



Council
21 November 2018
Performance measurement report 2017-18

Classification	Public
Purpose	For noting
Issue	This paper reports on performance in 2017-18 against the measures adopted in the 2016-19 Corporate Strategy.
Recommendation	To consider the content of the report.
Financial and resourcing implications	None
Equality and diversity implications	None
Communications implications	None
Annex	Performance assessment 2017-18
Author	Tim Walker

Background

1. Throughout the period of the 2013-16 Corporate Plan, the GOsC produced an annual performance measurement report which was provided to the Audit Committee each year.
2. In the 2016-19 Corporate Strategy, Council adopted a set of generic performance measures which are set out in the table below. Each year an annual performance measurement report is provided to the Audit Committee.

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 practice 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. This set of measures of success reflected advice from the Audit Committee and Council to adopt fewer measures than in the previous Corporate Plan. In

addition it was recommended that these measures should apply across the whole period of the Corporate Strategy.

4. An assessment of performance against these measures of success in 2017-18 is provided at the Annex with a commentary provided below.

Commentary

5. Performance in year two of the Corporate Strategy has generally been strong. However, there are a number points to note:
 - a. We did not meet fitness to practise KPIs in the early part of the year. This was, in the main, due to a backlog of older cases being disposed of in the early part of the year. These were complaints that had arisen in the two previous years at the same time as we were receiving large numbers of advertising concerns. By Q4 of the year the IC decisions were meeting KPI and by Q1 of 2018-19, PCC decisions were meeting KPI.
 - b. KPIs in relation to CPD and registration continue to be met.
 - c. Compliance with PSA requirements and low levels of legal challenge (one appeal) continue to be positive features of our performance.
 - d. We are still considering the best ways in which to evaluate stakeholder input to our work (other than patients/public).

Recommendation: to note the content of the report.

Performance assessment 2017-18

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"> Public perceptions survey undertaken in May 2018. Confidence among osteopathic patients higher than for any other healthcare profession they use (95%). Confidence among non-patients was lower at 50%. Little change since previous survey in 2014.
	2. We continue to meet the PSA's standards of good regulation	<ul style="list-style-type: none"> In 2017-18 all of the standards of good regulation were met.
	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"> One appeal against a fitness to practise panel decision was partly upheld. There were no judicial review applications in 2017-18.
Providing demonstrable public value	1. Stakeholders – including patients, registrants and partners – are satisfied with our performance	<ul style="list-style-type: none"> No stakeholder survey undertaken in 2017-18 (other than for public/patients, see above)
	2. We maintain/improve standards measured through: <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 	<ul style="list-style-type: none"> A slightly larger number of cases resulted in a sanction against the registrant. Time lags in case progression make this measure difficult to evaluate. We received fewer complaints in 2017-18 than the previous year (excluding complaints relating to advertising). Engagement with early adoption of the new CPD scheme continued to positive and the scheme remained on track for implementation in 2018-19. Council reviewed progress on

	<p>v. Reduction in conditions imposed on Recognised Qualifications</p> <p>vi. Successful s32 activity (including prosecutions)</p>	<p>continuing and completed ODG projects.</p> <ul style="list-style-type: none"> • One initial RQ was approved in 2017-18 with a number of conditions attached to it. • 24 cease and desist letters were issued resulting in 19 resolved cases. No prosecutions took place.
<p>Using our resources to operate effectively</p>	<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. Auditing of CPD returns iv. Performance against customer service standards 	<ul style="list-style-type: none"> • Registration application processing was all within KPI: UK – two days; EEA – 30 days; and RoW – 52 days. KPIs are five, 90 and 90 days respectively. • Time taken for investigations outside KPI at 24 weeks (against 16 week target). Time taken to conclude cases was just outside KPI at 58 weeks (against 52 week target). • CPD audit targets – 20% of summary forms and 2% of portfolios were met.
	<p>2. We implement improvements identified from audit and other feedback</p>	<ul style="list-style-type: none"> • Audit activity took place in the following areas: <ul style="list-style-type: none"> ○ Data protection ○ PCC no case to answer decisions • Feedback from the audits has been actioned. • Decision review group established to support audit of fitness to practise cases. • No significant issues were identified by the auditors within the annual financial audit.