

COUNCIL

Quarter Three 2013/2014: October – December 2013

Meeting: 12 February 2014

Status: for noting

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EXECUTIVE SUMMARY

1. The last quarter was one in which some significant government initiatives gained momentum.
2. The Government accepted most of the 290 recommendations from the Francis Inquiry, and clearly signalled its expectation that healthcare professional regulators would take forward some of the key requirements, including the need to strengthen professional's 'duty of candour'. The Government also indicated that it expects regulators to collaborate on many of the issues raised in the Francis Report, by for example, developing information sharing systems or working towards common standards. Given our own commitment to collaboration, as part of our aspiration to be a forward thinking regulator, this is something we have warmly welcomed.
3. At the same time, the work on the Law Commissions Review started coming to fruition. The Bill may be drafted by the end of next month. Clearly there is tremendous potential for the final shape of the Bill to be heavily influenced by the Francis Inquiry. There is, however, no guarantee, as yet, that the Bill will have a spot in the **2014/15** legislative timetable. If it does it could prompt considerable debate, by virtue of going through Parliament in the run up to a general election, when there is a significant spotlight on regulators.
4. We continue to push forward with our business plan, our budget and modernisation of the organisation. In this quarter, we made credible progress against the 2013/14 business plan; meeting 27 out of 35 active targets. We have actively considered those targets we are not meeting, and have already taken a number of actions to address them (see paragraphs 22.1 to 22.7).
5. We continue to make progress with our plans for modernisation. We consulted on guidance for the new Fitness to Practice Rules, which are in front of Council today (**C09(14)**). The process for recruiting new case examiners is well underway and

training plans are in hand to have them up and running by **1 April 2014** when we make the change. The new Rules are intended to help speed up the time it takes to handle FTP complaints. This is part of our commitment, as a responsible regulator, to be both targeted and proportionate. By working quickly, as well as rigorously and fairly, we can better protect the public.

6. Our plans to make the wider internal workings of the organisation modern and sustainable continue. We are committed to fostering a positive and productive culture. That means supporting and getting the best out of all our people. We have a number of short and longer initiatives designed to do just that, but I am particularly pleased to report the solid progress on our Human Resources policies (see paragraph 87) and the ongoing development of an internal reward framework (see paragraph 89), as a couple of examples of the work we are doing in this area.
7. Whilst our turnover has decreased in the last quarter, it still presents a challenge and we hope that such initiatives will enable us to attract and retain people in the way we need. Importantly, by the next quarter we will have been joined by a new group of colleagues (case examiners). Team changes bring both risks and opportunities; whilst new roles like case examiners enable us to do things differently. Our aim, therefore, is to minimise unnecessary turnover, manage the risks associated with it, and integrate new colleagues as quickly as possible with appropriate training and support.
8. This quarter we also reached a number of important milestones on some of our key business plan projects – we have completed our stakeholder consultations on student and business regulation and on our new strategic plan. These reviews are intended to keep our legislation, and way of working fresh for the future. Importantly, we received a healthy number of responses, from a wide range of interested parties.
9. However, we remain actively committed to increasing the engagement we get from patient and public interest bodies, and the wider public, and we are working on strategies to improve our stakeholder engagement. This is intended to help ensure we have a strategic engagement with all stakeholders in all parts of the country, not least in the light of the increasing divergence we see in optical practice in the different nations. As a principled regulator, we recognise the need for feedback from all our stakeholders. Being better informed about their perspective will help us maintain the evidence base we need to be an effective regulator now and in the future.
10. Council is requested to note the content of this review.

HORIZON SCANNING

11. On **19 November 2013** the Government published its full response to the inquiry into the failings at Mid-Staffordshire NHS Foundation Trust led by Robert Francis QC. The Government accepts the principles behind all 290 recommendations in the report. The recommendation for an individual statutory duty of candour was rejected, although the Government said that professional regulators will be expected to strengthen their registrants' professional duty of candour. (A separate paper and update will be given to Council on the Francis Inquiry – see **C15(14)**)

12. We continue to engage with the Law Commissions in relation to their review of health care legislation. We provided them with an update on our consultations on business and student regulation in **November 2013** following our Council meeting. We met with representatives from the Law Commissions, and also the Department of Health, to discuss some clauses from the draft Bill. Further clauses were shared with us following the meeting and we wrote to the Law Commissions with our feedback. The timetable for the legislation that is expected to follow the review is still uncertain but we understand that the Law Commissions are preparing a draft Bill to submit to Government on **31 March 2014**. On **4 February 2014** the Law Commissions are holding a meeting with all the healthcare regulators and the PSA where they will be presenting an overview of the Bill.

13. On the **16 December 2013**, Healthwatch England launched a 12 week consultation to shape their strategy over the next two years. We will be responding to this consultation. Overall, we are supportive of their plans and we will take into account the consumer rights that they have outlined, such as the right to a safe, dignified and quality service and the right to be listened to, in areas of our work such as the standards review.

14. On **18 December 2013** the Health Committee published a report on the Nursing and Midwifery Council (NMC) following its annual accountability hearing in **October 2013**. Some key recommendations to note were that:
 - the NMC should look at ways to raise public awareness about its role and introduce a system to monitor the ease of raising concerns from the point of view of patients, the public, registrants and employers;
 - in relation to fitness to practise, the NMC should work with the Department of Health to make legislative changes by the end of 2014 to enable them to reduce the time to resolve cases; and
 - the NMC should also use data from fitness to practise and revalidation to understand themes and trends and identify any learning points.

