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Council Performance and Management Information Report

Reporting period: July -
September 2015

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Executive Summary

Executive Summary

Introduction and background

The purpose of this report is to provide Council with oversight and assurance in relation to our performance during quarter two of 2015/16. Council is asked to consider performance during the quarter and provide feedback on areas of achievement and success, and on any areas where we are underperforming or over performing. This will help the Executive consider whether the allocation of resources is appropriate and whether changes should be made. This report has been produced using the data currently available. We are continuing to improve our system of reporting, including our data gathering and development of the performance indicators we use.

Structure of the report

In the executive summary we give an overview of our operational performance and highlight our performance against the key performance indicators. A summary table identifying the key indicators, targets, performance in the current quarter and trend analysis has also been included. The overall report is structured into three sections:

- Part one – Fitness to Practise Directorate;
- Part two – Strategy Directorate; and
- Part three – Resources Directorate.

Each of the sections includes the following subsections:

Key issues – including analysis of achievements, challenges and lessons learnt.

Programme performance and management information – structured under the areas of programme work for each team as specified in the 2015/16 business plan, providing an update of work undertaken and any performance indicators identified for the work programme. Analysis against each indicator is included to identify trends, provide reasoning for any targets not achieved and any planned actions.

Project performance – including a summary of each project included in the business plan and an update on progress, as well as any performance indicators.

Performance Framework

Our Performance Framework sets out the performance indicators that we are using to measure the effectiveness of our work in achieving our strategic objectives. We set annual targets that we work towards achieving in order to improve performance. The current performance framework is subject to development in a number of areas, as follows:

1. Development of indicators as we roll out our research strategy. For example, we wish to track whether our standards are presented clearly and are supported by appropriate guidance and whether our CET system ensures the continued fitness to practise of registrants, while minimising administrative burdens, via our registrant survey.
2. Development of some indicators as part of our project work. We have developed a new performance indicator in relation to compliance with our published service standards for the accreditation and quality assurance of our education programmes. We will begin reporting on our performance in this area from Q3 of the current financial year. We

Council Performance and Management Information Report

intend to develop more outcome-focused performance indicators as part of our Education Strategic Review in order to measure whether the system of optical education and training ensures that registrants joining the register are fit to practise.

3. Review the data used in all indicators to ensure data integrity and convert to a rolling annual figure for indicators based on low numbers, which would reduce volatility of the data reported each quarter
4. Review the operational indicators we have to ensure that there are a smaller set of 'key indicators' to demonstrate organisational performance measured via quantitative analysis.

In July 2015 Council considered and agreed the performance framework subject to all the 'targets' being populated. Those indicators, which we report to Council on a quarterly basis, have been included below with the targets for 2015/16 populated. Following feedback from Council we have reduced the number of quarterly indicators by removing the indicator which tracks the level of satisfaction with our corporate performance information.

Performance Indicator	Target 14/15	Target 2015/16	Target 2016/17
Fitness to Practise			
Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision (weeks)	4	4	4
Median time taken from day a complaint is received to final FTP hearing determination (weeks)	78	78	52
Percentage of FTP cases closed within 52/78/104 weeks (time taken from receipt of initial complaint to final FTP hearing determination)	20%	20%	20%
	80%	80%	80%
	98%	98%	98%
Percentage of initial stages cases closed within 26 weeks (time taken from day a complaint is received to final case examiner or Investigation Committee decision)	80%	80%	80%
Legal compliance			
Percentage of closed illegal practice cases concluded within 52 weeks	60%	60%	60%
Education			
Percentage of registrants who meet annual six point minimum and peer review requirement for the 2013 to 2015 cycle	98.5%	98.5%	99%
Registration			
Percentage of applications processed within set target (UK, EEA and non-EEA registration applications processed within 3 days and restorations within 5 days).	80%	80%	80%
Communications			
Percentage of editorial coverage which is positive or neutral about the GOC.	94%	94%	95%
Human Resources (comparator)			
Annual staff turnover	9.4%	9.4%	9.4%
Finance			
Percentage variance of income from budget	5%	5%	5%
Percentage variance of expenditure from budget	5%	5%	5%

Overview of Operational Performance for Quarter Two 2015/16

Overall we are meeting five out of eight of our performance targets and one indicator is within three per cent of the target level of performance. Due to our aim to reduce the time taken to close the majority of FTP cases within 52 weeks we have set challenging targets in this area which we are working towards achieving by the end of the current strategic plan (which runs from 2014 to 2017).

Fitness to Practice Directorate

In **Fitness to Practise** (FTP) this quarter has seen a reduction in the number of complaints received (86 compared to 111 the previous quarter) and a corresponding decrease in the number of new investigations opened (54 compared to 72). We are pleased to report continuing good performance in respect of interim order applications where performance remains below our benchmark target of four weeks despite an ongoing increase in interim order activity.

We are pleased that for the first time we have reached our target of determining 20 per cent of FTP hearing determinations within 52 weeks of receipt. We achieved this level of performance by fast tracking two conviction cases, one of which was managed and presented by the GOC's new in-house advocate. In addition, there were three cases relating to one registrant that took an average of 92 weeks to reach FTP determination due to the complexities of hearing three cases together. Another conviction case that took 82 weeks due to delays caused by waiting for criminal proceedings to conclude, and two others that were health cases and took around 150 weeks. These longer cases have resulted in our median end-to-end FTP time being 97 weeks, which is below our target of 78 weeks. We are working towards presenting our FTP performance information on a rolling annual basis which will reduce the volatility of data due to low numbers of cases. The age profile of cases currently in the system and being prepared for a FTP, indicates that it will only be when improvements to the FTP process are embedded that we are likely to see improved performance.

The number of new cases that came into the system in 2014/15 (279 compared to 189 in the previous year) continues to impact our performance at initial investigation stage with a median figure of 46 weeks from date of complaint received to final case examiner/Investigation Committee decision this quarter compared to 40 weeks in the previous quarter.

In 2013/14 we referred 49 (21 percent) of 231 cases at the investigation stage. Similarly, in 2014/15 we referred 39 (22 percent) of 176 cases at the investigation stage. For the first two quarters of 2015/16, we have referred 34 (26 per cent) of 129 cases.

In **Legal Compliance**, Council approved an annex to the Protocol for managing illegal practice complaints in July 2015, which implements the new strategy for focusing our investigation activity on the areas of greatest risk.

Strategy Directorate

In **Education**, we have implemented the revisions to the handbook governing the accreditation and quality assurance processes for optometry with optometry providers and our accreditation and quality assurance visitors. We are working to ensure that registrants are aware of the end of the current CET cycle on 31 December 2015 and the consequences of non-compliance, as well as ensuring that we implement changes to the new CET cycle for 2016-18.

In **Standards**, the standards framework, new standards of practice for optometrists and dispensing opticians and new standards for optical students have been approved and finalised for publication in October 2015. Work is now focussing on implementation of the standards to raise awareness and help stakeholders to apply them in practice. We are implementing a change to the 'Professional Conduct' competency for CET to ensure that registrants complete CET on the new standards (as agreed by Council in July 2015).

In **Policy** the team has continued to progress the illegal practice strategy project, reviewing the code of practice for online contact lens supply following feedback from the stakeholder steering group and Council. We have also continued to contribute to work on how we handle illegal practice complaints in line with our prosecution protocol. We have responded to a consultation by the Department of Business, Innovation and Skills (BIS) in relation to their draft implementing regulations and guidance for competent authorities (healthcare regulators) to implement the provisions of the revised EU directive on the recognition of professional qualifications. We continue to liaise with the other healthcare regulators through our membership of the Alliance of UK Healthcare Regulators on Europe (AURE) to further understand the implications of the directive for the GOC. We have finalised the report setting out the findings of our public perceptions survey.

In **Communications** the focus has been on supporting the strategic standards review in the implementation phase, publicising our public perceptions research and reminding registrants of the forthcoming CET deadline.

