

Performance Monitoring Report: end June 2017



1. Customer services

1.1 Registrations

	2015/16	2016/17				2017/18
	Q4	Q1	Q2	Q3	Q4	Q1
Pharmacists	398	243	2,800	263	53	94
Pharmacy technicians	318	248	441	191	190	194
Registered pharmacies	92	99	88	61	74	127

The noticeable drop in pharmacist registrations in Q1 compared with last year potentially reflects the impact of Brexit and our new English language requirements. Last year in Q1 we registered 166 EEA pharmacists, in this last quarter the number has reduced to 30.

1.2 Registration Totals

	Total	Budgeted	Variance
Pharmacists	53,873	53,586	287
Pharmacy technicians	23,351	23,051	300
Registered pharmacies	14,399	14,207	192

Register totals as at 30 June 2017

1.3 Median application processing times for pharmacists

Median application processing times for pharmacists (working days)		Median application processing times for pharmacy technicians (working days)	
Application receipt to approval	3	Application receipt to approval	1
Application receipt to entry	7	Application receipt to entry	7

Medians calculated for applications during the period 1 April 2017 to 30 June 2017

The difference between the two status measurements for each registrant type relates to the current dual entry point each month onto the Register.

1.4 Contact Centre

Phone	2015/16	2016/17				2017/18
	Q4	Q1	Q2	Q3	Q4	Q1
Calls made to GPhC	9,210	14,017	18,539	13,081	9,176	14,024
Calls answered within 20 seconds (KPI > 80%)	91.6%	81.10%	73.60%	60.00%	62.60%	49.0%
Calls abandoned (KPI < 5%)	1.80%	2.30%	4.00%	9.80%	9.00%	11.80%
Correspondence						
Emails actioned within 2 days (KPI > 90%)	97.70%	100%	92.60%	80.00%	89.30%	98.60%

Throughout the reporting period, the CCC have been operating at below the staffing levels required. This has been due to 2 new staff who had been appointed not being retained, plus a number of unsuccessful attempts to recruit staff of the calibre we are looking for. However, 2 new staff have recently been appointed, and are undergoing initial induction training. This is in addition to the 2 new staff appointed in March, who have been gaining in experience during the reporting period.

This period also represents a busy period for the CCC, with MPharm students applying for the new pre-registration scheme 2017-18, plus those pre-registration students coming to the end of their 2016-17 year applying for and sitting the registration assessment in June.

We are currently undertaking a full review of CCC performance and resourcing, reflecting upon both successful and poor performing years, to ensure that overall activity is adequately covered to meet not only peak periods of “registration” activity, but also intraday demands upon call handlers time.

1.5 Continuing Professional Development

Call and submission data		2014-15 Call	2016 Call (2.5% sample pilot)	2017 Call
	Records requested	19,197	1798	1544
	Submitted by deadline	17,802 (92.7%)	1,687 (93.8%)	1418 (91.8%)
Submission issues				
Extensions	Extensions granted	450 (2.3%)	58 (3.2%)	36 (2.3%)
Incomplete ¹	Incomplete records	1,400 (7.3%)	145 (8.1%)	117 (7.6%)
Problems ²	Problem submissions	17 (0.1%)	0	0
Non-compliance action				
Reminders	1st reminder	1,160 (6.0%)	1454 (80.9%)	680 (44%)
	2nd reminder	687 (3.5%)	111 (6.2%)	388 (25.1%)
Remediation	Entered into remediation	137 (0.7%)	253 (14.1%)	55 (3.5%)
Removal process	Notice of intention to remove	407 (2.1%)	182 (10.1%)	91 (5.9%)
	Notice of removal	213 (1.1%)	52 (2.9%)	38 (2.5%)
Overall compliance				
Met requirements at 1 st attempt		19,027 (99.9%)	1451 (80.7%)	1444 (93.5%)
Met requirements at 2 nd attempt			246 (13.7%)	44 (2.8%)
Removal for non-compliance		170 (0.9%)	25 (1.4%)	20 (1.3%)
Removal from call	Voluntary removal from register	0 (0.0%)	23 (1.3%)	21 (1.4%)
	Deleted from register		1 (0.1%)	0
	Failed to renew registration		10 (0.5%)	3 (0.2%)
	CFtP pilot participation		6 (0.3%)	0
Pending		0 (0.0%)	1 (0.05%)	5 (0.3%)
Overall compliance rating		19,027 (99.9%)	1697 (94.4%)	1493 (96.7%)

About the data

Figures are presented as annual call cycles. 2014-15 calls commenced in October 2014 and ended in June 2015. The 2016 and 2017 calls use a sampling approach of 2.5% of the professional registers.

The 2017 call is on-going and is not yet representative of the final degree of compliance with CPD requirements.

