General Optical Council

Council Performance and Management Information Report

Reporting period: October - December 2014

Marta Pocztowska

Council Performance and Management Information Report

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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 three of 2014/15. Council is asked to consider the 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.

Since May 2013 we have been developing a system of routine recording and reporting on performance and management information to enable the Executive to monitor performance on a routine basis. We have also been developing a framework to provide Council with assurance about our performance against the strategic plan and business plans during the three years from 2014/15 to 2016/17. The organisation has been developing this in the context of continued cultural, organisational and operational change.

This report has been produced using the data currently available. We are continuing to improve our system of reporting, including our data gathering and the performance indicators we use. We continue to work with managers to develop each section of the report to ensure that the most appropriate indicators are included and statistics are recorded on a quarterly basis in line with feedback received from the Council.

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 is then divided into function areas and 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 2014/15 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 resultant 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.

Council Performance and Management Information Report

Overview of Operational Performance for Quarter Three 2014/15

Overall we are meeting 54% (seven out of 13) of our performance targets. Due to our aim to reduce the time taken to close FTP cases 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 2014/2017).

Fitness to Practice Directorate

In **Fitness to Practise** (FTP) there has been an increase in the number of complaints received and therefore we are experiencing a consequential increase in the number of full investigations opened each quarter. A 45 per cent increase has been recorded for the first nine months of 2014/15 compared to the first nine months of 2013/14. This has impacted on workload levels and time frames. These factors have created significant challenges for the team resulting in most of performance measures not meeting our targets.

During the quarter none of the closed FTP cases have progressed to the final FTP hearing decision within our strategic aim of concluding cases within 52 weeks. The median time taken for cases to be concluded in this quarter was 94 weeks from the date the case opened. This represents a six per cent improvement on the last quarter. During the quarter the median time taken to close cases from the date the initial complaint was received to concluding the case was 110 weeks.We are clear that more work is required for us to demonstrate progress towards the strategic aim of 52 weeks end-to-end.

Our strategic aim of 80 per cent of initial stages cases being closed within 26 weeks of opening the case was not met, with 37 per cent of cases being closed within 26 weeks. This is less than the previous quarter when 41 per cent of cases were closed within 26 weeks and is as a result of a number of older cases being closed this quarter.

In **Legal Compliance** the number of open cases has been increasing during the year and we are reviewing how best to deal with them.

Strategy Directorate

In **Education** work has continued to review the accreditation process, including procedures governing education visits. A workshop has recently been held to enable the Education Committee to consider feedback received from training providers and the independent Visitor Panel.

In **Standards** the focus has been on progressing the Standards Review project. Work has been completed to finalise the new standards of practice and standards for students in preparation for the consultation which Council will consider at its meeting on 11 February 2015. Workshops have been held with the Standards Committee and Council Champions to gain their feedback, alongside receiving feedback from the Education Committee, FTP stakeholders, SMT and the Policy Steering Group.

In **Policy** the focus has been on implementation of the illegal practice strategy and setting up stakeholder steering/working groups as well as engagement with the Department of Health around the implications of the revised EU directive on the recognition of professional qualifications. The

team has also been working on the standards review project, participating in preparations for the consultation on the draft standards of practice and carrying out research. A report on developments and trends in the optical sector over the last year has been finalised and published to help us understand the regulatory implications.

In **Communications** the focus has been on supporting the Chair and Chief Executive and Registrar in communications, including at a Scottish Regulatory Event and in relation to registrant fees. The team was also engaged in communications with the media on issues such as zero-powered contact lenses, new university courses, the standards review, Council member recruitment and retention fees. The team have been involved in finalising our response to the PSA performance review and responding to follow-up queries from the PSA.

In **Governance** there has been progress on key work. Rosie Glazebrook and Glenn Tomison have been appointed as Council members for terms of four years, eight Hearing Panel lay members have been appointed for terms of three years and two members have been appointed to our statutory advisory committee for terns of three and a half years as from 1 January 2015. There continues to be a high volume of non-executive recruitment as we seek to appoint a further ten lay, twelve optometrist and eight dispensing optician members of our Hearing Panel by 1 July 2015. Work to develop an interim policy on acceptable behaviour when communicating with the GOC and development of the 2015/16 business plan has also been undertaken.

Resources Directorate

In **Registration** the key focus has been on processing student retention forms. The deadline for sending renewal applications was 31 October 2014. The team's efforts were also directed on implementing and learning the new Customer Relations Management system.

In **Human Resources** the key focus has been on progressing the pay and reward project. Employee turnover rate is running at a higher rate than is desirable for the organisation. However, we expect turnover to now edge downwards as the impact of the reward project and our recruitment process improvements continue to make an impact.

In **IT** the key focus has been on progressing the CRM project.

In **Facilities** the key focus has been on progressing the property relocation project.

In **Finance** the key focus has been on preparing the draft budget for 2015/16, month-end accounting and the monthly management accounts.

Performance Dashboard:

Performance which meets or exceeds target	Performance which does not meet target			
Key Indicator	**2014/15 Target**	**2014/15 Q3**	**2014/15 Q2**	**2013/14 Q3**	**Indicator (Page)**

Key Indicator	**2014/15 Target**	**2014/15 Q3**	**2014/15 Q2**	**2013/14 Q3**	**Indicator (Page)**
Fitness to Practise					
Percentage of FTP cases closed within 52 weeks*	20%	0%	13%	n/a	1.2 (9)
Percentage of FTP cases closed within 78 weeks*	80%	25%	25%	11%	1.3 (10)
Percentage of FTP cases closed within 104 weeks*	98%	75%	63%	56%	1.4 (10)
Median time taken from date case opened to final FTP hearing determination (weeks)*	78	94	100	88	1.5 (11)
Percentage of initial stages cases closed within 26 weeks (time taken from date case opened to final case examiner or Investigation Committee decision)*	80%	37%	41%	n/a	1.6 (11)
Time taken from date case opened to Interim Order decision (weeks)*	26	17	12.5	11.5	1.7 (12)
Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision (weeks).	4	3	3.3	3	1.8 (13)
Education					
Percentage of registrants on target to meet annual six point minimum and peer review requirement.	99%	99%	100%	100%	3.1 (17)
Communications					
Percentage of editorial coverage which is positive or neutral about the GOC.	90%	100%	96%	92%	5.1 (21)
Governance					
Percentage of Council satisfied with corporate performance information.	80%	100%	88%	100%	6.1 (23)
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%	81%	88%	100%	7.1 (27)
HR					
Annual staff turnover	8.7%	40%	37%	35%	9.1 (30)

* *These indicators have been developed to enable us to monitor progress towards our goal of closing the majority of our FTP cases within 52 weeks by the end of 2016/17. We have made our targets for 2014/15 challenging, and in most cases more challenging than the requirements set by the PSA, and are working towards achieving them.

PART 1
Fitness to Practice Directorate
Reporting period:
October 2014 – December 2014

Council Performance and Management Information Report

## 1. Fitness to Practise

Key issues:

- We are fully focused on improving our end-to-end FTP timescales. This is in line with our strategic plan to achieve an end-to-end timescale of 12 months in, or by, 2016-17. Some of the performance data relates to performance indicators set to demonstrate where we currently are against a staged approach to achieving an end to end timescale of 52 weeks. We are conscious that we are not where we want to be and that during the quarter we are also not meeting the PSA end-to-end performance indicator of 108 weeks for cases referred to the FTPC (110 weeks). This is of concern to us and we are aware that the process of achieving 52 weeks end-to-end must be achieved by 2016-17. We are already taking steps to reduce the case preparation targets we set for our external lawyers and during the course of the next few months we will be reviewing the structure of our FTP function with a view to moving towards end-to-end casework. This will include the mapping and review of existing processes and targeting of cases that are identified as likely to be referred to the FTPC. We are experiencing a significant increase in the number of full investigations opened each quarter which has risen by 45 per cent for the first nine months of 2014/15 compared to the first nine months of 2013/14.
- Arranging performance assessments became particularly challenging during the quarter due to non-availability of the few assessors we have in our pool. This matter is in hand, with SMT shortly due to consider the most appropriate mechanism for both appointing and training a new pool of performance assessors.
- We have historically measured the time taken to close complaints from the date a case is opened by us. The PSA have requested that we measure this timescale from the date that the complaint is received. We are therefore changing the way in which we record our data and we will begin reporting to Council on this revised basis with effect from 1 April 2015. Where possible in this report, we have included analysis for this quarter based on the new way of measuring, as well as trend analysis using our historical method. Moving to this new method of calculating FTP statistics is likely to impact performance figures so it will be important to continue to assess data within the context of the original method of calculation.