15. In **November 2013**, John McDonnell (a Labour MP), sought to introduce a Bill that would regulate the laser eye surgery industry. He stated that the concerns included "high-pressure sales tactics, variable standards of service and a failure to provide adequate aftercare, particularly if the treatment had had unfortunate side effects". Although laser eye surgeons are regulated by the General Medical Council, optometrists assess an individual's eyes and suitability for the procedure.
16. On **30 December 2013** the Medicines and Healthcare products Regulatory Agency (MHRA) released a public statement setting out its position on fluorescein strips. The statement states that until a decision is made at a European level, the MHRA will not seek to take regulatory action to stop CE-marked fluorescein strips being used for diagnostic purposes. The statement does not change what we already understood the position of the MHRA to be. We will continue to monitor this area closely over the coming months.
17. The General Ophthalmic Services (GOS), selected statistics for England, **April 2013 to September 2013**, were released in **January 2014**. Data available for England during the first half of 2013/14 shows:
 - there were 6.4 million NHS sight tests;
 - 2.4 million optical vouchers were processed; and
 - there were 239,000 voucher items for repairs or replacement.

PERFORMANCE REPORT

18. This is the third quarterly performance report against the **2013/14** business plan (for the period **1 October 2013 to 31 December 2013**). In setting our business plan and performance measures in **February 2013** Council noted that work would be undertaken during **2013/14** to amend some of the performance indicators to ensure that they remained appropriate, challenging and realistic. We are progressing work on developing a performance management framework which will result in enhanced reporting to Council from July 2014.

Progress on Key Performance Indicators

19. Our performance against our Key Performance Indicators (KPIs) as set out in our strategic plan was included in our Annual Report for **2012/13** and will be included in our Annual Report for **2013/14**.

Progress against Core Performance Indicators

20. **Annex 2** shows our performance against our Core Performance Indicators (CAPIs). We are currently meeting 27 out of 35 active targets (not including those which are not applicable for this quarter or for which we do not have current data).

21. We have set out below the areas where we have not met (or nearly met) the performance indicators and explain the reasons and what remedial action we are taking:
- 21.1. **Average number of working days from month end to distribution of amendment lists** – it took on average three days (target two days) to distribute the amended lists due to advice being sought as to whether the list could be distributed with one registrant being anonymised by the hearings department.
 - 21.2. **Investigating complaints about a registrant's fitness to practise** – 87 per cent of cases were prepared for consideration by the Investigation Committee within nine months of receiving the complaint (target 90 per cent). During this quarter there have been a number of more complex, time-consuming cases combined with the impact of staff departures in the previous and current quarter. Vacancies have been filled and additional administrative support is being put in place to free up case officers to focus on pro-active case management. Outsourcing of the printing of papers will also assist. The implementation of the new FTP Rules and the introduction of case examiners will also provide a natural opportunity to examine and further streamline investigation processes over the next few months.
 - 21.3. **Preparing cases for a Formal hearing process** – the target to hold a hearing within seven months of the receipt of the case by the Hearings Manager in 80 per cent of cases has not been met; it was met in 71 per cent of cases (there were three cases that were outside the nine months timeframe).
 - 21.4. **Conduct Accreditation and quality assurance (QA) Visits to training institutions and awarding bodies** - the target of 78 per cent of training providers meeting all GOC standard(s) has not been met. The indicator of percentage of training providers meeting all GOC standard(s) is a new indicator and we have only started recording this data recently. Data is being gathered during accreditation and QA visits when the Education team undertakes routine checks. Visits undertaken during this quarter indicated that no training providers met all GOC standard(s). Under the current measure any training provider who had conditions applied following a visit would be classed as failing to meet all the standards however conditions are to be expected as a result of almost all visits and do not necessarily indicate cause for concern. Often they relate to changes being made to a programme such as new structure, programme content amendments or to better assess the GOC core competencies. These are often indicative of innovation. For these reasons this measure will be changed within the new performance reporting system to provide a more effective measure of assurance to Council as to the effectiveness of our accreditation and quality assurance processes. From **July 2014** the performance

indicator will measure the trends in standards not being met across the range of providers and will articulate the risk areas being identified as a result of visits.

- 21.5. **Maintain a set of effective standards** - the target to have no Standards that needs to be changed as a result of a challenge to or failure to justify standards of competence or conduct has not been met. There were two advisory notices received from the Investigation Committee in the reporting period requesting standards be reviewed in respect of the use of locums and practitioners with special interests.
- 21.6. **Reporting on performance** – the target of 100 percent of performance indicators being gathered and reported on in the quarterly review has not been met. We do not know if the target (80 per cent) to serve notice and other documents on the Hearings Manager within seven months of the referral of the case by the Investigation Committee (**Preparing cases for a formal hearing**) has not been met due to the data not being available by the time of producing the report. This target was not met in the previous quarter and at that time it was noted that this target has experienced the same factors to those out lined above, and similar action is underway, as well as more work being sent to our panel firms. There have been a number of cases were we have experienced problems with obtaining patient records and gaining witness cooperation. These issues will be discussed at forthcoming review meetings with our panel firms.
- 21.7. **Effective provision of Council meetings support** - the target to send out minutes within 15 days of the meeting taking place was not reached; it was missed by four days. During this quarter the governance team was operating at a reduced capacity and so prioritised work accordingly.
- 21.8. **Managing recruitment process** – staff turnover was at 35 per cent (year to date) and remains above the CIPD average yearly rate of 10.1 per cent. Turnover has decreased over the last year; in 2012/13 the annual average rate was 44per cent. We are undertaking a range of activities to reduce our turnover, including conducting exit interviews, advertising all posts internally and conducting a review of reward. We have also promoted the range of benefits we offer including our pension scheme ahead of auto enrolment which affects GOC from **May 2014**.