In **Governance** we have expanded the remit of our governance function to take into account corporate complaints and information governance. We have undertaken a significant number of core activities this quarter including drafting our 2015 EDI monitoring report and our draft 2016/17 Business Plan, and finalising the 2014/15 Annual Report. We have also developed a policy on raising concerns with the GOC (whistleblowing) and finalised our gifts and hospitality policy for employees and members. We have progressed the recruitment of a registrant Council member, an Investigations Committee chair and three registrant members of our Investigation Committee, and have organised training on unconscious bias in recruitment decisions and arranged training on risk and investment management for Council members.

Resources Directorate

In **Registration** the registration process for student optometrists and dispensing opticians is underway. The final deadline for completed applications to be received and processed is 31 October 2015. This is the second student registration period to be undertaken using the GOC's new CRM system.

In **Human Resources** recruitment continues to be a busy area as leavers have been replaced in a number of roles plus we have recruited two new roles, with the introduction of a new post of Head of Policy and Research and a Compliance Manager within the Strategy Directorate. Salary changes resulting from the revised performance framework have been implemented. Work is in progress with to give full consideration to the results of the GOC Staff Survey conducted in July and to put appropriate responses in place. We are pleased that employee turnover has shown a drop in this quarter.

In **IT** the CRM project has progressed with the 'hearings function' data migration taking place in September and go-live expected in October 2015.

In **Facilities** the key focus has been on progressing the property relocation project, in particular planning the move to 10 Old Bailey and the clearance of 41 Harley St as well as facilitating some use of our new facilities in advance of the move.

In **Finance** there has been a continuing to focus on completing the year-end accounts, statutory payroll reporting, and initiating the internal audit program for 2015/16.

Performance Dashboard:

Performance above target/Change which improves performance/Positive variance	Performance below target/Change which is a reduction/Negative variance			Performance which is close to target		
Key Indicator	2015/16 Q2	2015/16 Q1	2015/16 Target	change per quarter	Variance from target	Indicator (Page)
Fitness to Practise						
Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision (weeks)	3	3	4	↔	0	1.2 (9)
Median time taken from day a complaint is received to final FTP hearing determination (weeks)	97	79	78	23% ↓	19%	1.3 (9)
Percentage of FTP cases closed within 52 weeks	22%	13%	20%	69% ↑	2%	1.4 (10)
Percentage of initial stages cases closed within 26 weeks (time taken from day a complaint is received to final case examiner or Investigation Committee decision)	11%	24%	80%	54% ↓	69%	1.5 (10)
Legal compliance						
Percentage of closed illegal practice cases concluded within 52 weeks	100%	43%	60%	133% ↑	40%	2.1 (12)
Education						
Percentage of registrants on target to meet annual six point minimum and peer review requirement. <i>(Amended to reflect the final stage of CET cycle).</i>	96%*	97%	99%*	1% ↓	3%	3.1 (15)
Communications						
Percentage of editorial coverage which is positive or neutral about the GOC.	92%	95%	90%	3% ↓	2%	5.1 (19)
Registration						
Percentage of applications processed within set target (UK, EEA and non-EEA registration applications processed within 3 days and restorations within 5 days).	83%	81%	80%	2% ↑	3%	7.1 (23)
HR						
Annual staff turnover	23%	33%	8.7%	30%		9.1 (26)

PART 1
Fitness to Practice
Directorate
Reporting period:
July 2015 – September 2015

PART 1 – FITNESS TO PRACTICE DIRECTORATE

1. Fitness to Practise

Key issues:

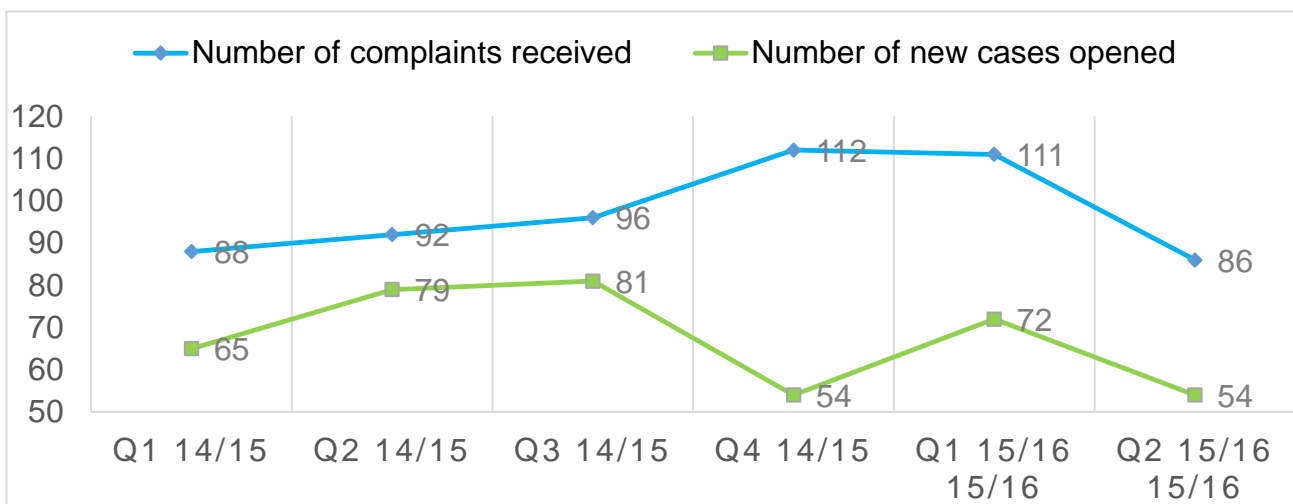
- We continue to perform well against the key interim order target (from the date the relevant information is received).
- The Managing Complaints project remains at an early stage.
- To assist with the management of FTP cases we are currently recruiting additional case examiners.

Programme Performance

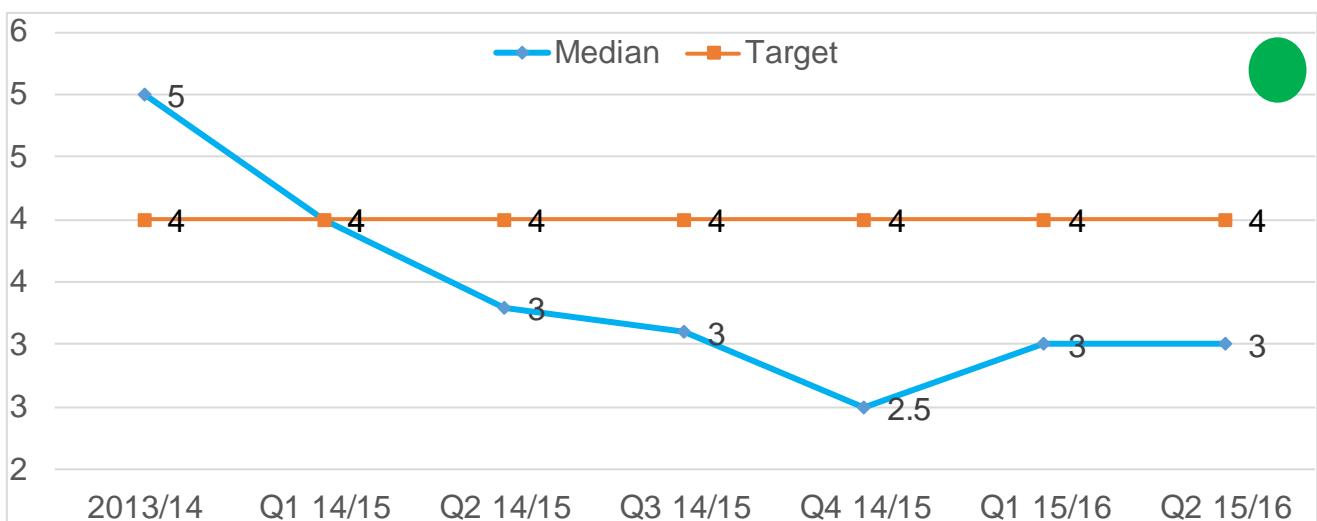
Dealing with complaints about the fitness to practise (FTP) of our registrants

1.1. Number of complaints received and cases opened

The number of complaints/contacts received has reduced this quarter (86 complaints, 54 new investigations opened). However this is set against significant increases recorded in 2014/15, where we received 279 complaints compared to 189 in the previous year.