Programme Performance
Dealing with complaints about the fitness to practise (FTP) of our registrants, and learning from feedback and evidence of good practice to ensure complaints are dealt with quickly, effectively and in accordance with the legal framework and we are open and responsive in our dealings with registrants and the public.

1.1. Number of complaints received and cases opened by the FTP team
During the quarter we received 96 complaints related to registrants' fitness to practice. This shows a four per cent increase in the number of complaints received by FTP team on the previous quarter. We opened 81 full investigations this quarter which is the highest number over the last two years and a three per cent increase on the quarter. With the exemption of quarter four 2013/14, over the past 21 months there has been an upward trend in the number of complaints opened each quarter.
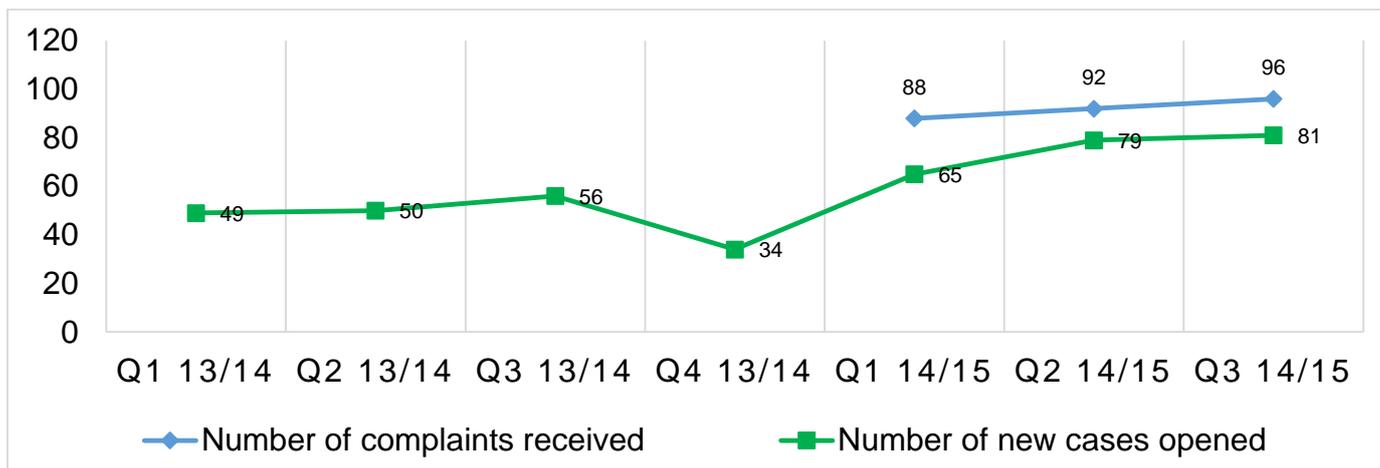
1.2. Percentage of FTP cases closed within 52 weeks (time taken from the date case opened to final FTP hearing determination).

This is a new performance measure and no historical data is currently available for the purpose of comparison. Once sufficient data has been gathered trend analysis will be drawn. In order to ensure we work towards our goal of closing the majority of our FTP cases within 52 weeks we have set a target of 20 per cent of cases within 52 weeks by the end of 2014/15. However, this is proving challenging and our current expectation is that we will not meet this target. This is disappointing but it is a reflection of the scale of the challenge ahead of us.

During quarter three of 2014/15 none of the cases have been closed within 52 weeks from the date the case was opened. This compares to the previous quarter when 13 per cent of cases were closed within 52 weeks. There were four Fitness to Practise Committee (FTPC) decisions in this quarter, of which none were reached within 52 weeks from the opening of the case (median time 94 weeks) nor from the date the complaint was initially received (median time 110 weeks). The quickest case was 68 weeks (from date case opened) or 97 weeks (from date of complaint) – these are not the same cases - and it remains challenging at the current time to achieve 52 weeks end-to-end.

1.3. Percentage of FTP cases closed within 78 weeks (time taken from the date case opened to final FTP hearing determination).

This is a new performance measure in 2014/15. In order to measure our progress towards our goal of 52 weeks for the majority of cases we have decided to measure against this supplementary indicator with a target of 80 per cent of cases closed within 78 weeks in 2014/15. Our expectation is that we will not achieve this target.
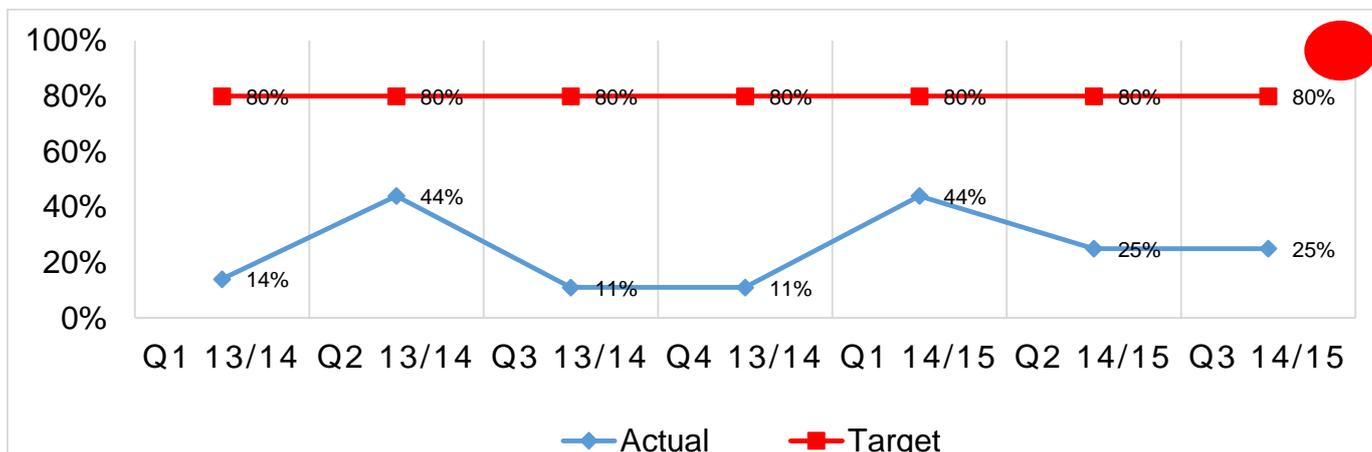
Over the past two years performance has ranged between 11 per cent and 44 per cent. The achievements for the last two quarters remained stable at 25 per cent.

1.4. Percentage of FTP cases closed within 104 weeks (time taken from the date case opened to final FTP hearing determination).

