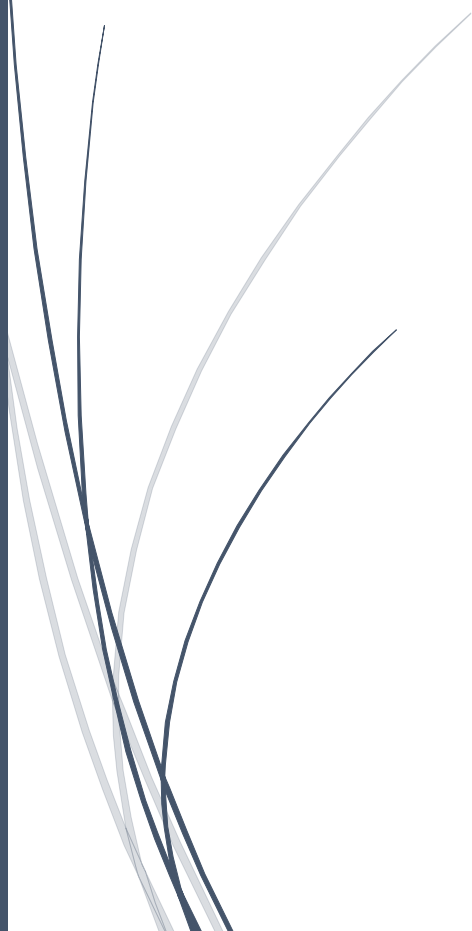




Council Performance and Management Information Report

Reporting period: January -
March 2016



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Executive Summary

Executive Summary

Executive Summary

Introduction and background

The purpose of this report is to provide Council with oversight and assurance in relation to our performance during quarter four of 2015/16. Council is asked to consider performance during the quarter and provide feedback on areas of achievement or underperformance. We are continuing to improve our system of reporting, including our data gathering and development of the performance indicators we use.

Structure of the report

In the executive summary we give an overview of our operational performance. A summary table identifying the key indicators, targets, performance in the current quarter and trend analysis has also been included.

Each of the sections includes the following subsections:

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

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

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

Overview of Operational Performance for Quarter four 2015/16

Overall, we are meeting three out of seven of our performance targets and continuing to record improvements in performance across all the key FTP performance measures. Areas of particular interest arising from the quarterly performance are as follows:

FTP complaints handling

We are continuing to develop and embed improvements to our FTP process. We envisage that this work will lead to significant and sustained improvements in our performance. We are now measuring performance against our indicators using annual rolling data as this avoids fluctuations each quarter due to the small number of cases. All indicators demonstrate the considerable progress made in this area with steady improvements over the year. For example, our annual rolling end-to-end median of 82 weeks, which is just outside our target of 78 weeks but is a significant improvement on the 2014/15 median of 104 weeks. Our performance remains below our target level in many instances, but with the improving trend and our continued work to develop and embed improvements, we believe that we are likely achieve our targets in the future.

We are pleased to report continuing excellent performance in respect of interim order applications where performance remains well ahead of our benchmark target of four weeks despite an ongoing increase in interim order activity.

Legal Compliance

We have changed our approach to the provision of legal advice to the organisation and resumed illegal practice casework, closing nine percent (29 cases) of open cases in the quarter, all 29 closures were within six months of the complaint's receipt.

Continuing Education and Training

We successfully closed the CET cycle for 2013-15 on 31 December 2015 and launched the new 2016-18 cycle on 11 January 2016. This involved extensive cross-departmental work to ensure that our processes for dealing with disputes, applications for exceptional circumstances and removals were appropriate and accessible. We wrote to 424 registrants with outstanding CET requirements to inform them of their options. We have processed 45 dispute applications and 87 exceptional circumstances applications, with five registration appeals scheduled. We have also been working to support all registrants in understanding the requirements for the new cycle, including by developing an updated CET guide.

Governance

We have made considerable progress in a number of compliance areas including; Equality, Diversity and Inclusion, Information Governance and Corporate Complaints. In respect of EDI we have completed a number of policy impact assessments, procured of a secure process to receive EDI monitoring information, purchased an interpretation/translation service, launch an e-learning training package for employees and members and published our EDI monitoring report and Approach to Monitoring policy. To improve our Information Governance compliance we have undertaken employee induction and training – including an e-learning package, reviewed policies and processes and improved how we report and learn from data breaches and near misses. We have developed our approach to considering corporate complaints and launched our policy on raising concerns with the GOC (whistleblowing).

We have also recruited a new Investigations Committee and three Education Visitor Panel registrant members and developed a management of interest policy for employees and members.

Registration

During the quarter we have managed the fully qualified and bodies corporate retention process and managed removals from the Register for the end of the CET cycle and non-completion of retention. We have undertaken preparation for the next student retention cycle including the introduction of increased electronic communication.

Performance Dashboard:

Performance above target/Change which improves performance/Positive variance	Performance below target/Change which is a reduction/Negative variance			Performance which is close to target		
Key Indicator	2015/16 Q4	2015/16 Q3	2015/16 Target	change per quarter	Variance from target	Indicator (Page)
Fitness to Practise						
Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision (weeks)	3	3	4	↔	0	1.2 (9)
Median time taken from day a complaint is received to final FTP hearing determination rolling annual performance (weeks)	82	84	78	↑ 2 weeks	4 weeks	1.3 (9)
Percentage of initial stages cases closed within 26 weeks (time taken from day a complaint is received to final case examiner or Investigation Committee decision)	20%	17%	70%	↑ 3%	50%	1.4 (10)
Percentage of FTP cases closed within 52 weeks	17%	13%	20%	4% ↑	3%	1.5 (11)
Education						
Percentage of registrants meeting CET cycle requirements. * New cycle CET measures currently in development.	*	98%	99%*	*	*	*
Communications						
Percentage of editorial coverage which is positive or neutral about the GOC	94%	94%	90%	0% ↔	4%	5.1 (21)
Registration						
Percentage of applications processed within set target (UK, EEA and non-EEA registration applications processed within 3 days and restorations within 5 days)	84%	83%	80%	1% ↑	4%	7.1 (28)
HR						
Annual staff turnover – comparator	21%	23%	9%	2% ↑		9.1 (31)

PART 1
Fitness to Practice
Directorate
Reporting period:
October – December 2015

1. Fitness to Practise

Key issues:

- We continue to perform well against the key interim order target.
- The Managing Complaints project is progressing and work on analysing processes and timescales is well under way.
- The recruitment of six (four registrant, two lay) additional case examiners concluded this quarter and this has resolved the delays that were previously arising at that stage of the process.
- Performance for the immediate future is likely to continue to fluctuate but the trend of improved performance is encouraging.

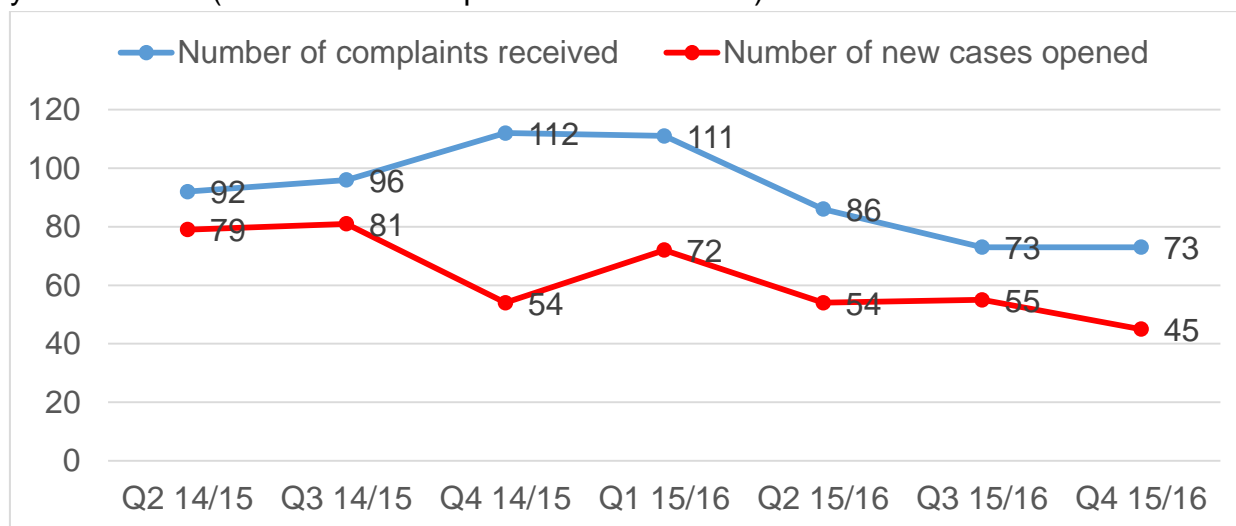
Programme Performance

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

We are continuing to develop and embed improvements to our FTP process. We envisage that this work will lead to significant and sustained improvements in our performance. Some indicators already demonstrate that considerable progress we has been made over the last six months.