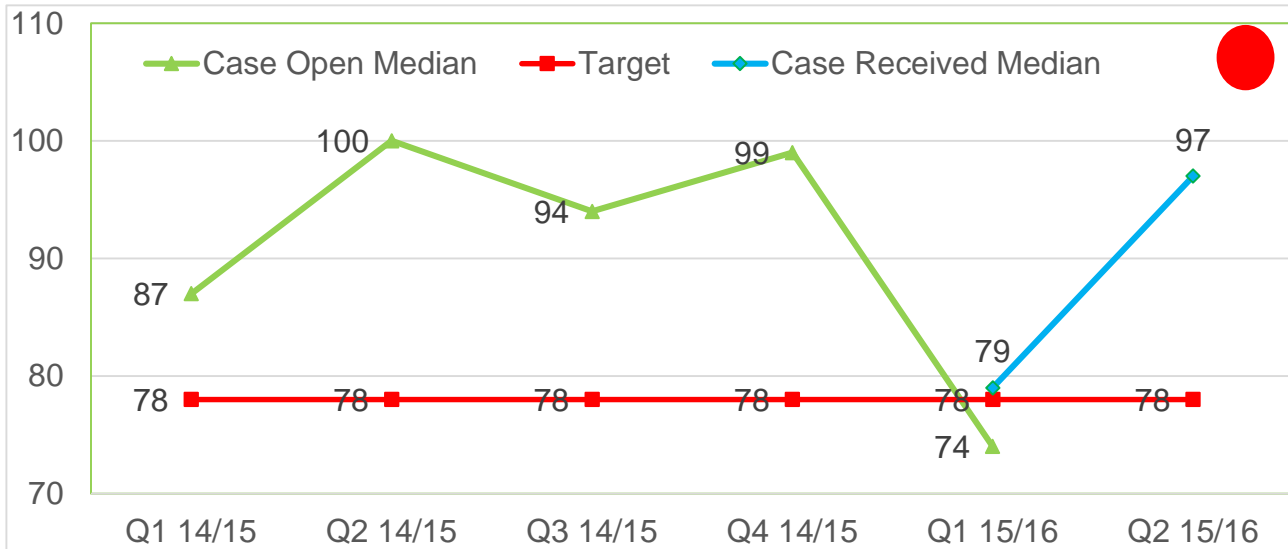
1.2. Time taken from receipt of information indicating the need for an Interim Order to Interim Order decision (weeks)



In the last quarter the median time taken to close interim order cases was three weeks against a target of four weeks. Measurement starts from receipt of information indicating the

need for an Interim Order. This represents a continuation of the previous quarter's performance and is still well within target. The ongoing improvement of performance in this area has been assisted by the provision in the 2013 FTP Rules for direct referral by the registrar to the FTPC. As of 30 June 2015 we continued to see an increase in the number of cases referred for interim order consideration (15 cases in total so far this reporting year, compared to 20 cases across the whole of 2014-15).

1.3. Time taken from receipt of a complaint to final FTP hearing determination (weeks)

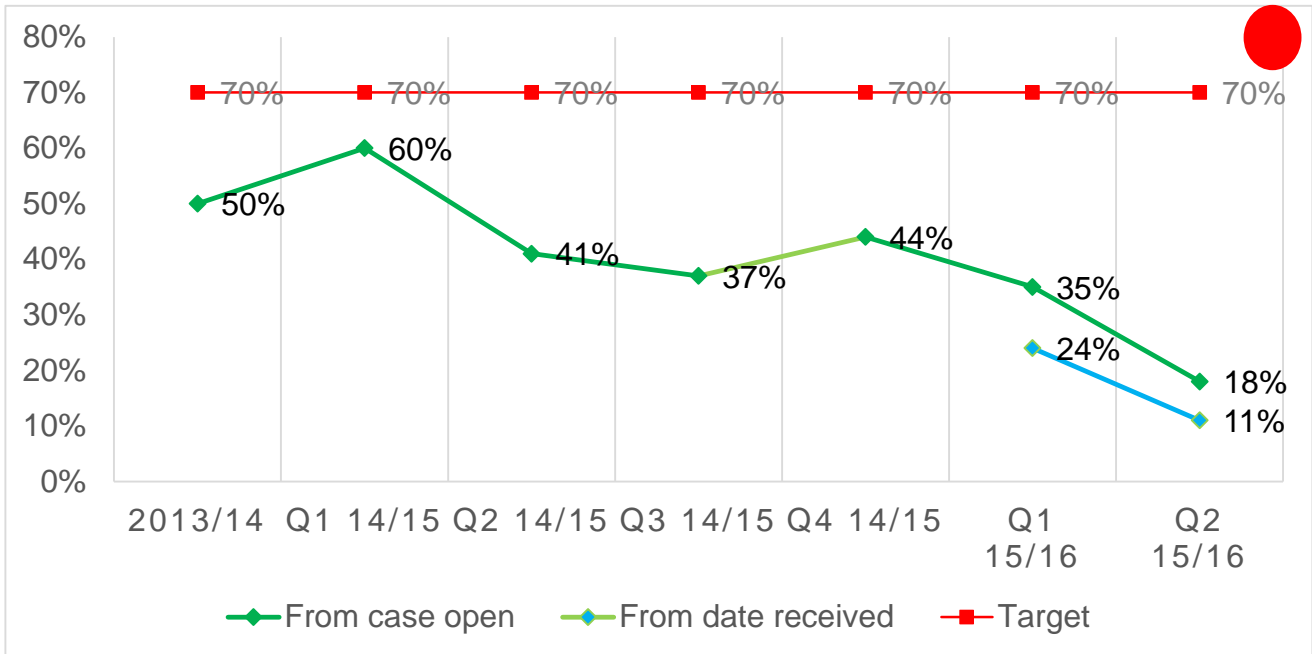


Of the nine cases that reached final FTPC decision in this quarter, two cases concluded in less than 52 weeks from date of complaint. One was a dishonesty conviction case (35 weeks) and one was a driving conviction case (49 weeks). The first case is of particular note as it was the first case to be managed and presented by the GOC's new in-house advocate. This gives an indication of how the GOC will seek to fast-track certain types of case going forward. The cases that took longer than 52 weeks included three cases relating to the same registrant (inevitably this causes delay as there is an element of case s 'catching up' so they can be joined and heard together (92 weeks average across the three cases). We also reached determination on a conviction case that took 82 weeks due to delays while we waited for criminal proceedings to conclude and another conviction case that took 86 weeks due to the registrant appealing the conviction. The longest cases took 148 and 153 weeks and were health cases that required careful handling. These longer cases have resulted in our median end-to-end FTP time being 97 weeks, which is below our target of 78 weeks. We are working towards presenting our FTP performance information on a rolling annual basis in order to reduce the impact of long or short cases on our median end-to-end FTP time.

