A meeting of the Council of the General Dental Council

09:30am on Thursday 18 March 2021 at the General Dental Council,

Via MS Teams

Members:

William Moyes (Chair)

Terry Babbs

Catherine Brady

Donald Burden

Anne Heal

Jeyanthi John

Sheila Kumar

Mike Lewis

Caroline Logan

Simon Morrow

Crispin Passmore

Laura Simons

The meeting will be held in public[1]. Items of business may be held in private where items are of a confidential nature[2].

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

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[1] Section 5.1 of the General Dental Council Standing Orders for the Conduct of Business 2020
[2] Section 5.2 of the General Dental Council Standing Orders for the Conduct of Business 2020

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.

PART ONE – PRELIMINARY ITEMS

1.	**Welcome and Apologies for Absence**	William Moyes, Chair of the Council	09:30-09:35am (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.	**Approval of Minutes of Previous Meetings** To note approval of: • the full minutes of the public meeting and abbreviated minutes of the closed meetings held on 17 December 2020.	William Moyes, Chair of the Council		Attached
5.	**Matters Arising and Rolling Actions List** To note any matters arising from the public meeting held on 17 December 2020 and review the rolling actions list	William Moyes, Chair of the Council		Attached
6.	**Decisions Log** To note decisions taken between meetings under delegation (if any)	William Moyes, Chair of the Council		Attached

PART TWO – ITEMS FOR DECISION AND DISCUSSION

No	Item & Presenter	Tabled for?	Time	Status

7.	**Assurance Reports from Committee and Group Chairs**
	
	   a. Audit and Risk Committee
	
	   b. Finance and Performance Committee
	
	   c. Remuneration and Nomination Committee
	
	   d. Chair's Strategy Group
	
	   e. Statutory Panellists Assurance Committee
		For noting	09:35 – 09:55am (20 mins)	Oral

No	Item & Presenter	Tabled for?	Time	Status
8.	**Board Effectiveness and Board Development** Lisa Marie Williams, Executive Director, Legal and Governance Katie Spears, Head of Governance	*For discussion*	09:55-10:15am (20 mins)	Paper
9.	**Organisational Performance** A. **Organisational Performance – Reporting Suite Proposals** B. **CCP Quarterly Performance Report – Q4 2020** Gurvinder Soomal, Executive Director, Registration & Corporate Resources Samantha Bache, Head of Finance and Procurement David Criddle, Head of Business Intelligence, Delivery and PMO	*For decision* *For discussion*	10:15-10:45am (30 mins)	Paper
	COMFORT BREAK – 15 mins – 10:45- 11:00am			
10.	**Fitness to Practise – Key Performance Indicators** John Cullinane, Interim Executive Director, Fitness to Practise David Criddle, Head of Business Intelligence, Delivery and PMO	*For decision*	11:00-11:20am (20 mins)	Paper
11.	**Organisational Development – Key Performance Indicators** Sarah Keyes, Executive Director, Organisational Development Kim McDonald, People Partner David Criddle, Head of Business Intelligence, Delivery and PMO	*For decision*	11:20-11:40am (20 mins)	Paper

No	Item & Presenter	Tabled for?	Time	Status
12.	**Public Affairs, Policy and Media Update and Stakeholder Engagement Report** Colin MacKenzie, Interim Head of Communications and Engagement Lisa Bainbridge, Interim Head of Nations and Engagement	*For noting*	11:40 – 11:50am (10 mins)	Paper

PART THREE – CONCLUSION OF BUSINESS

13.	**Any Other Business**	William Moyes, Chair of the Council	11:50-11:55am (5 mins)	Oral
14.	**Review of the Meeting** As part of the review, can the Council be satisfied that the organisation is well-governed and specifically that: ➤ 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	11:55-12:00pm (5 mins)	Oral
15.	**Date of Next Meeting**	Thursday 24 June 2021 (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	**Annual PSA Report**	John Cullinane	Noting	Public	15 March 2021
2	**Annual Report on the Dental Complaints Service**	Michelle Williams	Noting	Public	15 March 2021
3	**Annual Report on Information Governance**	Luke Whiting	Noting	Public	15 March 2021

4	**Annual Report on the Use of the GDC Seal**	Tom Newman	Noting	Public	15 March 2021
5	**Annual Appraisals and Draft 2021 Objectives for Chair and Chief Executive**	Lucy Chatwin	Decision	Public	15 March 2021
6	**Refunds Policy**	Samantha Bache	Decision	Public	15 March 2021

Minutes of the Meeting of the
General Dental Council
held at 09:30am on Thursday 17 December 2020
in Open Session held on MS Teams

Council Members present:

William Moyes	Chair
Terry Babbs	
Catherine Brady	
Donald Burden	
Anne Heal	
Jeyanthi John	
Sheila Kumar	
Mike Lewis	
Caroline Logan	
Simon Morrow	
Crispin Passmore	
Laura Simons	

Executive Directors in attendance:

Ian Brack	Chief Executive and Registrar
John Cullinane	Interim Executive Director, Fitness to Practise
Stefan Czerniawski	Executive Director, Strategy
Sarah Keyes	Executive Director, Organisational Development
Gurvinder Soomal	Executive Director, Registration and Corporate Resources
Lisa Marie Williams	Executive Director, Legal and Governance

Staff in attendance:

Osama Ammar	Head of Public Policy (item 10 only)
Katherine McGirr	Policy Manager (item 11 only)
Samantha Bache	Head of Finance and Procurement (item 12 only)
Dave Criddle	Head of Business Intelligence, Delivery and PMO (item 12 only)
Colin Mackenzie	Interim Head of Communications and Engagement
Katie Spears	Head of Governance
Rebecca Ledwidge	Secretariat Manager
Lee Bird	Governance Manager

Others in Attendance:

Rosie Varley	Chair of the Statutory Panellists Assurance Committee (SPC)
Sir Ross Cranston FBA	Incoming Chair of the SPC
HHJ Philip Sycamore QC	Incoming SPC Member
Serbjit Kaur MBE	Incoming SPC Member
Members of Staff	Attending as observers

Members of the Public   Attending as observers

Apologies:

None.

1. Welcome and apologies for absence

1.1   The Chair welcomed everyone to the meeting and noted that there were no apologies.

1.2   Members of the public and staff observers in attendance were reminded of the meeting etiquette that had been circulated prior to the meeting.

2. Declaration of interests

2.1   In relation to the substantive agenda, all Council Members declared an interest in the Council and Chair appointments process. On the Scope of Practice item, all registrant Council Members declared an interest.

2.2   In relation to items considered via correspondence, the Chair and Chief Executive declared an interest in their respective appraisal processes. All Council Members declared an interest in the managing interests and gifts and hospitality policies for Council Members. All staff and all Council Members declared an interest in the item on Financial Policies and Procedures. On the Quality Assurance Decisions items, any registrant Members with connections to the inspected educational establishments in the paper declared an interest.

3. Questions Submitted by Members of the Public

3.1   The Council **noted** that no questions had been received.

4. Approval of Minutes of Previous Meeting

4.1   The Council **noted** that the full minutes of the public meeting held on 22 October 2020 had been approved by correspondence, and published shortly thereafter, alongside abbreviated minutes of the closed meeting held on the same date.

5. Matters Arising and Rolling Actions List

5.1   The Council **noted** the actions list and agreed that all items labelled 'suggest complete' should be marked as completed. The Council was content with the progress of the other live actions.

6. Decision Log

6.1   The Council **noted** that it had considered thirteen matters via correspondence:

   a.   Appointment of the SPC Chair and SPC Members – the Council had approved the appointment of Sir Ross Cranston FBA as the new SPC Chair, HHJ Philip Sycamore and Carol Ashton as new lay Members of the SPC and Serbjit Kaur MBE as a new registrant Member of the SPC. These members would commence their four-year terms of office on 1 January 2021.

   b.   Access to Free Reserves – the Accounting Officer, Chair of Council and Chair of the Finance and Performance Committee (FPC) had approved access to free reserves in the sum of £8,500 to meet the cost of recruiting an additional Member to the SPC.

c. <u>Chair and Chief Executive Appraisal Process</u> – the Council had approved a new, streamlined process.

d. <u>Process for the Appointment of an Independent Member to the Audit and Risk Committee (ARC) and Policy on the Appointments of non-Statutory Committee Members</u> – the Council had approved the process to recruit a new independent Member of the ARC and the revised policy on the appointment of non-statutory Committee Members.

e. <u>Extension of the Chair's Strategy Group (CSG)</u> – the Council had approved the extension of the CSG until 28 July 2021.

f. <u>Managing Interests for Council Members and Independent Governance Associates – Policy</u> – the Council had approved a revised policy.

g. <u>Gifts and Hospitality for Council Members and Independent Governance Associates – Policy and Annual Report</u> – the Council had approved a revised policy and noted the annual report.

h. <u>Review of Financial Policies and Procedures</u> – the Council had approved the Financial Policies and Procedures 2021, Financial Delegated Authority 2021 and Council Member and Associates Expenses Policy 2021. The Council agreed that these policies would continue to be reviewed by the Council annually. The Council also approved the Procurement Exception Policy 2021, the staff expenses policy 2021, the Anti-Fraud, Bribery and Corruption Policy 2021 and the Corporate Credit Card Policy 2021. The Council agreed that these policies would, in future, be approved by the EMT as they related to the operational management of the organisation.

i. <u>Quality Assurance Decisions</u> – this paper was noted. It would be communicated onwards to the Privy Council.

j. <u>Public Affairs, Policy and Media Update and Stakeholder Engagement Report</u> – these papers were noted.

k. <u>Research Programme – Update</u> – this paper was noted.

l. <u>Annual Reports on Committee Effectiveness</u> – these papers from the ARC, FPC, Remuneration and Nomination Committee (RemNom) and CSG were noted.

m. <u>Promoting Professionalism – Update</u> – this paper was noted.

7. Assurance Reports from Committee Chairs

7.1 The Chair of the Audit and Risk Committee (ARC) updated the Council on the work of the ARC since the last Council meeting. The Committee had met once and had considered the timetable and plan for the GDC's Annual Report and Accounts for 2020, the strategic risk register (SRR) in detail and the Board Assurance Framework (BAF) and the Committee had conducted a deep dive into the effectiveness of governance. The Committee had considered internal audit reports on risk management reporting and People Services (where substantial assurance was available) and had approved the internal and external audit plans for 2021. The Chair of ARC also noted that the Executive continued to act promptly implementing internal audit recommendations. The Council heard that the Committee would conduct deep dives in 2021 into areas of strategic risk which were largely outside of the control of the organisation, such as EU Exit, legislative reform and Covid-19, to scrutinise organisational resilience to deal with them

7.2   The Chair of the Finance and Performance Committee (FPC) updated Council on the work of the FPC since the last Council meeting. The Committee had met once and had considered the organisational performance data and analysis, a second iteration of the work on performance and productivity during the pandemic, an update on the work of the Education Quality Assurance function an update on Organisational Development key performance indicators. The Committee had also considered the proposals around the Defined Benefit pension scheme and scrutinised the investment strategy for 2021 and the Fitness to Practise action plan. The Council heard that the Committee would continue to scrutinise performance and resource in Fitness to Practise at its meeting in February 2021, alongside the ongoing scrutiny work around productivity during the pandemic.

7.3   The Chair of the Remuneration and Nomination Committee (RemNom) updated the Council on the work of the RemNom since the last meeting. The Committee had met once and had considered the Chair and Council Member recruitment process for 2021. The Committee had taken assurance that the organisation's drive for diversity within the recruitment process was a key focus and that this would be supported by the external recruitment partner and a clear communications plan. The Committee had also scrutinised the recruitment process for the independent Member of the ARC, the assurance of the EMT reward policy and the Council Members and Associates Expenses Policy.

7.4   The Chair of Council updated the Council on the work of the Chair's Strategy Group (CSG) since the last meeting. The Group had met once and had considered the ongoing work around the GDC's presentational and communications approach and an update on the economic impact of Covid-19 on the dental sector from the research team. The Council heard that both streams of work would return to the Group in the new year and would be presented to Council at an appropriate point.

7.5   The Council **noted** the updates.

8.   Statutory Panellists Assurance Committee (SPC) – Annual Report

8.1   The Chair of the SPC presented the annual report of the Committee and highlighted the key areas of scrutiny and oversight that it had conducted in 2020. The Committee had monitored a large programme of in-house recruitment of statutory panellists which had been successful in the appointment of 52 new posts. This had taken place remotely, due to Covid-19, and staff involved had been resilient and adaptable. The Council noted that there would likely be some benefit in cross-organisational discussion, perhaps at the RemNom, of any lessons learned from that exercise to inform wider Member recruitment exercises. The Council discussed the ongoing issues presented by attracting and appointing suitable DCP candidates into these roles and that there continued to be work to be done in this area. The Council also noted the continuous development of the panellist cohort had been facilitated by the Committee's scrutiny of Quality Assurance feedback through the various assurance mechanisms in place. The Council noted the view of the outgoing Chair of SPC that the use of remote hearings and any attendant impact on their quality would continue to be a challenge to be monitored by the organisation.

8.2   The Council **noted** the update and thanked the outgoing Chair and SPC Members for their commitment and service to the organisation.

9.   Council and Chair Appointments Process

9.1   The Executive Director, Legal and Governance presented the paper which outlined the proposed recruitment approach for the appointment of a new Chair and Council Member in 2021. The RemNom had scrutinised and recommended the process to the Council.

9.2   The Council **discussed** the following:

a.   The need for maximum diversity in the candidate pool was imperative and would be challenging. A strong communications approach and effective communication with the external recruitment partner would support this. There would also be the need for careful candidate management, given the lengthy process required to move from initial application to appointment to the Council.

b.   Special care should be given to ensure that the GDC's policies and PSA's policies on conflicts of interest were clear to candidates to ensure that prospective candidates were aware of the approach that would be required to be taken in that respect.

c.   Panellists would undertake unconscious bias training, and this would be built into the timetable.

d.   Communications with DCP stakeholders would also be key. Utilising existing Council Members to speak to their experience as Council Members might prove a fruitful way of allaying any fears or concerns from this group as to the possibility of combining a Council role with their existing employment responsibilities.

9.3   The Council **approved** the recruitment approach and high-level timetable for recruitment.

The Head of Public Policy joined the meeting.

10.   Review of the Corporate Strategy

10.1   The Executive Director, Strategy and the Head of Public Policy presented the paper which outlined a revised approach to strategic priorities for the organisation. The Council heard that the changing environment necessitated a dynamic approach to strategy. The exercise that had taken place did not revise the fundamental principles in the strategy but attempted to respond to the changed environment and to re-cast the strategic aims for clarity.

10.2   The Council **discussed** the following:

a.   The Covid-19 pandemic had highlighted healthcare access inequalities and the organisation had an interest in understanding the extent of this, and how the additional pressures of the pandemic impacted the dental professions. The Council noted the implications for patient access to treatment if dental practices and dental laboratories continued to be affected. The Council heard that the team were participating in research across the healthcare professions to further this understanding.

b.   The team provided assurance that the research discussions that had taken place to inform the strategy were fine grained and involved outreach to dentists, the various DCP groups and the public.

c.   Careful thought was required as to how the updated strategy should be communicated, both internally to staff and Associates, and to external audiences. There continued to be a need for clear and accessible information to be available to the public, to further understanding of the GDC's regulatory role and remit, and to the professions to support improved patient care. The Council asked the team

to consider the inclusion of an element of strategic ambition to support public understanding of desirable clinical outcomes, by working with key stakeholders. This approach would build on the work conducted as part of Shifting the Balance.

10.3   The Council agreed that the paper was clear, well expressed and thanked the team for their work on reviewing the strategic approach. Accordingly, the Council **approved** the revised Corporate Strategy, subject to the refinements outlined above.

The Head of Public Policy left the meeting.

The Policy Manager joined the meeting.

11.   Scope of Practice – Purpose and Approach

11.1   The Executive Director, Strategy and the Policy Manager presented the paper which outlined options for a review of the Scope of Practice for the dental team. The primary purpose of the document was to protect patients and the team were keen to explore the approach of merging the Scope of Practice guidance with existing guidance and to take an evidence-led approach to setting high level reserved duties.

11.2   The Council **discussed** the following:

a.   Consideration of whether the organisation could have a simpler approach of dental professionals being trained, competent and indemnified was superficially attractive but there were clear benefits to providing additional detail to support registrants to manage roles within the dental team and that gave clarity around expectations and parameters for practice. The work was both timely and intended to be supportive to practitioners managing the most appropriate care pathways for patients.

b.   The proposals to consult with the professions about the approach were welcomed by the Council and the communications approach around any potential changes would need to be carefully considered.

c.   A patient-facing version of the guidance, once the registrant-facing document was prepared, would also be beneficial.

11.3   The Council was content with the direction of travel for the work and the proposed approach (Option 3).

The Policy Manager left the meeting.

The Head of Finance and Procurement and the Head of Business Intelligence, Delivery and PMO joined the meeting.

12.   Organisational Performance – Q3 of 2020

Part A: Financial Review and Forecast

12.1   The Head of Finance and Procurement presented the paper and outlined that, for Quarter 3 of 2020, income had been £0.5m lower than budgeted. This was largely due to exam deferment and had been offset by investment income and sales of assets which had reached the end of their useful life. Expenditure was £5.6m lower than budgeted and this underspend was as a result of the impact of Covid-19 on planned activities. These activities were incorporated into the Costed Corporate Plan period for 2021-2023. There was a forecast operating surplus of £5.9m by the end of year and the reserves at the end of the CCP plan period were forecast to be at 3.6 months – a reduction from the Q2 forecast outturn. The Council heard that the FPC were monitoring the forecast surplus closely and would reactivate pending projects if income risk did not crystallise and the

Executive were keeping under review the organisation's ability to commence work earlier within the year if it were possible to do so.

12.2   The Council discussed the provision of the Overseas Registration Exam (ORE) by the external supplier and noted that efforts were ongoing to attempt to safely hold exams in 2021 but, under current legislative constraints, this decision ultimately lay with the external provider.

12.3   The Council **noted** the update.

<u>Part B: CCP Quarterly Performance Report</u>

12.4   The Head of Business Intelligence, Delivery and PMO presented the paper and outlined the key performance insights. 37 of the 43 listed projects were on track and the six Amber rated projects were not expected to be delayed in relation to overall delivery. At the end of Q3, there were 28 FTE vacancies and recruitment activity had resumed in that quarter.

12.5   The Council **noted** the report.

<u>Part C: Balanced Scorecard</u>

12.6   The Head of Business Intelligence, Delivery and PMO presented the paper which provided key performance highlights and exceptions for the period. The Council heard that registration application volumes had increased across all routes, bar to the specialist lists, and this was a result of later graduation periods due to Covid-19. In relation to Information Governance, in this period there had been no major ICO or GDC impacts and the team had successfully responded to the highest volume of Freedom of Information requests since 2016. In relation to People Services, recruitment following probation success had increased to 87% in this quarter and, in relation to Governance, the team had delivered 16 more Board meetings in the period than had been planned and had improved performance since Q2 – with over 80% compliance on all KPIs. The Council discussed the spike in FOI requests and noted that the volumes had returned to a more normal level.

12.7   In relation to FtP timeliness, the Case Examiner to Hearings referral rate had decreased to 19% for the quarter. Cases had been postponed due to Covid-19 and a reduced hearings capacity presented challenges for the team. The Council heard that the Fitness to Practice Action Plan continued to focus on improvement areas and staff shortages had impacted delivery in this area. In relation to the Dental Complaints Service, the Council heard that a 10% decrease in performance from Q2 was as a result of delays in response times from dental professionals during Covid-19 and the impact of two large corporate practices that had closed where it had been difficult to establish a clear ownership structure.

12.8   The Council also heard that sickness absence, outside of Covid-19, had been lower than usual which may have been a result of less social mixing generally. The Council also heard that the FtP team were working with People Services to look at different ways to recruit into the team to improve resilience.

12.9   The Council noted that whilst the presentation of the data (with colour coding and arrows) was helpful, it requested that the team look again at the volume of the data that was presented in relation to organisational performance, with a view to streamlining the pack. When there was an issue about which the Council should be concerned, it would require more granular detail. When performance was as expected, the additional detail was not required. The Council heard that the team were working on this, following a request from the FPC, and would present proposals in the new year.

12.10 The Council **noted** the performance information.

The Head of Finance and Procurement and the Head of Business Intelligence, Delivery and PMO left the meeting.

13.   Any Other Business

13.1   There was no other business.

14.   Review of the Meeting

14.1   The Council noted that the papers for this meeting had been useful and that the agenda timings had worked well.

The meeting was closed at 11:45am

Number	Date of Council Meeting	Meeting Type	Minute no.	Subject	Action	Owner	Due Date	Status	Date Completed	Completed By?	Governance Comments	Business Comments	Outcome
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	16/03/2021	Live	TBC	IB/SK	The Council will consider GDC culture at a workshop in March 2021.	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	16/03/2021	Suggest complete	TBC	JC	FtP Performance Indicators have been considered by the FPC in Feb, May, June, July and the work will continue to be scrunitised by the FPC on behalf of the Council. Council received a further update at its October meeting and will receive a further update in March 2021.	This work has now been incorporated into the CCP and the project commenced in October 2020, with an expected completion date of January 2022. The Council will be asked to approve proposals around this project at its meeting in March 2021.	Suggest complete
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	16/09/2021	LIVE	TBC	SCz	This workstream has been re-prioritised following COVID-19 and the update has been placed on the workplan for the Council in Sept 2021.		Remains live at present.

Date	Decision taken by	Agenda Item	Tabled for?	Outcome
25/02/2021	Council – by circulation	**EDI Strategy**	For decision	Approved.
10/03/2021	Council – by circulation	**EU Exit – Regulations Update and English Language Guidance**	For decision	Approved. The Council approved: • an amended version of 'Evidence for English language competence – guidance for applicants' and • made the General Dental Council (EU Exit) (Amendment) Regulations 2021.
15/03/2021	Council – by circulation	**Annual Appraisals and Draft Objectives for the Chair and Chief Executive**	For decision	To be confirmed post the Council meeting on 18/03/2021

Date	Decision taken by	Item	Tabled for?	Outcome
15/03/2021	Council – by circulation	**Annual PSA Report**	For noting	To be confirmed post the Council meeting on 18/03/2021
15/03/2021	Council – by circulation	**Annual Report on the Dental Complaints Service**	For noting	To be confirmed post the Council meeting on 18/03/2021
15/03/2021	Council – by circulation	**Annual Report on Information Governance**	For noting	To be confirmed post the Council meeting on 18/03/2021
15/03/2021	Council – by circulation	**Annual Report on the Use of the GDC Seal**	For noting	To be confirmed post the Council meeting on 18/03/2021
15/03/2021	Council – by circulation	**Refunds Policy**	For noting	To be confirmed post the Council meeting on 18/03/2021. In line with the Council's approach that operational policy matters should lie with the Executive, this policy will hereafter be approved by the EMT.

Board Effectiveness and Board Development

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Katie Spears, Head of Governance
Type of business	For discussion
Purpose	The Council is asked to discuss the proposed approach to Board development and Board effectiveness in 2021 and beyond.
Issue	To present for discussion the high-level approach to Board development and Board effectiveness planning.
Recommendation	The Council is asked to discuss the proposals outlined in the paper and provide guidance as to whether they represent the approach that the Council wishes to take in this area.

1. Key considerations

1.1 At its workshop in December 2020, the Council recognised that the organisation and Council had made significant progress against the delivery of the recommendations of the external review into Board effectiveness from late 2019. This progress continued despite the unexpected and numerous challenges of 2020.

1.2 As the work to deliver the final recommendations of that report continues in 2021, the team are also looking forward to the next tranche of Board effectiveness and Board development work that will continue in 2021 and beyond.

1.3 The Council has provided feedback as to its ambitions for the next period in the following three areas:
- There is ambition within the Council to increase the **diversity** of the Board.
- There is appetite for an ongoing programme of Board **development** to ensure that the Board continues to perform at a high level, both now and in its future iterations.
- In line with best practice, there remains a commitment from the Council to continue to review its own effectiveness annually, and to commission an external and independent review of its **effectiveness** every three years. The next external review into Board effectiveness is due in 2022.

1.4 The Organisational Development directorate will lead an aligned programme of senior leadership development and an examination of GDC culture, including the role that the Council plays in setting the tone for the organisation.

1.5 The Council is invited **to discuss** the high-level plans for improving the diversity of the Council (with a focus on the 2023 Member recruitment campaigns), the proposals for an ongoing programme of Board development and the areas to be addressed within the next external review of Board effectiveness in 2022.

2. Board Diversity

2.1 Since 2019, the Governance team has led a successful round of Council recruitment for three new Members and a further round is currently underway, with a view to recommending to the Privy Council the appointment of a new Chair and a further Member.

2.2 The Remuneration and Nomination Committee (RemNom) oversaw the process for these recruitment exercises, on behalf of the Council, and discussed any lessons learned from the

exercise in 2020. Both recruitment exercises have been focused on attracting a diverse pool of candidates. This diversity was sought both in respect of the composition of registrant community and the wider skills and attributes that those from diverse backgrounds can bring to the Council.

2.3   Feedback from the 2020 round of recruitment has provided some insight into why it was challenging for the organisation to attract a wide pool of DCP candidates and candidates from more diverse backgrounds. This ranged from the time commitment required of DCP candidates, development opportunities within the traditional DCP career paths and, for lay candidates, a lack of visibility of the organisation to the public as an attractive and fulfilling option for a non-executive appointment. There were also the additional challenges of the specific legislative requirements for the 2020 recruitment exercise around geographical location.

2.4   The current round of recruitment has again focused on ensuring a higher level of diversity from which the Selection Panels can make their recommendations. Initial feedback from the current round of recruitment suggests a wider candidate pool, which is encouraging, but there is likely to be benefit in a short, focused piece of research into how the GDC presents itself as an organisation to the wider world that will enable greater insight into how we can understand why the types of candidates we would like to attract might not yet be being reached.

2.5   Once we have a fuller understanding of the factors that affect the attractiveness of the organisation to a more diverse field, it is proposed that we take the following steps:

a.   Work with the Communications and Engagement team to ensure that we maximise our engagement opportunities with the public and professions to land our key message that the organisation is one where individuals can make a real difference to public protection and a fulfilling place to work.

b.   Utilise our existing networks within the registrant communities – such as within the Associate groups – and feedback from recent recruitment, to understand and challenge any perceptions that exist for DCP candidates who have been put off from applying to join the Council.

c.   Continue to develop our networks with other regulators and the wider sector to share knowledge, learning and innovative practices to meet the challenges in recruiting a diverse Board.

d.   Explore the option of a programme of attraction and development for individuals before they apply to join the Council.

e.   Exploring reducing the time commitment required for fulfilling a different type of role on the Council, perhaps as a development opportunity, in line with the approaches taken by some of our fellow healthcare regulators who are implementing Associate Board Member schemes.

f.   Exploring the potential role that the Council can play in improving its diversity – such as involving Council Members in wider engagement work.

2.6   It is proposed that we bring some of these ideas, in a more developed form, to the Council for a workshop discussion later in the year.

3.   Board Development

3.1   The feedback from the Council workshop in December 2020, which reviewed the organisation's progress in this area, has been grouped into thematic areas below:

a.   The Council was keen to continue to reduce the volume of papers on its agendas to ensure that there is space for more stewardship work. The work that has been done to take decisions via correspondence had helped this – particularly with the pressures associated within online meetings – and a clear process for marking that papers have

been read, understood and approved (or escalated to the substantive agenda) was important.

b. Using the Committee structure in the way that it is intended, to provide assurance to the Council, was key. This would continue to enable the Council's time to be spent engaged in the strategic work that it wishes to prioritise. The revised Terms of Reference for the Committees had provided a clearer structure, with better defined roles. The governance support for these meetings was considered to be strong.

c. There were areas that the Council would like to develop, and these will often vary amongst Members. A programme of development designed to complement those needs was important.

d. Workshop sessions in 2020 were fewer but better quality. They were most valuable when they were outcomes-focused and when more time was dedicated to discussion than presentation. These could be complemented by single issue sessions or Council dinners to facilitate the exploration of key strategic questions for the organisation.

3.2   The team is planning a programme of Board development for 2021 and the key areas for focus have been identified as follows:

a. Ongoing improvements to the induction and development programme that outline what 'high performing' means in the context of a Council Member, Chair and Committee role.

b. Designing and implementing a programme of Board development that focuses on the role of a Board member, quality conversations, constructive challenge, stewardship and assurance versus reassurance.

c. Using tools, such as Facet 5, to inform the collaborative approach of the Council.

d. Complementing the process for appraisal with individual evaluations – either using self-reflection or facilitated conversations.

e. Exploring an approach to 'cross mentoring' within the Council.

f. Creating space for the Council to engage in key strategic discussions, such as in workshops or Council dinners, and using external speakers where appropriate, to explore areas such as; innovation within dentistry and the regulatory approach to it, the task set by Parliament for the organisation and its boundaries, and the strategic approach to stakeholder engagement.

3.3   The Council is invited to **discuss** whether these are the right areas of focus or whether there are additional or alternative things that it would like to see included in a programme of ongoing Board development.

Board Effectiveness

3.4   The Council reflected on its effectiveness throughout 2020 at its December workshop and, listening to that feedback, the team has begun work early to capture the key questions that the next iteration of an external review into effectiveness might ask.

3.5   The areas that the team have been considering for inclusion are set out below. The Council's view is sought on whether these are the right areas or whether there are other strategic priorities that we should bring forward.

a. What are the key areas of focus for the Council for the next external review?

b. What does high performance look like in terms of:

o   the Council?

o   a Council Committee?

o   individual contributions?

   c.   How could the organisation best measure effectiveness in these areas?

   d.   How best can we support Board development?

   e.   How best can we commence work in this area to allow the incoming Chair to input into the plans?

   f.   What are the Council's ambitions for the governance framework? The Audit and Risk Committee have set the challenge that, now improvement works have been embedded, we should aspire to a more modern framework - what would that look like for the Council?

   g.   How can the Executive and the Council work most effectively together? How do we foster an ongoing relationship of trust and openness? Is this a Council ambition or is a different type of relationship desirable to promote effective challenge and scrutiny?

   h.   How would the Council like to work in a post-pandemic environment and how will this complement new organisational ways of working?

   i.   How can we ensure that the positive elements of the culture created by the Council survives for future iterations of the Board?

