues recorded during the period. GDC email has been available for all users continuously during Q2.

T	G	A	R	Aim
99.7% + availability	99.7% to 100%	97% to 99.69%	0% to 96.99%	5

PI/FCS/013 – IT Service Desk Timeliness

The proportion of IT support/development requests that are processed within service level agreement timeframes.

Current Month

98.1%

0.8%

Previous Month

98.9%

Current Month Prior Year

97.4%

Current 3 Months

98.4%

Previous 3 Months

97.7%

Current 3 Months
Prior Year

97.9%

PI/FCS/014 – IT Customer Service Feedback

The proportion of customer survey feedback received in the 'satisfactory' category.

Current Month

97.2%

2.8%

Previous Month

100%

Current Month Prior Year

99.4%

Current 3 months

98.6%

Previous 3 Months

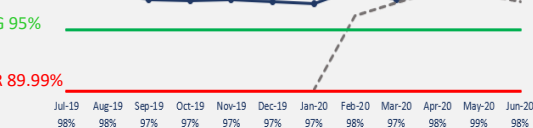
99.6%

Current 3 Months
Prior Year

99.6%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

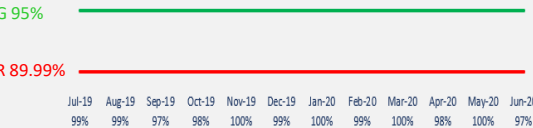
- Performance has remained in the green rating with 98.1% processed within the service level agreement.
- 1460 service desk requests were created in Q2 and 1,446 were resolved. This is 725 resolved less than the previous quarter.



T	G	A	R	Aim
95% within deadline	95% to 100%	90% to 94.99%	0% to 89.99%	5

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- 98.57% of users rated their service as good or very good in Q2.
- 348 surveys were completed over this period, 104 less than Q1 (452).
- The IT customer survey operates in the manner of a 'pulse' survey – users are sent a link after every completed service desk request to enable that specific interaction to be assessed.



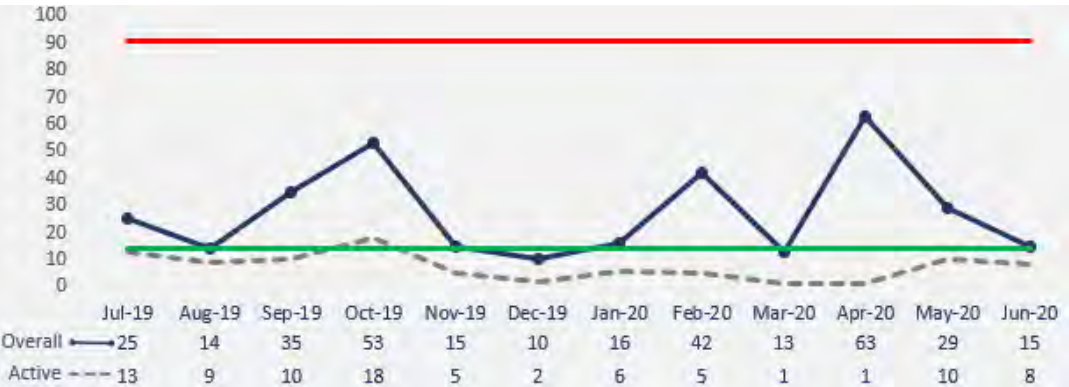
T	G	A	R	Aim
95% satisfactory	95% to 100%	90% to 94.99%	0% to 89.99%	5

		KPI/REG/001 & 002 UK Dentist	KPI/REG/003 & 004 UK DCP	PI/REG/005 & 006 Restoration	PI/REG/007 & 008 Dentist EEA & Overseas	PI/REG/009 & 010 Assessed Dentist	PI/REG/011 & 012 Assessed DCP	PI/REG/020 & 021 Assessed DCP Additional Titles	PI/REG/013 & 014 Specialist
A. Average Overall Processing Time		THIS PERIOD ↓ 36 Calendar Days	THIS PERIOD ↓ 26 Calendar Days	THIS PERIOD ↓ 46 Calendar Days	THIS PERIOD ↓ 48 Calendar Days	THIS PERIOD ↑ 85 Calendar days	THIS PERIOD ↑ 74 Calendar Days	THIS PERIOD ↑ 68 Calendar Days	THIS PERIOD ↓ 49 Calendar Days
		<i>PREVIOUS PERIOD</i> 35 Calendar Days	<i>PREVIOUS PERIOD</i> 21 Calendar Days	<i>PREVIOUS PERIOD</i> 39 Calendar Days	<i>PREVIOUS PERIOD</i> 46 Calendar Days	<i>PREVIOUS PERIOD</i> 87 Calendar Days	<i>PREVIOUS PERIOD</i> 80 Calendar Days	<i>PREVIOUS PERIOD</i> 81 Calendar Days	<i>PREVIOUS PERIOD</i> 35 Calendar Days
B. Average Active Processing Time		THIS PERIOD ↓ 6 Calendar Days	THIS PERIOD ↓ 13 Calendar Days	THIS PERIOD ↓ 14 Calendar Days	THIS PERIOD ↑ 29 Calendar Days	THIS PERIOD → 52 Calendar Days	THIS PERIOD ↑ 55 Calendar Days	THIS PERIOD ↑ 51 Calendar Days	THIS PERIOD ↓ 41 Calendar Days
		<i>PREVIOUS PERIOD</i> 4 Calendar Days	<i>PREVIOUS PERIOD</i> 11 Calendar Days	<i>PREVIOUS PERIOD</i> 11 Calendar Days	<i>PREVIOUS PERIOD</i> 31 Calendar Days	<i>PREVIOUS PERIOD</i> 52 Calendar Days	<i>PREVIOUS PERIOD</i> 62 Calendar Days	<i>PREVIOUS PERIOD</i> 61 Calendar Days	<i>PREVIOUS PERIOD</i> 31 Calendar Days
C. Contextual Measures	Incoming	413 applications received	937 applications received	169 applications received	123 applications received	45 applications received	164 applications received	122 applications received	48 applications received
	Processed	176 applications completed	982 applications completed	112 applications completed	79 applications completed	15 applications completed	31 applications completed	40 applications completed	53 applications completed
	Work In Progress	229 live applications at month end	283 live applications at month end	107 live applications at month end	70 live applications at month end	43 live applications at month end	214 live applications at month end	83 live applications at month end	48 live applications at month end
D. Insights		<ul style="list-style-type: none">• 413 applications were received in Q2 which is a 392% increase from the 84 applications received in Q1.• The 176 applications completed is 69% lower than forecast (575).• There were 229 live applications at the end of Q2 which is 5625% more than the 4 live in Q1.	<ul style="list-style-type: none">• 937 applications were received in Q2 which is a 26% decrease from the 1260 applications received in Q1.• The 982 applications completed is 9% lower than forecast (1074).• There were 283 live applications at the end of Q2 which is 32% less than the 419 live in Q1.	<ul style="list-style-type: none">• 169 applications were received in Q2 which is a 1% decrease from the 171 applications received in Q1.• The 112 applications completed is 35% lower than forecast (171).• There were 107 live applications at the end of Q2 which is 1% less than the 108 live in Q1.	<ul style="list-style-type: none">• 123 applications were received in Q2 which is a 13% decrease from the 142 applications received in Q1.• The 79 applications completed in Q2 is a 15% decrease to the 93 in Q1.• There were 70 live applications at the end of Q2 which is 50% less than the 139 live in Q1.	<ul style="list-style-type: none">• 45 applications were received in Q2 which is a 45% increase from the 31 applications received in Q1.• The 15 applications completed is 36% higher than forecast (11).• There were 43 live applications at the end of Q2 which is 2% less than the 44 live in Q1.	<ul style="list-style-type: none">• 164 applications were received in Q2 which is a 1% increase from the 163 applications received in Q1.• The 31 applications completed in Q2 is a 3% increase to the 30 in Q1.• There were 214 live applications at the end of Q2 which is 12% less than the 243 live in Q1.	<ul style="list-style-type: none">• 122 applications were received in Q2 which is a 23% increase from the 99 applications received in Q1.• The 40 applications completed in Q2 is a 5% increase to the 38 in Q1.• There were 83 live applications at the end of Q2 which is 21% less than the 105 live in Q1.	<ul style="list-style-type: none">• 48 applications were received in Q2 which is a 17% decrease from the 58 applications received in Q1.• The 53 applications completed is 83% higher than forecast (29).• There were 48 live applications at the end of Q2 which is 19% less than the 59 live in Q1.

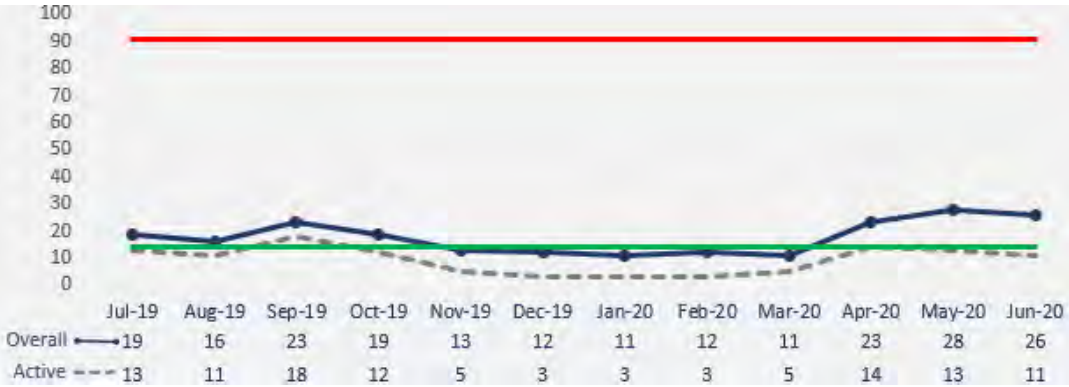
Strategic Aims: 1 and 5

Overall: Active: Green (within target): Red (outside target):

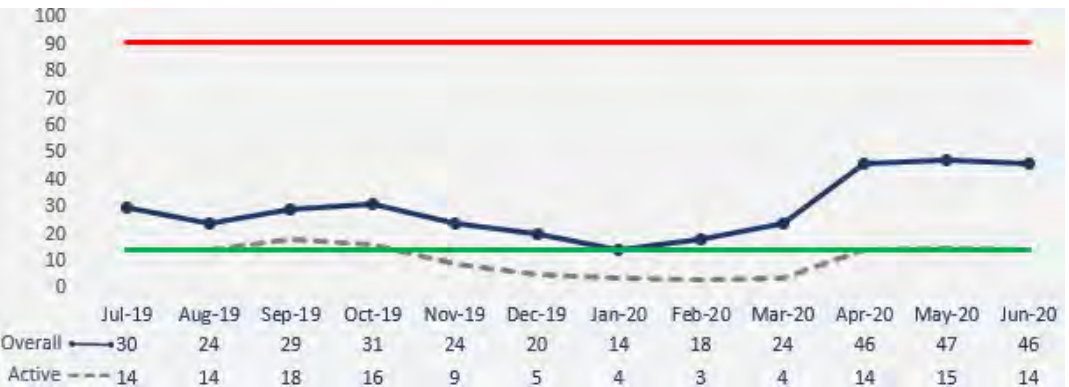
UK Dentist Applications – Overall & Active KPI Performance
PI/REG/ 001 & 002



UK DCP Applications – Overall & Active KPI Performance PI/REG/
003 & 004



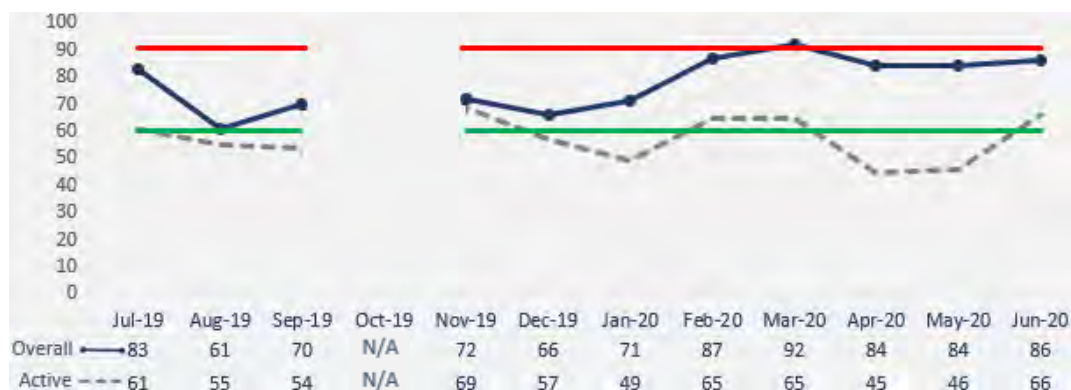
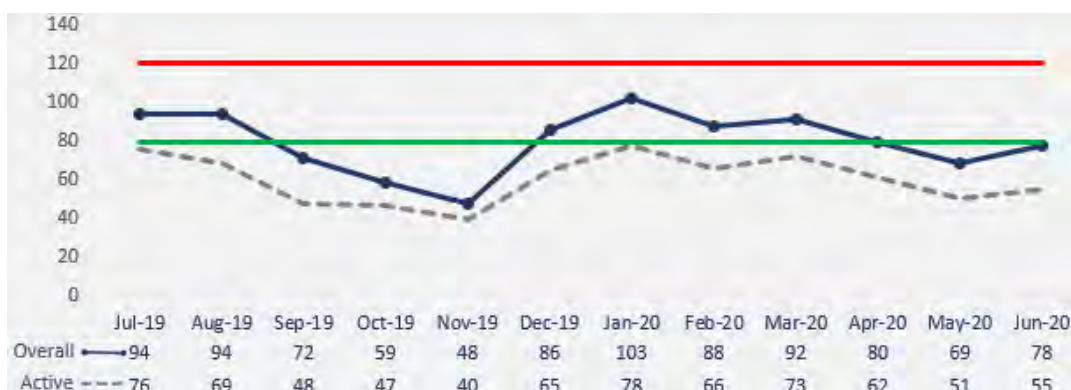
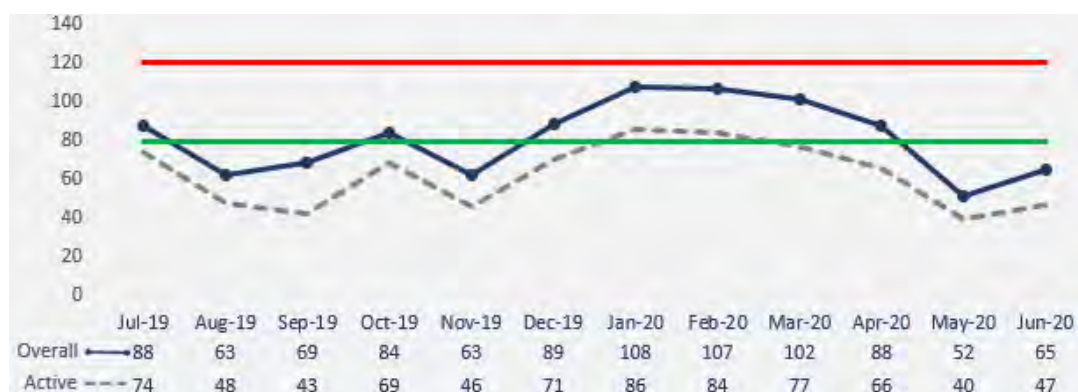
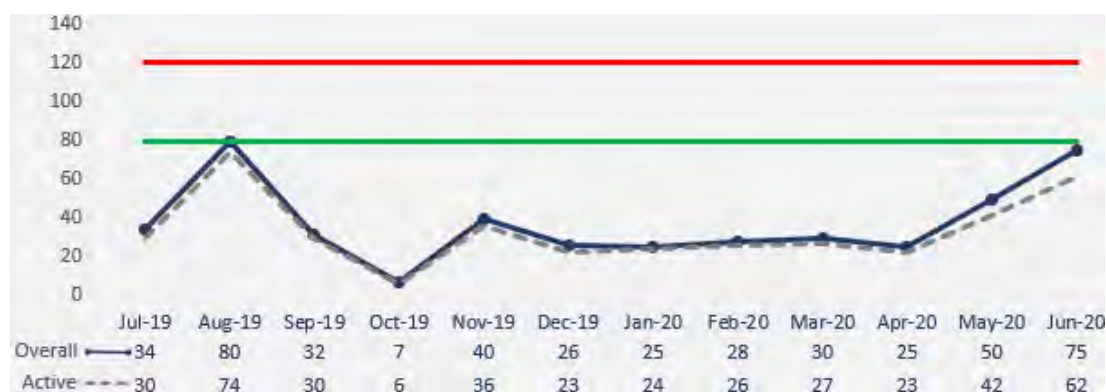
Restoration Applications – Overall & Active KPI Performance
PI/REG/ 005 & 006



EEA Dentist & Overseas Applications – Overall & Active KPI
Performance PI/REG/ 007 & 008

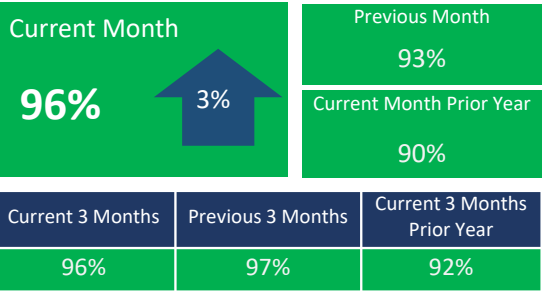


Overall: —●— Active: - - - Green (within target): — Red (outside target): —

**Assessed Dentist Applications – Overall & Active KPI Performance
PI/REG/ 009 & 010****Non-EEA DCP Applications – Overall & Active KPI Performance
PI/REG/ 011 & 012****DCP Additional Titles – Overall & Active KPI Performance
PI/REG/ 020 & 021****Specialist List Applications – Overall & Active KPI Performance
PI/REG/ 013 & 014**

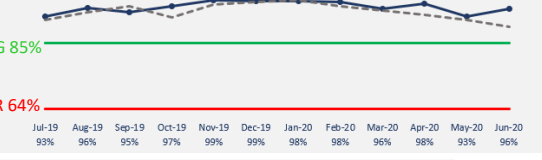
PI/REG/015 – Call Centre Availability

The proportion of inbound calls from members of the public that are answered by the Customer Advice and Information Team (CAIT).



PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

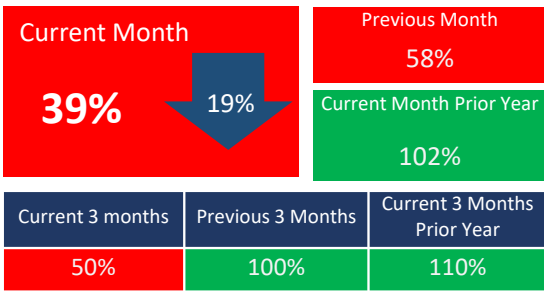
- 7,954 out of 8,308 offered calls were handled during Q2.
- The number of calls handled has decreased by 38% compared to the 12,840 handled in Q1.



T	G	A	R	Aim
85% + calls are answered	85%+	65%-84%	64% or lower	1&5

PI/REG/017 – Registration Applications Processed

The year to date number of additions to the Register compared to budgeted levels.



PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

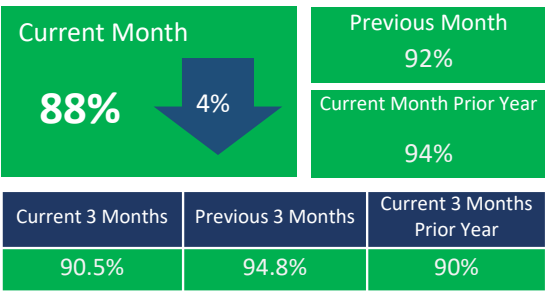
- The income generated from applications is 50% lower than forecast for Q2 2020 due to reductions in the applications received.
- 1,418 applications were completed against the 2000 forecast in Q2 2020. Of the applications completed:
 - 69.2% were UK DCP applications.
 - 12.4% were UK Dentist.
 - 7.9% were Restoration.
 - 5.5% were EEA Dentist and Non-EEA Dentist.
 - 1.8% were Specialist.
 - 2.2% were Overseas DCP.
 - 1.0% were Dentist assessed



T	G	A	R	Aim
100% of expected registrations	95% +	85% to 94%	84% or less	1&5

PI/REG/016 – 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".



PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

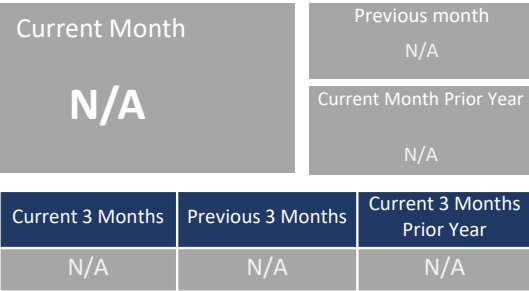
- 90.5% of 454 respondents were positive about the Registration department's customer service supplied throughout the application process during Q2.
- 8% provided neutral feedback and 1.5% provided negative feedback.
- UK Registration: 93% positive, 6% neutral and 1% negative.
- OS DCP: 95% positive, 5% neutral and 0% negative.
- OS Dentist: 89% positive, 6% neutral and 5% negative.
- ORE: 88% positive, 10% neutral and 2% negative.

* Please note due to the data gathering time needed the trend graph is not available. This will be included in future iterations of the balanced scorecard.

T	G	A	R	Aim
80% or above	80% +	60% to 79%	59% or lower	1&5

PI/REG/018 – Registration Audit Pass Rate

The DB pension scheme funding position: the value of the DB pension scheme's assets compared to the value of its liabilities



PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- No data or insights was provided this quarter. The Audit Support Officer role is not currently filled.
- A timeline for recruitment is yet to be determined in the current COVID-19 climate.

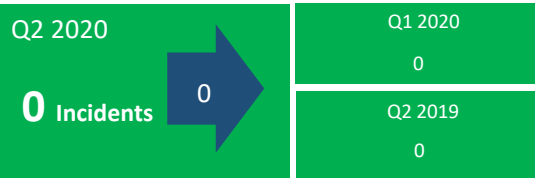
T	G	A	R	Aim
90% pass rate	90% to 100%	80% to 89%	79% or lower	1&5

Balanced Scorecard Q2 2020

1.6 Facilities Performance Indicators

PI/FCS/020 – Health and Safety Incident Occurrence

Volume of serious incidents as reported to the Health & Safety Executive (under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).



PERFORMANCE INSIGHTS

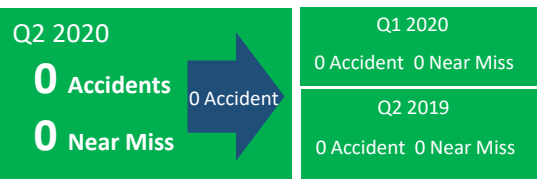
- During Q2 2020, there were no incidents that led to either an improvement notice or a prohibition notice being served by H&SE.

* Please note there is no trend graph as no incidents have been reported over the last 8 quarterly periods.

T	G	A	R	Aim
No incidents occur	No incidents occur	1 or more improvement notice	1 or more prohibition notice	5

PI/FCS/015 – 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).



PERFORMANCE INSIGHTS

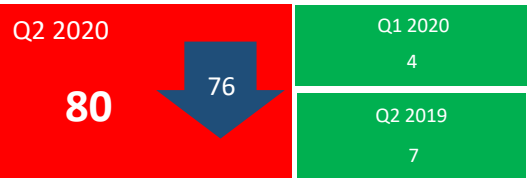
- No serious accidents and no near misses were recorded in Q2 2020 that met this definition

* Please note there is no trend graph as no serious accidents or near misses have been reported over the last 8 quarterly periods.

T	G	A	R	Aim
No accidents occur	No accidents occur	1 or more internal near miss	1 or more serious accident	5

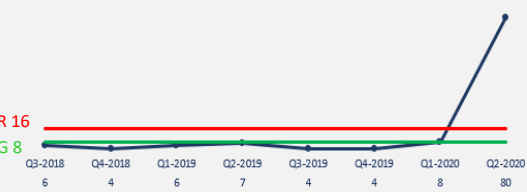
PI/FCS/017 – Wimpole Street Lift Availability

The proportion of time that one or more of the Wimpole Street lifts are recognised to be out of service



PERFORMANCE INSIGHTS

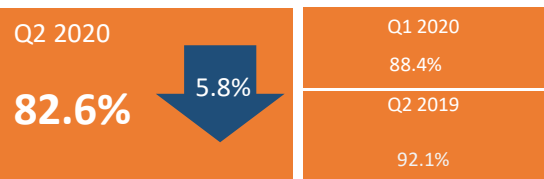
- This is a composite measure which captures the number of hours where one of either the main Wimpole Street lift (serving the basement floor up to floor 5), or the rear Wimpole Street Mews lift (serving the basement floor up to Mews floor 2) are out of action.
- During Q2 2020 the rear lift (Mews) was out of service for 2 weeks awaiting replacement battery. Lack of access to the building caused delay. The building was closed so no staff were inconvenienced.



T	G	A	R	Aim
95% availability (8 hours)	8 hours of less	8.1 hours to 15.9 hours	16 hours +	5

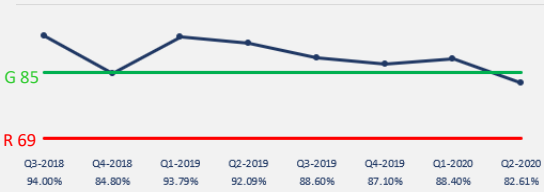
PI/FCS/018 – External Contractor Performance

Number of jobs completed by external contractors within their given priority SLA



PERFORMANCE INSIGHTS

- This performance indicator is based on the jobs completed by GVA Acuity, now known as AV, the GDC's external contractor at 37 Wimpole Street. Jobs are either reactive or planned and performance is reported as inside or outside the SLA. This SLA changes depending on the priority level given to the task.
- The target level for jobs to be completed within SLA has been set as 95% (GDC).
- AV logged 71 completed jobs during Q2 2020 of which 49.30% were within SLA of the combined Reactive and Planned Jobs. The reduced number and reduced performance is due to 37 Wimpole Street being closed for many weeks, so contractor unable to access for the Planned Maintenance. Contractor is now catching up on Fridays when 37 Wimpole Street is opened by the Facilities Team for Business.
- 15 Reactive jobs were completed – 80% within the SLA. The combined and Reactive score is low as a result of the Planned Maintenance not being able to be completed due to lockdown.



T	G	A	R	Aim
85% within SLA	95% +	70% to 94%	69% or less	5





Fitness to Practise Directorate Performance Indicators

Page	Section
25 - 27	2.1 FTP Process Performance Indicators Dashboard
28	2.2 FTP Process Performance Indicators Dashboard Reference Information
29 -31	2.3 FTP End-to-end Process – Performance Indicators Dashboard – Historic Tracking
32	2.4 Interim Orders Committee Timeliness Performance Indicators
33	2.5 Interim Orders Committee Compliance Performance Indicators
34	2.6 Dental Complaints Service Performance Indicators

Reference Dates for Pls:

Current Month	JUNE 2020	Current 3 Months	JUNE, MAY, APR 20
Previous month	MAY 2020	Previous 3 months	MAR, FEB, JAN 20
Current Month Prior Year	JUNE 2019	Current 3 Months Prior Year	JUNE, MAY, APR 19

Trend Image Key:

- Current Year 
- Previous Year 
- Green (within target) 
- Red (outside target) 

Fitness to Practice – Summary of effects of COVID19 to Fitness to Practise performance

COVID-19 has had two immediately noticeable effects on FtP, which are:

1. A reduction of approximately 40% of incoming cases through Q2 (we are seeing signs that the numbers are returning to the expected level)
2. The cancellation of all substantive hearings from March 23 to the end of June.

We have already started to see the effect of the first issue on FtP performance measures. The lack of incoming cases has meant that the median timeliness measures, collated for the PSA dataset, has increased slightly from 22 to 23 weeks. However, this seems to be heavily influenced by the lack of newer cases closed at IAT and casework in this period. The volume of overall closures fell by 41 from Q1 to Q2, but 33 of these were below the 23 week mark. The lack of early closing cases will inevitably see the median rise, and we should expect to see this continue in Q3 where there will be fewer “new” cases to close than we would have expected (and therefore older cases will become a higher proportion and will increase the median). This also needs to be seen in the context of a decreasing overall caseload – the rise in the median does not indicate that we are closing newer cases, just that they are not there available to close in the same proportion as before.

The same effect will be seen in the Balanced Scorecard performance indicators in Q3 – initially in the assessment (PI/FTP/002) and then receipt to Case Examiner (PI/FTP/003) timeliness performance indicators, and over the next 12 months this will impact the prosecution stages (PI/FTP/009 CE-Hearings) and the overall case length (KPI/FTP/008) timeliness, and again there are fewer “new” cases to offset the older cases. We should, however, expect to see this change in Q4 2020 if we start to see incoming cases return to more normal levels.

For hearings, the impacts of the COVID-19 postponements will be felt in the performance indicators for at least the rest of 2020 and continue into 2021. This is because hearings that would have been heard in time between March and June have been relisted out of time, so for the remainder of 2020 there are very few cases that will meet the timeliness targets for CE-Hearings and overall case length. We have a particular issue for hearings that are scheduled to last for longer than 5 days, as we have a limited numbers of panellists available for these hearings and the slots for 2020 are already full. We have had to relist into 2021 for some of the postponed cases for this reason and, in addition to the lack of new cases feeding through to hearings mentioned above, this is likely to mean reduced performance at the far end of the FtP process through 2021.

SUPPLEMENTARY INSIGHTS ON SECTION 2.1 – FTP PERFORMANCE INDICATORS DASHBOARD

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

A summary relating to supportive indicators is noted below:

- PI/FTP/001 – The Initial Assessment Team (IAT) average timeliness remains at 99% for Q2, the same as Q1. There were 185 cases that had a decision in Q2, the oldest being 24 days
- PI/FTP/002 – Q2 has increased slightly by 1%, 38% in Q2 compared to 37% in Q1. There were 251 cases that had assessment decisions in Q2 2020. Of those 112 were in relation to cases received in 2020, 112 in 2019, 22 in 2018, 3 in 2017, 2 in 2016 and 1 in 2015. The oldest case was 240 weeks old. Whilst the team are continuing to work through and get older cases to assessment this will have an adverse impact on this KPI.
- PI/FTP/003 – Assessment referral to Case Examiner completion has increased from 17% in Q1 to 21% in Q2. Of the 115 cases, 89 had a referral date of 2020, 25 in 2019 and 1 in 2018. The oldest case being 79 weeks. As with Assessment, older cases are still in being closed and this will continue to have an impact on performance in relation to timeliness.
- PI/FTP/004 - Allocation to Initial Case Examiner Decision increased to 100% for Q2 compared to 99% for Q1. A similar number of cases, 110 cases in Q2 compared to 111 in Q1.
- PI/FTP/005 – Receipt to CE Decision for Q2 has seen an 8% increase, 23% in Q2 compared to 15% in Q1. There were 173 cases that were progressed to CEs concluded in Q2 2020. 1 case was from 2016 which was 181 weeks old, 20 were from 2018, 144 were from 2019 and 8 were from 2020. Whilst the team are continuing to work through and get older cases to the CEs, this will have an adverse impact on the performance.
- PI/FTP/008 Full Case Timeliness decreased to 0% for Q2 compared to 8% in Q1. Of the 9 cases, 2 Registrants would not cooperate with the investigations, 1 delay was due to a delay in health assessment, 1 delay caused by court proceedings, 1 delay involved two registrants – (one case needed to be heard before the other was listed) and 1 case was slow throughout the process involved plagiarism. The other cases were closed by case examiners after Rule 6E.
- PI/FTP/009 – Case Examiner Referral to Hearing Decision decreased to 31% in Q2, compared to 40% in Q1, remaining in red performance level. Of the 13 cases closed in Q2, 4 met the 9 month target. 1 case was adjourned as a Registrant decided to participate in the hearing late – causing insufficient time to conclude as the hearing was only listed for 1 day. 1 case was linked to another case so has to wait for listing together. 1 case was listed for 15 days and this was the first available listing for this length of hearing. There was 1 case for April, this took 26 months which found the Fitness to Practise was impaired and a reprimand given. 2 were outside KPI but were originally listed within the 9 months. 2 were relisted due to Covid-19 circumstances.
- PI/FTP/010 - ILPS disclosure timeliness has increased to 97% for Q2 compared to 90% from Q1. 32 cases disclosed in Q2 compared to 21 in Q1
- PI/FTP/011 - Hearings Completed Without Adjournment has increased to 82% for Q2 compared to 69% in Q1. 9 of the 11 hearings were completed in Q2 compared to 25 of the 36 in Q1
- PI/FTP/012 - Hearings Completed With Facts Proved remains at 100% for Q2. 13 hearings were completed in Q2 compared to 36 for Q1
- PI/FTP/028 - ELPS disclosure timeliness has increased to 100% in Q2 compared to 92% in Q1. A total of 8 cases in Q2 compared to 12 in Q1.
- PI/FTP/029 - 97% of hearing days were delivered in Q2 compared to 76% in Q1. 109 days have been scheduled in Q2 compared to 325 in Q1. The reduction of hearing days is due to Covid-19.

IAT	Assessment	Case Examiners	ILPS	ELPS	Hearings
KPI/FTP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome) TARGET: 75% within 15 months THIS PERIOD: 0% PREVIOUS PERIOD: 8%					
KPI/FTP/005 – Investigation Timeliness: Receipt to CE Decision TARGET: 75% within 6 months THIS PERIOD: 23% PREVIOUS PERIOD: 15%			PI/FTP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing 80% within 9 months THIS PERIOD: 31% PREVIOUS PERIOD: 40%		
PI/FTP/001 – IAT Timeliness: Receipt to IAT Decision TARGET: 95% within 20 days THIS PERIOD: 99% PREVIOUS PERIOD: 99%	PI/FTP/002 – Assessment Timeliness: Receipt to Assessment Decision TARGET: 70% within 17 weeks THIS PERIOD: 38% PREVIOUS PERIOD: 37%	PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion TARGET: 75% within 9 weeks THIS PERIOD: 21% PREVIOUS PERIOD: 17%	PI/FTP/010 – ILPS Timeliness: Disclosure Time Taken TARGET: 80% of cases disclosed within 98 days THIS PERIOD: 97% PREVIOUS PERIOD: 90%	PI/FTP/028 – ELPS Timeliness: Disclosure Time Taken TARGET: 80% of ELPS cases disclosed within 98 days THIS PERIOD: 100% PREVIOUS PERIOD: 92%	PI/FTP/011 – Hearings Completed Without Adjournment TARGET: 85% THIS PERIOD: 82% PREVIOUS PERIOD: 69%
		PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision TARGET: 95% within 7 days THIS PERIOD: 100% PREVIOUS PERIOD: 99%			PI/FTP/012 – Hearings Completed With Facts Proved TARGET: 80% THIS PERIOD: 100% PREVIOUS PERIOD: 100%
					PI/FTP/029 – Cumulative Hearing Performance Against Budget Forecast TARGET: 90% hearing days delivered THIS PERIOD: 97% PREVIOUS PERIOD: 76%
63 cases	49 cases	35 cases	10 cases	1 cases	10 cases
58 cases	75 cases	36 cases	8 cases	5 cases	6 cases
84%	49%	31%	91%	9%	0%
11 cases Est. Queue Length – 2 days	546 cases (Assessment: 545 + Rule 9: 1) Est. Queue Length – 26 weeks	222 cases (CE Support: 103 + Rule 4: 117 + Rule 6E: 2) Est. Queue Length – 26 weeks	175 cases Est. Queue Length – 10 months	41 cases Est. Queue Length – 9 months	199 cases (192 – Awaiting PCC + 7 – Adjourned) Est. Queue Length – 13 months

*Note - Work In Progress is a closing period count and not intended to reflect previous period work in progress plus those incoming and minus processed.