1.4 Percentage of initial stages cases closed within 26 weeks

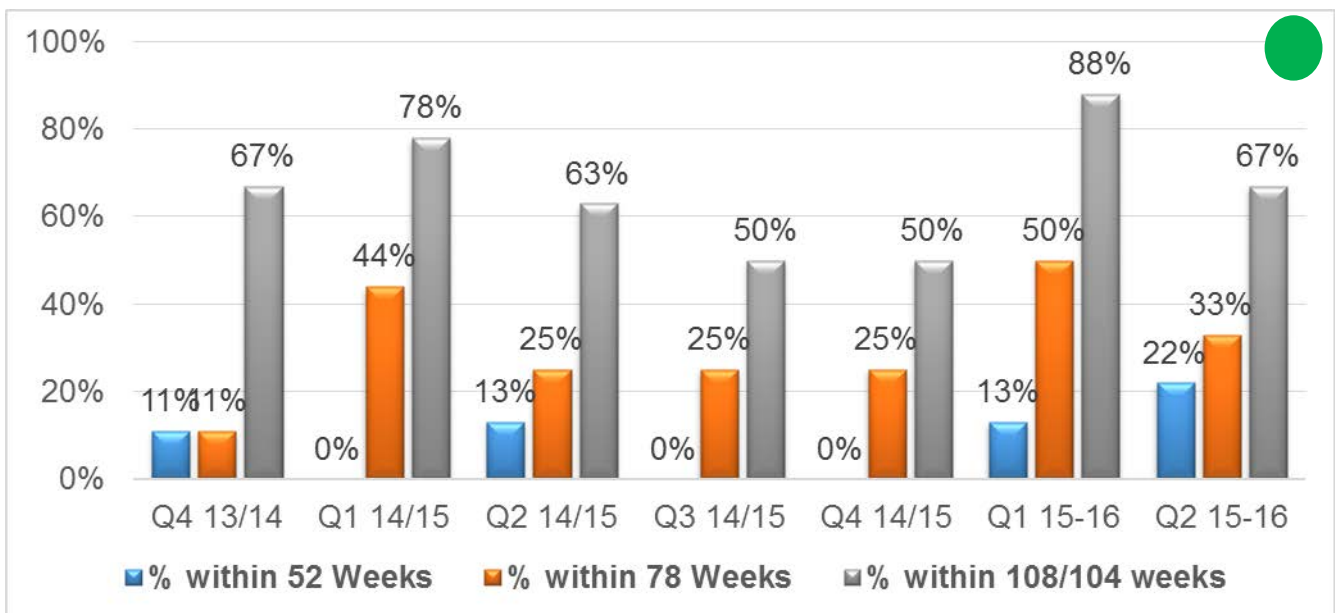
There were 61 cases (11 per cent) closed within 26 weeks of receipt by case examiners or the IC this quarter, compared to 66 cases (24 per cent) in the previous quarter¹, which is lower than our target of 70 per cent within 26 weeks. This is a median of 46 weeks from date of complaint received to final case examiner/Investigation Committee decision this quarter compared to 40 weeks in the previous quarter. In comparing this to our performance in 2014/15, it is important to note that the period between receiving a complaint and it being in the form required to progress a case can sometimes be significant (particularly, for example, when dealing with whistleblowers). Our performance in investigating initial cases stages

continues to be affected by the significant (48 per cent) increase in full investigations opened in 2014/15. In addition, a significant number of the cases dealt with by case examiners/IC this quarter were complex or sensitive and required careful handling, which therefore accounts for a reduction in performance.



1.5 Percentage of FTP cases closed within 52/78/104 weeks

During the quarter, 22 per cent of decisions made by the Fitness to Practise Committee (FTPC) were reached within 52 weeks, against a target of 20 per cent. This is the first time we have achieved this target in 2015/16 and constitutes a significant improvement of nine percent from the previous quarter. We achieved this level of performance by fast tracking two conviction cases, one of which was managed and presented by the GOC's new in-house advocate. Despite this strong quarterly performance we expect performance to continue to be mixed throughout the rest of the year and consistent improvements are unlikely to take effect until 2016/17.



We have also been measuring against the percentage of cases concluded within 78 weeks (target 80 per cent) and 104 weeks (target 98 per cent). We have seen a decline in performance in respect of both of these this quarter down to 33 per cent and 67 per cent

respectively compared to 50 per cent and 88 per cent in the previous quarter.¹ In numerical terms, we concluded six cases within the target of 104 weeks and three outside it (the longest case was 153 weeks which was a difficult health case).

Developing and embedding policies and guidance

We have continued to provide feedback to case examiners for all decisions since appointment as part of our Quality Assurance process. The outcome of the independent initial stages audit which reviews decisions of the IC and case examiners is expected during quarter three.

Managing contracts and appointments in line with good practice, our values and our legislative framework

We have commenced a recruitment exercise in respect of (permanent) case examiners and (interim) performance assessors. Case examiner training is set to take place on 20 November 2015.

Managing case examiner workload (inc quality assurance) and Investigation Committee meetings

There have been no IC meetings this quarter (there was a meeting on 1 October 2015). A new Chair was appointed with effect from 1 August 2015 and member training has been arranged for 26 November 2015. We expect the replacement registrant members to have been recruited in time for the training day.

Managing Panel hearings and training

During this quarter we have had 21 interim order (including reviews) hearings, 12 substantive (including reviews) hearings and one registration appeal hearing. The new hearing panel members have settled well into their roles. The annual panel training day has been arranged for 25 November 2015.

Project Performance

Complaints strategy

We have scoped the project plan to develop a strategy for managing FTP and illegal practice complaints quickly and effectively and have progressed several of the key work-streams.

¹ Up until Q4 14/15 we have been reporting on time taken from the date the case was opened. From Q1 15/16 we are reporting on time taken from the date the complaint was received.

2. Legal Compliance

Key issues:

- We have continued to work with the Policy and Communications teams on the illegal practice strategy project and Professional Accountability Bill, including attending the Trading Standards conference.
- The Legal Compliance function has continued to provide internal legal advice support externally on the Opticians Act.
- Council agreed an annex to the GOC’s Protocol, which includes greater collaboration with other agencies and a more risk-focussed approach. We will utilise this annexe to assist us in considering complaints concerning zero powered contact lenses, and have recruited a caseworker to assist with this work going forward.

Programme Performance

Providing internal legal advice

During the last quarter, we continued to provide internal advice on a range of issues.

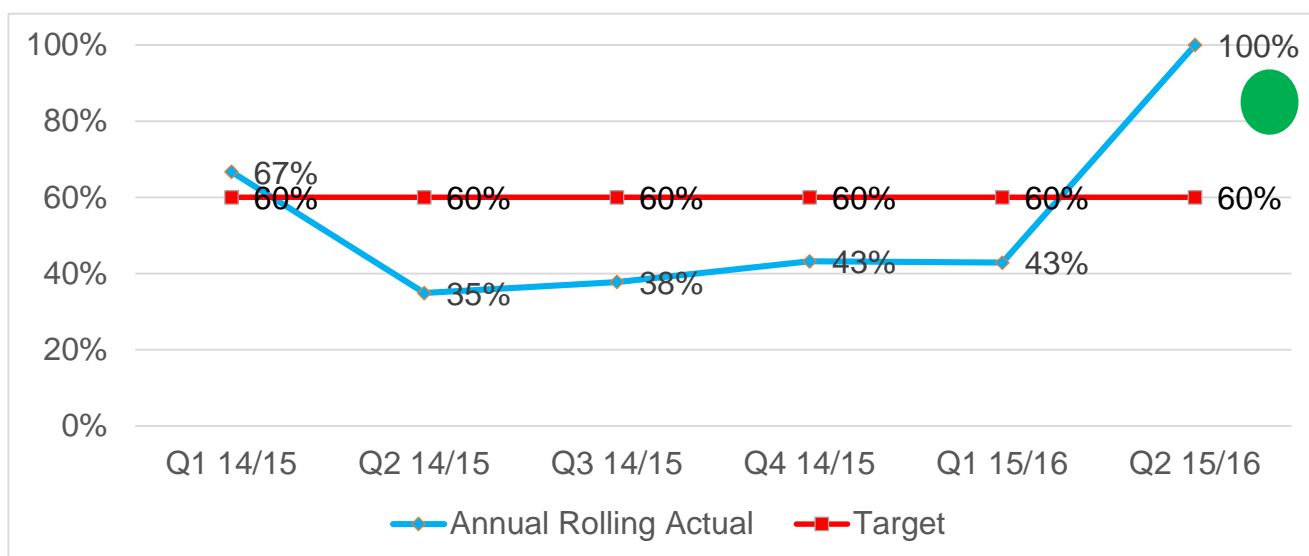
Managing the process for dealing with complaints about illegal practice in line with our prosecution protocol

During the quarter work has continued to deal with complaints about illegal practice in line with our prosecution protocol.

2.1. Percentage of closed illegal practice cases concluded within 52 weeks (time taken from receipt of complaint to closure).

During the period October 2014 – September 2015, we closed 11 illegal practice cases, all of which were closed within the target of 52 weeks. As part of our complaints strategy we are considering what performance indicators and targets are appropriate in this area.

