



**Council**  
**12 November 2015**  
**Performance measurement 2014-15**

**Classification** Public

**Purpose** For noting

**Issue** This paper reports on performance against the GOSc's balanced scorecard in 2014-15.

**Recommendation** To note the Balanced Scorecard report 2014-15

**Financial and resourcing implications** None

**Equality and diversity implications** None

**Communications implications** None

**Annex** Balanced Scorecard report 2014-15

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## Background

1. In 2011-12 the GOsC piloted a pilot a balanced scorecard approach to measuring the performance of the organisation. At its meeting on 10 October 2012, Council agreed to continue to use this approach for the measurement of performance for the 2012-13 year and over the period of the 2013-16 Corporate Plan.
2. This report provides the latest version of the balanced scorecard report for 2014-15 at the Annex.

## Commentary

3. Across the list of performance measures, there is generally a positive outcome. Particular areas of strength or where there has been improvement are:
  - a. Timely handling of fitness to practise cases, which were within target for the year and compared very favourably to that of other regulators.
  - b. Timely processing of Recognised Qualification (RQ) decisions in conjunction with the Privy Council.
  - c. A higher level of s32 (protection of title) enforcement activity.
4. Areas of weakness or concern identified were:
  - a. Slippage in the processing of CPD audits, primarily due to staffing issues within the Professional Standards team.
  - b. An exceptional rate of staff turnover for the year, although no clear cause for this has been identified.
  - c. An increase in sickness absence (which will increase again in 2014-15), which we are monitoring carefully.
5. We also noted a higher volume of appeal or judicial review activity in relation to fitness to practise cases, although a significant part of this has arisen from one case.

**Recommendation:** to note the Balanced Scorecard report 2014-15.

**Balanced Scorecard report 2014-15**

The report covers the period from April 2014 to March 2015.

<b>Meeting our statutory functions</b>		
<b>Outcome</b>	<b>Performance measures</b>	<b>Comments</b>
Judged to be an effective regulator	<ul style="list-style-type: none"> <li>PSA Annual Performance Review</li> </ul>	<ul style="list-style-type: none"> <li>All PSA Performance Review standards were met in 2014-15 (see <a href="http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015.pdf?sfvrsn=0">http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2014-2015.pdf?sfvrsn=0</a>)</li> </ul>
	<ul style="list-style-type: none"> <li>Privy Council default powers not exercised</li> </ul>	<ul style="list-style-type: none"> <li>Powers were not exercised</li> </ul>
Statutory decisions are timely	<ul style="list-style-type: none"> <li>Registration performance</li> </ul>	<ul style="list-style-type: none"> <li>All applications were processed within service targets (UK – two days, target five days, EU – 41 days, target 90 days, RoW – no applicants, target 90 days)</li> </ul>
	<ul style="list-style-type: none"> <li>Fitness to practise performance</li> </ul>	<ul style="list-style-type: none"> <li>Investigating Committee – the median time taken from receipt of a complaint to the final IC decision was 11 weeks (target 16 weeks).</li> <li>Professional Conduct Committee – the median time taken from receipt of a complaint to the final IC decision was 51 weeks (target 52 weeks).</li> </ul>
	<ul style="list-style-type: none"> <li>RQ statistics</li> </ul>	<ul style="list-style-type: none"> <li>All five RQ's approved by Council were approved by the Privy Council within less than six weeks. This was an improvement on the range of 8-15 weeks in the previous two years.</li> </ul>
	<ul style="list-style-type: none"> <li>CPD statistics</li> </ul>	<ul style="list-style-type: none"> <li>The target of reviewing 20% of CPD Annual Summary Forms was not met within the year. A backlog of audits for 2014-15 was completed by September 2015.</li> <li>The target of reviewing 2% of CPD Record Folders was met in year.</li> </ul>
	<ul style="list-style-type: none"> <li>Complaints information</li> </ul>	<ul style="list-style-type: none"> <li>None relating to timeliness of decisions.</li> </ul>
Statutory	<ul style="list-style-type: none"> <li>Registration</li> </ul>	<ul style="list-style-type: none"> <li>One new registration appeal was received</li> </ul>

