



Council
5 May 2016
Evaluation of the 2016-19 Corporate Strategy

Classification	Public
Purpose	For decision
Issue	This paper seeks agreement from Council on proposals for evaluation measures in the period of the 2016-19 Corporate Strategy.
Recommendation	To agree the approach to evaluation of the 2016-19 Corporate Strategy.
Financial and resourcing implications	Survey costs will be incorporated into future annual budgets.
Equality and diversity implications	None
Communications implications	None
Annex	Proposed evaluation measures 2016-19
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Background

1. Over the course of the 2013-16 Corporate Plan, the GOsC assessed its performance using a form of 'balanced scorecard'. This sought to measure our performance against three broad areas using a range of measures. The three areas measured have been:
 - a. Meeting our statutory functions
 - b. Delivering benefits to stakeholders
 - c. Effective and efficient leadership and management.
2. The outcomes we sought to measure and the performance measures themselves are set out in the table below.

Meeting our statutory functions	
Outcome	Performance measures
Judged to be an effective regulator	<ul style="list-style-type: none"> • Professional Standards Authority (PSA) Annual Performance Review
	<ul style="list-style-type: none"> • Privy Council default powers not exercised
Statutory decisions are timely	<ul style="list-style-type: none"> • Registration performance
	<ul style="list-style-type: none"> • Fitness to practise performance
	<ul style="list-style-type: none"> • 'Recognised Qualification' (RQ) processing
	<ul style="list-style-type: none"> • Continuing professional Development statistics
	<ul style="list-style-type: none"> • Complaints information
Statutory decisions are sound	<ul style="list-style-type: none"> • Registration appeals
	<ul style="list-style-type: none"> • Fitness to practise appeals
	<ul style="list-style-type: none"> • Quality Assurance Agency evaluation and feedback
	<ul style="list-style-type: none"> • PSA audits
	<ul style="list-style-type: none"> • Complaints information
Delivery of benefit to stakeholders	
Public have access to appropriate information and are effectively	<ul style="list-style-type: none"> • Web statistics/surveys
	<ul style="list-style-type: none"> • Mail and telephone response service

supported and protected	standards
	<ul style="list-style-type: none"> • Fitness to practise hearing feedback
	<ul style="list-style-type: none"> • s32 (protection of title) enforcement
Registrants are engaged in the development and implementation of standards	<ul style="list-style-type: none"> • RQs and conditions
	<ul style="list-style-type: none"> • Registrant survey
	<ul style="list-style-type: none"> • ● zone statistics/surveys
	<ul style="list-style-type: none"> • CPD audits
	<ul style="list-style-type: none"> • Leavers survey
	<ul style="list-style-type: none"> • Participation in consultations and events
Effective and efficient leadership and management	
Council provides effective leadership of the organisation	<ul style="list-style-type: none"> • Council effectiveness measures
GOsC is well managed and we deploy our resources to achieve maximum benefit	<ul style="list-style-type: none"> • Financial audit
	<ul style="list-style-type: none"> • Other internal audits
	<ul style="list-style-type: none"> • Comparisons with other regulators (e.g. fitness to practise hearing costs)
	<ul style="list-style-type: none"> • Complaints information
Staff are well led, motivated and able to deliver the requirements of the organisation	<ul style="list-style-type: none"> • Appraisal and training needs analysis
	<ul style="list-style-type: none"> • Staff survey
	<ul style="list-style-type: none"> • Staff turnover
	<ul style="list-style-type: none"> • Absence

3. Council agreed a new Corporate Strategy for 2016-19 at its meeting in February 2016. The Corporate Strategy can be found at:
<http://www.osteopathy.org.uk/news-and-resources/document-library/corporate-plans-schemes-and-policies/corporate-strategy-2016-2019/>

4. 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 intervention remains unnecessary 4. Appeals against statutory decisions are not upheld
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)
3. Using our resources to operate effectively	1. We meet a range of key performance indicators including: <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 2. We implement improvements identified from audit and other feedback

5. The measures set out in the Corporate Strategy (above) were seen as a 'starting point' rather than a definitive list and the aim of this paper is to take the work forward and seek Council agreement to the approach.
6. In addition, the Audit Committee provided its input at its meeting on 23 March. The Audit Committee was broadly supportive of the approach but made two specific suggestions:
 - a. To keep things simple, limiting the number of specific measures to no more than five or six
 - b. To consider further what measures could be used to judge efficiency and effectiveness.
7. The Executive has sought to incorporate these comments into its overall approach.

Discussion

8. Evaluation of much of our work often presents potentially more challenges than the work itself. This is a problem for all healthcare professional regulators and none has yet identified a comprehensive or coherent approach.
9. Although we have a range of input and output measures, we have less well-developed measures of outcomes or impacts. In addition, while our work is assessed in various ways by the Professional Standards Authority (and assessed to be effective), we have been critical of their approach focussing on a narrow range of activities and type of measure. We also need to be mindful that we are a small organisation and that the cost involved in developing robust outcome or impact measures could be disproportionate.
10. The Executive's view is that the approach we have used over the past three years had been a useful tool in evaluating our performance, even though some of the measures have been subjective. This has been in part because it has required the Executive to develop a clearer narrative about what it thinks it does well (or not so well), or identify areas where more attention is required, and report this to Council.
11. The proposed approach set out in the Annex takes this work forward, with some additional suggestions for evaluation.
12. While our approach has to date has tended to focus more on quantitative rather than qualitative measures. One new approach that we wish to introduce is a regular key stakeholder survey that we would use to assess the views of our effectiveness among key partner organisations. We believe that this could be done effectively at a reasonable cost and would serve as a useful new indicator of our performance, providing better quality information about, for example, the confidence that others have in our work.

