



Council
9 July 2020
Chief Executive and Registrar's Report

Classification	Public
Purpose	For noting
Issue	A review of activities and performance since the last Council meeting not reported elsewhere on the agenda.
Recommendations	To note the content of the report.
Financial and resourcing implications	The report for the first quarter of the financial year 2020-21 is annexed to this report.
Equality and diversity implications	The paper sets out what we have done since the previous Council meeting on matters related to equality, diversity and inclusion.
Communications implications	These are discussed in the report.
Annexes	A. Business Plan monitoring document 2020-21 B. Financial report to 30 June 2020 (issued as a late paper) C. Performance Measurement report 2019-20
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Introduction

1. This report gives an account of activities of note that have been undertaken by the Chief Executive and Registrar and colleagues since the last Council meeting, which are not reported elsewhere on the agenda.

Professional Standards Authority for Health and Social Care (PSA)

2. At the time of dispatch, the PSA performance review into our performance for 2019-20 has not yet been published, although we anticipate this will be done in early July and before the Council meeting. When the report is published, it will be circulated to Council members and the outcome reported to the profession and stakeholders through our usual communication channels.
3. I am pleased to report that Alan Clamp, PSA Chief Executive, will be speaking to Council at the July 2020 meeting. We had originally planned for Alan to speak to Council in May 2020; however, this needed to be deferred due to the coronavirus global pandemic.

Quality Assurance procurement

4. Since the previous Council meeting, we have concluded the quality assurance procurement contract negotiations and have announced that the contract was awarded to Mott McDonald. We are liaising with our osteopathic education providers to talk through the transition to a new quality assurance provider.
5. It is important that we also recognise the work of the Quality Assurance Agency who we worked in partnership with for a significant period of time. We thank them for their work and for their professionalism.

Coronavirus (COVID-19)

6. The May 2020 Council papers provided a comprehensive report setting out the impact of, and our response to, the coronavirus (COVID-19) global pandemic. Since the previous meeting, our staff have continued to operate from home as we carefully risk assess any phased re-opening of Osteopathy House.
7. We recognise that our staff are our most important asset, and it is important we understand any concerns they may have about a phased re-opening of Osteopathy House. We have issued staff questionnaires and we are currently analysing those responses in order to inform our risk assessments.
8. In addition, we have been clear that staff need to ensure an appropriate work-life balance which can be a challenge in the home working scenario. Our HR Manager has reminded staff about the importance of taking annual leave and to be aware of their own physical and mental health.

9. Any updates about the impact of coronavirus (COVID-19) on our work, for example, how we intend to resume fitness to practise activities, is set out within the other Council papers on the July 2020 agenda.

Public and patient involvement

10. On 4 June 2020, we held an online focus group with patients to better understand the patient perspective on osteopathic care as a result of the coronavirus pandemic, and how best we can include the patient voice in policy and decision-making going forward through a co-production model approach.
11. We sought specific feedback from patients on the barriers and enablers to osteopathic treatment as a result of the current situation; potential gaps in our infection control guidance; and what more GOsC needs to do during the pandemic from a patient perspective. The patients also considered the Questioning Witnesses Guidance which appears elsewhere on the Council agenda.
12. We received excellent engagement from the patients who attended the forum and a summary of feedback can be found below:
 - a. Two out of three patients attended OEI treatment clinics
 - b. There was a general sense of reticence and risk aversion among the patients
 - c. None had sought treatment during the pandemic
 - d. Factors motivating these decisions included:
 - Pain levels needing to be significantly high
 - Travelling on public transport
 - Concerns about safety and infection control as a result of being in close contact with an osteopath (this also included transparency of Health and Safety policies)
 - Concerns about being able to verbally communicate with osteopaths wearing PPE
 - Concerns about the communication of touch being lost, due to osteopaths wearing gloves
 - Lack of confidence in government was shaping individual decisions
 - e. Some reported wanting 'certainty' or for it to 'be declared safe' to return to osteopathic treatment
 - f. One expressed finding it difficult to consent to treatment because they felt that they did not understand the risks
 - g. Telehealth would be taken up by all if it was offered by osteopaths, but there were concerns about accessibility and whether a set of sensible questions with a patient was an adequate replacement for key hands-on testing procedures

- h. Concerns were reported as to whether all osteopaths would be able to practice and whether the pandemic would drive prices up (pricing some patients out of treatment)
- i. Two out of three patients would return to clinics once they re-open, but would advise other more vulnerable groups to wait before doing so.