DEPARTMENTAL INDICATORS	KPI/FTP/Ref IAT	KPI/FTP/Ref Assessment	KPI/FTP/Ref Case Examiners	KPI/FTP/Ref ILPS	KPI/FTP/Ref ELPS	KPI/FTP/Ref Hearings
A. Headline Timeliness Performance Indicators	<div>PI/FTP/008 The proportion of cases that reach an initial hearing within 15 months of receipt</div> <div>TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO6]*</div>					
	<div>PI/FTP/005 The proportion of cases that reach the Case Examiner stage of the process to have an initial Case Examiner decision within 6 months of receipt</div> <div>TARGET: 75% + on time Green: 75%+ Amber: 65 - 74% Red: <65% (PO 1 & PO 5)* [DO3]*</div>			<div>PI/FTP/009 The proportion of prosecution cases heard within 9 months of referral for prosecution</div> <div>TARGET: 80% + on time Green: 80%+ Amber: 70 - 79% Red: <70% (PO 1 & PO 5)* [DO6]*</div>		
B. Supportive Measures	<div>PI/FTP/001</div> <div>The proportion of cases to clear IAT within 20 working days of receipt</div> <div>TARGET: 95% + on time</div> <div>Green: 95%+ Amber: 85 - 94% Red: <85%</div> <div>(PO 1 & PO 5)* [DO1]*</div>	<div>PI/FTP/002</div> <div>The proportion of cases that reach the Assessment stage to be appropriately assessed within 17 weeks of receipt</div> <div>TARGET: 70% + on time</div> <div>Green: 70%+ Amber: 60 - 69% Red: <60%</div> <div>(PO 1 & PO 5)* [DO2]*</div>	<div>PI/FTP/003</div> <div>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</div> <div>TARGET: 75% + on time</div> <div>Green: 75%+ Amber: 65 - 74% Red: <65%</div> <div>(PO 1 & PO 5)* [DO3]*</div> <div>PI/FTP/004</div> <div>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</div> <div>TARGET: 95% + on time</div> <div>Green: 95%+ Amber: 85 - 94% Red: <85%</div> <div>(PO 1 & PO 5)* [DO3]*</div>	<div>PI/FTP/010</div> <div>The proportion of ILPS cases to be disclosed within 98 working days of referral</div> <div>TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75%</div> <div>(PO 1 & PO 5)* [DO7]*</div>	<div>PI/FTP/028</div> <div>The proportion of ELPS cases to be disclosed within 98 working days of referral</div> <div>TARGET: 80% + on time Green: 80%+ Amber: 75 - 79% Red: <75%</div> <div>(PO 1 & PO 5)* [DO7]*</div>	<div>PI/FTP/011</div> <div>The proportion of initial hearings to be completed without adjournment</div> <div>TARGET: 85% Green: 85%+ Amber: 80 - 84% Red: <80%</div> <div>(PO 2)* [DO8]*</div> <div>PI/FTP/012</div> <div>The proportion of cases heard at initial hearings to have facts proved</div> <div>TARGET: 80% Green: 80%+ Amber: 70 - 79% Red: <70%</div> <div>(PO 5)* [DO9]*</div> <div>PI/FTP/029</div> <div>The cumulative proportion of hearing days delivered (YTD) versus total hearing days budgeted</div> <div>TARGET: 90% hearing days delivered</div> <div>Green: 90% or above Amber: 80 - 90% Red: <80%</div> <div>(PO 2)* [DO10]*</div>
Strategic Aims:	2 and 3					
[DO]* Desired Outcome	<div>DO1: Allegations of impaired practise to be appropriately assessed at the IAT stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.</div> <div>DO2: Allegations of impaired practise to be appropriately assessed at the Assessment stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.</div> <div>DO3: Allegations of impaired practise to be appropriately assessed at the Case Examiner stage in a prompt fashion that enables timely progression or closure of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.</div> <div>DO4: ILPS are able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels</div> <div>DO5: ILPS productivity levels are high, supporting the objective to be able to be allocated with the budgeted level of cases to enable ELPs costs to be kept under control and within budgeted levels</div> <div>DO6: Formal prosecution hearings are concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.</div> <div>DO7: Disclosure takes place within a suitable timeframe to support the wider aim for cases to be concluded in a prompt fashion that enables timely resolution of the case as promptly as possible for those parties involved whilst reaching the correct outcome in the interests of patient protection.</div> <div>DO8: Adjournments of formal prosecution cases are kept to the lowest possible levels, in order to support timeliness and efficiency in the prosecution process</div> <div>DO9: Alleged facts that have progressed through the full case management and prosecution process are proven to have been accurate</div> <div>DO10: Wasted hearings capacity and cost is kept to the lowest possible level in order to reduce costs and run the hearings scheduling process as efficiently as possible</div> <div>DO11: Through work with the NHS, the GDC ensures that concerns about the performance and conduct of a dental professional are dealt with by the appropriate body.</div>					

Current 12 months : Previous 12 months: Green (within target): Red (outside target):

PI/FTP/001 - Case Investigation Timeliness: Receipt to IAT Decision



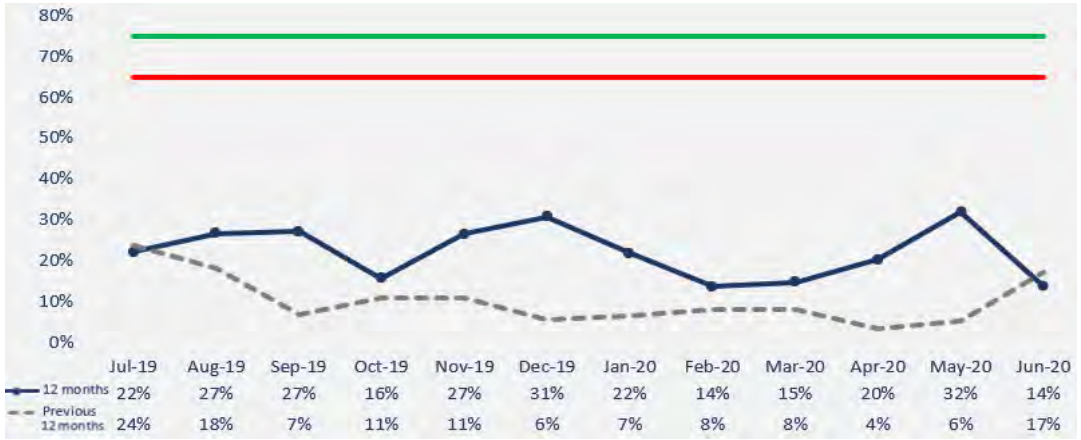
Target = 95% within 20 days

PI/FTP/002 - Case Investigation Timeliness:Receipt to Assessment Decision



Target = 70% within 17 weeks

PI/FTP/003 – Case Examiner Timeliness: Assessment Referral to Case Examiner Stage Completion



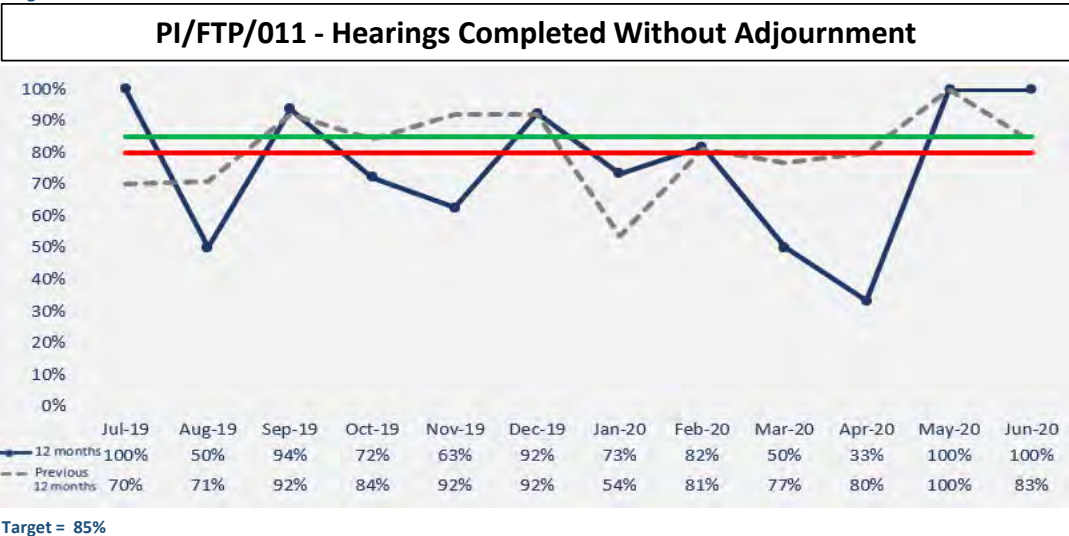
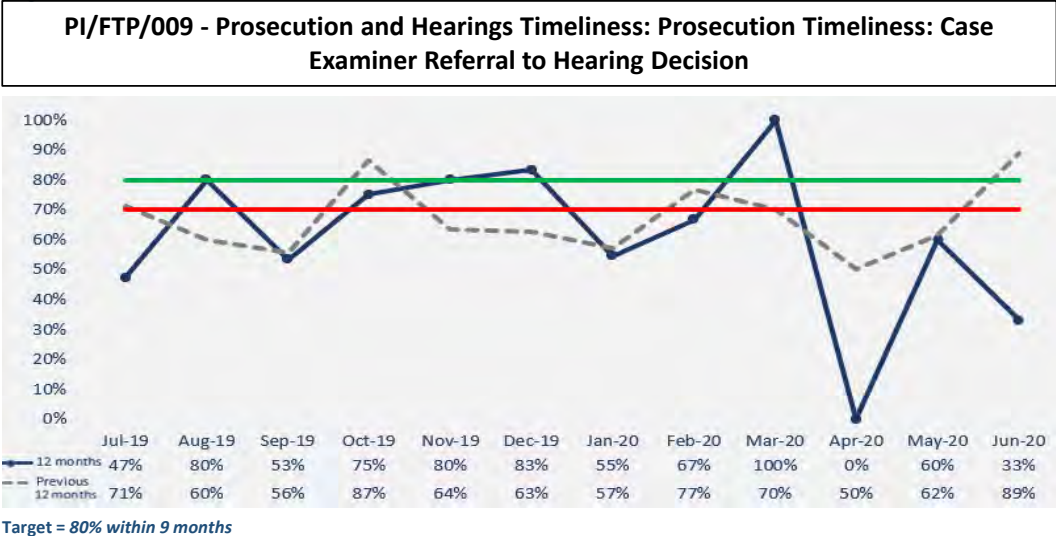
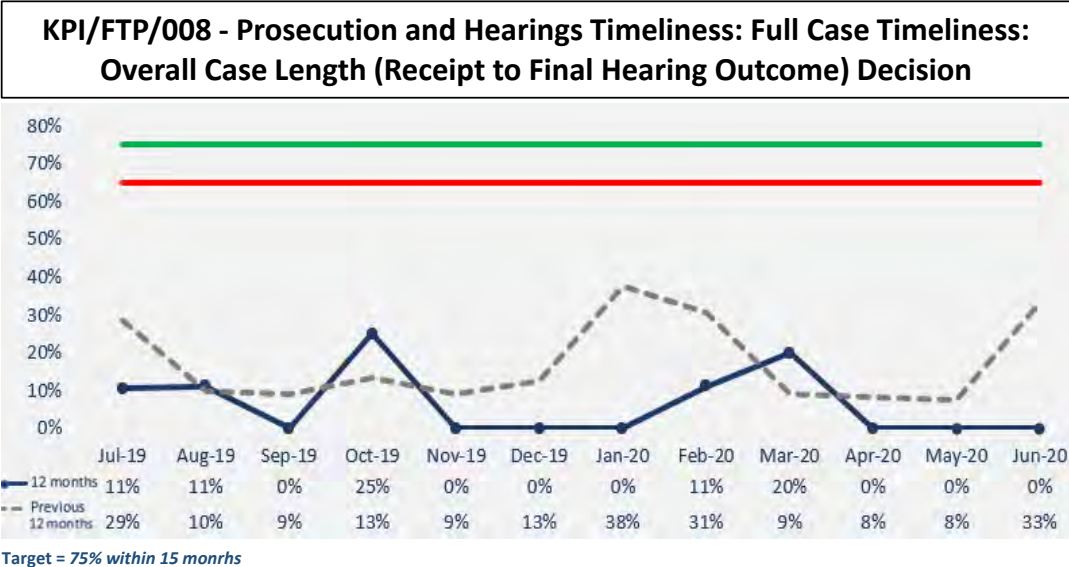
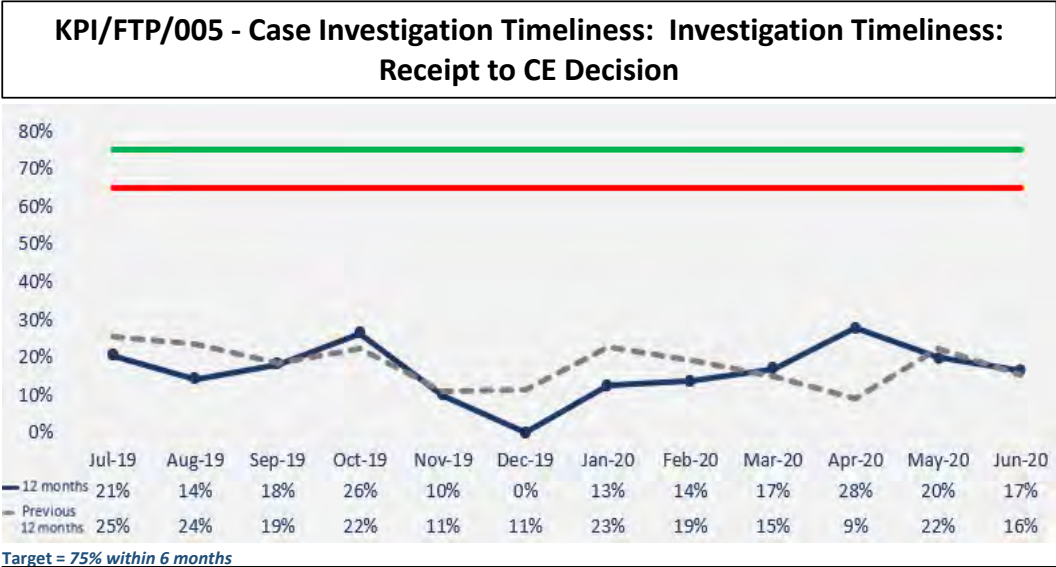
Target = 75% within 9 weeks

PI/FTP/004 – Case Examiner Timeliness: Allocation to Initial Case Examiner Decision



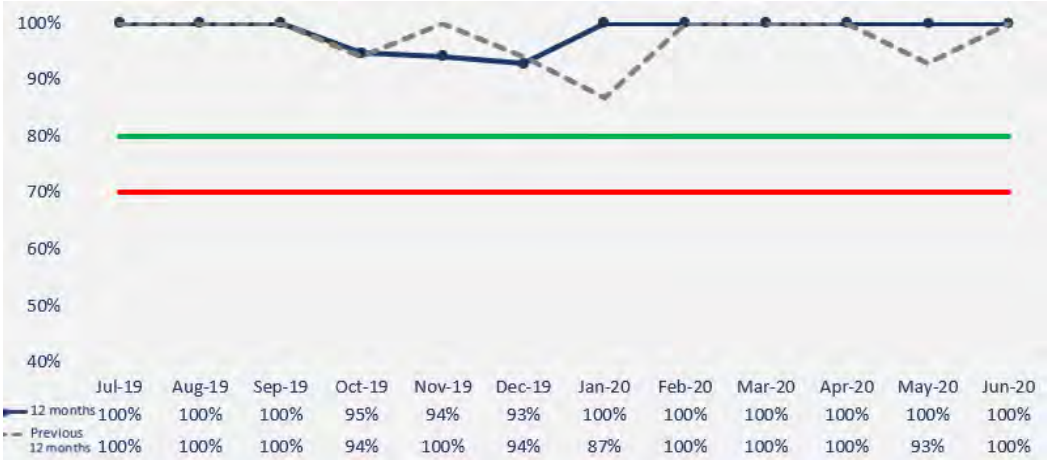
Target = 95% within 7 days

Current 12 months : Previous 12 months: Green (within target): Red (outside target):



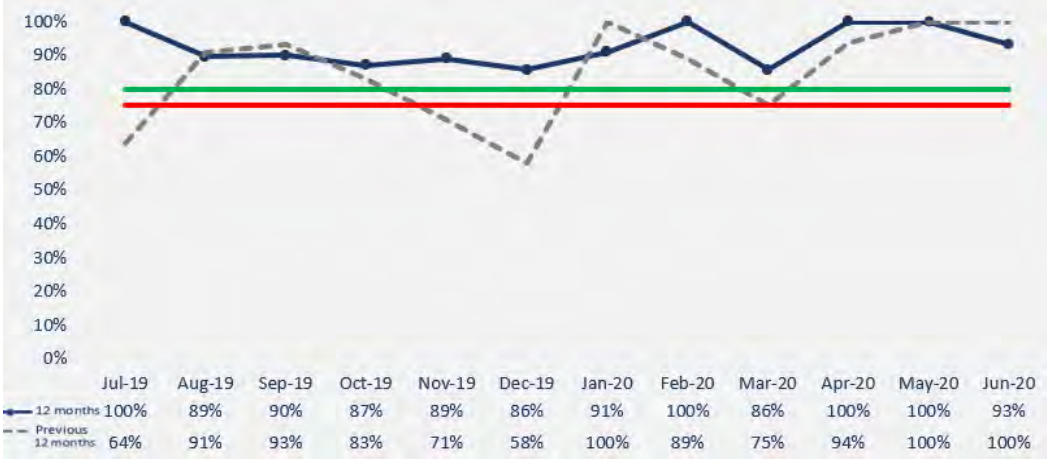
Current 12 months : Previous 12 months: Green (within target): Red (outside target):

PI/FTP/012 - Hearings Completed With Facts Proved



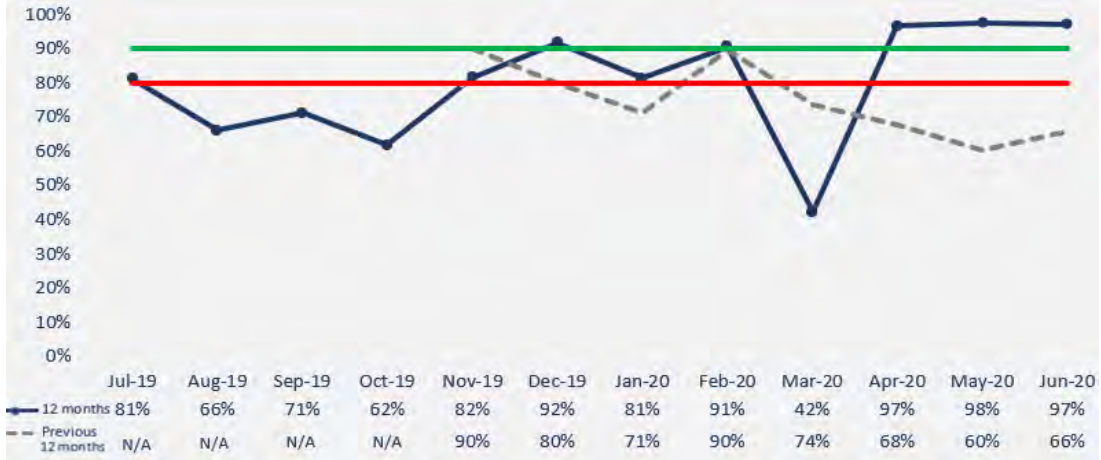
Target = 80%

PI/FTP/010 - Prosecution and Hearings: Disclosure (ILPS)



Target = 80% of cases disclosed within 98 days

PI/FTP/029 - Cumulative Hearing Performance Against Budget Forecast



Target = 90% hearing days delivered (YTD)

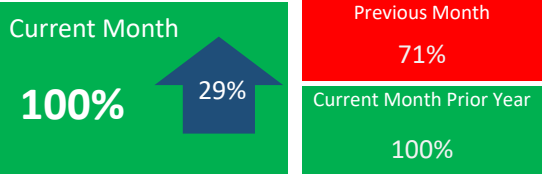
PI/FTP/028 - Prosecution and Hearings: Disclosure (ELPS)



Target = 80% of cases disclosed within 98 days

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

The proportion of initial IOC cases to be heard within 21 working days of referral by Registrar or Case Examiner



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
93%	76%	100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

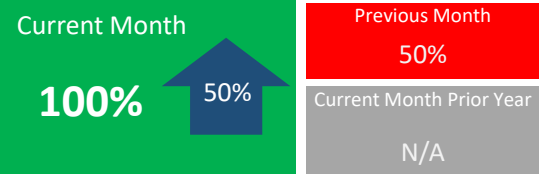
- Of the 28 cases, 26 were heard within 21 working days in Q2. This is compared to 25 out of 33 in Q1



T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

PI/FTP/015 – IOC Timeliness: IAT Referrals

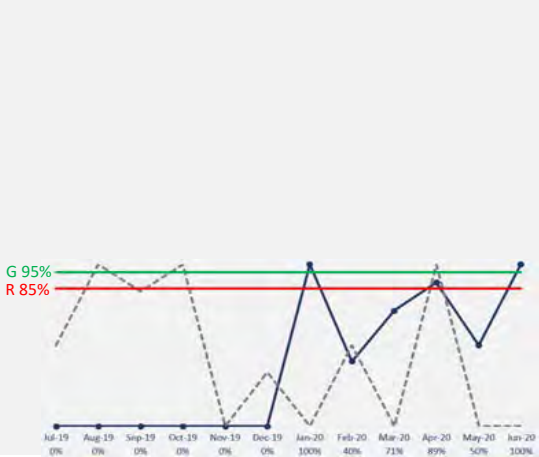
The proportion of initial IAT IOC cases to be heard within 28 working days from receipt.



Current 3 months	Previous 3 Months	Current 3 Months Prior Year
86%	62%	50%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- Of the 14 cases, 12 was referred to IOC within 28 working days in Q2. This is compared to 8 out of 13 in Q1.



T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

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

The proportion of initial IAT IO cases requiring consent chase to be heard within 33 working days from receipt.



Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
100%	N/A	100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

- There was 1 IAT referral following consent chase made to the IOC in Q2. This met the KPI

* Please note there is no trend graph as consent chase has only been reported twice in the last 12 months.

T	G	A	R	Aim
95% on time	95%+	85%-94%	< 85%	3

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

The proportion of reviews of Resumed cases to be heard without loss of jurisdiction.

Current Month

100%

0%

Previous Month

100%

Current Month Prior Year

100%

Current 3 Months

100%

Previous 3 Months

100%

Current 3 Months Prior Year

100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

No loss of jurisdiction within review hearings of Practice Committee sanctions took place in Q2 2020.

T

G

A

R

100% compliant

100%

N/A

< 100%

Aim 3

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

The proportion of review interim order hearings to be heard within the stated statutory deadlines.

Current Month

100%

0%

Previous Month

100%

Current Month Prior Year

100%

Current 3 months

100%

Previous 3 Months

100%

Current 3 Months Prior Year

100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

No IOC hearing was heard after expiry of orders during Q2 2020.

T

G

A

R

100% compliant

100%

N/A

< 100%

Aim 3

PI/FTP/019 – Interim Orders Statutory Compliance: High Court Extensions

The proportion of High Court extension orders to be made before expiry of interim order.

Current Month

100%

0%

Previous Month

100%

Current Month Prior Year

100%

Current 3 Months

100%

Previous 3 Months

100%

Current 3 Months Prior Year

100%

PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)

No High Court Extension orders were made after expiry of an order in Q2 2020.

T

G

A

R

100% compliant

100%

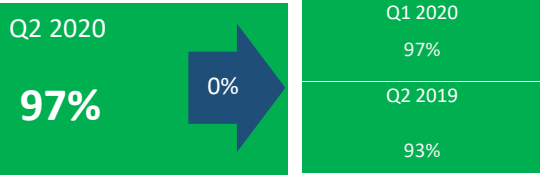
N/A

< 100%

Aim 3

PI/STR/001 – Timeliness of DCS Enquiry Handling

The proportion of DCS enquiries that are completed within 48 hours.



PERFORMANCE INSIGHTS

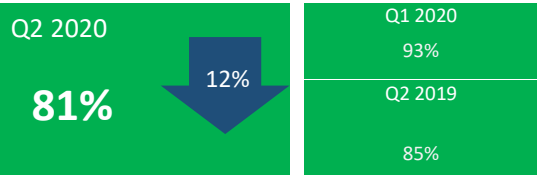
- In total 484 out of 500 enquiries were dealt with within 48 hours in Q2 compared to 893 out of 1010 enquiries in Q1.
- DCS remained at 97% in Q1 and Q2.



T	G	A	R	Aim
80% or above	80% +	75% to 79%	< 75%	2

PI/STR/002 – Timeliness of DCS Case Resolutions

The proportion of DCS cases that are completed within 3 months.



PERFORMANCE INSIGHTS

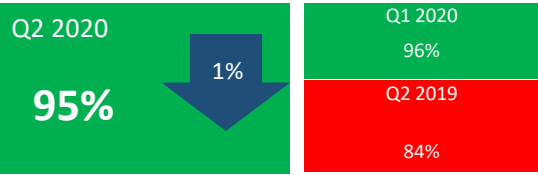
- 143 Of the 185 DCS cases were completed within 3 months in Q2 compared to 100 of the 107 DCS cases in Q1.
- The case resolution time was significantly impacted following the collapse of the Dental Body Corporate – ‘Finest Dental’. Following the influx of complaints in January and February, and the company going into administration on 15 April 2020, additional legal advice was sought and cases closed due to the contractual employment of the Finest Dental dentists in May and June 2020.



T	G	A	R	Aim
80% or above	80% +	75% to 79%	< 75%	2

PI/STR/003 – DCS Customer Service Feedback

The proportion of feedback received which falls into the categories of 'good' or 'excellent'.



PERFORMANCE INSIGHTS

- This indicator measures the average percentage across several key categories within the DCS customer service feedback forms.
- For Q2:
 - There were 12 Patient feedback responses
 - There was 1 Dental Professional responses
- Compared to 21 Patient feedback responses and 0 Dental Professional responses in Q1



T	G	A	R	Aim
90% or above	90% +	85% to 89%	< 85%	2

Legal & Governance Directorate Performance Indicators

Page	Section
36 - 38	3.1 Governance Performance Indicators
39 - 40	3.2 Information Performance Indicators
41	3.3 External Prosecution Performance Indicator
42	3.4 Illegal Practice Performance Indicators
43	3.5 IACE Performance Indicators

Reference Dates for Pls:

Current Month	JUNE 2020	Current 3 Months	JUNE, MAY, APR 20
Previous month	MAY 2020	Previous 3 months	MAR, FEB, JAN 20
Current Month Prior Year	JUNE 2019	Current 3 Months Prior Year	JUNE, MAY, APR 19

Trend Image Key:

Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

3.1 Governance Performance Indicators

PI/LEG/007 – Draft Agenda Delivery Timeliness (Council/Cttees)				
The percentage of Board meeting (Council and Committees) draft agendas that are sent to the Board Chair at least six weeks in advance of the Board meeting.				
<div><div>Q2 2020</div><div>75%</div><div>25%</div></div> <div><div>Q1 2020</div><div>50%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">The team have delivered well in facilitating significant additional meetings during this time. These include additional weekly EMT meetings, fortnightly SLT meetings, fortnightly FPC meetings and an additional Council meeting in this quarter alone. Despite this additional pressure, the team have improved performance since Q1.There were 8 meetings scheduled in this quarter (1 was subsequently cancelled) and all agendas were delivered to the Chair on time, bar in relation to the 2 Council meetings.Operational Heads have considered the delay in relation to the Council agendas and are confident that this does not represent a wider issue. The delay relates both to the emergency scheduling of the May Council meeting and the refinement of the June agenda at that meeting. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>				
T	G	A	R	Aim 5
90%	90-100%	70%-89%	0%-69%	

PI/LEG/008 – Draft Agenda Delivery Timeliness (SLT)				
The percentage of Board meeting (SLT) draft agendas that are sent to the Board Chair at least three weeks in advance of the Board meeting.				
<div><div>Q2 2020</div><div>100%</div><div>0%</div></div> <div><div>Q1 2020</div><div>100%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 3 SLT meetings in this quarter and all agendas were delivered on time.This is consistent with performance in Q1 of 2020. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>				
T	G	A	R	Aim 5
90%	90-100%	70%-89%	0%-69%	

PI/LEG/009 – Organisation Board Paper Delivery Timeliness				
The percentage of Board papers delivered to Board members at least five working days in advance of the Board meeting.				
<div><div>Q2 2020</div><div>93%</div><div>19%</div></div> <div><div>Q1 2020</div><div>74%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 10 meetings that took place in this quarter (including SLT) and 82 papers were submitted for them. Of these, 33 papers were late in their submission to the Governance team. This is an improvement in performance from Q1 of 2020, despite significant additional meetings being supported by the team during this period.93% of papers were uploaded at least 5 working days before the Board meeting and, of those 6 papers that were delayed (to Remco and SLT), they were uploaded only 1-2 days late.Operational Heads have reviewed this and are confident that this does not present a wider issue within the performance of the Governance team as the delayed uploads relate to papers submitted late to the team. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>				
T	G	A	R	Aim 5
90%	90-100%	70%-89%	0%-69%	

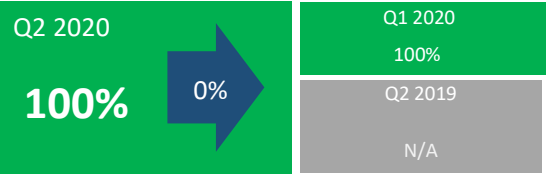
PI/LEG/010 – Governance Board Paper Delivery Timeliness				
The percentage of Board papers, received in line with Governance deadlines, delivered to Board members at least five working days in advance of the Board meeting.				
<div><div>Q2 2020</div><div>100%</div><div>19%</div></div> <div><div>Q1 2020</div><div>81%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 10 meetings that took place in this quarter (including SLT) and 82 papers were submitted for them. Of these, 33 papers were late in their submission to the Governance team.All papers that were submitted on time to the team were uploaded on time to the Boards. This is an improvement on performance from Q1 of 2020. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>				
T	G	A	R	Aim 5
90%	90-100%	70%-89%	0%-69%	

3.1 Governance Performance Indicators

PI/LEG/011 – Draft Actions Assignment Timeliness					PI/LEG/012 – Board Minutes and Actions Drafting Timeliness					PI/LEG/013 – Board Minutes and Actions Final Delivery Timeliness					PI/LEG/014 – Corporate Complaints Completion Timeliness				
The percentage of draft actions from Board meetings that are agreed with the Board Chair and communicated to owners within three working days of the Board meeting.					The percentage of minutes of Board meetings delivered to the Chief Executive for review within five working days of the Board meeting.					The percentage of minutes of Board meetings sent to the Board members for review within three days of receipt from the Chief Executive.					The percentage of corporate complaints that are responded to within twenty working days of receipt.				
<div><div>Q2 2020</div><div>70%</div><div>23%</div></div> <div><div>Q1 2020</div><div>93%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>80%</div><div>11%</div></div> <div><div>Q1 2020</div><div>91%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>100%</div><div>0%</div></div> <div><div>Q1 2020</div><div>100%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>79%</div><div>2%</div></div> <div><div>Q1 2020</div><div>81%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 10 meetings held during this quarter, and the team has supported significant additional meetings due to the COVID-19 pandemic during this period.Actions were circulated 1 day late in respect of 3 meetings (SLT, Council and Remco). Operational Heads have reviewed this and, although it is a dip in performance from Q1 of 2020, are confident that it does not present a wider issue. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 10 meetings held during this quarter and the minutes were sent to the Chief Executive 1 day late in relation to both one meeting of the FPC and the ARC.The team supported significant additional meetings during this quarter, including fortnightly FPC meetings, and on review of this slight dip in performance, operational heads are confident that this issue does not raise a wider performance problem. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There were 7 Board meetings held during this quarter (excluding SLT) and, in all cases, minutes were delivered to the Board member on time. This represents consistently good performance since Q1 of 2020. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">In this period, there were 15 corporate complaints received, of which 14 have been resolved (remaining one is currently still within deadline for a response).In relation to delays in response to 3 of the 14 complaints received, this was largely due to delays in draft responses from the wider organisation. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q1 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>				
T	G	A	R	Aim 5	T	G	A	R	Aim 5	T	G	A	R	Aim 5	T	G	A	R	Aim 5
90%	90-100%	70%-89%	0%-69%		90%	90-100%	70%-89%	0%-69%		90%	90-100%	70%-89%	0%-69%		100%	85%-100%	75%-84%	0%-74%	

PI/LEG/015 – Corporate Complaints
Assignment Timeliness

The percentage of corporate complaints that are sent to business owners for a response, with a deadline provided, within three working days of receipt.