This is the end-to-end target of 108 weeks which has been revised to 104 weeks to reflect a timescale change in the FTP Rules from 1 April 2014. Our target is for 98 per cent of cases to meet this target in 2014/15. Our current expectation is that we will not meet this target. This is of concern to us and again reflects the scale of the challenge we face in meeting our strategic aim of 52 weeks end-to-end. In the key issues section we have set out some of the initial steps we are taking to improve our performance.
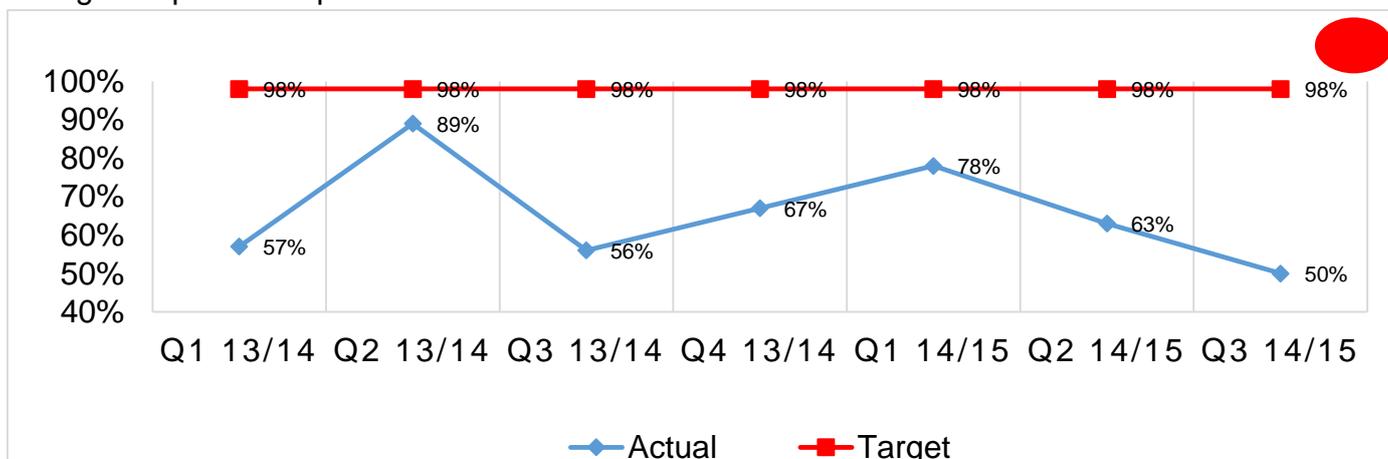
For the last six months there has been a downward trend in the percentage of cases being concluded within 104 weeks. Quarter three achievements are the lowest since we have started recording this data. Over the past two years the average time taken from the opening of the case to conclusion has ranged between 88 and 106 weeks.

1.5. Time taken from the date case opened to final FTP hearing determination (weeks).

In order to demonstrate our commitment to reducing the median time taken to close our FTP cases we have set a target of 78 weeks for 2014/15.
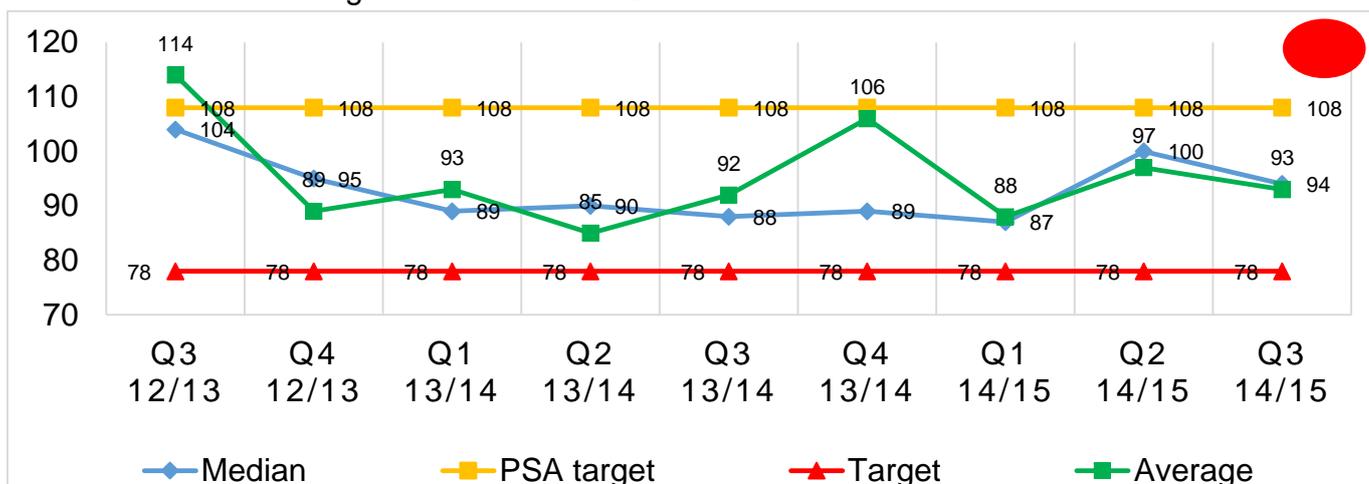
The median time taken for cases to be concluded in this quarter was 94 weeks from the date the case opened. This represents a six per cent improvement on the last quarter. During the quarter the median time taken to close cases from the date the initial complaint was received to concluding the case was 110 weeks. These figures again demonstrate the work that is required in for us to demonstrate progress towards the strategic aim of 52 weeks end-to-end.

1.6. Percentage of initial stages cases closed within 26 weeks (time taken the date case opened to final case examiner or Investigation Committee decision).

This is a new performance measure and no historical data is currently available for the purpose of comparison. In order to ensure we work towards our goal of closing the majority of our inital stages cases within 26 weeks we have set a target of 70 per cent of cases within 2014/15, which we understand is challenging for us to achieve.
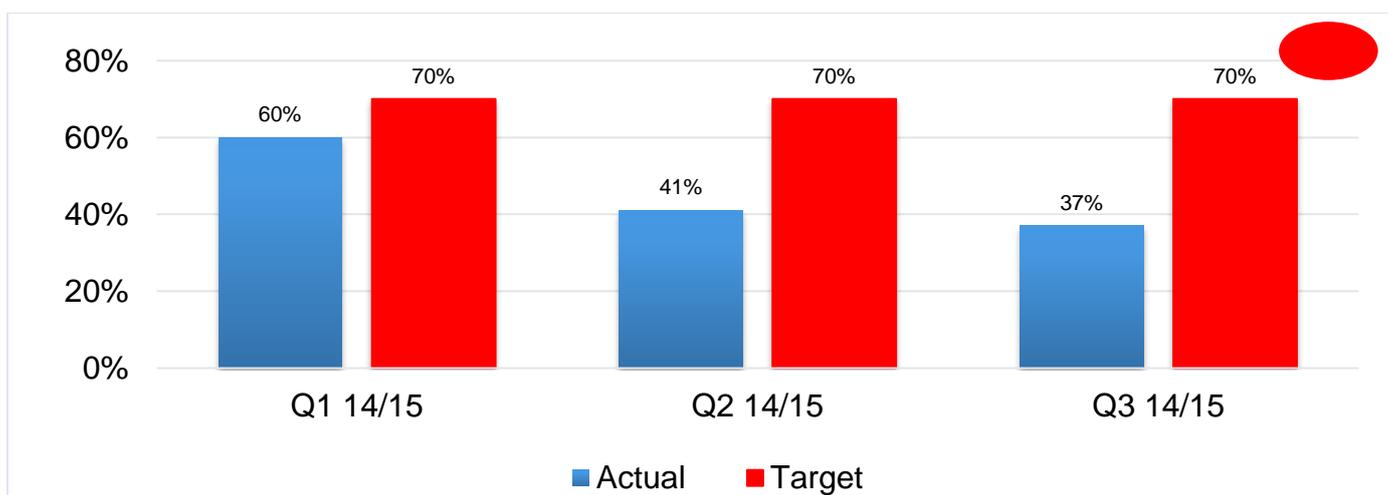
During quarter three 37 per cent of initial stages cases were closed within 26 weeks (from opening the case) which is well below the target of 70 per cent. Using the new measurement from the day the initial complaint was received, seven per cent of initial stages cases were closed within 26 weeks. In comparison to the previous quarter, this represents a reduction in performance of 10 per cent. In part, performance this quarter has been affected by the conclusion of a small number of delayed performance and health assessment cases.

