

C33(15)

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# Council Performance and Management Information Report

Reporting period: April - June  
2015

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Marta Pochtowska

**Contents**

Executive Summary ..... 4

1. Fitness to Practise ..... 9

2. Legal Compliance ..... 13

3. Education and Standards..... 15

4. Policy ..... 17

5. Communications ..... 19

6. Governance ..... 20

7. Registration..... 23

8. Finance ..... 25

9. Human Resources ..... 26

10. IT ..... 28

11. Facilities..... 29

# Executive Summary

## Executive Summary

### Introduction and background

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The purpose of this report is to provide Council with oversight and assurance in relation to our performance during quarter one of 2015/16. Council is asked to consider performance during the quarter and provide feedback on areas of achievement and success, and on any areas where we are underperforming or over performing. This will help the Executive consider whether the allocation of resources is appropriate and whether changes should be made.

This report has been produced using the data currently available. We are continuing to improve our system of reporting, including our data gathering and the performance indicators we use.

### Structure of the report

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

The overall report is structured into three sections:

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

Each of the sections is then divided into function areas and the following subsections:

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

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

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

### Overview of Operational Performance for Quarter One 2015/16

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Overall we are meeting 55 per cent (five out of nine) of our performance targets and another two indicators are within 5 per cent of the target level of performance. Due to our aim to reduce the time taken to close the majority of FTP cases within 52 weeks we have set four challenging targets in this area which we are working towards achieving by the end of the current strategic plan (which runs from 2014 to 2017).

## **Fitness to Practice Directorate**

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In **Fitness to Practise** (FTP) this quarter has again seen a high number of complaints received (111) and a high number of new investigations opened (72). The number of new cases that came into the system in 2014-15 has had a detrimental effect on performance at initial investigation stage. We are now reporting timescales from the date a complaint is made. During the last two financial years, the rate of cases being referred to the FTPC has remained steady at around 22 per cent. In 2013/14 there were 231 final decisions at the investigation stage of which 49 were referred; whilst in 2014/15 there were 176 final decisions of which 39 were referred. For the first quarter of 2015/16 so far, there have been 75 final decisions of which 23 were referred. This marks a current referral rate of 30 per cent.

We are pleased to report good performance in two areas in particular.

- the median and average times for cases closed by the Fitness to Practise Committee this quarter (eight cases) have shown an improvement and are nearly at our target rate of 78 weeks for the first time in three years; and
- our performance in interim orders remains below our target of four weeks, despite an increase in interim order activity.

However, we strike a note of caution around what is only a snapshot of performance across a brief period of time. We are intending to introduce reporting over a rolling annual period which will reduce the volatility of data due to low numbers of cases. The age profile of cases currently in the system and being prepared for a fitness to practise hearing, indicates that it will only be when improvements to the FTP process are embedded that we are likely to see improved performance.

In **Legal Compliance** we have drafted guidance to sit alongside the prosecution protocol that will assist us in dealing with complaints of illegal practice.

## **Strategy Directorate**

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In **Education** - work has continued to complete revisions to the handbook governing the accreditation and quality assurance processes for optometry and the proposed revisions and governance changes were considered by Education Committee at its meeting on 2 July. Key stakeholders have been engaged and consulted during the process including training providers and our education visitors. Council will be asked to approve the revised handbook at its meeting on 29 July.

In **Standards** - the consultation on our new standards framework, new standards of practice for optometrists and dispensing students and new standards for optical students has now closed, there having been a high level of engagement with the different strands of the consultation. The findings will be set out in an independent report by Collaborative Research and will be considered by Council in July, alongside the GOC response and proposed next steps to finalise and implement the new standards. #

In **Policy** the team has continued to progress the illegal practice strategy project, reviewing the code of practice for online contact lens supply following feedback from the stakeholder

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

**In Communications** the focus has been on supporting the standards strategic review, finalising the response to the PSA performance review and attending the Trading Standards Institute conference to discuss the illegal practice strategy.

**In Governance** the 2015/16 business plan has been published and the 2015 Council Evaluation and Performance Review undertaken. The Scheme of Delegation has been reviewed and member development plan developed. The recruitment process for an Investigations Committee chair and registrant Council member has commenced.

### **Resources Directorate**

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

**In Human Resources** the key focus has been on progressing the performance and reward project and linking that to the 2014/15 appraisal process which is modified to facilitate performance related pay progression. Employee turnover remains higher than is desirable compared to the annual CIPD level. Differentiation between fixed term and permanent contracts shows a lower level of turnover than the raw figures for permanent roles. It is hoped that the new pay framework and pay changes arising from the pay and reward project and the expected beneficial changes from the office move will have a positive impact on levels of turnover over the coming months. We do not anticipate the move will have a significant negative impact on staff turnover.

**In IT** the CRM project has progressed with FTP case management going live in **May**, and hearings function is ready for data migration and go-live in **July**.

**In Facilities** the key focus has been on progressing the property relocation project, in particular planning the move to 10 Old Bailey and the clearance of 41 Harley St.

**In Finance** on the team have been focusing on the year-end accounts, payroll reporting, annual report and external audit.

**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 Q1	2014/15 Q4	2015/16 Target	% change per quarter	Variance from target	Indicator (Page)
<b>Fitness to Practise</b>						
Time taken from receipt of information indicating the need for an Interim Order and an Interim Order decision (weeks)	3	2.5	4	20% ↓	25%	1.2 (9)
Median time taken from day a complaint is received to final FTP hearing determination (weeks)	79	99	78	20% ↑	1%	1.3 (9)
Percentage of FTP cases closed within 52 weeks	13%	0%	20%	100% ↑	35%	1.4 (10)
Percentage of FTP cases closed within 78 weeks	50%	25%	80%	100%	37%	
Percentage of FTP cases closed within 104 weeks	88%	50%	98%	76%	10%	
Percentage of initial stages cases closed within 26 weeks (time taken from day a complaint is received to final case examiner or Investigation Committee decision)	35%	44%	80%	20% ↓	56%	1.5 (10)
<b>Legal compliance</b>						
Percentage of closed illegal practice cases concluded within 52 weeks	43%	43%	60%	0% ↑	28%	2.1 (12)
<b>Education</b>						
Percentage of registrants on target to meet annual six point minimum and peer review requirement.	97%	97%	99%*	0% ↑	2%	3.1 (15)
<b>Communications</b>						
Percentage of editorial coverage which is positive or neutral about the GOC.	95%	100%	90%	5% ↓	5.5%	5.1 (19)
<b>Governance</b>						
Percentage of Council satisfied with corporate performance information.	100%	100%	80%	0% ↑	25%	6.1 (20)
<b>Registration</b>						
Percentage of applications processed within set target (UK, EEA and non-EEA registration applications processed within 3 days and restorations within 5 days).	81%	82%	80%	1% ↓	1%	7.1 (23)
<b>Key Indicator</b>	<b>2015/16 Q1</b>	<b>2014/15 Q4</b>	<b>Compa rator</b>			<b>Indicator (Page)</b>
<b>HR</b>						
Annual staff turnover	33%	30%	8.7%			9.1 (26)

\* The target for the percentage of registrants on target to meet annual six point minimum and peer review requirement has changed from 97% to 99% as this is the last year of the current CET cycle.