13. Although we are mindful of the Audit Committee's advice in relation to the number of measures, there may be a tension between this and looking more seriously at outcome measures. Also, we should regard the proposed measures as an addition to the data collected for and provided to the Professional Standards Authority. This is potentially an area in which we can be innovative and have real impact in our work, and therefore, we have tried to take on board the suggestion that we consider further measures centred around outcome. We recognise that these areas of evaluation – particular around demonstrating public value – will continue to be 'work in progress' and we will report to Council further as we develop our ideas in this area.
14. An absence from the new approach is around HR measures, which are kept under review by the Remuneration and Appointments Committee and it is not clear whether this should be part of Council's evaluation of organisational performance.

Recommendation: to agree the approach to evaluation of the 2016-19 Corporate Strategy.

Proposed evaluation measures 2016-19

Measures of success	Suggested measures/approach	Comments
<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.	We have baseline survey data for the public (2014-15) and for registrants (2012) as well as other survey data. Maintaining public confidence in the profession will shortly become a statutory objective of the GOsC ('to promote and maintain public confidence in the profession of osteopathy').
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.	This has now been 100% for six years.
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.	This is in effect measurement of absence of intervention using default powers that overrule Council.
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.	Appeals would include: <ul style="list-style-type: none"> • Final decisions of the PCC and HC • Appeals against decisions of the Registrar • Judicial Reviews • Any other legal claims There is some overlap with 3.1 below.

<p><i>Providing demonstrable public value from the outcome of our work, both internal activity and that delivered in partnership with others</i></p>		
<p>2.1 Stakeholders – including patients, registrants and partners – are satisfied with our performance</p>	<p>Proposed new regular (possibly annual) qualitative and quantitative survey of key stakeholder perceptions of the GOsC’s performance as a regulator, including assessment of partnership working.</p> <p>In addition to this, the results of any other regular surveys undertaken, e.g.</p> <ul style="list-style-type: none"> • customer service • website • new registrants. 	<p>We have never undertaken this kind of survey before and believe it would be a useful addition to our evaluation work.</p> <p>These tend to be ad-hoc rather than annual.</p>
<p>2.2 Maintenance/improvement of standards measured through:</p> <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) 	<p>Fitness to practise/illegal practice</p> <ul style="list-style-type: none"> • Number/trend of PSA learning points per case • Successful outcomes of illegal practice prosecutions (s32) <p>Fitness to practise/standards</p> <ul style="list-style-type: none"> • Overall number of complaints <p>CPD</p> <ul style="list-style-type: none"> • Evaluation of impact of new CPD scheme • Numbers of early adopters recruited 	<p>This is a useful measure of quality of prosecution/adjudication.</p> <p>s32 numbers are small but this is an important public protection activity.</p> <p>While we may not be able to control this measure, it is amenable to analysis and action.</p> <p>We are developing a baseline for this assessment in 2016.</p>

	<p>during 2016/17.</p> <p>Education quality assurance</p> <ul style="list-style-type: none"> • Number/nature of RQ conditions <p>Joint working</p> <ul style="list-style-type: none"> • Impact assessment of joint working 	<p>This is a proxy measure for compliance with education standards.</p> <p>This may grow out of the stakeholder survey (2.1 above).</p>
2.3 Our standards and regulatory interventions support the enhancement of patient care and patient safety.	Research measuring impact of regulatory interventions through patient outcomes.	This is an experimental and developmental area – but a useful one to explore both for ourselves and others.
<p><i>Operating effectively as an organisation, including making effective use of resources to achieve our objectives</i></p>		
3.1 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 	<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) graduates • Time from receipt of initial complaint to the final Investigating 	<p>The PSA’s key comparators are important as these will be published across the sector.</p>

	<p>Committee/Case Examiner decision</p> <ul style="list-style-type: none"> • Median • Longest case • Shortest case <ul style="list-style-type: none"> • Time 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 • Number of successful judicial review applications. 	<p>See also 1.4 above, we are concerned also with appeals other than by the PSA.</p>
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	<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 • Performance against service standards. 	<p>This will need to be reviewed as part of the new CPD scheme roll-out.</p> <p>N.B. we have a range of service standards although we do not have robust means of measurement of all of these at present.</p>
3.2 Implementing improvements identified from audit and other feedback	Implementation of internal and external audit findings.	This is an experimental and developmental area – but a useful one to explore both for ourselves and others.
3.3 Cost benchmarking	Comparison of costs across the sector.	This is a difficult area in which to develop coherent data although we have been able to compare aspects of our cost model with the GCC, which remains our nearest equivalent regulator.
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.	