



**Council**  
**6 November 2014**  
**Performance measurement and KPIs**

<b>Classification</b>	Public
<b>Purpose</b>	For discussion
<b>Issue</b>	This paper considers Council's requirements for the reporting of KPIs and also reports on performance in 2013-14.
<b>Recommendations</b>	<ol style="list-style-type: none"><li>1. To consider Council's future information reporting requirements for effective scrutiny of key activity.</li><li>2. To note the Balanced Scorecard report 2013-14</li></ol>
<b>Financial and resourcing implications</b>	None
<b>Equality and diversity implications</b>	None
<b>Communications implications</b>	None
<b>Annexes</b>	<ol style="list-style-type: none"><li>A. Key data Q2</li><li>B. Balanced Scorecard report 2013-14</li></ol>
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## Background

1. The Executive commenced the routine reporting to Council of certain key data items in February 2011. Since July 2011 these have been in the form of a range of charts and graphs. In addition since then a regular registration report has been introduced as well as the fitness to practise dashboard.
2. Council members have expressed the view that the current key data document (Annex A) may no longer be fit for purpose and it was suggested that the Audit Committee might usefully advise on the type of information that should be reported regularly to Council. The Audit Committee considered this at its July 2014 meeting and its comments were reviewed briefly at the last meeting of Council.
3. This report seeks further input from Council on the types of KPIs that it would like to receive.
4. 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.
5. This report provides the latest version of the balanced scorecard report for 2013-14 at Annex B.

## Discussion

### *Current reporting*

6. The key data document provided to Council (Annex A) contains the following items:
  - a. Number of registrants and changes to the register
  - b. Income and expenditure
  - c. Staff sickness absence
  - d. Website and o zone visitors, page views and visit lengths
  - e. E-bulletin readership
  - f. Letters and emails (with response times), and calls to the Communications department
  - g. Investigating, Health and professional Conducts Committees activity
  - h. KPIs for IC case screening, IC case ages and PCC case ages.
7. More detailed financial and fitness to practise information is provided at each Council meeting in the fitness to practise dashboard report (see Item 6) and

more detailed registration information report is provided at alternate meetings (see Item 15).

*'Missing' KPIs*

8. In addition to the data identified in paragraphs 6 and 7, the Corporate Plan 2013-16 identified a number of additional KPIs:
  - a. Time taken to process registration applications and renewals
  - b. Response times for letters, emails and calls (other than by the Communications department)
  - c. Registrant CPD audits
  - d. Staff turnover.
9. The majority of this information is collected and reported either to the PSA in the Performance Review, in the GOsC Annual Report or to the Remuneration and Appointments Committee. The exception is the response time for letters and emails which is not yet collected and recorded uniformly across the organisation.

*Other regulators KPIs*

10. A brief overview of the practice of other regulators was obtained by reviewing their recent council papers and is set out in the table below. Please note that this may not be comprehensive or precise but aims to give a flavour of what is reported.

	<b>Registration</b>	<b>FtP</b>	<b>Resources</b>	<b>Other</b>
<b>GCC</b>	<ul style="list-style-type: none"> <li>• Performance against target to process applications</li> </ul>	<ul style="list-style-type: none"> <li>• Performance against target times for IC, PCC, ISO and protection of title cases</li> </ul>	<ul style="list-style-type: none"> <li>• Income and expenditure</li> <li>• Sickness absence</li> </ul>	
<b>GDC<sup>1</sup></b>	<ul style="list-style-type: none"> <li>• Time taken to process applications</li> </ul>	<ul style="list-style-type: none"> <li>• Cases received v. cases closed</li> <li>• Performance against target times for triage decision, investigations completed and cases completed</li> </ul>		
<b>GMC</b>	<ul style="list-style-type: none"> <li>• Performance against target to process registration and specialist register applications</li> </ul>	<ul style="list-style-type: none"> <li>• Performance against target conclude investigations and IC hearings, commence panel</li> </ul>	<ul style="list-style-type: none"> <li>• Call answering against targets</li> <li>• Reception visit wait times</li> <li>• Email and letter responses</li> </ul>	<ul style="list-style-type: none"> <li>• Performance against target to process revalidation recommendations</li> </ul>