**PART 1**  
**Fitness to Practice**  
**Directorate**  
**Reporting period:**  
**April 2015 – June 2015**



## 1. Fitness to Practise

### Key issues:

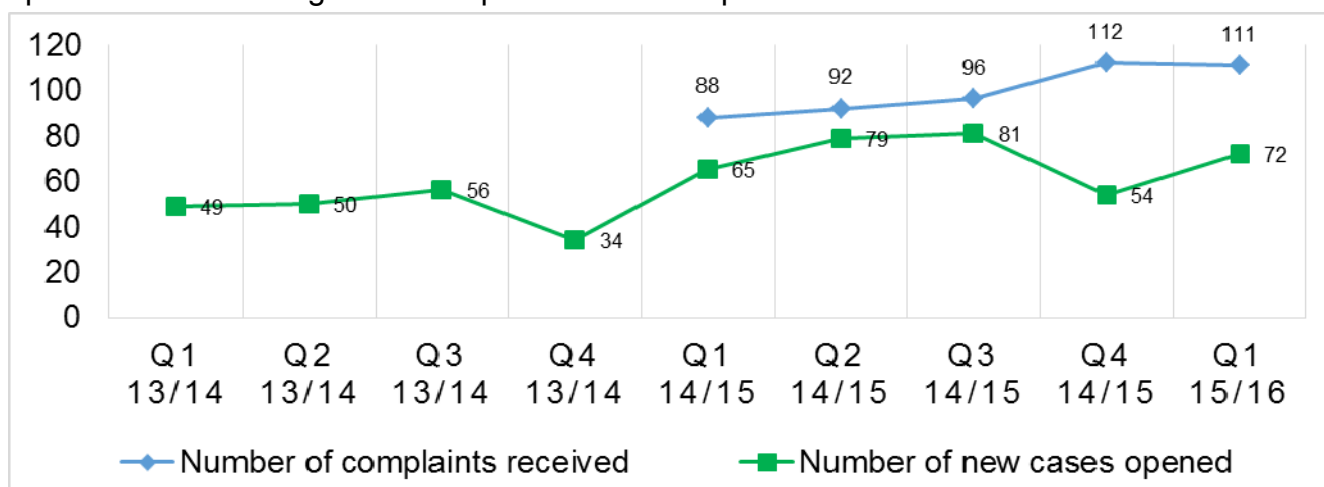
- There is a significant and challenging increase (63 per cent compared to 12 months ago) in the number of FTP cases that are currently open. This is a reflection of the increase in the number of complaints and it is having an impact on performance across the FTP process.
- The ‘recruitment’ of interim performance assessors is almost concluded. There have been very few new assessments ordered but it is notable that some of the lengthier cases concluded at investigation stage this quarter were older performance assessment cases.
- The switch to reporting from date of complaint has had an immediate, negative, impact on performance figures. This method of calculation means that the initial ‘screening’ period, in which complaints must be worked into ‘the form required’ (e.g. proper consent obtained and registrants accurately identified) is included for the first time in this report and this should be borne in mind when comparing to previous quarters. Our commitment to shorter timescales is not of course contingent upon calculation methods although we will consider this when considering the viability of the strategic target of 52 weeks end-to-end as part of the Managing Complaints project.
- We continue to perform well against the key interim order target (from the date the relevant information is received).
- The Strategy for Managing Complaints project remains at an early stage and most of the above issues will fall within its scope.

### Programme Performance

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

##### 1.1. Number of complaints received and cases opened

In the quarter we received 111 complaints related to registrants’ fitness to practise. We opened 72 full investigations compared to 54 last quarter.

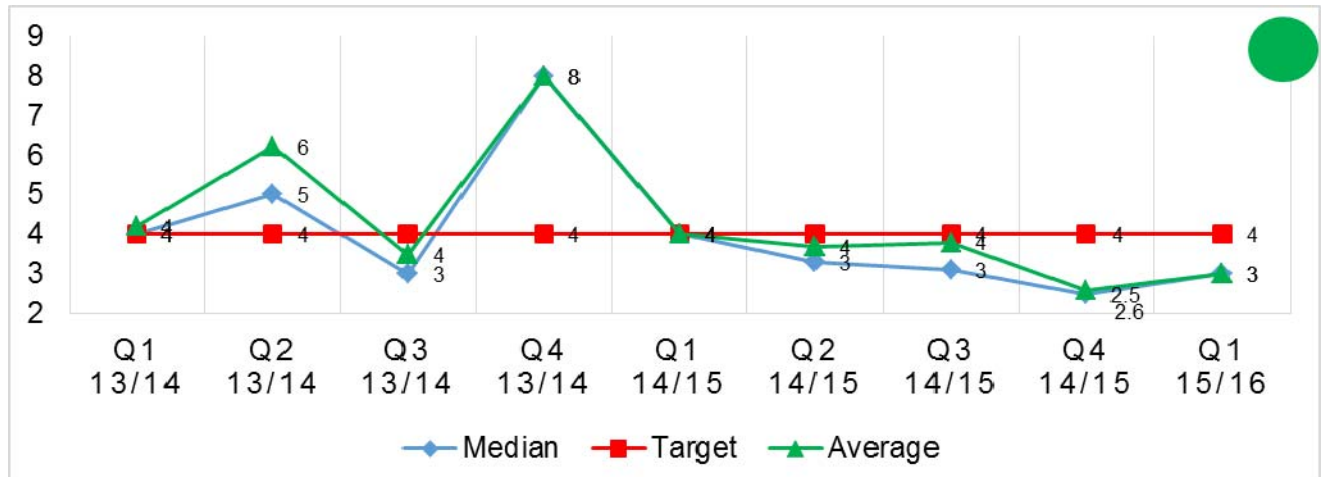


Although there has been a reduction in the number of full investigations opened, across the 2014/15 year there was an overall increase of 48 per cent in the number of full investigations opened. This derives from an increase of 24 per cent in the number of initial complaints

received. We expect to see current levels of full investigations maintained or continuing to rise (although not at the same rate as last year).