Data was extracted on 25th August 2017.

This call is now drawing to a close with only 5 pending registrants; 4 who have been granted extensions and 1 who has been issued with a Notice of Removal for non-submission.

Commentary

¹ Incomplete refers to having approval to submit fewer entries than usually required (9 per year) as a result of periods away from practice, such as parental or sick leave.

² Problem submissions are those that are submitted in formats that cannot be accepted and therefore it is not possible to process them.

2. Fitness to Practise (FtP)

2.1 Fitness to Practise performance standards

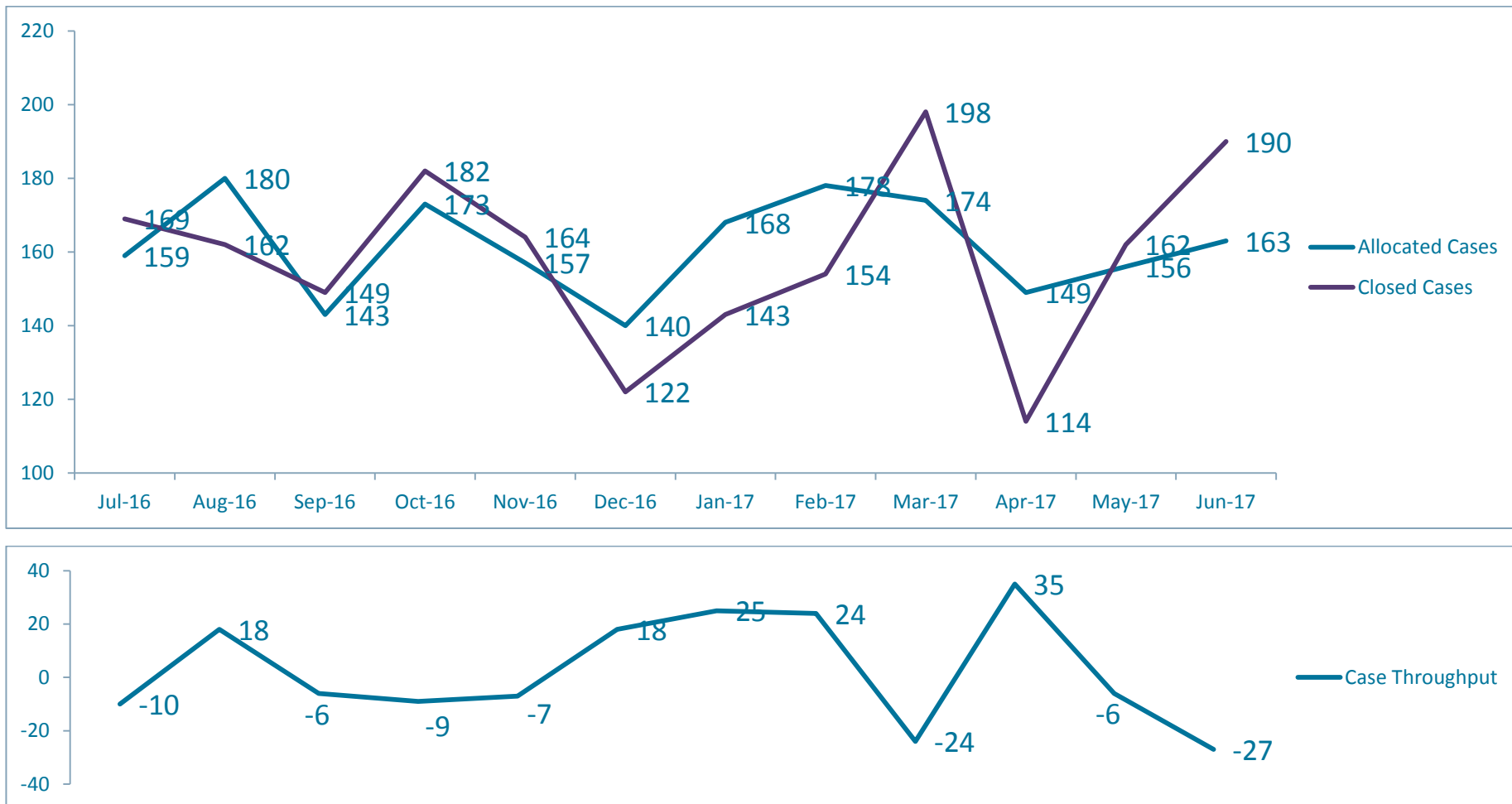
		2016/17				2017/2018
		Q1	Q2	Q3	Q4	Q1
All cases triaged during this period	No.	433	476	458	507	462
Of which cases triaged within 3 working days	No.	313	464	391	487	458
	%	72.3%	97.5%	85.4%	96.1%	99.1%