<sup>1</sup> The GDC is introducing a new balanced scorecard approach across a range of functions

	<ul style="list-style-type: none"> <li>Number of new registrations, PLAB tests and complaints</li> </ul>	<p>hearings, conclude hearings, commence IOP hearings, review conditions</p> <ul style="list-style-type: none"> <li>Case intake volumes</li> </ul>	<p>against targets</p> <ul style="list-style-type: none"> <li>Call, visitor, email and letter volumes</li> </ul>	
<b>GOC</b>	<ul style="list-style-type: none"> <li>Percentage of applications processed within set target</li> </ul>	<ul style="list-style-type: none"> <li>Performance against target times for initial stages and interim orders</li> <li>Cases closed within target time, median case length, age of open cases</li> <li>Percentage of illegal practice cases within target</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence</li> <li>Staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of registrants meeting peer review requirement</li> <li>Positive media coverage</li> <li>Website visitor numbers</li> <li>Corporate complaint handling</li> <li>Positive internal audit reports</li> </ul>
<b>GPhC</b>	<ul style="list-style-type: none"> <li>Time taken to process applications</li> <li>Numbers of new registrants</li> </ul>	<ul style="list-style-type: none"> <li>Concerns raised</li> <li>Cases received versus cases closed</li> <li>Average time to close cases</li> <li>Number of case closures by ftp stage</li> <li>Age profile of open cases</li> <li>Number of interim orders, DBS referrals and appeals</li> </ul>	<ul style="list-style-type: none"> <li>Level and type of organisational complaints</li> <li>Sickness absence</li> <li>Staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>Number of CPD forms requested and received and overall compliance rate</li> </ul>
<b>HCPC</b>	<ul style="list-style-type: none"> <li>Application and renewal volumes</li> </ul>	<ul style="list-style-type: none"> <li>Fitness to practise case volumes</li> </ul>	<ul style="list-style-type: none"> <li>Call volumes and response times</li> </ul>	<ul style="list-style-type: none"> <li>CPD audit volumes</li> </ul>
<b>NMC</b>	<ul style="list-style-type: none"> <li>Performance against target to process applications</li> </ul>	<ul style="list-style-type: none"> <li>Performance against target times for Interim Orders, investigations and adjudication</li> </ul>	<ul style="list-style-type: none"> <li>Available free reserves</li> <li>Staff turnover rate</li> </ul>	

*The Professional Standards Authority (PSA) recommendation*

11. The PSA in its annual Performance Review said the following:

‘Our concerns about the performance of some regulators in their fitness to practise functions during 2013/14 led us to review the performance information that was presented to their Councils during the last quarter of 2013/14. As a

result of our review, we identified a number of potential problems with the data provided by regulators to their Councils, including:

- In circumstances where key performance indicators were not achieved, the information provided to the regulator's Council was often inadequate or unclear about the reasons for non-achievement, the remedial action being taken, or the impact that remedial action was expected to have during a particular timeframe
- Insufficient detail was sometimes presented to explain the significance of the data provided, the trends illustrated by the data, or the regulator's forecast of future performance based on the current data
- In some cases, the volume of information provided was excessive and potentially unhelpful to Council members' understanding of performance
- Sometimes the data provided was not likely to assist in understanding the regulator's performance in a function over a period of 12 months; in particular, some regulators only provided their Councils with data relating to performance during the period since the previous Council meeting
- Some data was presented in a graphic way that made it potentially difficult to understand and interpret.

We recommend that each regulator's executive and Council undertakes a joint review of the performance management information that is routinely presented to its Council. The reviews should ensure the performance management information is focused on meaningful and useful data, that it provides informative comparisons and trends, and that it is proportionate to the purpose for which it is collected. We recognise that a number of the regulators already have such reviews under way. While we do not consider it to be our role to prescribe how the regulators should present performance data to their Councils, in light of our concerns set out above, we intend to follow up the outcomes of any changes made in this area in the performance review in 2014/15.'