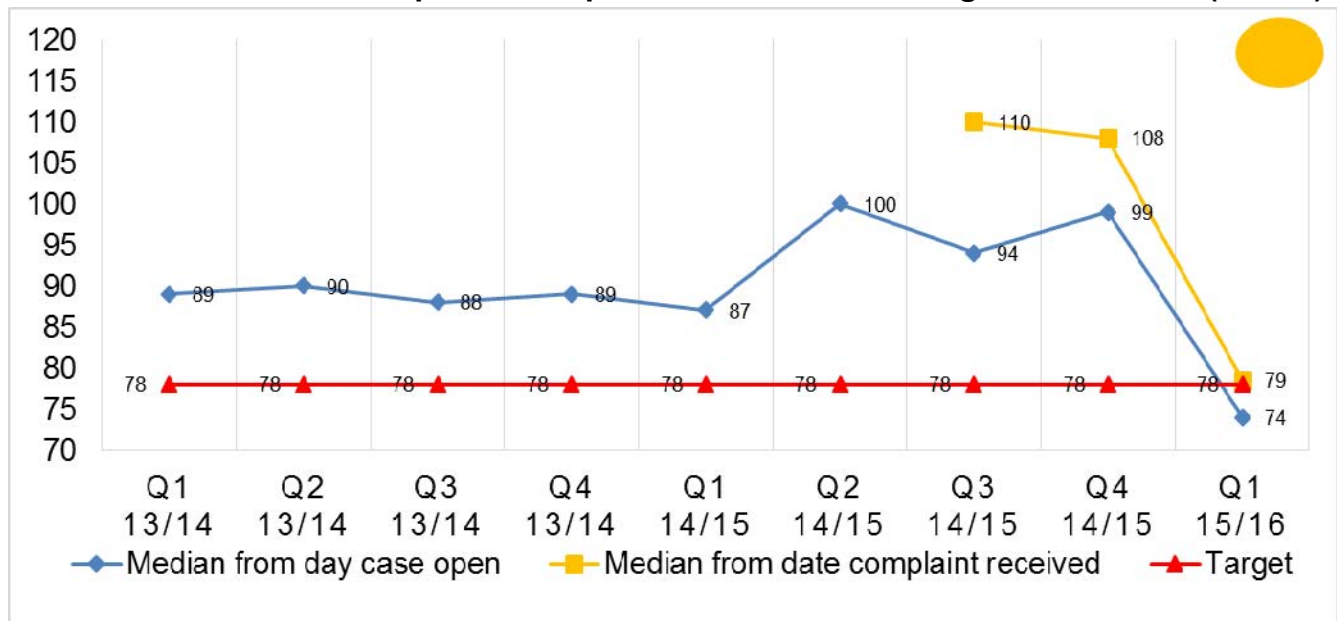
**1.2. Time taken from receipt of information indicating the need for an Interim Order to Interim Order decision (weeks)**

In the last quarter the median time taken to close interim order cases was three weeks against a target of four weeks. Measurement starts from receipt of information indicating the need for an Interim Order. This represents a slight increase on the previous quarter’s performance but is still well within target. The ongoing improvement of performance in this area has been assisted by the provision in the 2013 FTP Rules for direct referral by the registrar to the FTPC.



The Registrar continues to exercise her powers to directly refer matters to the FTPC and, as of 30 June 2015 we continued to see an increase in the number of cases referred for interim order consideration (six cases this quarter, projecting an increase of 25 per cent on 2014/15).

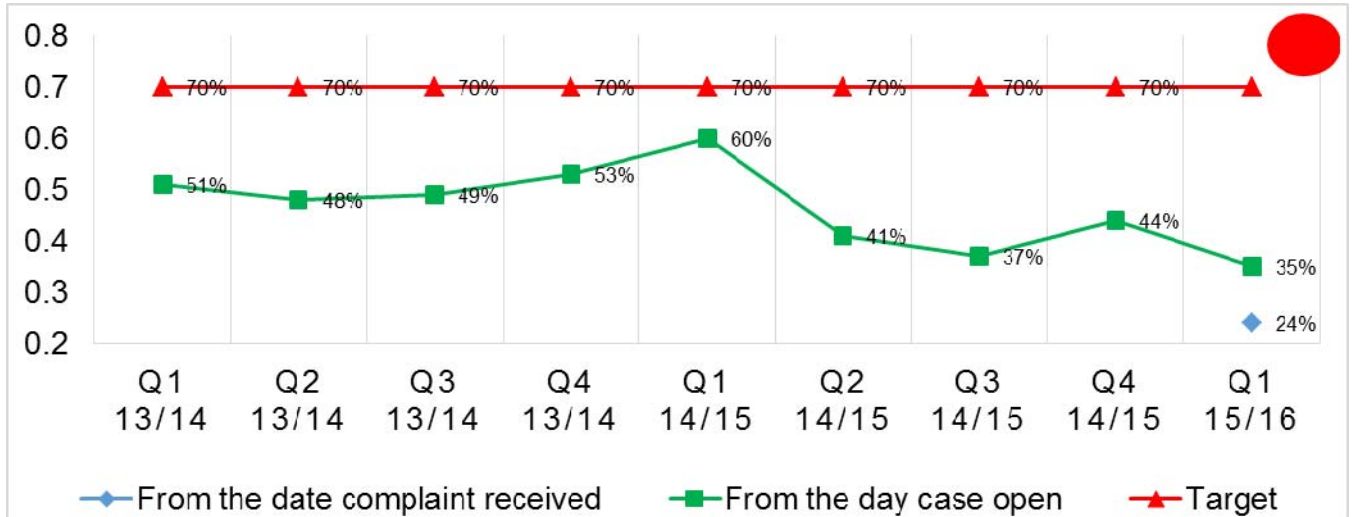
**1.3. Time taken from receipt of a complaint to final FTP hearing determination (weeks)**



In the last quarter the median time taken for cases to be concluded was 79 weeks (from the date the initial complaint was received) and 74 weeks (from the date the case opened) against a target of 78 weeks. This target of 78 weeks is a new one adopted in 2014/15. This represents a 27 per cent improvement on the previous quarter performance.