Project performance

22. Council has previously asked for more substantial quarterly updates on a small number of specific projects (Illegal Practice Strategy, Customer Relationship Management (CRM), Fitness to Practise (FTP) reform, Information Governance, relocation project and Standards). These are set out below.

Illegal practice strategy

23. The specific purpose of this project is to 'develop a clear strategy for preventing and addressing illegal practice'. It sits under our work stream for 'protecting the public from harm from illegal practice' and supports our strategic aim to 'deliver effective, proportionate and fair public protection'. Alistair Bridge, Director of Policy and Communications, is leading the project. James Russell is the Council Champion.
24. At its **November 2013** meeting, Council approved the outline illegal practice strategy. This has now been developed into a consultation document for Council to consider at its **February 2014** meeting (see **paper C06(14)**). Subject to approval from Council, a consultation on the strategy will run from **February 2014 to May 2014**, with the outcome presented to Council at its meeting in **July 2014**. During the consultation period there will be a series of meetings with a range of stakeholders to hear their views on the draft strategy and discuss how proposals such as a code of practice for online sales can be taken forward.

CRM

25. The specific purpose of this project is to 'integrate all our systems on a CRM software and hardware platform to provide one screen access to registrant data, comprehensive management information and a better registrant experience at lower cost'. It sits under our work stream for 'modernising our information management into a single integrated framework'. It supports our strategic aim to 'ensure our systems and processes are efficient and cost effective'. The project sponsor is Josie Lloyd, Director of Resources. The project manager is Agnieszka Knapik, Head of Information Technology. Rob Hogan is a member of the project board and the Council Champion.
26. The design and build phases of this work are complete. A number of rounds of testing and integration have taken place where issues have been identified and resolved. Work has almost concluded on 'user acceptance testing'. The planned live launch in early **November 2013** was deferred because elements of the website integration were not completed on time to the required standard for the project team to be satisfied they would support registrant and student retention in the new system. A revised live launch date is planned for **late April/early May 2014**. It is still expected that the project will be delivered within the original budget.
27. The project board has met monthly during this critical phase and will continue to do so to monitor progress towards the revised live launch. The board has delegated authority to the Director of Resources to halt the launch if critical problems arise with the launch or data upload, because it would be necessary to reinstate the current system swiftly if this happens.

28. During the live launch it is expected that the MyGOC website will be out of action for two working days and one whole weekend. A holding message will be posted during this time.

FTP Reform

29. The purpose of this project is to 'complete our current planned programme of FTP reform including new FTP Rules'. It sits under our work stream for 'reviewing and improving our complaints process as an end to end process' and it supports our strategic aim to 'ensure our systems and processes are efficient and cost effective'. The project sponsor is Mandie Lavin, Director of Regulation and the project lead is Liz McAnulty (Regulatory Consultant).
30. **Fitness to Practise Rules consultation:** the consultation closed on **14 January 2014**. Helpful and constructive comments were received from two organisations; the Nursing and Midwifery Council (NMC) and the Optical Federation, as well as from the GOC's Investigation Committee. The relevant comments will be incorporated into the revised guidance in preparation for the training of the case examiners. Following receipt of the consultation responses, amendments are being made to the guidance which will be considered by Council – see paper C09(14).
31. **Case examiner recruitment:** The closing date for applications was **13 January 2014**; we received more than 350 applications. Interviews will take place in late **January 2014 / early February 2014**. A training programme is currently being developed and will be run by an experienced trainer in fitness to practise rules, guidance and practice. This will then be delivered to the case examiners and staff in **March 2014**. It is expected that the case examiners will be ready to commence work on **1 April 2014** as planned.
32. **Fitness to practise process improvement:** We are developing our FTP processes to speed up the FTP complaint process. The investigation process is currently being assessed with a view to reducing the period by a number of weeks as soon as possible. We have initiated an end-to-end file review in order to identify where delays may be occurring and finding ways to overcome them.

Information governance

33. The aim of this project is to develop and implement information governance procedures and systems to ensure all data is handled appropriately. It sits under our work stream for 'ensuring open, transparent and robust governance'. It supports our strategic aim to 'ensure our systems and processes are efficient and cost effective'. The project sponsor is Josie Lloyd, Director of Resources, the Project Lead is Philip Hallam, Head of Registration and the Project Manager is Lisa Sparkes.

34. Council approved the Freedom of Information and Data Protection policies at their meeting on **14 November 2013**. These are now in operation across the organisation and in the public domain via the GOC website. Further policies were submitted to SMT in **November 2013** which included Records Management, Records Retention, Information Security and Information Security Incident Reporting. SMT have requested changes to these policies which are now underway.
35. The project deadline has been extended until the end of **March 2014**. This is to allow for the training to be delivered and for the IT/technical security controls recommendations to be implemented. However the IT/technical security controls work is still highlighted within the project plan as an ongoing risk due to the IT department's ongoing involvement with the CRM project and conflicting demands on time.
36. Information Governance training was delivered to the Investigation committee in **November 2013** with positive feedback received by members. The next steps will be for the training programme to be delivered to all GOC staff, Council, Committees and panel members over the coming months.