1.1. Number of complaints received and cases opened

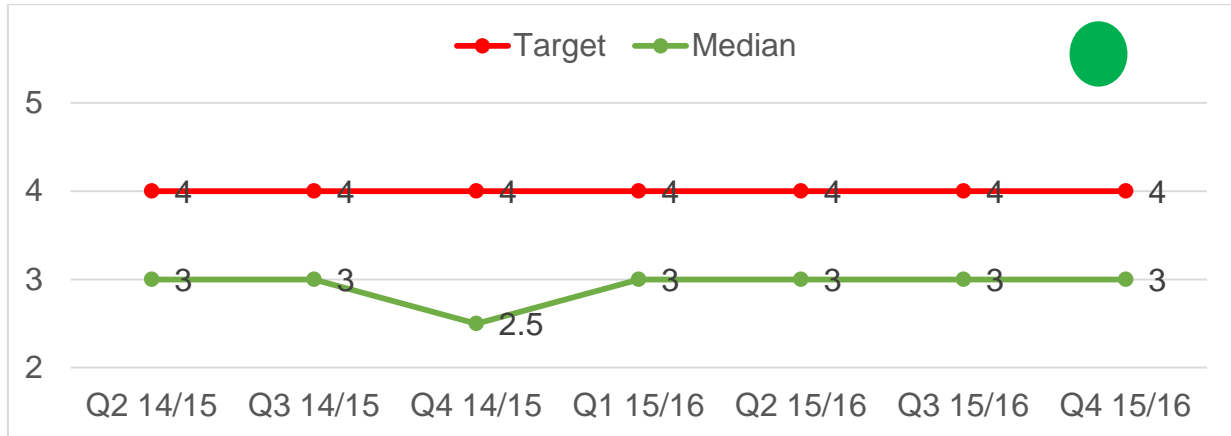
The number of complaints/contacts received has remained the same this quarter (73), although we opened less full investigations than last quarter (45 compared to 55). Overall we received 12 per cent less complaints in 2015/16 than the previous year (388 and 343 respectively). Moreover, of the complaints recieved we opened few cases this year than last (226 or 66% compared to 279 or 72%).



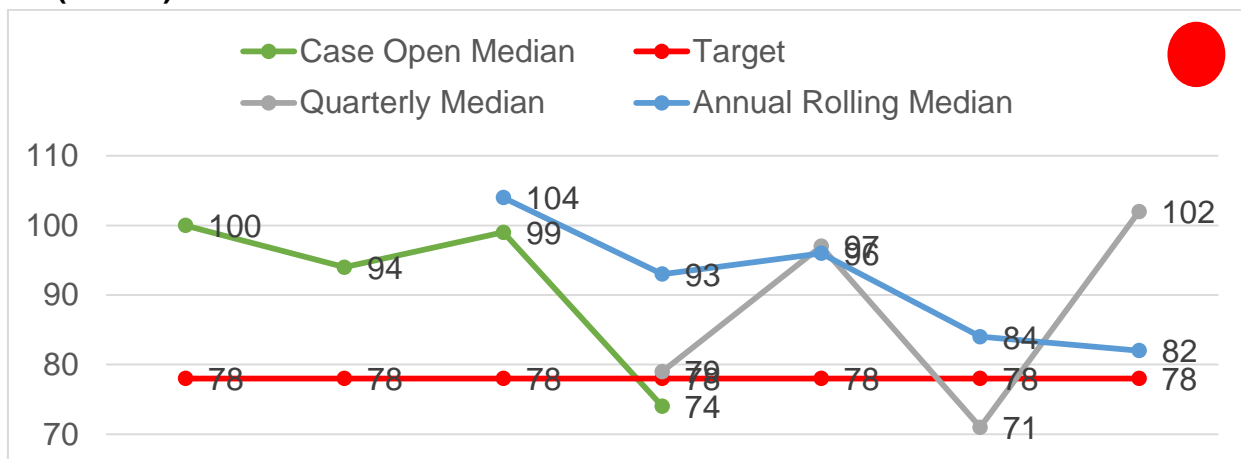
% of cases opened	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
	86%	84%	48%	65%	63%	75%	62%

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

In the last quarter the median time taken to close interim order cases was once again three weeks against a target of four weeks. As of 31 March 2016 we continued to experience an increase in the number of cases referred for interim order consideration (29 cases in 2015/16, compared to 20 in 2014/15).