2.2. Percentage of closed illegal practice cases concluded within 52 weeks (time taken from receipt of complaint to closure).



PART 2
Strategy Directorate
Reporting period:
July 2015 – September 2015

PART 2 – STRATEGY DIRECTORATE

3. Education and Standards

Key issues

- We have been preparing for our visit schedule taking place later in the year as well as implementing the changes to the newly revised Optometry handbook.
- We are monitoring those registrants who have not yet completed their requirements for the 2013-15 CET cycle communicating with registrants the consequences of non-compliance, i.e. administrative removal.
- We have implemented minor changes to the CET system that will occur in the 2016-18 cycle, including a change to the CET approval system which will take place in November 2015 and a greater focus on registrants reflecting on practice when selecting CET. This will also include replacing the 'Professional Conduct' competence with 'Standards of Practice'.

Programme Performance

Provision of advice to registrants and members of the public on our standards

The team continues to focus on delivery of the standards project as reported below.

Managing the accreditation and quality-assurance of optical education, training and qualifications

We conducted one re-visit to City University optometry programme to review the clinic facilities, an accreditation visit to the provisionally-approved optometry programme at University of Hertfordshire, and one quality assurance visit to the Association of British Dispensing Optician's dispensing programme delivered at the Canterbury Christ Church University campus. Fewer visits are conducted in this period as it coincides with the academic holiday period. We have been planning the visit schedule for the rest of 2015/16 when there will be a significant rise in revisits, accreditation of new programmes and a series of quality assurance visits to Contact Lens training providers.

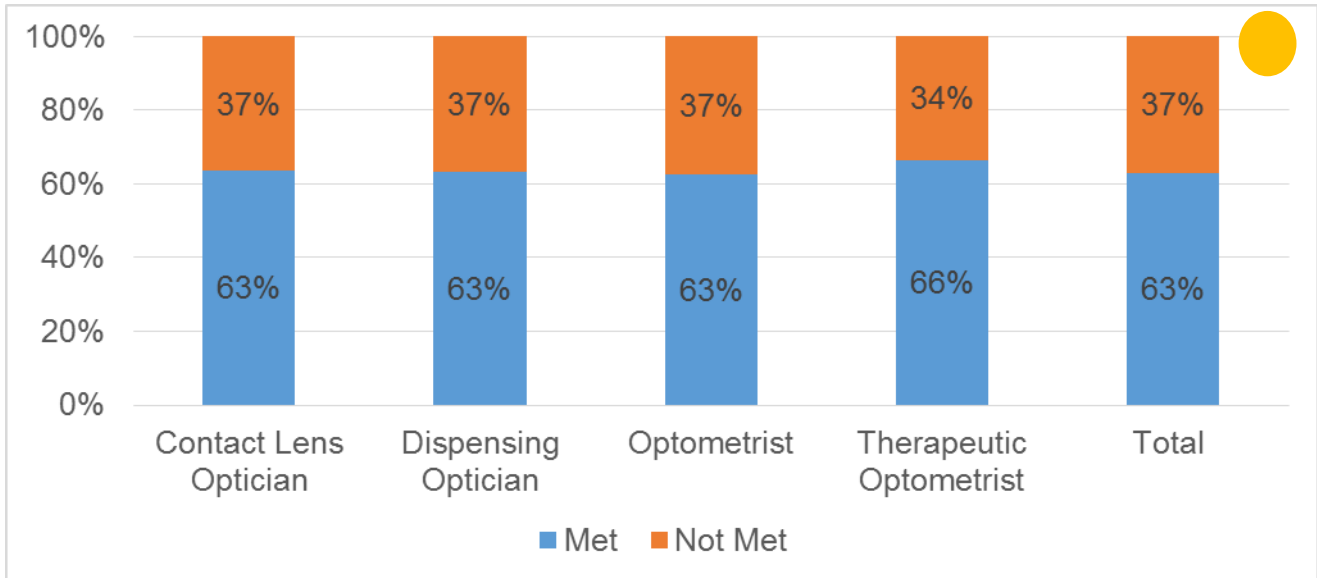
We have published our *Accreditation and Quality Assurance Handbook: Routes to Registration in Optometry* which came into effect on 1 September 2015. This has been shared with all optometry stakeholders and we held an implementation workshop with representatives of optometry training providers to discuss the changes. We held training for our independent accreditation and quality assurance visitors on 15 September 2015 to discuss the changes to the Handbook and how this might affect the visit process. We also delivered specific training for our Contact Lens programme visitors to prepare them for a round of Contact lens training provider visits which will take place in quarter three.

Managing the Continuing Education and Training Scheme (CET), including the provision of advice, approval and quality assurance of provision and auditing

3.1. Percentage of registrants on target to meet annual six point minimum and peer review requirement

We are nearing the end of a three year CET cycle (1 January 2013 – 31 December 2015). At present over 13,000 registrants have met their CET requirement (leaving over 7,000 registrants to complete the required CET). This constitutes 63 per cent of registrants having

completed their CET requirement and 37 per cent who have until the end of December 2015 to do so. With approximately 600 people completing their requirements each week the projected completion rate for this cycle is 96 per cent. The CET team are monitoring availability to ensure sufficient provision to support demand.



The number outstanding registrants does not distinguish between those with only one CET point outstanding and those who have not yet completed any CET. We have been advised by our CET consultant that these figures follow the normal pattern for previous CET cycles and that we will see a significant increase in the weekly rate of completions as we approach the end of the year. The department is currently issuing reminder letters on a regular basis to those outstanding their CET requirement.

Project Performance

Review of our standards of practice

The Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students were approved by Council in July 2015 and have been finalised for publication in October 2015. We are working on developing supporting guidance on subjects identified during the consultation as requiring further support for registrants. We have begun to consult with the GOC Statutory advisory committees on the proposals for implementation with various stakeholder groups. We are working to ensure that the current 'Professional Conduct' competency is replaced by a 'Standards of Practice' competency to ensure that all optometrists and dispensing opticians complete some CET in the new cycle against the new standards. Further details of the Standards Implementation plan is provided to Council in paper C45(15).

4. Policy

Key issues:

- We continued to engage with the Department of Health (DH) around the implications of the revised EU directive on the recognition of professional qualifications and the development of the Law Commissions' draft healthcare regulation bill.
- We commissioned consumer research into wearers of contact lenses.
- We opened our consultation on our draft code of practice for online contact lens supply, which we developed with stakeholders as part of our illegal practice strategy.
- We produced the optical sector report which we presented to the statutory advisory committees.

Programme Performance

Identifying and reporting on developments in health regulation and optical care, including developments in the devolved nations

We continued to monitor developments in health regulation and optical care, responding to consultations on the PSA's performance review process and the Health Select Committee's primary care inquiry. We produced the optical sector report which looks at development in the optical sector over the last year. We presented the report to our statutory advisory committees before presentation to Council in November 2015 – see paper C47(15).

Managing engagement with the development of the new legislative framework that is expected to flow from the UK Law Commissions' review

We continued to work with the DH and the other healthcare regulators to refine the draft bill produced by the Law Commissions, notwithstanding that work on the Bill was put on hold in the run up to the general election and the Bill was not mentioned in the latest Queen's Speech and will not be included in the first session of Parliament.

We continued to engage with the DH, Department for Business, Innovation and Skills (BIS), and the other healthcare regulators through our membership of the Alliance of UK Health Regulators on Europe (AURE). We continued to consider the implications of the revised EU directive on the recognition of professional qualifications, attending implementation workshops held by BIS.

Implementing our research framework by carrying out research with registrants, employees and the public

We continued to analyse the results of our public perceptions survey and to present these to the statutory advisory committees. We commissioned consumer research into wearers of contact lenses, to inform our work on our illegal practice strategy and in particular, our draft code of practice for online contact lens supply. Focus groups were carried out in September 2015 and a UK wide survey of contact lens wearers will take place in October 2015.

Project Performance

Reviews of business and student regulation

Making changes to how we regulate businesses and students is dependent on changing primary legislation and we had hoped to achieve this through the Law Commissions' Bill. We have put on hold further work on business and student regulation while we consider when and how legislative change may be possible.