1.7. Time taken from the date case opened to Interim Order decision

Our aim is to reduce the time taken to close interim order cases and therefore we have set a target of 26 weeks for 2014/15, which is lower than the PSA target of 39 weeks.
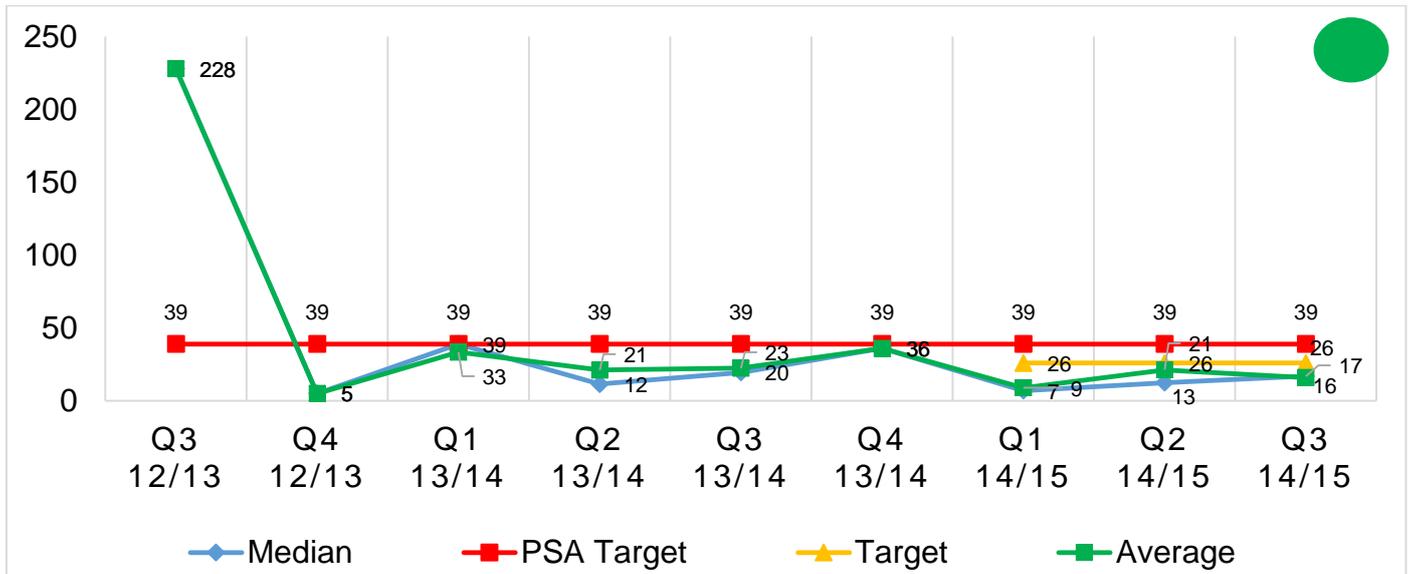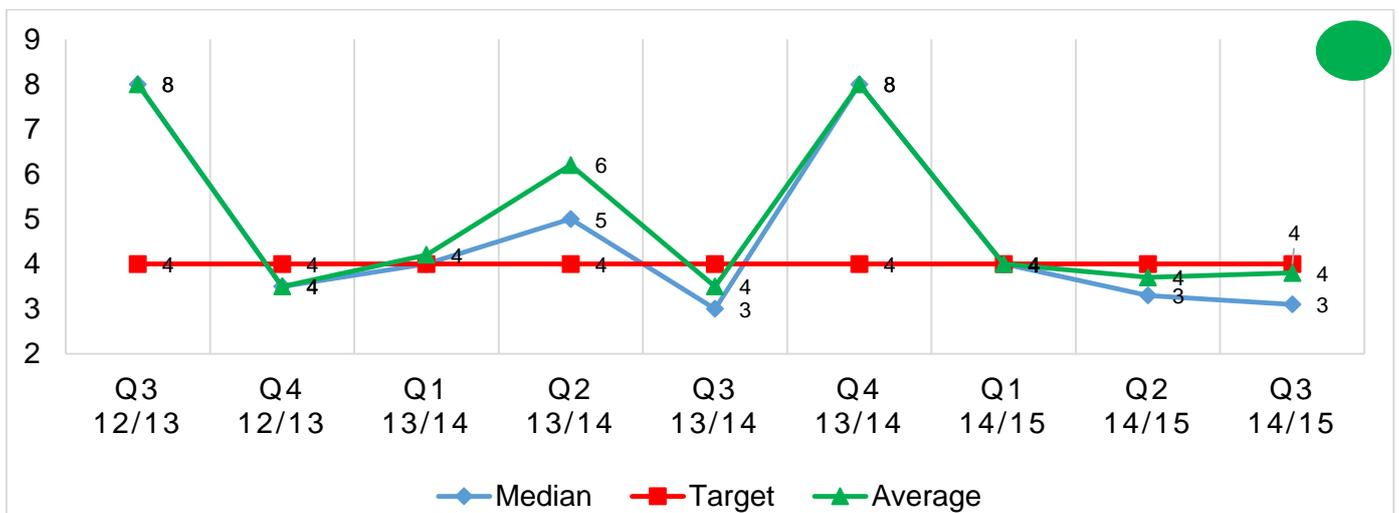

During quarter three the median time taken to close interim order cases was 17 weeks both from the date a complaint was received and the date a case was opened. Performance relating to this measure is prone to fluctuation for two reasons:

(i)   The small number of cases that go to interim order decision means that a delay in a single case can impact significantly on overall figures; and

(ii)   When a case is first opened it may not be suitable for interim order consideration. Often, it is only as a case progresses and more information is gathered (for example in health cases) that the need to apply for an interim order becomes apparent – but this could be many weeks into an investigation.

For the reasons above, it is our view that the measure at 1.8 below is a more accurate indicator of performance.

1.8. Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision

During quarter three the median time taken to close interim order case was three weeks from receipt of information indicating the need for an Interim Order. It is becoming clear that the ongoing improvement of performance in this area has been assisted by the provision for direct

referral by the registrar to the FTPC. It is our view that there is now only scope for slight further improvement in this area (because, for example, we have to factor in the timescale for service of notice/papers on the registrant and also the available hearing time) but we remain committed to achieving any further improvement that may be possible.

Managing Investigation Committee (IC) meetings and training of members, in order to ensure decisions are made in accordance with the legal framework.
The IC meeting in November 2014 was held by way of teleconference for the first time and this worked well. Not only does this provide a cost saving to the GOC, and a saving in time for the Committee members, but it is also proportionate given the smaller numbers of cases being considered. However, FTP management are conscious that this form of meeting makes the provision of regular training even more important and this has now been scheduled in the Business Plan for quarter three of 2015/16. This is to allow time for the recruitment of two new IC members in quarter two.

Developing our FTP processes by, in particular, implementing the new FTP Rules and induction of case examiners, in order to deal with cases more quickly and effectively.
We have continued to provide feedback to case examiners for all decisions since appointment as part of our Quality Assurance (QA) process. This was supplemented by a case examiner training day in November 2014. Not only did this provide an opportunity for refresher training on some of the key areas highlighted by the QA process but it also provided an opportunity for case examiners to feed back to FTP staff about their experiences to date. In addition, the GOC has commissioned an independent audit of case examiner decisions and this is expected to take place in quarter four 2014/15. The Registrar continues to exercise her powers to directly refer matters to the FTPC and, as of 31 December 2014, we project an increase this year of 35 per cent in the number of cases referred for interim order consideration.

2. Legal Compliance

Key issues:
- Council approved a new illegal practice strategy at its meeting on 23 July 2014, agreeing that the GOC should adopt a broad multi-pronged approach to tackling illegal practice. The design phase of the revised strategy is expected to continue into 2015.
- The method of recording information is also being reviewed, with a view to reporting on all complaints received rather than new cases opened. This would align with the information that the PSA request in their performance report, and give a more accurate reflection of the ongoing workload and help demonstrate the impact of the new strategy.

Programme Performance

This function has continued to provide internal legal advice, provide external information on the Opticians Act and related legislation, and manage illegal practice complaints. Once we determine how we will deal with zero powered contact lens cases, we will report on case closure targets. The current figures are not meaningful, given the suspension that has been in place for three years.

Providing internal legal advice in order to carry out our role effectively.

During the last quarter internal advice was provided on a range of issues including recent developments in EU law, business regulation, the supply/ supervision of appliances and the GOC's statutory functions.

Managing the process for dealing with complaints about illegal practice in line with our prosecution protocol, in order to reduce the risks to the public and maintain confidence in the regulatory system.