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

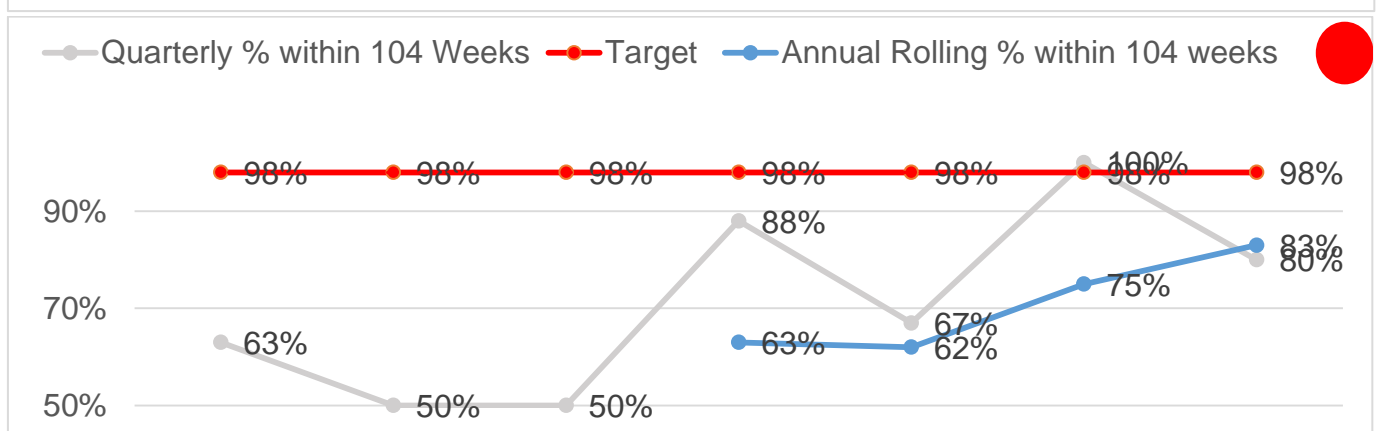
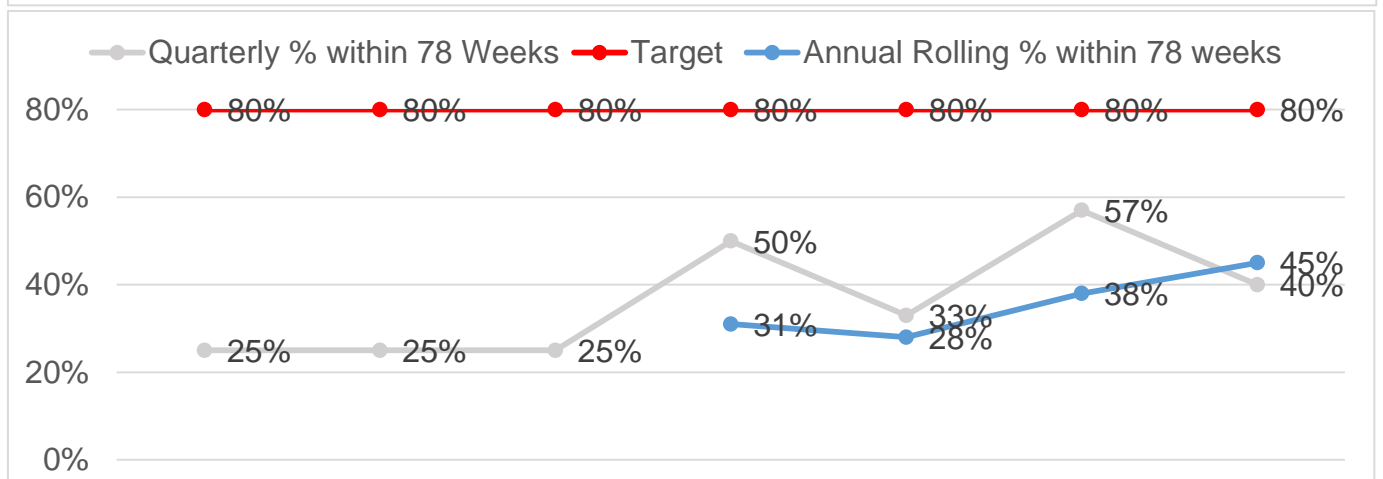
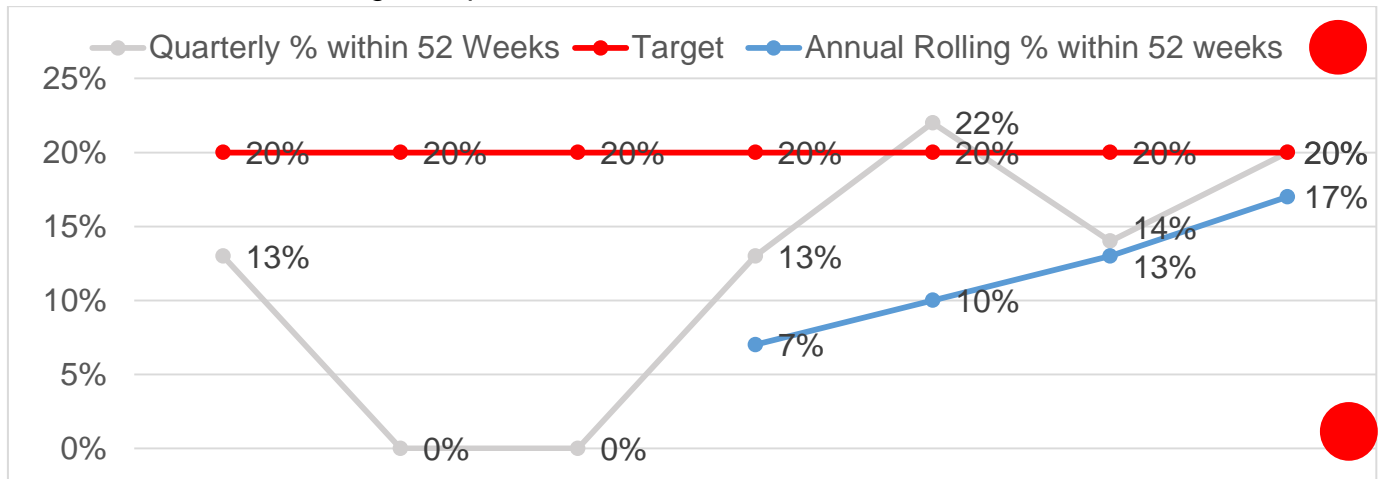


	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Total cases	7	4	8	8	9	7	5

The annual rolling median figure for 2015/16 is 82 weeks, for the 29 cases determined by the FTP Committee, which is much closer to our target of 78 weeks than we have been previously. Performance against this indicator has steadily improved over the last year from a median of 104 weeks in 2014/15. Using the quarterly median measure (grey) shows how the impact of a small number of quarterly cases results in large quarterly fluctuations, therefore we are using the annual rolling median to measure our performance against this indicator. During the quarter, two cases took longer than 52 weeks to conclude. These involved criminal proceedings, one a conviction and one an acquittal, which took 102 and 104 weeks respectively.

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

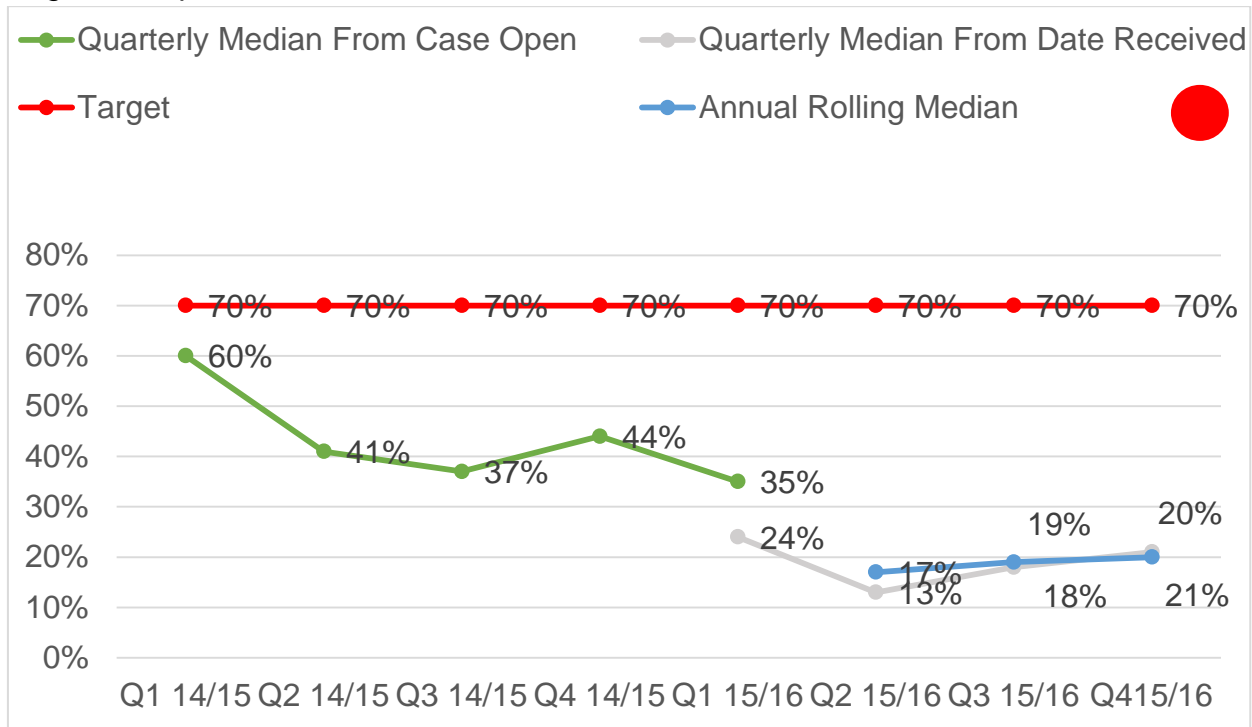
We are pleased that there has been an improvement in the time taken to close cases in all three measures when comparing the annual rolling measures (blue). The percentage of cases closed within 52 weeks has improved from seven per cent to 17 per cent over the year, which is close to our target of 20 per cent. The percentage of cases closed within 78 weeks has improved from 31 per cent to 45 per cent over the year, but remains below our target of 80 per cent. Similarly, the percentage of cases closed within 104 weeks has improved from 63 per cent to 83 per cent over the year, but remains below our target 98 per cent.



	Q2 14/15	Q3 14/15	Q4 14/15	Q1 15/16	Q2 15/16	Q3 15/16	Q4 15/16
Total cases	7	4	8	8	9	7	5

1.5 Percentage of initial stages cases closed within 26 weeks

We are pleased that there is continued improvement in the percentage of initial stages cases closed within 26 weeks, from 17 per cent to 20 per cent over the last three quarters, using the annual rolling figure. However, our performance remains below our target performance of 70 per cent closed within 26 weeks. We closed 15 initial stages cases within 26 weeks of receipt by case examiners/IC this quarter (21 per cent), compared to 11 cases (18 per cent) in the previous quarter which is lower than our target of 70 per cent within 26 weeks.