		2016/17				2017/2018
		Q1	Q2	Q3	Q4	Q1
All stream 1 cases closed pre-IC	No.	168	156	154	182	148
Of which closed within 3 months	No.	128	130	127	161	138
	%	76.2%	83.3%	82.5%	88.5%	93.2%
All stream 2 cases closed pre-IC or referred to the IC[1]	No.	204	158	161	203	157
Of which closed or referred within 10 months	No.	148	124	110	123	131
	%	72.5%	78.5%	68.3%	60.6%	83.4%
All cases closed or referred at IC	No.	50	44	44	43	53
Of which reach IC within 12 months	No.	23	33	19	15	18
	%	46.0%	75.0%	43.0%	34.9%	34.0%
All FTP committee cases closed	No.	26	21	24	18	29
Of which closed within 24 months	No.	19	13	11	10	18
	%	73.1%	61.9%	45.8%	55.5%	62.1%

Cases closed 1 April 2017 to 30 June 2017, which may have been opened at any time.

Overall performance has been positive this reporting period. Performance has improved in 4 out of the 5 performance standards and been sustained in the other. Triage performance remains strong, with 99% of concerns triaged within 3 days. Stream 1 cases closed within 3 months has also improved to 93% this reporting period, continuing the positive improvement trend over last year. The percentage of cases closed or referred within 10 months and the percentage of cases being closed at FtP Committee within 24 months has also improved. The increased numbers of cases at these latter stages of the fitness to practise process reflects the continued throughput of the significant efforts to progress older cases out of the investigation stage during quarter 4 of 2016/17.

2.2 Cases allocated and closed



Across this quarter, fewer concerns were received and allocated than the previous quarter. 468 concerns were received in quarter 1 in comparison to 518 in Quarter 4. This equates to a monthly average of 156 concerns being received, compared with 172 in the previous quarter.

2.3 Caseload age profile

Age profile		2016/17				2017/18
		Q1	Q2	Q3	Q4	Q1
Under 6 months	No.	330	343	370	384	375
	%	51.1%	52.0%	57.2%	56.0%	57.4%
6-12 months	No.	175	161	100	141	130
	%	27.1%	24.4%	15.5%	20.6%	19.9%
12-14 months	No.	34	47	61	30	32
	%	5.3%	7.1%	9.5%	4.4%	4.9%
15 months old and over	No.	107	108	116	130	116
	%	16.6%	16.4%	17.9%	19.0%	17.8%
Total	No.	646	659	647	685	653
	%	100.0%	100.0%	100.0%	100.0%	100.0%