#### *The view of the Audit Committee*

12. The Audit Committee at its July meeting made the following observations:

- a. Registration information should present clear information on the overall 'health' of the register.
- a. Times series should be longer – one year rather than quarterly.
- b. Regulation information should provide a clearer picture of the total 'inventory' of cases.
- c. Members should consider the types of information which would lead them to require action to be taken.
- d. It is not clear what the website information is for – this should be reported in the communications annual report.

- e. There was a lack of information on CPD auditing.
- f. The information presented should be simplified and relate to the most important KPIs as set out in the balanced scorecard and the Corporate Plan.

#### *The Executive's view*

- 13. The Executive's principal concern is to ensure that Council has the data that it feels it needs for effective scrutiny of the organisation. The only proviso here is that given the size of the organisation, we must ensure that any effort that goes into data collection does not distract from the delivery of our key objectives.
- 14. Some more general views are set out thematically below.

#### *Regulation/fitness to practise*

- 15. The fitness to practise dashboard is a useful tool for understanding the overall activity in this area. However, this should continue to be supplemented by the three KPIs around timeliness that appear in the current key data report.

#### *Registration/professional standards*

- 16. The registration information provided quarterly in the key data report should be combined with the six monthly registration reports. Registration volumes are not so significant that they need to be reported quarterly, nor is timeliness of application processing.
- 17. At present there is no reporting of CPD compliance (beyond that of removal in the registration report). It is proposed that the six monthly registration report should start to contain more information about CPD auditing and performance against our KPI in this area.

#### *Finance/HR*

- 18. Quarterly management accounts are already provided to Council in an annex to the Chief Executive's report. There is no obvious added value in providing the income and expenditure information in the key data document.
- 19. Sickness absence and staff turnover are important information but the risk in a small organisation is that single person absences for long periods and small numbers of leavers can present major fluctuations in the figures. These need to be seen and analysed in context. It feels more appropriate that this should be done in the Remuneration and Appointments Committee rather than at Council.

#### *Communications*

- 20. The information provided on website and o zone usage does not reflect wider online activity (e.g. Twitter and Facebook) and also does not have a clear use

for Council. This also says little about the quality of our interactions with the public and registrants. It would probably be more useful for Council to receive a more comprehensive overview of the organisation's communications activities on an annual basis – which incorporates this and other qualitative and quantitative information.

21. The information provided on letters, emails and calls at present only relates to general public inquiries to the communications team. It does not reflect the volume of enquiries to other departments nor does it reflect performance against our service standards. The Executive is considering the best way in which we can capture data in this area without detracting from staff's work – this is more difficult for us than in a larger organisation , e.g. the GMC, which operate a call centre and email/letter work queuing systems.