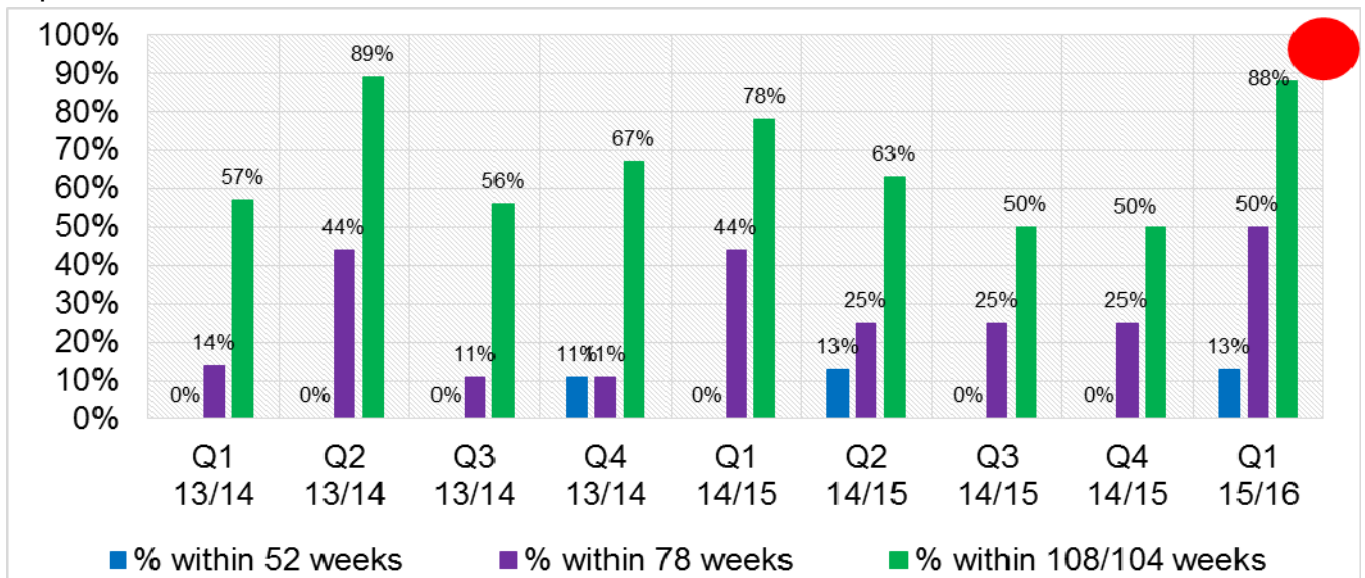
**1.4. Percentage of initial stages cases closed within 26 weeks**

In the last quarter we closed 24 per cent of our initial stages cases within 26 weeks against a target of 70 per cent from receipt of the complaint and 35 per cent of cases from opening the case. Performance against this indicator remains very challenging, particularly when reported from receipt of the complaint. The significant (48 per cent) increase in full investigations opened in 2014/15 has undoubtedly started to have a knock-on effect on investigation timescales.



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

During the quarter 13 per cent of decisions made by Fitness to Practise Committee (FTPC) were reached within 52 weeks, against a target of 20 per cent, which is an improvement on the prior quarter. We have also been measuring against the percentage of cases concluded within 78 weeks (target 80 per cent) and 104 weeks (target 98 per cent). We have seen an improvement in the number of cases concluded within 78 weeks and within 104 weeks.<sup>1</sup>



Despite this strong quarterly performance we expect performance to continue to be mixed throughout the rest of the year and that consistent improvements are unlikely to take effect

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

until 2016/17. In numerical terms, we concluded seven cases within the target of 104 weeks and only one outside it (the longest case was 141 weeks).

***Developing and embedding policies and guidance***

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

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

We have commenced an interim recruitment exercise in respect of performance assessors. We hope to shortly commence the process for the recruitment and training of these individuals on a permanent basis.

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

There have been two IC meetings this quarter, the April meeting was a fully attended meeting at 41 Harley Street (we are conscious of the need for Committee members to be able to interact face-to-face on a regular basis) and the June meeting was a teleconference meeting. IC member training has been scheduled in the Business Plan for quarter three of 2015/16. This is to allow time for the recruitment of a new IC chair and members which is currently ongoing.

***Managing Panel hearings and training***

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

**Project Performance**

***Complaints strategy***

We have started work to develop a strategy for managing FTP and illegal practice complaints quickly and effectively and the scope and work streams of the strategy has been presented to Council for noting and to provide feedback – see paper C28(15).

## 2. Legal Compliance

### Key issues:

- Following development of our illegal practice strategy, an internal working group, headed by the SMT, reviewed the way we handle complaints. The group has recommended some adjustments to case management procedures, including greater collaboration with other agencies. These recommendations are aimed at ensuring that cases are managed in line with our new strategy, particularly in resuming action in complaints concerning zero powered contact lenses.
- The Legal Compliance Function has continued to provide internal legal advice and external information on the Opticians Act, as well as manage illegal practice complaints. We are reviewing how to record and report on data, including whether to record each complaint received or (as at present) record only each new case that we open – such a change be significant, given that each case usually has several complainants.

### Programme Performance

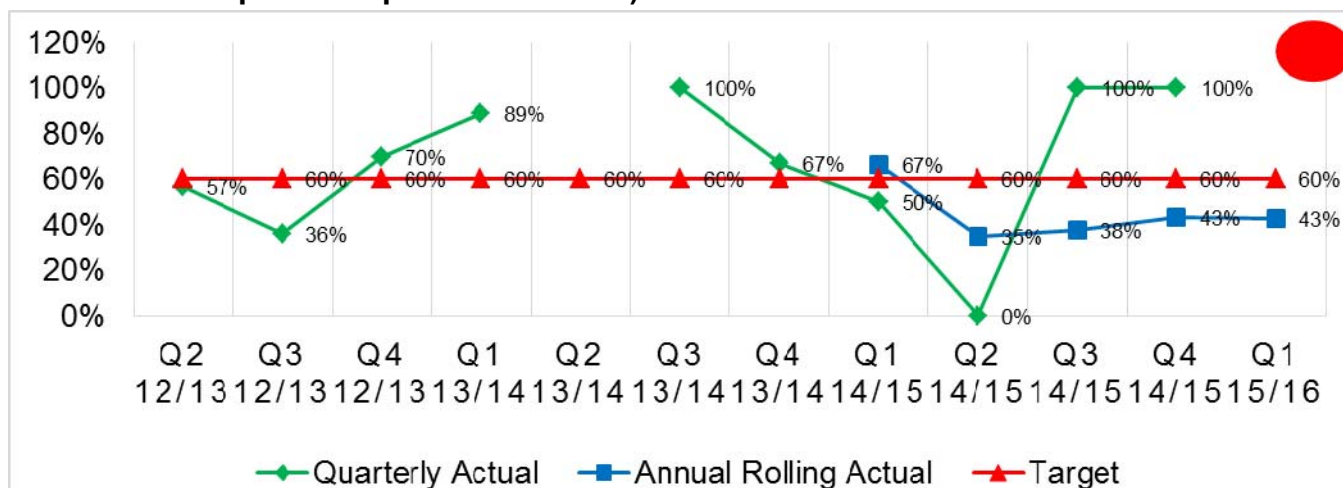
#### Providing internal legal advice

During the last quarter internal advice was provided on a range of issues.