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).
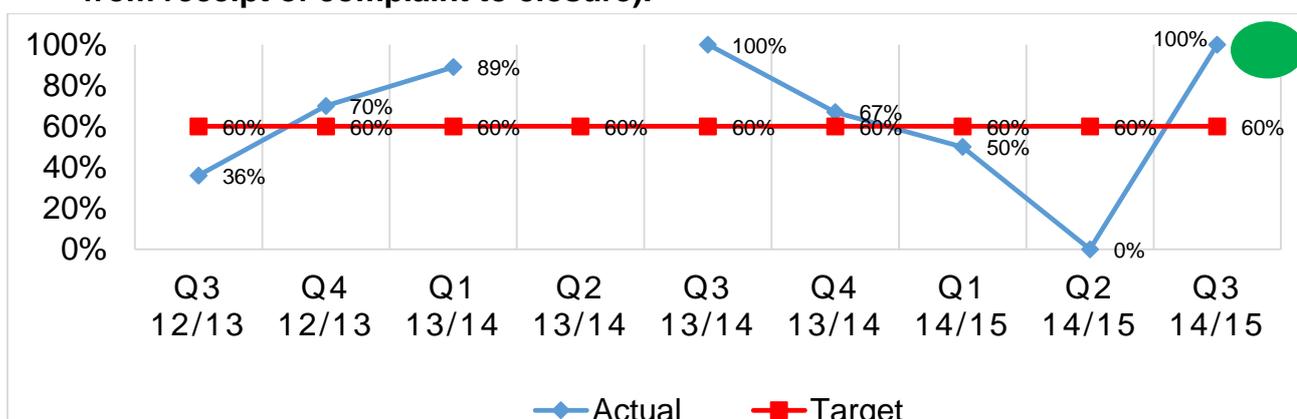
We closed three illegal practice cases, which were all closed within the set target of 52 weeks. We also opened three illegal practice cases, one was related to the sale of optical appliances, one to the sale of prescription lenses and one to protected titles. As part of our illegal practice strategy we are considering what performance indicators and targets are appropriate for us to monitor our performance in this area.

PART 2
Strategy Directorate
Reporting period:
October 2014 – December 2014

Marta Pocztowska   3 February 2015

3. Education and Standards

Key issues

- Following an accreditation visit a new Masters Optometry registrable degree at University of Hertfordshire was given Provisional Approval.
- City and Aston Universities were subject to quality assurance visits and retained their accreditation status.
- Lessons learnt from recent accreditation activities (in particular Anglia Ruskin University and University of Hertfordshire) has informed the review of the accreditation process.
- Performance in meeting all CET requirements at the end of year two of the cycle was positive with 98 per cent of registrants having met their annual requirement.
- The trend in registrant CET behaviour continues to be positive with less than three per cent of registrants now solely reliant on distance learning compared to over 60 per cent in the 2009- 2012 cycle.
- The majority of registrants have responded positively to the interactive requirement having completed more than minimum peer review activity.

Programme Performance

Managing the accreditation and quality-assurance of optical education, training and qualifications, to ensure registrants are fit to practise.

In the last quarter quality assurance visits were conducted to the Optometry programmes at City and Aston Universities. Anglia Ruskin University register-able dispensing programme also continued to undergo quality assurance checks and an initial accreditation visit took place to the new Masters Programme at University of Hertfordshire resulting in Provisional Approval being granted for the course to be established and the first cohort of students recruited. Work is continuing to review the accreditation process with workshops having been held with the Optometry Training Providers and Independent Visitor Panel to capture their feedback on the current process that will be used to inform the review.

Managing the Continuing Education and Training Scheme (CET), to ensure registrants remain fit to practise, whilst minimising administrative burden.

3.1. Percentage of registrants on target to meet annual six point minimum and peer review requirement.
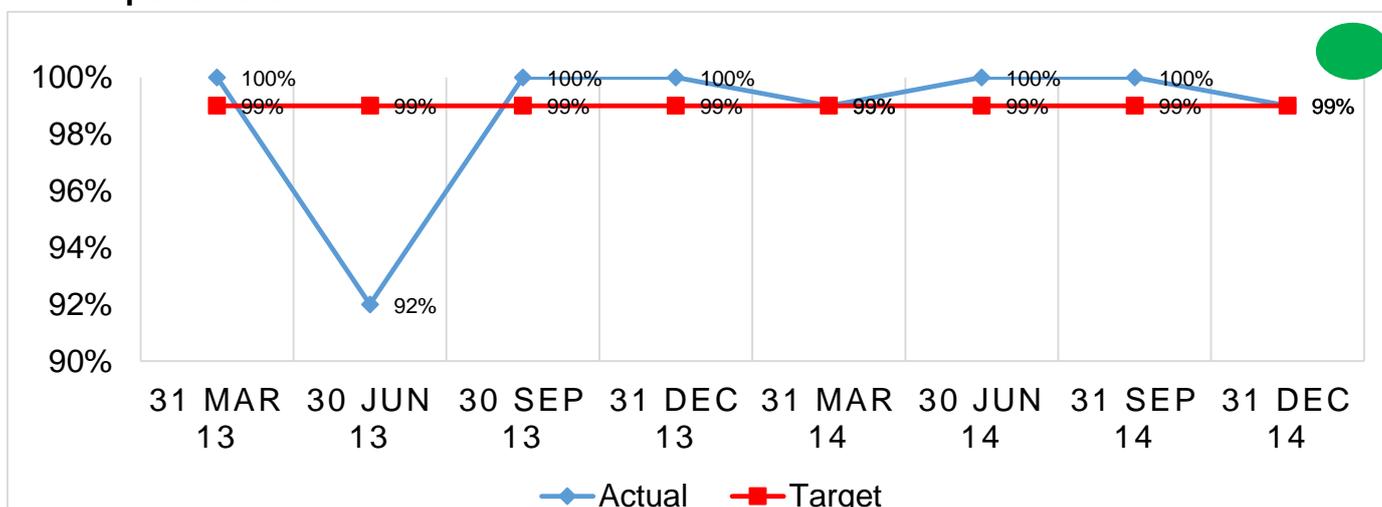
This indicator measures the number of registrants who have acquired at least one CET point every two months, which is considered to be 'on target' to meet the annual six point requirement and the percentage of registrants who completed their peer review compared to our target. The statistics for the last quarter show a marginal reduction of one per cent in the percentage of registrants who are on target to meet their CET requirement. This is a result of an increase in the number of registrants restoring to or joining the register for the first time having just qualified which has skewed the 'on target' performance figures as they will initially be shown as not on target until they do some CET. Registrant performance in being on target to meet the annual six point requirement has been stable for the twelve months, with the target of 98 per cent being consistently met or exceeded. This suggests the new Rules are having the intended effect.

Set and review standards of conduct, competence and performance.
Work in this area is focused on progressing the standards review project.

Project Performance
Review of our standards of competence, conduct and performance
Work to finalise the ethical and performance standards is ongoing and has been informed by a workshop with the Council Champions, Standards Committee and FTP stakeholders. A separate student code has been developed and will be consulted on alongside the individual standards. Council will consider the new draft standards at its February 2015 meeting.

4.   Policy

Key issues:

- We continued to engage with the Department of Health 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 have worked with an agency to carry out our public perceptions research, including a series of focus groups and a UK-wide survey, and expect to launch this in March.
- We have worked on the implementation of the illegal practice strategy project, publishing a statement and setting up stakeholder steering/working groups to progress the workstream relating to contact lens supply.
- We have also worked as part of the project team on the standards review project.
- We finalised and published our report on developments and trends in the optical sector over the last year to help us understand the main developments that have occurred and the regulatory implications.

Programme Performance

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

We finalised and published our optical sector report for Council on developments and trends in the optical sector over the last year. The report will help us understand the main developments that have occurred and what the regulatory implications are. We responded to the Department of Health's consultation on changes to how the Professional Standards Authority is funded.

Monitor and respond to regulatory policy issues and processes, taking account of developments in best practice, and consider where any changes may be required for the public benefit.

We continued to engage with the Department of Health, 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 and submitted our response to the BIS consultation on transposition of the directive.