### *Conclusion*

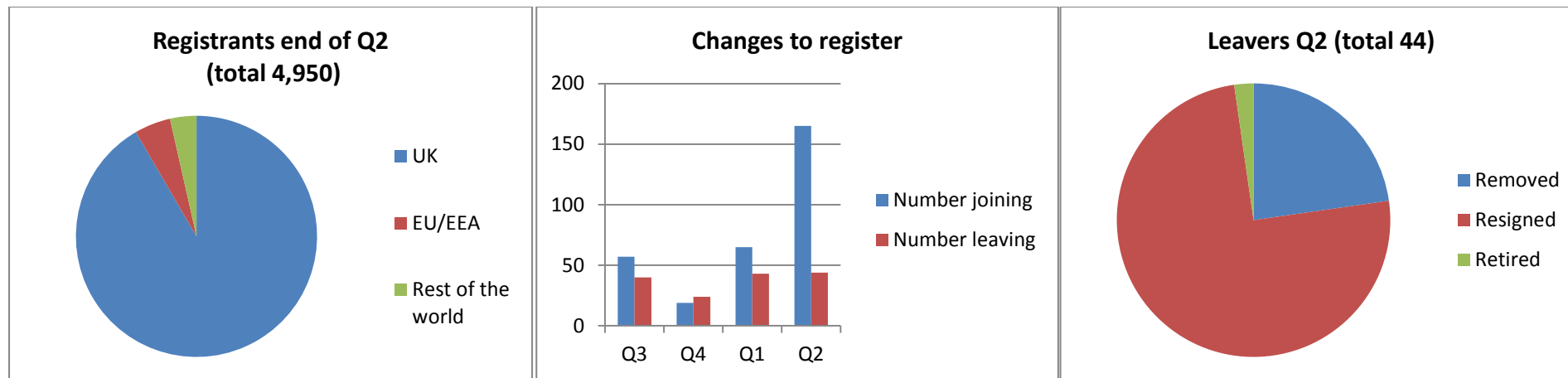
22. Taking all this together, Council might consider the following questions:
  - a. Is the performance management information provided focused on meaningful and useful data?
  - b. Does provide informative comparisons and trends?
  - c. Where are the gaps in the information provided?
  - d. How often does Council want to receive particular information?
  - e. What format would it prefer to receive this in?

### **Recommendations:**

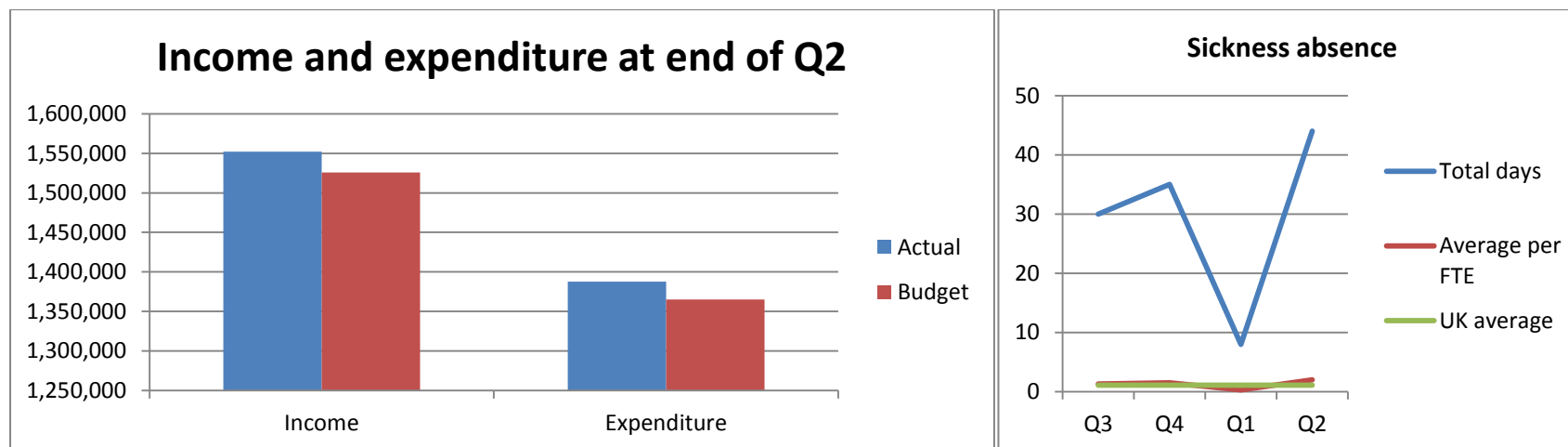
1. To consider Council's future information reporting requirements for effective scrutiny of key activity.
2. To note the Balanced Scorecard report 2013-14