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

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

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



During the period July 2014 – June 2015 we closed 42 illegal practice cases, of which 18 were closed within the target of 52 weeks. As part of our illegal practice strategy we are considering what performance indicators and targets are appropriate for us to monitor our performance in this area.

**PART 2**  
**Strategy Directorate**  
**Reporting period:**  
**April 2015 – June 2015**

**PART 2 – STRATEGY DIRECTORATE**

### 3. Education and Standards

#### Key issues

- This quarter has seen a number of revisits to check on performance against conditions relating to patient experience requirements and increasing student numbers.
- All issues relating to non-compliance have been fed into our review of our accreditation and quality assurance processes and the standards strategic review.
- The CET team are regularly reviewing registrant CET performance against available provision to ensure sufficient activities are available for all registrants to meet requirements.
- Work has continued to evaluate the performance of the enhanced CET scheme since January 2013 and to identify any changes required for implementation in the next cycle from January 2016.

#### Programme Performance

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

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

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

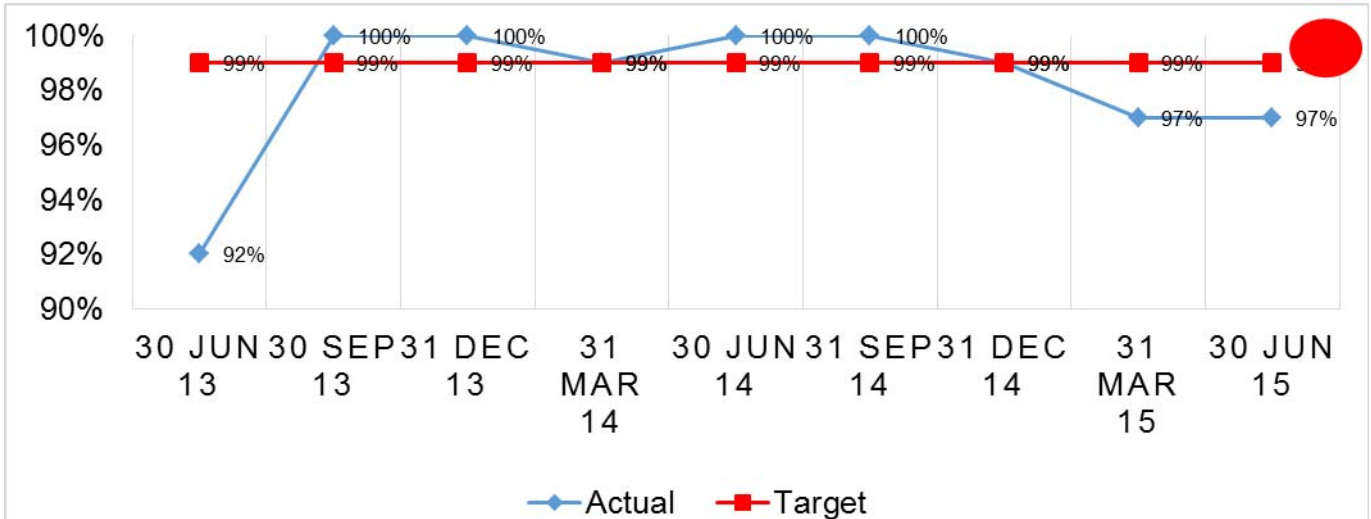
In this quarter re-visits were conducted to Glasgow Caledonian University dispensing programme, University of Plymouth optometry programme and Bradford College dispensing programme. An accreditation visit was conducted to the University of Ulster to consider plans to offer an independent prescribing programme and a visit was undertaken to the University of Manchester.

We have also consulted with optometry providers, our visitor panel and Education Committee on amendments to our optometry accreditation and quality assurance handbook to make existing requirements clearer and relevant to the variety of programmes now available (e.g. integrated masters) and to use an independent visitor panel to conduct accreditation visits, thereby enabling the Education Committee to focus on its scrutiny and governance role.

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

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

This indicator measures the number of registrants who have acquired at least one CET point every two months and so are considered to be on target to meet their annual six point minimum and the percentage of registrants who have completed their peer review. In the last quarter 97 per cent of registrants met their CET requirement. This represents no change compared to the previous quarter. This means that three per cent of registrants will need to complete their peer review in the next six months to meet their cycle requirements and the CET team are monitoring availability to ensure sufficient provision to support demand.



## Project Performance

### ***Review of our standards of practice***

Work continues on the standards strategic review, with the consultation on new standards of practice for fully-qualified registrants and student standards having been completed and the findings received. These are now being considered and will be presented to Council on 29 July.

### ***Review of our Accreditation process***

We have progressed the review of our process of accreditation and quality-assurance of optical education, training and qualifications and the optometry accreditation handbook has been presented to Council for consideration – see paper C29(15).

### ***Evaluation of our Continuing Education and Training scheme***

We have initiated an evaluation of the operation of our CET scheme over the first three-year cycle of enhanced CET and will consider possible changes to the scheme for 2016-18, to ensure registrants remain fit to practise.



## 4. Policy

### Key issues:

- We continued to engage with the Department of Health (DH) around the implications of the revised EU directive on the recognition of professional qualifications and the development of the Law Commissions' draft healthcare regulation bill.
- We released the results of our public perceptions research and tendered for our staff survey.
- We continued to work on the implementation of our illegal practice strategy project, meeting with stakeholders at our steering/working groups to progress the work streams relating to contact lens supply.
- We worked as part of the project team on the standards strategic review.

### Programme Performance

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

We continued to monitor developments in health regulation and optical care, responding to consultations on General Pharmaceutical Council's hearings and sanctions guidance and the General Osteopathic Council's continuing professional development scheme.

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

We worked with the DH and the other healthcare regulators to refine the draft bill produced by the Law Commission, notwithstanding that work on the Bill was put on hold in the run up to the general election and the Bill was not mentioned in the latest Queen's Speech and will not be included in the first session of Parliament. We continued to engage with the DH, Department for Business, Innovation and Skills (BIS), and the other healthcare regulators through our membership of the Alliance of UK Health Regulators on Europe (AURE). We continued to consider the implications of the revised EU directive on the recognition of professional qualifications and liaised with DH over proposed amendments to the GOC's legislation. We responded to the BIS consultation on the draft implementing regulations for the directive and draft guidance for competent authorities.