Developing and embedding policies and guidance

We have continued to provide feedback to case examiners on all decisions as part of our Quality Assurance process. The outcome of the independent initial stages audit, which reviews decisions of the IC and case examiners, was received during quarter three and was approved by the Audit and Risk Committee this quarter. Aside from some minor administrative points, the audit provided a good level of assurance of decisions.

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

We have concluded the recruitment exercise in respect of (permanent) case examiners. Six new case examiners were appointed and trained in January/February 2016 and all have now completed several cases.

Managing Panel hearings and training

During this quarter we managed 21 interim order (including reviews) hearings, 12 substantive (including reviews) hearings and one registration appeal hearing. The new hearing panel members have settled well into their roles.

Project Performance

Complaints strategy

We have scoped the project plan to develop a strategy for managing FTP and illegal practice complaints quickly and effectively and have progressed several of the key work-streams. Work is continuing in conjunction with our external consultants focused on analysis of processes/timescales and the production of revised service standard targets – see Council paper C21(16).

2. Legal Compliance

Key issues:

- Following the restructure of the FTP Directorate completed in quarter three the Legal Compliance department is now operating as the Legal department, with responsibility for high court appeals, judicial reviews, in-house advocacy, provision of legal advice and information, and management of illegal practice complaints.
- With the restructure completed, we have resumed illegal practice casework in line with the GOC's amended illegal practice Protocol agreed in July 2015.

Programme Performance

Advocacy and hearings

We presented five hearings in the last quarter: one substantive hearing, two interim order applications, one interim order review and one registration appeal.

Legal advice and information

We have provided internal advice covering a range of issues including the CET scheme, the new Standards of Practice, registration/ retention/ restoration forms and legislative change. We have provided external information, largely relating to functions and titles restricted under Part 4 of the Opticians Act, and we have developed and published legal FAQs. We are reviewing all legislation published on our website in order to ensure it is fully up to date.

Illegal practice complaints

We are investigating complaints received in relation to illegal practice in line with our illegal practice protocol. During the quarter we opened 56 cases and closed 29 cases. All cases closed were closed within six months of receipt of the complaint in line with our performance target. Of the cases closed ten were found to have no offence committed, nine resulted in the reported illegal activity being stopped, five were closed due to insufficient evidence (including non UK suspect), three were diverted to another organisation for action and two were found not to be in the public interest.

We had 267 cases open at the end of the quarter, of which 25 have been open less than six months, 32 have been open between six and 12 months and 210 (88 per cent) have been open for more than one year. Complaints concerning zero powered contact lenses comprise over 86 per cent of all open cases.

PART 2
Strategy Directorate
Reporting period:
January – March 2016

3. Education and Standards

Key issues

- We continue to deliver the intensive schedule of visits planned for 2015/16.
- We processed those registrants who had not completed their CET requirements for the 2013-15 CET cycle for consideration of removal from the Register, in conjunction with the Registration Department.
- We produced and published updated versions of CET support materials.
- We continued to work on materials to support the implementation of the Standards of Practice, which came into effect on 1 April 2016.
- We considered our processes for Non-UK qualification assessment.

Programme Performance

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

We continue to support registrants with queries relating to the new standards and have identified the need to produce template responses to the more common queries based on our experience over past three months. This will form part of a re-scoped Standards project implementation plan for the next business year.

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

We have undertaken a number of stakeholder feedback exercises with training and assessment providers, education committee members and employees. These sessions have informed our draft report on a proposed quality assurance framework which will be presented to Council later in the year.

Separately, work to review the non-UK registration assessment processes to ensure they are assessing equivalence with UK graduates has started. This forms part of a larger project being scoped to review the Non-UK registration processes as a whole, including those elements currently outsourced to the College of Optometrists and the Association of British Dispensing Opticians.

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

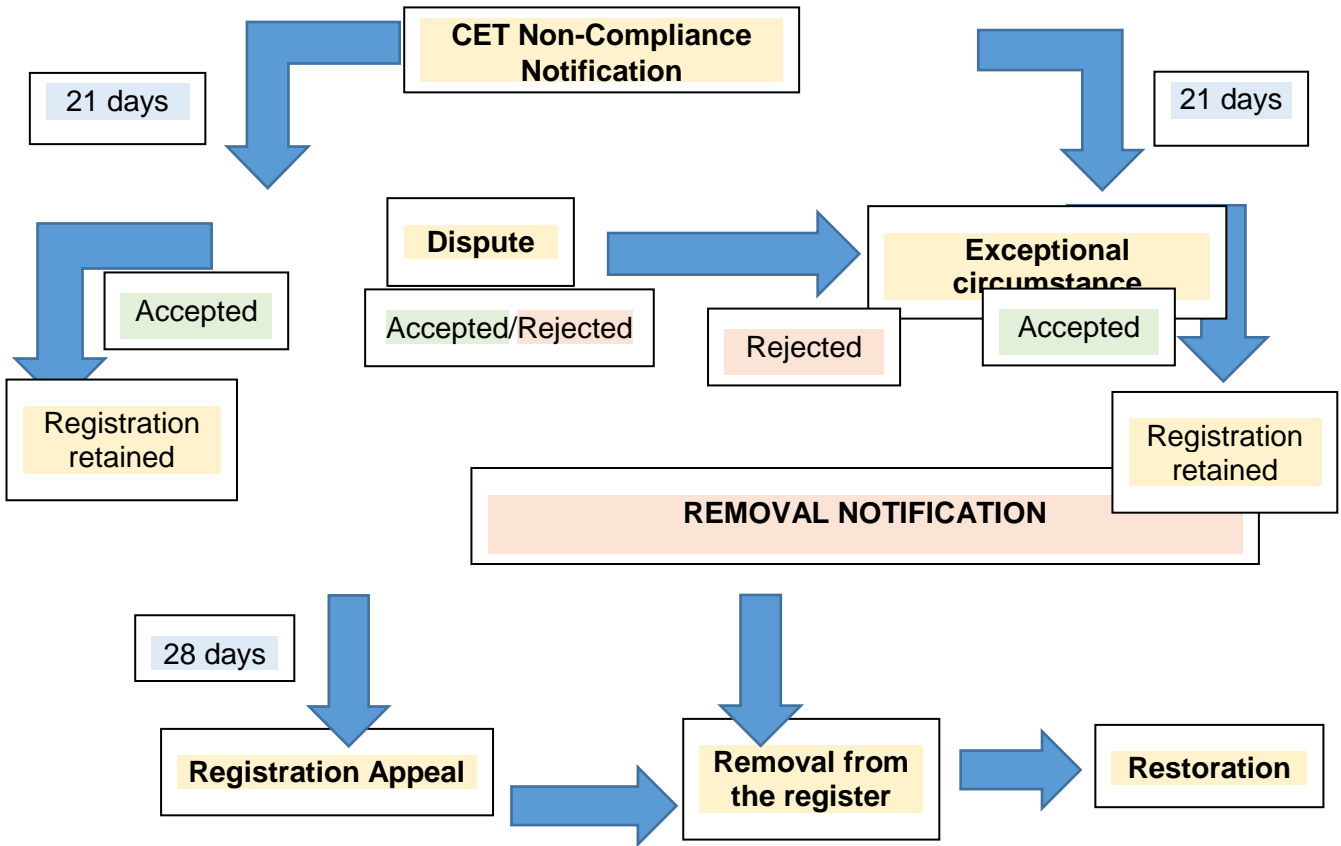
During this quarter we informed all registrants with outstanding CET requirements as at 31 December 2015 of our intention to remove them from the register for non-completion of CET.