**Key Figures 2014-15 Q2 (n.b. quarters refer to GOsC financial year)**

**Registration**

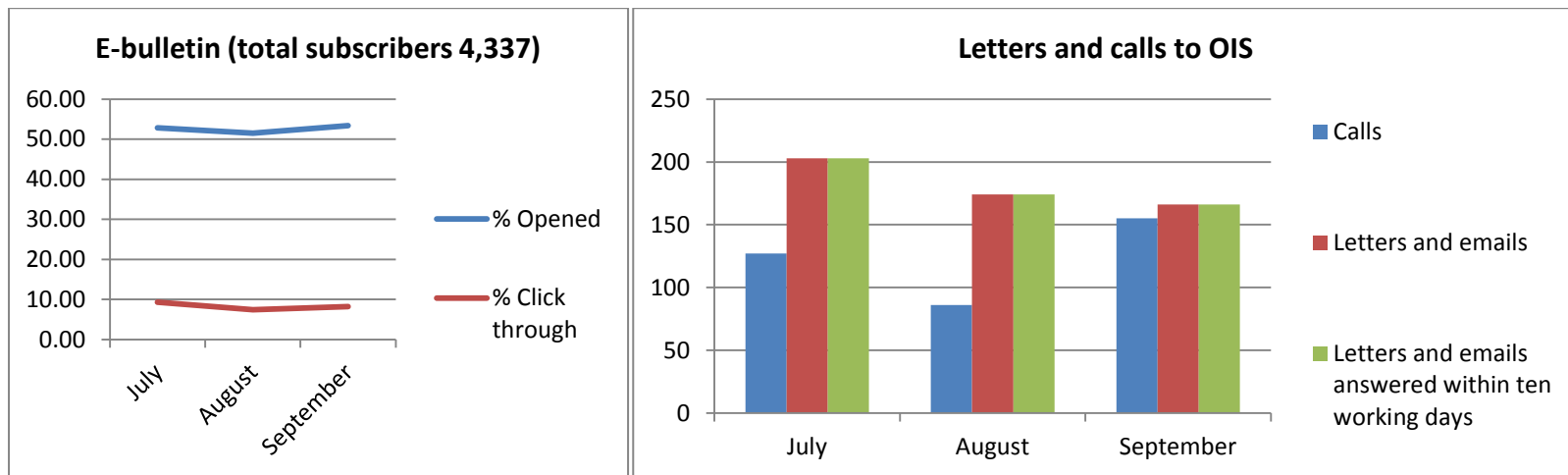
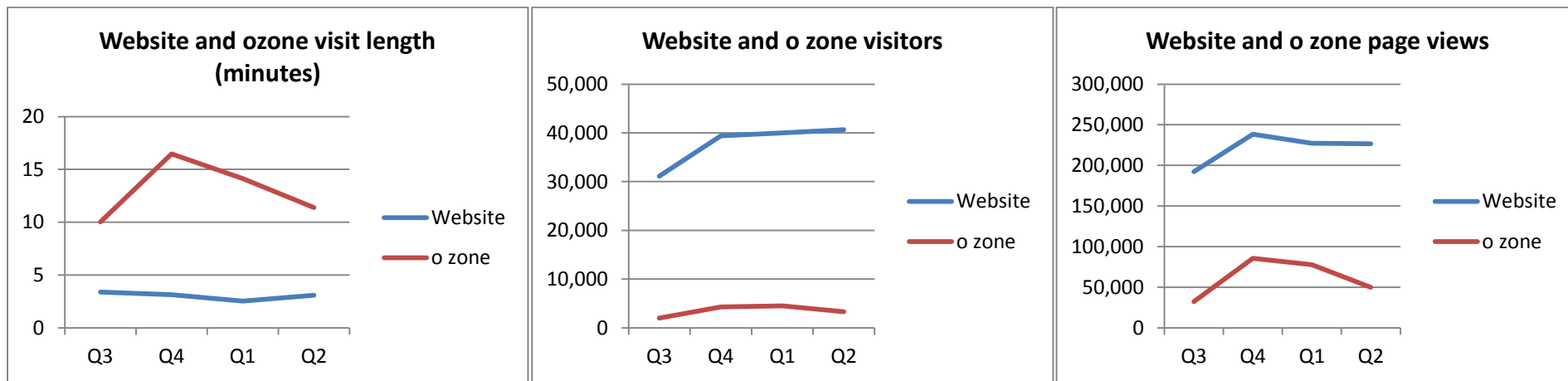