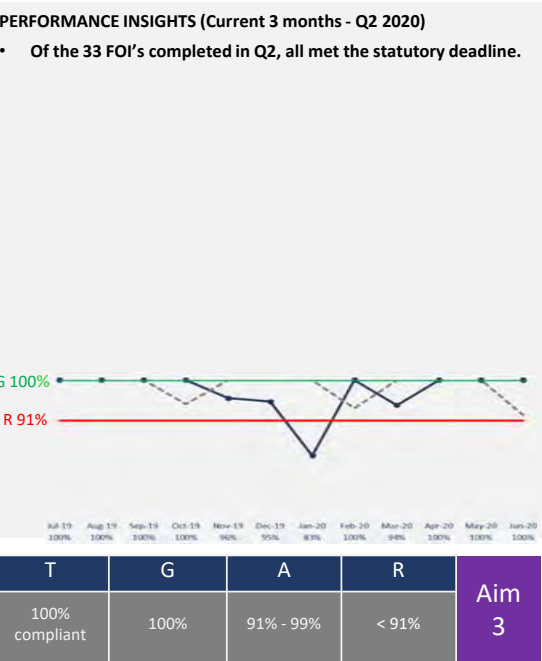
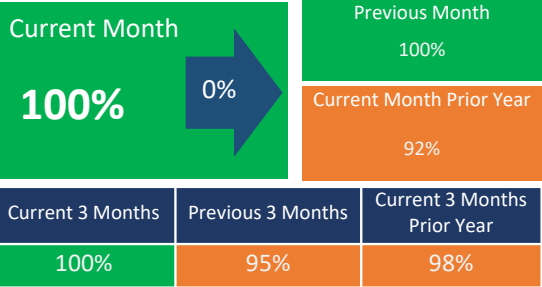
- PERFORMANCE INSIGHTS
- In this period, 15 corporate complaints were received and all were sent to business owners for a response within 3 working days of receipt. This represents consistently good performance from the team in relation to this area since Q1 of 2020.

* Please note there is no trend graph as no complaints have been reported over the last 8 quarterly periods.

T	G	A	R	Aim
100%	85-100%	75%-84%	0%-74%	5

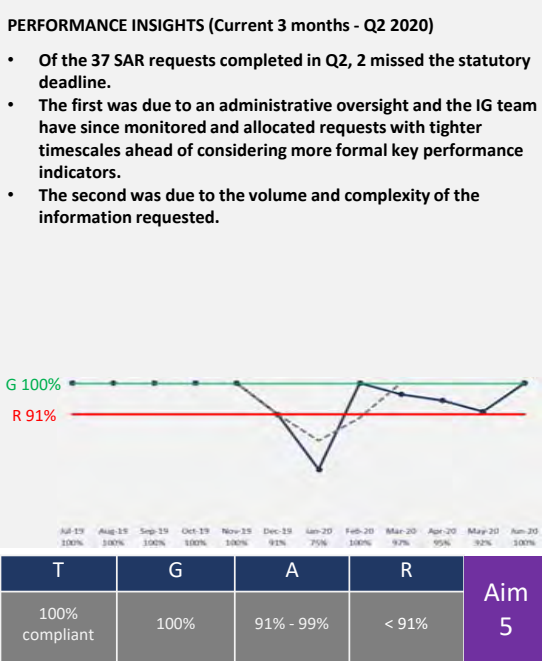
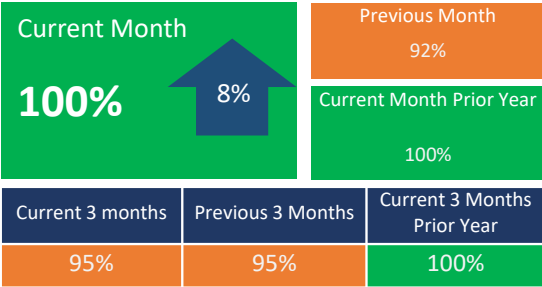
PI/LEG/020 – Freedom of Information
Statutory Compliance

The proportion of FOI requests to be responded to within the statutory timeframe (incl. extension timeframes).



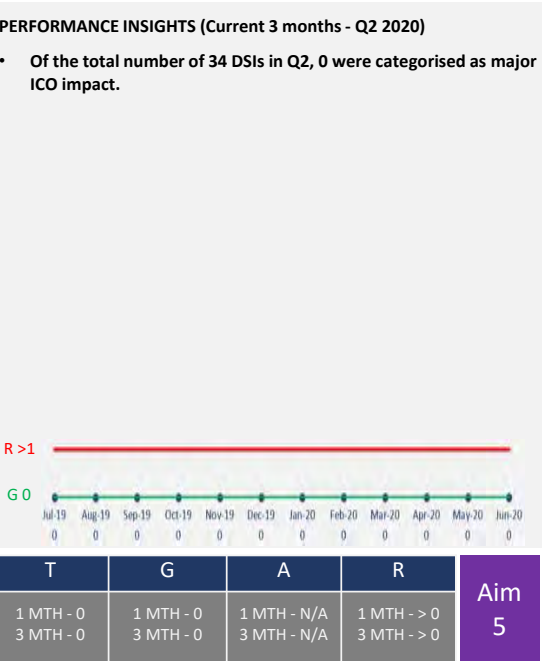
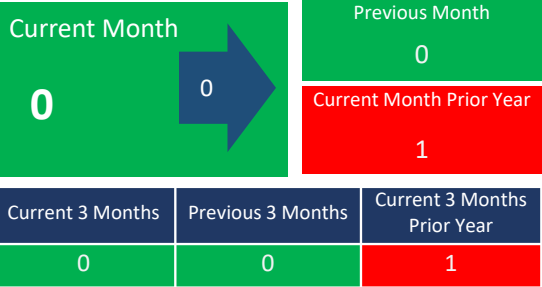
PI/LEG/021 – Data Protection Act Statutory
Compliance

The proportion of Subject Access Requests to be responded to within 30 calendar days (incl. extension timeframes)



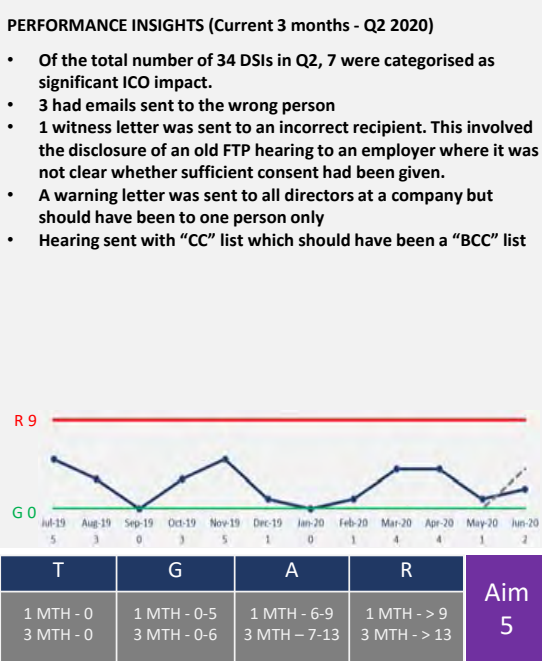
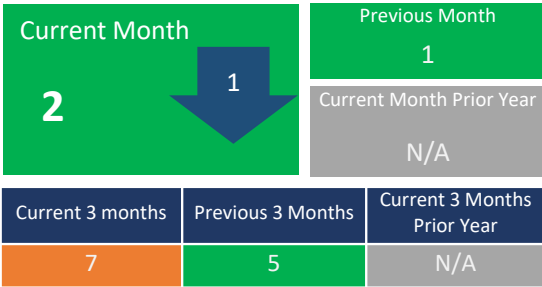
PI/LEG/001 – Major ICO Impacts

The number of incidents where there is a likely risk to the data subject's rights and freedoms which require formal review and/or referral to Information Commissioner's Office (ICO).



PI/LEG/002 – Significant ICO Impacts

The number of incidents where there is no likely risk to the data subject's rights and freedoms. Personal or special category data has been disclosed to one or more people and may or may not have been recovered



PI/LEG/003 – Minor ICO Impacts				PI/LEG/004 – Major GDC Impacts				PI/LEG/005 – Significant GDC Impacts				PI/LEG/006 – Minor GDC Impacts			
The number of incidents where there is no risk to the data subject’s rights and freedoms. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.				Number of incidents that will have a GDC impact. Personal or special category data disclosed to 1 or more people and has not been recovered. For example a whistle blower name sent to registrant.				Number of incidents where there is a likely GDC impact. Personal or special category data may have been disclosed to 1 or more people and may or may not have been recovered.				Number of incidents where there is no likely GDC impact. Limited personal data may or may not have been disclosed to one or more people and is likely to have been recovered.			
Current Month		Previous Month		Current Month		Previous Month		Current Month		Previous Month		Current Month		Previous Month	
14		6		0		0		0		2		16		5	
1				0				2				11			
Current Month Prior Year		Current Month Prior Year		Current Month Prior Year		Current Month Prior Year		Current Month Prior Year		Current Month Prior Year		Current Month Prior Year		Current Month Prior Year	
5				N/A				N/A				N/A			
Current 3 Months	Previous 3 Months	Current 3 Months Prior Year		Current 3 Months	Previous 3 Months	Current 3 Months Prior Year		Current 3 months	Previous 3 Months	Current 3 Months Prior Year		Current 3 Months	Previous 3 Months	Current 3 Months Prior Year	
27	20	N/A		0	0	N/A		3	1	N/A		31	24	N/A	
PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)				PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)				PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)				PERFORMANCE INSIGHTS (Current 3 months - Q2 2020)			
<ul style="list-style-type: none">Of the total number of 34 DSIs in Q2, 27 were categorised as minor.5 were emails sent to the wrong person2 had documents that were sent to the wrong applicant1 had an acknowledgement email which was saved to the wrong Registrant’s file3 consent forms referenced the wrong Registrant which was disclosed to the High Court8 were near misses where no personal data was lost2 where patient details were requested from the wrong practice 1 had email sent personal details to the wrong GP practice2 had previously redacted records sent to panel in error1 where there were inadequate records kept of an encrypted password protected DVD containing special category data1 letter was not included in the envelope before arrival at addressee1 had Data uploaded to wrong customer on CRM				<ul style="list-style-type: none">There were a total of 34 DSIs in Q2, none were categorised as major GDC impact.				<ul style="list-style-type: none">There were a total of 34 DSIs in Q2, 3 were categorised as significant.An email was sent incorrectly to the wrong individual1 was where information was sent to an employer and we were not clear on the level of consent.1 where a password protected DVD containing patient medical records has been misplaced				<ul style="list-style-type: none">There were a total of 34 DSIs in Q2, 31 were categorised as minor.8 had emails that were sent to the wrong person4 had documents that were sent to the wrong applicant1 had an acknowledgement email which was saved to the wrong Registrant’s file3 had an a consent form referenced the wrong Registrant which was disclosed to the High Court2 had a witness letter which was sent to an incorrect recipient1 where patient details were requested from the wrong practice2 had email sent personal details to the wrong GP practice1 had previously redacted records sent to panel in error7 were near misses where no personal data was lost1 letters had fallen out of envelope before arrival at addressee1 had Data uploaded to wrong customer on CRM			
T	G	A	R	T	G	A	R	T	G	A	R	T	G	A	R
1 MTH - 0	1 MTH - 0-9	1 MTH - 10-15	1 MTH - > 16	1 MTH - 0	1 MTH - 0	1 MTH - N/A	1 MTH - > 0	1 MTH - 0	1 MTH - 0-5	1 MTH - 6-9	1 MTH - > 9	1 MTH - 0	1 MTH - 0-9	1 MTH - 10-15	1 MTH - > 16
3 MTH - 0	3 MTH - 0-16	3 MTH - 17-29	3 MTH - > 29	3 MTH - 0	3 MTH - 0	3 MTH - N/A	3 MTH - > 0	3 MTH - 0	3 MTH - 0-6	3 MTH - 7-13	3 MTH - > 13	3 MTH - 0	3 MTH - 0-16	3 MTH - 17-29	3 MTH - > 29
Aim 5				Aim 5				Aim 5				Aim 5			

PI/LEG/016 – Proportional Split of Internal/External Prosecution Referrals

The proportionate split of Prosecution referrals between Internal Legal Prosecution Services (ILPS) and External Legal Prosecution (ELPs) functions

Current Month

91%

9%

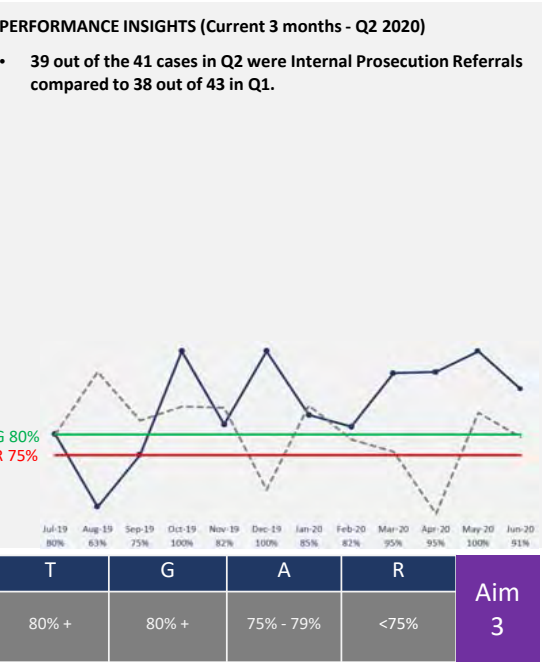
Previous Month

100%

Current Month Prior Year

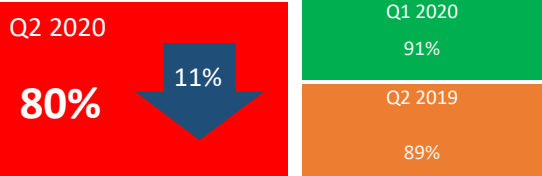
79%

Current 3 Months	Previous 3 Months	Current 3 Months Prior Year
95%	90%	81%



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

The proportion of IP cases to have a charging decision made within 9 months of receipt.



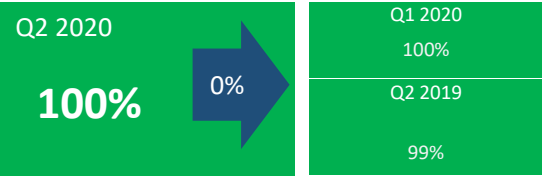
- PERFORMANCE INSIGHTS
- During Q2 2020, 3 out of 15 failed KPI in comparison to 2 out of 22 cases in Q1 2020.
 - 2 were in Scotland which faced delays in processing due to operational delays in conducting investigations with Scottish investigators.
 - 1 was delayed due to being on hold pending the High Court outcome which was important as it confirmed the appropriateness of investigative tactics used. There are a number of cases in this category therefore this scenario is expected to reoccur in future reports.



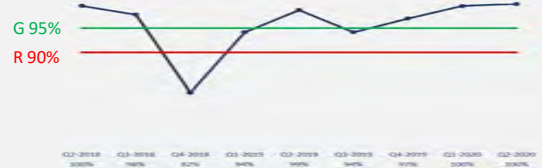
T	G	A	R	Aim
90% + on time	90% +	85 -89%	<85%	3

PI/FTP/021 – 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.



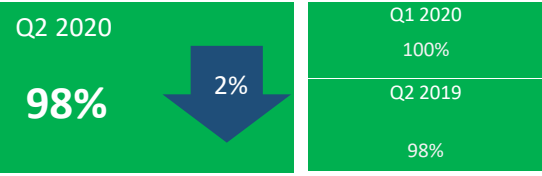
- PERFORMANCE INSIGHTS
- Of the 103 enquires in Q2, all were reviewed within 3 working days compared to all of the 219 in Q1 2020



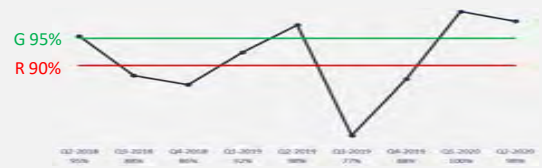
T	G	A	R	Aim
95% + on time	95% +	90 – 94%	<90%	3

PI/FTP/022 – 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.

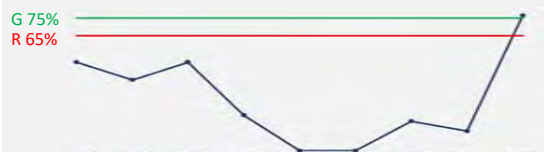


- PERFORMANCE INSIGHTS
- During Q2 2020, 1 out of 56 failed KPI in comparison all of the 140 cases met KPI in Q1 2020
 - 1 case took longer to resolve than normal and therefore missed the KPI.



T	G	A	R	Aim
95% + on time	95% +	90 -94%	<90%	3

PI/LEG/022 – Rule 9 Initial Review				
The proportion of Rule 9 reviews upheld at Stage 1 of Rule 9 process.				
Q2 2020 92%		Q1 2020 62%		
30%		Q2 2019 60%		
PERFORMANCE INSIGHTS				
• During Q2, there were 26 stage 1 reviews of which 24 were upheld compared to 23 out of 37 in Q1				
				
T	G	A	R	Aim 3
70%+ decisions upheld	70% +	60 – 69%	< 60%	





PI/LEG/023 – Rule 9 Final Review				
The proportion of Rule 9 upheld at Stage 2 of the Rule 9 process				
Q2 2020 76%		Q1 2020 11%		
65%		Q2 2019 N/A		
PERFORMANCE INSIGHTS				
• During Q2, there were 17 stage 2 reviews of which 13 were upheld compared to 1 out of 9 in Q1				
				
T	G	A	R	Aim 3
75%+ decisions upheld	75% +	65 – 75%	< 65%	

PI/LEG/024 – Registration Appeals				
The proportion of Registration Appeals dismissed				
Q2 2020 N/A		Q1 2020 71%		
		Q2 2019 N/A		
PERFORMANCE INSIGHTS				
• During Q2, there were 0 Reg appeals compared to Q1 which had 12 out of 17 dismissed				
* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020				
T	G	A	R	Aim 3
75% + dismissed	75% +	65 – 75%	< 65%	

Organisational Development Directorate Performance Indicators

Page	Section
45 - 46	4.1 – PS Performance Indicators – Recruitment (Current KPI’s)
47	4.2 – PS Performance Indicators – Recruitment (Current KPI’s)
48	4.3 – People Performance Indicators – Recruitment and Attractions (Proposed KPI’s)
49	4.4 – People Performance Indicators – Planning, Engagement and Development (Proposed KPI’s)

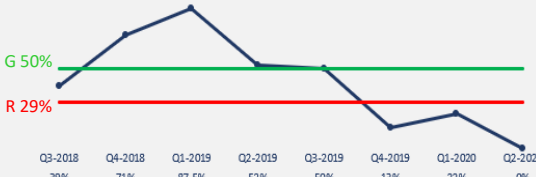
Trend Image Key:

Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

PI/HRG/001 – Recruitment Campaign Timeliness					PI/HRG/002 – Recruitment Campaign Cost					KPI/HRG/003 – Recruitment Right First Time					KPI/HRG/018 – Recruitment Probation Success				
The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks					The average cost per employee recruitment					The proportion of roles recruited to first time.					Percentage of employees who passed probation in this quarter				
<div><div>Q2 2020</div><div>33%</div><div>33%</div></div>					<div><div>Q2 2020</div><div>£4268</div><div>99%</div></div>					<div><div>Q2 2020</div><div>100%</div><div>36%</div></div>					<div><div>Q2 2020</div><div>87%</div><div>1%</div></div>				
<div><div>Q1 2020</div><div>66%</div></div> <div><div>Q2 2019</div><div>88%</div></div>					<div><div>Q1 2020</div><div>£2141.58</div></div> <div><div>Q2 2019</div><div>£973.14</div></div>					<div><div>Q1 2020</div><div>64%</div></div> <div><div>Q2 2019</div><div>87%</div></div>					<div><div>Q1 2020</div><div>88%</div></div> <div><div>Q2 2019</div><div>81.9%</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There was a significant decrease in recruitment during Q2 as due to Covid-19 a majority of recruitment was put on hold. Any recruitment that continued was subject to approval from EMT which added additional time to the recruitment process.In Q2 3 appointments were made across both sites.1 out of 3 (33%) campaigns were completed within 6 weeks.Both of the roles which were not filled within 6 weeks were campaigns where offers were delayed due the offer of employment being placed on hold for a period of time at the start of the Lockdown. <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">Due to the significant reduction in recruitment activity this quarter as a result of Covid-19 there has been an increase in the average cost per hire in Q2 when compared with Q1 2020.Agency usage was used in 1 of 3 (33%) of appointments this quarter.Figures include a pro rata amount for LinkedIn annual fees. The annual cost of £39,365 has been divided equally and applied to each quarter (£9909 per quarter). <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">All campaigns completed this quarter were recruited for during the first attempt. <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">23 employees were due to complete their probation in Q2 2020.20 employees successfully passed their probation2 employee probation periods were extended1 employee was dismissed during probation <p>* Please note there currently no trend graph due to data gathering time needed.</p>				
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim
90% within deadline	90% to 100%	70% to 89%	69% or lower	5	Average cost below £2500	100% or lower than target	101% to 120%	120% +	5	90% of employees	90% +	70% to 89%	69% or less	5	90% of employees	90% +	70% to 89%	69% or less	5

PI/HRG/004 – Staff Sickness					PI/HRG/005 – Staff Turnover : Natural					PI/HRG/006 – Staff Turnover : Overall					PI/HRG/014 – Staff Engagement				
The average number of employee sickness days for all GDC staff					The natural rate of organisational GDC turnover					The overall level of organisational turnover					Average engagement scores from staff taken from a six monthly staff survey				
<div><div>Q2 2020</div><div>1.1 days</div><div>↑ 1.1</div></div> <div><div>Q1 2020</div><div>2.2 days</div></div> <div><div>Q2 2019</div><div>1.59 days</div></div>					<div><div>Q2 2020</div><div>1.1% turn over</div><div>↑ 0.8%</div></div> <div><div>Q1 2020</div><div>1.9%</div></div> <div><div>Q2 2019</div><div>2.6 %</div></div>					<div><div>Q2 2020</div><div>3.6% turn over</div><div>↓ 1.1%</div></div> <div><div>Q1 2020</div><div>2.5%</div></div> <div><div>Q2 2019</div><div>8.9 %</div></div>					<div><div>Q2 2020</div><div>68%</div><div>↑ 3%</div></div> <div><div>Q1 2020</div><div>65%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">The average sickness figures are based on both long-term (LTS), and short-term sickness (STS)For reference, long-term sickness is based on absences of 20 days or moreOf those staff sick in Q2, 6.8% were LTS and the remaining 93.2% were STS.There were 403.5 days lost in totalLTS accounted for 182 days (45% of the total)STS accounted for 221.5 days (55%)When compared against Q1, there has been a decrease in both STS and LTS, overall sickness has decreased by 400.5 days (50%).87 (22%) of the days lost were due to COVID-19.Sickness levels during the Pandemic have been closely reviewed and whilst the focus has been on cases related to Covid-19, the overall reduction in sickness may be attributed to a number of factors, including:<ul style="list-style-type: none">season trend of spring have lower sickness levelsLockdown/working from home may have reduced the number of people ‘calling in sick’ as they are able to work from home.Genuine reduction in non-Covid related sickness absence due to other commonly contagious illnesses (Coughs/colds/flu etc.) being reduced.Staff were reminded of the sickness reporting procedures at the beginning of lockdown to ensure sickness was consistently reported.On going analysis of the reasons for the sickness is being undertaken to establish if there are any other factors should be considered at an operational level.					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">Q2 saw 4 voluntary leavers – FTP x2, Registration & Corporate Resources x22 of the 4 leavers had less than 12 months’ service2 of the 4 voluntary leavers completed the exit questionnaire. One individual felt that there was a lack of progression in their role at the GDC, the other cited a lack of work life balance and feeling unsupported by their line manager. <p>* Please note there currently no trend graph due to data gathering time needed.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">Q2 saw 13 leavers in total, of which 9 were not identified under natural turnover:<ul style="list-style-type: none">2 x end of fixed term contracts1 x dismissal in probation1 x settlement agreementThe 5 remaining leavers were compulsory redundancies relating to the Birmingham relocation. <p>* Please note there currently no trend graph due to data gathering time needed..</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">The Q2 pulse survey took place between 10-16 June.53% of staff (201 staff) responded to the pulse survey. The results were published to staff on 26 June.The overall engagement score is based on the percentage of staff indicating they want to continue their career at the GDC for the foreseeable future.There is a slight improvement in the overall engagement score since Q1, and an improvement of 7% since mid-2019. In this destabilising period, we are seeing across the job market that fewer people are opting to leave the roles they are in. To that end, a slight increase in staff indicating they would like to stay at the GDC is not surprising but still heartening.Work on the themes arising from the 2019 survey and the 2020 pulse surveys is underway in a number of areas. Progress updates on actions arising from the 2019 survey - as well as from the quarterly pulse surveys - will be presented at SLT and Remuneration Committee throughout 2020. <p>* Please note there currently no trend graph due to data gathering time needed..</p>				
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim
Within 2 Days average	Average 0-2 days	Average 2.1 to 3 days	Average 3.1 days	5	Within 2.6% turnover	0% to 2.6%	2.7% to 5%	5.1% +	5	Within 3.7%	0% to 3.7%	3.8% to 5.9%	6.0% +	5	70% or above	70% +	50% to 69%	49% or less	5

PI/HRG/015 – Internal Opportunities					PI/HRG/016 – Key Roles with Identified Successor					PI/STR/006 – Internal Communications - Awareness of Organisational Priorities					PI/STR/007 – Internal Communications – Understanding of the External Environment				
Quarterly percentage of roles filled by internal staff compared against external recruitment					Percentage of key roles in the organisation that have an identified successor in place					Measuring percentage of staff who opened staff newsletter as indicator of awareness of organisational priorities.					The proportion of positive feedback received regarding staff communications that seek to improve understanding of the external environment.				
<div><div>Q2 2020</div><div>0%</div><div>22%</div><div>Q1 2020 22%</div><div>Q2 2019 52%</div></div>					<div><div>Q2 2020</div><div>N/A</div><div>Q1 2020 N/A</div><div>Q2 2019 N/A</div></div>					<div><div>Q2 2020</div><div>N/A</div><div>Q1 2020 N/A</div><div>Q2 2019 N/A</div></div>					<div><div>Q2 2020</div><div>N/A</div><div>Q1 2020 N/A</div><div>Q2 2019 N/A</div></div>				
<div>PERFORMANCE INSIGHTS</div> <div><ul style="list-style-type: none">0 out of 3 vacancies (0%) were recruited to by internal candidates.</div> <div>* Please note there currently no trend graph due to data gathering time needed. This indicator furthermore is not planned to be reported going forwards.</div>					<div>Please note there currently no data available for this KPI. It has been proposed to be retired</div>					<div>Please note there currently no data available for this KPI. It has been proposed to be retired</div>					<div>Please note there currently no data available for this KPI. It has been proposed to be retired</div>				
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim
50% or above	50% +	30% to 49%	29% or less	5	90% or above	95% +	75% to 94%	74% or less	5	60%	50% or above	40% to 49%	39% or under	5	40%	40% or above	25% to 40%	24% or under	5

PI/POD/001 – Direct Attraction					PI/POD/002 – Recruitment Campaign Timeliness					PI/POD/003 – Internal Opportunities																				
The proportion of direct traffic to the GDC Jobs page.					Percentage of positions offered within target time – 12 weeks for Senior Management; 8 weeks for Specialists; and 6 weeks for Support Roles.					Quarterly percentage of roles filled by internal staff compared against external recruitment																				
<div><div>Q2 2020</div><div>92%</div><div>3%</div></div> <div><div>Q1 2020</div><div>89%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>66%</div><div>0%</div></div> <div><div>Q1 2020</div><div>66%</div></div> <div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>0%</div><div>22%</div></div> <div><div>Q1 2020</div><div>22%</div></div> <div><div>Q2 2019</div><div>52%</div></div>																				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There was a 3% increase in direct traffic in Q2.Overall there has been a 1% decrease in traffic to the GDC careers page in Q1 2020 when compared with Q2. Due to the hold on recruitment activity as a result of Covid-19, we would have expected a more substantial decrease, however this has been offset by the FtP Panellist recruitment campaign. Whilst a high volume of applications was anticipated, the successful advertising campaign drew significant interest to the GDC Jobs page and the number of applications exceeded expectations. <p><i>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).</i></p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">There was a significant decrease in recruitment during Q2 as due to Covid-19 a majority of recruitment was put on hold. Any recruitment that continued was subject to approval from EMT which added additional time to the recruitment process.There were 3 appointments made in Q2 2020, 2 (66%) of which were offered within the agreed SLA.The 1 role offered outside of SLA was delayed due to the offer of employment being placed on hold for a period of time at the start of the Lockdown. <p><i>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).</i></p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">0 out of 3 vacancies (0%) were recruited to by internal candidates.  <table><tr><th>Q3-2018</th><th>Q4-2018</th><th>Q1-2019</th><th>Q2-2019</th><th>Q3-2019</th><th>Q4-2019</th><th>Q1-2020</th><th>Q2-2020</th></tr><tr><td>39%</td><td>71%</td><td>87.5%</td><td>52%</td><td>50%</td><td>13%</td><td>22%</td><td>0%</td></tr></table>					Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020	Q2-2020	39%	71%	87.5%	52%	50%	13%	22%	0%
Q3-2018	Q4-2018	Q1-2019	Q2-2019	Q3-2019	Q4-2019	Q1-2020	Q2-2020																							
39%	71%	87.5%	52%	50%	13%	22%	0%																							
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim																
80% + Direct Source Traffic	80% to 100%	70% to 79%	69% or lower	5	95% within SLA	95% to 100%	85% to 94%	84% or lower	5	50% or above	50% and above	30% to 49%	29% or less	5																





PI/POD/004 – Staff Development					PI/POD/005 – Staff Engagement					PI/POD/006 – Employee Retention					PI/POD/007 – Separations				
Percentage of employees who are having conversations about their development with their line manager					Average engagement scores from staff taken from a six monthly staff survey					Percentage of the business retained for 1 year or more					Percentage of voluntary leavers who would recommend the GDC to others				
<div><div>Q2 2020</div><div>76%</div><div>0%</div></div> <div><div>Q1 2020</div><div>76%</div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>68%</div><div>3%</div></div> <div><div>Q1 2020</div><div>65%</div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>67%</div><div>2%</div></div> <div><div>Q1 2020</div><div>69%</div><div>Q2 2019</div><div>N/A</div></div>					<div><div>Q2 2020</div><div>N/A</div></div> <div><div>Q1 2020</div><div>N/A</div><div>Q2 2019</div><div>N/A</div></div>				
<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">This measure is taken from the quarterly pulse survey. This is the percentage of staff responding positively to the statement ‘My manager and I have conversations about my development’.Development conversations have traditionally been aligned with appraisals, and ‘development’ has traditionally been interpreted as ‘classroom training’.At the manager huddles in June, it was felt that development conversations had stalled due to lockdown. Whilst staff across the business have been attending online webinars, workshops, and events during this period, there is still a tendency to not see these as ‘development’ in the traditional sense.Training Needs Analysis workshops are taking place to help staff and managers think about what a development conversation is, and what development interventions might look like. These are helping to expand horizons as to what development can look like during lockdown. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">The Q2 pulse survey took place between 10-16 June.53% of staff (201 staff) responded to the pulse survey. The results were published to staff on 26 June.The overall engagement score is based on the percentage of staff indicating they want to continue their career at the GDC for the foreseeable future.There is a slight improvement in the overall engagement score since Q1, and an improvement of 7% since mid-2019. In this destabilising period, we’re seeing across the job market that fewer people are opting to leave the roles they’re in. To that end, a slight increase in staff indicating they’d like to stay at the GDC is not surprising but still hearteningWork on the themes arising from the 2019 survey and the 2020 pulse surveys is underway in a number of areas. Progress updates on actions arising from the 2019 survey - as well as from the quarterly pulse surveys - will be presented at SLT and Remuneration Committee throughout 2020. <div><div>G 70%</div><div>R 49%</div><div><div>Q3-2018</div><div>N/A</div><div>Q4-2018</div><div>N/A</div><div>Q1-2019</div><div>N/A</div><div>Q2-2019</div><div>N/A</div><div>Q3-2019</div><div>61%</div><div>Q4-2019</div><div>61%</div><div>Q1-2020</div><div>65%</div><div>Q2-2020</div><div>68%</div></div></div>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">The business has retained 263 of the 392 (67%) staff who were with us at this time a year ago. This is a slight decrease on last quarter as due to the estates project the GDC headcount peaked in June 2019.When broken down by location London has a retention rate of 51% and Birmingham 93%. <p>* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).</p> <p>Starting next Quarter, we will look to incorporate trends for this indicator.</p>					<p>PERFORMANCE INSIGHTS</p> <ul style="list-style-type: none">We will be reporting on this data from Q3 onwards.				
T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim	T	G	A	R	Aim
80% + of employees	80% + of employees	70% to 79%	69% or lower	5	70% or above	70% +	50% to 69%	49% or less	5	85% of the business	85% to 100%	75% to 84%	74% or lower	5	65% leave as advocates	Above 65%	50% to 64%	49% or below	5

Strategy Performance Indicators

Page	Section
51	5.1 Communications Performance Indicators
52	5.2 *QA Performance Indicators

*QA Indicators are updated annually and the 2019/20 update is not yet available from the QA team. This update is expected before Q3 report

Trend Image Key:

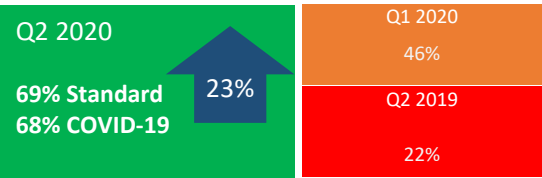
Current Year	
Previous Year	
Green (within target)	
Red (outside target)	

Balanced Scorecard Q2 2020

5.1 Communications and Engagement Performance Indicators

PI/STR/013 – GDC Newsletter Engagement

The level of engagement we have with dental professionals through our main mass engagement channel, the monthly email newsletter.



PERFORMANCE INSIGHTS

- Average open rates for 2 standard newsletter updates among registrants in Q2 2020 was 69% (please note a regular news update was not sent in April)
- The highest open rate in Q2 was a 69.8% open rate for the May Newsletter which covered an array of subjects, including; CPD and COVID-19, private practice and DCS reports.
- Average click-through rate among registrants for the 2 standard newsletters in Q2 was 12.7%.
- Most popular topic for each newsletter with click-through rates:
 - May- Latest COVID-19 guidance for dental practices- 32.5%
 - June- Phased return of dental care across the UK- 61.2%

During Q2 registrants and stakeholders also received two COVID-19 specific communications. The average open rate for the two all-registrant Covid-related updates was 68.1%. For stakeholders the open rate for these two emails was 39%



T	G	A	R	Aim
> 50%	> 50%	40% - 49%	< 40%	1

PI/STR/005 – Stakeholder engagement

The number of engagement events with GDC's key stakeholders



PERFORMANCE INSIGHTS

Due to COVID-19, stakeholder engagement activities have considerably decreased. These were mainly focussed on tackling the crisis through liaising with other regulators and professional bodies. During Q2 the method of engagement has changed from face-to-face to virtual (on line meetings, webinars) and the GDC is embracing this as a new way of communication to develop stakeholder relations.