Relocation project

37. The specific purpose of this project is to 'relocate the GOC to provide additional office space and a self-contained hearings suite'. It does not sit under a specific work stream but it does support our strategic aim to 'ensure our systems and processes are efficient and cost effective'. The project sponsor is Josie Lloyd, Director of Resources and the project lead is Martin Cox, external consultant from Nescor Limited.
38. The Executive successfully completed the first phase of the project on **27 September 2013** when the tenants moved out of the flat. Work has been completed on repairing the property and making it weather tight and fit to be viewed.
39. Council considered a separate paper on relocation at its meeting on **14 November 2013**. Council decided that the remit for new premises could be widened in terms of geographical area and that a freehold or long leasehold premises was required. Council also decided that the space on the top two floors could not be utilised during the planning application phase.
40. In order to maximise the value of the premises at 41 Harley Street it has been determined that change of use planning approval be sought to convert the building into residential accommodation. This second phase of the project is underway. The specialist consultants in planning, architecture, and surveying have been appointed.

41. A two stage planning application will be undertaken. This is the lowest risk approach which deals with the possibility of objections from Westminster City Council or other parties at an early stage and makes it more likely that the final application, when submitted, will be successful at the first attempt. It is anticipated that planning consent might be achieved by the end of **May 2014**.
42. The marketing consultant has advised deferring marketing the property until the autumn to maximise the chance of a speedy sale.
43. An active search for new premises is not expected to begin until the summer although the Executive will examine any suitable opportunities that arise in the meantime.
44. Relocation to new offices is expected to take until **March 2015** to achieve. The Executive is considering some interim proposals to enable the organisation to operate in the meantime and to relieve the severe space constraints.

Standards

45. The specific purpose of this project is to 'review our processes for setting, developing and publishing our standards of competence, conduct and performance. It sits under our work stream for 'ensuring the competence, performance and conduct of registrants' and it supports our strategic aim to 'deliver effective, fair and proportionate public protection'. The project sponsor is Linda Ford, Head of Education and Standards and the Project Manager is Kiran Gill.
46. This project will ensure the GOC meets its statutory duties in respect of the setting and enforcing of standards of competence, conduct and performance. It will specifically address Council's concerns regarding the need for clarity as to the status of the guidance produced by the professional bodies (i.e. College of Optometrists, ABDO, FODO and the AOP) and the governance surrounding this relationship. The project will deliver clear and effective standards, suitable for registrant and public consumption, supported by appropriate governance arrangements to clarify the roles of the GOC and the professional bodies in respect of standards and guidance.
47. A project scope statement has been completed and reviewed by SMT and a more detailed document outlining the various work streams involved in phase one of the project will be considered by SMT and the Education and Standards Committees.
48. Work to map the existing GOC Code of Conduct to the ethical standards of the other regulators and to identify opportunities for common ethical standards has been completed along with a gap analysis comparing the existing GOC

standards against the recommendations of key enquiry reports including Francis and Berwick.

49. An analysis of the standards that have featured in FTP cases in the past three years has been completed along with feedback having been captured from key stakeholders involved in FTP including the Investigation Committee, FTP Panel and external law firms. The findings will inform the next stage of the project to ensure the revised standards framework learns from the challenges and strengths identified when the relevant standards are under scrutiny during the FTP process.
50. Work on revising the registrant and business registrant Codes of Conduct has been initiated. Each of the bullet points within the existing Codes will be defined in order to provide registrants and the public with greater clarity as to the behaviour expected.
51. A collaborative event with the GPhC and NMC provided public and patient feedback on their expectations on the National Standards used by all three regulators. The feedback will be useful in understanding patient expectations in respect of the conduct and competence of healthcare professionals generally.
52. The project team and Standards committee continue to keep themselves informed about the work being undertaken by the College of Optometrists to review their own professional guidance and to ensure alignment as far as possible with the objectives and considerations of our own review.
53. A specific work stream is being developed with the GOC review to consider the current governance arrangement between the GOC and the Professional Bodies including the role and remit of each organisation in respect of standards. This includes reviewing the nature and status of the Professional Body guidance and establishing the necessary governance arrangements required to satisfy the GOC that the guidance is aligned with and complementary to our own standards.
54. The proposed new standards framework will be presented to Council in **May 2014** for consideration along with proposals for consultation.

RISK REPORT

Corporate Risk Register

55. The Senior Management Team (SMT) reviews the corporate risk register at each of its monthly meetings – the last one was held jointly with the Heads of Department on **27 January 2014**. The Audit and Risk Committee (ARC) also reviews the register at each of its meetings – the last one being **20 January 2014**.

56. There are currently nine identified corporate risks. Two risks have been removed as a result of ongoing review and the implementation of budgetary controls which had mitigated risk levels. There is one new risk. In the opinion of the Executive, none of the identified risks have increased their risk level over the last three months. All risk registers have been reviewed for consistency and scoring is comparable with departmental risk registers.

Internal Audit Reports: budget setting and monitoring

57. The internal auditors, Moore Stephens presented their final internal audit report on budget setting and monitoring to the ARC on **20 January 2014**. The conclusion of the audit was 'amber-green meaning that minor control weaknesses were identified. There was one recommendation with a 'priority 3' rating for the Finance team in relation to them retaining written confirmation that all budget holders agreed with their budget allocation following Council approval. This recommendation was fully accepted and has already been actioned by the Executive.

COMPLIANCE REPORT

58. Now that the GOC is a charity our annual report and accounts must comply with the Statement of Recommended Practice (SORP) and filed with the Charity Commission within 10 months of the year end. Our 2012/13 annual report and accounts were laid before the House of Commons and the House of Lords on **8 October 2013**. The report was published on our website shortly after this; however we have been notified by the Charity Commission that the annual report and accounts do not need to be filed with them for the year ended 31 March 2013 because we became a registered charity less than six months before the year end.
59. The GOC current corporate complaints policy provides that the ARC consider all corporate complaints made. At their meeting on **20 January 2014**, the ARC noted that one corporate complaint had been received in the last quarter which remained open at the end of the period. No particular concerns were raised by the Committee in respect of these matters. The Committee noted that work to review the GOC complaints processes, including whistleblowing and managing habitual and vexatious complaints was in progress and it was hoped this work would be presented to the ARC in **May 2014**.
60. At each of its meetings, the ARC considers an 'exceptions report'. This report sets out exceptions to policy or process such as the waiving of standing orders, tender waivers, the CEO writing off losses, special payments, additional monies received, instances where conflicts have not been declared, the receipt/provision of gifts and/or hospitality, breaches of information governance protocols and lost/stolen equipment. At its meeting on **20 January 2014**, the

ARC noted the report which detailed exceptions in some areas. The Committee raised no particular concerns in respect of these matters.