**Finance and administration**

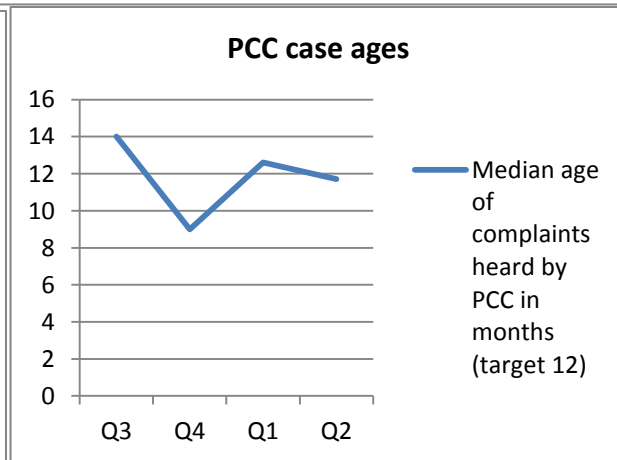
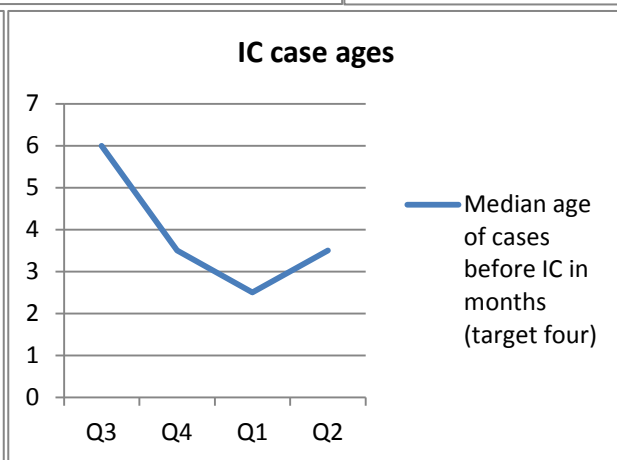
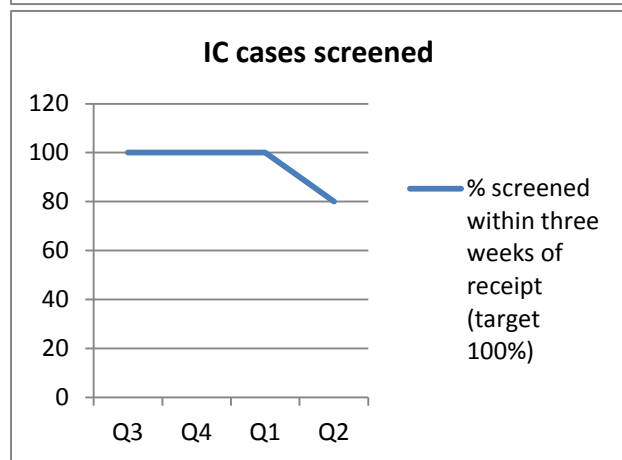
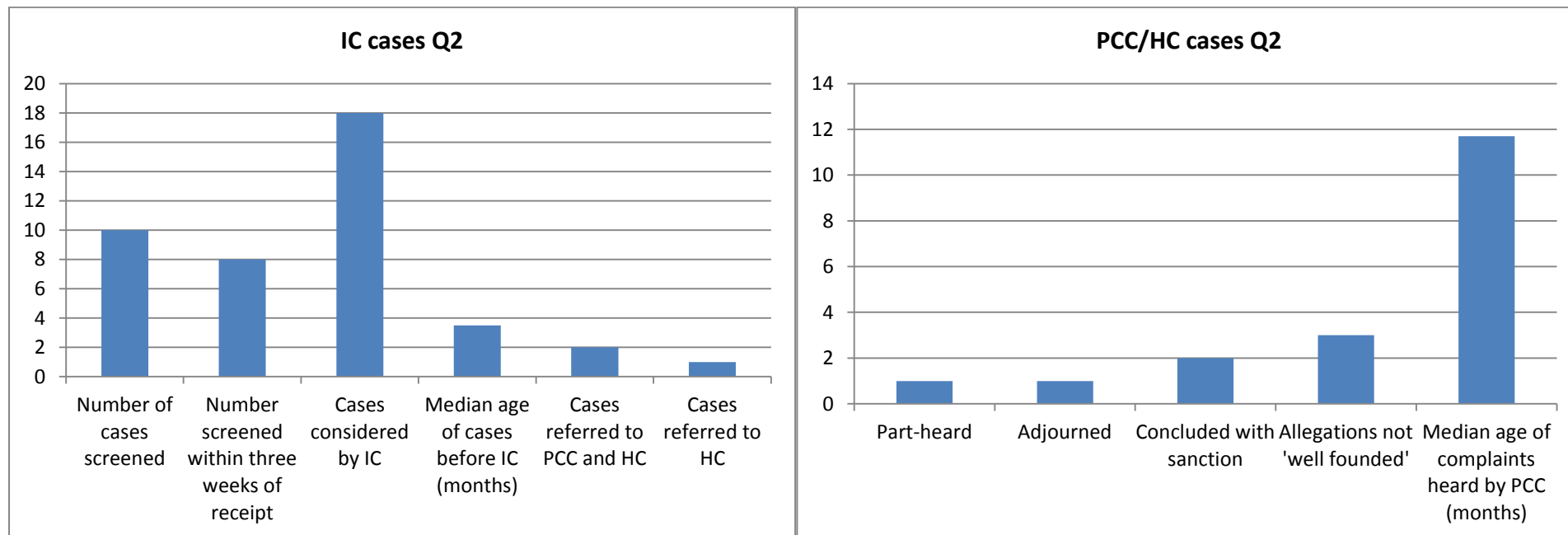