Engagement by partner type is broken down as follows:

- Defence Union: 2
- Education: 13
- NHS: 4
- Professional body: 12
- Registrant DCP: 2
- Regulator: 17
- Other: 2
- Government: 1
- Patient group: 0
- Profession wide: 2
- Registrant Dentist: 1
- Student Dentist/DCP: 0

The breakdown of engagement by country:

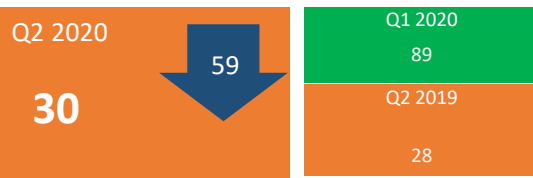
- UK: 24
- England: 3
- Scotland: 18 (mainly 1-1 meetings)
- Wales: 9
- Northern Ireland: 0
- International: 0



T	G	A	R	Aim
> 60 Engagements	> 60 Engagement	50-59 Engagements	< 49 Engagements	1

PI/STR/004 – Media Engagement

The number of items of media coverage generated by proactive efforts from the GDC



PERFORMANCE INSIGHTS

- Just 30 pieces of coverage driven by proactive media work this quarter, significantly down on the 89 pieces the previous quarter.
- Reduced coverage reflects shift in priority from proactive project-based communications work to message development and reputation management through external communications, related to COVID-19.
- Coverage mainly focussed on issues related to COVID-19. Other coverage included our statement on providing dentistry (orthodontics) remotely, our recent FtP panellist recruitment, Council decisions on the ARF and payment by instalments and the publication of the Scope of Practice review.
- 31 media enquiries received, all responded to within deadline, all but four of which related to COVID-19. A reduction on previous quarter's 43, but marks a third busy period when compared to an average of around 20 previously.



T	G	A	R	Aim
> 35	> 35	20-34	< 19	1

PI/STR/014/ - Digital Engagement

The level of engagement we have through our website in total visitors



PERFORMANCE INSIGHTS

Percentage of returning visitors vs new visitors to the website was 76.5% new (+2.5%) vs 23.5% returning. This was due to increased signposting to the COVID-19 webpages to all registrants.

Most visited website pages were:

- COVID-19 info for England
- COVID-19 latest info
- COVID-19
- COVID-19 info for Scotland
- COVID-19 info for Wales

Most used website search terms were: register, hearings, search register, PDP, fitness to practise

There were 201,700 GDC impressions (opportunities to view) on Twitter, up by 1,700



T	G	A	R	Aim
> 330k	> 330k	280k – 330k	< 280k	1

PI/STR/009 – Education providers – Proportion meeting ‘Protecting Patients’ Standards for Education					PI/STR/010 – Education providers – Proportion meeting ‘Governance’ Standards for Education					PI/STR/011 – Education providers – Proportion meeting ‘Student Assessment’ Standards for Education				
Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Protecting Patients standards					Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Governance standards					Proportion of education providers recognised to be either 'meeting' or 'partially meeting' the Student Assessment standards				
JULY 2019 – JUNE 2020		JULY 2018 – JUNE 2019			JULY 2019 – JUNE 2020		JULY 2018 – JUNE 2019			JULY 2019 – JUNE 2020		JULY 2018 – JUNE 2019		
N/A		96%			N/A		84%			N/A		83%		
<ul style="list-style-type: none">There is no data available for QA Performance Indicators STR 009, STR 010 and STR 011 Yearly data for JULY 2019 – JUNE 2020. This is due to COVID-19 delaying to collation of data. The team hope to have this data available in the near future and the Balanced scorecard will be updated when this data comes in.					<ul style="list-style-type: none">There is no data available for QA Performance Indicators STR 009, STR 010 and STR 011 Yearly data for JULY 2019 – JUNE 2020. This is due to COVID-19 delaying to collation of data. The team hope to have this data available in the near future and the Balanced scorecard will be updated when this data comes in.					<ul style="list-style-type: none">There is no data available for QA Performance Indicators STR 009, STR 010 and STR 011 Yearly data for JULY 2019 – JUNE 2020. This is due to COVID-19 delaying to collation of data. The team hope to have this data available in the near future and the Balanced scorecard will be updated when this data comes in.				
T	G	A	R	Aim 1	T	G	A	R	Aim 1	T	G	A	R	Aim 1
70% met and less than 10% not met	70% met and less than 10% not met	One of the criteria not met	Both of the criteria not met		50% met and less than 10% not met	50% met and less than 20% not met	One of the criteria not met	Both of the criteria not met		50% met and less than 10% not met	50% met and less than 10% not met	One of the criteria not met	Both of the criteria not met	

Fitness to Practise Key Performance Indicators - Update

Executive Director	John Cullinane, Interim Executive Director, Fitness to Practise
Author(s)	John Cullinane, Interim Executive Director, FtP Ed Reed, Head of IT Dave Criddle, Head of Business Intelligence, PMO and Delivery
Type of business	For discussion
Issue	To update the Council on the ongoing work to develop a revised suite of key performance indicators for Fitness to Practise, and on the work to develop a business case for the FTP KPI project.
Recommendation	The Council is asked to discuss the contents of this paper.

1. Background

- 1.1 In June 2020, the Finance and Performance Committee (FPC) discussed revising the Fitness to Practise (FtP) Key Performance Indicators (KPIs). One of the issues identified in the supporting paper for the workshop was that there was a lack of end to end FtP systems and data management. The paper proposed a project to be initiated for design and implementation of a new suite of FtP KPIs and recommended adopting a product ownership approach for the management systems and data which would require a new resource being requested to join the FtP directorate.
- 1.2 As a result of the workshop, the FPC asked for a business case to be developed alongside a firm proposal for the product owner role. These papers were presented to Executive Management Team (EMT) at its meeting on 11 August 2020.

2. Update

- 2.1 At that meeting, the EMT asked for further work to develop the proposal, including investigating whether there were alternative options from within existing functions to develop this role.
- 2.2 Following the EMT meeting, the Interim Executive Director, FtP Transition, met with the Head of IT and the Head of Business Intelligence, PMO and Delivery to discuss how to progress this matter further. It was agreed that some further scoping work needed to be done, to also include the Legal Operations and External Contract Manager to ensure that there is an end to end view of the FtP process. This scoping work will include an analysis of whether a business analyst approach would address this issue.
- 2.3 The business case for the FTP KPI project is being finalised by the project manager. We are currently considering adding an activity to the project, to fully evaluate the Product Owner role and assess whether it is required.

- 2.4 There is a considerable amount of activity currently outside the KPI project that will provide information that will impact on the outcomes of that project. In particular:
- the analysis of the FTP stream data is ongoing, which will provide essential timeliness data for the KPI project.
 - The Rule 4 pilot will be evaluated at the end of 2020, which may *slow* progression of some cases in the earlier stages but produce higher quality outcomes later on.
 - As part of the overall process of continuous improvement, we continue to develop and evaluate proposed process changes. Those which are taken forward will also affect how quickly cases are completed at each stage.
- 2.5 The risk is that finalising a suite of revised KPIs (or more specifically, the targets for those KPIs) whilst changes are being made which may have positive or negative impacts on timeliness at various stages of the process will mean that the new suite rapidly becoming obsolete. We consider it essential that the KPI project takes these changes into account in order to develop KPIs that are robust and meaningful, and that will prove durable at least while we remain using the current FTP Rules. As such, we intend to revise the business case to take account of the ongoing change processes.

3. Next steps

- 3.1 An updated proposal will be presented to EMT at its November meeting, which will include both the KPI review project and further work to understand capacity within FTP to develop a CRM Product Owner role.

John Cullinane
Interim Executive Director, Fitness to Practise
JCullinane@gdc-uk.org
14 October 2020

External Auditor Appointment

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	<p>This paper is presented to the Council, following Audit and Risk Committee's review and endorsement of the proposal to reappoint Haysmacintyre as External Auditor.</p> <p>Public: This paper will be discussed in the public session of the 22 October 2020 Council meeting</p>
Issue	To present the update to our procurement for external audit services and seek approval the reappointment of Haysmacintyre as external auditors to the Council for 2020 and 2021 audits.
Recommendation	The Council is asked to approve Haysmacintyre be re-appointed as external auditors for the 2020 and 2021 audit.

1. Background

- 1.1 The GDC is required to appoint an external auditor as a necessary part of meeting our statutory responsibility to produce an Annual Report and Account for Parliament. The Independent External Auditor is appointed by Council, on the recommendation of the Audit and Risk Committee (ARC).
- 1.2 Our current external audit contract is with Haysmacintyre and was originally awarded in 2012. The current contract extension was awarded via an approved single tender in late 2018, following a decision to ensure continuity to the audit process for the 2019 accounts given the change of staff in the GDC Finance Team.
- 1.3 We tendered for a new external audit services provider, using the Crown Commercial Services (CCS) Management Consultancy Framework RM3745, to deliver the audit of the 2020, 2021 and 2022 Annual Report and Accounts in August 2020.
- 1.4 As part of that procurement process we completed supplier engagement with prospective bidders. The feedback received suggested that the budget for the work was a barrier to it being financially advantageous and a significant number of providers declined to bid.
- 1.5 A decision was reached that it was appropriate to abandon the procurement due to the number of bids received being below the recommended number according to Public Contracting Regulations 2015 guidance, to enable us to seek an alternative route.
- 1.6 Of the limited responses we did receive, we identified both non-compliant submissions and concerns over potential conflict of interest of bidders.

2. Reappointment of incumbent supplier

- 2.1 In light of the abandoned procurement, there is risk to the success of the audit for the 2020 Annual Report and Accounts.
- 2.2 Having considered alternative procurement options available to us, auditing frameworks, Procurement Contracting Regulations, and industry best practice, we have concluded that it is prudent to extend Haysmacintyre's contract as a single tender action to ensure the 2020 financial audit is undisrupted.
- 2.3 Furthermore, we have considered how we may best achieve the appointment of a new supplier in the future. This has led us to conclude that extending the contract with Haysmacintyre for a two-year period will allow us to facilitate the planning of a collaborative procurement with other healthcare providers who are also looking to renew their own contracts.
- 2.4 ARC considered the proposal at their meeting on 29 September 2020, which included a review of the financial information on contract spend (not included in this paper due to commercial sensitivity). ARC endorsed the proposal to reappoint Haysmacintyre as Independent External Auditor for as long as necessary, with a view to facilitate the best solution in ensuring we can successfully appoint a suitable new provider.

3. Legal, policy and national considerations

- 3.1 Auditor engagement is provisioned for within the Auditing Practice Board's Ethical Standard 3, which state:
 - a. The audit firm shall establish policies and procedures to monitor the length of time that audit engagement partners, key partners involved in the audit and partners and staff in senior positions, including those from other disciplines, serve as members of the engagement team for each audit.
 - b. Where audit engagement partners, key partners involved in the audit, and partners and staff in senior positions have a long association with the audit, the audit firm shall assess the threats to the auditor's objectivity and independence and shall apply safeguards to reduce the threats to an acceptable level. Where appropriate safeguards cannot be applied, the audit firm shall either resign as auditor or not stand for reappointment, as appropriate.
 - c. Where audit engagement partners, key partners involved in the audit, other partners and staff in senior positions have a long association with the audited entity, self-interest, self-review, and familiarity threats to the auditor's objectivity may arise. Similarly, such circumstances may result in an actual or perceived loss of independence. The significance of such threats depends upon factors such as:
 - the role of the individual in the engagement team;
 - the proportion of time that the audited entity contributes to the individual's annual billable hours;
 - the length of time that the individual has been associated with that audit engagement.
 - d. In order to address such threats, audit firms apply safeguards. Appropriate safeguards may include:
 - removing ('rotating') the partners and the other senior members of the engagement team after a pre-determined number of years;

- involving an additional partner, who is not and has not recently been a member of the engagement team, to review the work done by the partners and the other senior members of the engagement team and to advise as necessary;
 - applying independent internal quality reviews to the engagement in question.
- e. Once an audit engagement partner has held this role for a continuous period of ten years, careful consideration is given as to whether a reasonable and informed third party would consider the audit objectivity and independence to be impaired. Where the individual concerned is not rotated after ten years, it is important that:
 - safeguards other than rotation, such as those noted in paragraph d, are applied; or
 - (i) the reasoning as to why the individual continues to participate in the audit engagement without any safeguards is documented; and
 - (ii) the facts are communicated to those charged with governance of the audited entity in accordance with paragraphs 63 - 71 of APB Ethical Standard 1.
- f. The audit firm's policies and procedures set out whether there are circumstances in which the audit engagement partners, engagement quality control reviewers and key partners involved in the audit of non-listed entities are subject to accelerated rotation requirements.
- g. Any scheme of rotation of partners and other senior members of the engagement team needs to take into account the factors which affect the quality of the audit work, including the experience and continuity of members of the engagement team and the need to ensure appropriate succession planning.
- h. In the case of those public sector bodies where the responsibility for the audit is assigned by legislation, the auditor cannot resign from the audit engagement and considers alternative safeguards that can be put in place.

3.2 The Annual Report and Accounts are laid before or provided to each of the UK parliaments.

4. Equality, diversity, and privacy considerations

4.1 The provision in the contract for handling of data was last reviewed by the Information Governance team in early 2019. If a decision is reached to reappoint Haysmacintyre, we will ask the relevant legal teams to review the proposed terms of engagement, ensuring we remain content with those provisions.

5. Risk considerations

- 5.1 The most significant risk is that we will have no supplier on board to complete the external audit for the 2020 Annual Report and Accounts. Whilst the procurement timetable allows for a second attempt at tendering for a new provider, we believe that the chances of successfully appointing a new provider are greatly diminished due to the following:
- a. Audit fees relating to the services are unlikely to equate to a financially viable offer for suppliers to tender based on feedback received during supplier engagement.
 - b. We are seeing the impact of COVID-19 across several of our procurements, where some suppliers are focusing on existing client requirements rather than taking on new business.
 - c. There are impacts to audit firms because of the Brydon Report, which signalled audit reform is required urgently to prevent unnecessary corporate failures. Firms are expecting to be spending considerable time in preparing for legislative reform over the next 12 months.

- d. We used a procurement vehicle that accessed 19 firms and engaged ahead with those suppliers to encourage bid submissions.
 - e. We are aware of at least one other healthcare regulator who have similarly failed to procure an alternative supplier.
- 5.2 Should we go out to tender again on an open competition basis, and that process subsequently fail, we would have no certainty over Haysmacintyre's ability to resource a continuation of the current service.
- 5.3 In mitigation of the future risk of our ability to engage a new supplier, we are liaising with other healthcare regulators to assess the feasibility of conducting a future joint procurement. This would mean that the collective revenue from the service would be more financially attractive to audit firms, and hopefully encourage them to bid.
- 5.4 The risks to continuing with an extension of an appointment of Haysmacintyre relate to:
- a. Audit objectivity and impartiality. We believe that this is a manageable risk due to Haysmacintyre robust own internal processes and procedures, which include, rotation requirements for key roles and independent quality and assurance practice using an independent Partner.
 - b. Challenge of our decision to reappoint the incumbent. We assess this risk to be low as we have conducted a competitive procurement which failed to appoint a suitable supplier due to limited supplier interest. The total extension of the current contract would however be a breach of the Public Contracting Regulations as the total contract will be in excess of the EU procurement threshold (at that time) of £173,934,

6. Resource considerations and CCP

- 6.1 The budget requirement for this service has been included within the Costed Corporate Plan 2021-23. There is no unbudgeted provision in relation to this proposal.

7. Monitoring and review

8. The external audit service will be monitored via the use of regular contract performance meetings.

9. Development, consultation, and decision trail

- 9.1 Our In-House Legal Advisory Service has confirmed that the requirement to procure and appoint new external auditors every 5 years comes from best practice, rather than being a legislative requirement that is imposed on us directly.
- 9.2 ARC consider the proposal and endorsed the reappointment of Haysmacintyre as the Independent External Auditor to the Council at their meeting on 22 October 2020.

10. Next steps and communications

- 10.1 Subject to Council's approval to reappoint Haysmacintyre as the Independent External Auditor to the Council, we will notify Haysmacintyre of the award and put in place relevant contractual provisions.

Appendices

- a. None

Samantha Bache, Head of Finance and Procurement
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06 October 2020

Joint Health Regulators Whistleblowing report

Executive Director	Stefan Czerniawski, Executive Director Strategy
Author(s)	Colin MacKenzie, Interim Head of Communications and Engagement
Type of business	For noting
Purpose	This paper provides details of the combined annual report on whistleblowing concerns raised with the health regulators, including the GDC, between 1 April 2019 and 31 March 2020.
Issue	To ensure Council are aware of the publication and its content.
Recommendation	The Council is asked to note the paper.

1. Background to the annual joint health regulators whistleblowing report

- 1.1 The GDC has additional whistleblowing responsibilities in relation to its role as a “prescribed person” (external whistleblowing). There are over 60 organisations who are prescribed persons. These organisations have been chosen because they have an authoritative or oversight relationships with their sector. Being a prescribed person means that the GDC is an alternative route for a worker or former worker who wishes to blow the whistle in relation to matters concerning the GDC’s statutory functions.
- 1.2 From April 2017 there has been a requirement for prescribed persons to publish an annual report. The report must detail the number of qualifying disclosures that have been raised and the action that the GDC has taken in relation to them.
- 1.3 The healthcare regulators, led by the GMC, agreed to prepare a joint report in relation to this requirement each year. The fourth joint report was published on 24 September 2020.
- 1.4 This is a joint report with seven other health regulators: GMC, NMC, GPhC, HCPC, GCC, GOC and GOsC.

Appendices

- a. **Appendix 1** – Joint Healthcare Regulators Whistleblowing Disclosures report 2020

Colin MacKenzie, Interim Head of Communications and Engagement
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08 October 2020

Whistleblowing disclosures report 2020

Healthcare professional regulators

This report has been produced by the healthcare
professional regulators



**General
Medical
Council**

**General
Dental
Council**



**General
Pharmaceutical
Council**



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13	General Pharmaceutical Council
15	The Health and Care Professions Council
18	Nursing and Midwifery Council (NMC)
20	Note on data

About the report

On April 1 2017, a new legal duty came into force that required all prescribed bodies to publish an annual report on the whistleblowing disclosures made to them by workers.

“The aim of this duty is to increase transparency in the way that whistleblowing disclosures are dealt with and to raise confidence among whistleblowers that their disclosures are taken seriously. Producing reports highlighting the number of qualifying disclosures received and how they were taken forward will go some way to assure individuals who blow the whistle that action is taken in respect of their disclosures.”

Department for Business, Energy and Industrial Strategy (2017)

As with previous years, we, as healthcare professional regulators, have compiled a joint whistleblowing disclosures report to highlight our coordinated effort in working together to address the serious issues raised to us.

Our aim in this report is to be transparent about how we handle disclosures, highlight the action taken about these issues, and to improve collaboration across the health sector.

As each regulator has different statutory responsibilities and operating models, a list of actions has been devised that can accurately describe the handling of disclosures in each organisation (Table 1). It is important to note that while every effort has been made to align the ‘action taken’ categories, each regulator will have slightly different definitions, activities and sources of disclosures.

Table 1: Types of action taken after receiving a whistleblowing disclosure

Action type	Description
Under review	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no further assessment or action has taken place yet.
Closed with no action taken	<p>This applies to disclosures that have been identified as a qualifying whistleblowing disclosure but no regulatory assessment, action or onward referral was required.</p> <p>This could be in cases where it was decided the incident was resolved or no action was appropriate at the current time.</p>
Onward referral to alternative body	This applies to disclosures that have been identified as a qualifying whistleblowing disclosure and forwarded to another external organisation without any further assessment or action by the receiving regulator.
Regulatory action taken	<p>This applies to disclosures where the regulator has taken an action which falls under their operative or regulatory remit.</p> <p>This may include but is not limited to:</p> <ul style="list-style-type: none"> ● referral to its Fitness to Practise team or any other fitness to practise process ● opening an investigation ● advice or guidance given to discloser, employer, education body or any other person or organisation ● registration actions ● other enforcement actions. <p>In cases where the disclosure was assessed via a regulatory action but it was then found that there was not enough information to proceed, the disclosure is categorised as ‘no action – not enough information’.</p>
No action – not enough information	<p>This applies to disclosures that have been assessed by the regulator and a decision has been made that there is not enough information to progress any further.</p> <p>This may be in cases where the disclosure was made anonymously with insufficient information to allow further investigation, a discloser is unable to provide more information or the disclosure was withdrawn before it could be investigated.</p>
Onward referral to alternative body and regulatory action taken	This applies to disclosures where a regulatory action was taken and the disclosure was referred on to another external organisation.

To protect the confidentiality of whistleblowers and the other parties involved, no information is included here that would enable a worker who has made a disclosure or the employer, place, or person about whom a disclosure has been made to be identified.

The reporting period includes activity between 1 April 2019 and 31 March 2020.

General Chiropractic Council

The General Chiropractic Council (GCC) is the independent regulator of UK chiropractors. We are accountable to Parliament and subject to scrutiny by the Professional Standards Authority (PSA). Our statutory duty is to develop and regulate the profession of chiropractic, thereby protecting patients and the public.

- We maintain a UK-wide register of qualified chiropractors.
- We set the standards of education for individuals training to become chiropractors.
- We set the standards of chiropractic practice and professional conduct for individuals working as chiropractors.
- We investigate complaints against chiropractors and take action against them where necessary. The GCC has the power to remove a chiropractor from the register if they are found to be unfit to practise.

Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Chiropractic Council received no whistleblowing disclosures.

General Dental Council

The General Dental Council (GDC) is the UK-wide statutory regulator of approximately 113,000 members of the dental team. This includes dentists, dental nurses, clinical dental technicians, dental hygienists, dental technicians, dental therapists and orthodontic therapists.

Our purpose: We want patients and the public to be confident that the treatment they receive is provided by a dental professional who is properly trained and qualified and who meets our standards. Where there are concerns about the quality of care or treatment, or the behaviour of a dental professional, we will investigate and take action if appropriate.

Our legislation, the Dentists Act 1984 (as amended), sets us the following objectives:

- to protect, promote and maintain the health, safety and Wellbeing of the public
- to promote and maintain public confidence in the professions regulated
- to promote and maintain proper professional standards and conduct for members of those professions.

In addition, we provide the Dental Complaints Service (DCS), which aims to support patients and dental professionals in using mediation to resolve complaints about private dental care.

Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the GDC received 116 whistleblowing disclosures of information.

Actions taken in response to disclosures

Regulatory action taken	95
No action – not enough information	21

Summary of actions taken

All disclosures were made directly to the Fitness to Practise team. In 95 of those disclosures, regulatory action was taken, namely the opening of fitness to practise cases.

These could lead to a range of resolving actions determined by a statutory practice committee, ranging from removal of the registrant from the Register, suspension or conditions for a determined period to the conclusion that fitness to practise is not impaired and the case could be closed. There were 21 cases that were not progressed due to lack of sufficient information provided by the informant.

None of the disclosures have resulted in resolution via employer(s). This is largely because either we did not have jurisdiction to consider this option or because the nature of the disclosures made them unsuitable for resolution in this way.

Learning from disclosures

The disclosures we have received have not had an impact on our ability to perform our regulatory functions and objectives during the period. Given our statutory framework the action we would take in response to a disclosure is the same as the regulatory action we would normally take.

The number of disclosures we received increased to 116 from 75 in 2018–2019. Compared to some other regulators we have received a higher number of disclosures in comparison to the size of the register. It is worth noting that most dentistry is provided in a primary care setting and outside the more robust clinical governance frameworks that characterise some other forms of healthcare. This may mean that alternative disclosure routes are less present in dentistry, and a larger proportion are dealt with by the regulator.

General Medical Council

The General Medical Council is an independent organisation that helps to protect patients and improve medical education and practice across the UK. Our role is to protect the public* and act in the public interest.

- We decide which doctors are qualified to work in the UK and oversee medical education and training.
- We set the standards that doctors need to follow, and make sure that they continue to meet these standards throughout their careers.
- We take action to prevent a doctor from putting the safety of patients, or the public's confidence in doctors, at risk.

Every patient should receive a high standard of care. Our role is to help achieve that by working closely with doctors, their employers and patients, to make sure that the trust patients have in their doctors is fully justified.

Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020, the General Medical Council received 36 whistleblowing disclosures.

Actions taken in response to disclosures

Regulatory action taken	28
No action – not enough information	5
Onward referral to alternative body and regulatory action taken	3

The majority (34 of 36) of the whistleblowing disclosures we received came in to our Fitness to Practise directorate, and two were received by our Registration and Revalidation directorate. Of all the disclosures we received, 21 were made by doctors, seven were made by other healthcare professionals and eight were made anonymously.

Of the 34 disclosures that were assessed by our Fitness to Practise team:

- 19 were closed after an initial assessment
- two are currently being assessed

*Medical Act 1983 (as amended)

- 13 resulted in either a preliminary or full investigation. Eight of these are still going through the investigation process and five have been closed. We closed five of the disclosures as:
 - for four of them there was not enough information disclosed to take any further action
 - one disclosure was already under investigation.

Of the 24 disclosures that closed after an initial assessment or a preliminary or full investigation, some of the reasons for closure included:

- the disclosure was or had already been handled locally
- advice was given to the discloser
- the disclosure was outside of our remit to deal with e.g. local employment dispute
- no concerns were found from the information provided.

Our Registration and Revalidation directorate handled two disclosures, one case resulting in regulatory action and an outward referral to an alternative body. The other was closed as there was insufficient information to progress.

Update on disclosures from last year

13 disclosures that we received prior to 1 April 2019 were concluded.

Learning from disclosures

The information disclosed to us during the reporting period has not had an impact on our ability to perform our regulatory functions and deliver our objectives. We have an operational group that meets throughout the year to reflect on the disclosures we have received.

Some complainants made disclosures anonymously as they were fearful of repercussions. This shows there is still some way to go in improving a culture that supports raising and acting on concerns.

However, compared to last year, we have seen a reduction in the number of anonymous disclosures, which may indicate that confidence in our processes is increasing.

We have guidance available to doctors on what to do if they have a concern and continue to support and encourage doctors to raise their concerns through the appropriate channels.

General Optical Council

The General Optical Council (GOC) is the regulator for the optical professions in the UK.

Our purpose is to protect the public by promoting high standards of education, performance and conduct amongst opticians. We currently register around 30,000 optometrists, dispensing opticians, student opticians and optical businesses.

A brief description of our four core regulatory functions is:

- setting standards for optical education and training, performance and conduct
- approving qualifications leading to registration
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Our overarching objective, as set out in the Opticians Act 1989, is the protection of the public.

We published our 'Raising Concerns' (Whistleblowing) Policy in 2016:

www.optical.org/en/Investigating_complaints/raising-concerns.cfm

Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Optical Council received 15 disclosures of information.

Actions taken in response to disclosures

Under review	2
Regulatory action taken	5
No action – not enough information	7
Onward referral to alternative body and regulatory action taken	1

Summary of actions taken

All 15 disclosures that we received in 2019–20 were placed in our fitness to practise triage system for formal assessment.

Out of these disclosures, seven cases were assessed by our triage team and a decision was made to take no further action as there was not enough information to progress any further:

- we were unable to pursue three of these disclosures as the discloser decided to withdraw their concerns and there was no way in which the GOC could have pursued the concerns further

- for one case there were no identified fitness to practice concerns raised by the discloser, so the case was closed
- for two disclosures we did not receive enough information to progress them any further, so they were recommended for closure
- another case was investigated and closed by NHS (England), therefore a decision was made that regulatory input would not be required.

In six cases, we have taken regulatory action of some description:

- in three cases we have opened fitness to practise investigations. Of these, two cases are still being investigated and have not yet gone to our Case Examiners for consideration. One case has been considered by our Case Examiners and has been referred to our Fitness to Practise Committee
- in one case we were unable to continue with the investigation as the discloser disengaged, therefore the matter was referred to another external organisation to consider systems regulation action
- two disclosures were referred to our Illegal Practice team for further investigation.

Two disclosures are still subject to assessment and no decision has been made as to what, if any, regulatory action will be taken.

Learning from disclosures

The number of disclosures received by the GOC in 2019–20 is relatively small. In total in 2019-20, we received 348 new referrals, so protected disclosures account for only four per cent of these. Although protected disclosure complaints are, by their very nature, more difficult and time-consuming to investigate, they have not directly had an impact on our ability to perform our regulatory functions.

Identification of a qualifying disclosure on day one is crucial for the proper management of the disclosure and for securing the confidence of the discloser in the regulator's willingness and ability to take the matter forward.

We continue to find it difficult to investigate concerns where the discloser is anonymous or withdraws, even if there might be a public interest in doing so. Although it is possible to find ways to continue with an investigation, this is far less effective than having the cooperation of the discloser. We have no powers of inspection or intervention and the registration of businesses with the GOC is only mandatory in certain circumstances: www.optical.org/en/Registration/Applying_for_registration/Bodies_corporate.cfm.

Although we have powers under the Opticians Act 1989 to demand information, this is very challenging in the absence of a discloser who can advise as to the relevant information to be sought.

General Osteopathic Council

The General Osteopathic Council regulates osteopathic practice in the UK. Our purpose is to protect the public by ensuring high standards of education, practice and conduct among osteopaths.

Our core functions are:

- Assuring the quality of osteopathic education and training
- Registering qualified professionals on an annual basis and ensuring their continuing fitness to practise
- Setting and promoting high standards of osteopathic practice and conduct
- Helping patients with complaints or concerns about osteopaths and, where necessary, dealing with those complaints through fitness to practise procedures.

Whistleblowing disclosures from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020 the General Osteopathic Council received three whistleblowing disclosures.

No action – not enough information	3
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Summary of actions taken

The three disclosures received related to the fitness to practise of osteopaths. For each disclosure, we assessed that further information was required. Several attempts were made to contact the informants to request further information about the disclosures, using the contact details provided. Details of the process for investigating the disclosures were explained and, where relevant, informants were provided with information about the helpline provided by Victim Support on behalf of the General Osteopathic Council. The further information we requested was not provided by the informants, and the disclosures were closed on the basis of a lack of information.

Learning from disclosures

The concerns received have not impacted on our ability to perform our regulatory functions or meet our objectives during the reporting period.

All the concerns we receive inform the ongoing development of our policies, standards and guidance.

In December 2019, the General Osteopathic Council entered an agreement with the independent charity Victim Support to provide a confidential support service to those involved in fitness to practise cases. Details of the service are now provided to all informants who make qualifying disclosures to us.

General Pharmaceutical Council

We regulate pharmacists, pharmacy technicians and pharmacies in Great Britain.

We work to assure and improve standards of care for people using pharmacy services.

What we do:

- Our role is to protect the public and give them assurance that they will receive safe and effective care when using pharmacy services.
- We set standards for pharmacy professionals and pharmacies to enter and remain on our register.
- We ask pharmacy professionals and pharmacies for evidence that they are continuing to meet our standards, and this includes inspecting pharmacies.
- We act to protect the public and to uphold public confidence in pharmacy if there are concerns about a pharmacy professional or pharmacy on our register.
- We help to promote professionalism, support continuous improvement and assure the quality and safety of pharmacy.

Whistleblowing disclosures made from 01 April 2019 and 31 March 2020

From 01 April 2019 to 31 March 2020 the General Pharmaceutical Council received 22 disclosures of information.

Actions taken in response to disclosures

The action we took on the 22 disclosures received during this reporting period are set out in the table below.

Under review	4
Onward referral to an alternative body	5
Regulatory action taken	13

Summary of actions taken

The action we took included a full investigation through established fitness to practise processes and follow-up action through our inspection network. The former can result in any available outcome throughout the fitness to practise process. The latter can include guidance, a follow-up visit or an unannounced inspection.

Eleven cases were investigated and concluded with no further action. Five cases were signposted to other organisations. The remaining two cases were investigated and concluded with guidance from fitness to practise, inspection or education colleagues.

In addition, of the seven concerns from the previous reporting period, five were investigated and concluded with no further action. The remaining two cases were investigated and concluded with guidance from fitness to practise, inspection or education colleagues.

Learning from disclosures

None of the disclosures had an impact on our ability to perform our regulatory functions and meet our objectives during the reporting period.

We use all concerns raised with us to inform our standards and guidance development.

Protected disclosures also inform our operational processes and approach to understanding what the most appropriate regulatory lever is to achieve the best outcome.

The concerns raised with inspectors and the associated guidance in response to the concern, including those that arise through inspections, are widely shared to ensure learning across the inspectorate. These issues inform our work on understanding the experiences of pharmacy professionals in the working environment and also informs our work on ensuring safe and effective pharmacy teams.

The Health and Care Professions Council

The Health and Care Professions Council (HCPC) is a statutory regulator of health and psychological professions governed by the Health Professions Order 2001. We regulate the members of 15 professions. We maintain a register of professionals, set standards for entry to our register, approve education and training programmes for registration and deal with concerns where a professional may not be fit to practise. Our role is to protect the public.

Whistleblowing disclosures made from 01 April 2019 and 31 March 2020

From 01 April 2019 to 31 March 2020 the Health and Care Professions Council received eight disclosures of information.

Actions taken in response to disclosures

Closed with no action taken	1
Regulatory action taken	7

Summary of actions taken

The majority of the whistleblowing disclosures we received came in to the Policy and Standards department in the form of policy enquiries. These were from registrants who had concerns about their employers, and were seeking advice to ensure they continued to meet our standards.

These came from the following registered professionals; occupational therapists, operating department practitioners, paramedics and physiotherapists. We also received one anonymous phone call and do not know which registered profession they were from.

The subject of the disclosures ranged from concerns about the level of training a registrant received, an employer's response to risk in the early stages of the COVID-19 pandemic, employer policies around medication and their storage, information disclosed to service users, and an employer's approach to investigating concerns.

In all of these scenarios, we provided the discloser with advice and guidance. We directed them to the relevant standards and set out our expectations. We also signposted them to organisations that could support them in raising a concern with their employer. In the event someone had already done this, depending on the subject of their concern, we also directed them to the Fitness to Practise department so they could raise a concern, or to another relevant organisation. As most of the concerns related to specific health and care providers and therefore fell outside of our remit, the majority were directed to the relevant service regulators (such as CQC).

The Education department also received one disclosure from a member of an approved programme team, who raised concerns about a lack of appropriate adult and child safeguarding procedures, training and policies in place at the education provider where they worked. They also were concerned that students from particular ethnic backgrounds were being targeted as part of safeguarding procedures, which would contravene the Equality Act 2010.

We undertook an initial assessment of the concern but decided not to investigate this concern, as we can only investigate whether there is an issue against the HCPC's standards and it was deemed that the provider was meeting our standards. Instead, we recommended the complainant refer their concerns to the Office for Students and the Equality and Human Rights Commission.

Learning from disclosures

We keep data on all the policy enquiries we receive, and regularly reflect on them to establish what additional information or guidance we need to produce.