REGULATORY REPORT

Education

61. In the last quarter visits have been conducted to Optometry programmes at Cardiff and Manchester university's and to the Foundation Degree in Ophthalmic Dispensing programme at Anglia Ruskin University. These visits have identified challenges sustaining the required patient numbers in university clinics and varying practices in the assessment of core competencies.
62. Discussions with universities has identified a growing interest in registerable qualifications, Masters programmes and integrated pre-registration placements. Expressions of interest have been received in respect of both a new optometry course and a new dispensing programme. The GOC policy and procedure for receiving and considering new programmes and qualifications is published in its Accreditation Handbooks which were approved by Council in **2011**. The Handbooks also contain the standards and requirements against which any application will be considered by the GOC Education Committee Accreditation Panel. Other factors such as market forces and demand for training places are not part of the criteria used as the GOC has no statutory duty or powers in this respect.
63. During 2014 the Education Visitor Panel will work with these new providers to oversee the development of the new programmes before bringing recommendations to Council in respect of the granting initially of provisional approval to recruit students onto the programme and later for fully accredited status following a 3-4 year period of close monitoring and quality assurance.
64. This quarter saw an increase in CET activity as registrants sought to meet their annual requirement of six points for the first year in the current three year cycle. 97% of registrants met the requirement with approximately 25 applications for exceptional circumstances having been received. 561 registrants failed to obtain and accept their points by the **31 December 2013** deadline of which approximately 200 failed to gain any points at all.
65. Trends for year 1 of the cycle are encouraging with increased levels of interactive CET including peer review, with over 60% of registrants having participated to date. The data shows registrants moving away from traditional text based distance learning in favour of online interactive events, attendance based workshops and discussion groups. Providers are developing a wider range of interactive activities in response to demand. The CET team continues to monitor availability of CET by modality, registrant group, geographical spread

and competencies covered and remain satisfied that sufficient CET is available to all registrants, although it may incur cost or time out of practice. Amendments to the system based on user feedback have been rolled out with additional functionality to support improved data analysis scheduled for Quarter four.

66. The Education Committee considered the statistical report for year 1 of the scheme at its meeting on **30 January 2014**. The report is available to council members on the members section of the intranet

Standards

67. Discussions are ongoing at European level following our previous statement on Fluorescein. ECOO continue to make representations for the reclassification of Fluorescein strips for use in contact lens practice to a medical device rather than medicine. In the interim MHRA have reconfirmed their continued position not to take any enforcement action against those supplying Fluorescein Strips CE marked as Medical Devices in the UK (see also paragraph 17).
68. A public patient engagement event was held jointly with the General Pharmaceutical Council (GPhC) and NMC on **7 November 2013** to consult on the national Independent Prescribing Standards used by all three organisations. Feedback from the event was captured and will be used to inform future thinking on standards.

Registration

69. Between **1 September 2013 and 31 October 2013**, 1032 new students were registered and presentations given to new undergraduates at 11 training institutions.
70. One registration appeal was heard by the Registration Appeal Committee on **16 December 2013**. The decision of the Committee was to uphold the Registrar's decision.

Fitness to Practise

71. **Complaints:** At the end of the third quarter there were **93 open cases** (down 11 from Q2), plus **38 others** (up 3 from Q2). We have received an appeal from the PSA concerning the leniency of the sanction applied by an FTP panel. The matter was referred to our insurers and has been accepted as a valid claim, which means the cost to GOC will be the insurance excess only. We have taken a cautious approach to dealing with the case, which is proceeding to settlement by consent order following a proposal made by the registrant's representative to the PSA.
72. **Referred cases:** At the end of the third quarter **63 cases** which the Investigation Committee referred for a hearing remained open.

73. **High Court appeals:** At the end of the third quarter, there were no appeals at, or waiting to go to, the High Court.
74. **FTP Guidance:** Public consultation on draft guidance for the Investigation and Fitness to Practise Committees and for case examiners was launched on **25 November 2013** and closed on **14 January 2014**. The guidance has been revised in light of the comments received in the consultation and is being considered by Council in **February 2014** (see paper **C09(14)**).
75. **FTP Annual Report:** The FTP annual report was laid before Parliament on **18 December 2013**. It has subsequently been published on the GOC website.
76. **Case Examiners:** Recruitment of case examiners was launched on **11 December 2013**. A training programme is in place for **March 2014** so that the case examiners will be ready to take up post on **1 April 2014**.