3.1 Registrants who had not met their CET requirement (at 1 January 2015):

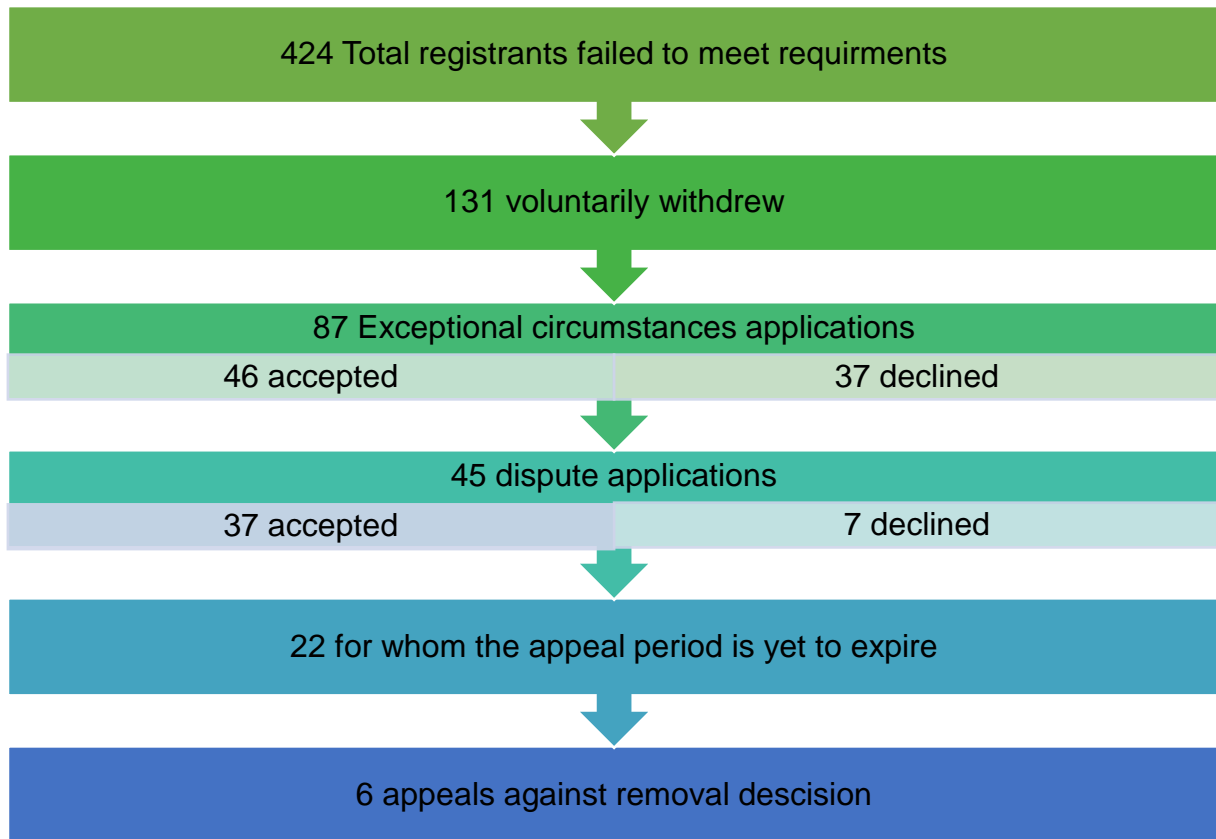
Total	Optometrists	Contact lens optician	Therapeutic Optometrists	Dispensing optician
2%	2%	3%	1%	2%

We also informed non-compliant registrants of the next steps in terms of processes to submit a dispute application, exceptional circumstances application, removal and appeals against the removal decision (please see 3.2).

3.2 CET notification and removal process



3.3 Breakdown of registrants' actions following receipt of notification of non-compliance for CET



Removals

As at 13 April 2016, the following registrants had been removed or were in the process of removal:

Removed for not meeting CET requirements	160
To be removed in May 2016 for not meeting CET requirements	22
Voluntarily withdrawn with CET shortfall	96
Retired with CET shortfall	35
Fitness to Practise cases with CET shortfall	11
Specialty removed only	13
Outstanding registration appeals against decision to remove for CET	5
Total	341

We believe that the 131 who withdrew or retired from the register, and did not meet their CET requirements, did so purposely. We worked with the FTP department to develop the process for registration appeals against registrants who were non-compliant with CET.

In preparation for the 2016-18 CET cycle, we produced and published an updated version of the principles and requirements documents underpinning the CET process, as well as a separate guide for registrants on the new CET cycle.

We also further defined the criteria for approval of CET in our CET Principles and Requirements document: www.optical.org/en/Education/CET/information-for-existing-providers.cfm. The criteria for interactive distance learning was of particular concern and, following submissions at the end of 2015 which did not meet the existing criteria for approval, we temporarily suspended approval of this modality in January 2016 in order to allow discussion with our key interactive distance learning providers to agree what the criteria should be. A meeting with all interactive distance learning providers took place on 22 February 2016 to gain feedback and following this meeting a further version of the Principles and Requirements document was issued which outlined clearly what is expected of this type of CET activity. The definitions can be found at pages 67 to 75 of the document (available via the weblink above). The approval of interactive distance learning was opened again on 18 March 2016.

Project Performance

Review of our standards of practice

The Standards of Practice for Optometrists and Dispensing Opticians and the Standards for Optical Students took effect on 1 April 2016. Up to that point we received a higher volume of calls and email correspondence in relation to the application of the standards. We also received increased communications regarding the changes to the CET cycle in terms of the new requirements to read the Standards of Practice and the encouragement to plan CET against the standards.. We have

continued to work on developing supporting guidance on candour and consent and these were presented to the Standards Committee in March 2016 to gain further advice before presenting to Council to agree a public consultation. Further detail can be found in paper C23(16). In conjunction with the Communications department we began work to revise the patient communications materials on standards. Following Council's decision to delay consideration of the review of the business standards, we have begun a re-scoping exercise for the standards project to focus on the implementation of the standards for individual registrants in line with the previously agreed implementation plan.

4. Policy

Key issues:

- We continue to engage with the Department of Health (DH) around the implications of the revised EU directive on the recognition of professional qualifications and have implemented a policy on the alert mechanism.
- We set up a working group to develop a position on legislative reform.
- We published our consumer research into wearers of contact lenses as part of the illegal practice strategy project.
- We are working with an agency to carry out our second public perceptions survey.
- We issued a tender for a registrant survey.
- We worked with stakeholders to consider the responses to the closed consultation on our draft code of practice for online contact lens supply, which we developed as part of our illegal practice strategy. We continue to work with stakeholders on raising public awareness about how to purchase and wear contact lenses safely.

Programme Performance

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

We continued to monitor developments in health regulation and optical care. We responded to the General Dental Council's consultation on guidance for their case examiners and the Royal Pharmaceutical Society's consultation on amendments to its prescribing competencies framework. We responded to the DH's consultation on their regulations and amendments to the healthcare regulators' legislation to implement the revised directive on the recognition of professional qualifications.

We continued to engage on Europe with the DH, Department for Business, Innovation and Skills (BIS), and the other healthcare regulators through our membership of the Alliance of UK Health Regulators on Europe (AURE). The revised EU directive on the recognition of professional qualifications was implemented on 18 January 2016. The main provisions that we were required to implement was the alert mechanism – this requires us to issue an alert (via an electronic database shared by all member states) in cases where a professional's practice has been restricted or prohibited. We have been discussing with the other healthcare regulators through our membership of AURE how to implement the alert mechanism and have agreed a policy with SMT, which sets out our approach to implementing this aspect of the directive.

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

Following the Government's commitment in December 2015 to reform professional regulation (despite not taking forward the Law Commissions' Bill), we have set up a working group with Council representatives to discuss legislative reform. The purpose of the working group is to develop a response to the Government's proposals and seek to shape their position so that it is relevant to the changing needs of the optical sector.

The group will meet on a regular basis in the coming months and will liaise with the Department of Health and the devolved administrations.

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

We published our consumer research into wearers of contact lenses, carried out by BMG Research. We shared the report with our illegal practice stakeholder groups and BMG Research presented to Council at its meeting in February 2016. We considered the findings to understand any possible implications for our proposed guidance for the public on safe purchase and wear of contact lenses, including the responsibilities of our registrants in providing contact lens specifications and aftercare advice.

We are working with an agency, Enventure Research, to carry out our second public perceptions research project, which will look at the views and experiences of 3,000 members of the public visiting an optician and on regulation. The main part of the research will be a UK-wide survey, both online and over the telephone. Following the survey, there will also be a number of focus groups and in-depth interviews to explore some of the key survey findings. The final research report will include comparison of the findings from when we carried out a public perceptions survey in 2014.