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

At the May Council meeting we presented the results of the public perceptions research that we commissioned from ComRes. Focus groups were carried out following by a UK-wide survey. We tendered for our staff survey, carried out interviews and appointed BMG Research. The survey has now been carried out and we will be considering the results in September 2015. We have also been working on the standards strategic review as part of the project team.

## **Project Performance**

### ***Reviews of business and student regulation***

Making changes 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 await clarity as to when and how legislative change may be possible.

### ***Illegal practice strategy implementation***

We are now implementing our illegal practice strategy for dealing with the illegal practices defined in the Opticians Act 1989 and established a stakeholder steering group on contact lens supply to take forward the work on developing the voluntary code of practice for online contact lens supply and to advise on improving public awareness of how to purchase and wear contact lenses safely. We have also formed a stakeholder working group to focus specifically on the voluntary code of practice. Meetings of these two groups have taken place in the last quarter and Council will be considering the code again at its July meeting. We then intend to go out to consultation on the draft code.

## 5. Communications

### Key issues:

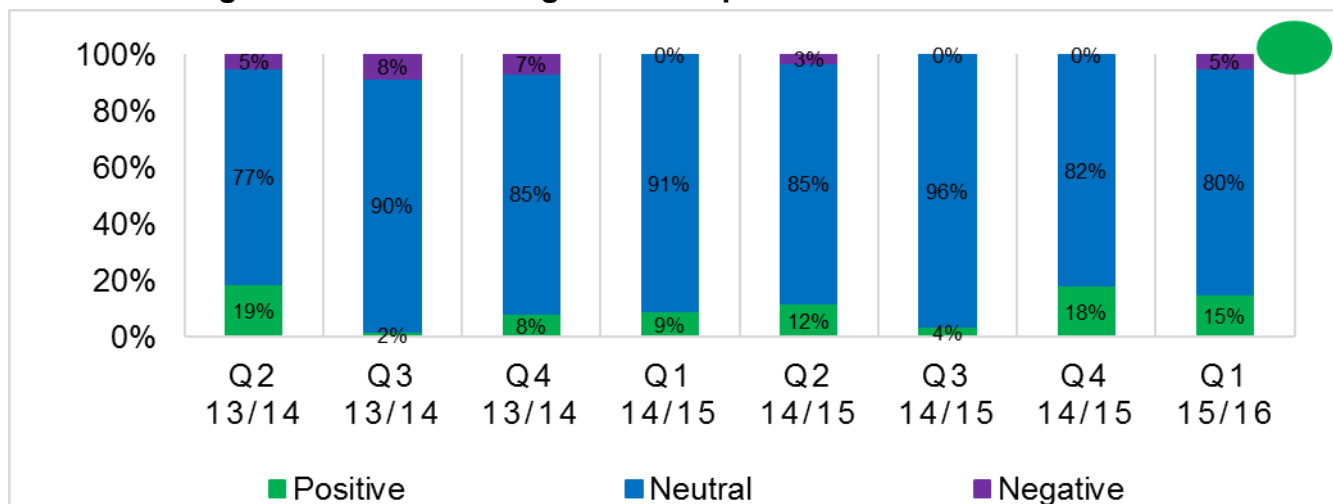
- Supporting the standards strategic review.
- Finalising the response to the PSA performance review.
- Attending the Trading Standards Institute conference to discuss the illegal practice strategy.

### Programme Performance

#### **Managing internal and external communications, including media relations**

Topics of media interest during the quarter have included standards, the office move, erasures from the register and the potential for a new optometry course at Portsmouth.

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



The performance in this area still shows a positive trend with achievement exceeding target.

#### **Implementing our stakeholder engagement strategy**

We have developed a plan for implementing our stakeholder engagement strategy and are considering how to use CRM to improve our co-ordination of engagement. Over the last quarter we have undertaken extensive engagement around the standards project and attended the Trading Standards Institute conference to discuss our illegal practice strategy. We also met NHS Protect to discuss a co-ordinated approach to dealing with issues of fraud.

#### **Improving our website and digital communications**

The level of traffic to our website varies depending on whether we are publicising issues of interest, particularly to our registrants. We had a higher level of traffic in this quarter than in the corresponding quarter last year.

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

We have received and reviewed the PSA's report on our performance in 2014/15, the outcome of which has been presented to Council for consideration – see paper C31(15).

## 6. Governance

### Key Issues

- Publication of the 2015/16 business plan.
- Review of the Corporate Performance Framework.
- 2015 Council Evaluation and Performance Review.
- Reviewing the Scheme of Delegation and development of a member development plan.
- Recruitment process for an Investigations Committee chair and registrant Council member commenced.

### Programme Performance

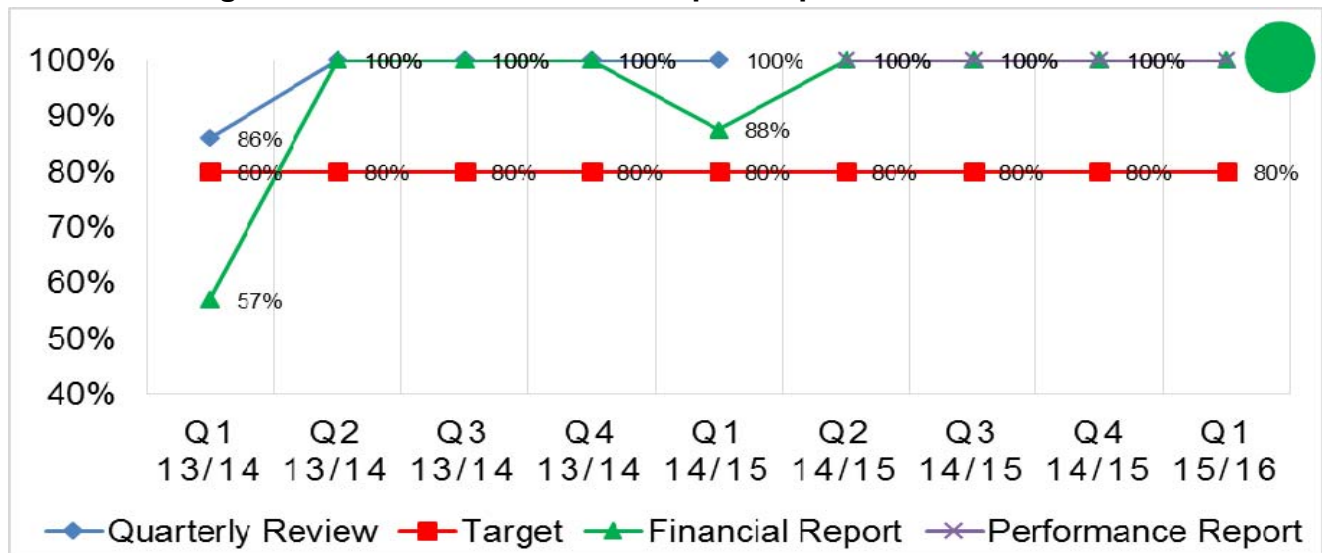
#### ***Development of our business plans to ensure achievement of our strategic objectives***

The Business plan for 2015/16 was finalised and published.