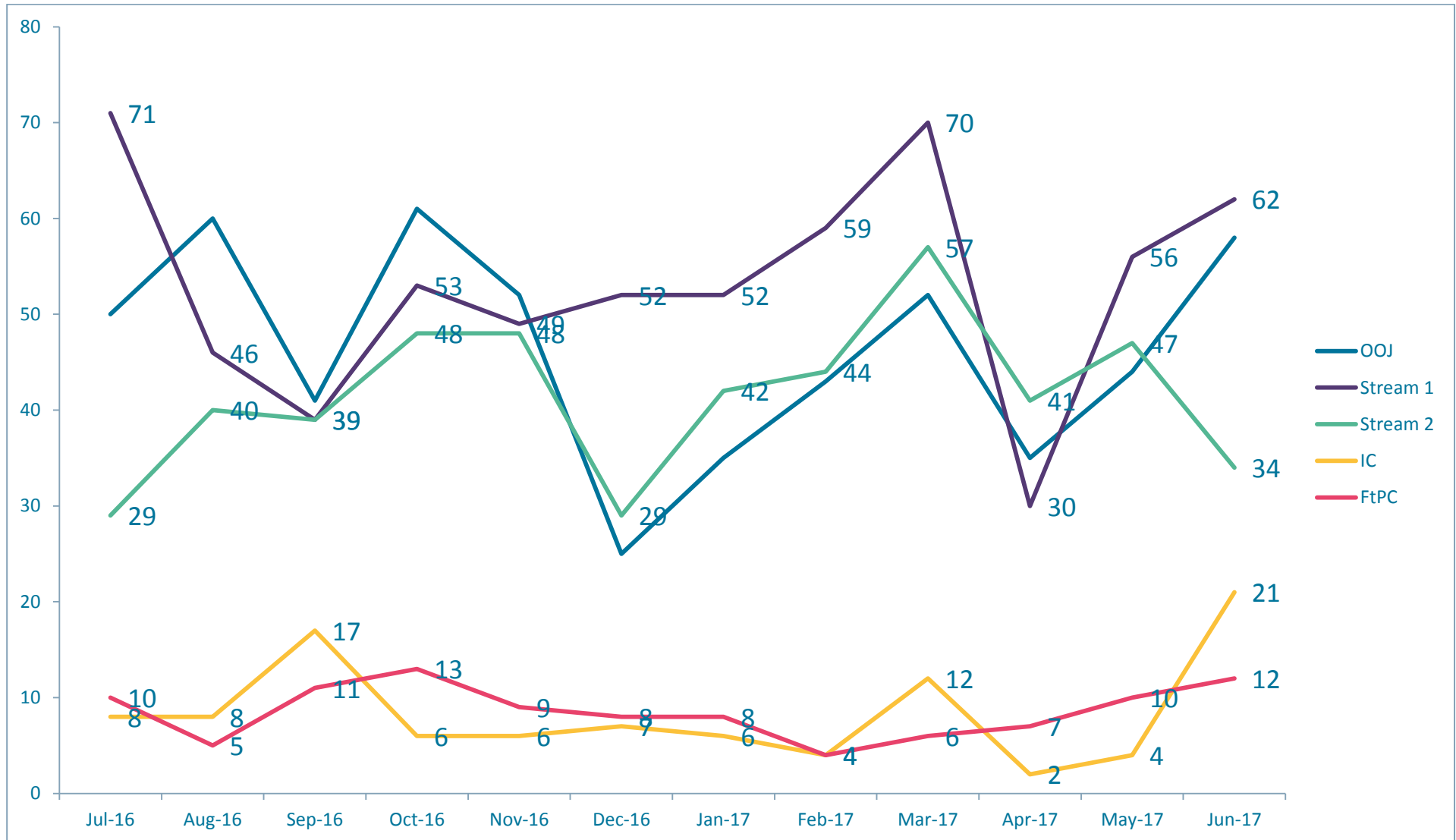
The open caseload reduced by 32 this reporting period, closing the quarter at 653 in comparison with 685 at the end of quarter 4 in 2016/17. This tends to fluctuate a little month by month, but over the last 12 months our caseload has remained relatively stable. Of note this reporting period is that 77% of our open caseload remains under 12 months old, with reducing numbers of cases between 6 to 12 months old. This is significant because it illustrates the continued efficient progression of cases at the front end of the FtP process in line with our two pronged strategy. In addition, the number of cases over the age of 12 months old has continued to reduce. This is starting to reflect the progress of moving a significant number of older cases out of the investigation stage during the last quarter. These older cases are now working their way through the latter stages of the FtP process as seen in this table.

2.4 Cases over 15 months

Age profile		2016/17				2017/18
		Q1	Q2	Q3	Q4	Q1
15-19 months	No.	39	48	47	52	46
	%	36.4%	44.4%	40.5%	40.0%	39.7%
20-24 months	No.	25	21	34	44	30
	%	23.4%	19.4%	29.3%	33.8%	25.9%
25-29 months	No.	17	13	10	15	23
	%	15.9%	12.0%	8.6%	11.5%	19.8%
30-34 months	No.	12	12	10	7	6
	%	11.2%	11.1%	8.6%	5.4%	5.2%
35-39 months	No.	7	5	7	4	5
	%	6.5%	4.6%	6.0%	3.1%	4.3%
40-42 months	No.	1	5	2	4	1
	%	0.9%	4.6%	1.7%	3.1%	0.9%
43-49 months	No.	5	1	4	3	4
	%	4.7%	0.9%	3.4%	2.3%	3.4%
50 months or more	No.	1	3	2	1	1
	%	0.9%	2.8%	1.7%	0.8%	0.9%

Of note this reporting period is the reduction of cases over the age of 15 months old to 116 from 130 in the previous quarter. As referenced earlier, this reflects the progress of moving a significant number of older cases out of the investigation stage during the last quarter in line with our plan, and the increase in closures of these older cases, as they make their way through the latter stages of the FtP process. The vast majority of these are scheduled for closure by the end of the year, with only 33 of these cases currently remaining within the investigation stage, including those on hold because of a third party investigation.