We have also issued a tender specification for our registrant survey. The purpose of the research will be to gain our registrants' views and experiences of the GOC, as well as their day-to-day experiences and challenges that they face working in clinical practice. We anticipate carrying out a survey and also undertaking focus group to explore particular issues further.

Project Performance

Reviews of business and student regulation

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

Illegal practice strategy implementation

We continued to implement our strategy for dealing with the illegal practices as defined in the Opticians Act 1989. We worked with stakeholders to consider the consultation responses on the voluntary code of practice for the online supply of contact lenses, which we consulted on in August-October 2015. We continued to work with our stakeholders to consider how we can improve public awareness of how to purchase and wear contact lenses safely.

Evaluation of our Continuing Education and Training scheme

We started the work to evaluate the operation of our enhanced CET scheme over the first three-year cycle and will continue this work now that the cycle is complete. We have also begun to consider the existing processes for approval, auditing and delivery of CET, and whether any changes could be made to improve the efficiency of the CET process and consistency of approval decisions.

5. Communications

Key issues:

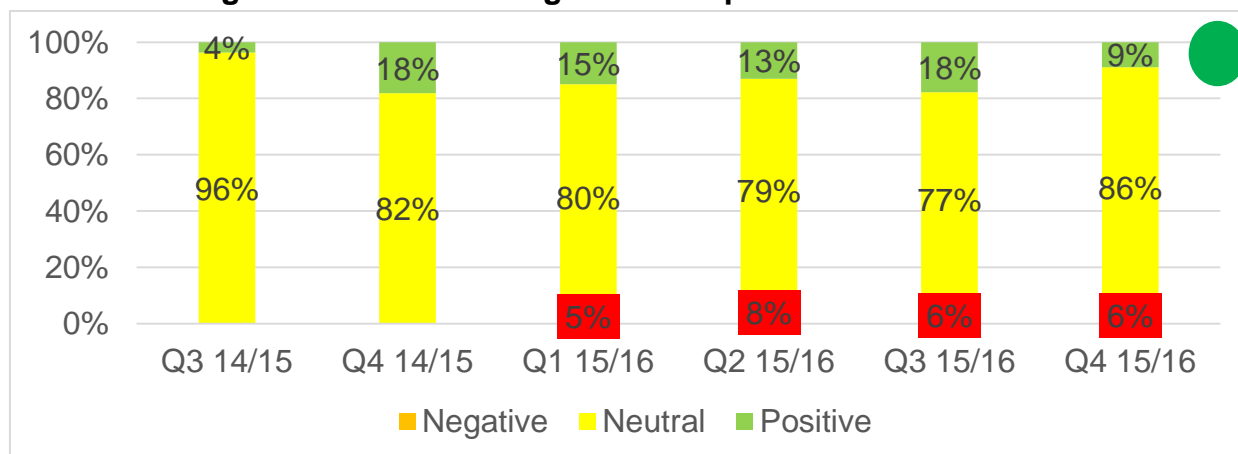
- We extensively communicated the introduction of new Standards on 1 April, via the press, direct communications, digital methods and at 100% Optical, Optometry Tomorrow and Optrafair.
- We worked closely with the Registration team to ensure that registrants were aware of the retention deadline. Over 99 per cent applied for retention by the 31 March deadline.
- We worked closely with the optical trade press to give coverage to our research into the habits and awareness of contact lens wearers.

Programme Performance

Managing internal and external communications, including media relations

Topics of media interest during the quarter have included standards, CET, our contact lens research, Adlens, blepharitis, raising concerns, FTP outcomes and the EU referendum.

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



The negative coverage was around the data breach that took place in 2015, although the tone remained very much measured.

Implementing our stakeholder engagement strategy

We are now better recording our stakeholder engagement internally. Over the last quarter we have continued to engage with stakeholders around Standards and CET in particular, as well as consulting on our Indicative Sanctions Guidance. We spoke to hundreds of registrants at 100% Optical, Optometry Tomorrow and Optrafair.

Improving our website and digital communications

We have continued our programme of digital engagement with registrants and other stakeholders. This was particularly effective in ensuring that the vast majority of registrants completed their retention on time. We are working with IT to develop and implement a better system for emailing our stakeholders.

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

We met with the PSA to discuss their implementation of the new performance review process. We expect our next assessment to take place in the third quarter of the financial year.

6. Governance

Key Issues

- Completion of a number of actions in respect of EDI, including: completion of policy impact assessments, implementation of a secure process to receive EDI monitoring information, purchase of an interpretation/translation service, publication of our EDI monitoring report and Approach to Monitoring policy.
- Implementation of a number of actions to improve our Information Governance compliance, including: employee induction and training, review of policies and processes and improvement of how we report and learn from data breaches and near misses.
- Development of our approach to considering corporate complaints and implementation of our policy on raising concerns with the GOC (whistleblowing).
- Recruitment of a new Investigations Committee and three Education Visitor Panel registrant members.
- Launch e-learning training on equality and diversity and information governance for members and employees, respectively.
- Development of a management of interest policy for employees and members.

Programme Performance

Reporting on organisational performance

We are reviewing the operational indicators we measure on a quarterly basis to ensure they provide relevant information including meeting any data requirements set by the PSA. We are compiling data on our annual performance to present to the PSA and as input to Council's annual review of performance.

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

Work to finalise the Business plan for 2016/17 has been completed and following approval by Council on 23 March 2016, the plan has been published.

Delivery of our EDI scheme and action plan

Following approval by Council in February 2016, we published our 2015 EDI monitoring report which details the progress we have made in relation to our EDI scheme and analyses different aspects of the diverse make up of our registrants, employees and members, including our member recruitment process. We are now using this report as a key tool for conducting equality impact assessments on our policies. In line with our decision to complete and publish equality impact assessments on all policies being developed or reviewed, four have been completed and five more are in progress. We are currently reviewing our website to locate the best place to publish our Equality Impact Assessments.

We have engaged the services of a Castrum, a Poole-based IT company, to securely process our EDI monitoring information, enabling us to collect and analyse data on the diversity of registrants. We have also published our 'Approach to EDI Monitoring'

statement as an annex to our EDI Scheme, which explains the reasons why we collect the data and how it is used.

We have arranged for an interpretation/translation service, Big Word, which will enable us to improve communication with members of the public who may prefer to raise their concerns in a language other than English. Further information will shortly be uploaded on our website.

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

In this quarter, we have made good progress with reviewing and implementing our Information Governance (IG) action plan. This has included training, development of an information asset register, reviewing our policies and processes and improving how we report data breaches and near misses.

We launched an online e-learning IG course for employees. Feedback so far has been positive and overall employees have found the course beneficial. All employees (who are not on long-term absence) have now completed the course, including new starters who joined us after the launch date. This course will be a requirement for all new starters to complete within the first month of joining the GOC. All members will be asked to complete the same e-learning course in the next few months.

We have continued to deliver short mandatory face to face briefings (Toolbox Talks) once a month on specific areas of information governance compliance, in order to develop the level of knowledge and compliance in this area. Attendance has been very good and we are on target for 100 per cent completion of these three Talks by the end of April 2016.

We anticipated an increase in breach identification and reporting because of better employee awareness. During this quarter, there were nine data breaches reported and one near miss. We reported one of the breaches to the ICO due to the type of data disclosed about one data subject to a third party in error. We are awaiting their decision regarding this breach. Two of the nine breaches were not caused by the GOC. In response to these breaches, we have:

- spoken to the employees responsible, held team briefings and roundtable discussions to talk about what has happened and how to avoid it in future;
- we have amended the incident form to include the investigation and lessons learnt part;
- introduced a local process to minimise the impact of non-GOC errors;
- used the breaches to shape information in the toolbox talk briefings;
- re-iterated a team checking approach to sending out information; and
- introduced locked printing as a mandatory requirement.

The impact of most of the breaches was minimised because of good process design, including anonymisation, appropriate redaction of the personal or identifying information, password protection, rapid identifying and reporting.