Illegal practice strategy implementation

We continued to implement our strategy for dealing with the illegal practices as defined in the Opticians Act 1989. We are working with stakeholders to draft a code of practice for the online supply of contact lenses. We took the draft code of practice to Council in July 2015 and a consultation ran from 3 August until 12 October 2015. The outcome of our consultation is presented to Council for consideration in paper C44(15). Our stakeholder groups continue to consider how we can improve public awareness of how to purchase and wear contact lenses safely.

Evaluation of our Continuing Education and Training scheme

We have started the work to evaluate the operation of our enhanced CET scheme over the first three-year cycle and will continue this work once the cycle is complete. We have also begun to consider the existing processes for approval, auditing and delivery of CET, and whether any changes could be made to improve the efficiency of the CET process and consistency of approval decisions. Further information of the CET scheme evaluation is provided to Council in paper C46(15).

5. Communications

Key issues:

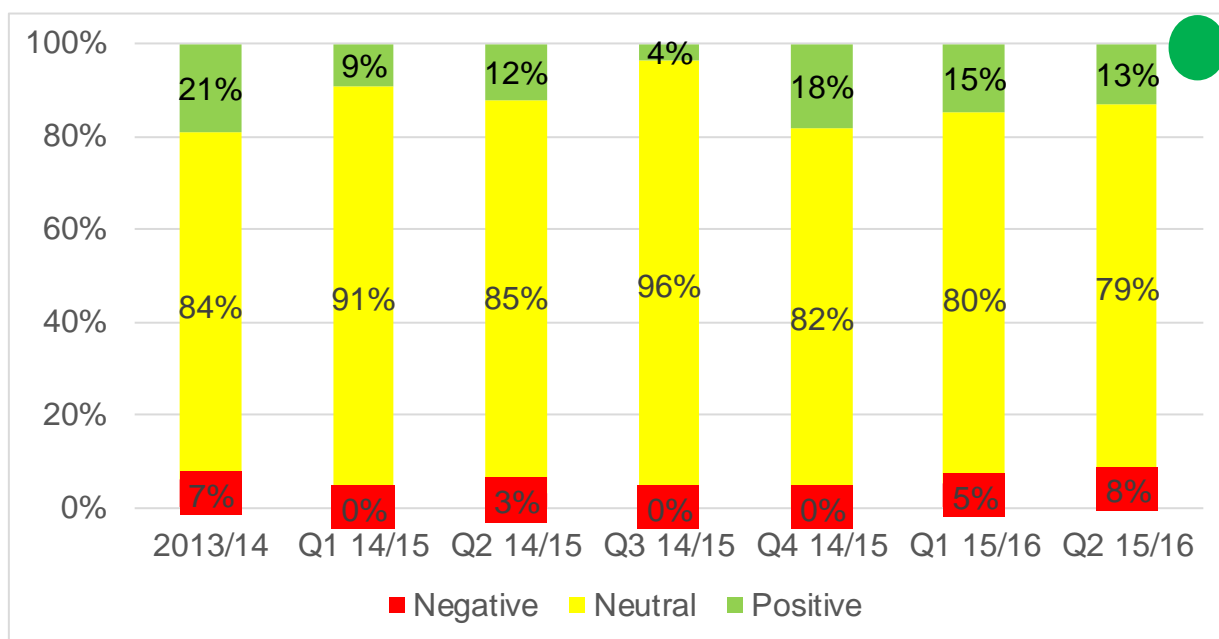
- We have supported the standards strategic review with stakeholder engagement.
- We planned and delivered the Council Strategy Day in September 2015.
- We have undertaken public affairs work around the future of the professions.

Programme Performance

Managing internal and external communications, including media relations

Topics of media interest during the quarter have included standards, the office move, erasures from the register, equality and diversity and the PSA performance review.

5.1. Percentage of editorial coverage which is positive or neutral about the GOC



There has been some negative press coverage this quarter, mainly related to the PSA performance review and stakeholder concerns around the new standards. However, the overall coverage remains good.

Implementing our stakeholder engagement strategy

We have developed a plan for implementing our stakeholder engagement strategy and are considering how to use CRM to improve our co-ordination of engagement. Over the last quarter we have undertaken extensive engagement around the standards project. We have continued to engage in the devolved nations, including a meeting with the chief optometric advisors for Scotland, Wales and Northern Ireland, and two trips to Scotland to meet stakeholders.

Improving our website and digital communications

We have continued our programme of digital engagement with registrants and other stakeholders.

Managing our input to the PSA performance review to account for our performance

We are awaiting confirmation of timing and form of our next performance review from the PSA.

6. Governance

Key Issues

- Production of the draft 2016/17 business plan.
- Development of our EDI monitoring report.
- Development of policies on raising concerns with the GOC (whistleblowing) for workers in the optical sector and gifts and hospitality for employees and members.
- Finalisation of the 2014/15 Annual Report.
- Recruitment of a registrant Council member, an Investigations Committee chair and three registrant members of our Investigation Committee.
- Providing training on unconscious bias in recruitment to members and employees involved in appointment decisions and arranging training on risk and investment management for Council members.

Programme Performance

Reporting on organisational performance

We are reviewing our performance reporting framework – which links with our strategic objectives to ensure that it contains key indicators which can track the outcomes we wish to achieve by delivering our strategic objectives. We are reviewing the operational indicators we measure on a quarterly basis to ensure they provide relevant information and that the data integrity is appropriate. We are also working with a number of projects to ensure that appropriate performance indicators are developed, including the complaints strategic review and education strategic review.

Development of our business plans to ensure achievement of our strategic objectives

A first draft of the Business plan for 2016/17 has been produced following internal discussion of strategic objectives and outcomes and key risks and is being Considered by Council in November 2015 (C51(15)). Plans for all projects proposed for inclusion in the plan have been considered and agreed for inclusion.

Delivery of our EDI scheme and action plan

We have drafted our 2015 EDI monitoring report which contains an analysis of the diversity of our registrants, employees and members, which will be published in November 2015. We have assessed our monitoring data to identify a number of actions for us to consider. The actions will be included in our EDI action plan and will be undertaken, in order of priority, to fulfil our EDI objectives. We will be using this report as a key tool for conducting equality impact assessments on our policies. We will be publishing the report on our website, raising awareness via our website, twitter and email and presenting the report to Council in February 2016, with the annual report on progress made on our EDI action plan.

Managing compliance with our duties in respect of data protection, freedom of information (FOI) and records management

The responsibility for information governance has moved from the Resources directorate to the Governance team during the quarter. In order to ensure all employees and members are aware of their responsibilities in this area refresher training and briefings are being planned. In particular we wish to ensure that employees are able to recognise and appropriately handle

data breaches, subject access requests and FOI requests. We have identified that the majority of our data breaches are via email, and as such, will focus a section of the briefing around email security. We are currently investigating a data breach and anticipate sending a report to the ICO shortly.

Developing an improved process for corporate and member complaints handling

The responsibility for complaints has moved to the Governance team during the quarter. We have updated the main GOC telephone message to ensure that anyone wishing to raise a complaint with us is able to do so easily. We are looking to update the website in order to provide additional clarity. We have developed a policy on raising concerns with the GOC (whistleblowing), which we intend to issue for public consultation subject to approval by Council in November 2015 (C53(15)).

Developing a process for monitoring and review of policies and procedures

We have undertaken a review of the policies and procedures log, which we presented to the Audit and Risk Committee in October 2015, and are developing a process for the routine review of policies.

Developing a process for the development, monitoring and review of stakeholder agreements

We have undertaken a review of a draft Memorandum of Understanding with NHS protect, to aid intelligence-sharing for fraud-related activity of registrants working in the NHS.

Managing Council and committee meetings

We supported the July Council meeting, as well as meetings of the four statutory advisory committees (Education, Standards, Registration and Companies) and a Council strategy day. A schedule of Council and committee meetings for 2016/17 has been finalised.