2.5 Cases closed by stage



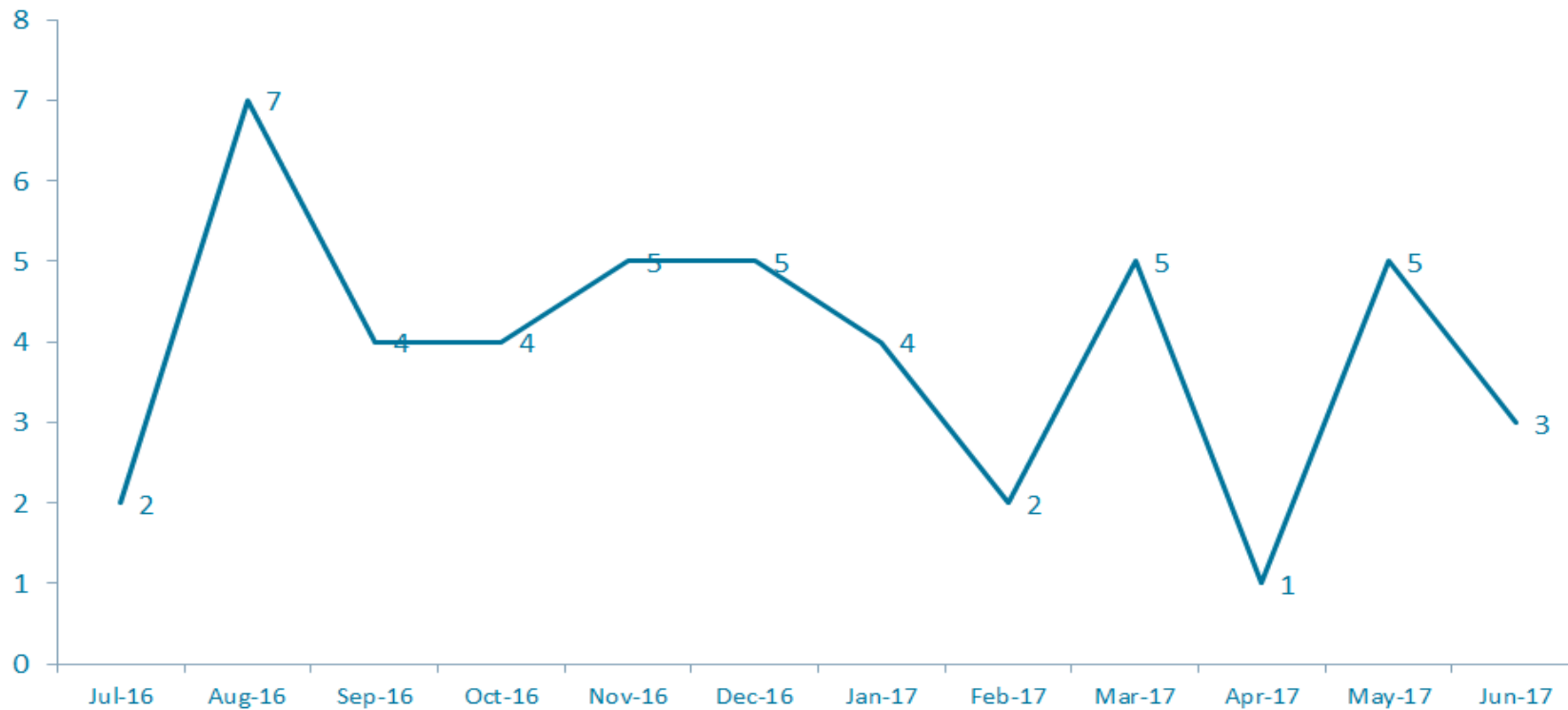
2.6 DBS referrals

The GPhC's Disclosure and Barring Service (DBS) and Disclosure Scotland (DS) Referrals Panel considered 6 matters during this quarter, of which 1 was referred to DBS (covering England and Wales).

2.7 Appeals

No new appeals were brought during quarter one, and no appeals have been concluded. We currently have 4 ongoing appeals.

2.8 Interim Orders



Interim order applications are sought in circumstances where the GPhC considers that an order is necessary to protect the public, is otherwise in the public interest or is in the interests of the registrant. As a result the numbers each month can and do fluctuate. Overall, the total number of interim orders this quarter remains roughly in line with previous quarters. When considering matters which may justify an interim order application, these represent an operational priority for the team. Performance remains strong this quarter maintaining the median time of 2.1 weeks. This period is taken from the time we receive information justifying the need for an IO order to the date on which the FtPC makes the decision to impose an interim order.

3. Inspection

3.1 Inspections undertaken

	Routine inspections	Follow up inspections	Visits before registration
Pharmacies	1050	20	70

Figures above relate to inspection activity between 1 April 2017 and 30 June 2017.

The number of routine inspections over the period increased to 1,050. The average number of inspections completed increased from an average of 334 in Quarter 4 to 350 in Q1.