ADVISORY COMMITTEE UPDATE

77. The Education committee met on **3 October 2013** and the Registration committee met on **22 October 2013**. The outcome of these meetings was reported to Council in the Quarter two quarterly review in **November 2013**.
78. In **December 2013**, the Nominations Committee (NomCo) met to consider reappointments to the Education, Standards, Registration and Companies committees as the majority of members of these committees had served between three and four years of their first four-year term.
79. The process for reappointment of committee members was agreed by NomCo in **July 2013**. Council delegated authority to NomCo to consider and approve the reappointment of committee members prior to the conclusion of their specified term of office, having given due regard to their performance and ability to continue to contribute to their committee. Appraisals for Committee members were carried out in **October/November 2013**.
80. Four members decided that they did not wish to be reappointed which has created vacancies for four committee members. Their membership of their respective committees ended on **31 December 2013**. The remaining Committee members were reappointed for a further four-year term. In addition two current committee members accepted an invitation to sit on an alternative committee, which has filled two of the four vacancies. In due course the GOC will recruit two new committee members to fill vacancies on the Companies and Standards committees.
81. The Education committee met on **30 January 2014**.

82. The next scheduled meeting of the Standards committee will be held on **6 March 2014**.
83. The next scheduled meeting of the Companies committee will be held on **12 March 2014**.
84. The next scheduled meeting of the Registration committee will be held on **24 April 2014**.
85. A report from all of these meetings will be given in the Quarter four quarterly review to Council in **May 2014**.

HUMAN RESOURCES UPDATE

Recruitment Campaigns

86. There are a number of recruitment campaigns which have been developed or undertaken during the last quarter, and these include:
 - 86.1. Positions appointed: Governance Manager; CRM Administrator, Investigations Manager and the PA to Director of Resources and Director of Policy, Communications & Governance has now joined us on a permanent basis after being with us on a fixed term contract.
 - 86.2. Recruitment completed: FTP Casework Administrator, Head of FTP and Office Assistant.
 - 86.3. Recruitment underway: Case Examiners x 20, Senior Lawyer and FTP Caseworker.

Human Resources Policies and Procedures

87. A completely revised set of HR policies is being developed; progress on them is as follows:
 - 87.1. Tranche 4b – (Flexible Retirement, Use of Technology and Health and Safety) has now been consulted with SMT, HODs and staff. Use of Technology is still being worked on. Flexible Retirement and Health and Safety have now been approved and are available for all staff on the Intranet.
88. A summary of staff appraisals has been reviewed by SMT and performance appraisals for the year 2013/14 will be undertaken in **April/May 2014**.
89. We are developing a new evaluation and pricing framework for jobs under our Reward Project which is expected to be linked to performance and which provides comparability across the organisation and with appropriate peer organisations. Implementation is expected to be in **April 2014**.

STAKEHOLDER AND COMMUNICATIONS REPORT

Stakeholders and registrants

90. Our consultations on the future of student and business regulation closed on **3 October 2013**. We launched a consultation on our strategic plan on **27 November 2013**, which closed on **10 January 2014**. On **25 November 2013** we launched a consultation on guidance to accompany the new Fitness to Practise Rules coming into force in **April 2014**, which closed on **14 January 2014**.
91. Since the last quarterly review, Samantha Peters (Chief Executive and Registrar) has attended a meeting with the Chief Executives of Optical Bodies (**25 October 2013**), and met with the General Dental Council (GDC) and GPhC (**10 December 2013**) and a one day conference, *A New Dynamic of Ageing* (**21 October 2013**), which explored how we can respond to the challenges of an ageing population. She also attended the General Medical Council (GMC) conference (**12 December 2013**) along with Gareth Hadley, Chair.
92. Gareth Hadley (Chair) met with Association of Contact Lens Manufacturers (ACLM) on **28 November 2013** and attended a dinner at the College of Optometrists (**10 December 2013**).
93. Alistair Bridge, Director of Policy and Communications, met with GDC representatives to discuss their approach to illegal practice (**7 October 2013**), and with Peter Black from the Association of British Dispensing Opticians (ABDO) on **15 October 2013**. Alistair also attended the European Council on Optometry (ECOO) general assembly in Bulgaria (**18 October 2013**). He has also spoken with Tim Spencer-Lane from the Law Commissions (**25 October 2013**) and met with NHS Education for Scotland on **28 November 2013**.
94. Samantha Peters and Alistair Bridge attended the National Optical Conference in Birmingham (**7 November 2013**), which focused on the impact of recent NHS reforms and the work of local optical committees. They attended a meeting with the Department of Health and the Law Commissions (**25 November 2013**) to discuss the ongoing review of professional regulation legislation. They attended the annual regulation conference in Scotland (**27 November 2013**), main themes of which were the Francis Inquiry and the importance of candour and compassion. They also attended a PSA seminar on research (**3 December 2013**).
95. We hosted a visit from the RNIB (**6 November 2013**), who brought their 'Eye Pod' for staff and Council to experience the effects of the most common sight-threatening conditions.

96. In **January 2014** we met with Royal National Institute of Blind People (RNIB) who are currently collating different data sets such as GOS and NHS data. They have developed a sight loss data tool which gives factual information about sight loss for each region and local authority in England, for example the number of hospital locations with Eye Clinic Liaison Officers or early reach support. The RNIB will be releasing new data in **February 2014** and we will continue to engage with them and use this data in helping to inform our work.
97. We continue to attend meetings of the Alliance of UK Healthcare Regulators (AURE) to keep up to date with matters at European level. We are in the process of reviewing the implications of the recently amended European Directive on the recognition of professional qualifications for optometry.
98. The last quarterly all staff meeting took place on **10 January 2014**. Topics covered included the strategic plan and staff benefits.

