



Council
18 July 2017
Strategic Plan evaluation year one 2016-17

Classification	Public
Purpose	For noting
Issue	This paper provides an update on the progress with the 2016-19 Strategic Plan based on the evaluation measures agreed by Council in May 2016.
Recommendation	To note the content of the report.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annex	Strategic Plan evaluation 2016-17
Author	Tim Walker

Background

1. In the Corporate Strategy 2016-19, we said:

'We will use a number of means to measure our effectiveness as a regulator. These will be balanced across three main areas:

- Ensuring that our statutory duties are met and that we have the confidence of the public and registrants for what we do
- Providing demonstrable public value from the outcome of our work, both internal activity and that delivered in partnership with others
- Operating effectively as an organisation, including making effective use of resources to achieve our objectives.

The way in which we will measure our success across these areas is set out in the table below.

Area of performance	Measures of success
1. Meeting our statutory duties and maintaining confidence	1. The public and registrants continue to have confidence in our work 2. We continue to meet the Professional Standards Authority for Health and Social Care's standards of good regulation 3. Privy Council and Department of Health default powers not exercised 4. Appeals against statutory decisions are not upheld 5. Number of fitness to practise case attracting learning points
2. Providing demonstrable public value	1. Stakeholders – including patients, registrants and partners – are satisfied with our performance 2. We maintain/improve standards measured through: <ul style="list-style-type: none"> - Outcomes of fitness to practise complaints - Volume/types of complaints - Engagement in new CPD activities and processes - Implementation/outcomes of development projects - Reduction in conditions imposed on Recognised Qualifications - Successful activity under section 32 of the Osteopaths Act 1993 (including prosecutions)

<p>3. Using our resources to operate effectively</p>	<p>1. We meet a range of key performance indicators including:</p> <ul style="list-style-type: none"> - Processing of registration applications - Handling of fitness to practise complaints - Auditing of CPD returns - Performance against customer service standards <p>2. We implement improvements identified from audit and other feedback</p>
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2. When Council discussed this in May 2016 it was noted that it would not be possible to provide an update across all areas each year as some measures would not be available at every stage.
3. It was also noted that this report would supplement the report on progress against the Business Plan considered at each meeting of Council.
4. A commentary on performance against the measures above is presented at the Annex.

Recommendation: to note the content of the report

Corporate Strategy evaluation 2016-17

Measures of success	Agreed approach	Commentary
<i>Ensuring that our statutory duties are met and that we have the confidence of the public and registrants for what we do</i>		
1.1 The public and registrants continue to have confidence in our work	Regular tracking of registrant and public confidence in the GOsC (and the osteopathic profession) using quantitative and qualitative surveys.	<p>We have baseline survey data for the public (2014-15) and for registrants (2012) as well as other survey data.</p> <p>A range of surveys is planned in 2017-18 and will be used to evaluate this area.</p> <p>In addition, patients and registrants are members of our key working groups developing the Osteopathic Practice Standards and the implementation of our new CPD scheme.</p>
1.2 Continuing to meet the PSA's standards of good regulation	Proportion of standards deemed to be met by the GOsC in each annual Performance Review.	All of the standards were met in 2016-17.
1.3 Privy Council and Department of Health intervention remain unnecessary	The GOsC continues to meet its statutory duties as judged by the PSA, Department of Health and Privy Council.	We continue to enjoy positive relations with the DH and PSA and there has been no indication of concern that we are not meeting our statutory duties.
1.4 Appeals against statutory decisions are not upheld	The number of appeals lodged against decisions made by the GOsC fitness to practise panels and the success rate in relation to these appeals.	<p>In 2016-17 there were:</p> <ul style="list-style-type: none"> • No appeals against final decisions of the PCC or HC • No appeals against decisions of the