3.2 Pharmacy premises not inspected

Months since previous inspection		2016/17			2017/18
		Q2	Q3	Q4	Q1
36-38 months	No.	1,221	659	451	569
	%	23.80%	13.50%	10.30%	14.95%
39-41 months	No.	1,162	1,201	669	441
	%	22.60%	24.70%	15.30%	11.58%
42-47 months	No.	1,998	2,091	2,186	1,655
	%	38.90%	43.00%	49.90%	43.47%
48 months or more	No.	639	913	1,072	1,142
	%	12.40%	18.80%	24.50%	30.00%
Total	No.	5,020	4,864	4,378	3,807
	%	100.00%	100.00%	100.00%	100.00%
Of all registered pharmacies	No.	14,428	14,381	14,403	14,399
	%	35.60%	33.80%	30.40%	26.44%

Figures correct as at 30 June 2017

3.3 Age profile of pharmacies not inspected for 48 months and over

Months since previous inspection		East	North	South	West	Total
48 – 50 Months	No.	265	149	188	99	701
	%	64.79%	56.65%	77.05%	43.81%	61.38%
51 – 53 Months	No.	132	83	54	74	343
	%	32.27%	31.56%	22.13%	32.74%	30.04%
54 – 59 Months	No.	12	31	2	53	98
	%	2.93%	11.79%	0.82%	23.45%	8.58%
+60 Months	No.	0	0	0	0	0
	%	0.00%	0.00%	0.00%	0.00%	0.00%
Total	No.	409	263	244	226	1142
	%	100.00%	100.00%	100.00%	100.00%	100.00%

Figures correct as at 30 June 2017

The number of pharmacies not inspected for 36 months or more reduced for the second quarter in succession from 4,864 to 4,378. As forecast, we have completed in excess of 300 inspections per month and in excess of 900 in this quarter to keep on top of the flow of pharmacies through the age categories. Our two newest 'floating' inspectors have provided additional resilience and, as a consequence, we have significantly reduced the number of pharmacies that had not been inspected in a particular part of the East region.

We have, though, seen an increase in the number of pharmacies not inspected for more than 54 months from 36 to 74. Our overall productivity will, over time, enable us to keep to a 54 month maximum but there will be occasional fluctuations due to the previous historical spikes in inspection that occurred before our revised approach was introduced (i.e. there were particular periods where more inspections were carried out meaning a larger batch of pharmacies comes into a particular age bracket at one time, often disproportionately in individual geographical regions). However, the flow of pharmacies overall will be reducing as fewer enter the 36 month+ category and there has been a significant reduction in the 36-38 months (659 to 451) and 39-41 months categories (1201 to 669). This reflects the fact that we will now see those pharmacies first inspected under the new approach three years ago coming back into the figures.

3.4 Top 5 standards ranked as not met

Standard no.	Description	
4.3	Medicines and medical devices are: obtained from a reputable source; safe and fit for purpose; stored securely; safeguarded from unauthorized access; supplied to the patient safely; and disposed of safely and securely	39
1.1	The risks associated with providing pharmacy services are identified and managed	28
1.2	The safety and quality of pharmacy services are regularly reviewed and monitored	27
4.2	Pharmacy services are managed and delivered safely and effectively	22
1.6	All necessary records for the safe provision of pharmacy services are kept and maintained	21