3.6   The areas upon which the Council would like to focus will have a bearing on the procurement for external support for this work. Accordingly, clarifying ambitions early - with a view to seeking input from the incoming Chair later in the year - has been identified as a priority for the team.

Next Steps

3.7   In relation to Board development, there appear to be two key streams of work to deliver this year.

   a.   The promotion, attraction and development of prospective Members to the Council to increase the diversity of the Board; and

   b.   The programme of Board development to support new and existing Members to continue to be a high performing Board.

3.8   The views of the Council are sought as to whether the proposals outlined above will take this work in the direction needed to meet the ambitions of the Council in this area.

Appendices

   a.   None

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04 March 2021

Organisational Performance – Q4 2020 Review

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Gurvinder Soomal, Executive Director, Registration and Corporate Resources Samantha Bache, Head of Finance and Procurement Dave Criddle, Head of Business Intelligence, PMO & Delivery
Type of business	For discussion
Purpose	To present Council with the quarterly organisational performance key points and supporting reports which are reviewed for assurance.
Issue	The paper reports on the key considerations for organisational performance across CCP budget and delivery covering the Q4 2020 performance period.
Recommendation	The Council is asked to: • Discuss and note the main report and appendices.

1. Introduction

1.1 This report provides a summary of the key points raised within organisational performance across the GDC relating covering the Q4 2020 performance period.

1.2 Annex 1 is a paper detailing streamlining changes to the Organisational Performance Reporting Suite. The changes have been approved by EMT on 9 February 2021 and FPC on 25 February 2021 and the Q4 2020 reporting for Council applies the streamlining changes proposed.

1.3 Annex 2 is the CCP Quarterly Performance Report which provides dashboards and strategic insights of GDC performance in relation to delivery of the CCP towards the Corporate Strategy aims.

1.4 Note - A Financial Forecast annex will be provided to Council in Q1-3 reporting but this is not applicable to Q4 reports as the year end position is reported.

2. Assurance

2.1 The full suite of detailed Q4 2020 operational performance reports were reviewed by EMT at the 9 February 2021 meeting and the key points and narrative provided in this report have been endorsed by EMT.

2.2 Post review, the Accounting Officer confirmed that this organisation performance paper and its annexes raises all appropriate issues in relation to organisational performance for the reporting period. Note that FTP performance is covered in greater detail in the FTP Action Plan update.

2.3 FPC reviewed Organisational Performance at the 25 February 2021 meeting, where they discussed the following:

   a. The Organisational Performance cover paper containing the key considerations on Financial Performance, CCP Delivery and operational performance.

   b. The CCP Quarterly Performance Report to highlight strategic delivery progress and key performance successes and exceptions.

   c. An abridged Balanced Scorecard containing the key performance areas of the business.

   d. The summary of key drivers for budget expenditure variance at the end of 2020.

2.4   FPC endorsed the Q4 2020 organisational performance reporting to progress to Council review.

3.   Q4 Financial Summary

3.1   At the end of December 2020, the GDC's provisional operating surplus was £9.2m higher than budgeted at £8.4m.

   a.   Income is £0.3m lower than budgeted.

   b.   Expenditure is £8.0m lower than budgeted for the period.

   c.   An unrealised gain of £1.5m has been recognised in respect of our investment portfolio over the year.

3.2   The table below summarises the provisional result of the income and expenditure account for the 12 months ending 31 December 2020.

	2020 Actual	**2020 Budget**	**Variance Forecast to Budget**
	£000	**£000**	**£000**
Income			
Fees	38,254	38,031	223
Investment income	345	-	345
Exam income	501	1,588	(1,087)
Miscellaneous income	193	-	193
Total Income	**39,294**	**39,619**	**(325)**
Expenditure			
Meeting fees & expenses	3,469	4,540	1,071
Legal & professional	4,786	7,639	2,854
Staffing costs	18,496	19,987	1,491
Other staff costs	547	1,075	528
Research & engagement	457	800	343
IT costs	1,131	1,450	319
Office and premises costs	1,516	2,118	602
Finance costs	574	354	(221)
Depreciation costs	1,508	1,148	(360)
Contingency	(50)	1,308	1,358
Total expenditure	**32,434**	**40,419**	**7,985**

	2020 Actual	2020 Budget	Variance Forecast to Budget
	£000	£000	£000
Unrealised gain/(losses) on investments	1,491	-	1,491
Operating surplus/(deficit) before tax	**8,351**	**(800)**	**9,151**

3.3   The end of year position remains subject to final accounting adjustments, through the preparation of our Annual Report and Accounts, as well any audit adjustments identified.

3.4   Income was £0.3m lower than budgeted due to the following:

   a.   **Exam income:** £1.1m lower than budget as a result of exam deferment due to Covid-19.

   b.   **Fee income:** a favourable variance of £0.2m against budget. The key points to note are a £0.1m adverse variance on initial Dentist and DCP registrations due to timing differences against predicted activity levels, offset by £127k additional ARF received in the 2020 Dentist and 2019/20 DCP collection and restoration activity and £179k application processing fees above budgeted levels.

   c.   **Investment income:** is £345k over budget due to increased levels of dividends received against budgeted levels during 2020.

   d.   **Miscellaneous income:** is currently over predicted levels largely due to £40k received from the sale of assets reaching the end of their useful life, £26k received in secondment income and £101k received in furlough income from HMRC.

3.5   Expenditure was £8.0m lower than budgeted of which: £1.6m is a result of recurring savings, £4.1m is a result of 'one-off' savings achieved at the end of Q4 2020 and £2.3m are savings resulting from timing differences.

3.6   The key variances for expenditure being lower than budget are included in the performance summary within the CCP Quarterly Performance Report in Annex 2.

3.7   2020 Budget v's Actual for Strategic Aims - whilst we do not capture cost or time recording at strategic aim level, we have, for the close of the year, applied the same methodology at apportionment of costs that is used in the production of the CCP. This has resulted in an apportioned budget v actual per strategic aim detailed in the CCP Quarterly Performance Report in Annex 2. Whilst we have incurred a material underspend against budget as a direct consequence of the pandemic, this exercise has confirmed that we have broadly incurred our expenditure in line with the planned proportions set out in our CCP 2020-22 across our strategic aims. Given the time taken to apportion costs, we are only able to complete this exercise currently on an annual basis.

4.   Q4 Establishment & Organisational Development Summary

4.1   The market is volatile and, once recruitment recommenced in Q3, our experience indicated that it was not behaving as we might have expected. Some roles, particularly those offered as fixed term contracts, are proving difficult to fill, requiring an adjustment in our approach. Other roles are attracting large volumes of candidates – often of high calibre. Turnover reflects the market position and remains low.

4.2   There has been a significant focus on supporting staff wellbeing and resilience in 2020. Overall sickness levels have fallen 20% year on year, which would appear to reflect

a combination of wellbeing interventions coupled with a reduction in the opportunity to become sick and then infect others in the workplace. It is also probable that individuals feel able to continue to work from home with minor ailments that they might have otherwise called in sick for. It is noted that other organisations are reporting similar trends as a direct result of lockdown working from home arrangements.

4.3   At the end of December 2020, the total headcount is 342.3 which is 19.6 FTE less than the budgeted 361.9. This is largely attributed to the reduced activity earlier in the year as a result of Covid-19.

5.   Q4 CCP Delivery Summary

5.2   The key points for noting on CCP delivery are detailed below. Additional progress updates against each strategic aim and their related projects are provided in Annex 1.

5.3   Registration application process changes for international registrants were implemented on 31 December, ready for the EU exit on 1 January 2021.

5.4   The feasibility evaluation with external consultants on the introduction of payment by instalments for the ARF progressed through Q4. The recommendations report is delivered in January 2021 and is to be reviewed by EMT and FPC in February, and then to Council for approval in March.

5.5   The introduction of digital audio recording systems within the Hearings Suites in Wimpole Street was fully completed in Q4 to enable full recording of all hearings held.

5.6   Work on developing remote hearings implementation & improvements was originally due to complete in December 2020, however it is felt that the project requires further ongoing review and refinement and so has been extended to June 2021 to allow this.

6.   Q4 Operational Performance

6.1   Operational performance was discussed in detail within the full Balanced Scorecard report reviewed by EMT and the abridged version reviewed by FPC. The key highlights and exception points for noting on operational performance are detailed below.

Highlights

6.2   Across Q4, leading up to the EU exit deadline of 1 January, we observed a significant increase in dentist assessment applications from exempt persons holding overseas qualifications. The 216 applications received was a notable increase from the 60 received in Q3.

6.3   The DCS had faced issues with case resolution timeliness in Q3 with the closure of two major private dental practices, resulting in patient not being able to contact the practices, also adjustments to processes resulting from COVID-19 impacts. Q4 has seen the case resolution timeliness returned to 90% completed within 3 months in Q4, and improvement of 19% from the issues faced in Q3.

6.4   In Registration, despite still high volumes of applications, target performance for active processing time was maintained within 6 of the 8 application routes. The 2 exceeding target are Restoration, at 16 days over the target average of 14 days; however, 375 applications were completed which is 29% higher than forecast. The UK DCP route is 7 days over the target threshold of 14 days.

Exceptions

6.5   There was one data security incident classed as a major ICO impact in Q4. A panellist's personal laptop which included emails and notes to and from the GDC was breached, with content downloaded by a third party through a telephone scam. An incident review was carried out by the Information Governance team and a decision taken not to refer the

matter to the ICO as the rights and freedoms of GDC data subjects impacted did not meet the threshold for self-reporting to the ICO.

6.6   In the External Legal Presentation Service (ELPS), 3 of the 8 cases (38%) met the disclosure timeliness target of 98 days in Q4, against a target of 80% of cases. Of the 5 cases exceeding the 98 days, 1 was a complex, multi-CE referral case requiring a further CE referral needing to be investigated, 1 case was due to difficulties securing an expert and 3 were due to delays finalising factual and expert evidence.

6.7   22 out of 27 initial assessments for Interim Order Committee cases were heard within 28 working days of receipt in Q4, which is a proportion of 81% and 14% below the target performance level. Of the 5 cases which exceeded 28 days, 1 case was listed as per instructions from registrar to be heard at the same time as an already listed IOC review, 1 was postponed for a week while the GDC sought clarification about some aspects of the CE decision, 1 was delayed while clarification was sought about the basis for referral, 1 was postponed by the panel on the day and 1 was the earliest available date in the schedule.

7.   Appendices

- Annex 1 - Organisational Performance Reporting Suite Proposal
- Annex 2 - CCP Quarterly Performance Report Q4 2020

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04 March 2021

Organisational Performance Reporting Suite Proposal

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	David Criddle, Head of Business Intelligence, PMO & Delivery Samantha Bache, Head of Finance and Procurement
Type of business	For decision
Purpose	This paper presents a proposal for streamlining the suite of quarterly organisational performance reports which are reviewed for assurance by EMT, FPC and Council. It provides the next stages of development following on from the introduction of the integrated 'CCP Quarterly Performance Report' in 2020.
Recommendation	Council is asked to: • Discuss and approve the proposal for amendments and recommended options to quarterly organisational performance reporting.

1. Background

1.1 Following the 2019 review of Board Effectiveness review by Deloitte, recommendations were made to streamline performance reporting and provide clearer assurance to Council of progress against strategic aims.

1.2 The first development was to create an integrated report appropriate for the Council audience, detailing progress against delivery of the CCP budget, headcount and portfolio, and the strategic aims of the Corporate Strategy 2020-2022.

1.3 This integrated report, entitled the 'CCP Quarterly Performance Report' was prototyped with data from Q1 2020. Council approved the report in July 2020 to be fully implemented and run in parallel to the existing organisational performance suite throughout 2020.

1.4 The design approach of the 'CCP Quarterly Performance Report' was also adopted in a redesign of the GDC Balanced Scorecard, which was introduced for quarterly reporting in the Q2 2020 report.

1.5 The period of parallel running on the 'CCP Quarterly Performance Report' in 2020 has come to an end with feedback from FPC & Council for the Q2 2020 and Q3 2020 versions being positive.

2. Streamlining Objectives

2.1 Both FPC and Council have given a clear steer that they want to see an increasingly streamlined reporting pack, so the objective of this proposal is to further streamline the organisational performance reporting suite progressing through EMT, FPC and then onto Council.

2.2 The current suite of reports has been analysed regarding the assurances and the level of detail provided in each report. They have then been evaluated to identify opportunities to

avoid duplication of content and provide the appropriate level of detail and narrative at each stage of review.

2.3   The changes are proposed in stages, with the first stage of streamlining delivered for the Q4 2020 reporting. This was presented to EMT on 9 February 2021 and FPC on 25 February 2021.

3.   Current Assurances

3.1   The assurances currently provided across the full organisational performance reporting suite are listed below:

   a.   Financial Budget: GDC level Income & expenditure - actual v's plan

   b.   Financial Budget: Directorate level budgets - actual v's plan

   c.   Financial forecast - GDC level

   d.   Financial forecast - Directorate level

   e.   Headcount FTE GDC level - actual v's plan

   f.   Headcount FTE Directorate level - actual v's plan

   g.   CCP Portfolio Delivery progress

   h.   Operational Performance – Balanced Scorecard

   i.   Strategic Risk Register

   j.   Operational Risks

3.2   Appendix A details the current reporting suite and illustrates:

   a.   the current reports providing content mapped to each assurance,

   b.   which reports are currently received by EMT, FPC and Council,

   c.   the level of detail or summary information provided to each EMT, FPC and Council currently in these reports.

4.   Proposed Revisions – Principles for report progression

4.1   This proposed streamlining approach tailors the material presented to each Board / Committee according to their function:

   a.   The EMT has responsibility for the operational management of the organisation and a responsibility to escalate key issues to the appropriate oversight groups.

   b.   The FPC has responsibility for scrutinising and challenging the Executive on organisational and financial performance. It requires a data set which highlights key performance issues or exceptions and does not require an excess of operational detail.

   c.   The Council has overall responsibility for the strategic direction of the organisation and takes assurance from the FPC that organisational performance is being scrutinised robustly on its behalf. Accordingly, it requires a high-level overview of organisational performance, with key areas for concern being flagged clearly.

4.2   The following principles are defined to provide assurance that the appropriate focus items according to each Board / Committee's function are escalated from EMT to FPC, and then from FPC to Council, during each reporting quarter.

4.3   Following approval of this paper, these principles will be captured into PMO procedures for monitoring the report development between the governance stages.

4.4   **Principles for Organisational Performance report progression**:

     a.   EMT receive all detail level reports for their review, without a cover paper. This is to ensure the full report content is reviewed and enable EMT to discuss and highlight the appropriate items to focus on for the next stage of FPC review.

     b.   An Organisational Performance cover paper will be created at the FPC stage which will focus on the key financial updates and performance in delivery to the CCP which EMT feel should be highlighted to FPC. In this the Accounting Officer will confirm that the reports provided to FPC contain the appropriate items for focus. The cover paper will be further abridged for Council to focuses on the key CCP performance updates and strategic considerations.

     c.   FPC provide Council with an assurance report each quarter detailing their review analysis of the Organisational Performance reporting and the assurance they have taken from the Accounting Officer.

     d.   The reporting suite is layered, whereby the full detail report versions are created for EMT and then these are abridged appropriately for FPC and then Council. As such, report rework between governance stages is to remove unnecessary content and focus the narrative but not to redevelop reports, providing further assurance that the content was reviewed within the earlier governance reviews.

     e.   Through ongoing review of the reporting suite with EMT, FPC and Council, further opportunities to streamline will be assessed, and iterative change improvements made.

5.   Proposed Revisions Stage 1 - Streamlining

5.1   The current reporting suite at each level (as shown in Appendix A) has been evaluated to identify opportunities for streamlining and stage 1 applies the following principles:

     a.   Where there are duplicates of the assurances provided, it is proposed that duplicate reports are removed or sections are removed, so to avoid repeated information as much as possible.

     b.   Where the level of detail provided is felt to have opportunities to be either removed or raised to a higher level, these opportunities are proposed.

5.2   Accordingly, the analysis observations and proposed actions in Stage 1 are detailed in the table below:

Analysis Observation	Proposed Actions
Cover Paper level of detail – currently the cover paper level of detail is adjusted slightly for FPC and Council, but details still contain metrics on KPI performance and variance trends. There are simple opportunities to tailor and raise the level of detail within the cover paper as appropriate to each FPC and Council, with detail remaining in the main report.	Provide an Organisational Performance cover paper to FPC and Council which adheres to the Principles for Organisational Performance report progression stated in section 4.

Analysis Observation	Proposed Actions
The Bridging Paper Report and the CCP Quarterly Performance Report provide the same level of summary assurance data for: • Financial Budget: GDC level Income & expenditure - actual v's plan • Headcount FTE GDC level - actual v's plan • CCP Portfolio Delivery progress	Remove the Bridging Paper report from the suite and retain the CCP Quarterly Performance report for these assurances. CCP Quarterly Performance report narrative tailored towards Council for highlighting strategic considerations and less datacentric.
The Strategic Risk Register (SRR) is duplicated in its specific separate report and in the CCP Quarterly Performance Report.	Remove the SRR sections from the CCP Quarterly Performance Report. FPC do not require assurance of the SRR and Council receive the separate SRR report already.
Financial Performance Report paper – This report provides GDC wide and Directorate level summary & detail assurances of budget and headcount actual v's plan. This report is currently in reading room for FPC but key financial data is represented in the cover paper, with the additional directorate line by line budget information removed from the cover paper.	Retain the full Financial Performance Report paper for EMT only. For FPC the Organisational Performance cover paper will include the key sections for Financial Performance, including GDC wide income & expenditure, GDC headcount position and a high-level directorate summary of budget & headcount position.
The CCP Quarterly Performance Report contains summary level information for CCP Portfolio delivery assurance of key progress and issues. The detailed CCP Portfolio Status Report reports by exception on all projects in the CCP Portfolio and is additional detail not essential for FPC provided that key points are included in the CCP Quarterly Performance Report.	The fully detailed CCP Portfolio Status Report is retained for EMT but removed for FPC. Council does not review this. For FPC the CCP Quarterly Performance report will ensure that highlight key CCP Portfolio assurances of project deliverables, key milestones met, plan changes and significant issues impacting delivery.
EMT currently receive the Bridging Paper cover paper as well as all detailed separate reports. To focus EMT review on the detailed reports the cover paper could be omitted at EMT level.	The Organisational Performance cover paper is to be only created for FPC and Council review and not EMT. It incorporates key review insights highlighted by the EMT review of the detailed reports.
Operational Risks are included currently in Bridging Paper and so are supplied to FPC but are not an assurance required by FPC. EMT receive the Operational Risk Register separately.	Remove the Bridging Paper report and do not include information on operational risks elsewhere in the FPC / Council level reporting.

Analysis Observation	Proposed Actions
Balanced Scorecard – The quarterly Balanced Scorecard is a complete GDC wide operational performance report with the primary assurance audience being EMT. FPC currently receive the full Balanced Scorecard in the 'reading room' but not as a substantive paper. Council currently review the full report as a substantive paper. The full EMT version of the report has many operational level sections, some of which may not be relevant to the Council review and raises opportunities to strip back the detail sent to Council.	**EMT** - continue to receive the full Balanced Scorecard and steer the focus of the report content and performance indicators included. **FPC** – to receive an abridged Balanced Scorecard as a substantive paper (not in the reading room). Sections are removed which are focused on the operational management of the business: Suggested to retain for FPC: • Key Performance Indicators section • EMT Actions • Finance page 1 – Organisational Income, FtP Expenditure, Non-FTP Expenditure, Pension Funding Scheme • Registration – retain all sections • Fitness to Practise – retain all sections • Legal & Governance – Information Governance performance indicators • Legal & Governance - Illegal Practice Performance Indicators • Organisational Development – retain all • Strategy – retain all Suggested to remove for FPC: • Indicators by Directorate RAG summary • Change request details for approval as these are already approved by EMT and FPC • Finance pages 2 & 3 – Financial Reporting Timeliness, Fees and Expenses Payments Timeliness, Invoices and Refunds Timeliness, Adherence to Purchase Order Policy, Organisational Efficiencies • IT Performance Indicators • Facilities Indicators • Legal & Governance - Governance • Legal & Governance - External Prosecution Performance Indicators • Legal & Governance - IACE Performance Indicators **Council** – to no longer receive the Balanced Scorecard report at all but FPC provide assurances to Council within their quarterly performance review analysis report.

5.3   The Stage 1 changes result in the more streamlined pack illustrated in Appendix B. In summary Stage 1 streamlining will result in as follows:

5.4   **EMT**:

a.   Will be presented with the CCP Quarterly Performance Report (to highlight strategic delivery progress and key performance successes and exceptions), the full Balanced Scorecard (to outline in detail the GDC wide areas of performance success and exceptions), the full CCP Portfolio Status report (providing detailed project status by exception) and the full range of financial reporting material (to facilitate the operational running of the organisation).

b.   EMT will no longer see the Bridging Paper and its cover paper following Q4 2020 reporting.

5.5   **FPC**:

a.   Will be presented with an Organisational Performance cover paper to summarise the key considerations on Financial Performance, CCP Delivery and Balanced Scorecard performance, the Accounting Officer assurance statement (assuring that key considerations are highlighted with reports), the CCP Quarterly Performance Report (to highlight strategic delivery progress and key performance successes and exceptions), an abridged Balanced Scorecard (containing only key performance areas of the business) and the Financial Forecast Paper (for a forward-looking view at the budget).

b.   FPC will no longer see the Bridging Paper and its cover paper following Q4 2020 reporting. Also, the Financial Performance Report paper will be removed following Q4 2020 reporting but will remain in the FPC reading room for Q4 2020.

c.   There will no longer be any reports held in the FPC reading room following approval of this proposal and the Q4 2020 report review.

5.6   **Council:**

a.   Will be presented with an Organisational Performance cover paper to summarise the key considerations on Financial Performance and CCP Delivery and Strategic progress, the FPC assurance report (providing the committee review of quarterly performance), the CCP Quarterly Performance Report (to highlight strategic delivery progress and key performance successes and exceptions) and the Financial Forecast Paper (for a forward-looking view at the budget).

b.   Council will no longer see the Balanced Scorecard and the detail within the cover paper will be abridged following FPC review to focus on the key CCP performance updates and strategic considerations.

5.7   Stage 1 is implemented for Q4 2020 reporting development which were reviewed by EMT 9 Feb 2021 and FPC on 25 Feb 2021 and by Council on 18 March 2021.

6.   Proposed Revisions Stage 2 – More Dashboards

6.1   For stage 2, the reporting packs have been evaluated to identify opportunities adding further visual dashboarding for ease of comprehension.

6.2   Stage 2 proposes the following changes to be implemented for Q1 2021 reporting, which will be review by EMT 11 May 2021, FPC 27 May 2021 and by Council on 24 June 2021.

6.3   For both the 'Financial Performance Report paper' and the 'Financial Forecast paper', Stage 2 will redevelop the papers to be more dashboard focused and align the design theme style with the CCP Quarterly Performance Report and the Balanced Scorecard.

6.4   The reports will retain the ability for the full report to be reviewed by EMT but abridged sections to progress to FPC & Council where appropriate.

7. Ongoing Review

7.1 Following the implementation of Stage 2, it is proposed these changes are tested and refined through the 4 quarters of 2021 reporting.

7.2 During each quarterly review feedback from FPC and Council will be captured for suggestions of further improvements or opportunities to streamline. It is proposed then for these further change requests captured during 2021 to be addressed for inclusion within the 2022 reporting cycle.

8. Legal, policy and national considerations

8.1 The Legal & Governance team are consulted in the review and approval stage of this proposal to ensure that EMT, FPC and Council are receiving reporting for all assurances they are required to provide within their Terms of Reference.

9. Equality, diversity, and privacy considerations

9.1 Privacy considerations are not changed with this proposal. The existing Governance team control mechanisms for Board, Committee and Council papers distribution and security. Reporting content is considered for privacy in creation and report reviewed by EMT.

9.2 There are no implications within this paper for people with protected characteristics, as such data is not reported within this suite.

9.3 There are no implications or changes proposed within this paper which impact the EDI approach of the organisation.

10. Risk considerations

10.1 The relatively low impact risk with this proposal is that through the review of the streamlined reporting suite; EMT, FPC and Council, identify additional assurance details they require. In that instance, the reports can be adapted accordingly and promptly.

11. Resource considerations and CCP

11.1 The teams who already produce the organisational performance reporting suite will continue to produce the reports. Once the streamlining and design changes are implemented, the reporting pack will be more efficient to produce than current suite.

12. Monitoring and review

12.1 The reporting suite and new requirements will receive continuous monitoring and review by EMT, FPC and Council. The PMO will lead on capturing requirements for continuous improvement.

13. Development, consultation, and decision trail

13.1 PMO and Finance have developed the core proposal. The changes were then reviewed with the Executive Director of Registration & Corporate Resources, CEO, and the chair of FPC before EMT approval on 9 February 2021 and FPC on 25 February 2021.

14. Next steps and communications

14.1 Following Council approval, this proposal will be confirmed and implemented.

Appendices

    a. Appendix A – Current Organisational Reporting Suite

    b. Appendix B – Proposed Revisions Stage 1 – Streamlining

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02 March 2021

Appendix A - Current Organisational Performance Reporting

Each report is flagged if summary or detail level is included and if the report contains visual dashboards

Quarterly Assurance	EMT	FPC	COUNCIL
Financial Budget: GDC level Income & expenditure - actual v's plan	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) Financial Performance Report paper (detail, dashboards)	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) Financial Performance Report paper (detail, dashboards) READING ROOM	Organisational Performance cover paper (summary) CCP Quarterly Performance Report (summary, dashboards)
Financial Budget: Directorate level budgets - actual v's plan	Bridging Paper Report (summary, dashboards) Financial Performance Report paper (detail, dashboards)	Bridging Paper Report (summary, dashboards) Financial Performance Report paper (detail, dashboards) READING ROOM	
Financial forecast - GDC level	Financial Forecast Paper (summary, detail)	Financial Forecast Paper (summary, detail)	Financial Forecast Paper (summary, detail)
Financial forecast - Directorate level	Financial Forecast Paper (summary)	Financial Forecast Paper (summary)	
Headcount FTE GDC level - actual v's plan	Bridging Report cover paper (summary) CCP Quarterly Performance Report (summary, dashboards)	Bridging Report cover paper (summary) CCP Quarterly Performance Report (summary, dashboards)	Organisational Performance cover paper (summary) CCP Quarterly Performance Report (summary, dashboards)
Headcount FTE Directorate level - actual v's plan	Financial Performance Report paper (detail, summary, dashboards)	Financial Performance Report paper (detail, summary, dashboards) READING ROOM	
CCP Portfolio Delivery progress	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) CCP Portfolio Status Report (detail, dashboards)	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) CCP Portfolio Status Report (detail, dashboards) READING ROOM	Organisational Performance cover paper (summary) CCP Quarterly Performance Report (summary, dashboards)

Quarterly Assurance	EMT	FPC	COUNCIL
Operational Performance	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) Balanced Scorecard (detail, dashboards)	Bridging Report cover paper (summary) Bridging Paper Report (summary, dashboards) CCP Quarterly Performance Report (summary, dashboards) Balanced Scorecard (detail, dashboards) READING ROOM	Organisational Performance cover paper (summary) CCP Quarterly Performance Report (summary, dashboards) Balanced Scorecard (detail, dashboards)
Strategic Risk Register	Bridging Paper Report (summary, dashboards) Strategic Risk Register (detail, dashboards) CCP Quarterly Performance Report (summary, dashboards)	Bridging Paper Report (summary, dashboards) Strategic Risk Register (detail, dashboards) READING ROOM CCP Quarterly Performance Report (summary, dashboards)	Strategic Risk Register (detail, dashboards) CCP Quarterly Performance Report (summary, dashboards)
Operational Risks	Bridging Paper Report (summary, dashboards) Operational Risk Register (detail, summary, dashboards)	Bridging Paper Report (summary, dashboards)	

Appendix B - Proposed Revisions Stage 1 - Streamlining

Changes Summary:	- An Organisational Performance cover paper is created for FPC and Council review. For FPC it focuses on the key financial updates and performance in delivery to the CCP which EMT feel should be highlighted to FPC. The cover paper is further abridged for Council to focus on the key CCP performance updates and strategic considerations and implications. EMT do not have a cover paper to review full detail reports. - The Financial Performance Report is only seen by EMT. For FPC and Council the key sections for Financial Performance, including GDC wide income & expenditure, GDC headcount position and a high-level directorate summary of budget & headcount position are included in the Organisational Performance cover paper. - The CCP Quarterly Performance Report is the main report to highlight strategic delivery progress and key performance successes and exceptions for CCP Portfolio delivery assurance. - The fully detailed CCP Portfolio Status Report which contain exception level detail on all projects is retained for EMT but removed for FPC. Council already did not review this. - Remove the Bridging Paper report from the suite entirely and retain the CCP Quarterly Performance report for the assurances listed against this report. - Remove the SRR section from the CCP Quarterly Performance Report. FPC do not require assurance of the SRR and Council receive the separate SRR report already. - Operational Risks are only required by EMT. By removing the Bridging Paper report, it removes operational risks reported to FPC. Council already did not review this. - Balanced Scorecard – EMT receive the full report. FPC receive an abridged version removing detailed internal operational sections. Report is removed for Council.