At the end of last year's reporting period, we published a [blog post on how registrants can raise concerns](#). This sign posts to relevant organisations such as CQC. In July, we published a [follow up article on our registrant hub entitled 'Do you have safety concerns?'](#). In this article, we give registrants advice on how to raise concerns and promote our Whistleblowing Policy.

These concerns also highlight to us the importance of working closely with employers. Since the last reporting period, we have launched an [employer hub](#) where we produce content tailored to employers. This includes advice on how to support employees with CPD and supervision and how they can manage concerns about an employee. For example, in August 2020, we published an [article for employers on our latest research on supervision](#). We will continue to develop this work, with the recent launch of our Professional Liaison team.

More recently, we have reflected on the importance of raising concerns in our [blog on the Paterson Inquiry](#). This highlights our Whistleblowing Policy and signposts to relevant sources of advice, including the NHS Whistleblowing Helpline. We have committed to consider the findings of the Inquiry and work with everyone concerned to ensure learning points are identified and acted upon to ensure patient safety.

The end of the reporting period saw only the beginning of our COVID-19 response, which will be reflected in more detail in next year's report. A key part of that response was to provide timely [advice to registrants on the standards](#), in response to their concerns. This included advice pages on supervision, scope of practice and raising concerns. Therefore the couple of COVID-19 related disclosures referred to above were key in shaping the guidance we provided on our [COVID-19 hub](#).

Finally, in relation to the Education disclosure, whilst we have not taken action against the education provider, the organisation has taken forward a wider piece of work on safeguarding. This will form a part of next year's review of our Standards of conduct, performance and ethics and Guidance on conduct and ethics for students.

We also continue to strengthen our work in relation to Equality, Diversity and Inclusion (EDI). This includes consideration of any EDI impacts as part of our review of the standards, and so when we next review the relevant standards for education providers this will be a key focus of the review.

Nursing and Midwifery Council

Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of more than 700,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

Our core role is to regulate. First, we promote high professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Whistleblowing disclosures received from 01 April 2019 to 31 March 2020

From 01 April 2019 to 31 March 2020, the Nursing and Midwifery Council received 107 whistleblowing disclosures.

Actions taken in response to disclosures

Regulatory action taken	107
Onward referral to an alternative body	24

In all 'qualifying disclosures' we have taken action either by way of regulatory action; or both regulatory action and an onward referral to another body. Regulatory action taken on these disclosures is as follows (some disclosures have been dealt with by more than one team and so will be duplicated in the overall number):

- 84 out of the 107 'qualifying disclosures' were dealt with via our Fitness to Practise function.
- Four disclosures were referred to our Education and Standards function.
- Eight were referred to our Employer Link Service who engaged with employers in respect of the issues raised.
- We have made onward referrals to the Care Quality Commission, General Medical Council and Healthcare Improvement Scotland.

We still took action on many disclosures where we did not reasonably believe the whistleblowing criteria were met. We either took regulatory action or made referrals to a range of other bodies including Care Quality Commission, General Medical Council, Healthcare Inspectorate Wales, HM Inspectorate of Prisons, NHS England/ Improvement and Public Health England.

The main reasons why information was not treated as a 'qualifying disclosure' was because it did not fall within our regulatory remit or did not meet the public interest criterion.

Learning from disclosures

We were able to use the disclosures to enhance our knowledge and understanding of the wider healthcare landscape.

As well as assessing whether we have received a qualifying disclosure, we also undertake a further assessment of the information we receive. This is to map any research undertaken and highlight further recommendations for action. All disclosures are graded in accordance with the National Intelligence Model and themes identified from disclosures are captured.

Our Enquiries and Complaints team have received additional training on identifying whistleblowing disclosures which may require an assessment under this process.

We continue to have a panel that meets weekly to discuss any disclosures and the appropriate course of action. This panel also looks into any learning from each piece of information we assess.

Note on data

All measures are activity occurring in the reporting date range. Disclosures received may not equal the number of actions taken because some disclosures may have been received in a previous year or still being investigated at the end of the year.

It is possible that some disclosures have been counted and reported on more than once in this report. This may be due to incidences where one regulator has referred the disclosure on to another regulator or when an anonymous discloser has raised a concern multiple times. While checks are done to mitigate for the latter, it is not always possible to avoid this completely.

General Chiropractic Council

Park House, 186 Kennington Park Road, London, SE11 4BT

Website: www.gcc-uk.org

General Dental Council

37 Wimpole Street, London, W1G 8DQ

Website: www.gdc-uk.org

General Medical Council

Regent's Place, 350 Euston Road, London, NW1 3JN

Website: www.gmc-uk.org

General Optical Council

10 Old Bailey, London, EC4M 7NG

Website: www.optical.org

General Osteopathic Council

Osteopathy House, 176 Tower Bridge Road, London, SE1 3LU

Website: www.osteopathy.org.uk

General Pharmaceutical Council

25 Canada Square, London, E14 5LQ

Website: www.pharmacyregulation.org

The Health and Care Professions Council

Park House, 184 Kennington Park Road, London, SE11 4BU

Website: www.hcpc-uk.co.uk

Nursing and Midwifery Council

23 Portland Place, London, W1B 1PZ

Website: www.nmc.org.uk

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Textphone: please dial the prefix 18001 then 0161 923 6602 to use the Text Relay service.

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Public affairs, policy and media update – October 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Lisa Bainbridge, Interim Head of Nations and Engagement Guy Rubin, Research Manager Mark Platt, Policy Manager Tom Chappell, Media Manager Gordon Matheson, Head of Scottish Affairs Daniel Knight, Stakeholder Engagement Manager
Type of business	To note.
For Council only	-
Issue	<p>This paper provides Council with an analysis of public affairs, public policy and media developments, providing an external context to support discussions and decision-making by Council.</p> <p>This report has been previously called 'Horizon Scanning', but has been updated to reflect the content of the report. We are currently giving consideration to how we might produce a regular forecast or analysis of the external environment.</p>
Recommendation	To note.

Contents

This report included the following sections:

1. [COVID-19 research and policy developments in dentistry](#)
2. [Research and policy developments](#)
3. [Developments in health and care professional regulation](#)
4. [Summary of media issues and coverage achieved](#)
5. [Public affairs updates and developments](#)

1. COVID-19 research and policy developments

Survey of dental clinicians during lockdown

- 1.1. Corporate dental provider [{my}dentist carried out a survey of more than 600 dental practices](#). Information about the methodology for the survey was not presented and as a result, some caution should be exercised in relation to the findings below.
- 1.2. The survey found:
 - 96% of dentists, therapists and hygienists believe lockdown has had an adverse impact on the nation's oral health and that greater access to affordable dental care is needed.
 - 88% of those surveyed believed the UK's dental health could decline because of a lack of routine appointments leading to preventative dental issues worsening.
 - 77% are especially worried that oral cancers will be missed and not referred.
 - 66% of clinicians believe that some patients could put off going to the dentist to treat minor symptoms, such as toothache and bleeding gums, leading to larger problems in the longer-term.
 - 77% of dental professionals believe treatment for children with caries will be the most common reason for a visit to practice post-lockdown.
 - 69% of clinicians predict an influx of adults looking for treatment to cope with periodontal disease.
 - 58% believe treatment for trauma caused by broken or knocked out teeth will be one of the main reasons adults return to their practice.

The perceived impact of COVID-19 on periodontal practice in the UK

- 1.3. Researchers from [Kings College Faculty of Dentistry, Oral and Craniofacial Sciences have published a study](#) on the perceived impact of COVID-19 on periodontal practice in the UK in the Journal of Dentistry. An online survey was sent to members of the British Society of Periodontology and Implant Dentistry and 358 respondents were received. The survey was sent out in May 2020, around two months after initial COVID-19 restrictions were introduced.
- 1.4. Key findings from the research:
 - The great majority of participants thought that the pandemic had a significant impact on their profession.
 - 86% of respondents felt that the Government had not sufficiently supported the dental profession during the period, and likewise 86% moderately or strongly felt that the GDC had also not supported the profession.
 - Financial implications of the pandemic were high on the list of concerns for most respondents and identified as one that is having a major impact on their mental wellbeing.
 - Respondents highlighted the adverse impact of practice closures on patient perceptions of dentistry, concerns about the future of dentistry and practical issues such as the need for spaced appointment times to deliver heightened infection control procedures.
 - Healthcare providers were concerned about providing appropriate levels of care during this unprecedented time. However, the survey found that whilst this was a key

worry, most respondents had adapted the new ways of delivering care, in particular, infection control procedures.

- The majority strongly agreed that their establishment was compliant with procedures.

Healthwatch England - COVID-19: What people are telling us

- 1.5. In September 2020, Healthwatch England published a report entitled '[COVID-19 What people are telling us](#).' The report covers the period April to June 2020 and is based on 19,717 members of the public who contact Healthwatch to discuss their care.
- 1.6. The report contains findings about access to emergency dental care:
 - While routine appointments were on hold, people did not know how to access emergency dental care – causing them extra stress while experiencing acute dental pain or other serious symptoms.
 - In June 2020, as dental practices started to reopen for routine appointments, Healthwatch heard that the information being provided from some services was inconsistent or confusing, leaving people unsure about whether they were running again, and what treatment would be available.
 - There were some cases of dentists applying additional charges to patients to cover the cost of PPE, making dental care even less accessible. It was not clear from the evidence whether people ended up paying for private treatment or were paying more than the NHS treatment band costs.
 - Since the beginning of July 2020 people have started say that they feel they have no option but to go private if they want to receive treatment for what their dentist has deemed non-emergency treatment.

Updated statement on joint statement for education and training during COVID-19

- 1.7. On 1 September, [an updated version of the joint statement](#) on arrangements for dental education and training, while measures are in place to control COVID-19' was published.

2. Research and policy developments

NHS Dental Statistics for England - 2019-20 Annual Report

- 2.1. In August 2020, [NHS Digital published its annual report on NHS dental activity](#), collating information for the period up to 31 March 2020. It includes data about clinical treatment and the dental workforce. Further, it contains information on the number of patients seen by an NHS dentist up to 30 June 2020.
- 2.2. The following caveat applies to the statistics: to limit COVID-19 transmissions, dental practices were instructed to close and cease all routine dental care from 25 March 2020. Therefore, the data reported will be lower than expected during the time period covered by the restrictions.
- 2.3. Key findings from the report:
 - 38.4m courses of treatment were delivered in 2019/20, representing a decrease of 3.36% compared to the previous year.

- 24,684 dentists performed NHS activity during 2019/20, representing an increase of 139 on the previous year.
- 6.3m children were seen by an NHS dentist in the 12 months up to 30 June 2020.
- 44.5% of adult clinical treatments were for Scale and Polish in 2019/20.
- 55% of clinical treatments for children were for Fluoride Varnish Treatment in 2019/20.

Supplementary report on NHS Dental Statistics in England 2019/20

- 2.4. In August 2020, a [supplementary report on NHS dental statistics](#) was published, providing data on the number of NHS patients seen during the period 25 March to 8 June, when dental practices were instructed to close and limit treatment to urgent cases only, to reduce the risk of transmission of COVID-19. The statistics compare patients seen by an NHS dentist during the months affected by COVID-19 closures, to those patients seen in February 2020, and presents the difference between the two periods.
- To 30 June 2020, it is estimated that approximately 876,000 (4%) fewer adult patients were seen in the previous 24 months to receive NHS dental treatment compared to 24 months previous to February 2020.
 - To 30 June 2020, it is estimated that approximately 758,000 (10.7%) fewer child patients were seen in the previous 12 months to receive NHS dental treatment compared to 12 months to February 2020.
- 2.5. NHS Digital caveats that there may be a small over-estimate in these figures due to longer term trends and fluctuations within the data, though the scale of these changes are smaller than the changes presented above.

Dentists' Working Patterns, Motivation and Morale - 2018/19 and 2019/20

- 2.6. NHS Digital has published a report on [Dentists' Working Patterns, Motivation and Morale - 2018/19 and 2019/20 in the UK](#). The report provides data for the period 1 April 2018 to 31 March 2020 from the Dental Workforce Patterns Survey, which is sent to all primary care UK dentists who conducted some NHS or Health Service work in 2018/19 and/or 2019/20. The survey includes questions about working patterns, motivation, and morale for each of the two financial years covered by the survey.
- 2.7. Key findings from the survey:
- Dentists who spend more of their time on NHS or Health Service work (as opposed to private work) tend to work longer weekly hours and take less annual leave.
 - The more time dentists spend on NHS or Health Service work, the lower their levels of motivation.
 - The gradual drop in motivation recorded since 2012/13 has been arrested by principal dentists in Northern Ireland and Scotland who have both recorded small increases since the last survey. Associate dentists in Scotland have also recorded an increase in motivation over the last two years, whilst those in Northern Ireland have seen a drop since the last survey.
 - The most common contributory factors to low morale are increasing expenses and/or declining income, the risk of litigation and the cost of indemnity fees. Whilst regulations are also cited as a major cause of low morale amongst principal dentists,

they now have a less detrimental effect on the morale of principals compared to the last survey.

- Nearly two-thirds of principal dentists and over half of all associate dentists across the UK often think of leaving dentistry.

SDCEP published review of AGP in dentistry

- 2.8. The Scottish Dental Clinical Excellence Programme (SDCEP) has published its much-anticipated [rapid review on how to mitigate Aerosol Generating Procedures](#) (AGP) in dentistry. The report will help inform the development of guidance being promoted by Chief Dental Officer for England and expected to be adapted for implementation across the UK.

PSA Response to Cumberlege Review

- 2.9. The [Professional Standards Authority \(PSA\) has published a response](#) to the Cumberlege report, 'First Do No Harm - the Independent Medicines and Medical Devices Safety Review'. The response acknowledges the huge damage caused to patients by the medicines and medical devices examined within this review, as well as the finding by this and other reviews that patients' voices have not been heard. We agree fully that the system must change to prevent this happening again.
- 2.10. Key recommendations that the review identified gaps in the regulatory system and the risk of patient safety concerns falling between different bodies, which echo findings from the Paterson Report published earlier in 2020. The PSA response has been sent to Nadine Dorries, Minister for Mental Health, Suicide Prevention and Patient Safety, and emphasises the need for Government to ensure that the promised reforms to professional regulation take into account the findings of this and other inquiries in seeking to promote a more coherent regulatory landscape.

PSA research published on public and patient perspectives on future fitness to practise processes

- 2.11. The [research conducted by the PSA found](#) that broadly participants were supportive of moves to reduce the number of public hearings and use a more consensual model. Some concerns were expressed, including about the risks that reducing the number of hearings would mean less external scrutiny of decisions, with a general view that independent oversight should be retained and the whole regulatory system leading to final decisions on fitness to practise would need to be robust. Participants also wanted reassurance that in the absence of cross-examination in public at a hearing that a complainant would still have a voice and the evidence would be properly scrutinised and challenged.
- 2.12. It was felt that changes would have little impact on public confidence in regulation, as there are low levels of public awareness of regulation and fitness to practise cases and relatively high levels of confidence in health and social care professions. However, it was acknowledged that this could change in the event of a high profile case arising in which professional who had caused significant harm appeared to have been dealt with inappropriately through a consensual process.

3. Developments in health and care professional regulation

GMC issues shared decision-making guidance

- 3.1. The General Medical Council (GMC) has published new guidance at the end of September to support doctors and patients to make effective shared decision-making. The guidance, [Decision Making and Consent](#) is provided to help doctors have meaningful conversations with patients about their treatment and care options, and is designed to be easy to follow and takes account of the pressures doctors are under at work.

GMC guidance on COVID-19 context in fitness to practise

- 3.2. The GMC has issued new guidance '[COVID-19: assessing the risk to public protection posed by a doctor as a result of concerns about their practice during the pandemic](#)' for its staff detailing how to take the context created by COVID-19 into account when considering fitness to practice concerns about doctors.

GMC regulating physician associates and anaesthesia associates

- 3.3. The GMC has [published an update on its work to develop regulation for two new cadre of healthcare professions](#), as requested in July 2019 by the Department of Health and Social Care (DHSC) and the four UK governments. The guide document provides updates on the work already completed, and outlines what will be done up to the arrival of new legislation, currently anticipated for the end of 2021.

GMC Annual Report 2019

- 3.4. The [GMC 2019 annual report](#) was published in August. On release, the Chief Executive and Registrar, Charlie Massey, noted that the focus of 2019 was to better understand doctors' and patients' experiences of healthcare, which has helped them to respond to the challenges presented by COVID-19.

NMC new animated resources for nurses

- 3.5. The Nursing and Midwifery Council (NMC) has launched, [Caring with Confidence: The Code in Action](#), a range of short animated films, which focus on key themes about nursing and midwifery professionals' roles, and how the Code can support them to uphold high standards, especially in difficult situations.
- 3.6. They include guidance on professional judgement, delegation, being inclusive, among a range of other guidance.

NMC publishes analysis of its COVID-19 temporary register

- 3.7. The [NMC has published an analysis of its COVID-19 temporary register](#), using data and survey responses of those on THE temporary register as of 2 July 2020. A key finding was that nearly 50% of the returning professionals on the register indicated they would consider re-joining the permanent register.
- 3.8. The temporary register was launched in March 2020 to enable former or overseas trained nursing and midwifery professionals to help with the response to COVID-19. Over 14,243 people were on the temporary register at the time of analysis, of whom:

- 66% had left the permanent register in the last three years
- 16% had left in the last three to five years, and
- 18% were overseas trained professionals.

- 3.9. The immediate priority for the register was to expand the nursing and midwifery workforce so that as many people as possible would be available to deal with the anticipated short term pressures on the NHS and social care, which were ultimately less than expected.
- 3.10. The NMC is considering how the momentum from the temporary register can be used to support the growth of the nursing and midwifery workforce, as winter approaches.

NMC accepting test venue and home-based Occupational English Test (OET) results

- 3.11. The NMC has announced that it will now accept results from the [OET completed on computers at test venues and OET@Home](#), the new computer-based English language test which can be taken from home. Overseas qualified nurses, midwives and nursing associates who want to join the UK register must meet NMC English language standards through either the International English Language Testing System (IELTS), the Occupational English Test (OET), or a pre-registration nurse, midwife or nursing associate qualification, which was taught and examined in English.

NMC sets out plans for resuming Fitness to Practise (FTP) hearings

- 3.12. The [NMC is moving forward with a gradual resumption of other fitness to practise work](#), including some physical hearings. Safety measures have been introduced to ensure the wellbeing of those attending physical hearings in both London and Edinburgh is protected at all times, including staggered start times for hearings, one-way systems throughout the building, screen partitions in hearing rooms, and enhanced cleaning arrangements.
- 3.13. In some cases, hearings may be held through a mix or both physical and virtual attendance. The view of the hearing participants and the complexity of the case will be considered when deciding whether to hold it virtually or in person, similar whether a particular format might prevent a hearing from running smoothly. Hearings will also accommodate members of the public who wish to observe, with a limited number of spots available for physical hearings to maintain social distancing, and for virtual hearings because of technical constraints.

HCPC launches consultation on draft corporate strategy

- 3.14. The [Health and Care Professions Council \(HSPC\) has issued its draft strategy for consultation](#). It seeks to ensure HCPC upholds the highest standards in the professions it regulates, protecting the public and inspiring their confidence. It aims to make the organisation more collaborative and empathetic in its approach, and develop their insight and intelligence functions to ensure the very best outcomes.

GPhC registration assessments

- 3.15. The General Pharmaceutical Council (GPhC) has identified a preferred supplier for their online [registration assessment and are currently in contractual discussions](#) with them. Registration assessments are planned in the first quarter of 2021, avoiding the first two weeks of January.

GPhC issues consultation on English Language guidance

- 3.16. The [GPhC is proposing that applicants to the registers of pharmacists](#) and pharmacy technicians could use a recent pass of the Pharmacy Occupational English Language Test (OET) as evidence of English language competence, and is seeking views.
- 3.17. This change will permit applicant who can only provide evidence of their English language skills by taking a test, an additional option to the International English Language testing System (IELTS) test. The Pharmacy OET would be accepted as an alternative to a recent pass of the IELTS for eligibility to start the Overseas Pharmacists' Assessment Programme, and for registration.
- 3.18. The OET is the only English language test specifically for healthcare professionals and assesses language skills using real healthcare communication scenarios that candidates are likely to meet in the workplace. Individuals taking the Pharmacy OET would be required to score at least a B in each of the four areas of reading, writing, listening and speaking in English at one sitting of the test, to meet the level of English language ability required.

New guidance on managing concerns about students and trainees

- 3.19. GPhC has updated its [guidance on managing fitness to practise concerns in pharmacy education and training](#). The guidance focuses on the fitness to practise of students and trainees on courses forming part of the education and training of people wanting to register as pharmacy professionals in the UK.
- 3.20. Previously the guidance only applied to schools of pharmacy, but now applies to all providers of education and training that lead to pharmacy professional registration, including courses for pharmacy technicians. The revised guidance places greater emphasis on the support education and training providers should offer to supporting students and trainees with disabilities or other physical or mental health conditions. The revised guidance also describes how concerns about behaviour, conduct or health should be shared when more than one organisation is involved in education and training.

GOC approves temporary changes to Optometry Handbook and Supervision policy

- 3.21. The General Optical Council (GOC) ran a short consultation 23 July to 6 August 2020 on [temporary changes to our Optometry Handbook and Supervision policy in light of the COVID-19 pandemic](#). The Handbook contains the GOC's requirements that education providers must meet as well as the required core competencies and the practical experience ('patient episodes') that students must obtain in order to be eligible to join the GOC register. The Supervision policy outlines requirements for the supervision of students undertaking practice-based learning.
- 3.22. Following the consultation some temporary changes have been made to protect patients, students and the public and enable clinical experience to be delivered in a safe and practical way in light of the limitations that the pandemic has put on clinical practice.

GOsC consultation on amendments to application for registration and fees rules

- 3.23. The [General Osteopathic Council \(GOsC\) is asking for views](#) on whether rules should be amended to close an anomaly which means that an osteopath, who is out of clinical contact with patients for three months or more, might claim a reduced fee for the whole of their registration year, despite returning to practise for up to nine months in that same period. The Council's view is that this is unfair to those who are in practice all year and pay a higher fee as a result. Under the proposed changes, osteopaths who are out of clinical contact with patients for more than three months will benefit from a reduced fee for the period they are not practising.

GOsC consultation on draft guidance on insurance requirements

- 3.24. The [GOsC is inviting comments on draft guidance](#) which has been created to provide information about the insurance requirements for osteopaths and those intending to register as osteopaths with the GOsC. Osteopaths need to have adequate professional indemnity insurance (PII) and public liability insurance in place while registered with the GOsC, and the guidance sets out the difference between these types of insurance and the key points to consider.

GCC Registrants survey 2020

- 3.25. Enventure Research [has been contracted to carry out a survey of all General Chiropractic Council \(GCC\) registrants](#), to provide evidence-based insights into chiropractors' work, training, professional practice and future plans. The findings will be used to inform the GCC's regulatory work including future engagement and communication with registrants, and to help the regulator understand any capacity issues in respect of patient need, NHS contracts, education, research and patient safety.

PSA guidance for regulators on fitness to practise hearings

- 3.26. The [PSA has issued guidance](#) on holding virtual hearings following concerns raised with it since the lockdown, covering considerations for professional regulators.

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4. Summary of media issues and coverage achieved

Principles of Professionalism research published

- 4.1. The GDC's research into professionalism was published in August and gained widespread dental trade media coverage including [Dental Nursing](#), [The Probe](#), [MDDUS](#),

First thematic review published

- 4.2. The publication of the GDC's first education quality assurance thematic review, focusing on preparedness for practice, was reported on by [Dental Review](#), [The Dentist](#),

Associations' campaign on Section 36C registrations

- 4.3. An (open) letter campaign by British Association of Dental Therapists and the British Society of Dental Hygiene and Therapy (BSDHT), which saw the associations write to

the GDC Chair, saw widespread coverage in dental trade titles, including in [Dental Review](#) and [The Probe](#).

BSDHT campaign for nurse support

- 4.4. The BSDHT launched a campaign to highlight the importance dental nurse support for all clinicians, including their view that the GDC's Standards for the Dental Team require requires this. Campaign covered in [Dental Nursing](#).

Call to return ARF to dental technicians

- 4.5. The National Association of Specialist Dental Accountants and Lawyers (NASDAL) contributed to a short life working group headed up by Deputy CDO England, Jason Wong. The group made nine recommendations to the CDO and the government, one of which was that the GDC return the ARF to dental technicians. Reported by [Dental Review](#), [The Probe](#).

Petition for next GDC chair to be a registrant

- 4.6. [A petition](#) which calls for the next GDC chair to be a registrant was reported on by [Dentistry](#).

Fitness to practise

- 4.7. The following fitness to practise cases have featured in the media:
- The erasure of dentist John Wittchen due to 'inappropriate, unprofessional, and sexually motivated conduct' towards two colleagues received widespread coverage including in the [The Times](#) and [The Scotsman](#).
 - Additional conditions placed on dentist Ana-Maria Teodorescu at an interim orders committee in July was covered by [Eastern Daily Press](#).
 - The erasure of dentist Brian Cleary for multiple breaches of professional standards was widely reported, including by [Glasgow Times](#).
 - The [erasure of dentists John Mew in 2017](#) was referenced in this [New York Times](#) exploration of the world of orthotropics.
 - The erasure, restoration and subsequent re-erasure of dentist Arfan Zia Dad was referenced in this piece by [The National](#).

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5. Public affairs updates and developments

Political appointments

- 5.1. [Sir Ed Davey MP](#) has been elected as the new Leader of the Liberal Democrats.
- 5.2. [Douglas Ross MP](#) has been elected as the new Leader of the Scottish Conservatives.

Health and Social Care Committee – House of Commons

- 5.3. The Health and Social Care Committee, House of Commons [announced an inquiry into 'Workforce burnout and resilience in the NHS and social care'](#). The Committee has been taking evidence and has published submissions, including the that from the GDC.

- 5.4. The Health and Social Care Committee, House of Commons, has issued its report on the inquiry into '[Delivering core NHS and care services during the pandemic and beyond](#).' The Committee notes its concern regarding the backlog of dental patients and recommends an assessment of the impact of COVID-19 and the scale of the backlog and recommends continued efforts to support the restoration of dental services.

England

- 5.5. The DHSC [has announced that the Government is creating a new National Institute for Health Protection](#) whose primary focus will be public health protection and infectious disease capability. The new organisation will bring together Public Health England (PHE) and NHS Test and Trace, as well as the analytical capability of the Joint Biosecurity Centre (JBC) under a single leadership team.

Scotland

- 5.6. The [Scottish Parliament will shortly introduce a bill](#) that will permit St. Andrew's University to award dentistry (and medical) degrees. This will remove what the Health Secretary has described as an 'archaic' legislative anomaly. The GDC was consulted on the provisions contained in the bill.
- 5.7. Donald Cameron MSP (Conservative) has been appointed Shadow Secretary for Health and Sport. The Head of Scottish affairs met with Mr Cameron in September to brief him on the role of GDC and the impact of COVID-19 on dentistry.

Northern Ireland

- 5.8. The British Dental Association's (BDA's) Northern Ireland Dental Practice Committee (NIDPC) and the Department of Health [continue to negotiate on post-October general dental services COVID-19](#) financial support, with the BDA advocating for continued support in its current form.
- 5.9. Democratic Unionist Party (DUP) MLA and Health Committee Vice-Chair, [Pam Cameron, has issued a release](#) warning of an inevitable oral health crisis in Northern Ireland if COVID-19 pressures facing local dental practices are not urgently addressed, stating that there is mounting evidence that dental services across Northern Ireland are at breaking point.

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8 October 2020

Stakeholder engagement report – October 2020

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Engagement Manager Serena Monaco, Stakeholder Engagement Officer Lisa Bainbridge, Interim Head of Nations and Engagement
Type of business	To note.
For Council only	Not applicable.
Issue	This paper provides Council with a summary of stakeholder engagement activities and new appointments during the reference period. The aim is to be transparent as well as providing additional context to inform strategic discussions and decision making.
Recommendation	To note.

Contents

This report includes the following sections:

1. [Stakeholder appointments](#)
2. [Stakeholder engagement report](#)
3. [External webinars](#)
4. [Student and new registrant engagement programme](#)
5. [CDOs and the GDC](#)
6. [Revisiting the GDC's strategic priorities roundtable meetings](#)
7. [Remote orthodontics meetings](#)

NB: the calendar has not been included, as all face to face engagements have been cancelled or postponed.

1. Stakeholder appointments

- 1.1. The College of General Dentistry has announced the launch of its 'College Ambassadors' scheme and appointed Ambassadors: The Rt. Hon. Sir Mike Penning MP, Professor Dame Parveen Kumar DBE, Dr Shelagh Farrell FFGDP(UK), Professor Jason Leitch CBE and Professor Jacky Hayden CBE.
- 1.2. [Jason Wong MBE](#) has been appointed Deputy Chief Dental Officer (CDO) for England.
- 1.3. Professional Standards Authority has announced the appointment of [Antony Townsend as its Acting Chair](#). Following the recent departure of Dame Glenys Stacey, he took up this position on 1 September 2020.
- 1.4. The [BDA has elected Russ Ladwa](#) as its new president; [his inaugural address has been published on BDJ online](#). Eddie Crouch has been elected as the new chair of the BDA's Principal Executive Committee (PEC).
- 1.5. Professor Nicola Innes has been appointed as the [new Head of the School of Dentistry at Cardiff University](#).
- 1.6. We would also like to report the sad news of the passing of Janet Goodwin RDN BA(Hons) FFGDP(UK) FBADN. Janet was the first dental nurse to be a member of the GDC and a past Chair of the Standards Review Group.

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2. Stakeholder engagement report

External engagement restrictions

- 2.1. We continue to undertake significant stakeholder engagement, even though we can't meet in person because of government guidance. In some ways however, working remotely has provided us with new opportunities to engage differently and more easily with external stakeholders using online or teleconference facilities.

UK-wide engagement

- 2.2. The Head of Registration attended the Registration Inter-regulatory Forum in July. Discussions included the significant increase in communications from professionals, with many regulators experiencing demands to reduce registration fees. The group also discussed concerns about future training for those in their penultimate year and how these graduates would be able to demonstrate they had met standards, as well as the reduced capacity for assessing international applicants with the potential implications on future workforce.
- 2.3. The Head of Education Policy and Quality Assurance attended the Dental Hygiene and Therapy Directors' Group on 16 July to discuss the impact of COVID-19 on hygiene and therapy programmes and the Dental Schools' Council meeting on 20 July to discuss the impact of COVID-19 on BDS programmes.
- 2.4. The Executive Director, Fitness to Practise, Head of Right Touch Regulation, and Interim Head of Communications and Engagement, met with representatives from Bupa on 5

August. Discussions included difficulties around understanding the different Standard Operating Procedures (SOPs) across the four nations and managing fallow time.

- 2.5. The Executive Director, Strategy, attended a meeting with the Association of Dental Groups (ADG) on 5 August. Discussions included an upcoming 'Access to Dentistry' campaign which shifted focus to prevention, due to limitations on access to dental services, and on the need to ensure an adequate supply of dentists. The Chair and the Executive Director, Strategy subsequently took part in a meeting of the ADG board on 7 October, where the discussion particularly focused on international registration.
- 2.6. The GDC Chair attended an introductory meeting with Matthew Redford on 11 August following his appointment as the permanent Chief Executive and Registrar of the General Osteopathic Council.
- 2.7. The Executive Director, Strategy, and other GDC staff members held and led on the Cross-Nation Education Stakeholder meeting on 18 August. Discussions included the role of the working group, established by the Dental Schools Council and the Association of Dental Hospitals, with the aim of returning students, in significant numbers, to dental hospitals to conduct Aerosol Generating Procedures (AGP) treatments in open-plan clinics.
- 2.8. The Executive Director, Strategy along with other dental professional bodies took part in a stakeholder engagement meeting led by DHSC on 18 September on the involvement of dental professionals in potential COVID-19 vaccination programmes. There was strong support for involvement in principle, but DHSC was urged to take account of some of the practical issues specific to dentistry and to pay particular attention to indemnity issues.
- 2.9. The Interim Head of Nations and Engagement and the Head of Fitness to Practise Change, attended the Regulatory Literacy Workshop on 24 September. Discussions included the concept of regulatory literacy i.e. the knowledge that patients and the public have in relation to the role of healthcare professional regulators, how this might differ for those going through a fitness to practise hearing, and how regulators can work together to improve awareness of the role of professional regulators.

England

- 2.10. The Head of Right Touch Regulation had a catch-up meeting with Martin Skipper and Will Newport from the London Confederation of LDCs on 24 July.
- 2.11. The Head of Education Policy and Quality Assurance attended the first of the Dental Restart meetings on 6 August. Discussions included the potential scenarios that the undergraduate dental education sector is facing, which include extending the academic year up to the end of August and allowing students to graduate with a Personal Development Plan, or extending training beyond the start of dental foundation training. The need to ensure that those entering the Register were safe to practise was agreed, as was the need to tackle the issues together.
- 2.12. The Head of Right Touch Regulation attended the CQC Dental Reference Group meeting on 21 September.

- 2.13. The Chair and the Executive Director, Strategy met Malcolm Smith in his capacity as chair of HEE's Advancing Dental Care Programme on 22 September and the Executive Director, Strategy then took part in a meeting of the Advancing Dental Care Assurance Board on 28 September. Discussions covered the transition of graduates into practice, postgraduate training and support and wider workforce issues.
- 2.14. The Executive Director, Strategy, met with Lord Prior and Ed Jones, Consultant to NHS England and NHS Improvement, on 5 October. Discussions were focused on the need for regulatory reform, particularly in relation to the registration of overseas-qualified dentists and the need for dental professionals to be included in the support offered to NHS general practitioners.