Nations

99. The following update has been provided in respect of Wales:
 - 99.1. the GOC had a successful meeting with the Minister for Health and Social Services who is keen to see optometrists' skills fully utilised;
 - 99.2. Optometry Wales (OW) is working to bring together local GPs, dentists, pharmacists and optometrists. This has been done in an area in North Wales and has proved very successful. The GPs, dentists and pharmacists were keen to work together as a collegiate and this may provide greater strength when liaising with the Health Boards in Wales;
 - 99.3. it is hoped that OW has secured a contract to allow all practices across Wales to provide VDU sight tests to all Welsh Government employees, (the contract was previously with one multiple);
 - 99.4. there have been no consultation responses drafted over the reporting period but OW will respond to the GOC's request for feedback on the strategic plan;
 - 99.5. main activities over the reporting period included continued work on the safeguarding guidance, in particular a meeting with the Welsh Government and ABDO to try to accommodate DO training in the current DOCET work programme and preparation of the Low Vision Service Fee Uplift Proposal;
 - 99.6. priorities for the coming period will involve publication of the OW strategic plan and organising the regional CET events and Regional Optical Committee training as discussed at the OW Board away day; and
 - 99.7. Simon Grier, Helen Tilley and Fiona Peel attended a joint reception of the healthcare professional regulators at the Welsh Senedd on **11 December 2013**. The purpose was to raise the profile of regulators to Assembly members. Unfortunately due to diary clashes attendance was

poor, but there are plans to hold a similar event again in the future.

100. We have not received a written update from Northern Ireland or Scotland. Brian Coulter, Scott Mackie and Morag Alexander may give a verbal update during the meeting.

Other health regulators

101. We attended a joint regulatory press officers meeting, hosted by the Nursing and Midwifery Council (NMC) (**17 October 2013**). Topics covered included the PSA performance review and publicising the outcome of fitness to practise cases.
102. We attended a meeting of the Public and Patient Engagement Learning Circle hosted by the General Pharmaceutical Council (**22 October 2013**). Topics included the future format and role of the Learning Circle now that the PSA are no longer facilitating it, our engagement with Citizens Advice and a roundup of reports and consultation activities.
103. We attended a session on independent prescribing at the GPhC (**7 November 2013**). This joint event, arranged with the GPhC and NMC, provided us with viewpoints on independent prescribing from both patient groups and academics.

Press engagement

104. Topics of press interest since the last Council meeting have included the fee rise, the CET deadline at the end of 2013, and a particular fitness to practise case.
105. We met with journalists from *Optometry Today* and *Optician* (**6 November 2013**) to catch up and introduce Danny Langley, Communications Officer, to our main contacts.

ATTACHMENTS

Annex 1: Key Performance Indicators

Annex 2: Core Activity Performance Indicators for 2013/14

Annex 1: Key Performance Indicators

We will achieve the Vision through (Strategic Aims)	Our key performance indicators are (KPIs)	Measurement methodology
Delivering effective, proportionate and fair public protection (M)	We consistently achieve compliance with the standards in the PSA Performance Review and Initial Stages Audit, Section 29 scrutiny and Learning Points Letters around FtP cases, and have no adverse comments in legal proceedings/appeals/judicial reviews	PSA assessments, S29 referrals, Learning Point Letters and High Court judgments will be evaluated and action plans compiled and reported
	80% of members of the public who have contacted the GOC are satisfied with access to and responsiveness of GOC	Survey satisfaction of members of the public who have used GOC services
Basing our policy and regulatory practice on sound evidence (K)	At least 80% of stakeholders consider that our policies are based on sound evidence	Annual stakeholder survey
Supporting our staff, Council and committees to deliver our organisational goals (P)	At least 80% of our people believe that they are well supported to deliver our organisational goals	Annual survey of Council, staff and committee members on their perception of a range of issues, and awareness of the GOC's vision, mission and strategies
Ensuring systems and processes are efficient and cost effective (E)	Budgets are delivered to within 5% of prediction	Variance reporting monthly
	We aim to be in the top quartile of benchmarked health regulators for value for money	Comparative data will be considered from other regulators which are part of the CHRE benchmarking initiative and any other benchmarking activities
	Projects are delivered on time and to budget	Every project will have a defined timeline, and progress tracked
Engaging and working effectively with stakeholders (S)	Stakeholders consider that the GOC are principled, effective and provide value for money	Annual stakeholder survey

Annex 2: Core Activity Performance Indicators for 2013/14

The tables below show our performance against our Core Performance Indicators (C APIs). We are currently meeting 31 out of 39 active targets (not including those which are not applicable for this quarter). An explanation of the reasons why we have not met (or nearly met) a C API and what remedial action we are taking is contained on pages four and five of the quarterly review.

Registration					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Processing applications for registration, retention and restoration of optometrists, dispensing opticians, students and bodies corporate.	Average number of working days from receipt of application to process registration applications	3 days	2.5	3.6	2.3
	Average number of working days from receipt of application to process restoration application	5 days	3	2	2
	Registrants completing retention applications online	98%	96.9%	N/A	N/A
Maintaining and updating the GOC's registers.	% of requests for applications for registration processed within one working day	33%	50.4%	54.5%	54.7%
Providing registration information to stakeholders	Average number of working days from month end to distribution of amendment lists	2 days	2.2	1.7	3
	Average number of working days from receipt of Letter of Good Standing (LGS) or Certificate of Current Professional Status (CCPS) application to process	5 days	2.9	1.6	4.8

Fitness to Practice & Hearings					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Investigating complaints about a registrant's fitness to practise for consideration by the Investigation Committee	% of cases prepared to consideration by the Investigation Committee within nine months of receiving the complaint	90%	99.5%	98%	87%
Preparing cases for a formal hearing before the Fitness to Practise Committee	% of cases where notice and other documents have been served on the Hearings Manager within seven months of the referral of the case by the Investigation Committee	80%	86%	100%	Info not available*
Producing third annual FTP report	Positive feedback from stakeholders about the Annual Report	N/A	N/A	N/A	N/A
Formal hearings process	FTP cases to be heard within 9 months of receipt by the Hearings Manager	80%	78%	29%	71%
	Listing to be done within 10 working days of receipt	90%	100%	100%	100%
	Interim Orders to be heard within 4 weeks of receipt	90%	100%	100%	100%
	Review cases to be listed within 6 weeks of order expiry	80%	100%	100%	100%
End to end complaints process	Consolidated target from the opening of a case to final disposal	TBA	N/A	N/A	N/A

*at the time of preparing this report the data was not available.