Quarterly Assurance	EMT	FPC	COUNCIL
Overall Assurance		The Accounting Officer assurance statement (assuring that key considerations are highlighted with reports)	The FPC assurance report (providing the committee review of quarterly performance)
Financial Budget: GDC level Income & expenditure - actual v's plan	CCP Quarterly Performance Report (summary, dashboards) Financial Performance Report paper (detail, dashboards)	Organisational Performance cover paper (Financial Performance, CCP Delivery and Balanced Scorecard performance) containing Financial performance) CCP Quarterly Performance Report (summary, dashboards)	Organisational Performance cover paper (Financial Performance, CCP Delivery and Strategic progress summary tailored for Council with higher level summary than FPC) CCP Quarterly Performance Report (summary, dashboards)

Quarterly Assurance	EMT	FPC	COUNCIL
Financial Budget: Directorate level detailed budgets - actual v's plan	Financial Performance Report paper (detail, summary, dashboards)	*Not received*	*Not received*
Financial forecast - GDC level	Financial Forecast Paper (summary, detail)	Financial Forecast Paper (summary, detail)	Financial Forecast Paper (summary, detail)
Financial forecast - Directorate level	Financial Forecast Paper (summary)	Financial Forecast Paper (summary)	*Detail removed from report*
Headcount FTE GDC level - actual v's plan	CCP Quarterly Performance Report (summary, dashboards)	Organisational Performance cover paper (summary overall GDC level only) CCP Quarterly Performance Report (summary, dashboards)	Organisational Performance cover paper (summary overall GDC level only) CCP Quarterly Performance Report (summary, dashboards)
Headcount FTE Directorate level - actual v's plan	Financial Performance Report paper (detail, summary, dashboards)	Organisational Performance cover paper (summary level only)	*Detail removed from cover paper*
CCP Portfolio Delivery progress	CCP Quarterly Performance Report (summary, dashboards) CCP Portfolio Status Report (detail, dashboards)	Organisational Performance cover paper (summary key strategic updates only) CCP Quarterly Performance Report (summary, dashboards)	Organisational Performance cover paper (summary key strategic updates only) CCP Quarterly Performance Report (summary, dashboards)
Operational Performance	CCP Quarterly Performance Report (summary, dashboards) Balanced Scorecard (detail, dashboards)	Organisational Performance cover paper (summary key strategic points only) CCP Quarterly Performance Report (summary, dashboards) Balanced Scorecard (abridged version removing internal operational sections)	Organisational Performance cover paper (summary key strategic points only) CCP Quarterly Performance Report (summary, dashboards)
Strategic Risk Register	Strategic Risk Register (detail, dashboards)	*Not received*	Strategic Risk Register (detail, dashboards)
Operational Risks	Operational Risk Register (detail, summary, dashboards)	*Not received*	*Not received*

CCP Quarterly Performance Report
Quarter 4 2020

Type of business:	For discussion
For Council only:	For public session
Issue:	To present the Q4 2020 CCP quarterly performance for discussion. This report provides a strategic view of GDC performance in relation to delivery of the CCP towards the Corporate Strategy.
Recommendation:	The Council is requested to discuss and note the report
Decision Trail:	EMT 9 February 2021 FPC 25 February 2021 Council 18 March 2021

The key performance insights in Q4 2020 are:

Finance Overview: Across the organisation, the provisional outturn for 2020 was an expenditure of £32.4m, which is £8.0m lower than budgeted. The key variances are:

- £1.7m reduction in legal and professional fees, resulting from the impact of COVID-19 on the FtP pipeline of activity feeding into the Legal and Governance Directorate. This is expected to be a deferment of costs, which we will likely see the impact of in Q4 2021.
- £1.5m relates to staff cost savings across all directorates due to vacancies, delays in recruitment through the first pandemic lockdown and the decision to not apply a pay award for staff in April 2020.
- £1.4m of unrequired contingency budget held for 2020, which releases back to free reserves at 31 December 2020.
- £1.2m as a result of the deferment of ORE examinations, which will be offset by a reduction in related income.
- £1.1m reduction in meeting fees and expenses, of which £0.9m is attributable to the deferment of hearings due to COVID-19, and a switch to running a number of hearings remotely in the later part of 2020.
- £0.5m saving in other staff costs, due to large reductions in business travel from a direct impact of COVID-19 travelling restrictions.
- £0.3m variance relating to the reprofiling of research expenditure, and deferment of some commissioned work which will now report in Q1 2021 instead.
- £0.3m reduction is IT expenditure, which is in part demand led by project needs, where CCP projects have been deferred to 2021.
- Budget v's Actual for each Strategic Aim has been added for end 2020 with narrative added on each Strategic Aim dashboard. This can be updated annually but not quarterly due to the nature of calculation being applicable to annual budget.
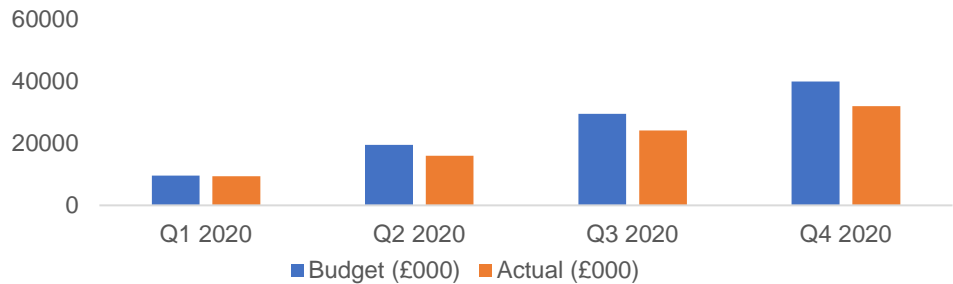
We have updated our forecast free reserves estimate based on the completion of the December 2020 Dentist ARF collection, latest income risk assumptions and the 2021 risks and opportunity review completed with budget holders. The latest assumptions around risk remain subject to EMT and FPC scrutiny.

CCP Delivery Overview: In Q4 changes were implemented to amend the routes to registration in preparation for EU exit on 1 January 2021. Prior to the deadline of 11pm GMT on 31 December 2020 there was a significant spike in dentist assessment applications observed as a result. The introduction of digital audio recording systems within the Hearings Suites in Wimpole Street was fully completed to enable full recording of all hearings held. The feasibility evaluation with external consultants on the introduction of ARF payment by instalments progressed in Q4, with the recommendations report being delivered in January 2021 and reviewed by EMT and FPC in February, and Council in March. Key projects updates and exceptions with action plans in place for recovery are shown in the Strategic Aim dashboards.

Establishment FTE Plan Overview: After recruitment recommenced in Q3, the market is volatile and our experience is showing that it is not behaving as we might have expected. Some roles, particularly those offered as fixed term contracts are proving difficult to fill requiring an adjustment in our approach. Other roles are attracting large volumes of high calibre candidates. Turnover reflects the market position and remains low.
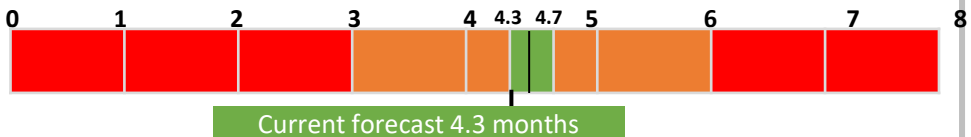
Organisational Development Overview: There has been a great deal of work concentrate on supporting staff wellbeing and resilience in 2020. Overall sickness levels have fallen 20% year on year this would appear to reflect a combination of wellbeing interventions coupled with a reduction in the opportunity to become sick and then infect others in the workplace and the likelihood that individuals feel able to continue to work from home with minor ailments that they might have otherwise called in sick for.
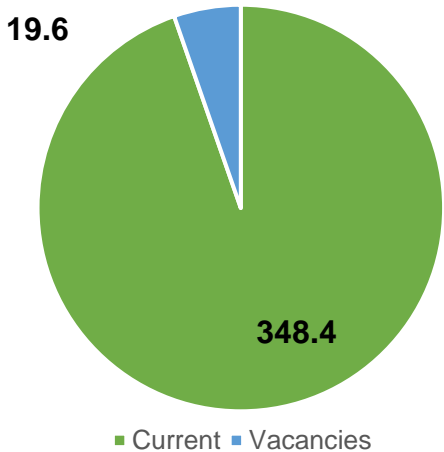
General Dental Council

2.1 - Strategic Aim 1: Career-long upstream regulation that upholds standards for safe dental professional practice and conduct.

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CCP Delivery – Project Progress

Plan v Actual

In Progress: Plan 10, Actual 10
Completed: Plan 1, Actual 0
Started this quarter: Plan 0, Actual 2

Legend: Plan, Actual

In Progress by Status

In Progress - On Track: 6
In Progress - Off Track: 3
In Progress - Major Issues: 1
On Hold: 0
Cancelled this period: 0

Legend: In Progress - On Track, In Progress - Off Track, In Progress - Major Issues, On Hold, Cancelled this period

KPIs

Q4: 14 (green), 10 (orange), 0

Budget v's Actual 2020

SA1: Budget 2020, Actual 2020

Name of KPI

This period: XX% (xx%)
Last period: xx%
12 mths ago: xx%
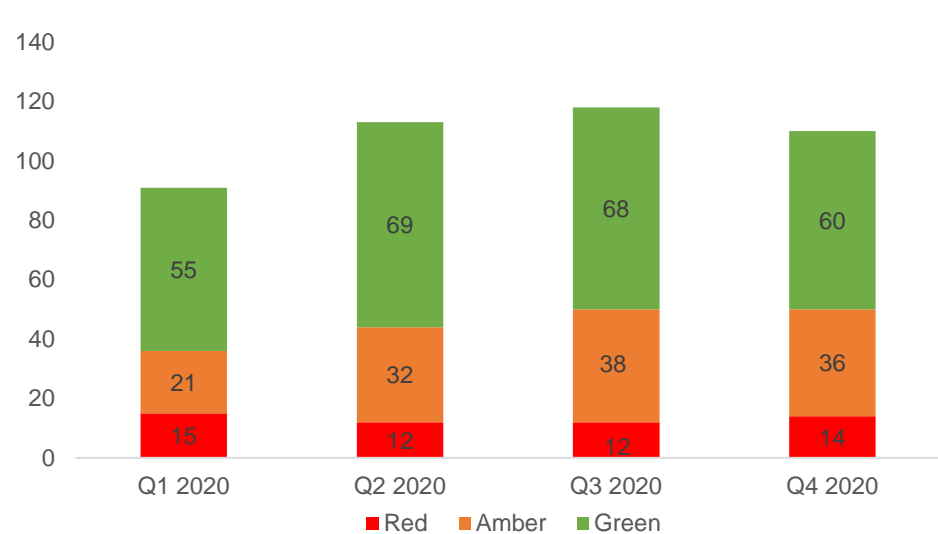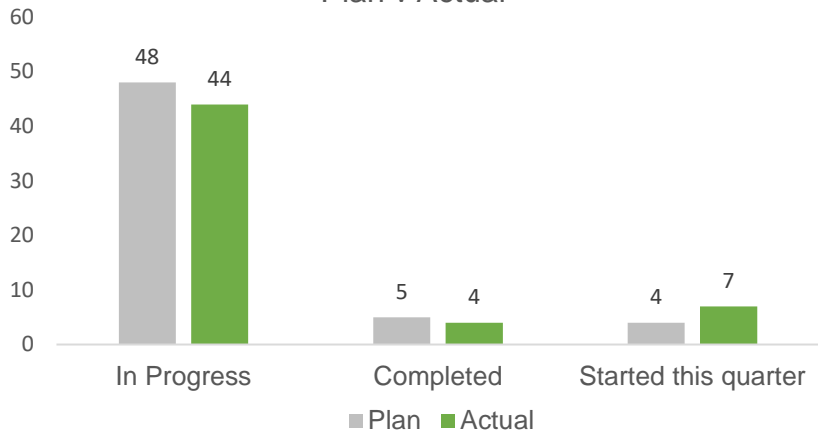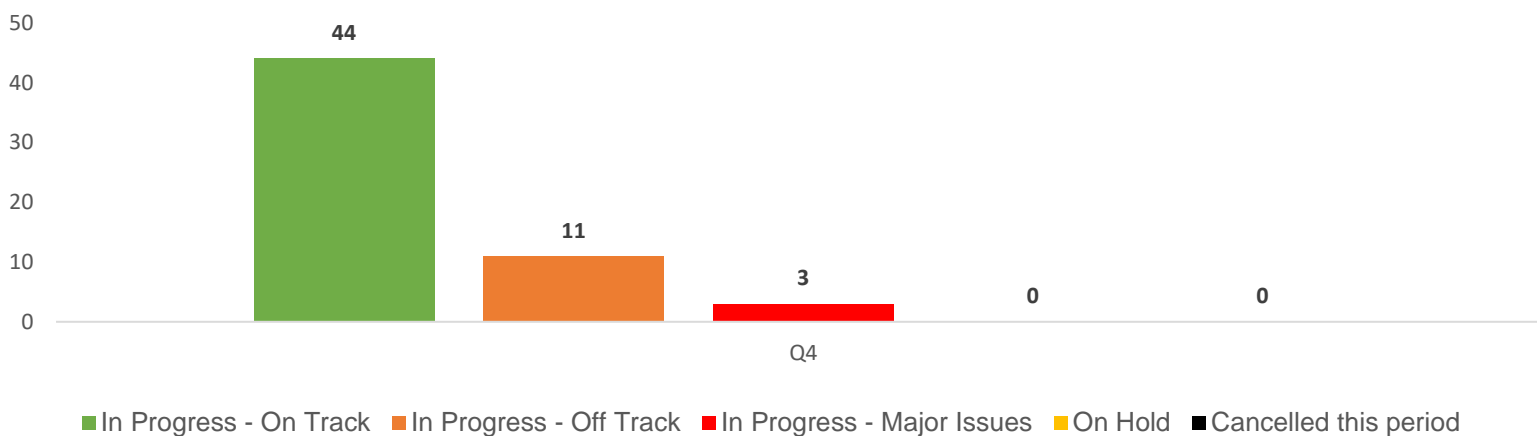
Note: Strategic Aim KPIs are planned for development in Q2 2021
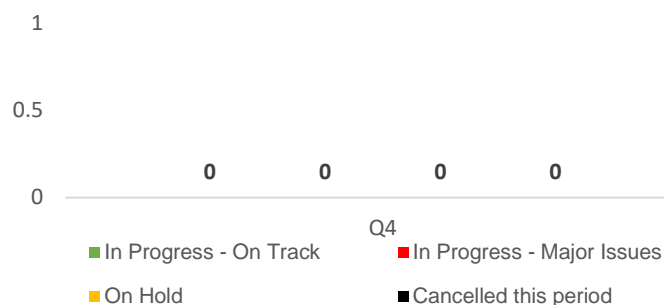
Progress Summary

- Much of the activity so far in 2020 was aimed at establishing 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. In order to establish that framework we have made progress with our approach to monitoring and evaluation and have built both outcome and impact measures into each initiative (e.g. professionalism). We are using the results of rapid evidence reviews to inform the development of our work in several areas, including CPD, professionalism and preparedness for practice.

- Alongside establishing the framework, we have made progress with several of our planned initiatives to support our move towards this aim, and detailed updates were provided to the Council on several of the relevant strands of work in December (e.g. promoting professionalism, scope of practice, guidance for management of dental professionals) but have also faced delays with some as a result of the pandemic. The monitoring and evaluation built into each of these initiatives should enable an improved understanding of the impact of individual components and their collective effect over the life of this strategy.

- There has been a significant increase in dentist assessment applications (from exempt persons holding overseas qualifications) in Q4, this is due to the UK's exit from the European Union as various routes to registration changed as of 11pm GMT on 31 December 2020. The 216 applications received in Q4 was a 260% increase from the 60 applications received in Q3.

- Revise the welcome packs provided to new registrants project – This was due to be completed in Q4 but is showing as red status as the work was delayed with the new packs rolled out in January 2021.

- SA 1 Budget v's Actual – Variances within Education & QA, from a reduction of in-person inspections for further education and a decision not to increase regulatory burden on universities during the initial lockdown of the pandemic. The apportionment of Aim 1 against other aims remains in line with that budgeted.
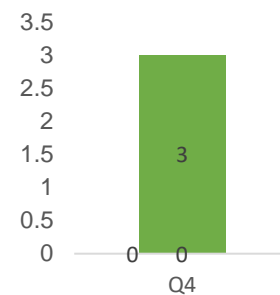
2.2 - Strategic Aim 2: Resolution of patient concerns at the right time, in the right place.

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General Dental Council

CCP Delivery – Project Progress

Plan v Actual

- In Progress: 0 0
- Completed: 0 0
- Started this quarter: 0 0

Plan ■ Actual ■

In Progress by Status

Q4: 0 0 0 0

■ In Progress - On Track ■ In Progress - Major Issues
■ On Hold ■ Cancelled this period

KPIs

Q4: 0 0 3

Budget v's Actual 2020

SA2

■ Budget 2020 ■ Actual 2020

Name of KPI

This period
XX% xx%

Last period
xx%

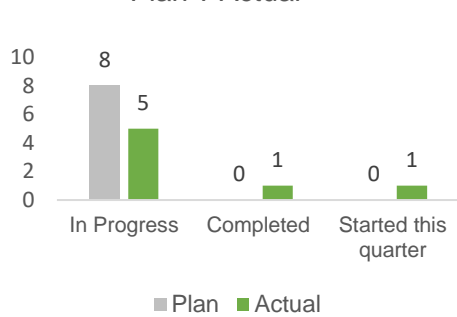12 mths ago
xx%
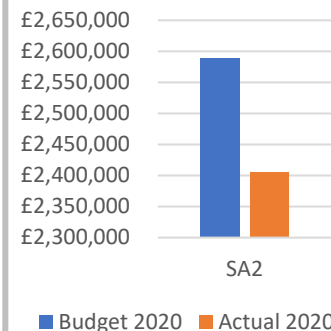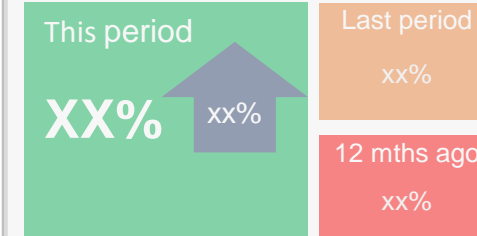
Note: Strategic Aim KPIs are planned for development in Q2 2021
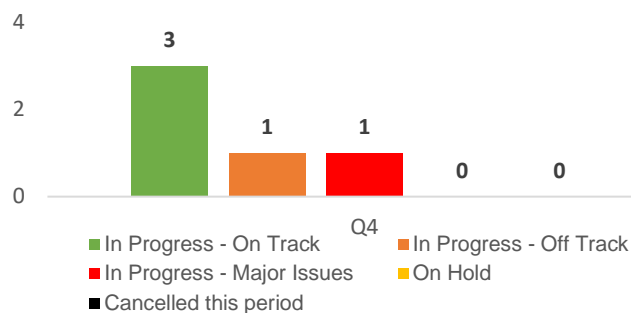
Progress Summary

- Some of our work to support progress towards this strategic aim was re-planned in Q2 2020 and is currently due to recommence in Q2 of 2021.

- Several pieces of work looking at our own data and that of our partners are underway, and will support a range of policy initiatives in 2021 and beyond.

- Over the quarter we have continued to make 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 the risk lie?
  - Where can we, and others better intervene?
  - How, working with others, can we better define our roles in an effective regulatory framework?

- This evaluation work will then be used to inform our work on human factors, and supporting the development of an environment in which risk is minimised.

- SA 2 Budget v's Actual – Due to the impact of the pandemic restrictions there were cancellations of DCS complaints panels and a reduced ability to engage using planned public events. The apportionment of Aim 2 increased 2% against the budget, resulting from the underspend level being comparatively higher across the other strategic aims.
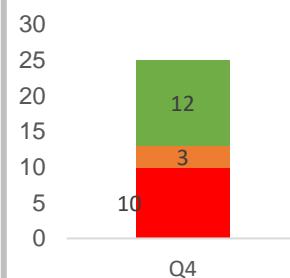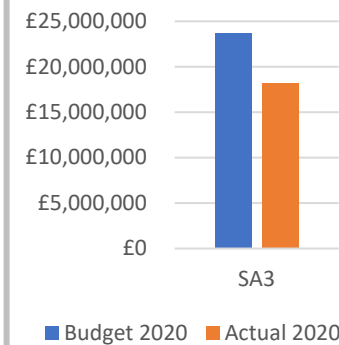
CCP Delivery – Project Progress
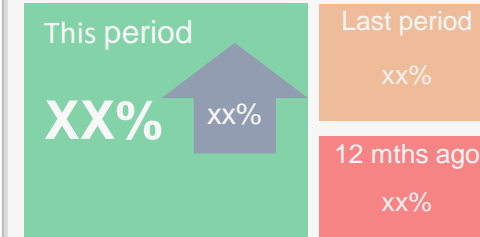
Plan v Actual

In Progress	Completed	Started this quarter
Plan: 8, Actual: 5	Plan: 0, Actual: 1	Plan: 0, Actual: 1

Legend: Plan (grey), Actual (green)

In Progress by Status

Q4:
- In Progress - On Track: 3
- In Progress - Off Track: 1
- In Progress - Major Issues: 1
- On Hold: 0
- Cancelled this period: 0

Legend:
- In Progress - On Track
- In Progress - Off Track
- In Progress - Major Issues
- On Hold
- Cancelled this period

KPIs

Q4:
- 10 (red)
- 3 (orange)
- 12 (green)

Budget v's Actual 2020

	SA3
Budget 2020	~£24,000,000
Actual 2020	~£18,000,000

Legend: Budget 2020 (blue), Actual 2020 (orange)

Name of KPI

This period: XX% (up arrow xx%)

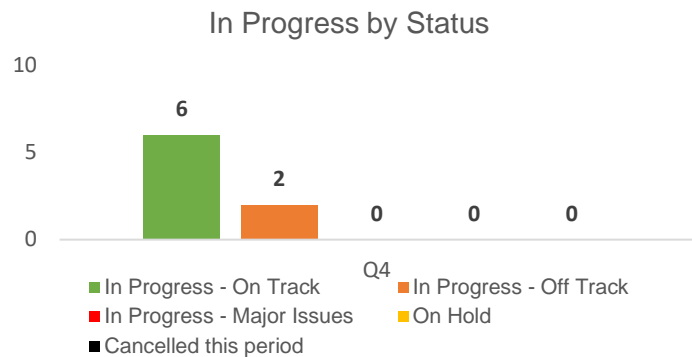Last period: xx%

12 mths ago: xx%

Note: Strategic Aim KPIs are planned for development in Q2 2021

Progress Summary

- Much of the progress in 2020 was aimed at 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. We are leading a cross-regulatory research project looking at the concept of seriousness within fitness to practise, aimed at ensuring proportionate regulatory interventions. The results of that work will inform policy development in 2021 and beyond.

- We are considering our approach to developing principles of regulatory decision making in light of shifting priorities over the course of 2020.

- The revisions to packs for instructing experts in FtP hearings was completed in Q4, with new design presentation packs produced. This project is showing as completed in Q4 as it was brought forward from an original completion of Q3 2021 due to it being easily progressed during lockdown arrangements.

- Developing remote hearings implementation & improvements is showing as red as this was originally due to complete in December 2020, however it is now felt the project requires further ongoing review and refinement, and as such a change request to extend the project until June 2021 is pending approval by the project board. Once the change request is approved the project will revert to green status and be reported to the new timescales.

- SA 3 Budget v's Actual – Reduced levels of referrals to FtP and Covid-19 restrictions causing deferment of Hearings has resulted in material legal underspend in 2020. In addition, there were financial efficiencies achieved against the budget as a result of the increase in of ILPS capacity, which saw a reduction in 3rd party legal costs and a switch to remote hearings.
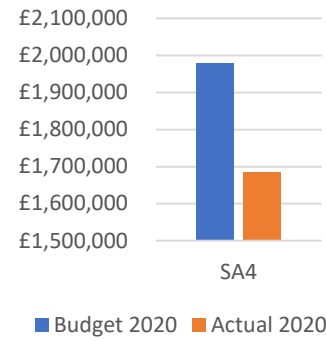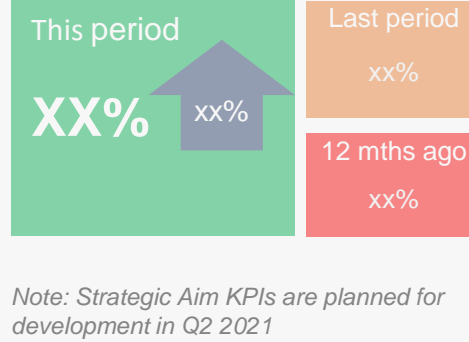
2.4 - Strategic Aim 4: Maintaining and developing our model of regulation in preparation for reform of our legislation.

gdc-uk.org

General
Dental
Council

CCP Delivery – Project Progress

Plan v Actual

- In Progress: Plan 8, Actual 8
- Completed: Plan 0, Actual 1
- Started this quarter: Plan 0, Actual 0

Legend: Plan, Actual

In Progress by Status

Q4
- In Progress - On Track: 6
- In Progress - Off Track: 2
- In Progress - Major Issues: 0
- On Hold: 0
- Cancelled this period: 0

Legend:
- In Progress - On Track
- In Progress - Off Track
- In Progress - Major Issues
- On Hold
- Cancelled this period

KPIs

There are no KPIs pertaining to strategic aim 4 reported this quarter

Budget v's Actual 2020

£2,100,000
£2,000,000
£1,900,000
£1,800,000
£1,700,000
£1,600,000
£1,500,000

SA4

Legend: Budget 2020, Actual 2020

Name of KPI

This period
XX%
xx%

Last period
xx%

12 mths ago
xx%

Note: Strategic Aim KPIs are planned for development in Q2 2021
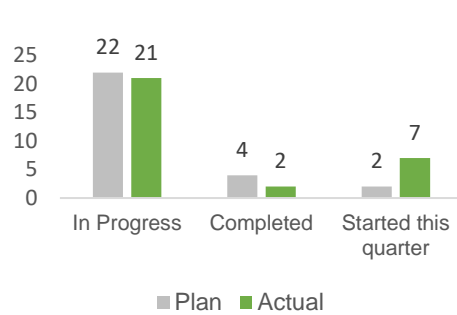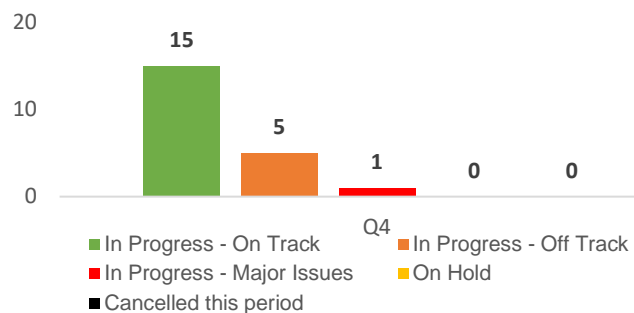
Progress Summary

- Significant progress has been made in relation to the government's regulatory reform agenda, and we have continued to influence that progress in terms of the overall policy applicable to all regulators. The timetable for the GDC's legislation remains uncertain, however, with the exception of our scheme for international registration, which is being dealt with as a priority by the DHSC and outside the timetable for the general regulatory reform. Work is well underway on the internal facing aspects of the work under this aim (boundaries of regulation).

- The effectiveness review of investigation and advocacy services project has completed in Q4, delivering the final report and recommendations for assurance as to the internal effectiveness that the team provides to the organisation. Following consultation the report and recommendations have been approved.

- SA 4 Budget v's Actual – In response to the pandemic, a re-profiling of Research Commissioning was undertaken and the effect of this re-scoping exercise is delivery of one off savings against budget. Whilst there was a favourable spend to budget for Aim 4, the apportionment against other aims remain in line with that budgeted.
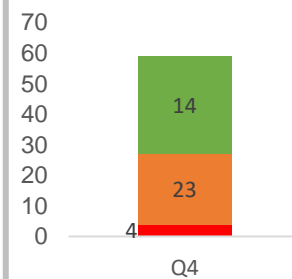
General Dental Council

2.5 - Strategic Aim 5: An outcome-focused, high performing and sustainable organisation.

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CCP Delivery – Project Progress

Plan v Actual

	In Progress	Completed	Started this quarter
Plan	22	4	2
Actual	21	2	7

In Progress by Status

- In Progress - On Track: 15
- In Progress - Off Track: 5
- In Progress - Major Issues: 1
- On Hold: 0
- Cancelled this period: 0

Q4

KPIs

Q4: On Track 14, Off Track 23, Major Issues 4

Budget v's Actual 2020

SA5 — Budget 2020, Actual 2020

Name of KPI

This period: XX%

Last period: xx%

12 mths ago: xx%

Note: Strategic Aim KPIs are planned for development in Q2 2021
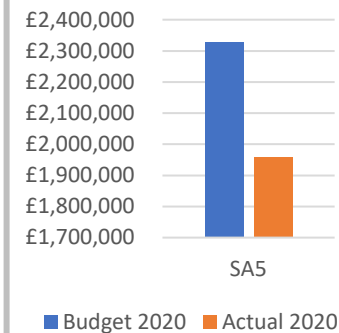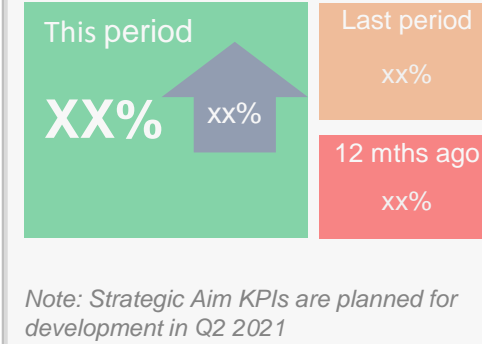
Progress Summary

- The structures that have been developed and put in place in the first half of 2020 to understand and support the organisation's performance have enabled more effective planning and monitoring through the COVID-19 pandemic. Focus on the CCP plan looking forward is on stability and long term financial sustainability. Monitoring is ongoing to understand operational priorities to ensure that in the event budgets are constrained, the essential work continues.

- The work for optimising remote working by replacing Skype with MS Teams was completed in Q4, with Skype removed and MS Teams fully embedded in day to day working. Also we completed a major upgrade to the CRM platform used for managing Registration and FtP operations. These are the 2 projects showing completed in chart above.

- The Introduction of new digital audio recording systems project implementation phase is complete and improves use of technology within the Hearings Suites in Wimpole Street. The project is closed in January 21, hence not shown as completed in Q4 in chart above.