Scotland

- 2.15. The Head of Scottish Affairs had monthly catch up meetings with the CDO for Scotland, on 15 July, 20 August and 14 September. Discussions included proposals awaiting Ministerial approval for dental professionals to help administer the flu vaccine this winter, figures from Scotland's dental schools about their capacity and the potential impact on BDS-intake resulting from the teacher-assessed Higher/'A' Level results.
- 2.16. The Head of Scottish Affairs attended meetings of the Board for Academic Dentistry in Scotland on 23 July, 20 August and 17 September. Discussions included concerns about provisional registration, which were seen as an unwelcome compromise, and draft letters that were shortly to be issued to students, and potential applicants, on the Scottish Funding Council's plans to revise the illustrative funding paper to better incorporate costs, not only the funding implications of non-graduation.
- 2.17. The Head of Scottish Affairs met with the Scotland Director of the BDA on 18 August. Discussions included the resumption of services from 17 August and PPE. Discussions also covered the prospect of dental professionals being asked to administer the flu vaccination to relieve wider NHS pressures.
- 2.18. The Head of Scottish Affairs attended the Four Regulators' Meeting in Scotland on 30 July, 27 August and 24 September. Discussions included COVID-19 related research, the issues facing education and whistleblowing concerns.
- 2.19. The Head of Scottish Affairs met with the Head of Scottish Government Regulatory Unit on 21 August. Discussions included issues regarding BDS student graduation and the need for AGP guidance for dentistry.
- 2.20. The Head of Public Policy attended an online seminar on the professional duty of candour and whistleblowing in Scotland, in the context of the COVID-19 pandemic, on 4 September. Discussions included how there has been an alleged increase in stories of whistleblowing and/or candour issues related to COVID-19, and how this has affected the experience of patients and professionals.
- 2.21. The Head of Scottish Affairs had an introductory meeting with Donald Cameron MSP, Scottish Conservative Party's Shadow Health and Sport Secretary on 14 September. Discussions included how COVID-19 had raised a number of big questions about the future configuration of the NHS, including how the NHS addresses the backlog of operations and other treatments that have been delayed since March.

- 2.22. The Head of Scottish Affairs and the Interim Head of Upstream Regulation met with the Scottish Government's Health Workforce Directorate for an early stage planning meeting regarding a prospective Mental Health Network on 22 September. Discussions included the Scottish Government's commitment to improving mental health support, and the plans for the network.
- 2.23. The Head of Scottish Affairs attended a meeting with the Scottish Public Services Ombudsman (SPSO) on 23 September. Discussions included draft standards that are available on the SPSO website and the move from Memorandums of Understanding (MOUs) to Information Sharing Agreements.
- 2.24. The Head of Scottish Affairs attended the Scottish Regulatory Forum on 23 September. Discussions included arrangements around staff working from home, how limited numbers of urgent hearings have been conducted remotely and that a small number of face-to-face hearings had recently been resumed.
- 2.25. The Head of Scottish Affairs met with the Director of Dentistry at NHS National Services Scotland on 30 September. Discussions included reports of NHS patients not being able to access NHS services, which had been raised in the media and through letters to MSPs where patients described being offered only private provision.

Wales

- 2.26. The Head of Welsh Affairs met with the Consultant in Dental Public Health at Public Health Wales on 20 July. Discussions included the Welsh Government's work on a nine-month plan to full restoration for dentistry, which will be reviewed in three-month intervals and contingency planning in place for any localised lockdowns.
- 2.27. The Head of Welsh Affairs attended meetings with other healthcare regulators on the proposed new Welsh Language Standards on 6, 13, 20 and 27 August. The purpose of these meetings was to consider any concerns around specific standards and to agree the timescales for drafting a joint response to the Welsh Language Commissioner on this consultation.
- 2.28. The Head of Communication and Engagement and the Head of Welsh Affairs met either the CDO for Wales on 18 August.
- 2.29. The Head of Welsh Affairs had a catch up meeting with the BDA Director Wales on 24 August.

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3. External webinars

- 3.1. Our Senior Clinical Dental Adviser provided a presentation entitled Careers in Dentistry at the Virtual Health Careers Conference on 25 July.
- 3.2. The Acting Executive Director, FTP Transition, and Head of Scottish Affairs presented at a meeting of the BDA West of Scotland branch on the 30 September. The presentation included details of our response to the pandemic, promoting professionalism, Scope of Practice research findings, and the legislative context and Fitness to Practise Process.

- 3.3. The GDC hosted a live event on the findings of the Scope of Practice guidance research and its review. Presentations were provided by external researchers from IFF Research and GDC policy and research managers. The event was held on 24 September and was attended by 388 individual participants and the [recording is available on our website](#).

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4. Student and new registrant engagement programme

- 4.1. Our student and new registrant engagement programme commenced in September. We have so far seen 340 BDS students and 458 foundation/vocational dentists from the following education providers.

- HEE Midlands and East
- HEE Thames Valley and Wessex
- HEE Yorkshire
- Kings College London
- North of Scotland
- Northern Ireland Medical and Dental Training Agency
- Southeast Scotland
- University of Glasgow
- University of Plymouth.

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5. CDOs and the GDC

- 5.1. The Chief Executive and Registrar, Executive Director, Strategy and Acting Executive Director, Fitness to Practise Transition, along with other GDC staff members, met with the four UK CDOs on 1 October. Agenda items included clinical practice and dental undergraduate students, recovery in dentistry and equality, diversity and inclusion.
- 5.2. The GDC provided an update on the significant concerns regarding students graduating on time and issues around job availability on graduation. It was reported that meetings had been set up with education providers in November. These were to consider the plans of education providers and whether there would be a need for visits. The CDOs felt that, in conjunction with the education providers, we had created a robust plan.
- 5.3. Attendees reflected on the issues concerning the recovery in dentistry, including short term issues around remobilisation and longer term issues like the backlog that will need to be managed for some time. An issue of transparency was reported, this related to patients concerns about dentists not providing treatment on the NHS, while offering it privately; this was resulting in complaints and letters to MPs. It was agreed that clear communication with patients around what was available, including timeframes, was essential due to the reduced capacity in the NHS.
- 5.4. It was agreed that work around equality, diversity and inclusion needed to be prioritised considering the impact COVID-19 has had on BAME groups. The GDC noted the guest

blogs published over recent weeks and the discussions held with young dentists, which had highlighted the need for BAME role models and leaders in dentistry.

- 5.5. The CDOs flagged the need for a clearer picture of diversity in dental care professionals (DCPs) and the Diversity in Dentistry Action Group that HEE had set up. The aim of the Action Group was to agree some key principles, similar to those created for pharmacists. The Executive Director, Strategy, would attend the first meeting of the group on 25 November.
- 5.6. CDOs acknowledged the great work that organisations had been doing, but highlighted the need to work together and create a profession-wide approach to tackle issues of equality diversity and inclusion.

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6. Revisiting the GDCs strategic priorities roundtable meetings

- 6.1. Through September 2020 we held a series of five roundtable discussions with key stakeholder representatives on the future landscape of dentistry in light of the impacts of the COVID-19 pandemic and how we need to revisit how strategic priorities as a result.
- 6.2. In the sessions we considered:
 - how patient experience and wellbeing has been affected by the COVID-19 pandemic
 - the changes adopted during this period to dental practice
 - the pressures that have been placed on dental professionals, and
 - how GDC should respond as a result.
- 6.3. There were a range of themes which were highlighted during the sessions. With reference to human factors, and the impact that stress is having on the mental health and wellbeing of dental professionals, it was felt that more needed to be done to stop people wanting to leave the profession or this would have a knock on effect on the capacity to deliver services. The need to take more consideration of the overall context of uncertainty and confusion was raised, including the need for clear messages to be communicated to the professions to ensure they felt supported.
- 6.4. It was reported that the unmet need for oral health had been exacerbated during the pandemic, and that significant numbers of people were now experiencing problems with their oral health.
- 6.5. With regards to education, there was no desire to lower the expected standards. It was vital that these graduates were recognised, but not stigmatised, by the unevenness of their experience. The key element was to make sure that these new graduates were safe beginners, and it was felt that the number of procedures completed was not necessarily key to knowing if someone was safe to practise. The focus needed to be on more agility, the ability to apply principles, and to learn lifelong adapting skills.
- 6.6. The financial impacts on the dental sector and on specific groups was highlighted as a real issue and it was felt that the GDC could help by reducing fees or introducing

payments by instalments. This would show that the GDC was listening at this exceptionally difficult time.

- 6.7. It was noted that there was some confusion around restrictions concerning fallow time and what the dental team are actually allowed to do. It was reported that dental professionals were scared of doing something wrong and ending up at a hearing. It was suggested that clarity was needed.

7. Remote orthodontics stakeholder meetings

- 7.1 To build our evidence base regarding remote, or direct-to-consumer, orthodontics, the GDC has been hosting a number of bi-lateral meetings with relevant stakeholders over recent weeks. The insight gained from these meetings is contributing to our assessment of the potential patient impact of remote orthodontics and 'teledentistry', and the subsequent development of a policy position.

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FtP Annual Customer Service Feedback Report

Executive Director	John Cullinane, Interim Executive Director, Fitness to Practise Transition
Author(s)	Shugafta Akram, Head of Change (FtP) David Teeman, Head of Regulatory Intelligence (Strategy)
Type of business	To note
Issue	To provide an update on the changes to the FtP Customer Service Feedback report and to detail expectations of when to anticipate a report using the relaunched survey.
Recommendation	The Council is asked to note the update

1. Background

- 1.1 In March 2020, a noting paper went to Council highlighting how the quality of data about customer service in FtP will be improved to provide a basis for management decision making, based on findings. Most of the actions identified in that paper have now been completed.
- 1.2 While these changes were being implemented, the Executive Director, FtP Transition, and the Head of Regulatory Intelligence agreed not to produce an annual report using the previous survey data, given the issues surrounding the quality of the data.
- 1.3 The next sections of this paper will identify the progress that has been made since March, and what the expected timescales are with regards to providing a meaningful report to SLT, FPC and Council.

2. Progress

- 2.1 In Q2 2020, two entirely revised 'satisfaction' surveys were launched, one for registrants and another for informants. The Research and Intelligence team and the FtP Change and Improvement team jointly developed the new surveys, which are attached as appendices. The surveys are included as a link within FtP closure letters, which are sent out to informants and registrants, and focus on timeliness, accessibility, customer service and experiences of support from the GDC during their FtP process. The main changes are in the framing of questions, response options and widening the scope of the questions to include EDI questions. The revised surveys have been tailored and focused to ensure that we can get specific information about each stage of the FtP process, whereas the previous surveys captured Only information about the overall experience. We are also trying to capture more

information on the support we provide and how we can improve this throughout the FtP process.

- 2.2 We have not changed the process for administering the survey. As before, we will continue to review and monitor each feedback form we receive. Should the respondent want us to contact them to discuss any feedback or concerns they have, we will do so.
- 2.3 We have also worked with the IT team to create an additional feature through which we can send out an automated email containing the link to the surveys (the Registrations team have a similar automated email which links to their customer feedback survey). The email will be sent seven days after the closure letter containing the initial survey link. We expect the full roll out of this feature to be in place in early January 2021.

3. Next steps

- 3.1 Analysis of new survey: we have received 11 responses since the new survey was launched. Due to the low volume of responses received so far, we are unable to carry out any detailed and meaningful analysis. The Research team will support FtP to set up analysis and reporting of the new survey and initial analysis will start when there are sufficient responses.
- 3.2 The revised annual customer service report is expected to be ready for sharing with SLT, Council and FPC next year, once there are sufficient responses to make the data meaningful.
- 3.3 Joining the dots: it should also be noted that Research and intelligence are working with colleagues across GDC to ensure that the programme of commissioned and action research aligns with a broad spectrum of analysis, reporting and service improvement work. The analysis of the surveys will form part of that wider work.
- 3.4 For example, we have selected a contractor to conduct the FtP data review. The project is underway, and a steering group meeting was held in week beginning 5 October. We expect this work to make a significant contribution to improving insight into the FtP process. We have also issued an intention to tender (ITT) in June 2020 for the FtP monitoring and evaluation contract and a contractor has been selected. This work will sit alongside our FtP data review and our satisfaction surveys, enabling us to understand peoples' experiences and journey through FtP and the difference made by our improvement agenda.
- 3.5 The Research and Intelligence teams are also working with FtP to support and develop their capacity to analyse and use evidence coming from various qualitative sources of feedback.

Appendix 1- FtP Feedback Survey- Registrants

Appendix 2- FtP Feedback Survey - Informants

John Cullinane
Interim Executive Director, Fitness of Practise Transition
JCullinane@gdc-uk.org
8 October 2020

GDC FtP feedback survey (Registrants)

Page 1: Welcome to the GDC Fitness to Practise feedback survey

Your feedback is important to the GDC and we would appreciate it if you would take 10-15 minutes to answer the following questions. Your views will help us to improve our Fitness to Practise Process and support. Participation in the survey is voluntary.

The survey begins with some questions that ask about your experience with different aspects of the GDC Fitness to Practise Process. You will also have the opportunity to tell us in your own words what we are doing well and where there is room for improvement.

The survey is anonymous and you can complete it without giving any personal information. You'll be asked whether you want someone from the GDC Fitness to Practise team to contact you about your feedback and if you do, to provide an email address or telephone number. For details of how we will store and use this information, and of how the results collected through this survey will be handled and stored please see our [Privacy Notice](#).

Information collected by the GDC is subject to [Freedom of Information](#) requests, so please do not include anything you would not want disclosed.

If you have any questions or comments about this survey, or would like to find out more information, please contact FTPImprovement@gdc-uk.org

Page 2: Your experience of the Fitness to Practise Process

Thinking about your experience of the GDC Fitness to Practise Process, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
I was satisfied with how often I received updates from the GDC about my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The case updates gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC responded to my queries quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the information I needed in response to my queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was given the information I needed about the case outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the overall length of time of the investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 3: Communication with the GDC during your case

Thinking about your communication with the GDC during your case, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
The GDC communicated with me clearly in letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly in email correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly during telephone conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly in face-to-face meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information on the GDC website was communicated clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 4: Contact with the GDC during your case

Thinking about the your contact with the GDC during your case, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
I was treated with respect by the GDC in letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC in email correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC during telephone conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC in face-to-face meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 5: Support from the GDC during your case

We would like to ask about the support that you received from the GDC at the different stages of your case. Please tell us at which stage your case closed: * *Required*

- ☐ Initial assessment
- ☐ Assessment
- ☐ Investigating committee
- ☐ Case examiners
- ☐ Prosecutions
- ☐ Hearings
- ☐ Case review
- ☐ Can't remember
- ☐ Prefer not to say

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)

I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5

= disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiner stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
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I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
--	--------------------	-----------	--------------------------------	--------------	-----------------------

I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Hearings stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Hearings stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was provided with the support I needed from the GDC during Case review stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Thinking about the support you received from the GDC during your case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 6: Your representation

It would be helpful for us to know whether you were represented during your case.

Please select one of the options below * *Required*

Page 7: Tell us more about your experience of the GDC Fitness to Practise Process

Please tell us about anything you think the GDC did well in the way that it dealt with your case

Please tell us about anything you think the GDC could have done better in the way that it dealt with your case

Please tell us about any ways in which you think the GDC could improve this survey

Page 8: Contact from the GDC

Would you like someone from the GDC Fitness to Practise team to contact you about your feedback (if you select 'yes' you will be asked to provide an email address or telephone number)

Please provide your email address or telephone number in the box below. For details of how we will store and use this information please see our [Privacy Notice](#).

Page 9: About you

To help us to monitor the effectiveness of our policies and practices we ask you to complete the following monitoring questions.

The GDC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies and ways of working are fair and do not discriminate against individuals or groups.

This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GDC to look at the diversity profile of our staff, registrants and others with whom we work. Through this we can check a variety of processes to ensure equality and address issues as they arise.

Page 10: Age

Please select one of the following:

- ☐ 16-21
- ☐ 22-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-65
- ☐ Over 65
- ☐ Prefer not to say

Page 11: Disability

Do you consider yourself to have a disability? The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term effect on a person's ability to carry out normal day to day activities. This can include physical disabilities, mental health disabilities, long term health conditions and neurodiverse conditions.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Page 12: Ethnicity

Please select one of the following:

- ☐ White
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Mixed / Multiple ethnic groups
- ☐ Arab
- ☐ Prefer not to say
- ☐ Any other ethnic group (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ Bangladeshi
- ☐ Indian

- ☐ Pakistani
- ☐ Chinese
- ☐ Any other Asian background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ •Any other Mixed / Multiple ethnic background (please specify)

If you selected Other, please specify:

Page 13: Sex

Please select one of the following:

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Page 14: Gender identity

Is your gender identity the same as the one you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Please use the box below to tell us your gender identity (optional)

Page 15: Religion or belief

Please select one of the following:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ None
- ☐ Prefer not to say
- ☐ Other religion/faith (please specify)

If you selected Other, please specify:

Page 16: Sexual orientation

Please select one of the following:

- ☐ Bisexual
- ☐ Lesbian
- ☐ Gay
- ☐ Heterosexual
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

Page 17: Marital status

Please select one of the following:

- ☐ Civil partnership
- ☐ Married
- ☐ Divorced/Civil partnership dissolved
- ☐ Single
- ☐ Widowed
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

Page 18: Thank you

Thank you for your feedback. If you would like to contact the GDC about this survey please email FTPImprovement@gdc-uk.org

Key for selection options

5 - It would be helpful for us to know whether you were represented during your case. Please select one of the options below

- I was represented
- I was not represented
- Prefer not to say

9 - Would you like someone from the GDC Fitness to Practise team to contact you about your feedback (if you select 'yes' you will be asked to provide an email address or telephone number)

- Yes
 - No
-

GDC FtP feedback survey

Page 1: Welcome to the GDC Fitness to Practise feedback survey

Your feedback is important to the GDC and we would appreciate it if you would take 10-15 minutes to answer the following questions. Your views will help us to improve our Fitness to Practise Process and support. Participation in the survey is voluntary.

The survey begins with some questions that ask about your experience with different aspects of the GDC Fitness to Practise Process. You will also have the opportunity to tell us in your own words what we are doing well and where there is room for improvement.

The survey is anonymous and you can complete it without giving any personal information. You'll be asked whether you want someone from the GDC Fitness to Practise team to contact you about your feedback and if you do, to provide an email address or telephone number. For details of how we will store and use this information, and of how the results collected through this survey will be handled and stored please see our [Privacy Notice](#).

Information collected by the GDC is subject to [Freedom of Information](#) requests, so please do not include anything you would not want disclosed.

If you have any questions or comments about this survey, or would like to find out more information, please contact FTPImprovement@gdc-uk.org

Page 2: Your experience of the Fitness to Practise Process

Thinking about your experience of the GDC Fitness to Practise Process, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
I was satisfied with how often I received updates from the GDC about the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The case updates gave me the information I needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC responded to my queries quickly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was given the information I needed in response to my queries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was given the information I needed about the case outcome	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was satisfied with the overall length of time of the investigation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 3: Communication with the GDC during the case

Thinking about your communication with the GDC during the case, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
The GDC communicated with me clearly in letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly in email correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly during telephone conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The GDC communicated with me clearly in face-to-face meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The information on the GDC website was communicated clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 4: Making your complaint

We would like to ask about your experience of making your complaint. Please tell us how you first made your complaint to the GDC * *Required*

- ☐ By telephone
- ☐ By letter
- ☐ Through the GDC website
- ☐ By email
- ☐ Other
- ☐ Prefer not to say

Please tell us about any improvements that could be made to the way that you made your complaint

If you selected Other, please specify:

Page 5: Contact with the GDC during the case

Thinking about the your contact with the GDC during the case, please say to what extent you agree or disagree with the following statements (1 = agree strongly and 5 = disagree strongly): * *Required*

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)	Not applicable
I was treated with respect by the GDC in letters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC in email correspondence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC during telephone conversations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was treated with respect by the GDC in face-to-face meetings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 6: Support from the GDC during the case

We would like to ask about the support you received from the GDC at the different stages of the case. Please tell us at which stage the case closed: * *Required*

- ☐ Initial assessment
- ☐ Assessment
- ☐ Investigating committee
- ☐ Case examiners
- ☐ Prosecutions
- ☐ Hearings
- ☐ Case review
- ☐ Can't remember
- ☐ Prefer not to say

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)

I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5

= disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiner stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)

I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
--	--------------------	-----------	--------------------------------	--------------	-----------------------

I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Hearings stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As your case reached the Hearings stage, we would like to ask about the Witness support service. Please select one of the following

Please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the Witness support service during the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during Initial assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Assessment stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I was provided with the support I needed from the GDC during Investigating committee stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case examiners stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Prosecutions stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Hearings stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was provided with the support I needed from the GDC during Case review stage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

As your case reached the Case Review stage, we would like to ask about the Witness support service. Please select one of the following

Please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

Please don't select more than 1 answer(s) per row.

Please select at least 1 answer(s).

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the Witness support service during the case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thinking about the support you received from the GDC during the case, please say to what extent you agree or disagree with the following statement (1 = agree strongly and 5 = disagree strongly):

	1 (agree strongly)	2 (agree)	3 (neither agree nor disagree)	4 (disagree)	5 (disagree strongly)
I was provided with the support I needed from the GDC during my case	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Page 7: Tell us more about your experience of the GDC Fitness to Practise Process

Please tell us about anything you think the GDC did well in the way that it dealt with the case

Please tell us about anything you think the GDC could have done better in the way that it dealt with the case

Please tell us about any ways in which you think the GDC could improve this survey

Page 8: Contact from the GDC

Would you like someone from the GDC Fitness to Practise team to contact you about your feedback (if you select 'yes' you will be asked to provide an email address or telephone number)

Please provide your email address or telephone number in the box below. For details of how we will store and use this information please see our [Privacy Notice](#).

Page 9: About you

To help us to monitor the effectiveness of our policies and practices we ask you to complete the following monitoring questions.

The GDC is committed to promoting and developing equality and diversity in all our work. We want to be sure that our policies and ways of working are fair and do not discriminate against individuals or groups.

This information will be treated in the strictest confidence under the Data Protection Act 1998 and will be used to produce statistics to enable the GDC to look at the diversity profile of our staff, registrants and others with whom we work. Through this we can check a variety of processes to ensure equality and address issues as they arise.

Page 10: Age

Please select one of the following:

- ☐ 16-21
- ☐ 22-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61-65
- ☐ Over 65
- ☐ Prefer not to say

Page 11: Disability

Do you consider yourself to have a disability? The Equality Act 2010 defines disability as a physical or mental impairment which has substantial long-term effect on a person's ability to carry out normal day to day activities. This can include physical disabilities, mental health disabilities, long term health conditions and neurodiverse conditions.

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Page 12: Ethnicity

Please select one of the following:

- ☐ White
- ☐ Asian / Asian British
- ☐ Black / African / Caribbean / Black British
- ☐ Mixed / Multiple ethnic groups
- ☐ Arab
- ☐ Prefer not to say
- ☐ Any other ethnic group (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ English / Welsh / Scottish / Northern Irish / British
- ☐ Irish
- ☐ Gypsy or Irish Traveller
- ☐ Any other White background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ Bangladeshi
- ☐ Indian

- ☐ Pakistani
- ☐ Chinese
- ☐ Any other Asian background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ African
- ☐ Caribbean
- ☐ Any other Black / African / Caribbean background (please specify)

If you selected Other, please specify:

Please select one of the following:

- ☐ White and Asian
- ☐ White and Black African
- ☐ White and Black Caribbean
- ☐ •Any other Mixed / Multiple ethnic background (please specify)

If you selected Other, please specify:

Page 13: Sex

Please select one of the following:

- ☐ Female
- ☐ Male
- ☐ Prefer not to say

Page 14: Gender identity

Is your gender identity the same as the one you were assigned at birth?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Please use the box below to tell us your gender identity (optional)

Page 15: Religion or belief

Please select one of the following:

- ☐ Buddhist
- ☐ Christian
- ☐ Hindu
- ☐ Jewish
- ☐ Muslim
- ☐ Sikh
- ☐ None
- ☐ Prefer not to say
- ☐ Other religion/faith (please specify)

If you selected Other, please specify:

Page 16: Sexual orientation

Please select one of the following:

- ☐ Bisexual
- ☐ Lesbian
- ☐ Gay
- ☐ Heterosexual
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

Page 17: Marital status

Please select one of the following:

- ☐ Civil partnership
- ☐ Married
- ☐ Divorced/Civil partnership dissolved
- ☐ Single
- ☐ Widowed
- ☐ Prefer not to say
- ☐ Other

If you selected Other, please specify:

Page 18: Thank you

Thank you for your feedback. If you would like to contact the GDC about this survey please email FTPImprovement@gdc-uk.org

Key for selection options

5.f.i - As your case reached the Hearings stage, we would like to ask about the Witness support service. Please select one of the following

- I was aware of the Witness support service but did not access it
- I was not aware of the Witness support service
- I received support from the Witness support service

5.g.i - As your case reached the Case Review stage, we would like to ask about the Witness support service. Please select one of the following

- I was aware of the Witness support service but did not access it
- I was not aware of the Witness support service
- I received support from the Witness support service

9 - Would you like someone from the GDC Fitness to Practise team to contact you about your feedback (if you select 'yes' you will be asked to provide an email address or telephone number)

- Yes
 - No
-

Registration Customer Feedback Report

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Dan Gibson, Corporate Operations Manager
Type of business	For noting
Issue	This paper provides a summary of customer feedback received regarding the process for applying for registration, restoration and the Overseas Registration Examination (ORE) between 1 April 2019 and 31 March 2020.
Recommendation	Council is asked to note the Registration Customer Feedback Report (April 2019 – March 2020)

1. Executive summary

- 1.1 This paper provides a summary of customer feedback received regarding the process for applying for registration, restoration and the Overseas Registration Examination (ORE) between 1 April 2019 and 31 March 2020.
- 1.2 Between April 2019 and 31 March 2020, 12,172 surveys were sent and 1,234 (10%) responses were received.
- 1.3 Council is asked to note the Registration Customer Feedback Report.

2. Introduction and background

- 2.1 The Registration Customer Feedback Report assesses the Registration directorate's performance based on the views of an individual who recently had one of the following application types completed:
 - DCP Additional Titles
 - DCP Restoration
 - DCP UK Qualified
 - Dentist Assessment
 - Dentist EEA Qualified
 - Dentist Restoration
 - Dentist UK Qualified
 - EEA DCP Assessment
 - EEA DCP Assessment Additional Titles
 - Non-EEA DCP Assessment

- Non-EEA DCP Assessment Additional Titles
 - ORE
 - Specialist List
 - Temporary Registration
 - Temporary Registration Renewal
 - Temporary Registration Restoration
- 2.2 Following an application being completed, a survey is automatically issued via email to get feedback on the application experience.
- 2.3 On a quarterly basis, a customer feedback report is collated and discussed by the senior Registration management team. This report assesses responses to set questions. Respondents also have an opportunity to provide their own additional comments. The questions are broadly split into the following categories:
- Information provided by the GDC
 - Communication with the GDC;
 - Customer satisfaction; and
 - Method that application was submitted by.
- 2.4 A copy of the Registration Customer Feedback Report (April 2019 – March 2020) is available as appendix 1. This appendix has been amended from the operational report to remove the free text answers, which often highlight both excellent and poor performance from named staff in the Registration directorate.

3. Analysis of Results

- 3.1 Between April 2019 and March 2020, 12,172 surveys were sent and 1,234 (10%) responses were received.
- 3.2 On average, 84% of respondents either strongly agree or agree with the statements in the customer feedback survey with the following breakdowns in each area:
- 86% of respondents who applied via a UK route either strongly agreed or agreed with each statement.
 - 79% of respondents who applied via a DCP Assessment route either strongly agreed or agreed with each statement.
 - 82% of respondents who applied via a Dentist Assessment route either strongly agreed or agreed with each statement; and
 - 93% of respondents who applied to sit the ORE either strongly agreed or agreed with each statement.

4. Recommendations

- 4.1 Council is asked to note the Registration Customer Feedback Report (April 2019 – March 2020) at **Appendix 1**.

5. Appendices

1. Customer Service Feedback Report – Registration

Dan Gibson, Corporate Operations Manager

1 October 2020

Registration Customer Feedback Report

April 2019 – March 2020

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Overview

The Registration Customer Feedback Report assesses the Registration directorate's performance based on the views of an individual who recently had one of the following application types completed:

- DCP Additional Titles
- DCP Restoration
- DCP UK Qualified
- Dentist Assessment
- Dentist EEA Qualified
- Dentist Restoration
- Dentist UK Qualified
- EEA DCP Assessment
- Non-EEA DCP Assessment
- Overseas Registration Examination
- Specialist List – Dental and Maxillofacial Radiology
- Specialist List – Dental Public Health
- Specialist List – Endodontics
- Specialist List – Oral and Maxillofacial Pathology
- Specialist List – Oral Medicine
- Specialist List – Oral Microbiology
- Specialist List – Oral Surgery
- Specialist List – Orthodontics
- Specialist List – Paediatric Dentistry
- Specialist List – Periodontics
- Specialist List – Prosthodontics
- Specialist List – Restorative Dentistry
- Specialist List – Special Care Dentistry
- Temporary Registration
- Temporary Registration Renewal
- Temporary Registration Restoration

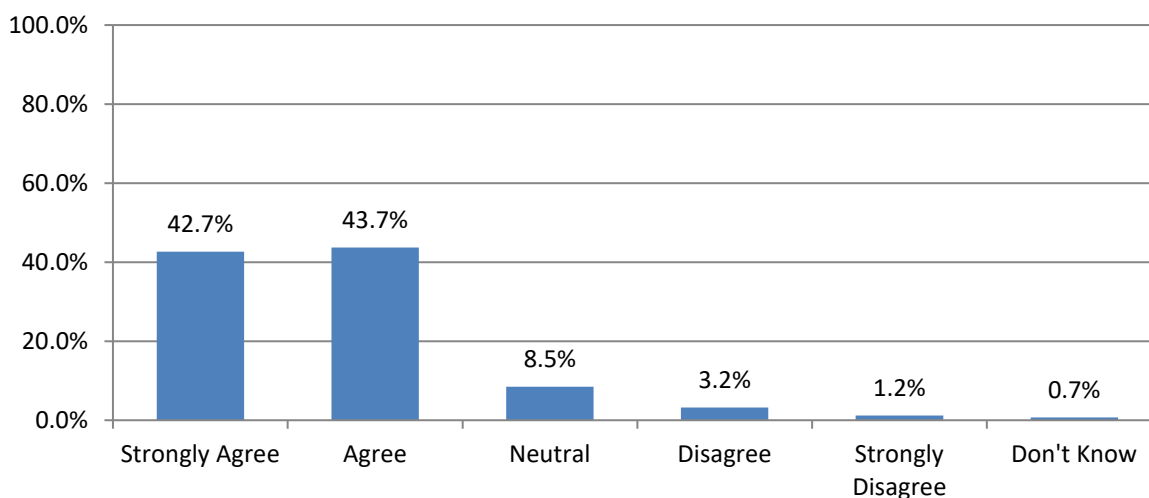
This report assesses responses to set questions. Respondents also have an opportunity to provide their own additional comments. The questions are broadly split into the following categories:

- Information provided by the GDC
- Communication with the GDC;
- Customer satisfaction; and
- Method that application was submitted by.

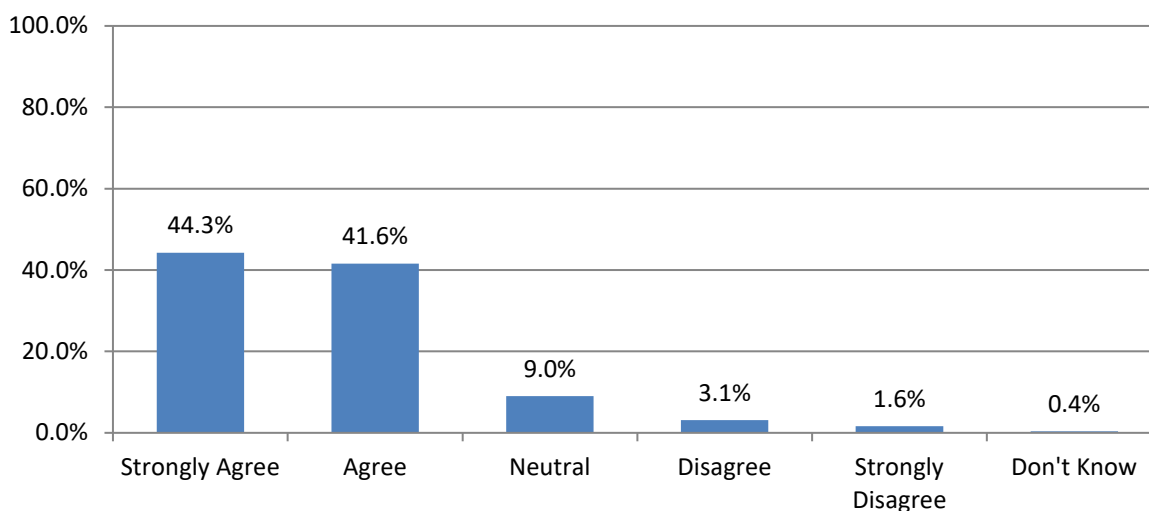
Between April 2019 and March 2020, 12,621 surveys were sent and 1,248 (10%) responses were received.