decisions are sound	appeals	but subsequently withdrawn. One from a previous year which was in abeyance was concluded and rejected.
	<ul style="list-style-type: none"> <li>Fitness to practise appeals</li> </ul>	<ul style="list-style-type: none"> <li>One appeal was lodged against an Interim Suspension Order but was dismissed under a consent order between the parties.</li> <li>One JR process was concluded with the remitting of the matter to a new PCC under a consent order</li> <li>A further three judicial reviews were sought by one individual and dismissed.</li> </ul>
	<ul style="list-style-type: none"> <li>QAA evaluation and feedback</li> </ul>	<ul style="list-style-type: none"> <li>Not undertaken in 2014-15.</li> </ul>
	<ul style="list-style-type: none"> <li>PSA audits</li> </ul>	<ul style="list-style-type: none"> <li>Initial stages audit in 2014 'did not identify any decisions to close cases at the initial stage of the FtP process that might pose a risk to patient safety and/or the maintenance of public confidence in the profession and the regulatory process'.</li> </ul>
	<ul style="list-style-type: none"> <li>Complaints information</li> </ul>	<ul style="list-style-type: none"> <li>None relating to soundness of decisions.</li> </ul>
<b>Delivery of benefit to stakeholders</b>		
Public have access to appropriate information and are effectively supported and protected	<ul style="list-style-type: none"> <li>Web statistics/ surveys</li> </ul>	<ul style="list-style-type: none"> <li>Number of website visitors increase by 10% from 2013-14 to 2014-15 with small increase in page views</li> </ul>
	<ul style="list-style-type: none"> <li>OIS service standards</li> </ul>	<ul style="list-style-type: none"> <li>Service standards continued to be achieved (all letters and emails responded to within ten working days, n.b. our service standard requires initial response to letters within five days and emails two days).</li> </ul>
	<ul style="list-style-type: none"> <li>Fitness to practise hearing feedback</li> </ul>	<ul style="list-style-type: none"> <li>21 individuals responded to our 2014 fitness to practise survey. Overall this showed some dissatisfaction with the process and outcomes but a generally positive experience of GOsC staff.</li> </ul>
	<ul style="list-style-type: none"> <li>S32 enforcement</li> </ul>	<ul style="list-style-type: none"> <li>25 cease and desist notices issued and two prosecutions commenced.</li> </ul>
	<ul style="list-style-type: none"> <li>RQs and conditions</li> </ul>	<ul style="list-style-type: none"> <li>Two new/renewed RQs in 2014-15 had no conditions, one had three conditions, one had one condition and one had three</li> </ul>

		recommendations made.
Registrants are engaged in the development and implementation of standards	<ul style="list-style-type: none"> <li>• Registrant survey</li> </ul>	<ul style="list-style-type: none"> <li>• No registrant survey was undertaken in 2014-15, however research by Professor Gerry McGivern et al showed high levels of familiarity (76%) with the <i>Osteopathic Practice Standards</i>.</li> </ul>
	<ul style="list-style-type: none"> <li>• ● zone statistics/surveys</li> </ul>	<ul style="list-style-type: none"> <li>• Number of ● zone visitors, page views and visit lengths all by 12, 24 and 13% respectively.</li> </ul>
	<ul style="list-style-type: none"> <li>• CPD audits</li> </ul>	<ul style="list-style-type: none"> <li>• Audits targets were not met in year (see above). No qualitative data available in 2014-15.</li> </ul>
	<ul style="list-style-type: none"> <li>• Leavers survey</li> </ul>	<ul style="list-style-type: none"> <li>• Leavers survey commenced early 2014, no clear data yet available.</li> </ul>
	<ul style="list-style-type: none"> <li>• Participation in consultations events, etc</li> </ul>	<ul style="list-style-type: none"> <li>• Six consultations were held including the major consultation on CPD (ending in May 2015). The latter involved approximately 20 events and more than 500 individuals.</li> </ul>
<b>Effective and efficient leadership and management</b>		
Council provides effective leadership of the organisation	<ul style="list-style-type: none"> <li>• Council effectiveness measures</li> </ul>	<ul style="list-style-type: none"> <li>• Council effectiveness survey not undertaken in 2014-15 (completed in 2013-14).</li> </ul>
GOsC is well managed and we deploy our resources to achieve maximum benefit	<ul style="list-style-type: none"> <li>• Financial audit</li> </ul>	<ul style="list-style-type: none"> <li>• No areas of potential deficiency identified in Audit Findings Report.</li> </ul>
	<ul style="list-style-type: none"> <li>• Other internal audits</li> </ul>	<ul style="list-style-type: none"> <li>• Website content audit completed</li> <li>• S32 audit completed</li> <li>• International routes to registration audit completed</li> </ul>
	<ul style="list-style-type: none"> <li>• Comparisons with other regulators (e.g. ftp hearing costs)</li> </ul>	<ul style="list-style-type: none"> <li>• PSA Performance Review provided comparative data on case lengths: <ul style="list-style-type: none"> <li>– shortest median time to conclude investigations</li> <li>– shortest median time to final fitness to practise determination</li> <li>– shortest median time to interim order decision from receipt of initial complaint</li> </ul> </li> </ul>

## Annex to 16

	<ul style="list-style-type: none"> <li>Complaints information</li> </ul>	<ul style="list-style-type: none"> <li>One corporate complaint was received relating to the release of data to a third party. On investigation this data was found not to have been released by the GOsC and the complaint was not upheld.</li> </ul>
Staff are well-led, motivated and able to deliver the requirements of the organisation	<ul style="list-style-type: none"> <li>Appraisal and training needs analysis</li> </ul>	<ul style="list-style-type: none"> <li>All staff received annual appraisal and mid-year review.</li> <li>Training needs were identified from appraisals and implementation was more consistent than in 2013-14.</li> </ul>
	<ul style="list-style-type: none"> <li>Staff survey</li> </ul>	<ul style="list-style-type: none"> <li>Not undertaken in 2014-15.</li> </ul>
	<ul style="list-style-type: none"> <li>Staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>Staff turnover increased from a usual 10% to 38% in 2014-15 (and has since reduced). This was considered to be exceptional and no clear causes for this were identified.</li> </ul>
	<ul style="list-style-type: none"> <li>Absence</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence showed an increase from 2013-14 to an overall rate of 5.5 days per employee which is about one day per person above the UK average.</li> </ul>