Registrant engagement – CPD

13. We have continued to engage with registrants around the implementation of the CPD scheme through webinars focused on objective activities including case-based discussion, peer observation and patient feedback. These webinars have been well attended with positive feedback received. On completion of their chosen objective activity each webinar cohort receive two additional online sessions on the Peer Discussion Review process which includes getting the opportunity to practice completing sections of the Peer Discussion Review template with a peer in the group.
14. Registrants have been 'paired' up to undertake work between the webinar series and this ensures ongoing communication, engagement and commitment. We have also reached out and engaged directly with registrants in Northern Ireland as part of our efforts to ensure our webinar programmes are available to all. Out of the 23 osteopaths based in Northern Ireland who are on the Register, 18 have already taken part in the first webinars of the four-part webinar programme.

Equality, Diversity and Inclusion

15. Since the May Council meeting, we have restated our commitment to equality, diversity and inclusion (EDI) following recent global events. This includes starting a safe-space conversation with our team so that we can listen and hear views about how we might be able to enhance our approach to EDI. The team are exploring how we might be able to use Microsoft Teams as a tool for creating these safe-space conversations, but also how Microsoft Teams might be used as a repository for resource sharing and learning amongst staff.
16. This year, for the first time in our history, we had planned to attend London Pride. This would have been alongside colleagues from other regulators who routinely attend Pride; however, this was subsequently cancelled due to the pandemic. On 26 June, we did participate in the NHS Virtual Pride by tweeting through our social media account and we also attended an online LGBT+ Healthcare lunchtime event organised by the Royal Society of Medicine.
17. In our communications to the profession, we have continued to promote mental health awareness and there is a feature on this in the next edition of The Osteopath magazine.
18. We were approached by NHS England and NHS Improvement (NHS E&I) to provide equality and diversity statistics about osteopaths working in England

who are also Allied Health Professionals. We were able to provide statistics across the nine protected characteristics and we have established an ongoing relationship with NHS E&I around this topic.

19. We recognise that we do not hold a full set of equality and diversity data across our registrants and we are exploring how we might be able to undertake a data collection exercise to enhance the data we hold. This would allow us to better understand the Register and any implications associated with our policy development agenda.
20. The annual Equality and Diversity report is presented to Council separately on the July 2020 Council agenda.

Regulatory reform

21. Discussions continue between the regulators and the Department of Health and Social Care about the potential for s60 orders to streamline fitness to practise processes, governance arrangements and registration processes across the regulators. We will continue to keep Council updated on these discussions and around the expected timeline for when such amendments might be implemented.
22. We are also aware that the DHSC have started discussions around reforms to regulations associated with Education and Training and Registration. There will be an exploratory online meeting held on 9 July 2020 and a GOsC representative will be in attendance.

Governance

23. The Council was reconstituted on 1 April 2020, with three new members of Council joining. In addition, Council agreed the appointment of the new independent member of the Remuneration and Appointments Committee. We have held general induction meetings with all members, as well as committee specific induction meetings. Further discussions with those new members will continue to ensure they are supported in their transition to their roles.