- A new travel booking software has been implemented in Q4 enabling the direct booking of hotel and travel arrangements for staff and it is planned to expand to associates later in 2021. The project is closed in January 21, hence not shown as completed in Q4 in chart above.

- The contract of a new People Systems software for HR administration and effective people management, has been signed and the implementation plan for the system is being confirmed in January 2021.

- Internal Engagement Strategy & Action Plan development project is showing as red due to it being paused to enable the prior recruitment and involvement of a new Head of Communications and Engagement and this will delay the overall project timeframe.

- SA 5 Budget v's Actual – Reductions in expenditure on business travel, office support functions and learning and development activities as a direct consequence of the pandemic restrictions. Whilst there was a favourable spend to budget for Aim 5, the apportionment against other aims remain in line with that budgeted.

Fitness to Practise – Key Performance Indicators

Executive Director	John Cullinane, Executive Director, Fitness to Practise
Author(s)	John Cullinane, Executive Director, Fitness to Practise Dave Criddle, Head of Business Intelligence, PMO and Delivery Ravjeet Pudden, Programme and Portfolio Manager
Type of business	**For decision**
Issue	A proposal has been prepared to review and amend performance measures in Fitness to Practise (FtP).
Recommendation	The Council is asked to **approve** the proposals to review and amend KPIs in Fitness to Practise

1. Background

1.1 The current FTP Key Performance Indicators (KPIs) were introduced in 2016. The design process for the KPIs did not take into account the actual performance of FtP at the time and did not include any evaluation of what performance could be achieved within the statutory framework and with the resources available. Instead, the KPIs were set at levels which, if achieved, were likely to ensure that the PSA standard around FTP timeliness would be met.

1.2 Some of these targets, especially those covering the pre-Case Examiner stages of the FTP process, have never been met or have only been achieved inconsistently. Where targets are not met, there is often a significant margin between actual and target performance.

1.3 In June 2020, the Finance and Performance Committee (FPC) discussed revising the Fitness to Practise KPIs and asked for a proposal to be developed for a project to re-examine the KPIs and propose revisions. This was delayed while we examined a request to introduce an FTP product owner to assist with the technical aspects of the revision. This proposal was considered by the EMT and not approved and, accordingly, a revised proposal has been put forward to review KPIs in this area.

2. The proposal

2.1 The proposal for the FTP KPI review project is attached. It sets out an approach to ensure that the new performance measures will provide assurance for Council and external stakeholders about the performance of the FTP Directorate, and that they are fair, transparent and achievable. In creating these KPIs, we will use the improved data on CRM - for example, around streaming data.

2.2 In order to frame the consideration of the new KPIs, we have devised a series of questions, which were tested at the FPC workshop. These are set out in section 2 of the proposal. The project approach (section 7) builds on these questions, with four defined stages:

- **Stage one – building requirements specification**

This stage includes evaluating existing data and identifying and selecting revised KPIs.

- **Stage two – analysis and systems design**

  This stage includes mapping the KPI against CRM to ensure that the appropriate data is available to accurately measure against.

- **Stage three – development and implementation**

  This stage involves embedding the KPIs in systems and process, raising awareness of the KPIs across FTP and monitoring the data collection to ensure they are providing the expected outcomes.

- **Stage four – moving towards BAU and ongoing monitoring and evaluation**

  This stage includes post-project review and evaluation phases.

2.3   The timescales for the project are set out at section 8 of the proposal. The Council is asked to **approve** the proposed approach. Stage One is due for completion at the end of June 2021. During Stage Two, we have planned to report to FPC in September 2021, with a Council workshop to discuss the proposed new KPIs later that month. Following a period of consultation, the KPIs will be presented to Council for final approval in December 2021. Stage three is timed to avoid the IT change freeze period, with go-live for the revised planned for May 2022.

3.   Decision Trail

3.1   The EMT reviewed and approved the recommended proposal on 9 February 2021.

3.2   The FPC reviewed and endorsed the recommend proposal on 25th February 2021.

4.   Next steps

4.1   The Council is asked to approve the proposal to review and amend KPIs in Fitness to Practice. If approved, we will proceed with project initiation and the timescales presented within the proposal.

5.   Appendices

1.   FtP KPI Project Proposal

John Cullinane
Executive Director, Fitness to Practise
JCullinane@gdc-uk.org
4 March 2021

Fitness to Practise KPIs

Title	FtP KPI Review
Directorate	FtP
Anticipated Start Date	May 2021
Anticipated End Date	May 2022
Author	Ravjeet Pudden (Programme & Portfolio Manager) Dilvinder Sander (Project and Implementation Manager)
Business Sponsor	John Cullinane (Interim Executive Director, FtP Transition)
Alignment to corporate strategy objective	Strategic Aim 3: To use evidence, research and evaluation to develop, deliver and embed a cost-effective and right touch model for enforcement action. Strategic Aim 4: To maintain and develop the regulatory framework. Strategic Aim 5: Continue to develop an outcome focused, high-performing and sustainable organisation.

Version History

Revision Date	Version	Summary of Changes
14/07/2020	V0.1	Initial draft of Business Case
22/07/2020	V0.2	Draft
24/07/2020	V1.0	Final
11/12/2020	V1.1	Draft
16/12/2020	V1.2	Draft
08/01/2021	V2.0	Final

Distribution List - This document has been formally distributed to for consideration and or input:

Name	Title	Department	Version	Date
John Cullinane	Interim Executive Director, FtP Transition	FtP	V0.1 V0.2 V1.0 V1.2 V2.0	14/07/20 22/07/20 24/07/20 18/12/20 08/01/21
Clare Callan	Head of FtP Case Progression	FtP	V0.1 V0.2 V1.0 V1.2 V2.0	14/07/20 22/07/20 24/07/20 18/12/20 08/01/21
Shugafta Akram	Head of Change (FtP)	FtP	V0.1 V0.2 V1.0 V1.2 V2.0	14/07/20 22/07/20 24/07/20 18/12/20 08/01/21
Dave Criddle	Head of Business Intelligence, Delivery & PMO	Corporate Resources	V0.1 V0.2 V1.0 V1.1 V1.2 V2.0	14/07/20 22/07/20 24/07/20 23/11/20 16/12/20 08/01/21
Dilvinder Sander	Project and Implementation Manager	Corporate Resources	V0.1 V0.2 V1.0 V2.0	14/07/20 22/07/20 24/07/20 08/01/21

Ravjeet Pudden	Programme and Portfolio Manager	Corporate Resources	V1.1 V1.2 V2.0	17/11/20 17/12/20 08/01/21
David Platt	Registrar's Operational Adviser	Compliance	V1.1 V1.2 V2.0	23/11/20 18/12/20 08/01/21
Jenny Collard	Senior Programme and Portfolio Manager	Corporate Resources	V0.1	14/07/20
Richard Bloomfield	Programme and Portfolio Manager	Corporate Resources	V0.1	14/07/20

PMO use only

PM Central Reference	
Business Case Type (BA or PM Required?)	
Business Case Size (Small, Medium, Large - see Sizing Matrix)	
Decision (Approve or Reject, including rationale)	
Decision Date	
Decision Reason	

1. Executive Summary

1.1. The Professional Standards Authority for Health and Social Care (PSA) oversees the ten health and care professional regulatory organisations in the UK, including the GDC. The PSA promotes the health, safety and wellbeing of patients, service users and the public by raising standards of regulation and voluntary registration of people working in health and care.

1.2. The PSA assess regulators' performance against the Standards of Good Regulation (the PSA Standards) and check that a regulator protects the public and promotes confidence in health and care professionals and themselves.

1.3. The GDC uses performance indicators (KPIs) to determine the performance of the organisation. The current KPIs within the Balanced Scorecard and FtP Management Information reports were developed in 2016 to address timeliness, with the objective of setting targets which would achieve the PSA standards. At the time, regaining PSA standards for FtP was a major strategic driver, and the revised indicators were designed to give direct line of sight to our performance against these standards.

1.4. Timeliness KPIs for the PSA are derived from the existing FtP process structure and the aspiration to meet perceived median case timeliness performance standards. Examples include requiring a median time from receipt to the Investigating Committee/Case Examiner decision of 26 weeks and the median time from receipt to final hearing of 65 weeks.

1.5. While the PSA dataset records the median value in each category, the Executive Director of FtP at that time in 2016 did not think that this could replicated directly into a performance indicator, as a target of 50% was not robust enough. It was decided that the target should be a minimum of 70%, as anything less than this would not look robust.

1.6. The current balanced scorecard KPIs are not based on the actual performance of FtP at the time of creation, or any evaluation of what performance could be achieved within the statutory framework and with the resources available. The majority of current timeliness targets, especially pre-Case Examiner, have never been met since their creation in 2016, with most remaining a large distance away from meeting the targets.

1.7. A revision to our FtP KPI measures and targets seeks to ensure that we have a fair, transparent and achievable indicator to provide assurance for Council and other stakeholders about the performance of the FtP Directorate. Additionally, the revision will resolve current gaps in the analysis of historic performance and will help assist the FtP management team in operational management decisions.

1.8. Newly revised FTP KPI measures will enable us to use business intelligence to distil raw data into useful information. Meaningful data will be measured at a more granular level related to the stream categories and process stages of FTP cases but still enabling aggregation of the data for all cases where reporting dictates, such as for the PSA data set. The ability to break down data in this way will support both operational and strategic decision making; enabling us to see trends, understand and explore certain events and stay up-to-date with live information. Additionally, trend data will inform analysis which can assist with understanding the complexity of cases and allocating appropriate resource levels and capacity.

2. Reasons and strategic alignment

2.1. This proposed project is to design a suite of FtP KPIs which answer a core set of questions in performance throughout the FtP process stages and which are tailored to specific categories of case types. A new suite of FtP KPIs would assist in improving and then sustaining performance in the FtP Directorate.

2.2. To succeed in creating a new suite of FtP KPIs, the project will firstly consider what questions need to be asked in order to improve and then sustain performance in the FtP Directorate as well as defining what good looks like as a set of aspirational statements for each question.

2.3. We will then evaluate how effective the current FtP measures are in answering these questions, by considering:

- what are the current measures we use to provide insight to answering the questions?
- what are the gaps and limitations in the current measures, which restrict their ability to answer the questions accurately?

2.4. The core set of questions below were proposed during discussion with FPC on 22 May 2020 for their endorsement. These questions will allow us to understand how we measure performance across the FtP process and further scrutinise current targets as we explore and consider FTP KPIs. (for reference further information around *current gaps in measures* to each of these questions is in Appendix 2):

Questions	What does good look like?
Are the concerns being received by the GDC appropriate for us to assess?	• The upstream signposting and case resolution approaches we implement prevent cases that are not for the GDC being referred to us. • That for concerns raised a very high proportion are referred by IAT. • Cases not meeting threshold tests are identified and re-routed within X days of receipt.
Are we categorising cases correctly during initial assessment and assessment?	• That cases clearly affecting patient and public safety are identified and prioritised high for appropriate resource. • That we are factoring in risk at the right stage and monitoring throughout, with high risks cases dealt with in timely manner and possibly front loaded. • That categorisation is effective to inform both the process route for progressing the case and the target measures for each case. • That case categorisation definitions are consistent throughout all FtP process stages of investigation and prosecution to prevent inconsistent analysis. • That cases are identified and categorised correctly first time with minimal cases requiring reclassification, but we need to acknowledge that cases change and may need to be re-streamed.

Questions	What does good look like?
Are we progressing cases in a timely manner appropriately for the category of case at each process stage and reducing the age profile of the caseload at all stages?	• That cases have specific and appropriate measures and internal targets for the category and process stage of cases. • That we are resolving cases within the targets for each category and process stage. • That we have legitimate evidence from the internal targets and measures to inform PSA standards submission. • That the PSA quarterly dataset shows a reduction in number of aged cases in all three measures.
Are we managing caseload volume effectively?	• We have the correct roles owning cases of each category/stage and enough capacity to handle case volume. • That queue times between referral from one stage to the next stage progressing cases are minimised.
Are we making appropriate and consistent decisions to progress cases at each stage?	• That cases are not unnecessarily progressed to later stages. • That risk is identified and handled appropriately at all stages. • That there are reduced numbers of successful challenges against GDC decisions. • That hearing outcomes of no facts found, no action taken, no misconduct or FtP not impaired are minimised

2.5. This core set of questions is not exhaustive but provides a good foundation for the project to stem from. Further data analysis is planned during the *Building Requirements Specification* stage in parallel with PID development and this learning may result in additional questions that further support this process.

2.6. To ensure the success this project we will explore issues, inconsistencies and limitations in FtP operational and system management processes (such as the limited availability of case data in the CRM) and how they impede our ability to measure performance effectively and accurately. The project will then work to resolve these issues, to ensure that the future KPIs provide a fair indication of how the FtP Directorate is performing and offer insight into where there are performance issues that can be addressed.

2.7. The scope of this project will also include the review of Inhouse Legal Presentation Service KPIs as the Hearing Department's KPIs are dependent on the KPIs for the Inhouse Legal Presentation Service. Therefore, we need to consider their impact on the Hearings KPIs. As a result, this project will be working across both the FtP and ILPS departments to better understand KPI measurement (this includes understanding how these KPIs will be monitored through availability of relevant data collection).

2.8. We also need to consider that the Separation of adjudication function project may impact the Hearings KPI, as we would need to be able to track a case in a correlated manner throughout the entire process.

2.9. The approach we will follow to manage this project in stages has been explained further in section 7 *Project Approach* (page 11).

2.10. This project is linked to the following corporate strategy strategic aims:

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

- **Strategic Aim 4**
  To maintain and develop the regulatory framework.

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

3. Key dates and decision factors

Key dates and dependencies	Date
Business case sign off by SRO and CEO	26 January 2021
Business case considered by EMT	09 February 2021
Business case considered by Finance and Performance Committee	25 February 2021
Business case considered by Council	18 March 2021
Project Initiation Document (PID) sign-off	18 May 2021

3.1. Progress and status updates will be provided to EMT and FPC at regular intervals throughout the duration of this project

4. Business options

4.1. **Option 1: To analyse current FtP data and formulate new FtP KPIs that relate to performance measures tailored to specific categories and stages of cases (recommended option)**
This option would create a project team of SMEs to perform deeper analysis of current data and design a suite of category and stage specific performance measures for the end to end FtP process and define the data structures required to track this data. This approach would still allow aggregation of all cases for PSA reporting but provide detailed category insights for supporting narrative.

Following the creation of the new KPIs, CRM will then be developed to ensure effective reporting, SOPs and guidance will also be updated.

Option 1 also provides an opportunity to create data points that will inform capacity and resilience decisions in operational team management.

4.2. **Option 2: Retain current KPIs**
In the absence of revised measures, the existing KPIs would provide the sole metric against which internal and external stakeholders review FTP Directorate performance. As the measures have proved to be only partially successful as indicators of efficiency or effectiveness whilst some of the target levels are unachievable, continuing to measure performance against them would erode confidence in the GDC as an effective regulator.

The FtP measures will continue to be divorced from the actual performance of the FtP Directorate, or any meaningful evaluation of what performance could be achieved within

the statutory framework and with the resources available. Additionally, the GDC would be unable to present cost analysis of cases data to stakeholders.

5.   Benefits

Benefits details and type (Hard, soft, cost avoidance)	Current situation (Measured)	Expected outcome
Soft: Improved capacity and resilience projections	Current data analysis of total case volume does not inform capacity and resilience decisions in operational team management.	Senior FtP management team able to project resource requirements and improve department resilience when there are increased workloads.
Hard: Realistic and achievable FtP KPIs	Current FtP timeliness measures were designed to focus on obtaining PSA standards, which address total case volumes of any and all types. Current FtP KPI measure and data – Please see Appendix 1 for 2019 KPI data.	That cases have specific and appropriate measures depending on the type of case, and internal targets for the category and process stage of cases. KPIs give a fair and transparent view of FtP performance and are created through more nuanced use of case data. Current performance data used in new KPIs to create a baseline and show true FtP performance.
Hard: Improved data accuracy and analysis for FtP KPIs	Limited FtP Management Information reporting. Current data captured in CRM is not structured in a way to allow simple and accurate reporting. Not all case data is available in CRM and is tracked manually in prosecution stages.	Additional reporting for FtP Senior Management. Operational processes and data analysis to allow for identification of where early involvement of ILPS/ELPS might improve timeliness of cases. Comprehensive information identifying the average time spent waiting for information for each stage of case, which will allow us to determine how our overall timeliness performance is affected by external factors and to isolate the elements controlled by the GDC.
Soft: More rounded view of FtP	A lack of consistent view and categorisation of cases throughout all stages of investigation and prosecution. Different stages of FtP process reviewed in isolation.	More consistent and understandable story for all stakeholders.

		A consistent view of caseload volume flow and handling throughout the FtP process.
Soft: Improved learning and insight	Time consuming to gain learning and insight data. Limited data available due to current information captured in CRM and different approaches throughout the FtP process.	Learning and insight data captured in CRM. Uniformed approach across the FtP process to ensure data is easy to capture and review. Data to show the effect of moving upstream work.
Soft: Assist with gathering information on other improvements	Limited data and data measures available to show the real benefits of previous improvement work/projects.	New data measures and additional data recorded to provide information on success of previous improvement work/projects. Data and data measures to provide baseline for future projects benefit measures.

6.   Major risks

Please find a risk matrix within Appendix 3 to support this section.

Risk details	Cause and Consequences	Risk Impact	Risk Likelihood	Risk Score	Mitigations
Reputational damage to GDC	**Cause** • New KPIs show FtP performance has not improved • External stakeholders not understanding why we are changing the KPIs **Consequence** • External stakeholders may conclude that the GDC is not improving its performance • Undermining corporate strategy • External stakeholders disengaged	4	3	12	Project plan to incorporate Council workshop for draft KPIs, with discussion about how the Rules drive case progression. Council approval for new KPIs. Demonstrate new KPIs with old data to provide a baseline for future KPIs and to provide a true reflection of FtP performance. Engagement with external stakeholders. Demonstrate to external stakeholders the limitations of the FtP Rules and their impact on the FtP process, by developing case data to show how the current KPIs

	• GDC accused of masking true FtP performance				impede our ability to measure performance effectively and accurately and are not an indication of FtP performance. Consulting/informing PSA of changes to KPIs. Discussions with Policy Team regarding whether a consultation with the PSA is required.
Delay in delivery of the IT project deliverables	**Cause** • Competing priorities/ projects for IT and PMO • ARF IT freeze **Consequence** • Lack of IT and PMO resource • Unable to implement CRM changes • Project completion date may slip	2	3	6	Project planning to consider ARF IT freeze periods and other largescale IT projects. Engaging with PMO and IT colleagues regarding availability when scoping BI/Reporting and CRM changes.
Unable to implement full suite of CRM changes	**Cause** • CRM used by other Directorates at the GDC **Consequence** Any potential changes to CRM may impact other Directorates	2	3	6	Engaging with all CRM users. Discussion with CAB /IT Steering regarding changes and any potential effects on other Directorates and teams.
Reduced operational performance of the project	**Cause** • Conflicting priorities for SMEs **Consequence** • Inability to commit sufficient time to the project • Delay to project	2	3	6	SMEs to be involved in planning project stages. Early discussions with SMEs regarding other priorities. SMEs delegating work to colleagues. Project capacity projections.
Unable to implement	**Cause**	2	2	4	Structured approach to consideration of new KPIs.

improved KPIs	• Limitations in the data that can be captured in CRM. • Project team do not come up with better KPIs **Consequence** • Unable to track the changes in data that would be required for any new KPIs • No new KPIs				Analysis of what the KPIs should do and how they can be used. Engagement with PMO and IT regarding what data can be captured in CRM. Council workshop on proposed new KPIs.
New KPIs limited in scope	**Cause** • The data to be captured for future KPIs is not currently available in CRM **Consequence** • Lack of insight into what data can be captured in CRM by the project team	2	2	4	Engagement with PMO and IT regarding what data can be captured in CRM. Member of PMO/IT on the Project Board.
Project may impede or be impeded by another ongoing project	**Cause** • Interdependency with review approach to regulatory intervention (Seriousness) project **Consequence** • Learning from the review approach to regulatory intervention project may impact what the KPIs track and what data may be recorded.	2	1	2	Project team members involved in linked project and to keep Project Board updated on any potential issues/impacts from the linked project. Update meetings between PM and business lead for review approach to regulatory intervention (Seriousness) project regarding impacts. Incorporate any learning into the project plan and approach.

7. Project Approach

We will approach this work in the order of the four main project stages as outlined below;

7.1. Stage One: Building Requirements Specification

1. **Evaluating existing data**
   With refence to the core set of questions (see 2.4) we will be undertaking and utilising analysis of current data (ahead of PID development) to understand areas for further improvement, exploit opportunities, resolve issues and discover gaps where we do not currently collect activity measurement data to make evidence-based decisions.

2. **Identification and selection of defined targets to revise KPIs**
   Making decisions based on requirements to define KPIs that help achieve performance improvements and performance objectives.

7.2. Stage Two: Analysis and Systems Design

3. **KPI measurement and methodology**
   Based on the defined KPIs we need to confirm what we want to measure based on the requirements and then plan how to implement these. We will also need to map KPIs against the system to understand how we will access, measure and provide the desired information. We will be exploring methods of data collection from KPIs to ensure the right measurement methodology is being used to provide the required information.

7.3. Stage Three: Development and Implementation

4. **Implementing solutions to support KPI process**
   Development and execution of detailed plans to embed revised KPIs within systems and operational processes. This will include development of KPI reporting – ensuring KPIs are communicated in the right format providing insights in the most effective and efficient manner.

5. **Embedding KPIs into FtP operational processes**
   Raising awareness and understanding of KPI development within FTP directorate (and wider business) to reinforce knowledge of how revised KPIs will support FTP strategic and operational objectives by providing more timely and relevant information for monitoring and evaluation.

6. **Pilot KPI implementation to assess achievement (before go-live)**
   Collect data over a significant period of time to monitor and assess whether KPIs are providing the expected outcomes (in achieving the defined targets for longer-term measures).

7.4. Stage Four: Moving towards BAU and ongoing Monitoring and Evaluation

7. **Future review of KPIs (after close-out)**
   Post-project review and evaluation after project closure to review and assess achievement of objectives, moreover to understand whether some of the longer-term measures for KPIs have been successful in achieving the desired outcomes and in delivering the expected benefits.

8.   Timescales for Delivery

Further detail related to the main tasks within each project stage can be seen below from point 7.1 to 7.4. A complete view of project (Stages 1-4) can be seen within Appendix 4 (page 25).

8.1 Business Case Approval

FtP KPI Review - Plan	2020											
Activity	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	
IT Change Freeze Periods												
Business Case					BUSINESS CASE							
Business Case Drafted												
Business Case Finalised												
Business Case EMT and FPC								EMT 09/02 ◆	◆ FPC 25/02			
Business Case Council Approval										◆ Council 18/03		

Key dates and dependencies	Date
Business case sign off by SRO and CEO	26 January 2021
Business case considered by EMT	09 February 2021
Business case considered by Finance and Performance Committee	25 February 2021
Business case considered by Council	18 March 2021

8.2 Stage One: Building Requirements Specification

FtP KPI Review - Plan							2021			
Activity	ec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
IT Change Freeze Periods							IT CHANGE FREEZE PERIOD		
Stage One: Building Requirements Specification		Stage One: Building Requirements Specification							
Further Anaylsis of Current Data (and to consider streamflow analysis)									
Detailed Analysis of Tasks and Case Category Data									
Identifying Gaps in Measurement Data									
Development of KPIs									
Project Initiation					PID				
Development of Project Plan									
Development of PID									
Approval of PID and Project Plan									
Project Initiation Complete									
Defining New KPIs						EMT 11/05 ◆ ◆ FPC 27/05			
Development of Case Categories (All FtP and ILPS/ELPS)									

8.3 Stage Two: Analysis and Systems Design

FtP KPI Review - Plan	2021								
Activity	pr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
IT Change Freeze Periods				IT CHANGE FREEZE PERIOD					IT CHANGE FREEZE PERIOD	
Stage Two: Analysis and Systems Design		Stage Two: Analysis and Systems Design								
Analysis of Cost Data										
How to Track Future KPIs										
Finalise Classification of KPIs										
Tracking Cases that are Re-categorised										
Scoping of CRM Development										
Scoping of BI/Reporting Development										
Scoping of SOP/Process Changes Required										
New KPIs with Exsiting CRM Data Structures										
Registration CRM Interdependency (scoping changes)										
EMT/SLT Updates					◆ EMT 10/08			◆ EMT 09/11		
FPC						◆ FPC 08/09				
Council Update (Workshop Proposing New KPIs with Exsiting CRM Data Structures) *						◆ Council Workshop 22/09				
Other Stakeholder Engagement (Including PSA)										
Council Approval									◆ Council 02/12	

8.4 Stage Three: Development and Implementation & Stage Four: Moving towards BAU and ongoing Monitoring and Evaluation

FtP KPI Review - Plan	2022											
Activity	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec
IT Change Freeze Periods	RIOD											
Stage Three: Development and Implementation		Stage Three: Development and Implementation										
CRM Development												
BI/Reporting Development												
SOP/Process Change Development												
KPI Implementation												
Pilot Implemented KPIs												
Go-Live with Implemented KPIs						Go-Live						
Stage Four: Moving towards BAU and ongoing Monitoring and Evaluation							Stage Four: Moving towards BAU and ongoing Monitoring and Evaluation					
Transition to BAU												
Close-out												
Monitoring and Evaluation												
Future review of KPIs												

Monitoring and Evaluation

There will be need to undertake a longer-term period of continual monitoring and evaluation after project closure to review and assess achievement of objectives, moreover to understand whether some of the longer-term measures for KPIs have been successful in achieving the desired outcomes. This will be achieved by;
- Monitoring and assessing data (metrics) to calculate whether the indicators are achieving the defined targets
- Performance monitoring and review (further performance gap analysis)
- Bringing together conclusions and recommendations to inform next steps

Post-project review and evaluation will support this process in demonstrating to key stakeholders the value of the project in its capability to deliver the expected benefits.

9.   Costs and resources

Corporate Resources	Support required (Yes/No)
Communications Management – this key role will be required to ensure the correct parties are informed, consulted and understood through the appropriate communication channels.	Yes
Stakeholder Management - will be an important component of this project to inform and manage the expectations of external stakeholders, such as the PSA.	Yes

Deliverable	Resources
Set of informative and working KPIs	Staff time
CRM development	Staff time
New BI/Reporting	Staff time
SOPs/Process changes	Staff time

a. There are no estimated external costs for this project. The only estimated costs to be incurred by the project are staff costs. The table below provides additional detail on the members of staff who will be involved in the project, the estimated percentage time they will dedicate to the project and how many months they will be working on the project.

b. It is envisaged that the time commitments from GDC staff to this project will not impact on the timeliness of other projects or BAU. Capacity has been created in the Corporate Projects team for a Project and Implementation Manager to be appointed to the project. A CRM Developer and Casework Manager will dedicate 20% of their time to the project. To prevent a negative impact on other projects and BAU these individuals will be involved in the scoping of their relevant activities (CRM/SOP/Process Changes). This will create activities that are realistic and take their other work commitments into account. The activities have also been scheduled for when these individuals have more capacity to work on the project.

Name	Job title (Role)	Estimated percentage of time dedicated to project	Estimated number of Months dedicated to project	Cost
John Cullinane	Interim Executive Director, FtP Transition (SRO)	10%	15	£19,899.80
Clare Callan	Head of FtP Case Progression	10%	15	£11,372.66
Shugafta Akram	Head of Change – FtP	10%	15	£10,513.11
Dave Criddle	Head of Business Intelligence, Delivery & PMO	10%	15	£10,513.11
James Grady	Business Intelligence Manager	15%	15	£9,871.72

Jonathan Meadows	Head of ILPS	5%	15	£6,633.88
Jonathan Key	Senior Research Analyst – Quantitative	15%	15	£12,366.20
Tracy Lines	Management Information Officer	15%	12	£5,851.06
TBC	IT Business Analyst	15%	15	£11,520.48
TBC	CRM Developer	20%	4	£3,788.04
TBC	Casework Manager	20%	3.5	£ £3,314.54
Dilvinder Sander	Project and Implementation Manager (SME) *Although working as project implementation manager in Corporate Projects team; previous knowledge and experience of FTP will be required to support this work as an SME.*	10%	15	£7,066.89
Ravjeet Pudden	Programme & Portfolio Manager (Project Manager)	25%	15	£22,441.93
Estimated Total				**£135,153.42**

10. Impact assessment

Impact assessment	Required?	Details and links to completed assessments
Regulatory impact assessment	No	
Equality impact assessment	No	
Legal assessment	No	
Data privacy impact assessment	No	**Option 1** - At present a privacy impact assessment is not required. Once the new FtP KPIs have been outlined and the data that will be captured for the KPI is known a data privacy impact assessment may be required. The project team will monitor this continually throughout the project.