Legal Compliance					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Investigation and Prosecution of criminal offences under Part 4 of the Opticians Act	Cases are closed because the illegal practice ceased without criminal proceedings	65%	95%	95%	94%
	Prosecutions are successful: the defendant is convicted or the illegal practice ceases	75%	N/A	Target met	N/A*
	Cases are concluded without the instruction of external lawyers	85%	99.5%	100%	99%
	Cases are concluded within 2 years of the GOC receiving the complaint	85%	95.6%	92%	99%

* There were no prosecutions in this quarter.

Education & Standards					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Processing applications for registration from EU and non EEA applicants	Average time (in no of days) to evaluate EU Directive Applications.	14 days	16 days		14 days
Conduct Accreditation and QA Visits to training institutions and awarding bodies	No & % of training providers meeting all GOC standard(s)	78%	N/A	N/A	0%*
	% response rate to accreditation feedback questionnaires	85%	85.5%	86%	92%
Maintain an effective Scheme for CET	% of registrants who have completed their peer review requirement	Q1/2 = 20% Q3/4 = 30%	N/A	N/A	63%
	% of registrants doing only distance learning CET	20%	N/A	N/A	N/A
	% of points awarded for interactive CET	50%	N/A	N/A	61%
	% of registrants on target to meet annual 6 point minimum	80%	N/A	N/A	97%
Maintain a set of standards of competence and conduct which reflect current practice and protect the public	No Standards needing to be changed as a result of a challenge to or failure to justify standards of competence or conduct	0	0.5	N/A	2

* All providers are subject to conditions designed to improve performance and raise standards.

Strategy & Policy					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Leading development, oversight and reporting of performance against the GOC's Strategic and Business Plans, including identification of key strategic opportunities	% of KPIs/CAPIs gathered and reported on time	100%	100%	100%	97%
	% of projects proceeding on time	We will develop a target as part of improving our system of planning and reporting.	N/A	N/A	N/A
Providing Council with advice on key strategic and policy issues affecting the GOC, through preparing and presenting research, consultations and analysis.	Council members consider that GOC policy advice is high quality and supports informed and evidence-based decisions.	90%	65% (stakeholder survey)	N/A	93%
Leading the GOC's public affairs work - contributing to policy development and engaging with stakeholders in UK, European and international forums and processes.	Analyse external consultations and reports to assess the implications for the GOC and respond as appropriate	Carry out initial assessment within 10 working days of receiving notice of the consultation of whether we should respond to a consultation or analyse the implications of a report	N/A	N/A	N/A
		Carry out any further work 90% of the time	N/A	N/A	N/A

Communications					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Using media relations to promote all key developments to registrants, and manage our profile through media monitoring	Percentage of editorial news coverage which is positive or neutral about the GOC (calculated according a points system based on content analysis).	90% positive and neutral	89.3%	88%	92%
Supporting the development of effective relationships with key stakeholders	Level of awareness and attitudes of key stakeholders about the GOC as an efficient and effective regulator tested through stakeholder survey	70% of registrants believe the GOC fulfils its mission	53%	N/A	N/A
		70% of stakeholders believe the GOC fulfils its mission	64%		
		70% of the Executive believe the GOC fulfils its mission	71%		
		70% of Council and committee members believe the GOC fulfils its mission	79%		

Governance					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Effective decision making process	Attendance of Members at Council meetings	90%	97%	100%	92%
	Council members' satisfaction with quality of papers (quarterly survey)	90%	100%	100%	90%
Management of Council and Committee member recruitment, appointment, induction, appraisal, and evaluation	Percentage of Appraisals completed annually (prior to re-appointment decisions)	100%	100%	N/A	N/A
	Percentage of Council and Committee appointments and re-appointments made by deadline	100%	100%	N/A	N/A
Effective provision of meeting support	Minutes out within 15 days	15	16.4	18	19
	Papers issued within 5 days prior to meeting	5	4.6	5	6
	Percentage of Council satisfied with the provision of meeting support (quarterly survey)	80%	89%	91%	93%

Human Resources					
Activity	Performance Indicators	2013/14 target	2012/13	2012/13 Q3	2013/14 Q3
Managing recruitment, including staff, Council and Committee members, FtP panellists and case examiners; managing performance management processes	Number of employees leaving	5	17	N/A	N/A
	Number of employees joining	5	21	N/A	N/A
	Turnover	CIPD public sector annual turnover 10.1%	44%	42%	35%
	Average days sick leave per employee	CIPD public sector annual average 7.9%	1.5%	1.3	1.73%

IT					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Managing the GOC's IT systems, resolving technical issues and providing IT support for staff.	% Helpdesk requests resolved within five working days	99%	98%	95%	99.8%
	% Web uptime	99%	99.2%	99.9%	100%
	% Systems uptime	99%	98.5%	98%	99.9%

Facilities					
Activity	Performance Indicators	2013/14 target	2012/13 Average	2012/13 Q3	2013/14 Q3
Managing GOC facilities and maintaining a safe and secure office environment for staff and visitors.	Health and safety, and security incidents reported	1	1	0	0
	Insurance claims	1	1	N/A	1