#### ***Reporting on organisational performance***

The new corporate performance system has now been running for one year and Council is receiving quarterly performance and management Information reports which are enabling members to review and assess performance. During the quarter work has been undertaken to review our performance reporting framework for 2015/16, linking it with the strategic objectives and business plan. Work has been undertaken in relation to the Council corporate performance review day in June 2015, including the production of an annual performance report.

#### **6.1. Percentage of Council satisfied with corporate performance information**



Members are either satisfied or neither satisfied or dissatisfied with the information and analysis contained within the financial and corporate performance reports, which has resulted in an 100 per cent net satisfaction rating over the last year.

#### ***Managing Council and committee meetings***

We supported one Council, one Nomination and one Audit and Risk Committee meetings, as well as a meeting of the Education committee and the two-day Council Evaluation and

Performance Review. A schedule of Council and committee meetings for 2016/17 has been proposed and will be considered by Council at its July 2015 meeting – see paper C39(15).

***Developing and embedding governance policies and processes***

An initial review of the Scheme of Delegation has been undertaken, considered by the Audit and Risk Committee and has been presented to Council for consideration in July 2015 – see paper C36(15). The trial of the interim policy on gifts and hospitality has been extended to ensure it is proportionate and appropriate for the GOC's needs. An evaluation of the Audit and Risk committee has been undertaken and considered by the committee.

***Managing the production of our annual reports***

The 2014/15 Annual Report has been drafted as a combined annual report and annual FTP report and is being considered in draft by Council on 29 July 2015. The final report will be considered in public at the November Council meeting before being laid before Parliament and published.

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

We progressed the recruitment of an Investigation Committee chair and a new registrant Council member. 49 applications were received for lay Chair of the Investigations Committee by the deadline of 8 June 2015 with interviews held on 22 July 2015. 45 applications were received a new registrant Council member by the deadline of 21 July 2015. Interviews are due to be held on 16 September 2015 and the successful candidate announced in November once Privy Council approval has been given to the appointment. Plans for the recruitment of three registrant members of the Investigation Committee have also been made and a campaign will launch in early August. The 2015 Council evaluation process was undertaken and a member development plan was drafted. Preparation for the appraisal of Council members in 2015 has commenced.

**PART 3**  
**Resources Directorate**  
**Reporting period:**  
**April 2015 – June 2015**

## 7. Registration

### Key issues:

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

### Programme Performance

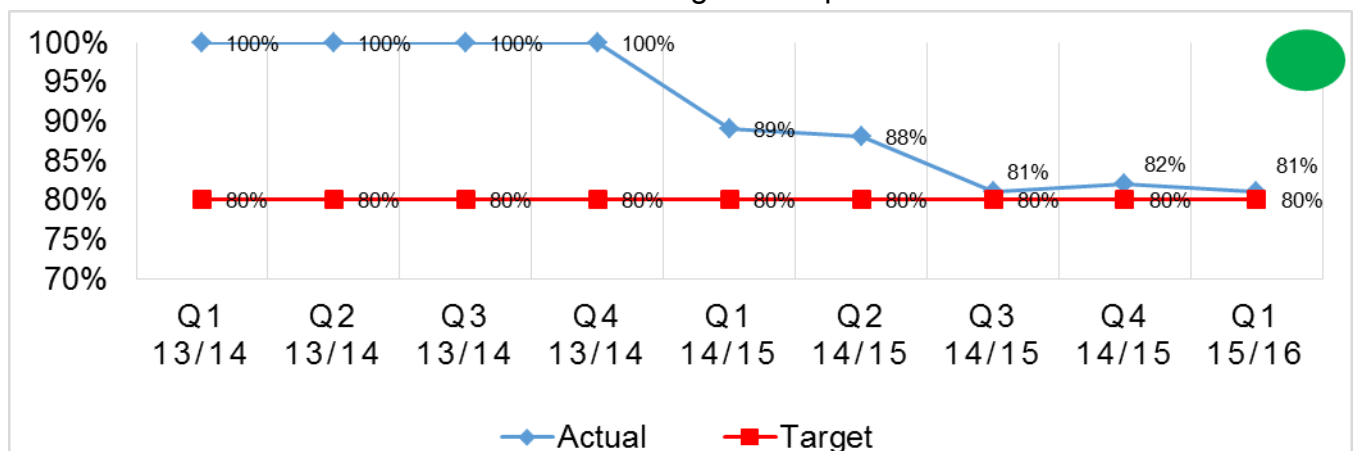
#### ***Ensuring our public register remains accurate, up to date and accessible***

The CRM system went live in September 2014 and the Registration team have been using the system since that time. The retention period for the registration year 2015/16 opened on 6 January 2015, and concluded on 31 March 2015. This was the first retention period in which the CRM was operational, and there were a number of issues relating to the system and its links to the online retention system that have needed to be resolved, or are ongoing. Student retention opened in early April 2015, and we continue to monitor the performance of the interface between the CRM system and the MyGOC portal, to identify and resolve issues as and when they arise. Additionally, we continue to develop reporting and quality assurance processes to support the CRM system.

#### ***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)**

Performance in this area still exceeds the set target of 80 per cent.



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

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

***Managing the assessment of applicants with qualifications gained outside the UK***

During the last quarter the processing time for applications for registration received from outside the EEA area was two days. For the previous 12 months, quarterly performance was consistent between one and three working days. The time taken to process these applications relates to the registration process only and does not include the time taken for the College or ABDO exam processes. Applicants from outside the EEA will usually approach the College or ABDO to undertake the relevant exam in order to gain entry onto the register. From April 2015, management of the process for non-EEA applicants has been undertaken by the GOC.

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

**Project Performance**

***Review of the Register***

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

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

We have started to implement the process for assessing registration applications from outside Europe and will review the process for assessing registration applications from within Europe later in the year.