3.5 Top 5 standards ranked as good

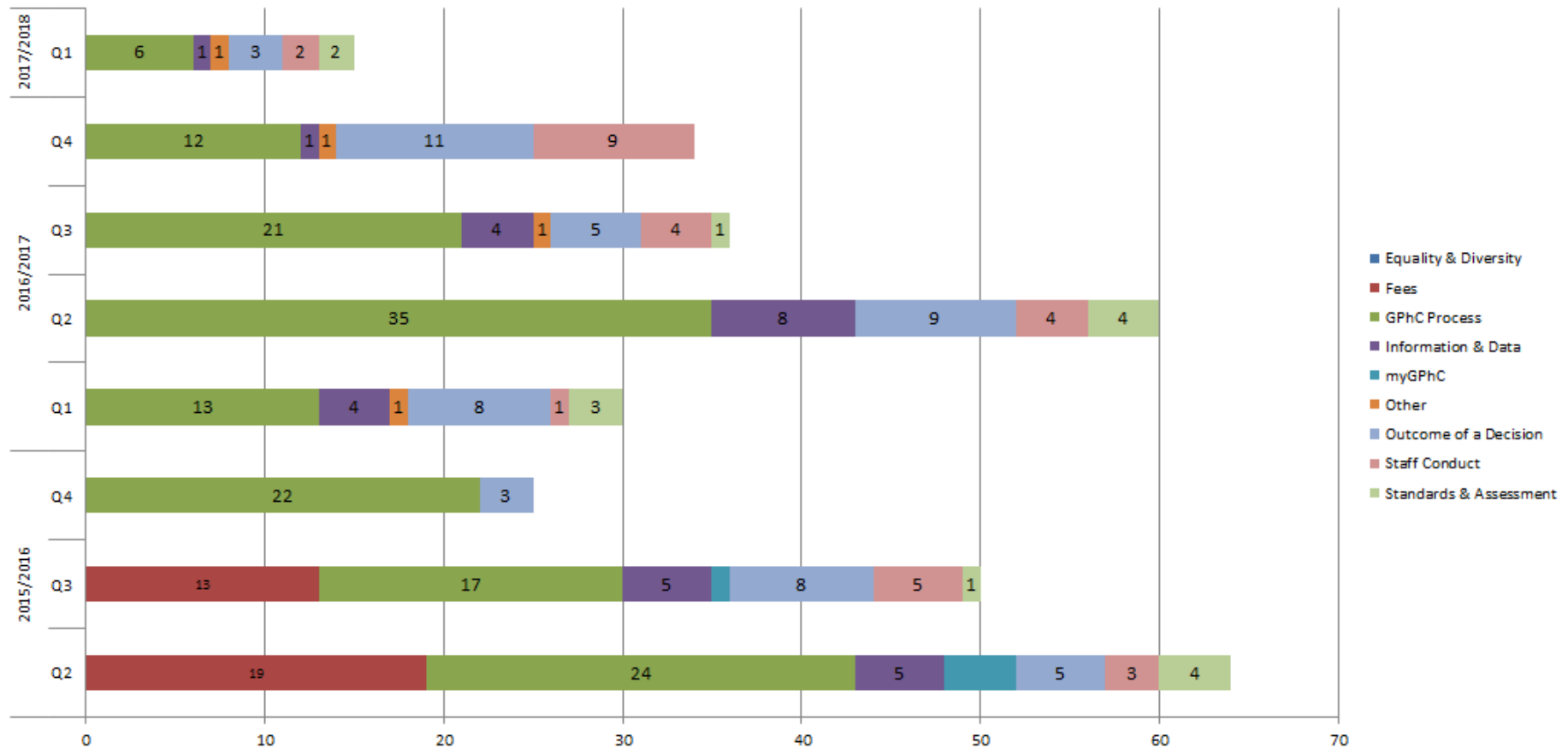
Standard no.	Description	
2.2	Staff have the appropriate skills, qualifications and competence for their role and the tasks they carry out, or are working under the supervision of another person while they are in training	387
2.4	There is a culture of openness, honesty and learning	322
1.2	The safety and quality of pharmacy services are regularly reviewed and monitored	315
1.1	The risks associated with providing pharmacy services are identified and managed	287
4.2	Pharmacy services are managed and delivered safely and effectively	251

The above rankings relate to inspections carried out between: 1 April 2017 to 30 June 2017

The top five standards rated 'good' have remained the same. There has been one change in the top 5 standards not met with standard 2.2 now featuring and standard 1.6 ('All necessary records for the safe provision of pharmacy services are kept and maintained') dropping out. However, the numerical differences are minimal (e.g. 1.6 dropping from 21-19) in the context of 1,050 inspections.

4. Complaints

4.1 Formal complaints and negative feedback by category



In terms of the volume of complaints received, the first three months of the current financial year were approximately half those seen in the first quarter of both 2015/16 (31) and 2016/17 (34). Of the 15 complaints received, two relating to GPhC processes were upheld, as were one each for Staff Conduct and Information and Data. One complaint regarding the application of our threshold criteria was partially upheld.

Whereas the quarter-to-quarter trend at the beginning of the last financial year saw the number of complaints increasing, there were fewer complaints in the first quarter of 2017/18 than in the final three months of 2016/17. As the most recent complaint numbers are significantly lower than those over the past two years, additional data is required to assess whether the results form part of new trend or are an anomaly.

As has been the case for the last seven reporting periods, GPhC processes attracted the highest number of complaints between April and June 2017. However, the number of complaints about process has fallen compared to previous quarters, as have those in the Staff Conduct and Outcome of a Decision categories. The spread of complaints between categories was broadly more even than has recently been the case. There is now a six-quarter trend with no complaints received relating to equality and diversity, fees or myGPhC.

5. Education

5.1 Accreditation and recognition activity

Course	Type	2015-16 academic year		2016-17 academic year		
		Q1	Q2	Q3	Q4	Q1
Master of Pharmacy (MPharm) degree	Accreditation	2	-	1	4	4
	Reaccreditation	2	-	-	-	-
	Interim visit	0	-	-	5	-
Overseas pharmacist assessment programme (OSPAP)	Reaccreditation	-	-	-	-	-
Independent prescribing	Accreditation	2	-	1	1	1
	Reaccreditation	3	-	2	3	8
	Monitoring visit	1	-	2	-	1
Level 3 Pharmacy technician knowledge/competence	Approval/Accreditation	-	-	-	-	-
	Reaccreditation	-	-	-	-	-
Level 2 medicines counter assistant and dispensing assistant	Accreditation	-	-	-	-	-
	Reaccreditation	1	-	-	-	-

All events went ahead as scheduled.