During this quarter, we received no Subject Access Requests, five Freedom of Information (FOI) requests, six requests for our register in an accessible format and two non-FOI statistic requests. The FOI requests varied by theme:

- our structure;
- FTP and whistleblowing statistics;
- our remit and legislation; and
- our register statistics.

All FOI requests were answered within statutory timeframes. Three required exemptions such as section 21 (information already available by other means), section 40 (personal data) and section 12 (disproportionate cost). We received no requests for internal review.

Developing an improved process for corporate and member complaints handling

We are developing our corporate complaints process to ensure that we have a transparent and candid approach to considering any complaints or feedback received. We are reviewing the complaints received in order to identify trends and lessons learnt, and act on the lessons learnt to improve our processes.

Of the four complaints carried over from quarter three, none were upheld. One of the decisions was appealed and heard by the Audit and Risk Committee but the outcome was not changed. This quarter, we received twelve new corporate complaints. Three were from members of the public and nine from registrants. Seven were upheld, one partially upheld, and four not upheld.

Actions undertaken this quarter, arising from the lessons learnt, include working with our Direct Debit provider to improve communication and gain a clearer understanding of the process and organising customer service training for employees who regularly engage with registrants.

Following approval by Council in February 2016, we have published our policy on raising concerns with the GOC (whistleblowing) and are raising awareness of this policy with stakeholders.

Monitoring and review of policies and procedures

This quarter we have developed a policy template and guidance for employees to use when reviewing policies, and progressed work to enable us to establish a prioritised policy review process, including the identification of policies to combine upon review. We have reviewed five policies to ensure plain English, formatting in line with our policy template to ensure consistency and inclusion of a flow chart to explain the process. We have improved our website to aid search ability and understanding of the content and purpose of each policy published. We have also developed an integrated impact assessment-screening tool to cover all of the impacts: including resources, financial, information governance and privacy, equality and human rights. It is our intention that this impact assessment-screening tool is undertaken for all policies and projects.

Development, monitoring and review of stakeholder agreements

As part of our Information Governance activities, we are developing a policy regarding data sharing and data re-use, which will outline the organisations who frequently require information from us, such as the National Health Service.

Managing Council and committee meetings

We supported the February Council meeting, as well as meetings of the Education, Standards, Registration, Audit and Risk and Nominations committees.

Developing and embedding governance policies and processes

We developed a policy on Member fees, which was published following agreement by Council in February 2016. We have developed a management of interests policy which has been considered by the Audit and Risk Committee, and is presented to Council for consideration and approval (C27(16)).

Managing the production of our annual reports

We have agreed the timetable and format for the 2015/16 annual report and initiated drafting of the narrative content.

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

Following interviews held in February 2016, we appointed Sarah Bayley as a dispensing optician member of our Investigation Committee, who took office in March 2016. Following a successful recruitment campaign for our Education Visitor Panel, we appointed Nicholas Wilson-Holt as an additional ophthalmologist Panel member and Kevin Gutsell and Graeme Stevenson as dispensing optician Panel members, from 1 April 2016. We are in the process of recruiting a Council member to replace Brian Coulter, with interviews to take place in June 2016 in Belfast. We arranged the first annual induction day for new members which was held on 9 February 2016. We have launched e-learning on equality and diversity for members, which once completed will be followed by e-learning on information governance. We have coordinated induction activity to support new appointees, and have run a further session on unconscious bias in recruitment for selection panel members over the last quarter.

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

7. Registration

Key issues:

- Management of the fully qualified and bodies corporate retention process.
- Management of the removals for the end of the CET cycle.
- Preparation for the next student retention cycle including introduction of increased electronic communication.

Programme Performance

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

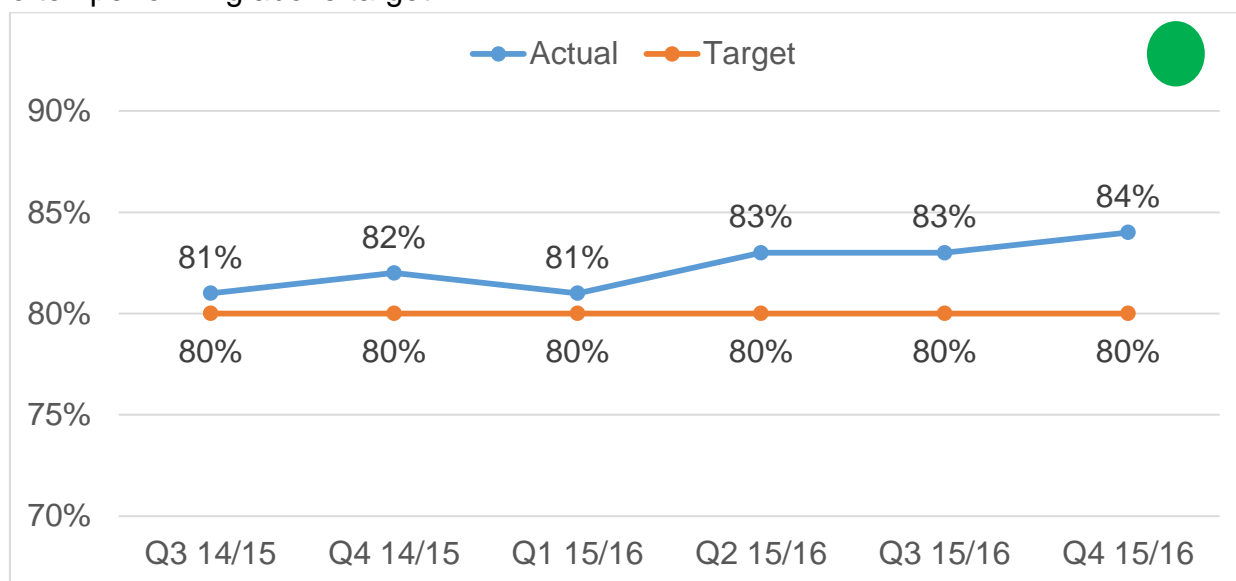
This was the second year that the CRM system had been used for retention. The retention period for the registration year 2016/17 opened on 11 January 2016 and concluded on 31 March 2016. There are still some ongoing issues relating to the CRM system, and online retention however unlike last year this did not affect removals which went as planned. There were added processes this year due to the end of the 2013-15 CET cycle, in particular a new exceptional circumstances process and removals for failure to meet the CET requirements.

Students were notified of their upcoming retention cycle electronically on 24 March 2016. This is the first time notification of retention has been sent out electronically (the small number of those students without email addresses were written to). Student retention opened on 20 April 2016.

Managing and developing the process of applying for registration

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

We have consistently met our target of 80 per cent of applications processed in time, often performing above target.



During the last quarter the median time to process UK registration application was two days against the target of three working days. We expect this number to drop slightly in the next quarter due to an introduction of an internal auditing process of all registration forms before entry onto the register.

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

During the quarter the median processing time for restoration applications was four working days. The processing time for restorations does not fluctuate throughout the year apart from in April when we receive a high volume of applications following registrants being removed from the register for failing to renew their registration.

Managing the assessment of applicants with qualifications gained outside the UK

During the last quarter we carried out an internal review of how we assess applications from applicants with qualifications gained outside the UK to determine whether they meet the current required standards of competence for UK graduates. This led to a delay in dealing with applications and the applicants affected were kept informed. A revised process has been put in place from April 2016 pending a wider review (which is included in the business plan) of how we handle non-UK applications for registration, including the assessment elements.

Project Performance

Review of the Register

This project has been postponed. A number of areas of the registration process are under internal review, to ensure the quality assurance of our processes.

8. Finance

Key issues:

- Completing budget for 2016/17 which was agreed in February 2016.
- Computing Quarter three forecast.
- Ensuring consistency of the management accounts report in order to provide reliable information for decision-making.

Programme Performance

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

The deadlines for month-end accounting, (which includes accounting for income and expenditure) were met and work carried out according to the accounting guidelines. Payments runs were made fortnightly.

Preparing the annual budget and financial accounts

In February 2016 we produced a final budget for 2016/17, for the Council's approval. There have been continuous improvements in the development of the budget by using methods such as zero based costing, trend analysis as well as aligning our budget with the business plan.