Part 1: UK Registration (784 responses)

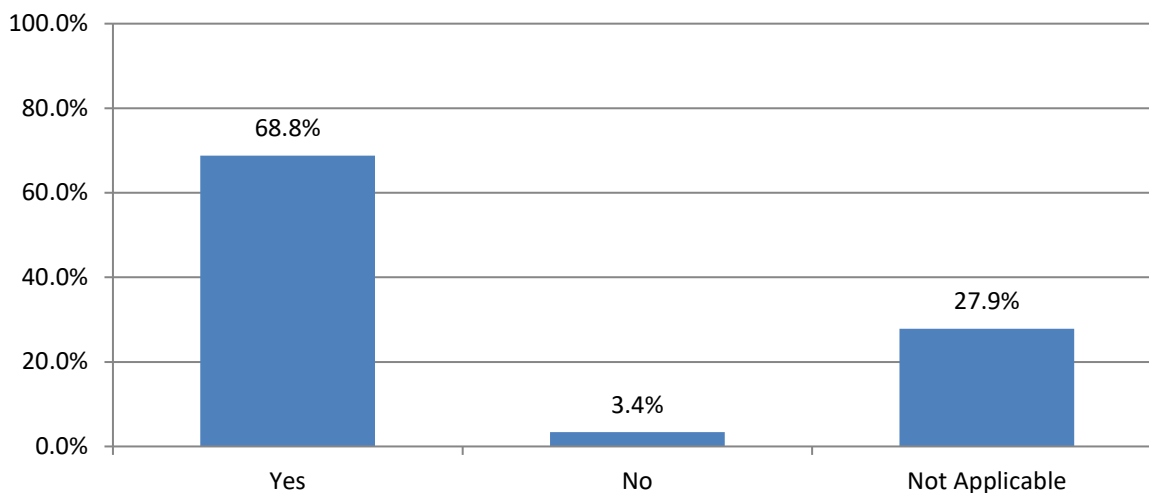
1. The GDC provided adequate information on its website about the requirements for registration



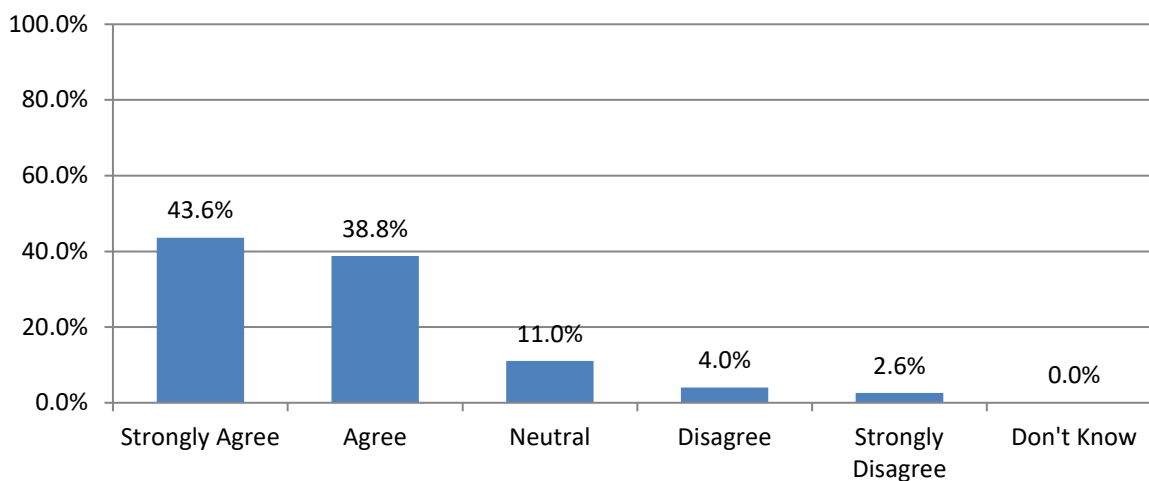
2. The GDC provided adequate information in its application guidance about the requirements for registration



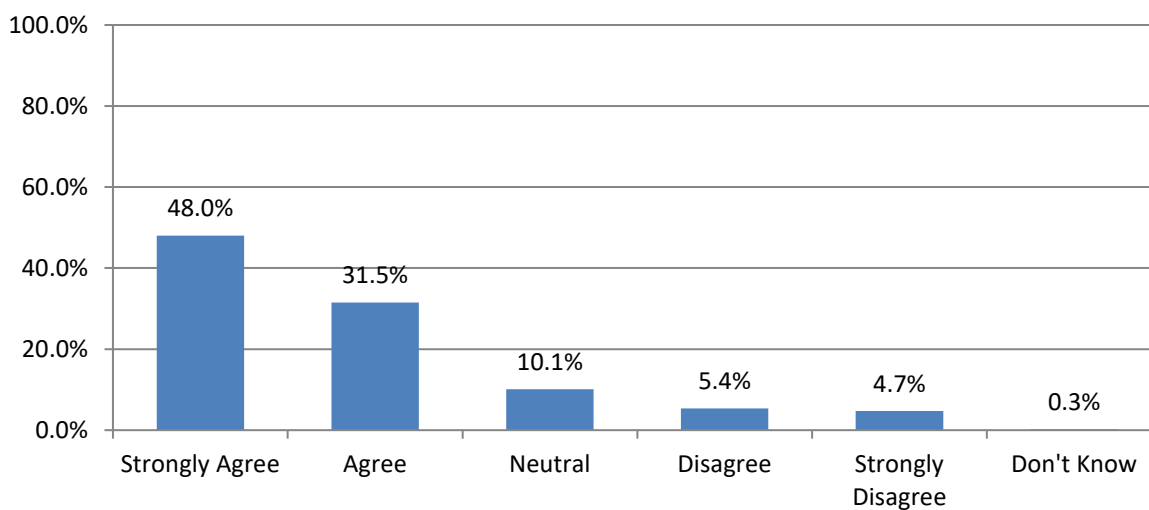
3. I was able to contact a member of staff if I needed to discuss my application



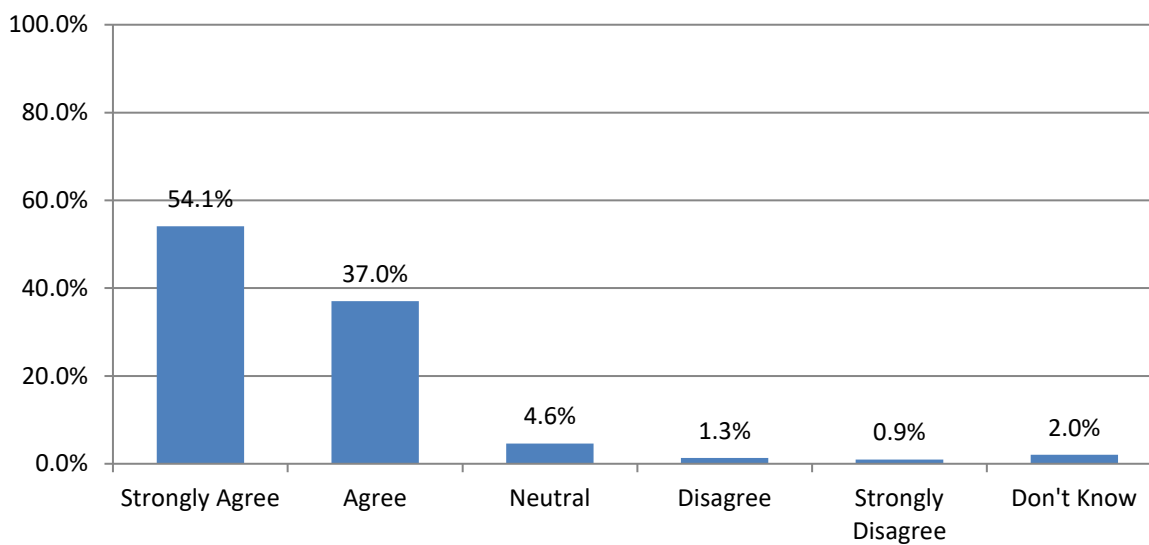
4. I was provided with clear information about the registration process



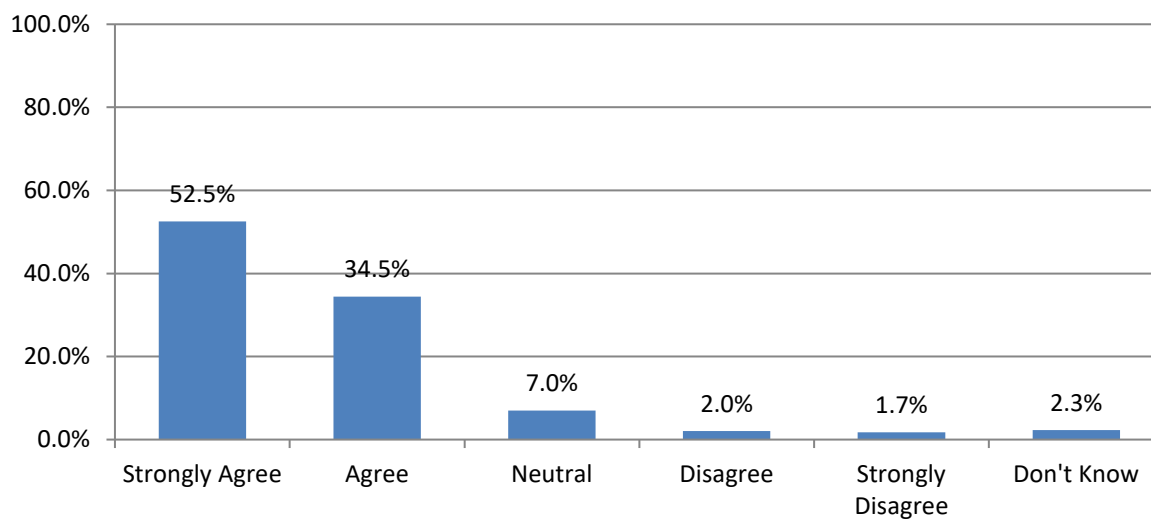
5. My application was dealt with in a timely manner



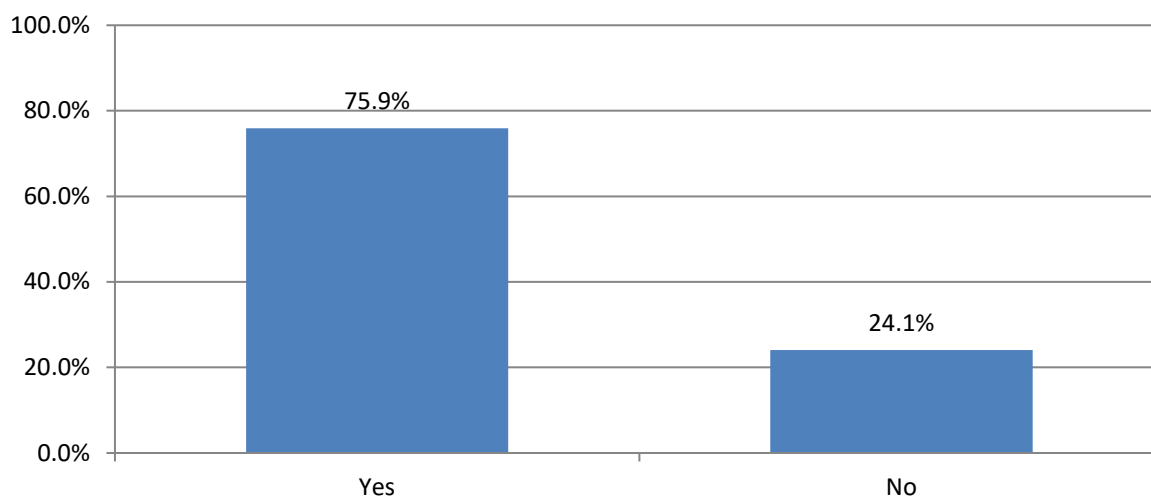
6. The GDC communicated in a courteous manner



7. I was satisfied with the customer service I received from the GDC

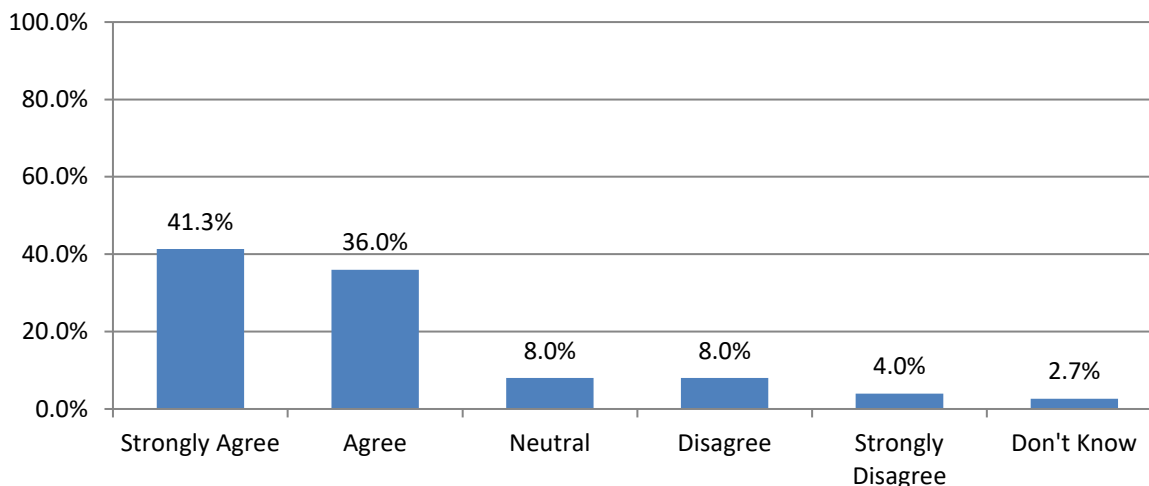


8. I completed my application online using eGDC

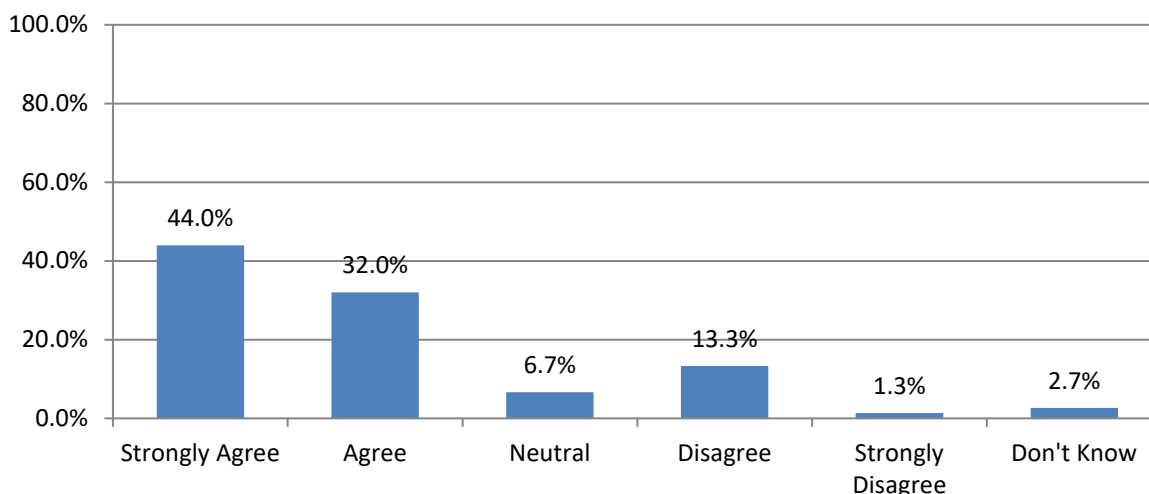


Part 2: DCP Assessment (75 responses)

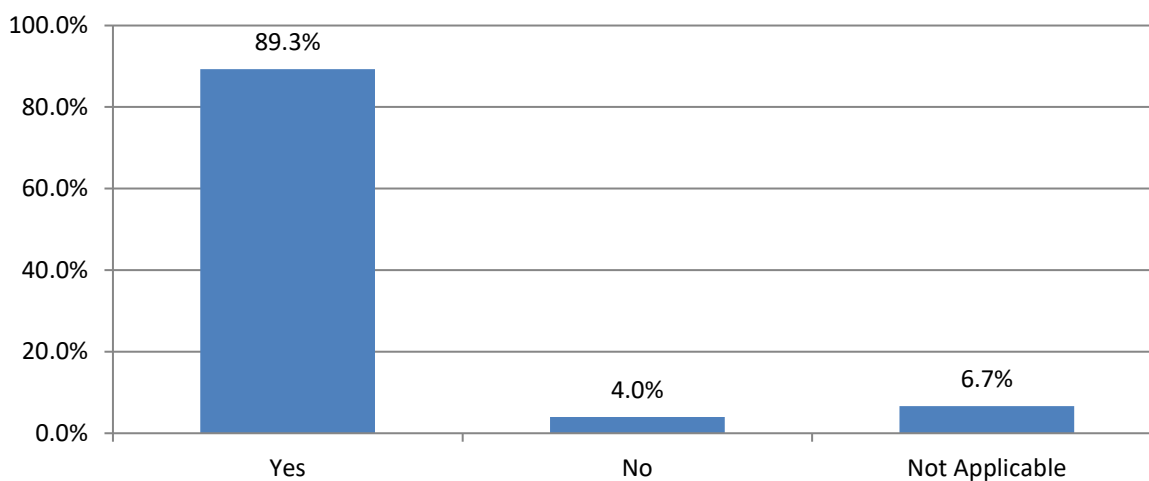
1. The GDC provided adequate information on its website about the requirements for registration



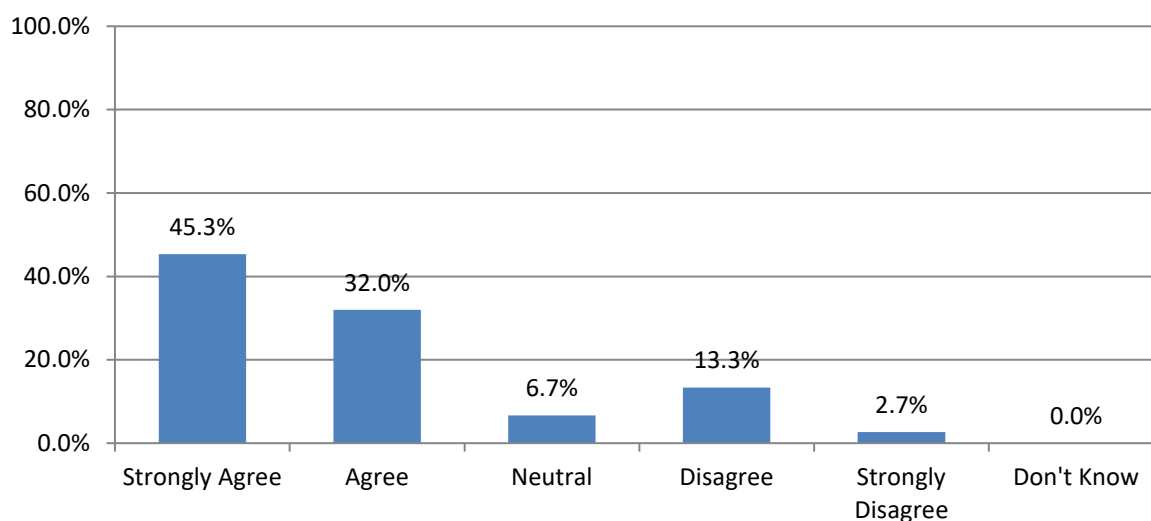
2. The GDC provided adequate information in its application guidance about the requirements for registration



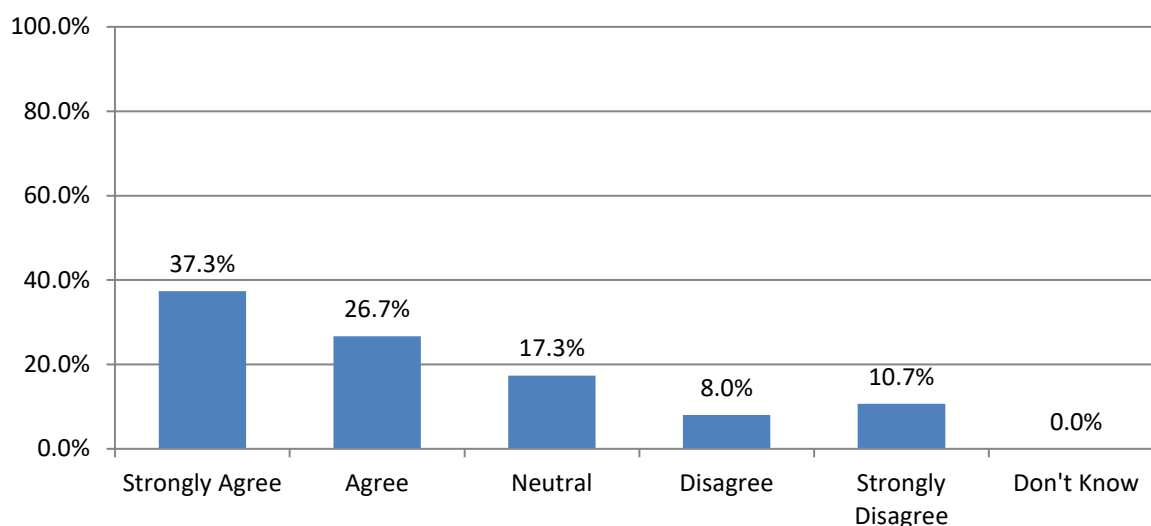
3. I was able to contact a member of staff if I needed to discuss my application



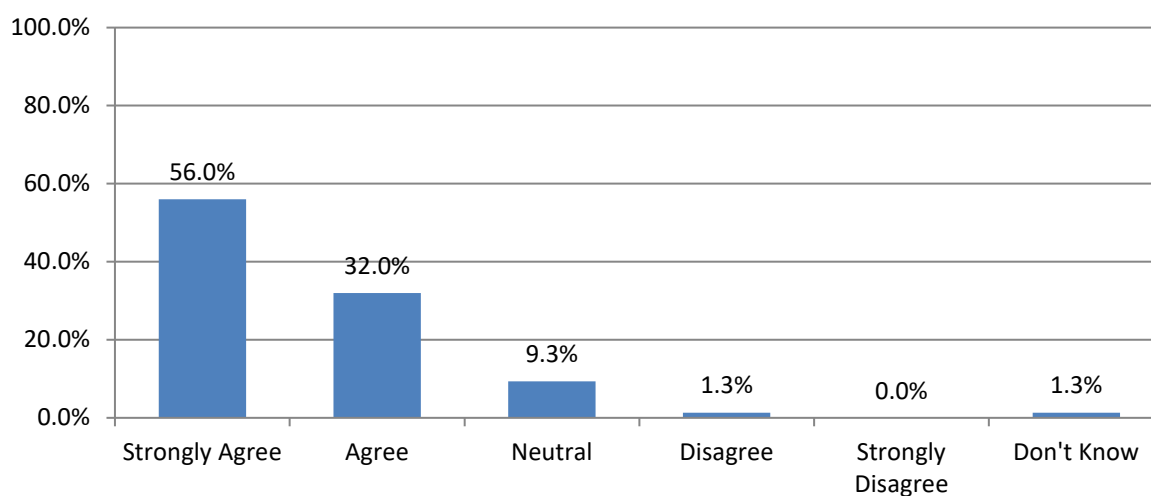
4. I was provided with clear information about the registration process



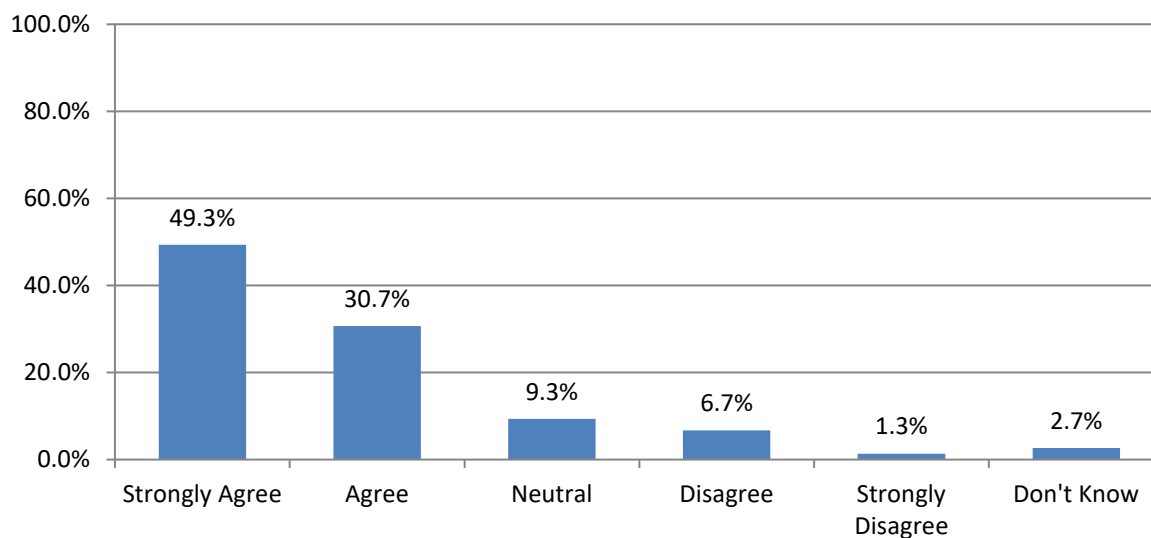
5. My application was dealt with in a timely manner



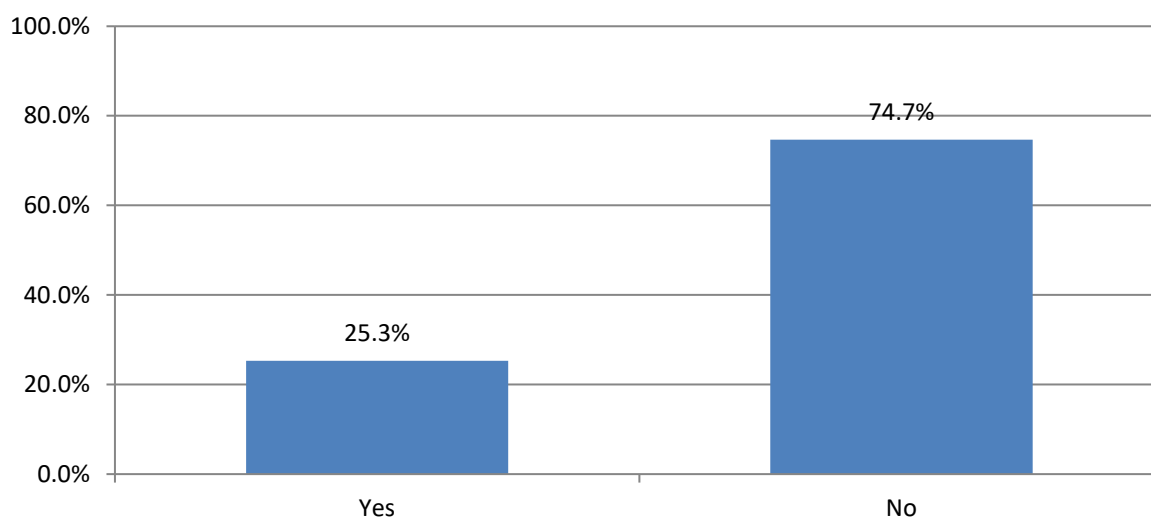
6. The GDC communicated in a courteous manner



7. I was satisfied with the customer service I received from the GDC

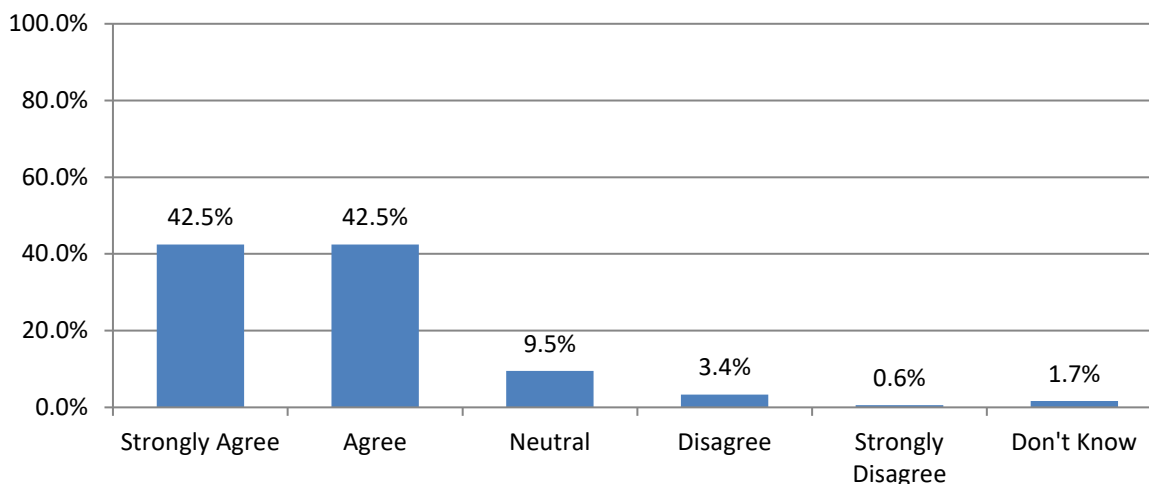


8. I completed my application online using eGDC

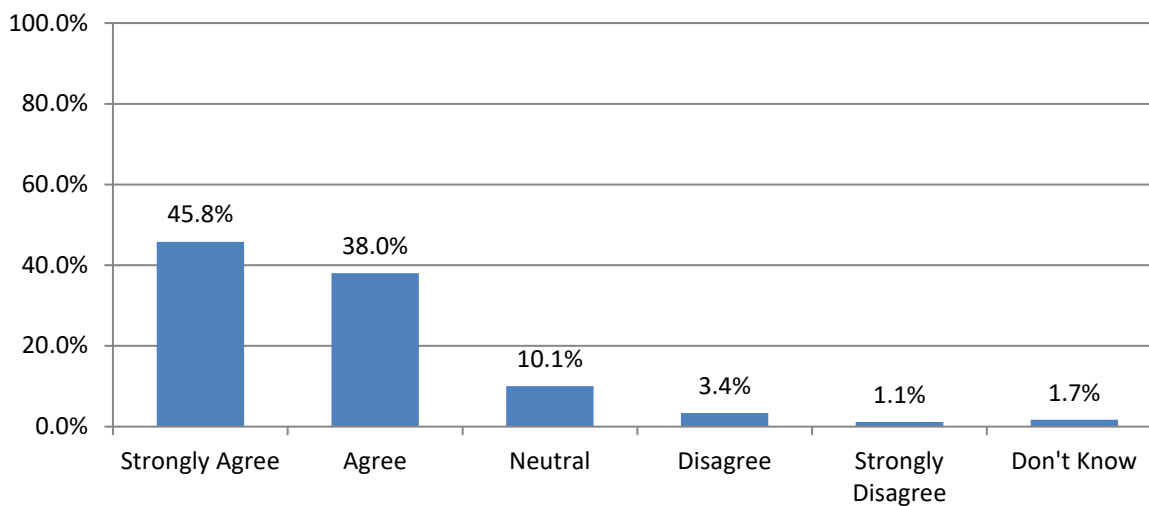


Part 3: Dentist Assessment (179 responses)

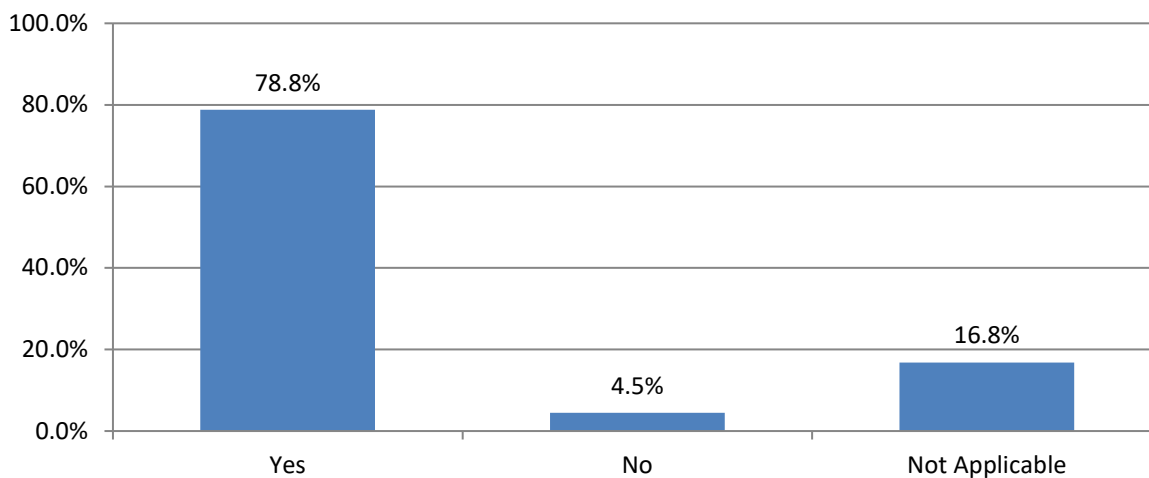
1. The GDC provided adequate information on its website about the requirements for registration



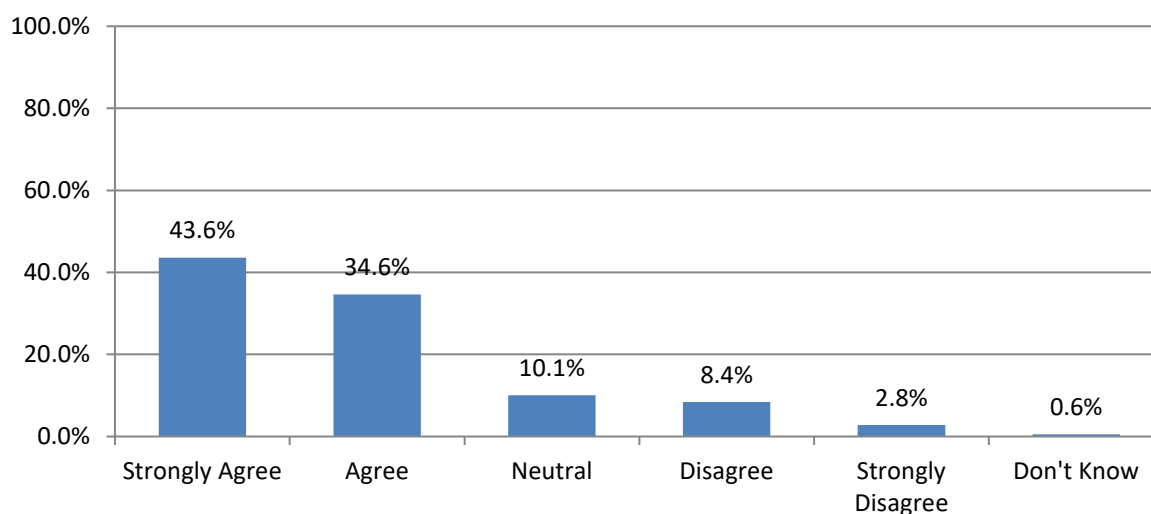
2. The GDC provided adequate information in its application guidance about the requirements for registration



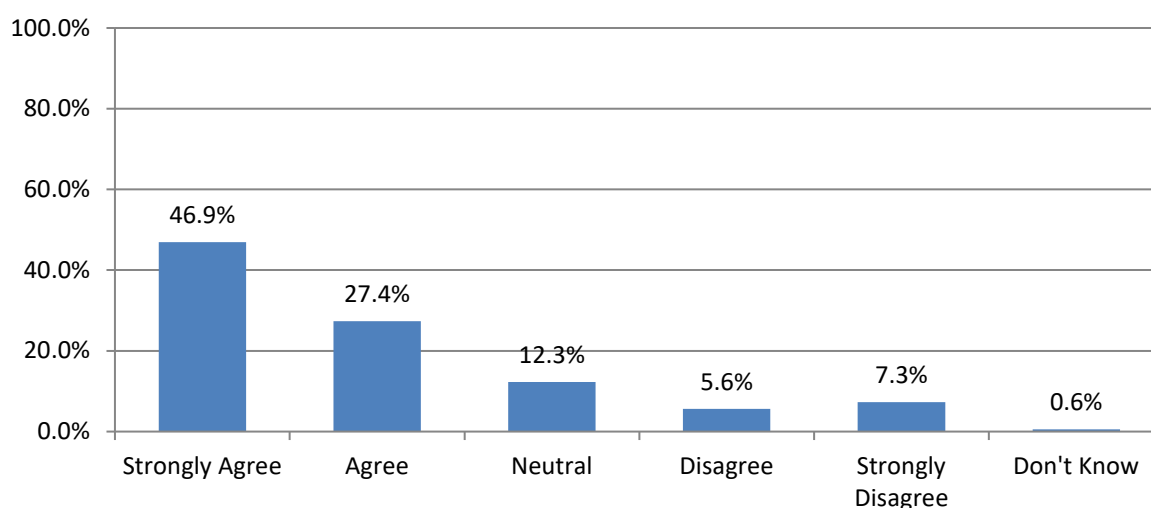
3. I was able to contact a member of staff if I needed to discuss my application