11. Stakeholders

RACI – R – Responsible, **A** – Accountable, **C** – Consulted, **I** – Informed

Internal stakeholders	RACI
Corporate Projects	R
Case Examiners	R/A
Case Review	R/A
FtP Casework	R/A
Hearings	R/A
IAT	R/A
ILPS	R
ELPS	R
Risk	C/I
PMO	R/I
IT	R
Communication and Engagement	C
Corporate Policy	C
Compliance	C
Corporate Legal	C
Finance & Procurement	C
Council	R
Audit and Risk Committee	I
Finance and Performance Committee	I

External stakeholders	RACI
Professional Standards Authority	I
Dental Protection	I
Medical and Dental Defence Union	I
Medical and Dental Defence Union of Scotland	I
British Dental Association (BDA)	I
British Association of Dental Nurses	I

12. Appendix 1 - 2019 FtP KPI data

Reference Number	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	2019 Monthly Average
PI/FtP/001 – Receipt to IAT Decision	99%	100%	99%	99%	100%	100%	100%	100%	98%	99%	99%	97%	**99%**
PI/FtP/002 – Receipt to Assessment Decision	48%	55%	50%	40%	46%	23%	37%	25%	18%	41%	27%	39%	**37%**
PI/FtP/003 – Assessment Referral to Case Examiner Stage Completion	7%	8%	8%	4%	6%	17%	22%	27%	27%	16%	27%	31%	**17%**
PI/FtP/004 – Allocation to Initial Case Examiner Decision	97%	100%	94%	96%	95%	98%	97%	98%	93%	93%	100%	100%	**97%**
PI/FtP/005 – Investigation Timeliness: Receipt to CE	23%	19%	15%	9%	22%	16%	21%	14%	18%	26%	10%	0%	**16%**
KPI/FtP/006 – Proportional Split of Internal/External Prosecution Referrals - ELPS	3	7	8	9	4	6	5	12	2	0	3	0	5
KPI/FtP/006 – Proportional Split of Internal/External Prosecution Referrals - ILPS	20	26	25	14	23	23	20	20	6	5	14	7	17
KPI/FtP/006 – Proportional Split of Internal/External Prosecution Referrals	87%	79%	76%	61%	85%	79%	80%	63%	75%	100%	82%	100%	**81%**
PI/FtP/008 – Full Case Timeliness: Overall Case Length (Receipt to Final Hearing Outcome)	38%	31%	9%	8%	8%	33%	11%	11%	0%	25%	0%	0%	**14%**
PI/FtP/009 – Prosecution Timeliness: Case Examiner Referral to Hearing Met KPI	57%	77%	70%	50%	62%	89%	47%	80%	53%	75%	80%	83%	**69%**
PI/FtP/010 – ILPS Timeliness: Disclosure Time Taken	100%	89%	75%	94%	100%	100%	100%	89%	90%	87%	89%	86%	**92%**
PI/FtP/011 – Hearings Completed Without Adjournment Total	13	16	13	15	13	12	19	12	16	18	16	13	15
PI/FtP/011 – Hearings Completed Without Adjournment Decision - Adjourned	7	13	10	12	13	10	19	6	15	13	10	12	12
PI/FtP/011	54%	81%	77%	80%	100%	83%	100%	50%	94%	72%	63%	92%	**79%**

PI/FtP/028 – ELPS Timeliness: Disclosure Time Taken	0%	86%	100%	67%	0%	100%	50%	100%	80%	100%	100%	83%	**72%**
PI/FtP/012 – Hearings Completed with Facts Proved Met KPI Total	13	16	13	15	13	12	19	12	16	18	16	13	15
PI/FtP/012 – Hearings Completed with Facts Proved Decision - Case answer	2	0	0	0	1	0	0	0	0	1	1	1	1
PI/FtP/012	87%	100%	100%	100%	93%	100%	100%	100%	100%	95%	94%	93%	**97%**
PI/FtP/029 – Cumulative Hearing Performance Against Budget Forecast	71%	90%	74%	68%	60%	66%	81%	66%	71%	62%	82%	92%	**74%**
PI/FtP/014 - Registrar and Case Examiner Referrals	78%	75%	88%	100%	100%	100%	100%	100%	67%	75%	100%	80%	**88%**
PI/FtP/015 – IOC Timeliness: IAT Referrals	N/A	50%	N/A	100%	N/A	0%	N/A	0%	0%	N/A	N/A	N/A	**30%**
PI/FtP/016 – IOC Timeliness: IAT Referrals (following consent chase)	N/A	100%	100%	100%	N/A	100%	N/A	100%	N/A	N/A	N/A	N/A	**100%**
PI/FtP/017 – Resumed Order Statutory Compliance: Jurisdiction	100%	100%	100%	100%	100%	100%	100%	97%	100%	100%	100%	100%	**100%**
PI/FtP/018 – Interim Orders Statutory Compliance: Statutory Reviews	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	92%	100%	**99%**
PI/FtP/019 – Interim Orders Statutory Compliance: High court extensions	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	**100%**

13. Appendix 2 - How effective are the current FtP measures in answering the questions – FPC Paper 22 May 2020

1.1   Question 1: Are the concerns being received by the GDC appropriate for us to assess?

What current measures are addressing this question?	What are the current gaps in measures?
• PSA 9 - Number of referrals received • IAT Referral Rate % • Assessment Referral Rate %	• IAT and Assessment Referral rates do indicate the validity of cases to progress but without this being cross referenced with category of cases and decisions made in later stages they are not specific enough. • There are currently no predictive measures available on the likelihood of cases to progress. • Currently the casework team use documented guidance and signpost matters that should not be for the GDC. However further work is required around the concept of seriousness and whether some of the things we currently look at should be for the GDC at all.

1.2   Question 2: Are we categorising cases correctly during initial assessment and assessment?

What current measures are addressing this question?	What are the current gaps in measures?
• There are no current routine measures or analyses performed of the volume of cases re-categorised.	• With no current measures in place, an immediate action is to analyse the data from streaming of cases in the CRM to assess is this provide insights into the re-routing of cases. • In some circumstances, cases should change categories; for example as the result of additional evidence, so analysis will need to factor this in. • Further analysis can identify cases that may have been closed too early or alternatively could have been closed earlier. • This analysis can inform guidance for the managers on re-streaming and when to do this.

1.3   Question 3: Are we progressing cases in a timely manner appropriately for the category of case at each process stage and reducing the age profile of the caseload at all stages?

What current measures are addressing this question?	What are the current gaps in measures?

• Balanced Scorecard - 2.1 FTP End-to-End Process – Dashboard:
  • FTP/001 - IAT Timeliness,
  • FTP/002 - Assessment Timeliness,
  • FTP/005 - Receipt to CE Decision,
  • FTP/009 - CE Referral to Hearing,
  • FTP/010 – ILPS Disclosure Time Taken
  • FTP/028 – ELPS Disclosure Time Taken
  • FTP/008 - Overall case timeliness
  • Queue length at each stage
• FtP Operational Management MI report
• IOC & IP Timeliness measures
• PSA 13-17 - Timeliness Median
• PSA 18 - Number of open referrals and cases which are older than.
• PSA 19 - Median time to interim order committee decision.
• PSA 20 - The number of interim orders which have not been reviewed within the timeframe set by the relevant panel.
	• The timeliness measures both in the balanced scorecard and for the PSA are for total case volume only. They do not consider how the categorisation of cases and the case stages are differentials which should be reflected by having specific measures.
	
	• There is currently a lack of consistent view and categorisation of cases throughout all stages of investigation and prosecution (see section 5 for further details)
	
	• Risk of cases and factors for how we proceed requires further consideration of the procedures.
	
	• Timeliness performance will have been impacted by the significant changes in the organisation over the last two years, but without more granular case category data analysis, specific areas impacted are not yet identified.
	
	• Current operational processes and data analysis do not allow for identification of where early involvement of ILPS/ELPS might improve timeliness of cases.
	
	• Comprehensive information identifying the average time spent waiting for information for each stage of case, which will allow us to determine how our overall timeliness performance is affected by external factors and to isolate the elements controlled by the GDC.

1.4   Question 4: Are we effectively managing caseload volume?

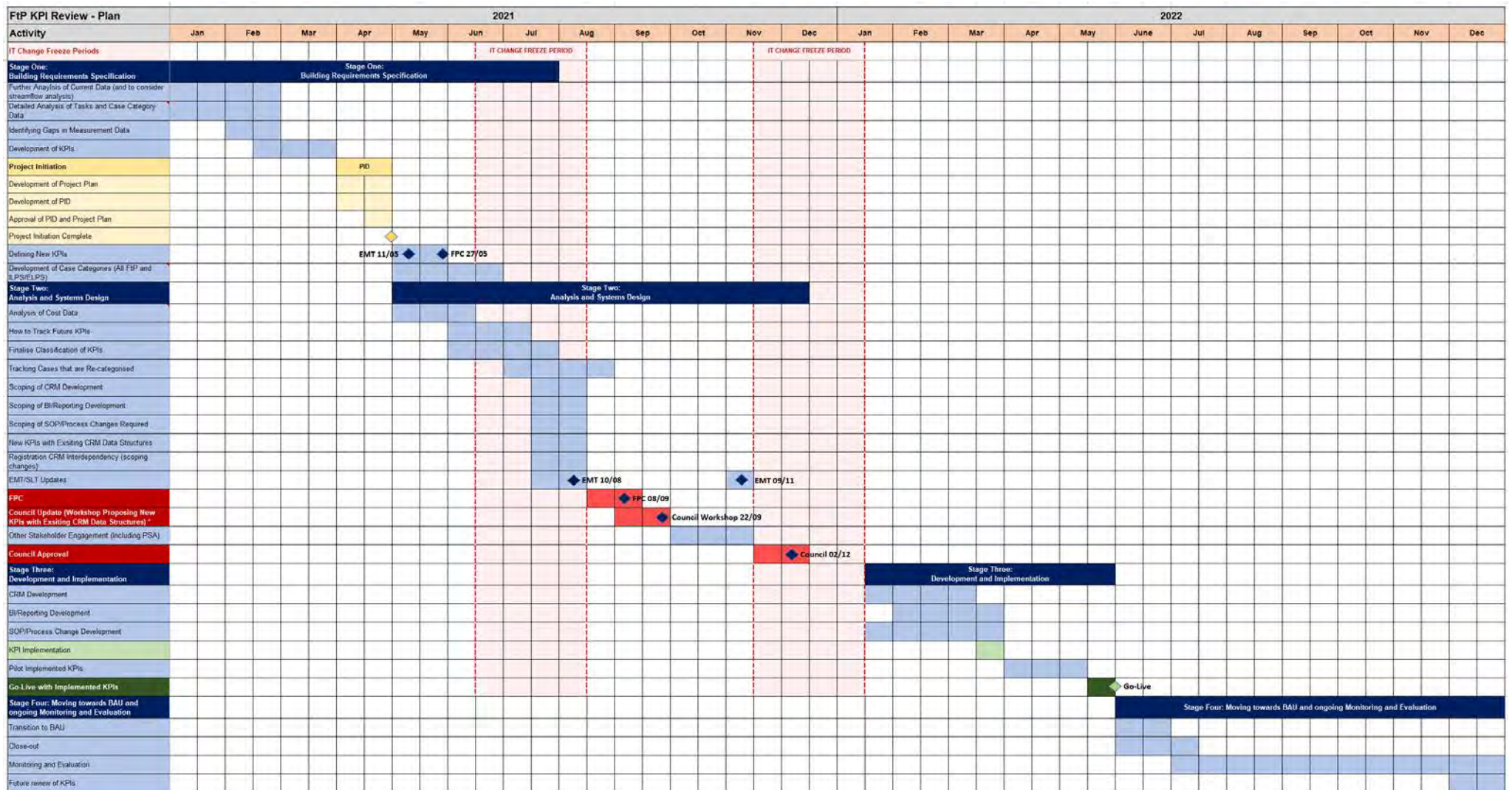| What current measures are addressing this question?	What are the current gaps in measures?

• PSA 9 - Number of referrals received
• PSA 10 - Number of decisions made by an IC/CE, and with the following outcomes.
• Balanced Scorecard - 2.1 FTP End-to-End Process – Contextual Measures:
  • Work in Progress case volume at each stage
  • Queue Length at each stage
  • Rule 4 volume
• ILPS, ELPS, IACE - Rule 9 & Hearings own manual tracking spreadsheets (not in CRM)
• FTP/006 - Proportional Split of Internal/External Prosecution Referrals
• Daily MI reports showing the current caseload at each Investigation stage.
• Weekly operational management report identifying caseload broken down by case age, at each stage.
• PSA 18 - Number of open referrals and cases (at the end of the quarter) which are older than 52/104/156 weeks
	• Current data analysis of total case volume does not inform capacity and resilience decisions in operational team management.
	
	• Indications are that resource is currently stretched and that casework teams require additional resilience to cover absence/team members in training. More detailed analysis of tasks and case category data is required to model the level of additional resource needed for casework teams.
	
	• A lack of consistent view and categorisation of cases throughout all stages of investigation and prosecution prevents a consistent view of caseload volume flow and handling throughout the FtP process
	
	• A lack of consistent view of multi-referral cases in the data which currently provides risk of double counting cases.

1.5 Question 5: Are we making appropriate and consistent decisions to progress cases at each stage?

What current measures are addressing this question?	What are the current gaps in measures?
- PSA 10 - Number of decisions made by an IC/CE, and with the following outcomes is an indicator. - PSA 22 - Total number of registrant appeals in the quarter which are. - PSA 23 - Outcomes of registrant appeals against final fitness to practise decisions. - Balanced Scorecard - 2.1 FTP End-to-End Process – Dashboard: - FTP/011 - Hearings completed without adjournment - Rule 6E case volume - FTP/006 - Proportional Split of Internal/External Prosecution Referrals - Balanced Scorecard IOC Statutory Compliance indicators - Rule 9 case volume in MI reporting - Number of adjournments decisions at each stage in MI reporting.	- Not having specifically tailored case category and stage performance measures impedes the accurate data analysis of decision making. Further analysis of decision data would be required to inform both definition of appropriate decisions and categorisation criteria. - The lack of consistent view and categorisation of cases throughout all stages of investigation and prosecution restricts analysis of case progression decisions. - It should be noted however that the Bates Wells Brathwaite (BWB) report will assist with analysing decision making, in addition to requiring more detailed analysis of Rule 9's and QAG / DSG feedback. - Currently cost analysis of cases throughout the process is not modelled or tracked fully in relation to timeliness and decision-making consistency. Further analysis of cost data and gaps in tracking ability would be required to assess feasibility to cost track all cases.

14. Appendix 3 – Risk Matrix

15. Appendix 4 – Complete View of Project Stages 1-4

FtP KPI Review - Plan

Activity	2021												2022											
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec

IT Change Freeze Periods — IT CHANGE FREEZE PERIOD (Jun–Aug), IT CHANGE FREEZE PERIOD (Nov–Dec)

Stage One: Building Requirements Specification (Jan–Aug)
- Further Analysis of Current Data (and to consider streamflow analysis)
- Detailed Analysis of Tasks and Case Category Data
- Identifying Gaps in Measurement Data
- Development of KPIs

Project Initiation
- Development of Project Plan
- Development of PID — PID
- Approval of PID and Project Plan
- Project Initiation Complete
- Defining New KPIs — EMT 11/05, FPC 27/05
- Development of Case Categories (All FtP and ILPS/ELPS)

Stage Two: Analysis and Systems Design (Jun–Dec)
- Analysis of Cost Data
- How to Track Future KPIs
- Finalise Classification of KPIs
- Tracking Cases that are Re-categorised
- Scoping of CRM Development
- Scoping of BI/Reporting Development
- Scoping of SOP/Process Changes Required
- New KPIs with Existing CRM Data Structures
- Registration CRM Interdependency (scoping changes)
- EMT/SLT Updates — EMT 10/08, EMT 09/11

FPC — FPC 08/09
Council Update (Workshop Proposing New KPIs with Existing CRM Data Structures) — Council Workshop 22/09
- Other Stakeholder Engagement (Including PSA)

Council Approval — Council 02/12

Stage Three: Development and Implementation (Jan–May 2022)
- CRM Development
- BI/Reporting Development
- SOP/Process Change Development
- KPI Implementation
- Pilot Implemented KPIs
- Go-Live with Implemented KPIs — Go-Live

Stage Four: Moving towards BAU and ongoing Monitoring and Evaluation (May–Dec 2022)
- Transition to BAU
- Close-out
- Monitoring and Evaluation
- Future review of KPIs

General
Dental
Council

Council
18 March 2021
Item 11 - OD KPIs

Organisational Development Performance Indicators

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Kimberley McDonald, People Partner, Systems and MI John Middleton, Senior People Partner
Type of business	For decision
Issue	This paper provides an update to our proposal of a revised suite of performance indicators for the work of the Organisational Development team.
Recommendation	The Council is asked to approve the changes made to the proposed Organisational Development Performance Indicators.

1. **Introduction and Background**

1.1 Organisational Development (OD) reported on twelve KPIs which were adopted in 2016. Since this time, the GDC and OD directorate have been through a period of significant change, but these metrics have stayed the same.

1.2 Work to review the KPIs commenced in 2019, following a request made at the Finance and Performance Committee (FPC), for OD to improve the commentary on the recruitment indicators for leavers in probation and fixed term contracts.

1.3 The review concluded that the current performance indicators provided were not fit for purpose as they did not align to the focal activity of people management within the GDC.

1.4 The KPIs have been amended in conjunction with the Project Management Office team to ensure they align to the current people and organisational development (POD) strategy.

1.5 A paper was presented to FPC on 22 May 2020. At this meeting, the Committee requested a more detailed review to allow for more time to scrutinise the KPIs. This session was held on 8 July 2020, where a PowerPoint presentation was delivered which enabled the Committee to have an in-depth discussion (see section 2.1).

1.6 This paper sets out the revised suite of performance indicators for the work of the Organisational Development team, taking on board the feedback from the FPC.

1.7 The KPIs were discussed at the FPC on 25 February 2021 and the Committee agreed to recommend them for approval by the Council.

1.8 The Council is now asked to approve the new suite of performance indicators for use from Q1 2021 onwards.

2. **Update**

2.1 During the session with FPC on 8 July 2020, the Committee gave the following guidance:

    a.   Three measures that cannot be reported on[1] should be removed.

    b.   Three of the measures that were originally recommended for removal[2] should be retained.

    c.   Target times for PI/HRG/001 (Recruitment Campaign Timeliness) should be amended in line with XpertHR Benchmarks.

    d.   It was also suggested that both current and proposed OD performance indicators were included in parallel within the quarterly Balanced Scorecards for the remainder of 2020 for further development and monitoring as the new suite was reviewed with OD, EMT and FPC.

2.1   The KPIs returned to FPC on 17 November 2020 so an update could be provided on progression. At this meeting, the Committee discussed the benefits of running the two sets of indicators in parallel. The Committee specifically requested assurance regarding the quality of development conversations. Accordingly, the OD team have included a measure of this within the quarterly staff pulse survey results to provide further qualitative insight[3]. The Committee was pleased with the progression of the work, particularly the mapping of the KPIs to the employee lifecycle.

2.2   The FPC reviewed the update and was content with the removal of the three balanced scorecard indicators, as previously discussed in July 2020.

2.3   The Council is asked to formally approve the **removal** of the following three balanced scorecard indicators:

- PI/HRG/003 - Recruitment Right First Time – If we are unable to find a candidate for a role first time this increases the overall length of time for the recruitment campaign. As a result, any issues that would have been highlighted in this KPI would be captured in the 'Recruitment Campaign Timeliness' measure.

- PI/HRG/005 - Staff Turnover: Natural

- PI/HRG/006 - Staff Turnover: Overall – As an alternative to turnover we propose measuring our retention 'stability index'. Measuring how well we are retaining experienced staff allows us to take a more positive and proactive view of turnover and retention whilst ensuring that we are a sustainable organisation.

2.4   The Council is also asked to approve the four OD performance indicators below being made permanent within the balanced scorecard following their provisional **addition** for monitoring from Q2 2020 onwards:

- Direct Attraction - PI/POD/001 - How well we are attracting candidates to the GDC?

- Retention - PI/POD/007 - How well are we retaining our employees?

- Development - PI/POD/005 - Are our employees being actively developed?

- Separation - PI/POD/008 - Are employees leaving the GDC for the right reasons?

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[1] PI/HRG/016 - Key Roles with Identified Successor
PI/STR/006 - Internal Comms: Awareness of Organisational Priorities
PI/STR/007 - Internal Comms: Understanding of the External Environment

[2] PI/HRG/002 - Recruitment Campaign Cost
KPI/HRG/018 - Recruitment Probation Success
PI/HRG/004 - Staff Sickness

[3] Q4 Pulse survey results - 81% of the 72% of respondents that confirmed that they are having development conversations with their line managers were satisfied with the quality of the conversations taking place.

2.5   If approved, then from Q1 2021 onwards the final set of indicators will be as follows:

- Recruitment Campaign Cost
- Direct Attraction
- Recruitment Campaign Timeliness
- Internal Opportunities
- Staff Sickness
- Staff Development
- Staff Engagement
- Recruitment Probation Success
- Employee Retention
- Separations

3.   Equality, diversity and privacy considerations

3.1   Reviewing the KPIs has enabled us to consider the data we need to take well-informed and effective decisions about the work we do. The proposed changes will afford us more granular data that is directly linked to the actions we take and the impact they have on all staff. In our mission to create an inclusive culture for all staff, measuring our activities at key stages of the employee lifecycle will help identify where there might be barriers to access, or approaches that could be made more effective e.g. how does our onboarding process enable us to tailor our approach to make the most of the diverse needs and skills of our new employees.

3.2   The proposed KPIs could have a positive impact on our ability to identify and address issues that are impacting staff with protected characteristics. Analysing and interpreting the data from these KPIs will require us to look for patterns and trends that have not been available to us previously. Furthermore, the introduction of a new system with improved reporting capability will improve our ability to overlay EDI data and identify previously unseen impacts.

4.   Risk Considerations

4.1   Although there are no strategic, operational or project risks regarding KPIs, this paper can be linked to two operational risks:

- PS 1 - People Services systems do not support effective service delivery
- EDI 1 - The EDI best practice is not embedded effectively within business as usual

7.2   When new people systems are implemented, they will allow for more efficient reporting and KPIs can better report on available data, a number of risk causes will be addressed, with benefits that include reliable business intelligence, and allowing decision makers to consider equality issues in decision making.

5.   Resource considerations and CCP

5.1   The production of the balanced scorecard data falls within the scope of the People Partner, Systems and MI role and has no impact on the CCP.

6.   Monitoring and review

6.1   Where possible, we have reviewed quarterly data in order to understand how we have performed historically, and at what level the benchmarks should be set.

6.2   We will continue to monitor and review the quarterly performance against the new and existing balanced scorecard KPIs, as we transition to using the new ones.

7.   Development, consultation and decision trail

7.1   The Employee Lifecycle Framework developed as an expanded response to an action from FPC to improve the commentary on the recruitment indicators for leavers in probation and fixed term contracts by Q1 2019.

7.2   The proposed changes have been reviewed by EMT/SLT and the feedback received incorporated into the proposals in this paper.

7.3   FPC have discussed the KPI changes in May, July and November 2020. As a result of the changes made following these discussions, the paper was brought back to EMT for discussion on 19 January 2021, before returning to FPC for recommendation on 25 February 2021.

7.4   The FPC recommended the proposed changes to the Council at this meeting.

7.5   As part of the People Analytics Working Group the following key partners have been consulted with:

Department	Consultee Names
People Services	Sarah Keyes
	Lucy Chatwin
	John Middleton
	Stephanie Morris
PMO	David Criddle

8.   Next steps and communications

8.1   We continued to present both the new and old indicators for Q4 2020.

8.2   If the new set of indicators are approved by the Council, only the new suite will be reported on from Q1 2021 onwards.

Appendices

Appendix 1 – Balanced Scorecard Q4 – Current and Proposed Suite

Kimberley McDonald, People Partner – Systems & MI
kmcdonald@gdc-uk.org
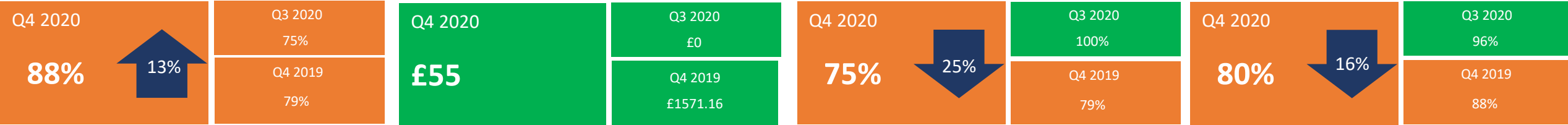Tel: 0121 752 0069

03 March 2021

Old Indicators

PI/HRG/001 – Recruitment Campaign Timeliness

The proportion of recruitment campaigns that are completed from start (requisition) to finish (appointment) within 6 weeks

Q4 2020		
88% ↑ 13%	Q3 2020 75%	
	Q4 2019 79%	

PERFORMANCE INSIGHTS

- Recruitment activity has increased in Q4
- 25 appointments were made across both sites.
- 22 out of 25 (88%) campaigns were completed within target time.
- The sifting of two compliance roles was delayed due to one of the roles (Compliance Support Officer) receiving a high number of applications.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
90% within deadline	90% to 100%	70% to 89%	69% or lower	

PI/HRG/002 – Recruitment Campaign Cost

The average cost per employee recruitment

Q4 2020		
£55	Q3 2020 £0	
	Q4 2019 £1571.16	

PERFORMANCE INSIGHTS

- Paid advertisements were used in 3 of 25 (12%) of appointments this quarter.
- The other 22 roles were filled after posting internally, externally and on LinkedIn.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
Average cost below £2500	100% or lower than target	101% to 120%	120% +	

KPI/HRG/003 – Recruitment Right First Time

The proportion of roles recruited to first time.

Q4 2020		
75% ↓ 25%	Q3 2020 100%	
	Q4 2019 79%	

PERFORMANCE INSIGHTS

- 25 of 33 campaigns completed this quarter were recruited for during the first attempt.
- 5 of the 8 roles we were unable to fill in the first attempt were fixed term contracts.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
90% of employees	90% +	70% to 89%	69% or less	

KPI/HRG/018 – Recruitment Probation Success

Percentage of employees who passed probation in this quarter

Q4 2020		
80% ↓ 16%	Q3 2020 96%	
	Q4 2019 88%	

PERFORMANCE INSIGHTS

- 5 employees were due to complete their probation in Q4 2020.
- 4 employees successfully passed their probation.
- 1 employee's probation period was extended.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
90% of employees	90% +	70% to 89%	69% or less	

PI/HRG/004 – Staff Sickness

The average number of employee sickness days for all GDC staff

Q4 2020		
1.3 days	+0.2	Q3 2020 1.1 days
		Q4 2019 1.68 days

PERFORMANCE INSIGHTS

- 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 more.
- Of those staff sick in Q3, 7% were LTS and the remaining 93% were STS.
- There were 495 days lost in total.
- LTS accounted for 220 days (44.5% of the total).
- STS accounted for 275 days (55.5%).
- When compared against Q3, there has been an increase in both long term, and short term sickness, overall sickness has increased by 99 days (25%)
- Covid-19 was the number one reason for absence this quarter. 10 individuals were sick resulting in 34.3% (170 days) of the days lost this quarter being for this reason.
- When compared against Q4 2019 there has been a 16.5% (98 day) decrease in total days lost.

T	G	A	R	Aim
Within 2 Days average	Average 0-2 days	Average 2.1 to 3 days	Average 3.1 days	5

PI/HRG/005 – Staff Turnover : Natural

The natural rate of organisational GDC turnover

Q4 2020		
2.2% turn over	0.8%	Q3 2020 1.4%
		Q4 2019 3.4%

PERFORMANCE INSIGHTS

- Q4 2020 saw 8 voluntary leavers – Registration and Corporate Resources x3, FTP x2, Legal & Governance x1, Strategy x1 and Organisational Development x1.
- 3 of the 8 leavers were on fixed term contracts but resigned prior to their end date.
- For comparison Q4 2019 saw 12 voluntary leavers – Legal & Governance 2, Registration & Corporate Resources x4, FTP x2, OD x1, Strategy x3.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
Within 2.6% turnover	0% to 2.6%	2.7% to 5%	5.1% +	5

PI/HRG/006 – Staff Turnover : Overall

The overall level of organisational turnover

Q4 2020		
4.7% turn over	1.6%	Q3 2020 3.1%
		Q4 2019 9.1%

PERFORMANCE INSIGHTS

- Q4 2020 saw 17 leavers in total, of which 9 were not identified under natural turnover:
  - 4 x end of fixed term contracts
  - 4 x Redundancy
  - 1 x Settlement Agreement

- For comparison Q4 2019 Q4 saw 32 leavers in total, of which 20 were not identified under natural turnover.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
Within 3.7%	0% to 3.7%	3.8% to 5.9%	6.0% +	5

PI/HRG/014 – Staff Engagement

Average engagement scores from staff taken from a six monthly staff survey

Q4 2020		
66%	1%	Q3 2020 67%
		Q4 2019 61%

PERFORMANCE INSIGHTS

- The Q4 pulse survey took place between 11-20 January.
- 58% of staff (186 staff) responded to the pulse survey. The results will be published to staff in week commencing 1 February.
- 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.
- The overall engagement score has remained broadly consistent during 2020, yet still represents a slight improvement of 5% 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.
- Work on the themes arising from the 2020 pulse surveys is continuing. As well as centrally coordinated focus groups, individual teams have been discussing results for their area and looking at local initiatives that can be implemented to support engagement.
- Progress updates on the quarterly pulse surveys were shared with Council throughout 2020. The plan Is to continue sharing pulse survey data with Council through 2021.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
70% or above	70% +	50% to 69%	49% or less	5

PI/HRG/015 – Internal Opportunities

Quarterly percentage of roles filled by internal staff compared against external recruitment

Q4 2020		Q3 2020
12%	38% ↓	50%
		Q4 2019
		13%
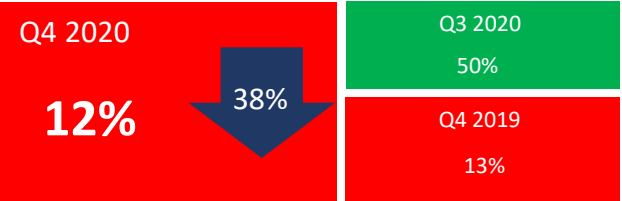
PERFORMANCE INSIGHTS

- **3 out of 25 vacancies (12%) were recruited to by internal candidates in Q4 2020.**
- **The People Service team is currently considering options to try and improve the number of roles filled by internal candidates.**

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim
50% or above	50% +	30% to 49%	29% or less	5

New Indicators

PI/HRG/002 – Recruitment Campaign Cost

The average cost per employee recruitment

Q4 2020	
£55	Q3 2020 £0
	Q4 2019 £1571.16

PERFORMANCE INSIGHTS

- Paid advertisements were used in 3 of 25 (12%) of appointments this quarter
- The other 23 roles were filled after posting internally, externally and on LinkedIn.