Developing our financial management skills and oversight

We have worked closely with the internal auditors to develop our approach to reporting in respect of financial performance. Individual attention and help is given to each departmental budget and where necessary new trends identified and calculations were used to help improve financial oversight.

Informing and advising on the financial position and strategy

Monthly management accounts were prepared and presented to budget holders, Management forum and SMT. They inform the financial position, graphical presentation of current situation, reasons for variances and provide key performance highlights.

Advising on our approach to risk management

Risk registers are maintained at department and corporate levels. The departmental risk register is the responsibility of each Head of Department, and is updated and reviewed with the relevant director on a monthly basis. The most significant risks identified by each department are considered for inclusion in the corporate risk register held by the Head of Finance. In addition, risks which are identified as corporate level are included directly in the corporate risk register. The corporate risk register reflects changes to the individual departmental risk registers, where departmental risks score highly on likelihood and impact. The corporate risk register is circulated and reviewed by the Management Forum and SMT on a monthly basis. The corporate risk register is reviewed by ARC on a quarterly basis. The risk appetite and tolerance levels are being developed.

9. Human Resources

Key Issues

- The Electronic Recruitment System is in use for all employee vacancies including the recent campaign relating to posts arising from the re-organisation of the FTP Department.
- The changes in FTP will strengthen the department’s capacity to manage more of the case work in house which is more cost effective. All posts have been filled apart from one caseworker.

Programme performance

Managing processes for recruitment of employees

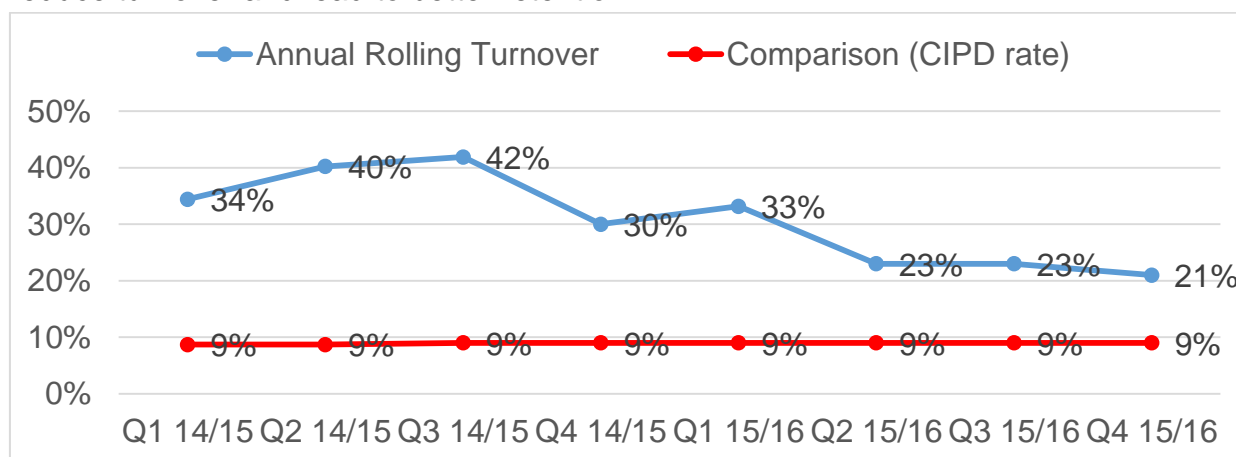
The recruitment module introduced into the Sage system in 2014 continues to be used successfully for all employee recruitment. Due to technical issues with Sage, member recruitment continues to take place outside of the Sage system.

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

The programme of policy development and reviews continues with initial focus being on bringing some key policies in line with recent legislative changes and in simplifying and co-ordinating processes. Briefings are given to managers on the details of particular current policies and how to apply them appropriately in their teams. Looking forward we are considering other ways of resourcing the policy work which is required.

Annual staff turnover

In the last quarter two new employees joined the GOC and two left. The annual turnover rate has remained above twenty percent; however it has significantly improved since 2014/15 when the annual turnover was 36 per cent. It is hoped that the positive effects of the office move and actions taken arising from the July 2015 staff survey will reduce turnover and lead to better retention.



Development and delivery of an organisational training and development programme

HR continue to support managers and employees in identifying and pursuing training and development opportunities including those identified in appraisal discussions. We are providing structured training for newly-appointed managers and refresher training for current managers on commonly occurring issues and scenarios.

Project Performance

People strategy

We have developed a strategy for employees, which brings together induction, employee relations, training and development, performance management and key HR policies. Work is already underway and forms part of a longer-term programme of work.

Work is continuing on the comparison of non-pay benefits with comparable organisations. Initial findings show that GOC compares well in what we offer employees. The aim for the medium to longer term is to offer a more flexible benefits package that would enable employees to select non-pay benefits that are suitable to their own individual circumstances. Further consultation will take place to arrive at a package that is affordable and attractive to our employees and potential future employees by offering more in the way of individual choice.

Staff Survey Follow Up Actions

Following the outcome of the staff survey, which took place in July 2015, a number of initiatives have begun. An interim Engagement Group was formed to look at how we can achieve the maximum level of commitment and sense of belonging across the organisation. A group of employees have volunteered to act as mentors for colleagues. The second wave staff survey was undertaken in February 2016, and the results of this will be evaluated and further actions developed in 2016/17.

10. IT

Key issues:

- Dealing with the necessary works following relocation to the new premises.
- The hearings team have been trained and are now live on the CRM system.
- The paperless project has started and the Airwatch system is being developed for the management of the GOC's iPads.

Programme Performance

Providing robust ICT facilities

The IT team have dealt with helpdesk requests in a timely manner with 96 per cent of requests being resolved 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. The strategy is expected to be developed in Q2 2016/17.

Providing and enforcing effective security for GOC IT systems

The IT team have upgraded the antivirus software and upgraded the TeamViewer solution for remote connection to Case Examiners' laptops to provide effective and secure support. New laptops have been deployed which provide a higher level of security and greater functionality for users.

Project Performance

Customer Relationship Management system

We implemented a new Customer Relationship Management (CRM) system to hold and manage all data about registrants and other stakeholders to help us better manage the information we hold and improve how we measure our performance. The system has progressed well. The users adopted the technology quickly, and the system now supports a wide range of GOC registration processes effectively. Some management reports are operational, and the quality of data in the system is high. The integrity of the financial data managed in the system has been proven, and the integration to the website has generally proved reliable. The time to process application new application forms is significantly faster than with the old system, and this is likely to drop further as users become more familiar with it. In terms of deployment of the system to other areas of the GOC, most non-registration users can now access the system to obtain registration data. The FTP team are using the system to track and manage FTP cases and potential FTP cases, and the hearings team are now live, using the system to support the hearings process and related outcomes.

We successfully completed the second full retention period for fully qualified registrants supported by the new system over the quarter without any significant issues. This cycle was the first supporting the end of a CET cycle. We have identified some further work required in respect of the revised direct debit process.

11. Facilities

Key issues:

- The key focus was on snagging following the completion of the relocation project.
- Hearings have taken place at 10 Old Bailey since October 2015 and Council and Committees since November 2015 thus limiting the cost of external venues.

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 third quarter. We reissued fire evacuation information since we relocated to the new premises. We have evaluated the requirement for fire marshals and first aiders and have trained the required number of persons. No new insurance claims were made.

Management of GOC meeting space

We have extended our search for suitable external venues to hold any meetings that cannot be accommodated onsite.

Define our approach to corporate social responsibility and sustainability

We continue implementing cost efficiency and ethical practices across the organisation with a view to changing employee behaviours. We have sourced energy efficient appliances for our new office. We have relaunched our recycling initiatives following the move.

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 office move was completed on 1 December 2015. The telephone lines were initially forwarded from 41 Harley Street but are now fully onsite using dedicated lines. Notice to terminate the short lease on 41 Harley took effect on 20 January 2016. The building was handed back to the Howard De Walden Estate at that time.

Employees have settled into our new home well so far but we are still getting used to the new facilities and services we have. There is still some ongoing snagging mainly related to air-conditioning and technical facilities, which we are working on.