		Registrar <ul style="list-style-type: none"> • No judicial Reviews • No other legal claims
<i>Providing demonstrable public value from the outcome of our work, both internal activity and that delivered in partnership with others</i>		
2.1 Stakeholders – including patients, registrants and partners – are satisfied with our performance	Regular qualitative and quantitative survey of key stakeholder perceptions of the GOSc’s performance as a regulator, including assessment of partnership working. In addition to this, the results of any other regular surveys undertaken, e.g. <ul style="list-style-type: none"> • customer service • website • new registrants. 	This survey is due to be undertaken in 2017-18. New registrant survey in 2016-17 showed high level of satisfaction with registration process.
2.2 Maintenance/improvement of standards measured through: <ul style="list-style-type: none"> - Outcomes of fitness to practise complaints - Volume/types of complaints - Engagement in new CPD activities and processes - Implementation/outcomes of development projects - Reduction in conditions imposed on Recognised 	<ul style="list-style-type: none"> • Number/trend of PSA learning points per case • Successful outcomes of illegal practice prosecutions (s32) • Overall number of complaints 	In 2016-17 PSA learning points were received in respect of two fitness to practise cases. 26 s32 cases were resolved and two individuals were successfully prosecuted for claiming to be osteopaths. The number of complaints opened in 2016-17 reduced from 2015-16 but this figure was distorted by a number of advertising complaints. Non advertising complaints have remained constant.

<p>Qualifications</p> <ul style="list-style-type: none"> - Successful s32 activity (including prosecutions) 	<ul style="list-style-type: none"> • Evaluation of impact of new CPD scheme • Number/nature of RQ conditions • Impact assessment of joint working 	<p>A baseline survey was conducted in 2016-17 and will be followed up in 2017-18.</p> <p>One RQ renewal in 2016-17 was without conditions, one had three conditions. A new institution was also awarded initial recognition of a qualification with six conditions.</p> <p>This will be assessed as part of the stakeholder survey at 2.1 above.</p>	
<p>2.3 Our standards and regulatory interventions support the enhancement of patient care and patient safety.</p>	<p>Research measuring impact of regulatory interventions through patient outcomes.</p>	<p>This is an area that we will continue to keep under review for appropriate measures.</p>	
<p><i>Operating effectively as an organisation, including making effective use of resources to achieve our objectives</i></p>			
<p>3.1 Meeting a range of KPIs including:</p> <ul style="list-style-type: none"> - Registration applications processing - Fitness to practise complaint handling - Auditing of CPD returns - Performance against customer service standards 	<p>PSA key comparators, as follows:</p> <ul style="list-style-type: none"> • The number of registration appeals concluded, where no new information was presented, that were upheld. • Median time (in working days) taken to process initial registration applications for <ul style="list-style-type: none"> • UK graduates • EU (non-UK) graduates • International (non-EU) 	<p>2015-16</p> <p>0</p> <p>(Q4 only)</p> <p>2</p> <p>53</p> <p>56</p>	<p>2016-17</p> <p>0</p> <p>2</p> <p>36</p> <p>66</p>

	<p>graduates</p> <ul style="list-style-type: none"> • Time (in weeks) from receipt of initial complaint to the final Investigating Committee/Case Examiner decision <ul style="list-style-type: none"> • Median • Longest case • Shortest case • Time (in weeks) from receipt of initial complaint to final Fitness to Practise hearing <ul style="list-style-type: none"> • Median • Longest case • Shortest case • Time to an interim order decision from receipt of complaint • Outcomes of PSA appeals against final fitness to practise decisions <ul style="list-style-type: none"> • Dismissed • Upheld and outcome substituted • Upheld and case remitted to regulator for re-hearing • Settled by consent • Withdrawn • Number of data breaches reported to the Information Commissioner 	<p>(Q4 only)</p> <p>16</p> <p>32</p> <p>8</p> <p>47</p> <p>127</p> <p>25</p> <p>(Q4 only)</p> <p>3</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>1</p>	<p>17</p> <p>108</p> <p>4</p> <p>54</p> <p>98</p> <p>19</p> <p>7</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p> <p>0</p>
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	<ul style="list-style-type: none"> Number of successful judicial review applications. 	0	0
	<p>In addition to the PSA data:</p> <ul style="list-style-type: none"> Auditing 20% of CPD annual summary forms and 2% of CPD folders Number of corporate complaints received and upheld <p>Performance against service standards.</p>	100%	<p>One received and upheld.</p> <p>An internal audit was carried out in May/June 2016 which found good adherence to the service standards.</p>
3.2	Implementing improvements identified from audit and other feedback	Implementation of internal and external audit findings.	This is an area that we will continue to keep under review for appropriate measures.
3.3	Cost benchmarking	Comparison of costs across the sector.	This is an area that we will continue to keep under review for appropriate measures.
3.4	Demonstrating that we are operating efficiently	Development of quality measures to demonstrate efficiency in the context of our strategic objectives and to provide a baseline for future measurement.	This is an area that we will continue to keep under review for appropriate measures.