Managing engagement with the development of the new legislative framework that is expected to flow from the UK Law Commissions' review, in order to ensure a more targeted and proportionate system of regulation.

We have been continuing to engage with the Department of Health and other regulators to refine the draft bill produced by the Law Commission, notwithstanding that the Government has decided not to introduce the bill to Parliament before the general election. We have engaged with the Department around business regulation in particular.

Developing a framework for research into public and registrant views and introducing a programme of ongoing research.

Following a tender, we engaged with an agency to carry out our public perception research. This involved a series of focus groups with members of the public to understand more about their experiences of visiting an opticians, and how they view the optical profession and what they think

of us as the regulator. These focus groups were used to help inform the quantitative research – a UK wide survey of patients and members of the public that took place in December. We have also been working on the standards review project as part of the project team and carrying out a review of research literature on patient expectations.

Project Performance
Reviews of business and student regulation
Making changes in how we regulate businesses and students is dependent on achieving changes to primary legislation and we had hoped to achieve this through the Law Commissions' Bill. The final phase of the standards project will look at the business code of conduct but we have put on hold further work on business and student regulation while we await clarity as to when legislative change may be possible. We were planning to carry out research to inform our thinking on whether we still need registration of students during the pre-registration year, but we will now carry this out closer to the point when Council will need to make a final decision about this issue. We intend to prioritise work to inform our standards review within our research programme. Similarly, we will consider how to implement new systems of business and student regulation when we know when the changes are likely to happen, and are liaising with the Department of Health in this regard.

Develop a more targeted approach to tackling illegal practice
Council approved the illegal practice strategy at their July meeting following the public consultation. We are now in the implementation phase and have established a stakeholder steering group to develop the code of practice for online contact lens supply and to advise on improving public awareness of how to purchase and wear contact lenses safely. The stakeholder steering group will be meeting for the first time at the beginning of February. We are also reviewing how we handle complaints about illegal practice, which is another key strand of the strategy.

5.   Communications

Key issues:

- Drafting the response for the PSA performance review submission and follow-up queries from PSA.
- Engaging with the media on issues including zero-powered contact lenses, new university courses, the standards review, Council member recruitment and retention fees.
- Supporting the Chair and Chief Executive and Registrar in personal communications, including at a Scottish Regulatory Event and in relation to registrant fees.
- Working with the Governance team and the design agency to finalise and publish our annual report.
- Working with Standards and Policy teams to plan the standards consultation.
- Drafting the response to the Welsh Language Commissioner's standards investigation.

Programme Performance

Managing internal and external communications, including media relations to ensure that we are accessible, open and responsive, including in our dealings with registrants and the public.

Topics of media interest during the quarter have included zero-powered contact lenses around Halloween, peer review CET, the proposed new optometry course at the University of Hertfordshire and the duty of candour.

5.1. Percentage of editorial coverage which is positive or neutral about the GOC.
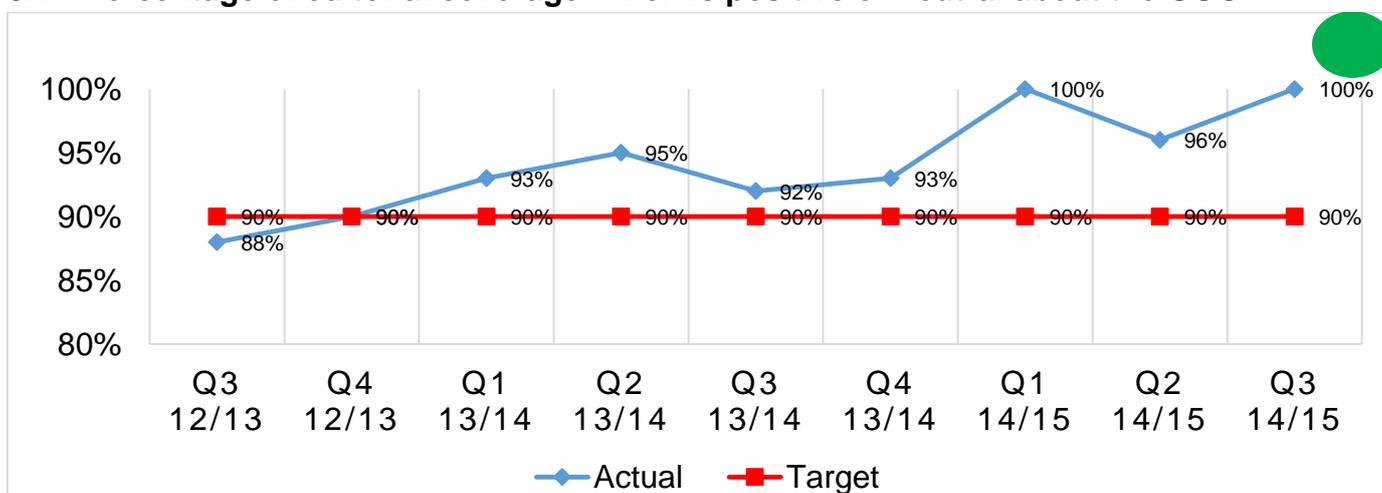
The performance in this area still shows a positive trend with achievement exceeding the target by eleven per cent. There has been a four per cent increase in the number of positive or neutral press coverage from the previous quarter and a nine per cent increase when compared with corresponding quarter of last year.

Implementing our stakeholder engagement strategy; improving our evidence base and increase engagement in devolved nations to increase public trust and awareness; and improve co-ordination of engagement.

We have developed a stakeholder engagement strategy implementation plan and are considering how to use CRM to improve our co-ordination of engagement. Over the last quarter we have

undertaken extensive engagement, including in the devolved nations and with patient groups, around the standards project.

Improving our website and digital communications, to ensure the public and registrants can find information and use our website and services.

The level of traffic to our website varies depending on whether we are publicising issues of interest, particularly to our registrants. We expect traffic to increase over the coming quarter due to the retention period.

6.   Governance

Key Issues

- Appointment of Rosie Glazebrook and Glenn Tomison as Council members for four years and eight Hearing panel lay members for three years from 1 January 2015.
- The reappointment of Brian Coulter as a Council member for a final term of two years from 1 April 2015 is under consideration by the Privy Council.
- A high volume of non-executive recruitment to appoint a further ten lay, twelve optometrists and eight dispensing opticians as members of our hearing panel by 1 July 2015.
- Development of the 2015/16 business plan.
- Development of an interim policy on acceptable behaviour when communicating with the GOC.

Programme Performance

Monitoring and reporting on performance against the GOC's strategic plan and annual business plans

Council has considered two quarterly Performance and Management Information reports under our new performance framework covering the first six months of 2014/15, which were well received. During the quarter work has been undertaken to develop our performance reporting framework by developing our indicators for FTP to be able to report data from the date on which complaints are received.

6.1. Percentage of Council satisfied with corporate performance information.

Performance in relation to the financial performance report is now consistantly strong as the format has been established. The satisfaction levels with the performance report which replaced the quarterly review in July 2014 has also improved.

Developing and embedding an improved system of business planning and project management to support the development of our business plans and management of projects.

During the quarter an analysis of how we anticipate achieving our strategic objectives over the three years of the strategic plan has been finalised. This has informed the development of a

Business plan for 2015/16. Council has been presented with this analysis, and the business plan in paper C07(15).

Managing our input to the PSA performance review and the production of our annual report to openly and transparently account for our performance.
We have managed the production of our 2013/14 Annual Report which was considered by the ARC in July 2014, approved by Council in November 2014, laid before Parliament on 9 December 2014 and sent to the Charities Commission in January 2015. We have inputted into the PSA performance review for 2014/15 and are in the process of responding to additional questions from the PSA. These are always significant pieces of work involving staff from right across the organisation.

Embedding an improved process for corporate and member complaints handling, to ensure complaints are dealt with quickly and we learn from feedback received.
We have scoped the work required to progress a review of the GOC corporate complaints and member complaints procedures, the review of the whistleblowing policy and the development of a policy on how to make a protected disclosure under the Public Interest Disclosure Act. The SMT are considering how to progress this area of work given current resources. An interim policy on acceptable behaviour when communicating with the GOC has been developed and considered by the Audit and Risk Committee in January 2015. The policy will come into effect once approved by the Chief Executive and Registrar, as delegated by Council in November 2014.