Developing and embedding governance policies and processes

We finalised a review of the Scheme of Delegation, which Council considered in July 2015 and will be approved shortly, subject to legal advice. Following a trial of the interim policy on gifts and hospitality, we made changes to the policy which is presented to Council for approval in November 2015 (C54(15)), following consideration by the Audit and Risk Committee.

Managing the production of our annual reports

The 2014/15 Annual Report has been updated following consideration by Council in July 2015 and the final report will be considered in public at the November Council meeting (C48(15)) before being laid before Parliament and published.

Managing Council and committee member appointments, reappointments, appraisals and training and Council's evaluation of its performance

During the quarter we appointed Caroline Corby as our new Investigation Committee chair and progressed the appointment of a new registrant Council member. We are delighted that we have recently received Privy Council approval for the appointment of a new registrant Council member, which we will announce imminently. In addition we initiated recruitment for

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three registrant members of our Investigation Committee, to which we received 67 applications by the deadline of 15 September 2015. Interviews will be held on 3 and 4 November 2015 and the new members will be appointed with immediate effect.

Following the 2015 Council evaluation undertaken in June 2015, a report on the outcomes and next steps has been prepared and will be considered by Council in November 2015 (SC33(15)). In July 2015 Council approved a member development plan, which has been considered at statutory advisory committee meetings, particularly in relation to our plans for the induction of new members. Training on unconscious bias in recruitment has been delivered to all members involved in making appointment decisions and training on risk and investment management has been arranged for Council members on 12 November 2015. We have also arranged the biennial appraisal of our statutory advisory committee members.

PART 3
Resources Directorate
Reporting period:
July 2015 – September 2015

PART 3 – RESOURCES DIRECTORATE

7. Registration

Key issues:

- Management of the registration process for students.
- Continuing to implement and develop processes and reports relating the CRM.

Programme Performance

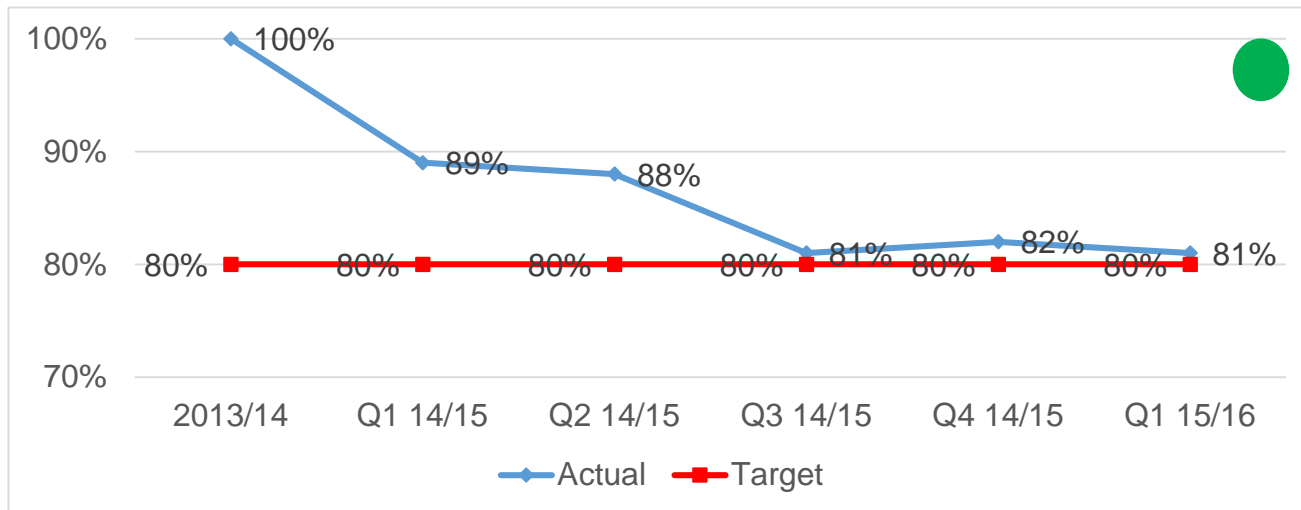
Ensuring our public register remains accurate, up to date and accessible

Student retention opened in April 2015 and we continued to monitor the performance of the interface between the CRM system and the MyGOC portal, to identify and resolve issues as and when they arise. Additionally, we continue to develop reporting and quality assurance processes to support the CRM system. The student registration period opened in September 2015 and closed on 31 October 2015. This is the second time CRM has been used for this process. This was the second student retention period in which the CRM was operational, and there were very few issues now remaining in respect of the system or its links to the website (we have been using the CRM system since September 2014).

Managing and developing the process of applying for registration

7.1. Percentage of applications processed within set target (UK, EEA and non-EEA registration applications, restorations and requests for registration applications)

There appears to be a gradual but marked decline in performance over the last year. However, performance still meets the 80 per cent target for this area.



During the last quarter the median time to process UK registration application was two days against the target of three working days.

The performance in assessing applications for registration from potential registrants in other European Economic Area (EEA) countries has been static for the last 12 months with a median time to process an application of two days. The time taken to process these applications relates to the registration process only and does not include the time taken for assessment of the application in relation to equivalence. Each EEA application is reviewed in relation to the applicants' education, training and practical experience, and then recommendations are made as how any deficiencies can be addressed.

During the quarter the median processing time for restoration applications was four working days.

Managing the assessment of applicants with qualifications gained outside the UK

During the last quarter the processing time for applications for registration received from outside the EEA area was two days. For the previous 12 months, quarterly performance was consistent between one and three working days. The time taken to process these applications relates to the registration process only and does not include the time taken for the College or ABDO exam processes.

Applicants from outside the EEA will usually approach the College or ABDO to undertake the relevant exam in order to gain entry onto the register. From April 2015, management of the process for non-EEA applicants has been undertaken by the GOC.

Project Performance

Review of the Register

We will scope and plan the project to review the way in which information is presented on our register in order to meet our statutory remit and stakeholder expectations later in the year. This is a longer term piece of work that is expected to have a number of work streams including the provision of a lifetime registration number. The Registration Committee considered a planning report on this subject in September 2015.

Review of the processes for assessing registration applications from inside and outside Europe

We have implemented the process for assessing registration applications from outside Europe and will review the process for assessing registration applications from within Europe later in the year. We are in the process of finalising SOPs on this process.

8. Finance

Key issues:

- Completion of year-end accounts for 2014/15.
- Completion of reports and liaising with external auditors on the annual external audit.
- Initiating planning of the 2015/16 internal audit program.

Programme Performance

Accounting for the income and expenditure of the organisation, managing payments and payroll

The deadlines for month-end accounting, which includes accounting for income and expenditure, were achieved in a timely manner and according to the accounting guidelines. Payments were made fortnightly. The Council and the FTP payrolls have been amalgamated, creating a single payroll for the Council and the committee members.

Preparing the annual budget and financial accounts

Year-end accounts for 2014/15 were prepared, have been audited by the external auditors and are being finalised ready for approval by Council.

Developing our financial management skills and oversight

Training for budget holders on budget setting and monitoring was provided by Moore Stephens in early July 2015 and is expected to assist in raising the skills of those employees tasked with managing budgets. We commissioned an advisory audit of the 2014/15 surplus which will contribute to the learning and development of our budget holders in planning and setting budgets for future years. The final report was presented to ARC in October 2015.

Informing and advising on the financial position and strategy

Monthly management accounts were prepared at the end of September 2016 for the first six months of the year. They inform the financial position and provide key highlights.

Advising on our approach to risk management

Risk registers are maintained on both at department and corporate level. The departmental risk register is the responsibility of each Head of Department, and is updated and reviewed with the relevant director on a monthly basis. The most significant risks identified by each department are then considered for inclusion in the corporate risk register held by the Head of Finance. In addition, the risks which are identified as corporate level are included directly in the corporate risk register.

The corporate risk register reflects changes to the individual departmental risk registers, where departmental risks have been identified as scoring highly on likelihood and impact.

The corporate risk register is being circulated and reviewed by the Management Forum and SMT on a monthly basis. The corporate risk register is reviewed by ARC on a quarterly basis. The risk appetite and tolerance is an area which needs re-assessing.