## 8. Finance

### Key issues:

- Preparation of year-end accounts for 2014/15.
- Preparation of reports and liaising with external auditors on the annual external audit.

### Programme Performance

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

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

#### ***Preparing the annual budget and financial accounts***

Year-end accounts for 2014/15 were prepared and are being audited by the external auditors.

#### ***Developing our financial management skills and oversight***

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

#### ***Informing and advising on the financial position and strategy***

Monthly management accounts were prepared at the end of May for the first two months of the year. They inform the financial position and provides key highlights. April report is not prepared annually since focus during April is on the year-end.

#### ***Advising on our approach to risk management***

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

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

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

## 9. Human Resources

### Key issues:

- The Electronic Recruitment System continues to be used successfully for vacancies and candidates find it accessible.
- During the quarter we have successfully completed the recruitment to the posts of Senior Lawyer, Governance Manager and a new post of Head of Policy and Research. We have also appointed an interim FTP Caseworker to cover a vacancy brought about by a temporary internal promotion. This followed the resignation, in May, of the Senior Casework Investigator. The people appointed to the first three posts mentioned here will join over the course of the summer. They all come with substantial experience of other regulatory bodies.
- Recruitment campaigns for the posts of Compliance Manager, CRM Administrator and Registration Officer are taking place at present.

### Programme Performance

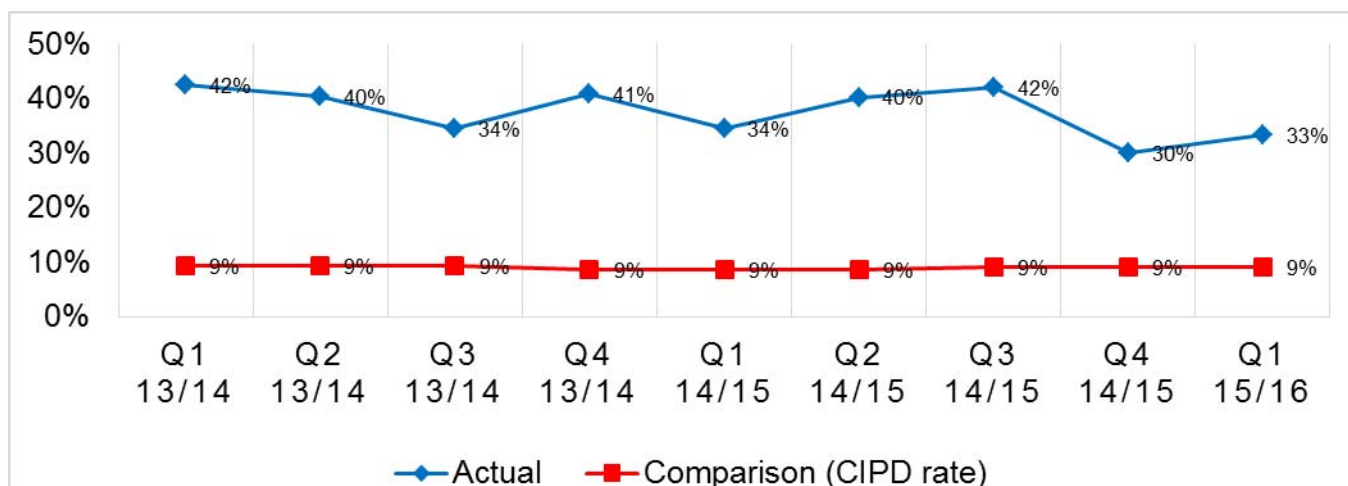
#### **Managing processes for recruitment of employees**

The recruitment module introduced into the Sage system last year has continued to be used successfully with some positive feedback. 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**

A program of policy development and reviews is underway focussing on bringing some policies in line with recent legislative changes and in simplifying and co-ordinating processes. Existing policies that are not changing have been the subject of regular briefings with managers to ensure they are aware of them and how to apply them in their teams.

#### 9.1. Annual staff turnover



In the last quarter we had three new employees joining the GOC and four leaving. The annual staff turnover rate was 33 per cent against the CIPD comparison rate of nine per cent. This represents a ten per cent increase on the final quarter of 2014/15 and is still a cause for concern. It is hoped that the changes in the reward system and the office move may have a positive effect on achieving further reductions in turnover levels.

***Implementing a new performance management system***

The new Reward Framework has now been implemented and work continues on the implementation of the revised system. Appraisal meetings have taken place and a moderation process is taking place at Senior Management Team to ensure consistency and compliance with good practice. The moderated results will then form the basis for consideration of pay changes based on assessments of performance levels in the year under review. Work is continuing on the comparison of non-pay benefits with comparable organisations. Initial findings show that GOC compares well in what we offer staff. The aim for the medium to longer term is to offer a more flexible benefits package that would enable staff to select non pay benefits that were suitable to their own individual circumstances. Further consultation will need to take place to arrive at a package that is affordable and attractive to our staff and potential future employees.

***Development and delivery of an organisational training and development programme***

Following the risk management training carried out in December 2014, a need was identified for budget management training and this is taking place on 7th July 2015. HR are actively following up those training needs that are identified in individual staff appraisals. Individual staff are being offered information on learning and development options that they can follow up to address whatever learning needs have come to light in the appraisal discussions.

**Project Performance**

***People strategy***

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

## 10. IT

### Key issues:

- Dealing with the preparation of all necessary works for relocation to the new premises.
- Identifying and purchase of the new phone system.
- The FTP team have been trained and have gone live on the CRM system.
- Training was provided for the Hearings team.
- The paperless project has started and the Airwatch system has been procured for management of the GOC's iPads.

### Programme Performance

#### ***Providing robust ICT facilities***

The IT team have dealt with helpdesk requests in a timely manner with 99 percent of requests being dealt with within five days.

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

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

#### ***Providing and enforcing effective security for GOC IT systems***

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

#### ***Test Disaster Recovery processes and update and Business Continuity plan***

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

### Project Performance

#### **Customer Relationship Management system**

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

## 11. Facilities

### Key issues:

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

### Programme performance

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

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

#### ***Management of GOC meeting space***

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

#### ***Define our approach to corporate social responsibility and sustainability***

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

### Project Performance

#### **Property Relocation**

The specific purpose of this project is to 'relocate the GOC to provide additional office space and a self-contained hearings suite. The property project is progressing well. A press release was published on the relocation of the GOC to 10 Old Bailey Fit-out contractors started works at the end May and so far everything is going according to plan and should be completed by 31 July 2015. The move has been scheduled for the end of August 2015.