**Communications**



**Regulation**



\*n.b. the screening delay was in a relation to a single case involving two osteopaths where additional information was requested before the screening could be completed

**Balanced Scorecard report 2013-14**

The report covers the period from April 2013 to March 2014.

<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 2013-14 (see <a href="http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2013-2014.pdf?sfvrsn=0">http://www.professionalstandards.org.uk/docs/default-source/scrutiny-quality/performance-review-report-2013-2014.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 – 57 days, target 90 days, RoW – 81 days, 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 16 weeks (target four months). However the service target was not met in one quarter. This was, in part due to two exceptional cases.</li> <li>Professional Conduct Committee – the median time taken from receipt of a complaint to the final IC decision was 51.5 weeks (target 14 months). This service target was met in every quarter.</li> </ul>
	<ul style="list-style-type: none"> <li>RQ statistics</li> </ul>	<ul style="list-style-type: none"> <li>The two RQ's approved by Council were approved by the Privy Council in 12 and 15 weeks respectively. This was a deterioration from the maximum of eight weeks in 2012-13.</li> </ul>
	<ul style="list-style-type: none"> <li>CPD statistics</li> </ul>	<ul style="list-style-type: none"> <li>20.3% of CPD Annual Summary Forms and 2.1% of CPD Record Folders were reviewed (targets 20% and 2% respectively).</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>