T	G	A	R	Aim 5
Average cost below £2500	100% or lower than target	101% to 120%	120% +	

PI/POD/001 – Direct Attraction

The proportion of direct traffic to the GDC Jobs page.

Q4 2020	
79% ↓ 1%	Q2 2020 80%
	Q4 2019 N/A

PERFORMANCE INSIGHTS

- There was a 1% decrease in direct traffic to the GDC Recruitment page in Q4.
- Overall there has been a 46% reduction in traffic (direct and indirect) to the GDC careers page in Q4 2020 when compared with Q3.
- December is traditionally a quiet recruitment period with peak numbers of candidates generally starting to look for roles in January.
- The increasing pressures due to Covid-19 restrictions in Q4 had a negative impact on recruitment markets.

* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).

Starting next Quarter, we will look to incorporate trends for this indicator.

T	G	A	R	Aim 5
80% + Direct Source Traffic	80% to 100%	70% to 79%	69% or lower	

PI/POD/002 – Recruitment Campaign Timeliness

Percentage of positions offered within target time

10 weeks for Senior Management; 6 weeks for Specialists; and 4 weeks for Support Roles.

Q4 2020	
84% ↑ 9%	Q3 2020 75%
	Q4 2019 N/A

PERFORMANCE INSIGHTS

- Recruitment activity has increased in Q4
- 25 appointments were made across both sites.
- 21 out of 25 (84%) campaigns were completed within target time.
- The sifting of two compliance roles was delayed due to one of the roles (Compliance Support Officer) receiving a high number of applications.
- The recruiting of two Registration Operations Officer roles was delayed by the annual leave of one of the hiring managers.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
95% within SLA	95% to 100%	85% to 94%	84% or lower	

PI/POD/003 – Internal Opportunities

Quarterly percentage of roles filled by internal staff compared against external recruitment

Q4 2020	
12% ↓ 38%	Q3 2020 50%
	Q4 2019 13%

PERFORMANCE INSIGHTS

- 3 out of 25 vacancies (12%) were recruited to by internal candidates in Q4 2020.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
50% or above	50% and above	30% to 49%	29% or less	

PI/HRG/004 – Staff Sickness

The average number of employee sickness days for all GDC staff

Q4 2020		Q3 2020 1.1 days
1.3 days	+0.2	Q4 2019 1.68 days

PERFORMANCE INSIGHTS

- 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 more.
- Of those staff sick in Q3, 7% were LTS and the remaining 93% were STS.
- There were 495 days lost in total.
- LTS accounted for 220 days (44.5% of the total).
- STS accounted for 275 days (55.5%).
- When compared against Q3, there has been an increase in both long term, and short term sickness, overall sickness has increased by 99 days (25%)
- Covid-19 was the number one reason for absence this quarter. 10 individuals were sick resulting in 34.3% (170 days) of the days lost this quarter being for this reason.
- When compared against Q4 2019 there has been a 16.5% (98 day) decrease in total days lost.

T	G	A	R	Aim 5
Within 2 Days average	Average 0-2 days	Average 2.1 to 3 days	Average 3.1 days	

PI/POD/004 – Staff Development

Percentage of employees who are having conversations about their development with their line manager

Q4 2020		Q3 2020 72%
73%	1%	Q4 2019 N/A

PERFORMANCE INSIGHTS

- 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'. 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.
- For Q4, a new question was added to the pulse survey: 'I am satisfied with the quality of development conversations I have with my line manager'. 63% of staff responded positively to the statement. Whilst 20% of staff responded 'Undecided' to this statement, there is clearly some work to ensure people know what they can expect from these discussions and how managers can frame these for greater clarity and effectiveness.
- The start of 2021 has seen a number of development requests reaching the OD team following discussions between managers and staff. The quality of these requests (the clarity, the rationale, the expected outcomes) has been promisingly good. Plans are in place to share examples of these to show the value of following the templated approach.

* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).
Starting next Quarter, we will look to incorporate trends for this indicator.

T	G	A	R	Aim 5
80% + of employees	80% + of employees	70% to 79%	69% or lower	

PI/POD/005 – Staff Engagement

Average engagement scores from staff taken from a six-monthly staff survey

Q4 2020		Q3 2020 67%
66%	1%	Q4 2019 61%

PERFORMANCE INSIGHTS

- The Q4 pulse survey took place between 11-20 January.
- 58% of staff (186 staff) responded to the pulse survey. The results will be published to staff in week commencing 1 February.
- 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.
- The overall engagement score has remained broadly consistent during 2020, yet still represents a slight improvement of 5% 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.
- Work on the themes arising from the 2020 pulse surveys is continuing. As well as centrally coordinated focus groups, individual teams have been discussing results for their area and looking at local initiatives that can be implemented to support engagement.
- Progress updates on the quarterly pulse surveys were shared with Council throughout 2020. The plan Is to continue sharing pulse survey data with Council through 2021.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
70% or above	70% +	50% to 69%	49% or less	

KPI/HRG/018 – Recruitment Probation Success

Percentage of employees who passed probation in this quarter

Q4 2020		Q3 2020 96%
80%	16%	Q4 2019 88%

PERFORMANCE INSIGHTS

- 5 employees were due to complete their probation in Q4 2020.
- 4 employees successfully passed their probation.
- 1 employee's probation period was extended.

* Please note there currently no trend graph due to data gathering time needed.

T	G	A	R	Aim 5
90% of employees	90% +	70% to 89%	69% or less	

PI/POD/006 – Employee Retention

Percentage of the business retained for 1 year or more

Q4 2020		Q3 2020
84%	2%	82%
		Q4 2019
		N/A

PERFORMANCE INSIGHTS

- The business has retained 297 of the 355 (84%) staff who were with us at this time a year ago. This is a 2% increase on last quarter.
- When broken down by location, London has a retention rate of 93% and Birmingham 78%.

* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).

Starting next Quarter, we will look to incorporate trends for this indicator.

	T	G	A	R	
	85% of the business	85% to 100%	75% to 84%	74% or lower	Aim 5

PI/POD/007 – Separations

Percentage of voluntary leavers who would recommend the GDC to others

Q4 2020		Q3 2020
40%	60%	100%
		Q4 2019
		N/A

PERFORMANCE INSIGHTS

- 5 of the 8 voluntary leavers who left this quarter completed the exit questionnaire.
- 2 of the individuals were leaving as advocates of the GDC and would recommend the GDC to others.
- The leaving reasons cited were due to a development/promotion opportunity, relocation and end of FTC.

* Please note there is currently no trend graph due to limited data availability as this indicator was introduced in Q2 2020 (values shown above).

Starting next Quarter, we will look to incorporate trends for this indicator.

-

	T	G	A	R	
	65% leave as advocates	Above 65%	50% to 64%	49% or below	Aim 5

Public affairs, policy and media update – March 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Nyree Connell, Policy Manager Toby Ganley, Head of Right Touch Regulation Katherine McGirr, Policy Manager Tom Chappell, Media Manager Lisa Bainbridge, Interim Head of Nations and Engagement
Type of business	To note.
For Council only	-
Issue	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.
Recommendation	To note.

Contents

This report included the following sections:

1. Policy developments in healthcare

Health White Paper - Integration and innovation: working together to improve health and social care for all

1.1. There has been significant media coverage of the health White Paper, Integration and innovation: working together to improve health and social care for all, which proposes to reverse reforms of the NHS in England introduced under Prime Minister David Cameron in 2012. The changes propose to tackle bureaucracy and encourage greater integration of health services enabling the different parts of the system to work more closely together.

1.2. The measures include proposals to make integrated care the default, reduce bureaucracy and better support social care, public health and the NHS. The proposals also include changes to professional regulation.

1.3. In terms of professional regulation, the proposed powers intend to make it easier to ensure that professions protected in law are the right ones and that the level of regulatory oversight is proportionate to the risks to the public, now and in the future.

1.4. The proposed changes to professional regulation include the following:

   (a) The power to remove a profession from regulation.
   (b) The power to abolish an individual health and care professional regulator (which, coupled with existing powers to change the functions of a regulator, has the effect of creating a power to merge regulators).
   (c) Removing restrictions regarding the power to delegate functions through legislation; for example, in terms of registering professionals, one regulator could run the registration function on behalf of others to provide a single process for all registrants to follow.
   (d) Clarifying the definition of professions subject to professional regulation to include senior managers, leaders, and other groups of workers.

1.5. The White Paper references the Department of Health and Social Care (DHSC) paper entitled Busting bureaucracy: empowering frontline staff by reducing excess bureaucracy in the health and care system in England.

1.6. That document described the adjustments that occurred due to the COVID-19 pandemic which saw local and national healthcare leaders introduce changes within weeks that might in normal times had taken years. The Government intends to capitalise on this and release staff from unnecessary bureaucratic burdens enabling them to prioritise care.

1.7. These are categorised into eight priority areas for action:

   • data and information will be requested, shared and used intelligently
   • system and professional regulation will be proportionate and intelligent
   • day-to-day staff processes will be simple, helpful and effective
   • the Government will legislate to make procurement rules more flexible
   • GPs will have more time to focus on clinical work and improving patient care
   • appraisals will be streamlined, and their impact increased
   • there will be greater digitisation of services

- a supportive culture at a national and local level.

1.8. These actions are being taken forward through a variety of different projects, some led by the DHSC, some by regulators and some by other bodies across the health and care system.

1.9. The Government has said that the reform programme will be progressed on a four-country basis and engagement with the devolved administrations is ongoing.

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2. Policy developments in dentistry

International scope of practice research

2.1. Research was published on 28 January entitled Regulating health professional scopes of practice: comparing institutional arrangements and approaches in the US, Canada, Australia and the UK.

2.2. The article presents and considers the different regulatory approaches in these four jurisdictions, highlighting the differences in how these countries regulate health professional scopes of practice in the interest of the public. The article highlights the GDC and its approach to scope of practice.

Updated MHRA guidance on virtual manufacturing

2.3. In early February, the Medicines and Healthcare products Regulatory Agency (MHRA) published updated guidance on virtual manufacturing of medical devices. The guidance, which has been updated to bring the document in line with the UK Medical Devices Regulations following the end of the Brexit Transition Period, confirms that virtual manufacturing under the new UK regulations will continue to operate as had been the case under EU legislation.

Reporting processes for wrong tooth extraction

2.4. NHS England's 'Never Events' list has been updated and wrong tooth extraction should now be singularly reported as a patient safety incident. Never Events are serious incidents that are wholly *preventable* because guidance or safety recommendations providing strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

2.5. The NHS has reviewed its list of Never Events. Wrong tooth removal was originally included on the Never Events list as part of a broad category of wrong site surgery Never Events. As part of the current review of sub types of Never Events, it was concluded that despite wrong tooth extraction being an unacceptable incident, the available barriers to prevent the removal of wrong teeth are not strong enough to prevent this type of incident from occurring in all cases. Removal of the wrong tooth will not be classed as a Never Event from 1 April 2021.

2.6. Wrong tooth extraction incidents must continue to be reported as patient safety incidents and managed according to local risk management policies.

Consultation on changes to NHS complaints data recording in England

2.7. NHS Digital currently collects data on complaints regarding NHS primary care services in England annually via the KO41b return from GP and Dental practices.

2.8. NHS Digital are carrying out a consultation to ensure that collections and future publications deliver maximum value for the minimum burden on NHS organisations and that all the items collected remain relevant. This consultation covers the primary care (KO41b) complaints collection. The consultation closes on 26 March.

3. Developments in professional regulation

PSA consults on performance review process

3.1. The Professional Standards Authority (PSA) is considering developing its approach to performance reviews and is consulting on how it carries these out. They are reviewing the current process, which was implemented in 2016, to determine whether it is still fit for purpose, focusing particularly on whether their approach is proportionate and effective. Before returning to other issues at a later stage, the PSA is seeking feedback on five specific areas:

- Scope of reviews: should they assess all regulators against all of the Standards of Good Regulation, each year?
- Assessing risk: they want to use the process to identify risks to public protection and public confidence better.
- Decision-making: they are considering whether to retain a meet/not meet assessment, or something different (e.g. a graded system).
- Supporting improvement: they want to make sure their reviews add value to the work of the regulators.
- Thematic reviews: they are considering whether thematic reviews would improve their scrutiny.

3.2. The full consultation documentation can be found on the PSA's website. The GDC has submitted a response.

CQC consults on its new five-year strategy

3.3. The Care Quality Commission (CQC) is developing a new five-year strategy, and is currently consulting. As well as a more traditional consultation process, they have held a number of stakeholder engagement events and workshops, in which the GDC has participated and fed in views. Influenced by the events of the previous year, the draft strategy they are consulting on is intended to enable them to regulate more effectively in the future. They are presenting a focus on solutions and outcomes, with a more flexible approach to managing risk and uncertainty. They are also concerned with how services work together and how well health and care systems are working to reduce inequalities.

3.4. There are four themes in the draft strategy:

- People and communities: focused on people's experiences of and expectations from health and care services. This includes when people and communities access, use, and move between services.

- Smarter regulation: This is about being flexible and dynamic. Using data better will enable more targeted visits. They also plan to update ratings more often, presenting a more up-to-date view of quality.
- Safety through learning: They want to make learning and improvement central to responding to safety concerns. They plan to take action when lessons aren't learned in ways that improve safety.
- Accelerating improvement: They plan to be more targeted on areas that need the most support, concerning themselves with improvement in individual services as well as how the system works together.

3.5. Find out more about this [consultation from the CQC website](#).

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4. Summary of media issues and coverage

Research: Impact of COVID-19 on dentistry and oral health

4.1. December saw the GDC publish the results from its research and engagement activity on the impact of COVID-19 on oral health and dentistry. The programme of work saw significant coverage in dental sector media, with stories in [Dental Review, The Probe](#) and [Dental Tribune.](#) The work was also publicised by [BSDHT](#) and [BADN](#).

2020 Public Research

4.2. December also saw the publication of the GDC's [2020 Public Research](#) (previous editions of which were known as the Public and Patient Survey). This saw coverage in [Dentistry Online](#), [The Probe](#) and [Dental Review](#).

New advice for GDC decision makers: COVID-19 factors to be taken into account

4.3. In January, the GDC published the regulators' repeated joint statement about how we would regulate in light of COVID-19. Listening to stakeholder feedback that further reassurance would be welcome, alongside we also published new supplementary advice for GDC decision makers about the COVID-19 factors that should be taken into account. This attracted positive broad coverage in dental sector media, including in [Dental Review](#), [The Probe](#) and [Dentistry Online](#).

4.4. In addition, [BLM Law](#) welcomed the advice commenting 'Whilst the initial joint statement provided some reassurance that context would be considered, when dealing with complaints received during the pandemic, the GDC's publication of supplementary guidance takes a step in the right direction in clarifying factors of particular relevance. It remains to be seen whether the other healthcare regulators will take similar action.'

Council recruitment

4.5. January and February's Council recruitment campaign saw broad sector coverage including in [The Dentist](#), [BSDHT](#), [Dental Review](#) and [The Probe](#).

Updated guidance for dental professionals: Brexit

4.6. In early December, following the publication of guidance from the government, the GDC published [updated guidance](#) about how the end of the Brexit transition period would affect

registration arrangements for professionals with non-UK qualifications. This was reported by The Dentist and Dental Review.

GDC response to DHSC White Paper

4.7. The GDC responded to the DHSC's White Paper, Integration and Innovation: working together to improve health and social care for all. This was covered by Dental Review, The Dentist, and The Probe.

CPD reminder for dentists

4.8. As we approached the CPD declaration deadline for dentists at the end of January, there were over 1,800 dentists still to make a statement. The GDC's reminder was covered by Dentistry Online, The Dentist, The Probe and Dental Review.

Fitness to practise and illegal practice

4.9. The following fitness to practise cases have featured in the media:

- In December, South West local news outlet Gazette and Herald reported that dentist Paul Copson had been issued a warning.

- Fife Today reported on the FtP case of Tiegan Carruthers. On 18 December 2020, the Professional Conduct Committee made an order to erase the dental nurse from the register and ordered that their registration be suspended immediately.

- A Bupa dental practice manager and dental nurse who admitted a £60,000 fraud by paying 93 fake refunds into her own bank accounts has received a two-year suspended jail term and must do 250 hours unpaid work and obey a six months 9pm-6am curfew, reported in the North Wales Pioneer. Last November, an Interim Orders Committee suspended Ms Locke for a period of 18 months.

- The Sun (print only) highlighted the FtP case of dental technician Andrew Mackie. Following Mr Mackie's 2019 conviction of being concerned in supplying a controlled drug of Class A, on 21 January 2021 the Professional Conduct Committee made an order to erase Mr Mackie from the register and ordered that their registration be suspended immediately.

- An investigation by the Insolvency Service into the demise of The Smile Centre (UK) Ltd resulted in Barrie Semp being disqualified as a company director for six years, according to the Prestwich and Whitefield Guide. Mr Semp was erased and suspended by a professional conduct committee in 2018.

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5. Public affairs and parliamentary update

HealthWatch publishes report on patient experiences

5.1. HealthWatch England has announced the publication of a new report in December considering the experiences of health and social care patients from July to September 2020, including NHS dental care. A briefing entitled, Dentistry and the impact of COVID-

19, was appended, which considered issues around difficulties with access to NHS dentistry.

5.2. On 8 February, [HealthWatch published a warning to the Government](#) that urgent action was needed to address issues with access to NHS oral health care. The warning followed a review of experiences of a further 1,129 people from October to December 2020.

University of Leicester study into ethnicity and COVID-19

5.3. Recruitment for the [UK-REACH study that is investigating ethnicity and risks of COVID-19](#) to health and care workers was boosted recently with a formal announcement made in December. The GDC is supporting the study and helping with recruitment. Around 800 dental professionals have been recruited to take part in the longitudinal survey.

SDCEP review of AGPs

5.4. On 26 January 2020, the Scottish Dental Clinical Effectiveness Programme (SDCEP) announced that it has completed a further review and published an updated version of its document, [Mitigation of Aerosol Generating Procedures in Dentistry (V1.1)](#). The details of the update are provided within Appendix 4. The conclusions of the rapid review remain unchanged and monitoring for new evidence will continue.

New wellbeing and mental health support published

5.5. Wellbeing Support for the Dental Team (a group of organisations including the BDA Benevolent Fund) has released a new [wellbeing reference resource for the dental team](#) covering all four nations of the UK. It gives guidance on how to assess mental health and wellbeing and provides resources for self-care, including the range of organisations available to support dental teams, including students and those in non-clinical roles.

Oral health in residential special education settings

5.6. NHS England has been consulting on the [new project looking at oral health care for Children and Young People with Learning Disabilities and Autism in Special Education Schools](#). One of the key outcomes of this work will be a new Clinical Standard. The consultation closed on 19 February 2021.

Scottish Government announce student bursary

5.7. In February, the [Scottish Government announced that a bursary](#) of up to £6,750 will be offered to BDS students who will have to repeat a year. The support is intended to help mitigate the financial impact on students following the necessary decision taken by Aberdeen, Dundee and Glasgow Dental Schools to defer graduation. The [Chair of the BDA's Scottish Dental Practice Committee welcomed](#) the announcement in a statement.

Northern Ireland grant funding for dental practices

5.8. The [Health Minister for Northern Ireland, Robin Swann, has announced grant funding](#) of £1.5 million to help improve patient throughput at dental surgeries in Northern Ireland. The support is for dental practices for the purposes of upgrading or installing new ventilation systems. The funding is in addition to the £44 million already allocated through the Financial Support Scheme since April 2020 to General Dental Services.

EU-UK post-Brexit deal vote

5.9.   On 20 December, the House of Commons voted on the legislation to implement the EU-UK post-Brexit deal by 521 votes to 73, giving a majority of 448. The full text of the Trade and Cooperation Agreement is available online (note 1,256 pages).

Health and Social Care Committee on delivering care during COVID-19

5.10. The Health and Social Care Committee published its Second Report - Delivering core NHS and care services during the pandemic and beyond last October. Published on 15 January, was the Government's response to the Committee. On dental services, the Government stated:

"The backlog in dental appointments is a function of the precautions needed to avoid infection through COVID-19. DHSC acknowledges the impact that the coronavirus pandemic has had on the provision of NHS dentistry across the country and is working with the profession to increase the level of service as fast as possible, acknowledging the ongoing social distancing and infection prevention and control requirements.

"Guidance has now been published by Public Health England that updates infection prevention control procedures. This includes reduced time to rest a room between patients. Whilst this should allow dentists to see a greater number of patients, dentists will still be seeing significantly fewer patients per day than pre COVID-19.

"The Department is in the early stages of exploring how dentistry may be able to use Point of Care testing to increase patient throughput in future, however this is heavily dependent on a number of factors, such as the availability of testing technologies and a full assessment of the impact on risk for patients and staff."

Backbench debate: effects of COVID-19 on dental services

5.11. A backbench business debate was held on 14 January in the House of Commons on the effect of COVID-19 on dental services. Much of the debate centred around the backlog of appointments and the reduced capacity of dental services, and particularly the targets focused on ensuring access for NHS patients.

Medicines and Medical Devices Act 2021

5.12. The Medicines and Medical Devices Act 2021 received Royal Assent on 11 February. The Act provides powers for the Secretary of State to make regulations that will extend the existing regulatory framework. The Medicines and Medical Devices Act does three things:

- Introduces targeted delegated powers in the fields of human medicines, veterinary medicines and medical devices to enable the existing regulatory frameworks to be updated following the UK's exit from the European Union (EU).
- Consolidates the enforcement provisions for medical devices and introduces sanctions.
- Provides an information gateway to enable the sharing of information held by the Secretary of State about medical devices, for example to warn members of the public about safety concerns.

5.13. The Act also allows for provision to be made in relation to the requirements that must be met before a medical device can be placed on the UK market, put into service or supplied in the UK. This includes the characteristics of medical devices such as materials, design, manufacture and packaging, and the requirements for those involved in the marketing and supply of devices, including (but not limited to) the manufacturer.

Parliamentary Question on public health measures

5.14. In response to a parliamentary question on steps the Government is taking to roll out fluoride optimisation in water supplies and other preventative public health measures of oral health, the Parliamentary Under-Secretary of State, Jo Churchill MP, stated:

5.15. In 'Advancing our health; Prevention in the 2020s', the Government committed to consulting on rolling out a supervised toothbrushing scheme in more pre-school and primary school settings in England, and to exploring ways of removing the funding barriers to fluoridating water, a clinically effective intervention to improve oral health, to encourage more local areas that are interested to come forward with proposals. Public Heath England has published several toolkits including a supervised toothbrushing and water fluoridation toolkit to support the commissioning and delivery of these programmes.

Appointments announced

5.16. The following appointments have been announced recently:

- The Rt Hon Kwasi Kwarteng MP has been appointed as the Secretary of State for Business, Energy, and Industrial Strategy. He took up the post on 8 January 2021.

- Professor Rebecca Harris has been appointed as Deputy Chief Dental Officer for England. Professor Harris took up the post at the end of January, when Eric Rooney retired.

- The PSA has announced that Caroline Corby is the new Chair. She took up her post on 1 February 2021. She will succeed Antony Townsend, who has been the Interim Chair since September 2020, and who will continue as a member of the PSA Board.

- The General Optical Council has announced Dr Anne Wright CBE as Chair of Council. Dr Wright will follow Gareth Hadley OBE who has been Chair for eight years. Dr Wright will take up her appointment on 18 February 2021.

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4 March 2021

General
Dental
Council

Council
18 March 2021
Item 12B - Stakeholders

Stakeholder engagement report – March 2021

Executive Director	Stefan Czerniawski, Executive Director, Strategy
Author(s)	Daniel Knight, Stakeholder Engagement Manager Lisa Bainbridge, Interim Head of Nations and Engagement Gordon Matheson, Head of Scottish Affairs Leighton Vale, Head of Welsh Affairs Kristen Bottrell, Interim Policy Manager
Type of business	To note.
For Council only	Not applicable.
Issue	This paper provides Council with a summary of stakeholder engagement activities 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. Summary of engagement in numbers

1.1. Between December 2020 and February 2021, we attended or hosted a total of 62 online meetings and events. Of these:

- five were events led by the GDC
- 17 were regularly scheduled meetings with key stakeholders, and
- 40 were meetings and events that we attended, or presented at, which were arranged by an external organisation.

1.2. In total we engaged with 34 stakeholder organisations.

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2. Summary of UK-wide engagement

GDC Chair external engagements

2.1. Dr William Moyes, GDC Chair, met to discuss the Advancing Dental Care programme with its Chair, Malcolm Smith, on 12 January.

2.2. A meeting with the Chief Executive Officer, MDDUS, Chris Kenny, was held on 11 February.

2.3. Further, the Chair met with the Parliamentary Under Secretary of State for Prevention, Public Health and Primary Care, Jo Churchill MP, on 22 February. Discussions included the need for regulatory reform, particularly noting the time imperative on international registration, and the availability of support for newly-qualified dentists.

2.4. On 4 March, the Chair attended a joint meeting of the health regulator Chairs. The main purpose of this meeting was to discuss regulatory reform and the need to ensure that all regulators were covered by a programme of legislation.

Webinar on the impacts of COVID-19 on dentistry

2.5. We held a live webinar in the early evening of 23 February 2021 to review and discuss *The impacts of COVID-19 on dentistry*. The webinar featured leaders and experts from across dentistry discussing some of the key themes that we have identified in our research and engagement work into the impact that COVID-19 has had on dentistry, and considered how to address the challenges to come. Around 840 people joined the online event. The recording of the session is available on our website.

Scope of Practice review workshop

2.6. A stakeholder workshop was held for the purposes of consulting on the next stage of the Scope of Practice Guidance review, on 2 February 2021. The event provided an opportunity for the GDC to explain the objectives of the review to a range of stakeholders, in particular, professional membership bodies and indemnifiers, and for attendees to consider and feed into the proposed options for revisions to the Scope of Practice Guidance.

2.7.   24 representatives attended the Scope of Practice Guidance workshop. Organisations represented included the British Association of Dental Therapists, Dental Defence Union and Health Education England. The findings from the workshop will be used to inform the next phase of the review.

Dental corporates

2.8.   GDC representatives met with Bupa on 23 January. In addition, we hosted a meeting of the Dental Corporates Regulatory Reform group on 10 February, which brought together the larger providers of dental services, as well as the Association of Dental Groups. The main issue under discussion was the registration of overseas-qualified applicants in light of Brexit and workforce pressures.

Korean Institute of Dental Education and Evaluation

2.9.   The Head of Education Policy and Quality Assurance provided a presentation to delegation from the Korean Institute of Dental Education and Evaluation on the GDC's approach to the quality assurance of dental education and training in the UK on 23 February.

Building better public and patient engagement

2.10. We have stepped up engagement on issues affecting the public and patients, as we work on continuously improving out engagement with these groups. Recently there has been a particular focus on how the GDC enables patient protection through the complaints and concerns processes, and how we can improve understanding of the system and what it can deliver.

2.11. To further this work, the Interim Head of Nations and Engagement attended the joint regulators public and patient involvement group on 26 January to discuss how other regulators are approaching this type of engagement, and in particular how others are ensuring the voice of patients with lived experience is heard. Further, the Head of Public Policy attended the National Voices policy meeting on 9 February.

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3. Professions-wide complaints handling initiative

3.1.   The *Professions-wide complaint handling initiative* brings together organisations from across the dental sector to discuss and support best practice in local resolution of complaints, helping professionals and patients to get the most from feedback and complaints, for the benefit of all.

3.2.   The group is convened as a forum for members to bring items of note, recent discussions have focused on work being done by stakeholders on complaints handling. The group is unique in healthcare professional regulation, and presents an opportunity to gain a wide range of perspectives from experts in complaints handling.

3.3. The group met four times in 2020, with meetings being held remotely due to COVID restrictions. Notably, NHS England has presented data regarding the NHS complaints pause, Healthwatch gave members an early briefing on their report into dentistry during the pandemic, and the Public Health and Services Ombudsman has utilised the group's expertise in the development of their Complaints Standards Framework. The group will meet three times in 2021, and we will continue to work with partners to put together agendas that reflect current developments in the local resolution of complaints.

4. Summary of engagement in Scotland

4.1. Engagement activity in Scotland is progressing at pace. The Head of Scottish Affairs has established a regular cycle of meetings including with: CDO for Scotland, Tom Ferris; Paul Cushley from NHS NSS; Jason Birch, Head of the Scottish Government's Regulatory Unit; the Board for Academic Dentistry; BDA in Scotland; heads of country at GMC, NMC and GPhC; and the Scottish Regulatory Forum.

4.2. Subjects discussed in recent weeks have included:

- the deployment of members of the dental team to a variety of roles linked to the COVID-19 testing and vaccinations programmes, including any possible implications for scope of practice
- the Scottish Government perspective on regulatory reform
- government plans to shape and consult in 2021 on a revised dental contract
- implications of and sensitivities around the decision that safe beginner-status cannot be achieved in time for summer 2021 BDS graduations, and
- the move to online of the 2021 Scottish Regulatory Conference.

4.3. In late February/early March, we delivered well-attended online presentations to the Directors and Dentistry and Dental Practice Advisors from across Scotland's health boards. The presentations have focussed on the implementation of the recently adopted referral of low-level concerns but, more generally, have provided a valuable opportunity to put faces to names, albeit virtually, and to engage on a range of issues of interest to the sector. Following the success of the presentations, we have been invited to develop a series of presentations during 2021 for the directors of dentistry on a range of topics including dental education and regulatory reform. Planning is also underway to extend our online programme of engagement to LDCs/ADCs.

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5. Summary of engagement in Wales

5.1. Our Head of Welsh Affairs has joined the Welsh Dental Committee, which meets quarterly to discuss issues of importance to the practice of dentistry in Wales. The GDC's report on the impact of COVID-19 on the professions has been discussed by members in this quarter.

5.2. We continue to develop our relationship with the Chief Dental Officer for Wales and have met with her and her deputies twice since last December and have agreed monthly meetings going forward. The Head of Welsh Affairs also meets regularly with representatives of Public Health Wales and Health Education and Improvement Wales

(HEIW). And with reference to the latter, we are pleased to continue our association with the GDC's former Council member, Kirstie Moons, in her new role as the Postgraduate Dental Dean.