The first 5-year integrated MPharm was accredited (University of Nottingham) following the final step event and successful completion of the accreditation process. Graduates of this course were eligible to sit the registration assessment in June 2017 and those who were successful began joining the register in August.

One further independent prescribing programme was accredited (Liverpool John Moores University), which has increased the total number of providers to 44. Funding announced recently by HEE for 2,000 additional places on pharmacists prescribing programmes between 2017 and 2019 has led to an increase in interest from new providers and so we expect this number to increase further over the next academic year.

6. Human Resources

6.1 Headcount Overview

The data below summarises the headcount position during the period of 1st April 2017 – 30th June 2017. The total number of leavers for this period was 14, comprising of 10 permanent employees and 4 staff on fixed term contracts. The turnover rate for permanent staff excludes those employees who were/are on a fixed term contract.

The total number of permanent leavers for this specific period equates to a turnover rate of 19.2%, however the year to date turnover rate is currently 14.4% due to a low number of leavers during the first period of 2017. The year to date 2017 figure is favourable when compared to the turnover rate of 20.9% for 2016. I would anticipate that this figure will increase slightly by the year end.

The stability rate has been calculated based upon the number of permanent employees with more than 12 months employment at GPhC. On the 30th June 2017, there were 161 permanent employees who had more than a 12 month employment at GPhC. The stability percentage has slightly dropped from the previous reporting figure of 79.5%.

GPhC	30 th June 2017
Headcount	228
Permanent	208
Fixed Term Contract	20
Total Leavers	14
Permanent leavers	10
Turnover – Permanent (Apr-Jun)	19.2%
Turnover – Permanent (Year to Date)	14.4%
Stability – Permanent staff	77.4%

6.2 Organisational Absence – Absence Percentages

The table below details the absence percentages for the organisation and the individual Directorates at GPhC. In total 206 days were lost due to absence in this period compared to 314 in the previous reporting period. The overall absence percentage has reduced from 2.1% to 1.4%, mainly due to a reduction of long term absence cases. The Operations Directorate still represents the highest absence percentage, although it the percentage has reduced significantly from the previous period when the absence percentage was 3.3%.

Directorate	<u>Absence %</u> Apr 17 – Jun 17
Organisation	1.4%
Executive Office	0.6%
FTP	1.4%
OD / EDI	1.4%
Operations	1.6%
Strategy	1.3%

The table below compares the GPhC absence percentage (during April 2017 – June 2017) against external areas. The external figures have been taken from the CIPD (Chartered Institute of Personnel and Development) Annual Survey Report 2016.

Data Description	<u>Absence %</u>
GPhC	1.4%
CIPD - All Organisations	3.3%
CIPD - Central Government	4.8%
CIPD - Local Government	4.6%
CIPD - Health	4.8%

6.3 Employee Relations

The table below is a summary of the Employee Relation cases by case type which were closed during the specified period:

Case Type	<u>No. of cases</u>
Total Cases	10
Absence	1
Disciplinary	1
Flexible Working	1
Grievance	2
Performance	2
Other	3

There were in total 10 employee relation cases in the second period of 2017. This included a wide range of cases ranging from a redundancy to performance. There were 2 dismissals in this period and 8 cases which were resolved at the informal stage.

The number of cases continues to be higher than 2016. We believe there are several contributing factors previously reported are still relevant:

- New HR Policies and Procedures were introduced at the beginning of 2017.
- Management training sessions were successfully rolled out in this period, increasing line manager confidence in tackling people issues.
- The HR team has been recently restructured and as a result is focused towards partnering with the organisation and supporting line managers.

6.4 Summary

The headcount has increased from the last reported figure of 220 which was taken at the end of March 2017. On the 30th June 2017 the headcount was in total 228. The reason this may be attributed to additional establishment increases in IFTP and Operations. 8 additional roles we added to the establishment during this period.

The turnover figure for this period was 19.2%. This figure was anticipated as there were a high number of known leavers during this period which included a planned retirement and a redundancy. The 'with or without regret' measure was also introduced and should provide some assurance in that only 40% of leavers for this period were with regret.

The GPhC absence percentages compare favourably against the CIPD data however under recording of absence still remains a concern. The HR team will continue to drive this issue and raise awareness through meetings and the provision of absence data.

The learning and development provision continues to pick up pace at GPhC with planned management training in the next period focused on Recruitment Training and Equality, Diversity and Inclusion awareness. We have also recently appointed Leila Mikail as our new Learning and Development Manager. This appointment will help provide the added focus to our learning and development agenda.

6.5 Looking Ahead

The HR team are about to release the next set of HR Quarterly Reports, covering the second quarter of 2017. The HR team are proactively using this data to work in partnership with line managers in tackling areas of concern within employee relations, turnover and absence.