Managing delivery of our EDI action plan to embed and promote equality, diversity and inclusion within our organisation.
Council approved our EDI scheme and action plan in July 2014.

Managing Council, Senior Management Team (SMT) and committee meetings, to ensure that decisions are robust, well-informed and transparent and made in line with our legislative and governance framework.
We supported two Council, two Nominations committee and one Audit and Risk Committee meetings, as well as meetings of the Education and Registration committees.

Developing and embedding best practice governance policies and processes, in line with good practice, our values and our legislative framework.
An interim policy on gifts and hospitality has been launched for trial in relation to Council members and employees only, to ensure it is proportionate and appropriate for the GOC's needs.

Managing Council and committee member appointments, reappointments, appraisals and training and Council's evaluation of its performance in line with good practice, our values and our legislative framework.
The selection campaigns for two Council members to replace Morag Alexander and James Russell who stepped down at 31 December 2014 were completed and Rosie Glazebrook and Glenn Tomison were appointed as Council members for four years from 1 January 2015. The process of reappointment of Brian Coulter as a Council member for a final term of two years from 1 April 2015 has progressed and is under consideration by the Privy Council.

Council Performance and Management Information Report

As required annually, the Nominations Committee completed its reappointment of statutory advisory Committee members and all members were reappointed for an additional year, with the exception of one resignation from Brian Carroll member of the GOC's Companies Committee. The Committee agreed to appoint Paula Baines as a dispensing optician member of the Standards Committee, following Glenn Tomison's appointment to Council. Glenn Tomison has remained on the committee, replacing James Russell as a Council representative. The Nominations Committee also appointed Mitesh Patel to the GOC's Companies Committee to replace Brian Carroll.

We progressed the recruitment of Hearing Panel members and appointed eight successful candidates as from 1 January 2015 who will chair our hearings from 1 July 2015. In the six months until then, they will act as ordinary lay members of the Hearings Panel. The new appointees are Eileen Carr, Ian Crookall, Sara Fenoughty, Anne Johnstone, James Kellock, Rachel O'Connell, Pamela Ormerod and Valerie Paterson. Recruitment processes to appoint a further ten lay, twelve optometrists and eight dispensing opticians as members of our hearing panel by 1 July 2015 were also progressed.

During the quarter we arranged the appraisals of all Investigation Committee members.

Council Performance and Management Information Report

PART 3
Resources Directorate
Reporting period:
October 2014 – December 2014

Marta Pocztowska   3 February 2015

7.   Registration

Key issues:
- Processing student retention forms.
- Implementing and learning the new CRM system.

Programme Performance

Ensuring our public register remains accurate, up to date and accessible, in order that the public has confidence in the integrity of the register.

The CRM system went live in September 2014, and the Registration team have been using the system since that time. Work is now underway to develop new standard operating procedures relating to the CRM, and we continue to work with the IT team to ensure any snagging of issues are identified and resolved quickly. Student retention ended on 31 August, and we are now checking that all students on the register continue to be in study or pre-registration training, as well as working with the educational institutions to confirm that all students on courses are registered correctly. During the quarter we undertook confirmation checking work to ensure the accuracy of the register.

Managing and developing the process of applying for registration in order to process applications in a timely manner and make our processes more 'user-friendly'.

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

Performance in this area still exceeds set target of 80 per cent. There has been a reduction in the percentage of applications processed within set targets during the quarter in comparison with the corresponding quarter of the previous year. Processing performance has been affected by the student registration and high volumes of received forms which had impact on team's workload.
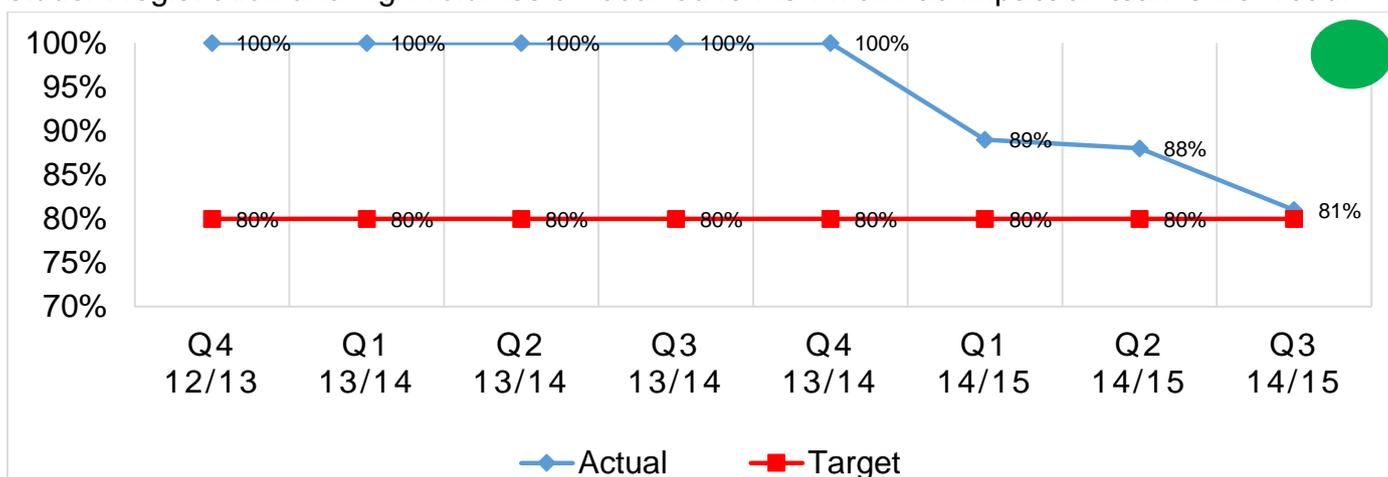
During the last quarter the median time to process UK registration application was two days which is within the set target of three working days.

The performance in assessing applications for registration from potential registrants in other European Economic Area (EEA) countries has been static for the last nine 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 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. Work is being undertaken to review the processes used by the College and ABDO.

During the quarter the median processing time for restoration applications was five working days which is the longest time over the last two years. Performance in this area has been affected by the student registration and high volumes of received forms which have impacted on the team's workload. With the new CET rules the CET calculations required as part of a restoration application will become more difficult and therefore assessment of restoration applications may lead to an increase in time taken to process applications.

Developing our registration guidance, in order to ensure it is up to date and presented in a way that is clear to registrants.

During this period, no further work has taken place in this area, outside of that to develop process documents for registration activities.

8.   Finance

Key issues:
- Preparation of budget draft 2015/16 for review by SMT and the Council.
- Implement the Council & SMT recommendations to the budget.
- Month-end accounts and reporting.

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 & expenditure were achieved in a timely manner and according to the accounting guidelines. Payments were made fortnightly and three payrolls were processed each month.

Preparing the annual budget and financial accounts, to ensure we account for our financial performance in a transparent and accurate manner.

The process of preparation of budget 2015/16 was initiated and SMT approved a draft for Council review in November 2014. Following a review of the budget, Council recommended an increase in registrant fees which increased the level of income in the budget. Council recommendations and further changes were incorporated into later drafts. The process involved ensuring all departmental heads/budget holders were involved.

Developing our financial management skills and oversight.

We have been embedding the internal and external audit recommendations on internal controls in to our financial procedures and improving our systems. During this quarter our financial officer left the organisation and we appointed a new financial officer, which resulted in extra training being required and some longer timeframes for some work elements.

Informing and advising on the financial position of the organisation; supporting and advising on financial strategy.

Monthly management accounts were prepared at the end of each month which informs the financial position and provides key highlights. Variances over five per cent were highlighted and reasons for variances were obtained which helps related departments and the Head of Finance to identify major deviations from the budget and the forecast, take corrective measures and report to SMT.

Advising on our approach to risk management.