5.3. The GDCs statutory responsibilities around the Welsh language have been high on the agenda recently with continued engagement with the Welsh Government around the Welsh Language Standards for Healthcare Regulators under revision. We are expecting legislation later in the year and continue to review matters that may impact our work in this area.

5.4. The GDC continues to play its part with engaging with other professional regulators in Wales with monthly inter-regulatory meetings with the GMC, GPhC and NMC, which we find to be a useful forum for exchange of knowledge and information with our counterparts and how they are adjusting to regulating their profession during COVID-19.

5.5. Education and quality assurance continues to be a key issue and engagement with the Cardiff Dental School continues. Regular updates are received from the Head of the School on numbers of BDS students likely to graduate this year and adjustments to the teaching process as a result of the pandemic.

5.6. We continue to engage directly with dentists in Wales through regular meetings with the Director of the BDA. The Head of Welsh Affairs will be speaking at the BDA's Welsh Council meeting later this month.

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6. Summary of engagement in Northern Ireland

6.1. The GDC met with key stakeholders to consider the possibility of implementing a referral process for low-level concerns to the Health Service in Northern Ireland, similar to what has been put in place in Wales and Scotland, on 2 March. The GDC met with Michael Donaldson, Chief Dental Officer for Northern Ireland, the Regional Lead for Hospital, Community and Public Health Dentistry, at Health and Social Care Northern Ireland, and representatives from General Dental and Ophthalmic Services, the Department of Health Northern Ireland and the BDA's Northern Ireland Director.

6.2. The meeting provided an opportunity to explain how the low-level concerns process worked in Scotland and Wales, and to consider how a process might be implemented in Northern Ireland by utilising the existing structures and procedures for complaint resolution. Proposals were positively received. The CDO Northern Ireland is now considering process proposals ahead of a follow up meeting later this year.

6.3. Donald Burden, Council Member, spoke to the BDA Northern Ireland Council on 5 March. The meeting provided an opportunity for Donald Burden to introduce himself and explain his role as a Council member, while highlighting some of the current priorities for Council such as regulatory reform and the graduation of dental students in 2021.

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7. Summary of engagement in England

7.1. GDC representatives have attended a number of Care Quality Commission (CQC) workshops over the past month, as they consult on their five-year strategy. Further details on the consultation and associated events can be found the CQC website.

7.2. Further, a number of GDC staff have engaged in workshops being hosted by NHSX and NHS England and Improvement on digital dental services. The workshops have been attended by the CDO for England, Sara Hurley, lending some weight to the importance of the programme. The programme is looking to put in place a digital strategy that will accelerate the delivery of the strategic vision for dental services.

7.3. Research and engagement has been undertaken by programme leads, the emerging themes reported during the workshop were:

- Access challenges to NHS dental services has been severely exacerbated by current COVID-19 restrictions; particular challenges for hard-to-reach groups.
- Lack of data flow between referral sources means that more-often dental care is based on incomplete patient history and reliance on the patient for information on medical history, medications, and previous treatment.
- The lack of access to patients' clinical information can delay patients' treatment for several weeks in the worst-case scenarios. Some dentists use the referral system to rebook them as an emergency to prevent patients from enduring pain. In the meantime, they can access specialists and GPs for feedback.
- Dentists not having access to patients' clinical records can have life-threatening consequences for patients.
- Some areas in England where a dental e-referral system is in place such as in Greater Manchester, although full coverage across England is needed.
- Lack of interoperability means that dentists have to work independently, the patient record fails to follow the patient, lack of patient records can result in duplicate treatment and safeguarding issues.
- Reliance on paper processes is inefficient and can result in duplicate imagery (requests due to initial images being of insufficient quality to be reviewed on paper).
- Patient response to teledentistry (remote triage and telephone/video consultation) has been satisfactory, although data is limited.

7.4. NHSX Workshop attendees were asked to review the strategic visions for both dentistry and digital and prioritise areas of work by strategic importance. The results of the engagement exercise will be reported in due course.

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8. Stakeholder appointments

8.1. The following stakeholder appointments have been announced:

- The College of General Dentistry announced in December the appointment of three more Ambassadors, Professor Richard Horton, Dr Govin Murugachandran and Professor Jonathan Cowpe. The College will be appointing more Ambassadors over the coming months as it moves towards its for launch planned for mid-2021.

- The Faculty of General Dental Practice UK (FGDP(UK)) has also elected Dr Abhi Pal FFGDP(UK) as Dean, who will also become the first elected president of the College of Dentistry when it launches later this year. Mrs Sarah Hill BSc RDH FHEA has been appointed as its new Dental Care Professional Representative. Sarah Hill will represent the interests of the wider dental team at meetings of the National Faculty Board, and in the FGDP(UK)'s work.

- HEIW has announced that Kirstie Moons has been appointed as Postgraduate Dental Dean. Kirstie Moons took up the post from the start of 2021.

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General
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Professional Standards Authority review of GDC Performance 2019/20

Executive Director	John Cullinane, Interim Executive Director, Fitness to Practise
Author(s)	John Cullinane, Interim Executive Director, Fitness to Practise Reviewed by Stefan Czerniawski and Colin Mackenzie
Type of business	For noting
Issue	To provide an update on the Professional Standards Authority's review of our performance for 2019/20, which was published on 19 January 2021.
Recommendation	The Council is asked to note this paper.

1.   PSA's overall assessment of GDC performance

1.1   This paper provides an update on the Professional Standards Authority's annual performance review of the GDC for 2019/20, which was published on 19 January 2021. This was the GDC's first performance review under the PSA's new standards framework.

1.2   Following an evaluation process, including a targeted review of two FTP standards, the PSA concluded that the GDC met 16 of the 18 standards. These standards were:

- General Standards   5/5
- Guidance and standards 2/2
- Education and training 2/2
- Registration 4/4
- Fitness to Practise 3/5

1.3   The two standards that FTP did not meet were:

Standard 15 –regarding investigating cases in a fair, proportionate and timely manner, with appropriate evidence available to decision makers;

Standard 17 – regarding risk assessment and applying for interim orders.

1.4   In 2018/19, the GDC achieved 22/24 standards against the previous PSA standards framework. The two standards we did not achieve related to FTP timeliness and information security.

2.   Standard 15

2.1   Under the PSA's previous standards framework, there was a separate standard for FTP timeliness, which we did not achieve in 2017/18 or 2018/19. For the new set of standards, the PSA have combined timeliness with several other elements that were previously covered as separate standards. These include that our processes are fair and

proportionate, and that the approach to investigations enables the gathering of appropriate evidence to enable decisions to be made on the progression of cases.

2.2   The PSA noted that there was good performance across most aspects of this standard. In particular, they noted that they had seen evidence to suggest that GDC investigations were fair and proportionate and provided appropriate evidence for decision makers.

2.3   However, the PSA decided to conduct a targeted review of FTP timeliness as they believed the datasets suggested that the GDC's performance had declined in this respect. These reviews focused on the length of time taken for cases to be considered by Case Examiners, and those cases which progressed to hearing. The PSA also considered the fall in the number of decisions made by the Case Examiners, and asked for further details to ensure that there was no increase in the volume of casework.

2.4   The PSA first looked at the median time taken from receipt of an initial complaint to a final decision by CEs. They noted that the annual median was, at 50 weeks, longer than previous two review periods (45 and 48 weeks respectively). However, they also noted that there had been an improvement in the second half of the review period which had been maintained into Q1 of 2020/21 (45, 48 and 43 weeks in these quarters).

2.5   The GDC explained that performance against the annual median timeliness data declined in 2019/20 because a high number of older cases were closed. The PSA agreed that the data supported this, and that this would create volatility in the medians that we report on. The GDC also attributed the decline in its performance in relation to the initial stages of the fitness to practise process to an increase in the number of cases at the Rule 4 stage in the third and fourth quarters of 2018/19. To address this backlog, the Case Examiners made a higher number of decisions in first quarter of 2019/20. We explained that because of this, the annual 2019/20 median of 55 weeks contained a set of older cases which had been delayed at the Rule 4 stage in 2018/19 which in turn adversely impacted the annual median.

2.6   With regard to the median for cases to be presented at hearing, the PSA noted that the GDC had reduced the number of cases awaiting initial hearing from 219 in the first quarter of 2019/20 to 173 cases in the fourth quarter of 2019/20, which represents a 21% reduction. They welcomed the GDC's efforts to reduce the number of cases at the hearing stage and noted that this could create volatility in the median time taken from receipt of initial complaint to the final PCC determination. However, they were not satisfied that this explained the significant increase from 94 weeks in 2018/19 to 107 weeks in 2019/20, and they described the figure of 107 weeks as one of the highest across the regulators.

2.7   Finally, the PSA examined the number of cases at Case Examiner stage. They were satisfied that there was no backlog that might be affecting the median.

2.8   Overall, the PSA noted that there had been improvement in some of the medians used to measure timeliness. However, they were concerned that the median from initial assessment to hearing had increased, and continued to do so through the year, and that the number of cases over 156 weeks had also increased. While the PSA noted that some of the improvements we have made may help to address this, they remained so concerned about the level of this figure that we concluded that this Standard is not met.

2.9   We continue to focus on improving timeliness through the FTP process. The new reporting period (2020/21) has been difficult, however, because of the restraints imposed by COVID, which has meant that we have not been able to conclude cases at hearing as we had expected. This has caused fluctuations in the median, although the last two reported quarters show a significant improvement (97 and 102 weeks respectively). The number of cases over 156 weeks has also increased, from 74 to 82, as we have been unable to complete some of these cases. We are working with our fellow healthcare regulators to

understand how the PSA will be assessing timeliness given the delays we have all encountered in this performance review cycle.

3.   Standard 17

3.1   The PSA noted that the median form receipt to interim order decision increased from 24 weeks in quarter two to 45 weeks in quarter three of the performance review period. We told the PSA that this increase was the result of an error in the approach taken to interim order referrals, where more information was sought than was necessary to prepare an interim order referral proposal for the Registrar's consideration, thus delaying the progression of interim order referrals. This had resulted in a reduction in the number of cases referred by the registrar, compared with those referred by Case Examiners. The GDC told us that it reviewed affected cases, and that this resulted in increased referrals in quarter four. This increase in referrals negatively affected the median figure for that quarter, but the median figure for the following quarter reduced to 19 weeks. We conducted further training on the interim order process for its staff and requested that the hearings and presentation teams highlight concerns where they see a lack of incoming interim order referrals.

3.2   Despite the evidence that the median had significantly improved, the PSA decided to conduct a targeted review of Standard 17 as they were concerned that the GDC may not have been identifying risks appropriately at the initial stages of its fitness to practise process. In particular, they were concerned that the number of cases being referred to the Interim Orders Committee by Case Examiners suggested that caseworkers were not identifying risk appropriately.

3.3   We supplied with PSA with further information including a breakdown of the Case Examiner referrals, and information about the process to remind them that the evidence changes, and is presented differently to the Case Examiners, which can affect how risk is perceived. Of the 29 cases in question (three of which related to the same registrant), the Registrar had already considered whether an application should be made, and in several cases, the IOC had declined to impose a restriction. We identified two types of case (health and lack of indemnity) where Case Examiner referrals resulted in an order being imposed, and we have ensured that casework managers refer these cases to the registrar at assessment.

3.4   The PSA concluded that their concerns that the initial assessment and investigation stages of its fitness to practise process might not be identifying and/or assessing risks appropriately had not been fully addressed. As the median has returned to its previous level, and we have already addressed some of the other concerns raised by the PSA, we believe that we are in a good position to regain this standard in 2020/21.

4.   Next steps

4.1   We remain committed to achieving all PSA standards in FTP. We are working with other healthcare regulators to develop a common understanding of how the PSA will take account of the delays caused by COVID in its forthcoming performance assessments. We are also working with team members across FTP to ensure that they are aware of the significance of the PSA standards and how they can contribute to the GDC achieving them consistently.

John Cullinane

Executive Director, Fitness to Practise

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04 March 2021

General Dental Council

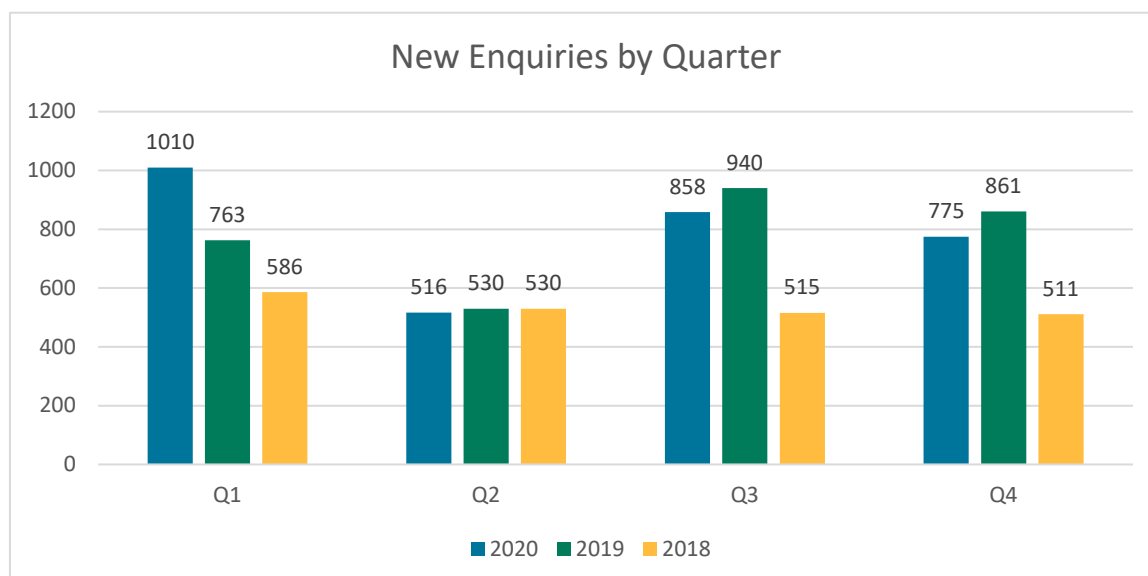# Dental Complaints Service (DCS) - Performance 2020

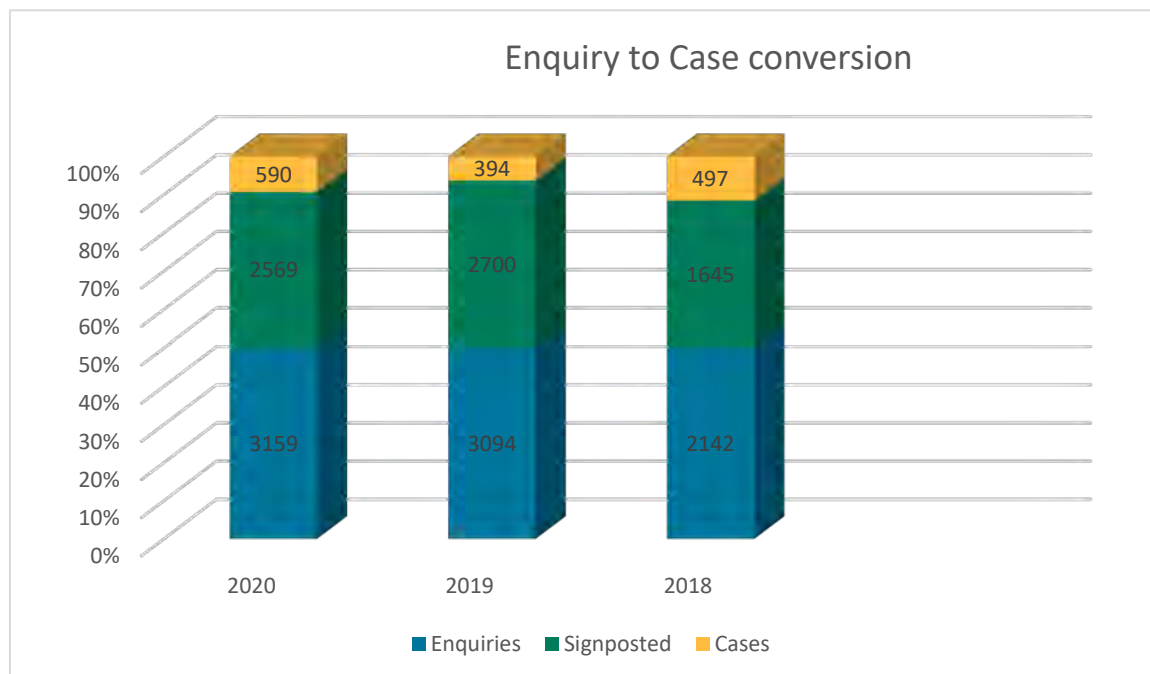| Executive Director	John Cullinane, Executive Director, Fitness to Practise Transition
Author(s)	Michelle Williams, DCS Head of Operations
Type of business	To note
Issue	To report on the performance of The Dental Complaints Service during 2020.
Recommendation	The Council is asked to **note** the update.

1. Executive Summary

1.1 In 2020, the DCS maintained its operational performance against its three Key Performance Indicators (KPIs) - responding to new enquiries within two working days, cases resolved within 90 days and customer satisfaction. DCS has received similar numbers of enquires in 2020 as in 2019, and a 51% increase compared to volumes in 2018.

1.2 Case resolution times were significantly impacted by the collapse of the dental body corporate (DBC) Finest Dental during Q2 and Q3. The impact of practice closures due to Covid-19 also meant that DCS waited longer for dental professionals to access patient records and patients had significantly longer waits for appointments for second opinions. As a result, only 85% of cases were resolved within 90 days during 2020.

2. Analysis of Performance

2.1 There was a 0.3% increase for incoming contact volumes from 2019 (3,147) to 2020 (3,159). DCS maintained operational service levels, responding to 97.9% of the 3,159 enquiries within two working days.

New Enquiries by Quarter

	Q1	Q2	Q3	Q4
2020	1010	516	858	775
2019	763	530	940	861
2018	586	530	515	511

2.2   Of the 3,159 enquiries received by DCS in 2020, 81% were signposted to other organisations as the complaint did not fall within the DCS remit. 19% of the enquiries fell within the DCS remit, a 49.7% increase against 2019.

2.3   An analysis of the enquiries received is below:

| Reason	Number:	Note:
Enquiries requiring signposting to other organisations able to assist	2569	The majority of these enquiries related to NHS complaints, access to care due to practice closure, patients requiring clinical advice and concerns regarding ongoing payments for dental plans. DCS also received enquiries in relation to charging for PPE when practices reopened.
Cases raised	590	These complaints fell within the remit of the service - either failure of treatment, or dissatisfaction with an element of their care.

2.4   **Cases**

2.5   DCS saw a 49.7% increase in case numbers during 2020. A significant number of these were received in Q2 and Q3 following the collapse of two dental body corporate (DBC) Finest Dental and Dentix.

2.6   **Complaint issues**

2.7   As in previous years, the largest reason for complaints (80.6%) was a perceived failure of treatment. Access to care was the second highest reason (7.1%).

2.8   **Treatment types**

2.9   The main treatment types relating to complaints raised were:

Treatment types giving rise to complaint
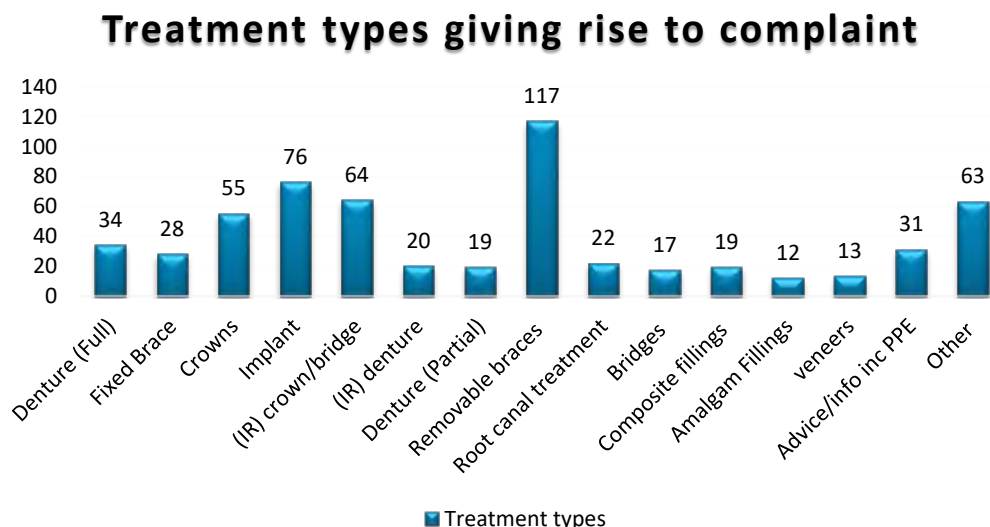
2.10   **Illegal Practice**

2.11   The DCS referred four matters to the GDC's In-House Appeals and Criminal Enforcement team in 2020, in line with numbers in previous years. The referrals related to the ownership of a dental practice by a non-registrant.

2.12   **Performance**

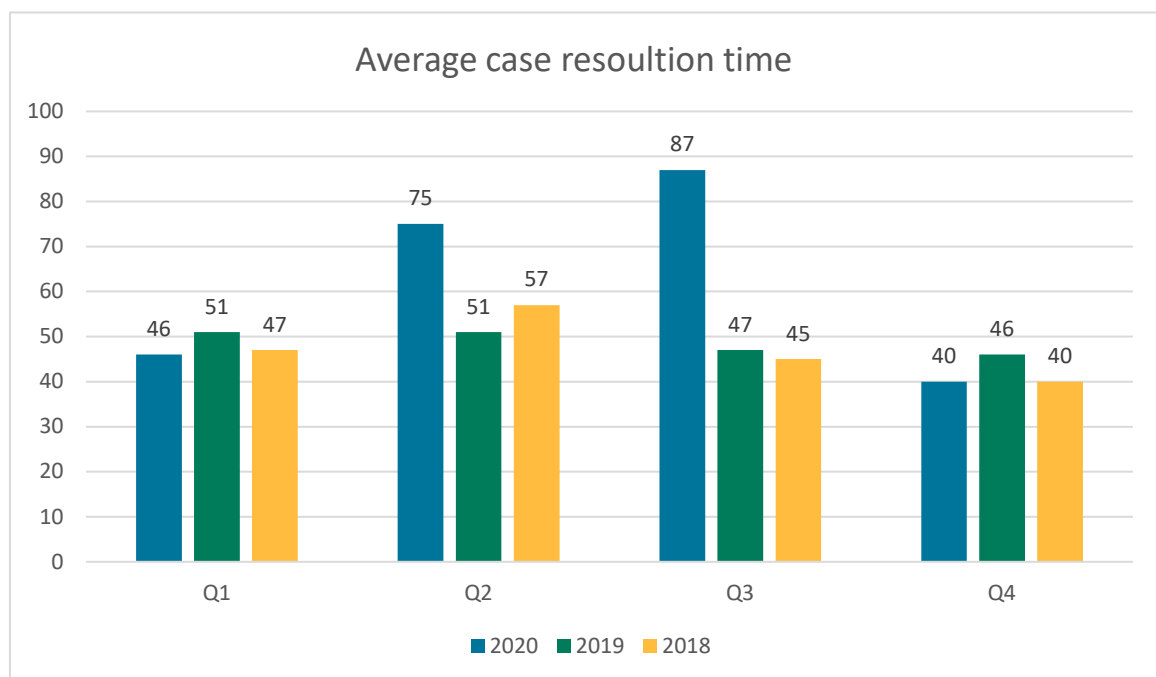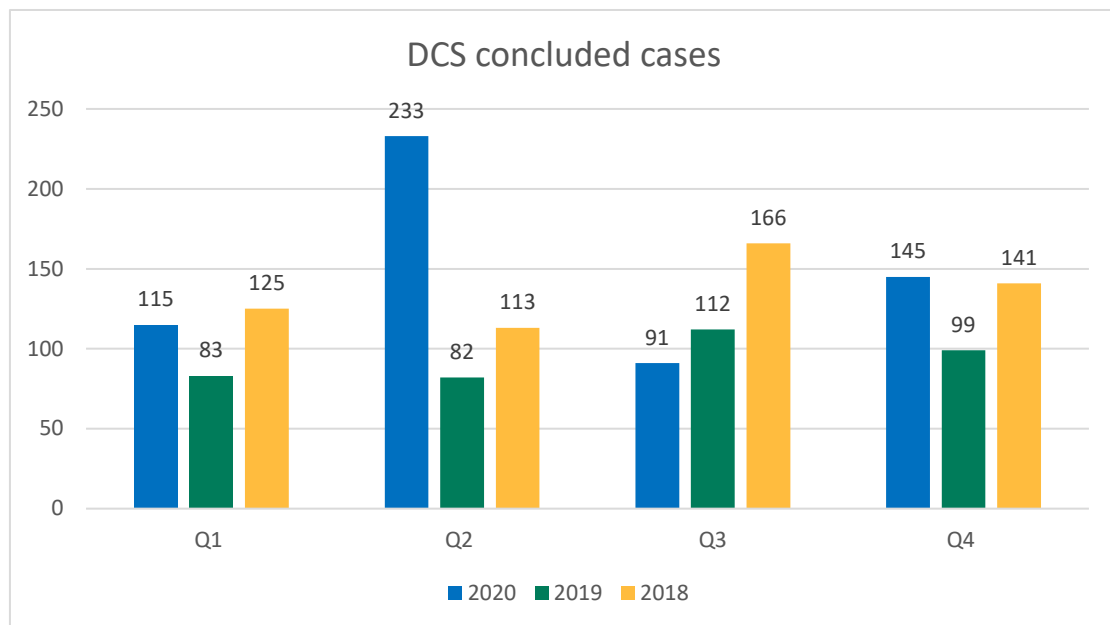2.13   The DCS concluded 584 cases. The outcome for these cases is set out in the table below.

Outcome	Total	Percentage %
Apology	9	2%
Explanation	20	3%
Waiving of charges	1	0%
Free remedial treatment	113	9%
Contribution towards remedial treatment	21	19%
Partial refund of fees	52	4%
Full refund of fees	350	60%
Conduct concern raised	24	4%
Not confirmed when complaint closed through lack of patient engagement	18	3%
Total	584	100%

2.14   The average resolution time rose from an average of 48 days per case in 2019 to an average of 62 days in 2020. Case resolution times were significantly impacted by the collapse of the dental body corporate (DBC) Finest Dental during Q2 and Q3. The impact of practice closures due to Covid-19 also meant that DCS waited longer for dental professionals to access patient records and patients had significantly longer waits for appointments for second opinions.

2.15   The majority of cases were resolved at local resolution as set out in the table below:

2.16

Case resolution stage	Percentage 2020	Average number of days 2020	Percentage 2019	Average number of days 2019
Review (inc FTP referrals)	5%	21	2%	19
Local resolution	74%	48	71%	31
Facilitated resolution	21 %	113	27%	98
Panel	0.1%	200	0.5%	192

DCS concluded cases

Quarter	2020	2019	2018
Q1	115	83	125
Q2	233	82	113
Q3	91	112	166
Q4	145	99	141

Average case resoultion time

Quarter	2020	2019	2018
Q1	46	51	47
Q2	75	51	57
Q3	87	47	45
Q4	40	46	40

2.17   DCS received fifty-six feedback forms from patients in 2020. 98% were either very satisfied or satisfied with the service they received. Five dental professionals replied, all reporting that they were all very satisfied with the service they received from DCS. One patient was unhappy with the service, although the response suggested that this was based on the outcome of their case.
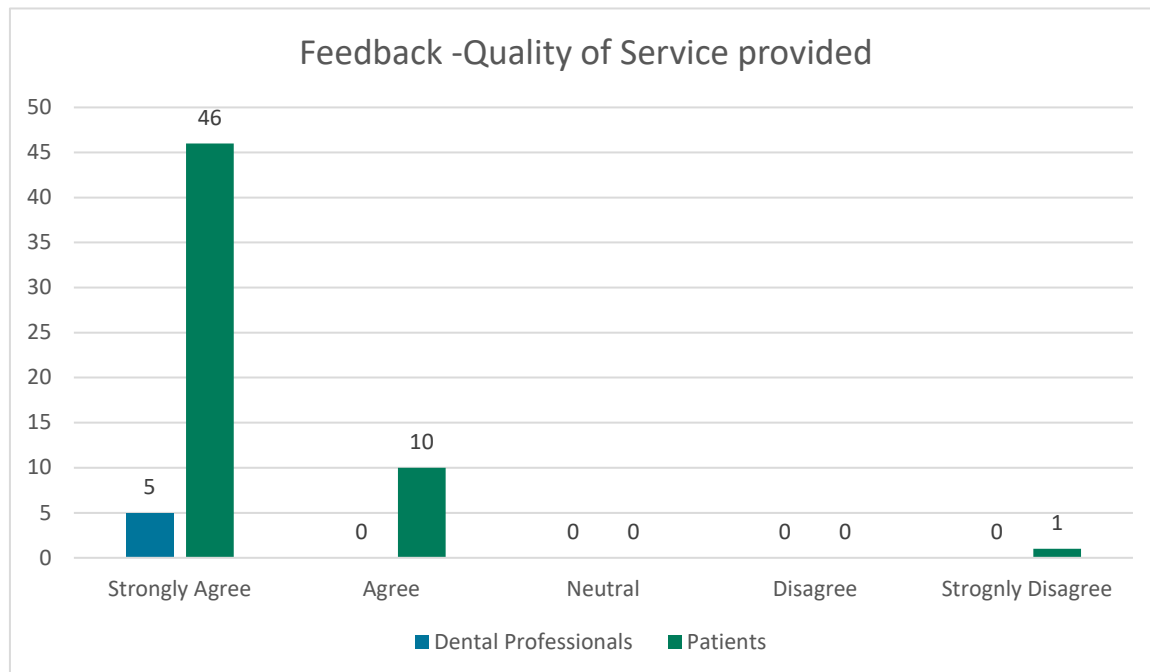
3.   FtP Referrals

3.1   There were 36 referrals to FTP in 2020, 1.1% of the total enquiries received. There were 25 referrals in 2019, which was 0.8% of the total number of enquiries.