Whistleblowing report

24. Protect – the UK’s leading authority on whistleblowing – has issued a report called *Better Regulators*¹ which outlines six principles for recommended practice in how organisations should handle whistleblowers.
25. We have discussed the report and considered how our own policy and published materials may be enhanced, including what information we may wish to produce

¹ https://s3-eu-west-1.amazonaws.com/public-concern-at-work/wp-content/uploads/images/2020/04/27134617/Better-Regulators-Report-April-2020_Protect.pdf

for registrants. There are some immediate actions we have taken such as ensuring the information on our website is current and updating the policy to ensure links and telephone numbers are current. We intend to bring a fuller paper back to Council when we have developed our thinking further.

External meetings – bringing insight into our business

26. Since the previous meeting we have participated in several external events with stakeholders and partner organisations which ensure that we are able to bring insight to our work. These meetings include:

- Health and Social Care Regulators Chairs and Chief Executive meeting
- Director of Fitness to Practice weekly forum
- GOsC and General Chiropractic Council bilateral meeting
- GOsC and iO bilateral meeting
- Meetings with the Council of Osteopathic Education Institutions
- Joint Healthcare Regulators EDI Forum
- Healthcare Regulators Corporate Complaint Forum - Nockolds Solicitors
- Care Quality Commission – health and social care regulators form
- Emerging Concerns Protocol Steering Group
- Responding to Concerns Partnership Group
- Osteopathic Development Group (ODG) and the Osteopathic Communications Network (sub-group of ODG)
- Chief Executives of the Regulatory Bodies monthly forum
- PARN CPD webinar

Progress against the 2020-21 Business Plan

27. The 2020-21 Business Plan monitoring report is set out at Annex A. Members will be aware from the May 2020 Council meeting that we have needed to pause some activities, and these are highlighted in the monitoring report.

Financial report

28. The financial year end 2020-21 commenced on 1 April 2020. Due to the timing of the Council papers dispatch, the first quarter report to 30 June 2020 will be issued as a late paper. This paper will be Annex B.

Performance measurement report 2019-20

29. Annex C, set out below, provides the annual performance measurement report against a set of measures agreed with Audit Committee and which look across the full range of our business activities. Last year Council requested this report was presented at an earlier meeting for it to be more meaningful.

30. Audit Committee received and noted this report at its meeting on 25 June 2020.

Recommendations: to note the content of the report.

Annex C to 6

Performance Measurement Report 2019-20

1. Council has previously adopted a set of measures against which the performance of the organisation can be assessed. Each year an annual performance measurement report is provided to the Audit Committee.
2. In 2019, Council asked the Executive to bring forward the report as it was not seeing the performance measures until October, which it felt was too late after the end of the financial and business year. We reported to the Audit Committee in June 2020 so that the report can be presented to Council in July 2020.

Area of performance	Measures of success
1. Meeting our statutory duties and maintaining confidence	<ol style="list-style-type: none"> 1. The public and registrants continue to have confidence in our work 2. We continue to meet the PSA's standards of good regulation 3. Privy Council and Department of Health intervention remain unnecessary 4. Appeals against statutory decisions are not upheld
2. Providing demonstrable public value	<ol style="list-style-type: none"> 1. Stakeholders – including patients, registrants and partners– are satisfied with our performance 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 Qualifications - Successful s32 activity (including prosecutions)
3. Using our resources to operate effectively	<ol style="list-style-type: none"> 1. Meeting a range of KPIs including: <ul style="list-style-type: none"> - Registration applications processing - Fitness to practise complaint handling - Auditing of CPD returns - Performance against customer service standards 2. Implementing improvements identified from audit and other feedback

3. The existing set of measures reflect advice from the Audit Committee and Council to adopt fewer measures but to be more targeted. An assessment of performance against these measures in 2019-20 is set out below:

Annex C to 6

Performance assessment 2019-20

Area of performance	Performance measures	Comments
Meeting our statutory duties and maintaining confidence	1. The public and registrants continue to have confidence in our work	<ul style="list-style-type: none"> 75% of respondents to the 2019 CPD Evaluation Survey said they felt they adequately understood the new CPD scheme which could be seen to reflect a level of confidence in the GOsC's implementation of the new scheme. The survey also showed that 51% of osteopaths report they have used the four themes of the Osteopathic Practice Standards (OPS) to identify their learning needs. This is an 8% increase on 2017-18 figures, suggesting more osteopaths are steadily using the OPS when planning and recording their CPD. At the end of the reporting period, the impact of the coronavirus pandemic was being felt. We saw an increase in communications to the GOsC containing a level of frustration, for example, around the decision not to reduce fees. This was consistent with the experiences from other healthcare regulators.
	2. We continue to meet the PSA's standards of good regulation	<ul style="list-style-type: none"> In 2019-20 all of the standards of good regulation were met; however, the final report has yet to be published so this remains confidential.
	3. Privy Council and Department of Health intervention remain unnecessary	<ul style="list-style-type: none"> Privy Council and Department of Health default powers have not been exercised.
	4. Appeals against statutory decisions are not upheld	<ul style="list-style-type: none"> In the year a statutory appeal upheld an appeal against a fitness to practise decision and costs of £22,000 were awarded against the GOsC. Council has extensively

Annex C to 6

Area of performance	Performance measures	Comments
		<p>discussed this matter at meetings in July 2019 and November 2019.</p> <ul style="list-style-type: none"> • A second appeal was concluded by way of consent order. There were two grounds of appeal. The first was dismissed with the second allowed. This changed the sanction to an admonishment. No order for costs was made.
Providing demonstrable public value	<p>1. Stakeholders – including patients, registrants and partners – are satisfied with our performance</p>	<ul style="list-style-type: none"> • Stakeholders were invited to participate in our public consultations in 2019-20, or which there were three.
	<p>2. We maintain/improve standards measured through:</p> <ol style="list-style-type: none"> i. Outcomes of fitness to practice complaints ii. Volume/types of complaints iii. Engagement in new CPD activities and processes iv. Implementation/ outcomes of development projects v. Reduction in conditions imposed on Recognised Qualifications vi. Successful s32 activity (including prosecutions) 	<ul style="list-style-type: none"> • The Investigating Committee considered fewer cases (40 compared to 58 the previous year) with 26 cases referred to the Professional Conduct Committee or Health Committee (34 cases the previous year). • The Professional Conduct Committee concluded 24 cases, in 13 of those a sanction was imposed. • There was a decrease in removals from the Register (1 in 2019-20, 5 in 2018-19) and an increase in 'allegation not proven' outcomes compared to the previous year (11 in 2019-20, 9 in 2018-19). • Engagement with early adoption of the new CPD scheme continued to positive with registrants moving through their first year on the scheme into their second year. • Two institutions saw the removal of their 'recognised qualification' expiry

Annex C to 6

Area of performance	Performance measures	Comments
		<p>date enabling more flexibility in terms of visits</p> <ul style="list-style-type: none"> • 67 cease and desist letters were issued. In the reporting period, 47 cases were resolved. One successful section 32 prosecution was heard with costs being awarded to GOsC. A second prosecution was delayed due to the coronavirus pandemic.
Using our resources to operate effectively	<p>1. We meet a range of KPIs including:</p> <ul style="list-style-type: none"> i. Processing of registration applications ii. Handling of fitness to practise complaints iii. Performance against customer service standards 	<ul style="list-style-type: none"> • Registration application processing was all within KPI. • Median time taken for investigating a complaint was 26 weeks (in line with target of 26 weeks). • Median time taken for concluding a hearing was 63 weeks (above our target of 52 weeks). • Corporate complaints are reported to the Audit Committee
	<p>2. We implement improvements identified from audit and other feedback</p>	<ul style="list-style-type: none"> • Audits undertaken in fitness to practise and IT security with results reported back to Audit Committee and Council. • Five-year assurance audit plan agreed for 2019-24. Focus of audits in second year of plan being governance and equality, diversity and inclusion. • Decision review group continued to meet to support audit of fitness to practise cases. • No significant issues were identified by the auditors within the annual financial audit.