9. Human Resources

Key issues:

- The Electronic Recruitment System is in use for all employee vacancies including the campaign for a new intake of Case Examiners within FTP. The interviews for these posts will result in many parts of the UK being represented thus leading to good coverage of the spread of the workload.
- During the quarter a variety of posts have been successfully filled including the key posts of Senior Lawyer and Head of Policy and Research. The appointees for these roles bring with them significant experience with two of the other health care regulators. Appointments of a Governance Manager and a Compliance Manager have strengthened these areas of the organisation. Change and development continue among the PAs who support senior management with two new appointments this quarter, one to replace an employee taking a period of unpaid leave.

Programme performance

Managing processes for recruitment of employees

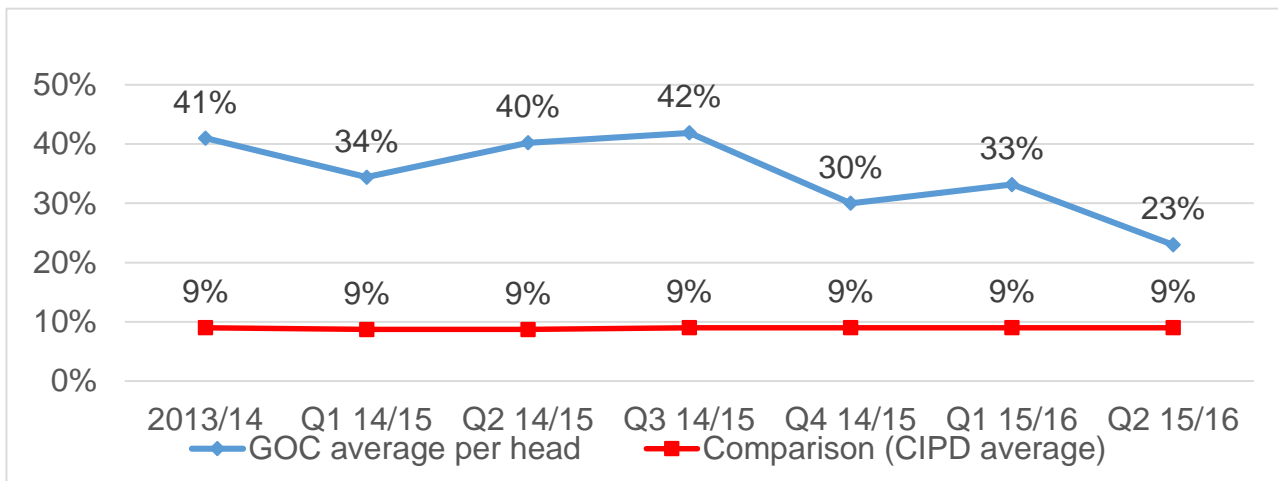
The recruitment module introduced into the Sage system last year has continued to be used successfully with well over a hundred applicants submitting applications for the Case Examiner roles. Due to technical issues with Sage, member recruitment continues to take place outside of the Sage system.

Supporting managers in the application of HR policies both new and existing

The programme of policy development and reviews continues with initial focus being on bringing some policies in line with recent legislative changes and in simplifying and co-ordinating processes. Briefings are given to managers on the details of particular current policies and how to apply them appropriately in their teams.

9.1. Annual staff turnover

In the last quarter we had nine new employees joining the GOC and two leaving. The annual turnover rate was 23 percent compared to 33 per cent in the previous quarter. It is hoped that the recent changes to the reward system and the office move will have a positive effect on achieving further reductions in turnover levels.



Implementing a new performance management system

The new Reward Framework has now been implemented and work continues on the implementation of the revised system including participation by managers in structured training on the development and implementation of “SMART” objectives for their team members. Where appropriate changes in pay arising from the appraisal process have been implemented. Work is continuing on the comparison of non-pay benefits with comparable organisations. Initial findings show that GOC compares well in what we offer employees. The aim for the medium to longer term is to offer a more flexible benefits package that would enable employees to select non pay benefits that are suitable to their own individual circumstances. Further consultation will take place to arrive at a package that is affordable and attractive to our employees and potential future employees.

Development and delivery of an organisational training and development programme

Managers have participated in training on the development and management of budgets as this had been highlighted as a training need. Council members and interested employees attended a training event on how to minimise the impact of unconscious bias in recruitment processes. HR continue to support employees in identifying and pursuing training and development opportunities including those identified in appraisal discussions.

Project Performance

People strategy

We have developed a strategy for employees, which brings together induction, employee relations, training and development, performance management and key HR policies. Most areas of work are already underway and will form part of a longer term ongoing program of work.

Staff Survey

The first in a regular programme of staff surveys took place in July 2015 and produced a very satisfactory rate of response. The external organisation that conducted the survey have produced their report which is now being closely considered and the follow up of ‘action planning’ phase is beginning. The key findings were presented at an all staff meeting October 2015 which provided an opportunity to identify actions that might be taken in the months ahead to progress this work.

10. IT

Key issues:

- Dealing with the preparation of all necessary works for relocation to the new premises.
- Identifying and purchase of the new phone system.
- The hearings team have been trained and will shortly go live on the CRM system.
- The paperless project has started and the Airwatch system has been procured for management of the GOC's iPads.

Programme Performance

Providing robust ICT facilities

The IT team have dealt with helpdesk requests in a timely manner with xx per cent of requests being dealt with within five days.

Define new strategy for IT, in order to ensure that a longer term plan is in place

The SMT agreed to postpone development of a new IT strategy in order to focus resources on the CRM and relocation projects.

Providing and enforcing effective security for GOC IT systems

The IT team have upgraded the antivirus and upgraded the TeamViewer solution for remote connection to Case Examiners GOC's laptops to provide effective and secure support.

Test Disaster Recovery processes and update and Business Continuity plan

No work has been progressed during the quarter due to a focus on the CRM project and relocation projects.

Project Performance

Customer Relationship Management system

We implemented a new Customer Relationship Management (CRM) system to hold and manage all data about registrants and other stakeholders to help us better manage the information we hold and improve how we measure our performance. The system has progressed well. The users adopted the technology quickly, and the system now supports a wide range of GOC registration processes effectively. A range of management reports are operational, and the quality of data in the system is high. The integrity of the financial data managed in the system has been proven, and the integration to the website has generally proved reliable. The time to process application forms is understood to be under 50 per cent of the time taken with the previous Integra system, and this is likely to drop further as users become more familiar with it. In terms of deployment of the system to other areas of the GOC, there are now a range of non-registration team users accessing the system to obtain registration data. Most recently the Project team has worked on the migration of existing FTP cases into CRM after the FTP team went live and the migration of hearings information into CRM; training for the Hearings team has also been provided before in advance of them going fully live on the system (which is expected in October 2015).

11. Facilities

Key issues:

- The key focus of the team was on progressing the property project. Preparation works started on moving to our new premises.
- New contract for on-site confidential documents destruction have been put in place.
- New contract for accommodation services has been signed with a new provider, Radisson Blu.
- Consultation on electronic and physical data storage has been assessed and will be procured for all the departments that have such need.
- The agreement to host our hearings at GPhC has worked very well, but we have faced some limitation on their availability due to their own hearings needs and restriction on finding hotel accommodation for panel members and GOC representatives around that area.

Programme performance

Providing secure physical facilities and administration services and ensuring all utilities and other services operate effectively

There were no health and safety or security incidents recorded during the first quarter. No new insurance claims were made.

Management of GOC meeting space

We have continued to manage meetings across two sites. We have extended our search for suitable external venues to hold all the different range of meeting we may hold.

Define our approach to corporate social responsibility and sustainability

We continue implementing cost efficiency and ethical practices across the organisation with a view to change employee behaviours. We are looking for energy efficient appliances for our new office.

Project Performance

Property Relocation

The specific purpose of this project is to 'relocate the GOC to provide additional office space and a self-contained hearings suite. The property project is progressing well. A press release was published on the relocation of the GOC to 10 Old Bailey Fit-out contractors completed works in August 2015 and snagging work is almost complete. The move has been rescheduled several times due to delays in the installation of phone and internet cables and is currently planned for November 2015.