## Annex B to 13

Statutory decisions are sound	<ul style="list-style-type: none"> <li>Registration appeals</li> </ul>	<ul style="list-style-type: none"> <li>No new registration appeals were received (an appeal from a previous year which had been in abeyance was reactivated but not concluded).</li> </ul>
	<ul style="list-style-type: none"> <li>Fitness to practise appeals</li> </ul>	<ul style="list-style-type: none"> <li>No new appeals were received.</li> <li>One application for Judicial Review was received and settled by consent.</li> </ul>
	<ul style="list-style-type: none"> <li>QAA evaluation and feedback</li> </ul>	<ul style="list-style-type: none"> <li>Overall respondents felt that the review was fit for purpose with some saying that it seemed to work well in its present form. However there were some suggestions for improvement including further training on report writing and additional time for considering documentation.</li> </ul>
	<ul style="list-style-type: none"> <li>PSA audits</li> </ul>	<ul style="list-style-type: none"> <li>No PSA initial stages audit took place in 2013-14.</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 consistently higher in 2013-14 than previous year, page views and visit lengths remained consistent.</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>Limited feedback was received from fitness to practise complainants and registrants. Most concerns remain around understanding the process and timeliness. Respondents gave positive feedback on customer service.</li> </ul>
	<ul style="list-style-type: none"> <li>S32 enforcement</li> </ul>	<ul style="list-style-type: none"> <li>Nine cease and desist notices issued and one prosecution commenced.</li> </ul>

	<ul style="list-style-type: none"> <li>• RQs and conditions</li> </ul>	<ul style="list-style-type: none"> <li>• One new/renewed RQ in 2013-14 had no conditions, the other had two conditions one of which is ongoing and the other has been fulfilled.</li> </ul>
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 2013-14.</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 remained consistent.</li> </ul>
	<ul style="list-style-type: none"> <li>• CPD audits</li> </ul>	<ul style="list-style-type: none"> <li>• Audits targets were met (see above). No qualitative data available in 2013-14.</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>• Nine consultations were held. All included a range of registrant views, including from focus groups. Identifiable patient responses/involvement in six of nine consultations.</li> </ul>
<p><b>Effective and efficient leadership and management</b></p>		
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 undertaken, reviewed by Council at its annual strategy day and action plan implemented.</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>• Cloud computing audit against ICO requirements completed.</li> <li>• Internal audit and peer review of fitness to practise implemented.</li> <li>• Information governance review commenced.</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>– equal shortest time to interim order decision.</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>Complaints information</li> </ul>	<ul style="list-style-type: none"> <li>One corporate complaint was received with a potential impact on the integrity of the register (relating to the ability to amend address details of registrants). This matter has been resolved through the web re-platforming project.</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 but not implemented consistently.</li> </ul>
	<ul style="list-style-type: none"> <li>Staff survey</li> </ul>	<ul style="list-style-type: none"> <li>Not undertaken in 2013-14 (completed in July 2014).</li> </ul>
	<ul style="list-style-type: none"> <li>Staff turnover</li> </ul>	<ul style="list-style-type: none"> <li>Three leavers in year: one full-time (redundancy) and two part-time (single post – one non-return from maternity leave, one resignation).</li> </ul>
	<ul style="list-style-type: none"> <li>Absence</li> </ul>	<ul style="list-style-type: none"> <li>Sickness absence showed a slight increase from 2012-13 by approximately 0.5 days per employee. Overall rate 4.3 days per employee remains just under UK average.</li> </ul>

### Commentary

1. Across the list of performance measures, there is generally a positive outcome. There are a number of areas identified for improvement or where performance might change in the current period:
  - a. Fitness to practise case lengths – we have experienced an increase in number of fitness to practise cases in 2014-15 and in particular the number of health cases and applications required for interim orders. It is likely to be difficult to sustain the level of performance of 2013-14.
  - b. Internal audit – there is a need for improvement around out internal audit work as it has not always been possible to find the resources to complete all of the desired work.
  - c. Training and development – the staff survey identified a need to improve our approach to training and development and a new policy in this area has been developed and is being implemented.
  - d. Staff turnover – there has been a significant increase in staff turnover in 2014-15 which may have an across-the-board impact on performance as new staff are inducted into their roles.

2. This is the third year in which this report has been compiled for Council but only the first year in relation to the 2013-16 Corporate Plan. The Executive takes the view that while there are limitations to some of the data, the report continues to provide useful 'piece of the jigsaw' in respect of how the organisation is performing.
3. In 2015 Council will be considering the form and content of the 2016-19 Corporate Plan. It will be important in that exercise to consider what performance measures should be incorporated.