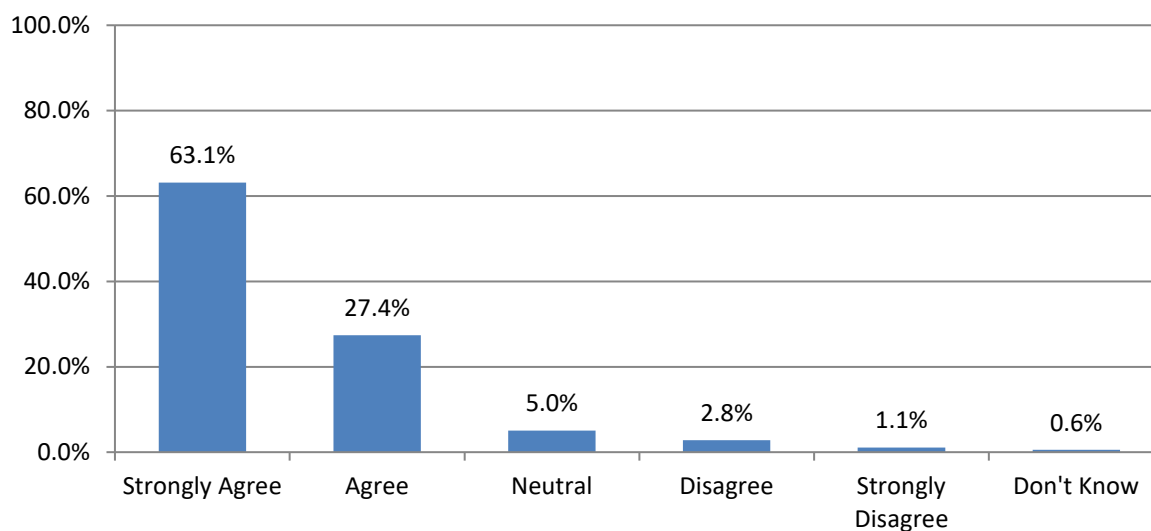
4. I was provided with clear information about the registration process



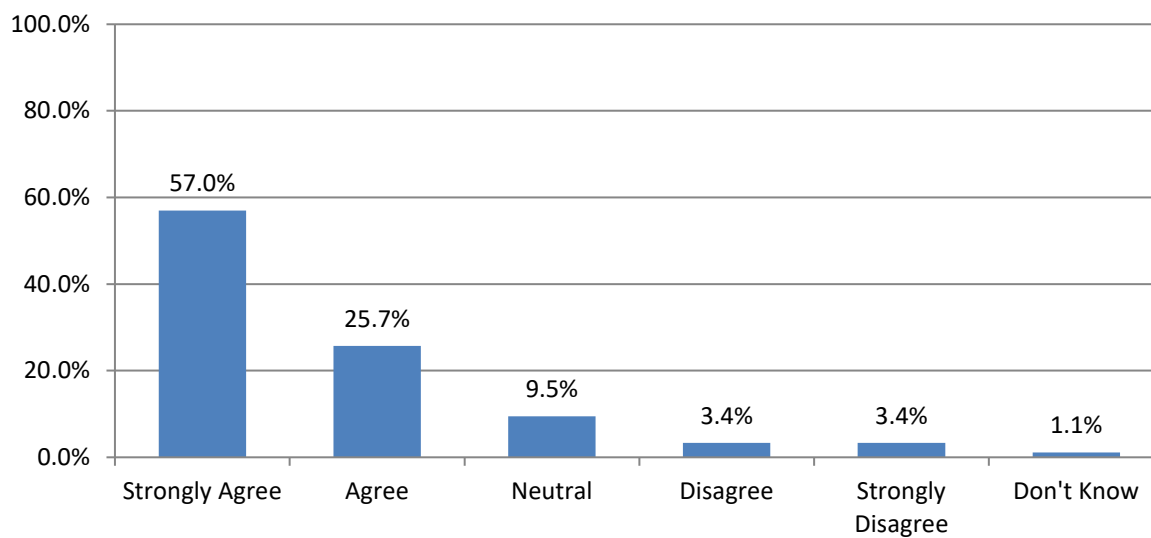
5. My application was dealt with in a timely manner



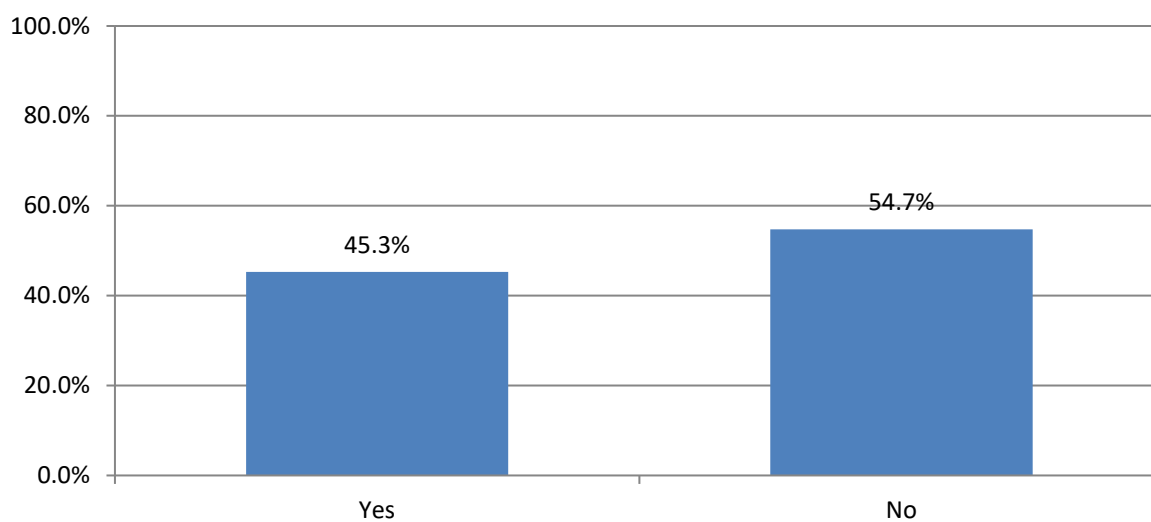
6. The GDC communicated in a courteous manner



7. I was satisfied with the customer service I received from the GDC

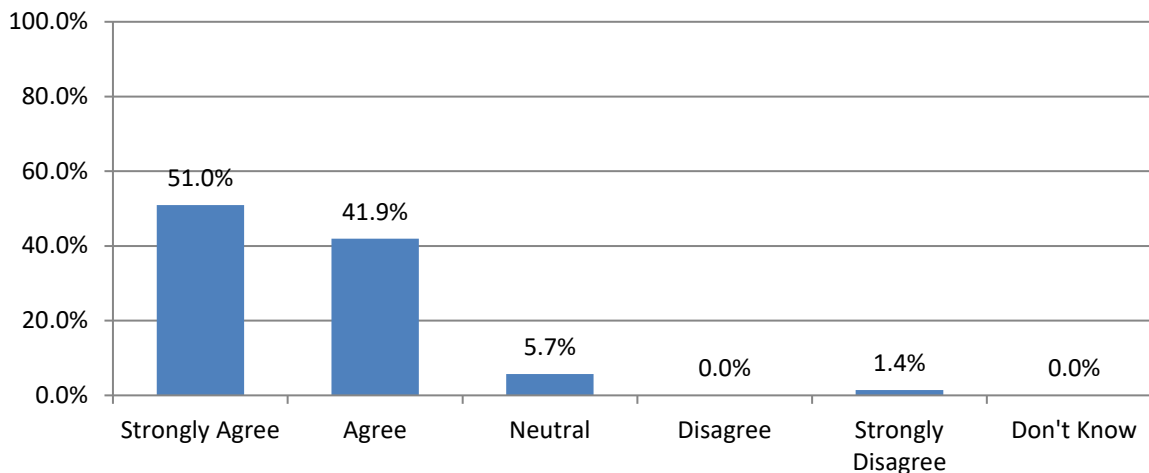


8. I completed my application online using eGDC

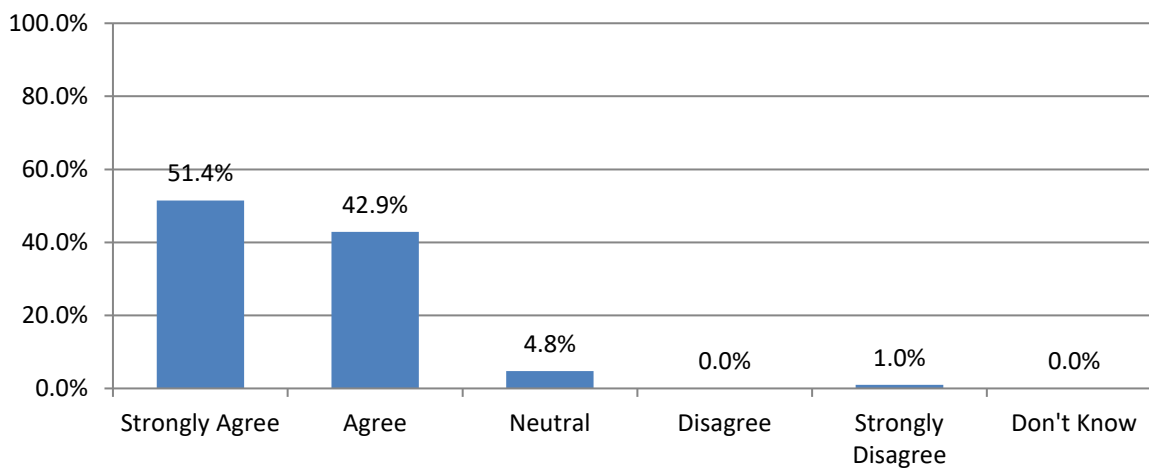


Part 4: ORE (210 responses)

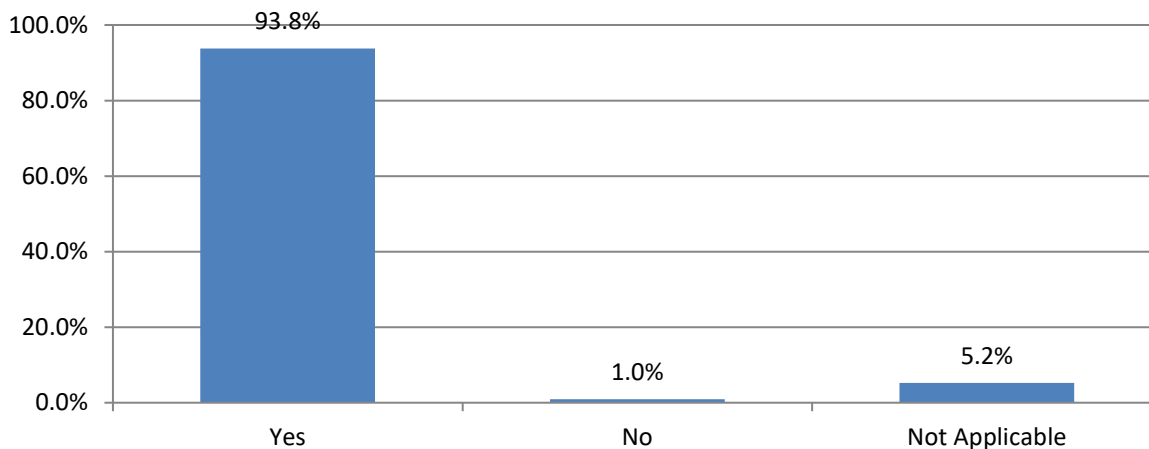
1. The Examinations Team provided adequate information on the GDC website about the requirements for applying to sit the ORE



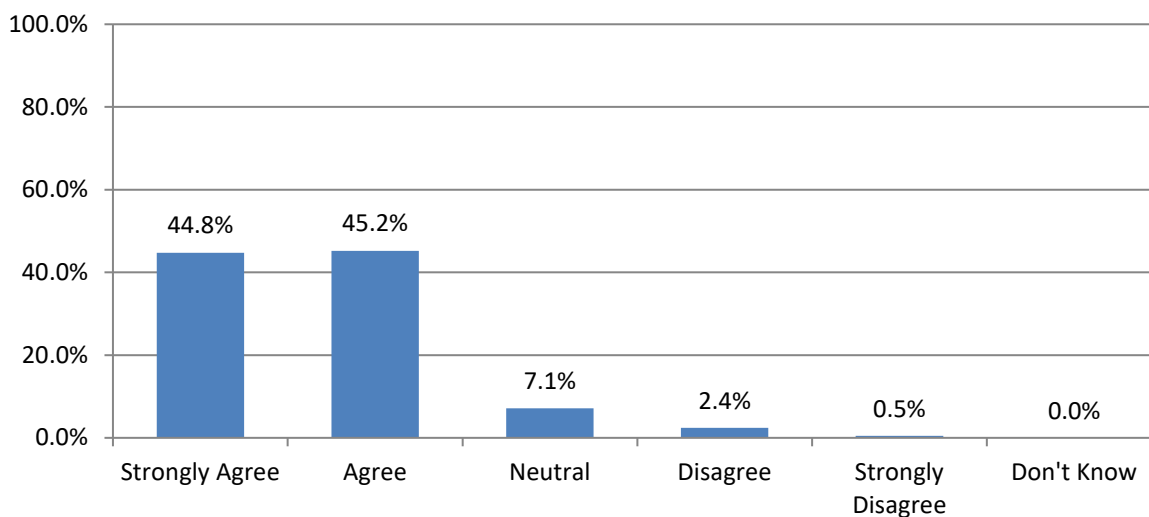
2. The Examinations Team provided adequate information in its application guidance about the requirements for applying to sit the ORE



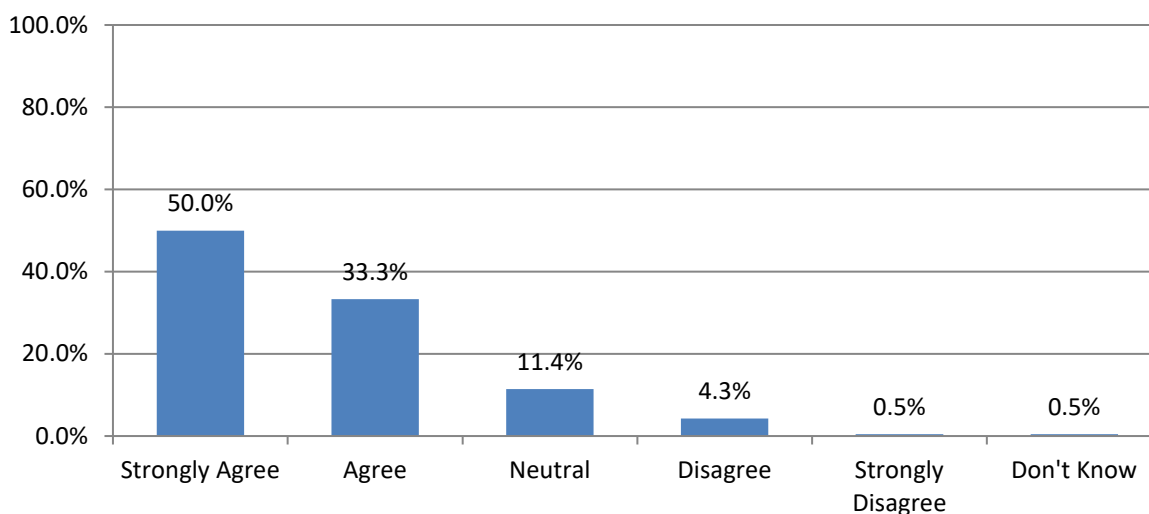
3. I was able to contact a member of the Examinations Team if I needed to discuss my application



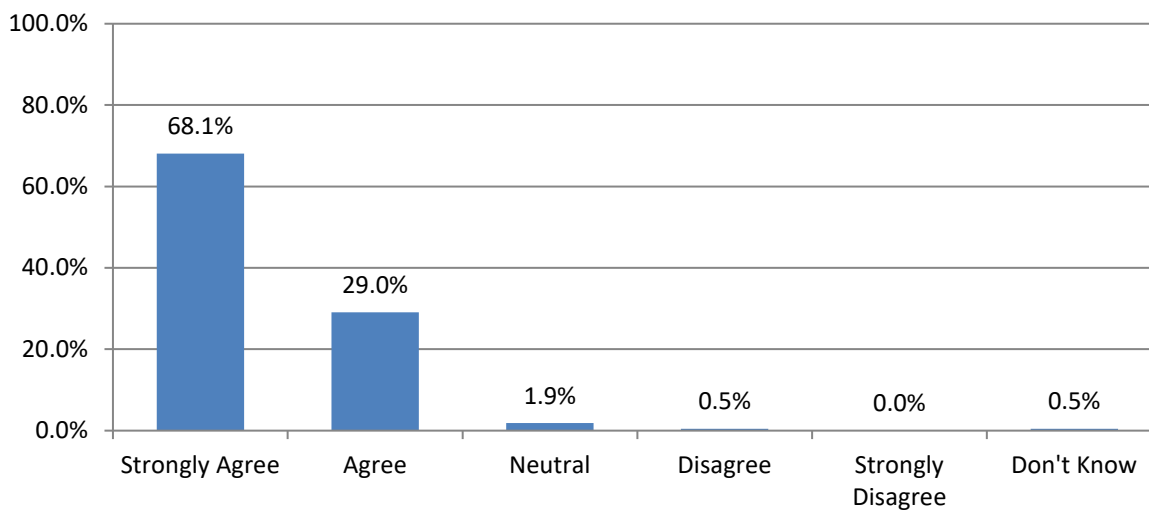
4. I was provided with clear information about the application process



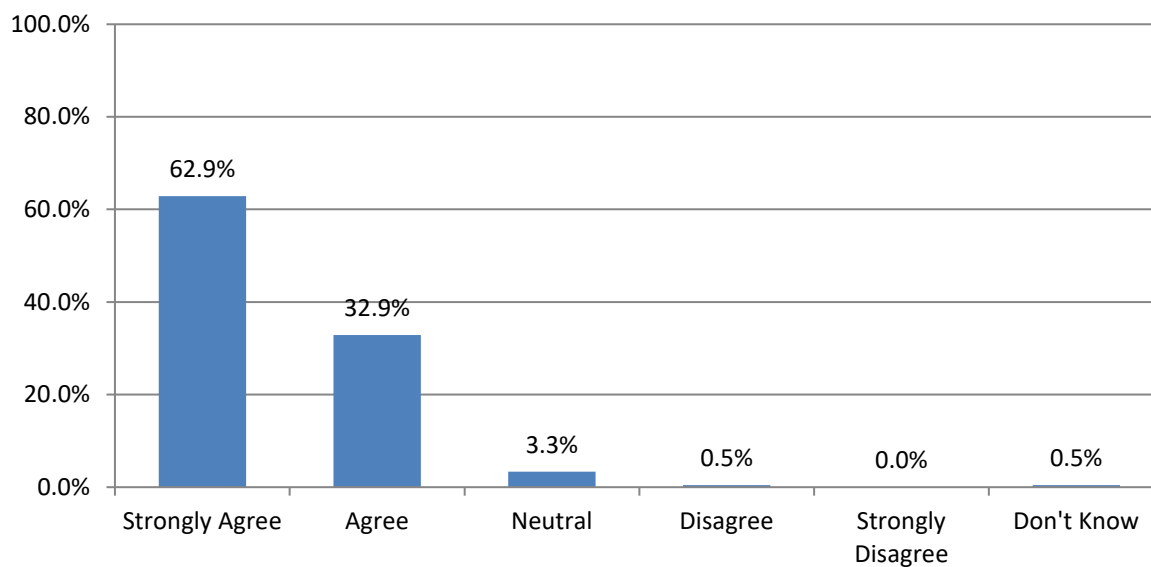
5. My application was dealt with in a timely manner



6. The Examinations Team communicated in a courteous manner



7. I was satisfied with the customer service I received from the Examinations Team



Board Development Update

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance Richard Bloomfield, Programme and Portfolio Manager
Type of business	For noting
Purpose	To provide the Council with an update on the progress of the ongoing project to implement the recommendations of the external Board Effectiveness review.
Issue	To ensure that the Council is sighted on the progress achieved to date in relation to the implementation of the recommendations that arose from the Board Effectiveness review by Deloitte and on the upcoming plans.
Recommendation	The Council is asked to note the contents of this paper.

1. Introduction

- 1.1 As part of its commitment to continuous review and improvement, the Council commissioned an external review of Council and Committee effectiveness in 2019. Deloitte were engaged as the external support for this review and they produced a report, with recommendations for improvement, at the latter part of 2019.
- 1.2 The Council discussed the 19 recommendations of the report in October 2019, in January 2020 in a workshop, and it agreed the proposed approach to implementation of the recommendations in January 2020. The recommendations were accordingly grouped into five themes:
 - a. Review and amend the balance of Council business
 - b. Evaluation and development of Council Members
 - c. Review of Committee structures
 - d. Governance improvement
 - e. Committee improvement
- 1.3 A Project Manager was assigned to support the delivery of all the recommendations and to capture further work arising from implementation. The project has a green RAG status and is on target to deliver, as planned, all of the recommendations by December 2021.
- 1.4 Although it is planned that the project will close out when the recommendations have been implemented in December 2021, work will continue on each of the themes as part of business as usual.
- 1.5 There has been significant progress made in this project, despite the challenges posed by the COVID-19 pandemic, of which the key highlights are listed below. Further details of the progress made and activities planned for the next two quarters can be found at **Appendix 1**.

2. Progress update – key highlights

2.1 In relation to the first theme, Review and amend the balance of Council business:

- An approach was developed and agreed with the Chair to push business into the public sessions of the Council and to remove duplication, wherever possible, between public and closed meetings.
- In 2018, 49% of business was held in public Council sessions, with a similar proportion for the first few meetings in 2019.
- Following the recommendations of the report, and a change of leadership in the Governance team, by the end of 2019, the overall proportion of public business had increased to 61%.
- Whilst the Covid-19 pandemic containment measures have resulted in more closed sessions, the first two 'pre-lockdown' meetings of 2020 had 79% of business held in public. A workstream has been underway to facilitate public access to virtual Council meetings during the pandemic and, for the October Council agendas, 72% of business conducted will be in public.
- In relation to duplication, in 2018, 13% of business was duplicated across public and closed sessions. This fell to 7% in 2019 and there had been no duplication of business at all in 2020 to date. Through careful planning and working closely with business leads, the approach continues to be to avoid duplication unless there is a specific business need or confidentiality issue.
- The team have sought more detailed feedback from Council Members on the effectiveness of Council meetings and will use this feedback to inform the ongoing improvement work.

2.2 In relation to the second theme, the Evaluation and development of Council Members:

- Council members undertook a skills audit using self-assessment in December 2019 and an analysis of Board strengths and skills gaps was undertaken and presented to the (then) Remuneration Committee in May 2020 and to the Council in June 2020. This work will be used to inform a programme of Board development in 2021.
- A revised and streamlined process for the appraisal of Council Members was approved by the Remuneration and Nomination Committee (RemNom) and the Council in July 2020. An improved process for the process around the appraisal of the Chair of Council was approved by the RemNom and Council in September 2020.

2.3 In relation to the third theme, the Review of Committee structures:

- In collaboration with the Chair of Council, Chief Executive and Committee Chairs the team reviewed and produced revised Terms of Reference (TORs) for the Committees of the Council and the standing Council Working Group. Revised Terms of Reference for the Audit and Risk Committee (ARC), the Finance and Performance Committee (FPC) and the Chair's Strategy Group were approved in June 2020. The Policy and Research Board (PRB) was also stood down by the Council at this meeting. In July 2020, the Council considered and approved further proposals for the Terms of Reference for a newly constituted Remuneration and Nomination Committee (RemNom). Agendas for these meetings are set, in liaison with the Committee Chairs, with the revised TORs in mind.
- In relation to the proposal for an escalation report, this was developed by the team but, as the needs of the Council have moved on in this respect, a new approach to

assurance reporting was agreed by the Council in September 2020. This supersedes that recommendation.

- A light-touch review of the Standing Orders was conducted in June 2020 and the Council approved amendments to them to facilitate increased agility around decision making by correspondence. A fuller review will take place later in the year and the work is planned to come back to the Council for approval in the first half of 2021.
- The 2021 meeting schedule has moved to a quarterly reporting cycle where this is possible, however, in some areas quarterly meetings would not meet the needs of the organisation. For example, the ARC will meet quarterly but the FPC will need additional meetings for the scrutiny and oversight of the Costed Corporate Plan and Budget planning process and to ensure that additional projects can be activated expeditiously.

2.4 In relation to the fourth theme, Governance improvement:

- The team was re-structured, following consultation, in December 2019 and this structure was fully populated by June 2020. Six of the eight posts in the team were recruited to and inducted during this period.
- The team delivered the procurement and implementation of new Board Portal software, Diligent Boards, to simplify and streamline the management of Board papers and improve the end user experience for Council Members and EMT.
- New templates for papers, agendas, minutes and performance reporting have been developed and implemented by the team. Paper templates now include a section for a rationale as to why the item should be heard in closed or public session, with reference to the Standing Orders, and a focus on the appropriate Term of Reference for the relevant Committee.
- A suite of new Governance KPIs were approved by the Council and the team has consistently delivered improved performance since January 2020.
- 12-month forward workplans for all Committees and the Council were developed and approved for 2020 and the team are producing the 2021 workplans for approval in Q4 of 2020.
- Recommendations have been developed for a new Scheme of Delegations, including drafting the new Rules that will be required to implement the scheme. The revised Schemes of Delegations went to ARC and to the Council, by correspondence, in September 2020 and will be presented for approval to the Council in October 2020.

2.5 In relation to the fifth theme, Committee improvement:

- The FPC recommended to the Council a new integrated performance report and this was approved by the Council in July 2020. This is designed to streamline reporting data and enable the Council to engage with a higher-level strategic approach to performance oversight.
- A new risk management system and Board Assurance Framework has been implemented, with oversight by the ARC, and risk reporting has been amended to include a statement of assurance for each risk.

3. Equality, diversity and privacy considerations

- 3.1 An Equality Impact Assessment was completed at the start of the project and actions had been incorporated within the project plan.

4. Risk considerations

- 4.1 Risks have been identified and are managed within the project with a monthly risk review undertaken with the respective legal and governance managers.

5. Resource considerations and CCP

- 5.1 Most of the resource requirements are internal Governance team resources and have been forecasted for the duration of the project. There is an external consultancy resource requirement for delivery of some of the Council development workshops and this has been accounted for within the Governance budget.

6. Monitoring and review

- 6.1 This project is managed as a corporate project within the GDC's Costed Corporate Plan (CCP) and is reported on as part of the monthly CCP portfolio reporting cycle.

7. Development, consultation and decision trail

- 7.1 At the review feedback session in October 2019, Council discussed the contents of the Deloitte report into the review of Council and Committee effectiveness, with broad agreement for the implementation of the recommendations.
- 7.2 At the Council meeting in January 2020 it was agreed that the following recommendations were excluded from the project:
- recommendation 7 (a Council led recommendation) – for the CEO to develop the Executive team - excluded from the project, as this is work which will need to be undertaken by the CEO, together with the new Executive team.
 - recommendation 15 (a Council led recommendation) – to review the forward plan and agenda of SPC – to be taken forward as part of the adjudications work.

8. Next steps and communications

- 8.1 The Council is asked to note the contents of this paper.

Appendices

- a. Appendix 1 – Recommendations - progress made and activities planned.

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Appendix 1 – Recommendations - progress made and activities planned

Recommendations where Council is responsible for delivery and implementation appear in black, those for the executive in red, and shared recommendations appear in blue

Theme	Recommendation(s)	Completed work up to Q3 2020	Planned work for Q4 2020 and Q1 2021
Review and amend the balance of Council business	<p>R1 – remove duplication between private and public meetings</p> <p>R3 – explore an approach which pushes business into the public meeting</p> <p>R8 – move to fewer scheduled all day Council meetings. Workshops should be outcome focused – with the intended output circulated prior to the meeting</p>	<p>R1/R3 – COMPLETED: December 2019 Council meeting trialled new agenda for public and private meetings and continued with this approach as from January 2020 council.</p> <p>Completed baseline analysis for business heard in public and in closed session in 2018 to date and around duplication of items in the closed/public session.</p> <p>Using this information to inform the ARC deep dive work.</p> <p>R8 – COMPLETED: agendas have been refined and focused, in liaison with the Chairs, on the TORs of the Committees and, for Council, increased business is taking place via correspondence. A new template for Council workshops has been produced which focuses on outputs.</p>	<p>R1/R3/R8 - The Head of Governance will continue to work with the Chair of Council continuously improve meeting effectiveness.</p> <p>Hold a feedback session with Council in December 2020, to review the new approach, in particular:</p> <ul style="list-style-type: none"> are there any conversations being held in public which should be held in private session? is there any duplication of papers between the two sessions? is workshop time being used effectively, with outputs identified and circulated in advance?
Evaluation and development of Council Members	R9 – continue to use the appraisal process to evaluate and develop individual contributions, complemented	R9 - The Council Members appraisal process was endorsed by the RemNom in July 2020 and was approved by the	R9 - Implement the revised Council Members appraisal process. Timetables have been drafted and will be circulated shortly.

Theme	Recommendation(s)	Completed work up to Q3 2020	Planned work for Q4 2020 and Q1 2021
	<p>by a programme of Board development – including sessions on roles, and tone of challenge and debate.</p> <p>R10 - Council should set aside time in 2020 to explore its skills requirement and identify any gaps</p>	<p>Council via correspondence in September 2020.</p> <p>R10 - The skills audits have been completed, and the Council skills gap analysis was undertaken and presented to Remco in May 2020 and the Council in June 2020.</p>	<p>Workshop sessions to take place in 2021 on reviewing assurance versus reassurance, constructive challenge and skills and team development.</p> <p>Proposals for the Board development plan for 2021 will be presented to the Council in December 2020.</p> <p>R10 - A final draft of the person specification for the Chair recruitment in 2021 will be submitted to Council for approval by correspondence in Q4 of 2020.</p>
Review of Committees structure	<p>R5 – Develop a one-page escalation template to be completed by committee chairs</p> <p>R11c – consider refining the agenda of the FPC</p> <p>R13 – review TOR for all Council sub-Committees and consider how we can move to a quarterly assurance cycle – and review workplans</p> <p>R14 – consideration of standing down Policy and Research Board (PRB) and explore arrangements to fulfil its role at Executive level</p> <p>R18 – Review Standing Orders and create a single document</p>	<p>R5 - COMPLETED -One-page escalation template draft was prepared in September 2020 but this approach has been superseded by the assurance reporting approach developed by the Chief Executive and Committee Chairs for ARC and FPC.</p> <p>R11c/R13 - COMPLETED - TOR for all Council sub-Committees, apart from Remco, were reviewed, revised and subsequently approved by Council in June 2020. A further paper on the Remco TOR was approved by Council in July 2020, including its change to the Remuneration and Nomination committee (RemNom).</p> <p>The agendas and forward plans for all Council sub-Committees have been reviewed and revised in line with the new TORs.</p>	<p>R18 – A further review of the Standing Orders will take place in Q4 2020 and Q1 2021 and new Standing Orders of Council will be submitted to the Council for approval in Q2 of 2021.</p>

Theme	Recommendation(s)	Completed work up to Q3 2020	Planned work for Q4 2020 and Q1 2021
		<p>R14 – COMPLETED - PRB was stood down following the Council decision at the June 2020 meeting.</p> <p>R18 - Revised Standing Orders were approved by the Council at its July 2020 meeting, allowing enhanced agility around decision making via correspondence.</p>	
Governance improvement	<p>R2 – mechanism for scheduling, producing and quality assuring papers should be reviewed. Council should establish clear expectations regarding length, detail and quality of papers.</p> <p>R4 – align the Council cycle of business and public agenda to the GDC's strategic objectives headings</p> <p>R6 – forward agenda planning and scheduling should be more effectively steered by the governance team to promote effective upward flow of assurance</p> <p>R16 – review roles and structure in governance team to create a career</p>	<p>R2 – The paper templates were updated in August 2020 to include the relevant TOR for each Committee to focus the content of the papers on the TOR of the Committee.</p> <p>The 2021 meeting schedule was communicated to Council Members in August 2020 and an updated key timelines 'rainbow' chart was made available on the intranet and sent to key paper authors and SLT members.</p> <p>R16 - The new structure of the governance team was implemented as from January 2020.</p> <p>The Head of Governance, Secretariat Manager and Senior Governance Manager were all successfully appointed to by June 2020.</p> <p>R17 – Following feedback from ARC members in August 2020, the teams have continued to develop the recommendations for a new Scheme of</p>	<p>R2/R6 – The team will review the assurance process and agenda setting process and make any recommendations (in liaison with the Chief Executive, Committee Chairs and Council Chair) for improvements in Q1 of 2021.</p> <p>R16 – Finalise the development programme for the governance team and continue the delivery of it.</p> <p>R17 - A finalised scheme of delegation and rules to come to Council for approval in October 2020.</p> <p>The team will review and expand the governance handbook to become a comprehensive record of all key governance information in the first half of 2021.</p> <p>Incorporate the new Governance handbook into the Council Member induction process.</p> <p>R19 – The team will revise and streamline the processes and steps required for agenda approval and assurance paper production in Q1 of 2021.</p>

Theme	Recommendation(s)	Completed work up to Q3 2020	Planned work for Q4 2020 and Q1 2021
	<p>development pathway/ develop a development programme for the team</p> <p>R17 – Review schemes of delegation in force.</p> <p>Expand the governance handbook to become a comprehensive record of all key governance structures, processes and arrangements.</p> <p>R19 – review the processes and steps required for agenda approval and assurance paper production</p>	<p>Delegation, including drafting the new Rules that will be required to implement the scheme. The revised Schemes of Delegations went to Council, by correspondence, in September 2020 and have been presented for approval in October 2020.</p>	
Committee improvement	<p>R11a – develop an over- arching performance report (FPC)</p> <p>R11b – develop more focused assurance reporting for FTP (FPC)</p> <p>R12 – amend risk reporting to include a statement of assurance for each risk from ARC</p>	<p>R11a – COMPLETED Council approved the over-arching integrated performance report at its July 2020 meeting.</p> <p>R11b – Given the level of detailed analysis and development of the FTP KPIs, this work was descoped from this project in August 2020 and will instead be managed as a separate and dedicated project under the FTP team work package.</p> <p>R12 – COMPLETED - New risk management system implemented and risk reporting amended to include statement of assurance for each risk from ARC.</p>	<p>R11a – The integrated performance report will be rolled out to SLT, FPC and Council meetings, run concurrently to the existing format for two quarters.</p>