4.   DCS Review Phase II

4.1   As a result of Covid-19, the DCS Review Phase II has been merged with a separate project ("Develop a comprehensive complaints resolution model"). The combined project will start in April 2021.

5.   DCS Review

5.1   In April 2020, DCS published its annual review which was well received by the dental profession for demonstrating the operational improvements that DCS has made to the service, as well as the reduction in the number of referrals made to FtP. DCS will publish its 2020 report in April 2021.

6.   Legal, policy and national considerations

6.1   Approval has been given for the DCS to start holding panels remotely. We expect the first of these to be held in March 2021.

7.   Monitoring and review

7.1   DCS produces a monthly report to the Executive Director, Fitness to Practise, who monitors performance and raises any risks on the FTP risk register. The report is presented quarterly to EMT with an annual report presented to Council.

8.   Next steps

8.1   The Council is invited to note this update.

Appendices

a. None

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04 March 2021

General Dental Council

Annual Report 2020 – Information Governance

Executive Director	Lisa Marie Williams, Executive Director, Legal and Governance
Author(s)	Luke Whiting, Information Governance Manager & Data Protection Officer
Type of business	To note
For Council only:	Public Session
Issue	To provide Council with the IG annual report.
Recommendation	The Council is asked to **note** the annual information update for 2020

1.   Introduction

1.1   In accordance with the revised Terms of Reference, the Audit and Risk Committee continue to review data matters and provide assurance to Council on this area, receiving an update from the GDC's Data Protection Officer every quarter.

1.2   In 2020 the risk on the GDC's register: "Failure to comply with the requirements of the GDPR and Data Protection Act 2018 leading to enforcement action" continued to be managed as an operational risk (IG5). The residual risk score remains at 12 which is on the risk appetite limit.

1.3   An additional operational risk (IG4) was identified and included on the register to highlight the possible data security issues arising from home working arrangements in response to COVID-19. The team provided advice to mitigate these risks and also in relation to new ways of working such as remote hearings and data storage on Microsoft Teams.

1.4   The Information Governance team plays an important role at the GDC, working with colleagues across the business to ensure the handling of personal data is carried out appropriately. This work involves:

- the development and improvement of the information governance framework,
- supporting projects and business as usual to assess data risk and the legality of sharing information,
- regular staff training,
- raising awareness about data security,
- records management,
- recording data security incidents (DSIs) (and identifying future learning), and
- ensuring and reporting on levels of compliance in relation to the GDPR, the Freedom of Information Act 2000 (the FOI Act) and the Data Protection Act 2018 (the DPA).

1.5   This paper sets out a summary of how the GDC has handled data and data requests as well as wider work of the Information team over 2020. Detailed information on the numbers of DSIs and requests can be found at **Appendix 1**. Detail about other compliance and improvement work undertaken by the team is at **Appendix 2**.

1.6   Council is asked to **note** this update.

2.   Information Requests

2.1   Despite a 17% increase in **FOI requests completed** in 2020 (222 compared to 182 in 2019), **98%** completed were responded to within the statutory deadline or with an appropriate extension to consider the public interest claimed as allowed for under the FOI Act.

2.2   Q2 saw a significant increase in the volume and complexity of FOI requests which fed through to the number of responses in Q3. The main themes of the requests were the decision by the Council not to decrease the Annual Registration Fee, Council's considerations on introducing payment by instalments, staff numbers on furlough and what the GDC had claimed from HMRC. There were also requests on the rental costs of the Birmingham office.

2.3   There were fewer **SAR requests** in the year completed (107 compared to 185 in 2019). One explanation for this is due to OREs being cancelled for three of the four quarters, an area which has previously driven a high volume of requests from those seeking feedback. **96% of SAR requests** completed were responded to within the statutory deadline.

2.4   In the year, only five FOIs and four SARs missed the statutory deadline.

3.   Data Security Incidents

3.1   Another critical measure of performance across the organisation and reported on by the team is in relation to Data Security Incidents (DSIs). **113 incidents** occurred (114 in 2019). **None of these were reported to the ICO** in 2020 (**two in 2019**).

3.2   The overall number of DSIs for 2020 remained steady compared to the previous year (113 compared to 114 in 2019). However, at the end of the second and third quarter the IG team received a sudden increase in DSIs being reported. This seemed likely to be due to teams working faster to complete tasks in the quarter. The IG team published a blog advising staff to take their time when working on multiple tasks and the issue was raised with managers within the directorates at the IGG.

3.3   As with previous years, the teams who handled a lot of personal data who liaised with external parties had the highest numbers (Casework, ILPS and Hearings). These areas were highlighted in the Training Needs Analysis to have more focussed training on the requirements of the GDPR and the GDC's information security policy framework. In the year, the IG team had regular updates on DSIs with the Q&A team for Casework and ILPS to discuss themes and improved working.

3.4   Overall, the majority of DSIs were down to attention to detail on email addresses, checking attachments and that key details were correct in templates etc. Staff from all areas of the GDC reported DSIs so there were no concerns by the IG team that there was an issue with multiple DSIs going unnoticed. The reporting framework was good although we will continue to monitor whether staff are reporting DSIs to the IG team as quickly as possible as well as changes in relation to when incidents occur and when they are identified.

4.   Internal Reviews of our decisions

4.1   Under the FOI Act organisations are required to carry out an internal review of an initial decision where someone expresses dissatisfaction with a decision or response. 13 reviews were received and completed in total for 2020 compared to nine in 2019 (all were in relation to FOI).

5.   ICO FOI Complaints and Decisions

5.1   Of the 324 information requests the GDC responded to in 2020, <u>two</u> FOI responses were appealed to the Information Commissioner. <u>One</u> subject access case was referred to the Information Commissioner due to delay. We are waiting for the ICO to begin its consideration of all three complaints.

6   Recommendation

6.1   Council colleagues are asked to **note** this update.

Appendices

1   Volume of core work undertaken in 2020
2   Compliance and improvement work undertaken in 2020

Luke Whiting, Information Governance Manager & DPO
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02 March 2021

Appendix 1

	Q1	Q2	Q3	Q4	Annual Total 2020	Annual Total 2019	Annual Total 2018	Annual Total 2017	Annual Total 2016
DSIs	25	34	30	24	113	114	142	94	129
FOI Requests Received	55	43	77	44	219	177	207	234	369
FOI Requests Completed	55	35	80	52	222	182	218	228	391
SAR Requests Received	55	16	19	15	105	187	98	107	102
SAR Requests Completed	38	37	11	21	107	185	94	113	80
Internal Reviews	4	2	5	2	13	9	12	19	14
Complaints to the Information Commissioner (FOI and SAR)	0	0	3	0	3	4	1	3	7

Appendix 2

Area	Work Undertaken	To note
COVID-19 and remote working	The team provided advice and support to the projects and initiatives flowing from the GDC's response to the crisis. This included work on VC software solutions for hearings and Council; policy and guidance supporting the roll out and management of MS Teams, support on holding publicly accessible hearings remotely; advice on collecting and sharing staff health information; the collection of track and trace information at GDC offices, and on changes to existing projects like DARTS (Digital Audio Recording Transcription and Storage for hearings).	
Training	The team have run induction training sessions for new staff online and ensured **all** GDC staff completed annual data protection training on the GDPR.	A GDC wide training needs analysis was also completed in 2020. This has identified which teams need more targeted training on specific information governance topics such as DPIAs or privacy notices. These sessions are currently being designed and will be delivered in the first half of 2021.
Disclosure log	We have continued to review and publish appropriate FOI responses on a quarterly basis in the GDC's online disclosure log.	In Q2 and Q3, when we received a high number of FOI requests on the same or similar topics, we increased publication to monthly to try and reduce the need for people to make FOI requests.
Legal Advice	The GDC's information law solicitor, provided more than **300** pieces of formal legal advice to the team and (in addition to advice provided informally and supporting the team more widely) to internal clients on matters relating to the disclosure of information under the FOI, DPA and our own legislation (mainly in relation to FTP).	Disclosure requests for clinical advice reports which are considered mixed personal data have been particularly challenging to manage.

Objections to processing	The Data Protection Officer responded to **twelve formal data subject rights complaints** (Four in 2019) which were primarily requests for deletion or objections to the way in which the GDC has processed personal data. None of the complaints were upheld and none of them were subsequently referred to the Information Commissioner.	The increase is largely due to greater public awareness of their rights under GDPR. The majority of complaints were from registrants who the GDC had taken action against objecting to the way their personal data had been used or requesting that some or all of the information held be deleted.
Information Governance Group (the IGG)	The IGG is part of the GDC's information governance framework and has, at its quarterly meetings, helped shape the development of the Clear Workspace and Screen Policy, Business Information and Records Management Policy and the implementation of the 2019 NHS Data Security and Protection Toolkit assessment recommendations.	
Records management	During the year, the GDC's Records Manager worked directly with business areas on the review and clean-up of records held in team shared drives. At the same time, business areas were asked to review and update the GDC's Information Asset register and record of personal data processing activities (required by Article 30 GDPR). Work has also continued on ensuring that documents saved into CRM are linked to the relevant retention timeframe in line with the GDC's retention schedule. The contract for the offsite storage of GDC records was successfully retendered. This has reduced the monthly cost of storage.	Unfortunately, due to Covid-19 we were unable to carry out the annual review of records held in offsite storage scheduled for destruction (400 boxes). This work will now be completed in 2021.
Data Protection Impact Assessments (DPIAs)	During the year, DPIAs became a more formal part of the GDC's procurement and project management processes. The team have advised and assisted colleagues completing the screening questions and on those pieces of work requiring a full DPIA.	In response to a recommendation from the NHS Toolkit assessment, during the year we started to publish substantive DPIAs completed on the GDC website.
GDPR Programme	In 2020 the GDPR contracts project, the final workstream of the GDPR programme, was closed out. Over the past two and a half years 45 contracts	

	have been reviewed by ILAS and 23 updated with GDPR compliant addendums.	
NHS Data Security and Protection toolkit assessment	In 2019, we could evidence meeting 106 of 112 criteria and of 55 mandatory criteria we could evidence meeting 51. During 2020, work to ensure compliance with the six outstanding criteria was completed. In Q4 2020 the toolkit assessment was completed again with the report and recommendations due to be finalised at the start of 2021. However, provisional findings are that **the GDC can now evidence compliance with all of the Toolkit's mandatory criteria. The internal audit report provides substantial assurance.**	The 2019 toolkit assessment was the first time the GDC had assessed itself using an objective measure of performance aligned with the ISO27k suite of policies. It now is scheduled annually. The toolkit assessment outcome contributes to the team's 2020 work plan.
Team	We recruited two additional Information Officers in April. Despite the change in circumstances, their remote corporate induction was positive, and they have settled into the GDC well. We are looking forward to all meeting for the first time in person during 2021.	

General Dental Council

Use of the GDC Seal – Annual Report

Executive Director	Lisa Marie Williams, Executive Director, Legal & Governance
Author(s)	Tom Newman, Governance Administrator Katie Spears, Head of Governance
Type of business	For noting
Purpose	In line with clause 17 of the GDC Standing Orders for the Conduct of Business 2020, to provide the Council with an annual update on use of the Common Seal by the GDC in 2020.
Recommendation	The Council is invited to **note** the use of the GDC Seal from **1 January 2020 to 31 December 2020.**

1. Introduction

1.1 The General Dental Council Standing Orders for the Conduct of Business 2020 make provision for the use of the Common Seal and require the Registrar to keep a record of the affixing of the seal and report its use to the Council.

1.2 The Seal is required to execute a certain class of document and thereby bind the Council. The documents are sealed in the presence of the Chair and the Chief Executive who then sign the register of seals.

1.3 Due to limited access to Wimpole Street and social distancing requirements following the COVID-19 pandemic, it has not been possible to seal documents after 16 March 2020.

2. Documents sealed during the period of this report

2.1 The table below sets out the documents that have been sealed between 1 January 2020 and 31 December 2020.

Date seal used	Title/Description of document
30 January 2020	General Dental Council (EU Exit) (Amendment) Regulations 2020
30 January 2020	General Dental Council (Dental Care Professionals Register) (EU Exit) (Amendment) Rules 2020

3. Documents approved by Council and scheduled to be sealed

3.1 The table below sets out the documents which have been agreed by Council to be sealed when COVID-19 pandemic containment measures allow.

Date document approved	Title/Description of document
30 July 2020	The General Dental Council Standing Orders for the Conduct of Business 2020
30 July 2020	The General Dental Council Standing Orders and Resolution for the Non-Statutory Committees of Council 2020

30 July 2020	The General Dental Council Standing Orders for the Appointments Committee 2020
22 October 2020	General Dental Council (Delegation of Functions) Rules 2020

4.   Next steps and communications

4.1   The Council is invited **to note** the use of the GDC Seal from 1 January 2020 to 31 December 2020.

Appendices

   a.   None

Tom Newman, Governance Administrator
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16 February 2021

Chair and Chief Executive's Objectives 2021

Executive Director	Sarah Keyes, Executive Director, Organisational Development
Author(s)	Lucy Chatwin, Head of People Services
Type of business	For approval
Recommendation	The Council is asked to approve the 2021 objectives for the Chair and Chief Executive.

1. Introduction

1.1 The objective setting process for the Chair of Council and Chief Executive forms part of the annual appraisal process which was scrutinised by the Remuneration and Nomination Committee in September 2020 and subsequently approved by Council in December 2020.

1.2 The Chair and Chief Executive participated in the appraisal process during February 2021.

1.3 The purpose of this paper is to provide the Council with oversight of the Chair and Chief Executive's objectives for approval.

2. 2021 Objectives

2.1 The objective setting process was scrutinised by the Remuneration and Nomination Committee in February 2021 and a copy of the objectives were provided.

2.2 The committee agreed the process for setting objectives was robust, however some improvements were suggested for the future. These included ensuring the Chair and Chief Executive's objectives are cascaded down and across the organisation and employees being able to identify the link between individual and team objectives to the strategic goals of the organisation.

2.3 With the Chair demitting office in September 2021 and recruitment underway for a new Chair and Council member, there has been a focus on ensuring the new members experience a smooth transition into their role so they can perform effectively. A full copy of the objectives are included in Appendix 1 and are set as follows:

   a. Support the effective induction of the new Chair.

   b. Contribute to the recruitment of new Council member and oversee their induction.

   c. Follow up review of perceptions of GDC and registrants' understanding of the role of the GDC.

   d. Support work on the separation of adjudication and investigation.

   e. Explore the development of ADR in the FTP system.

   f. Oversee and liaise with the Governance and Organisational Development teams to develop an effective development programme for Council and senior team.

   g. Provide an effective handover to support the transition of the new Chair.

2.4　The Chief Executive's objectives have been discussed with the Chair and a full copy of the objectives are included in Appendix 2 and are set out as follows:

    a.　Ensure that the organisation is fit for purpose; that the organisational design supports agility and effective working; and that the executive is appropriately skilled and operates in the most effective manner to support delivery of this objective and the wider strategic objectives in the strategy.

    b.　Ensure the organisation has the information it needs to address the attached questions (see strategic objectives questions) regularly, that areas of under-performance are identified, and effective action is taken by management.

    c.　Ensure the organisation has clarity regarding its strategic objectives, is financially secure, and provides the best possible value for money in delivering its mission and the Council's strategic priorities.

    d.　Ensure that the executive works effectively with stakeholders and partners to support delivery of this objective and the wider strategic objectives in *Right Place Right Time Right Touch*.

    e.　Ensure that the organisation shows steady improvement in the number of PSA targets obtained, securing all possible standards by the close of 2020.

3.　Legal, policy and national considerations

3.1　No implications.

4.　Equality, diversity and privacy considerations

4.1　Consent has been obtained for objectives to be included in this paper.

5.　Risk considerations

5.1　Not relevant.

6.　Resource considerations and CCP

6.1　Not applicable.

7.　Monitoring and review

7.1　Objectives will be discussed and monitored during regular meetings between the Chair and Chief Executive and the Senior Independent Council Member and the Chair.

8.　Development, consultation and decision trail

8.1　The Remuneration and Nomination Committee scrutinised the objective setting process and provided feedback during their meeting in February 2021.

9.　Next steps and communications

9.1　Not applicable.

Appendices

  1.　Chair's Objectives
  2.　CEO's Objectives and strategic objectives questions

Lucy Chatwin, Head of People Services
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02 March 2021

Chair of Council Objectives for 2021

Objectives	Activities	Timescale	Measures
(i) Support the effective induction of new Chair	• Liaise with the Governance team to help design an induction process ensuring the new GDC Chair can carry out their duties effectively and efficiently from taking office Hold regular 1:1 meetings with the new Chair	July - September	• Chair's induction is timely, clear, comprehensive, and effective • New Chair is satisfied with the quality of their induction
(ii) Contribute to the recruitment of new Council member and oversee their induction	• Chair the recruitment panel • Hold occasional 1:1 discussions with new Council member	March - September	• Recruitment timeline achieved and new member is in post • Council member's induction is timely, clear, comprehensive, and effective • New Council member is satisfied with the quality of their induction
(iii) Follow up review of perceptions of GDC and registrants' understanding of the role of the GDC	• Liaise with the communication team • Regular discussions in CSG	March 2021	• The GDC has a robust communication strategy in place • Council is satisfied that communications contain stronger messages about the GDC's role and achievements
(iv) Support work on the separation of adjudication and investigation	• Oversee and scrutinise the work undertaken • Work with senior team, SPC members and Council	Throughout 2021	• SPC/CEO consider that maximum separation achieved within existing legislation
(v) Explore the development of ADR in the FTP system	• Regular discussions in CSG	Throughout 2021 (starting in March)	Council is satisfied that options for ADR has been properly assessed

Objectives	Activities	Timescale	Measures
(vi) Oversee and liaise with the Governance and Organisational Development teams to develop an effective development programme for Council and senior team	Regular discussions in CSG	Throughout 2021 (starting in March)	• Recommendations and actions from Board effectiveness review implemented • Development programme designed and implementation underway • Succession planning arrangements in place
(vii) Provide an effective handover to support the transition of the new Chair	• Making introductions with internal and external stakeholders • Hold regular 1:1 meetings with the new Chair	September 2021	• New Chair is satisfied with the quality of their handover and with the range and quality of ongoing advice and support provided by the CEO and senior executive team

Chief Executive Objectives for 2021

Objectives	Activities	Timescale	Measures
(i) Ensure that the organisation is fit for purpose; that the organisational design supports agility and effective working; and that the executive is appropriately skilled and operates in the most effective manner to support delivery of this objective and the wider strategic objectives in the strategy	Ensure that the organisation is fully aware of current requirements and challenges regarding COVID-19 and is operating legally, appropriately, and at maximum effectiveness and efficiency in the circumstances	Until further notice	• GDC Estate is Covid-safe, operational procedures are compliant with (or better than) Government guidelines. • Staff communications are clear, timely, and effective. • Senior Executive and FPC have clarity on any significant degradation of performance • Appropriate actions are identified and implemented by senior management to address performance issues if possible or mitigate impacts where this cannot be achieved
	Identify business continuity, emergency planning, resilience and forecasting lessons from COVID-19 pandemic	By year end	• Lessons learned report produced • Necessary revisions to procedures etc developed and embedded.
	Develop clear plans for future post-COVID working patterns and operations, with organisational design and operational revisions as necessary.	Plans to be in development by Q4	• Establish broad principles regarding flexible working options • Identify sensitives and performance implications • Determine longer term implications for recruitment/reward/estates.
		Quarterly	Organisational Structure is reviewed each quarter to ensure that it remains appropriate
		Throughout 2021	Subject to decision by FPC, implementation of plans to create a discrete Adjudication function (remaining legally within the GDC).
			EMT membership kept under review
			Changes to management, structure and process enhance resilience, effectiveness and agility.
			Short term Estate management maximises safety, resilience and effectiveness during pandemic
			Longer term Estates plans kept under review

Objectives	Activities	Timescale	Measures
	New GDC Chair is able to carry out their duties effectively and efficiently from taking office.	Q3 and Q4 2021	Chair's induction is timely, clear, comprehensive and effective.
			Chair is satisfied with the range and quality of ongoing advice and support provided by the CEO and senior executive team.
	The GDC develops and maintains an organisational culture that is appropriate for a regulatory public sector body	Throughout 2021	Ensure that Council members and any independent members of Committees have an appropriate level of understanding of public sector control and accountability issues to enable them to exercise informed and appropriate scrutiny
			Implementation of programme to revise wider governance arrangements (delegations, structures, processes) in parallel with, but discrete from, Board development programme.
	The executive has a clear understanding of the organisation's mission and Council's priorities	Throughout 2021	No proposals brought to Council or committee which contradict or fail to relate to GDC priorities
			The Council receives reports for information, over the course of the year which cover all aspects of the GDC's work.
	The executive team works effectively together to deliver corporate priorities	Throughout 2021	• EMT actively seek to further develop collaboration between members and their Directorates, reviewing collaboration across the organisation regularly throughout the year. • EMT members demonstrate collegiate behaviour and, corporate perspective in Council and Committee meetings
	The wider systems and procedures of the organisation are appropriate and robust	Throughout 2021	Managerial scrutiny and committee oversight expose no causes for concern
		End 2021	Internal auditors report satisfactory assurance at end of audit plan for 2021
(ii) Ensure the organisation has the information it needs to address the attached questions (see strategic objectives questions) regularly, that areas of under-performance are	Accurate, consistent and pertinent management information on organisational performance is available to EMT and relevant staff and informs the reports and advice produced for Board committees and the Council	Throughout 2021	The EMT reviews, and where necessary revises, the management information and reporting structures to reflect the current and forecast business needs of the organisation.
		Throughout 2021	The EMT continues revision and development of the reporting structure for Council and Committees, utilising existing and any newly developed business-led reports and mechanisms, to reflect the requirements identified during the Board development process

Objectives	Activities	Timescale	Measures
identified, and effective action is taken by management	The executive produces reasoned and robust analysis of organisational performance which informs prudent and clear advice to the Council	Throughout 2021	• Performance monitoring, financial forecasting and risk management processes are appropriately cross-referenced and interconnected at both operational and strategic level. • The financial reports provide the necessary information to enable Committees and Council to gain a clear picture of the organisation's financial position • The financial reports are historically consistent across time and any revision of previously reported positions is clearly drawn to the attention of council members.
	Effective remedial action is proposed and taken by management when required	Throughout 2021	• Council or Committees have not needed to substantively and fundamentally challenge management proposals. • Implementation of management proposals has proceeded to timetable
(iii) Ensure the organisation has clarity regarding its strategic objectives, is financially secure, and provides the best possible value for money in delivering its mission and the Council's strategic priorities.	Work with EMT to ensure that the Council is able to approve the next iteration of the costed Corporate plan.	Final approval beginning September	Finalisation of the revised Corporate Plan for 2022-24 and the Budget for 2022
	Work with EMT to ensure that the organisation's budget and forecasting systems and processes are robust	Throughout 2021	• Unbudgeted expenditure in 2021 is minimised, calls on contingency within the budget are managed to ensure sound financial control, with costs absorbed within relevant directorate budget from savings where possible. • Unplanned calls on contingency are used to identify learning points for future budgeting exercises. • Quarterly Forecasting exercises reflect known issues in performance, expenditure etc. • Half year & year end actuals reflect financial forecasts • Medium-long term income and expenditure forecasts consistent over time except where a significant and unexpected extraneous cause for change is identified
	Work with EMT to ensure that the budgets proposed to the Council are based on realistic and informed assumptions	End Q3	• Lessons learned from any unbudgeted expenditure in 2021 are, where appropriate, incorporated into budget for 2022 • Assumptions for budgeting purposes are shared with Council: supporting evidence provided • Directors actively challenge their teams' budget assumptions – particularly performance and caseload assumptions

Objectives	Activities	Timescale	Measures
			• 2022-24 CCP and 2022 Budget is presented to FPC in good time to allow constructive interrogation and challenge • 2022-24 CCP and 2022 Budget presented to Council endorsed by EMT, after a challenge process with outcomes reported to Council.
	Work with EMT to ensure that good financial management is prioritised throughout the executive, maintaining a culture of cost control, reducing costs where appropriate	Q3	Three year costed Corporate plan to undergo annual revision, moving rolling horizon to 2024
		Throughout 2021	• Performance management recognises and supports attempts to "beat the budget" – whilst maintaining quality • Reports to council clearly identify costs of proposals and make recommendations on basis of value for money • EMT continue to identify options for improving corporate cost-effectiveness
	Work with EMT to ensure that Performance and financial information provided to EMT and the Council and committees is accurate, timely and consistent	Throughout 2021	• The balanced scorecard provides reliable data which can be used to answer the questions listed in appendix 1. • The financial reports provide the necessary information to enable Committees and Council to gain a clear picture of the organisation's financial position • Financial forecasts are robust, enabling meaningful financial planning to take place • The financial reports are historically consistent across time and any revision of previously reported positions is clearly drawn to the attention of council members.
(iv) Ensure that the executive works effectively with stakeholders and partners to support delivery of this objective and the wider strategic objectives in *Right Place Right Time Right Touch*.	Work with EMT to ensure opportunities for joint working with partners are identified and utilised whenever appropriate	Until further notice	Delivery of *Right Place Right Time Right* and associated collaborative working is maintained so far as is reasonable in the pandemic.
		End Q2	Plans are developed to reactivate collaborative working with stakeholder as this becomes possible
	Work with EMT to ensure staff give appropriate priority to ensuring that stakeholders and the wider public understand the organisation's missions and priorities and the reasons for our actions.	Throughout 2021	Council is satisfied that Communications plans and subsequent publications, digital content and associated media coverage in 2021 reflect GDC mission and priorities
		End 2021	GDC research programme is delivering a corpus of useful and meaningful new data and analysis.

Objectives	Activities	Timescale	Measures
	Work with EMT to ensure Performance of the organisation toward achievement of the wider strategic objectives set out in the GDC Corporate Strategy 2021-23 is covered in the Annual Report, with additional reports as necessary.	End Q2	Annual Report for 2020 contains appropriately detailed and proportionate references.
(v) Ensure that the organisation shows steady improvement in the number of PSA targets obtained, securing all possible standards by the close of 2020.	Work with EMT to ensure that progress towards securing a complete set of achievable PSA standards is monitored regularly	As Appropriate throughout 2021	Reports made to Council regarding as possible (depending on PSA timings) to forecast PSA performance with supporting evidence for assumptions
		End 2021	Performance against standards accords with forecasts
	Work with EMT to ensure that swift and effective action is taken to identify and remedy the causes of any persistent departures.	Throughout 2021	EMT have provided robust and appropriately detailed mitigation plans when balanced scorecard or other reports indicated inadequate levels of performance
		Mid -2021	FTP timeliness and case age have shown sustainable improvement
		Mid-2021	FTP KPIs have been subject to robust and detailed scrutiny and revision. Compelling reasons have been provided for changes.

STRATEGIC OBJECTIVES

Are we protecting patients? How do we know? How might we do this better?

Are we being fair to registrants? How do we know? How might we do this better?

Are we developing appropriate relationships with our key stakeholders? How do we know? How might we do this better?

OPERATIONAL OBJECTIVES

Are we managing ourselves well? Are our processes [good/best] practice? Does our expenditure of time, energy money reflect our strategic and operational priorities? How do we know? How might we improve?

Do we understand our risks and opportunities? Do we have the right resources in the right place to manage or mitigate risks and exploit opportunities? If not, do we have credible plans to change?

EXTERNAL REQUIREMENTS

Are we planning and operating in a financially prudent way to ensure we are sustainable? How do we know? How might we do this better?
PAC/NAO REQUIREMENT

Are we operating within the law and with regularity and propriety? If not, what remedial action is underway?
GOVERNMENT REQUIREMENT

Will we meet the PSA's standards? If not, what remedial action is underway?
PSA REQUIREMENT

Refunds Policy 2021

Executive Director	Gurvinder Soomal, Executive Director, Registration and Corporate Resources
Author(s)	Samantha Bache, Head of Finance and Procurement
Type of business	For approval
Purpose	This paper is presented to the Council following the Finance and Performance Committee's review and endorsement of the Refunds Policy 2021. Public: This paper is being presented as part of the public session at the 18 March 2021 Council Meeting. (*Paper to be considered by correspondence*)
Issue	Recommendation of no changes to the existing Refunds Policy for 2021.
Recommendation	The Council is asked to approve the Refunds Policy 2021.

1.   Background

1.1   Our financial policies and procedures are reviewed annually to ensure that all related policy documentation reflect the GDC's latest requirements, arrangements, and internal controls, including correct terminology.

1.2   In March 2020, we introduced a consolidated refunds policy. This incorporated the detailed operational area refund policies for ORE candidates and first registration applications. This paper reflects the policy's first annual review.

2.   2021 Annual review

2.1   Our review confirms that the policy remains aligned to our current requirements, operational practice, and internal controls.

2.2   We therefore recommend no updates are required for the 2021 policy.

3.   Legal, policy and national considerations

3.1   There are no changes required which arise from legal, policy or national considerations.

4.   Equality, diversity, and privacy considerations

4.1   The policy does not positively or negatively impact on any group or groups of people compared to others.

5.   Monitoring and review

5.1   It is proposed that the annual next review of this policy is December 2021. This will align the review with the wider annual review of all of the GDC's finance polices.

5.2   As with all GDC finance polices, an interim review will be completed if either legislative or operational change presents during the year.

6.   Development, consultation and decision trail

6.1   The original policy was drafted with oversight of the Registration Fee Implementation Programme Board in quarter 1 2020. The detailed policy remains consistent with the Programme Board decision taken, with any amendments which were required to reflect operating practice.

6.2   The Head of Registration and Head of Registration Operations have reviewed the draft 2021 policy to ensure it continues to meet the current GDC requirements.

6.3   The Senior Counsel and Head of In-House Legal Advisory Service was consulted to confirm the position on any legislative changes that may impact this policy.

7.   Next steps and communication

7.1   In line with the decision the Council took in December 2020, that operational policies that relate to operational management should be signed off by the EMT, we propose that this policy – which falls into the same category – should have the same approval pathway in future.

Appendices

a. None

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02 March 2021