Departmental and corporate risk registers were updated on a monthly basis. Any residual risk scored over 12 was included in the corporate risk register which was reviewed monthly by SMT. The corporate risk register was also circulated and reviewed by the Management Forum on a monthly basis. The corporate risk register is reviewed by ARC on a quarterly basis. Moore Stephens carried out a training session on the risk register in December 2014 to budget holders, which helped in clarification and enhanced understanding about risks among the budget holders. The risk reporting matrix will be developed as a result of the training and feedback from the risk owners.

9.   Human Resources

Key issues:
- The Electronic Recruitment System has now been fully implemented and is being used for employee recruitment.
- Recruitment for the Director of FTP role has been successful. This selection was assisted by behavioral assessments carried out by Cubiks Assessment and Development Consultancy. These assessments were designed to test competencies and behaviours required for the role. The post was offered to Lisa Davis, former Head of FTP, who was successfully appointed amongst a range of very qualified candidates. Following this successful recruitment Cubiks assessments will be used to assist in future recruitment for senior managers and as a development tool.
- Options for Performance Management Frameworks have been discussed by SMT.
- Work to resolve complex HR issues have been undertaken in the period.

Programme Performance

Providing and developing effective and streamlined HR services to the whole organisation, including appraisal, HR policies and payroll, to help us carry out our role more effectively and efficiently

The new Reward Framework has now been implemented and the introduction of a new Performance Management system will complete our work in this area. Work is underway to develop a new performance appraisal framework ready for staff consultation in February 2015. The new framework is expected to be in use from April 2015 although the first year of its operation will be transitional.

Managing processes for recruitment of staff and supporting Governance in the recruitment of non-executives

A new recruitment module has been introduced to Sage in order for us to deliver this service online enabling us to report in this area and to improve our efficiency.

Supporting managers in the application of HR policies, to ensure that we are able to carry out our role effectively and in compliance with our legal framework.

9.1. Annual staff turnover
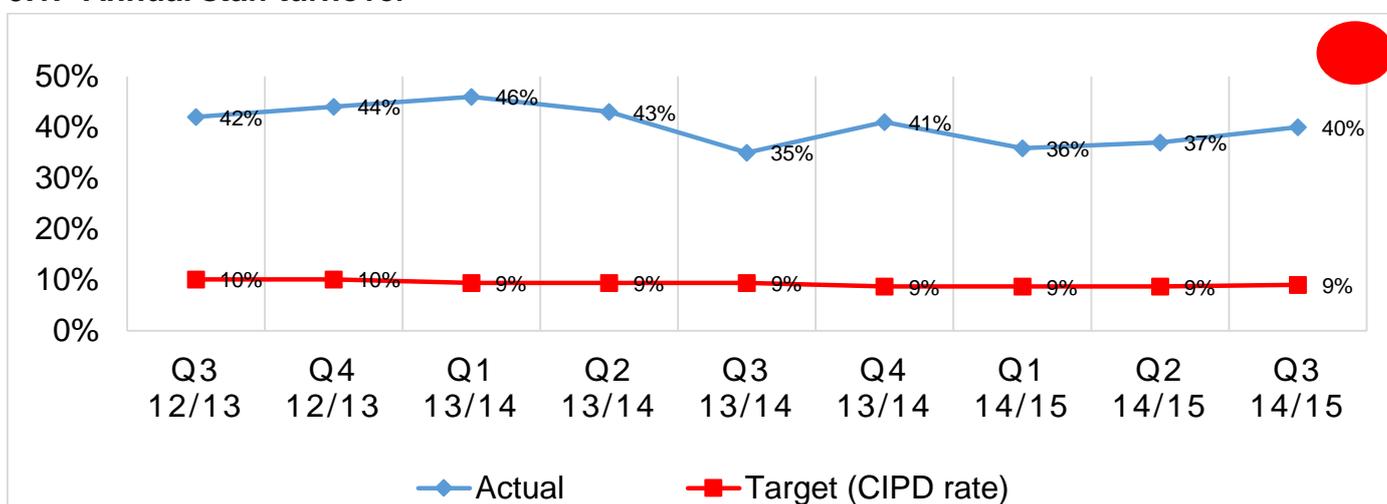
Staff turnover remains higher than the CIPD rate. Quarter three recorded a slight increase in turnover rate bringing it from 37 per cent to 40 per cent.

Implementing a new performance and reward framework in line with our organisational values.

A new Reward Framework has been implemented and we are now working on developing our performance management system to link pay progression with our appraisals. Hay are assisting SMT with various framework options and once an appropriate approach has been selected staff consultation will commence with a view for roll out March/April 2015. We are also using Hay to assist us with benchmarking the GOC benefits package. Once this is complete discussions on the different options available to provide a flexible package will begin and will be launched with employees.

Development and delivery of an organisational training and development programme, in order to ensure CPD requirements of the organisation are met and we are able to carry out our role effectively.

Training and development activities have been delivered through the year where they have been requested and approved in accordance with the training policy. The management training program has been developed and the first session on risk management was delivered in December 2014.

10. IT

Key issues:
- The IT team have been dealing with post go live tasks and issues related to the CRM Project such as: mail-merge templates, reports, and security settings. The team has also been heavily involved in preparation works necessary to get the remaining teams live on the CRM system.
- There is still ongoing work with the integration of the CRM system with the CET system. We are in the middle of the process to gain approval for the Automated Direct Debit Instruction Service (AUDDIS) through the Bank.

Programme Performance

Providing robust ICT facilities, in order to support the whole business, and support, develop and safeguard our assets.

New servers have been added to the backup routine and patches have been deployed. The website was moved live to the new server and the operating system for the phone system was updated. Some IT equipment was replaced as part of our replacement program. The IT team have dealt with helpdesk requests in a timely manner with 99 percent 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, in order to prevent data tampering, disruptions in critical operations, fraud, and inappropriate disclosure of sensitive information.

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

Test Disaster Recovery processes and update and Business Continuity plan accordingly, in order to safeguard GOC assets.

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

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. Currently the Project team are working on the reporting for Registration Team, also testing the FTP and Hearings teams and providing training for the FTP team before we go live with those teams.

11. Facilities

Key issues:
- The key focus of the team was on progressing the property project. The team attended interviews with potential building and design contractors which was organised by Martin Cox - our property consultant and project manager.
- The team have taken part in a number of networking events such as the Customer Service Network and the Quarterly Facilities Management Forum as well as the opening of the General Pharmaceutical Council's Hearings Centre.

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 last quarter. No insurance claims were made. However, a report was sent to the insurance provider informing them of a potential claim that was made by the FTP department on 10 December 2014. The GOC issued a response on 29 December 2015 stating that the appeal had been made too late and the sanctions applied by the FTP Committee were appropriate in the given situation. It is therefore hoped that the case will be dismissed and the claim on insurance will not be necessary.

Management of GOC meeting space, including the provision of catering and organisation of non-executive travel and accommodation.

We have continued to manage meetings across two sites.

Define our approach to corporate social responsibility and sustainability, in order to ensure we are able to carry out our role in line with our organisational values and legal framework

A working and advisory group, responsible for embedding sustainability across the organisation, was formed under the GOC's commitment to corporate sustainability.

Recommendations, followed by a series of informative presentations have helped to change employee behaviours regarding recycling and reduce substantially non-recyclable waste. We have also introduced Fair-Trade products such as teas and coffees as well as recycled stationery.

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. Phase two of the project is now complete. We exchanged contracts on 12 November 2014 to sell back the lease on 41 Harley Street and the transaction is now binding. The terms of the sale allow us to complete within 12 months from exchange of contracts, and following completion to stay at 41 Harley Street for up to nine months paying rent if we wish. It is expected that it will take at least six months to move offices. A provisional moving date has been set for 30 June 2015. The third phase of the project – is also complete. A suitable office space has been found and head terms for a lease for first floor of 10 Old Bailey were agreed on 11 November 2014. A detailed lease is expected to be agreed and signed in February 2015. We are also working on the specification for the fit out of the new space in order to prepare to tender for a supplier. A questionnaire about the look and feel of the new offices has been circulated to the SMT and to the Property Working Group. We are also

assisting the Howard De Walden estate representatives with access for surveyors and their planning team.