

**Third meeting in 2022 of the Council held in PUBLIC  
on Wednesday 21 September 2022 at 10:00am via Microsoft Teams**

**AGENDA**

Item no.	Item	Reference	Lead	Page No.	Finish time
1.	<b>Welcome, Apologies and Chair's Introduction</b>	Oral	Chair	-	10:00am - 10:10am (10 mins)
<b>A minute's silence will be held in memory of Her Late Majesty Queen Elizabeth II</b>					
2.	<b>Declaration of Interests</b>		Chair	3-6	
3.	<b>Minutes, Actions and Matters Arising</b>				
	3.1. <b>Minutes – 29 June 2022</b> For approval	C33(22)	Chair	7-11	10:10am - 10:15am (5 mins)
	3.2. <b>Updated Actions</b> For noting	C34(22)			
	3.3. <b>Matters Arising</b>			12	
<b>FOR DECISION</b>					
4.	<b>GOC Annual Report</b> For approval	C35(22)	Chair	13-76	10:15am - 10:30am (15 mins)
5.	<b>Audit, Risk and Finance Committee Annual Report</b> For approval	C36(22)	Chair of Audit, Risk and Finance Committee	77-93	10:30am - 10:45am (15 mins)
6.	<b>Regulatory Reform and Call for Evidence update</b> For approval	C37(22)	Director of Regulatory Strategy	94-98	10:45pm – 11:15pm (30 mins)
<b>11:15am – 11:30pm- BREAK (15 mins)</b>					
<b>FOR ASSURANCE</b>					
7.	<b>Q1 Council Internal Business Plan Exceptions Report Update</b> For noting	C38(22)	Senior Management Team (SMT)	99-106	11:30am – 11:45am (15 mins)
8.	<b>Balanced Scorecard</b> For noting	C39(22)	SMT	107-108	11:45am – 12:00pm (15 mins)

9.	<b>Q1 Financial Performance Report</b> For noting	C40(22)	SMT	109-121	12:00pm – 12:15pm (15 mins)
<b>FOR DISCUSSION</b>					
10.	<b>Chair's report</b>	C41(22)	Chair	122-123	12.15pm – 12:20pm (5 mins)
11.	<b>Chief Executive and Registrar's report</b>	C42(22)	Chief Executive and Registrar	124-138	12:20pm – 12:35pm (15 mins)
<b>12:35pm - 1:30pm LUNCH (55 minutes)</b>					
12.	<b>Stakeholder Survey, Registrant Survey and Public Perceptions Survey</b>	C43(22)	Director of Regulatory Strategy	139-234	1:30pm – 2:00pm (30 mins)
<b>FOR NOTING (Council Members are asked to advise the Chair in advance if they wish to discuss any of these items)</b>					
13.	<b>Financial Regulations and Scheme of Delegation</b> For noting	C44(22)	Head of Governance/ Head of Finance	235-288	2:00pm – 2:10pm (10 mins)
14.	<b>Council Forward Plan</b> For noting	C45(22)	Head of Governance	289	2:10pm - 2:15pm (5 mins)
15.	<b>Any Other Business</b> (Items must be notified to the Chair 24 hours before the meeting)	-	Chair	-	2:15pm – 2:20pm (5 mins)
<b>Meeting Close – 2.20pm</b>					
<b>Date of next meeting – Wednesday 7 December 2022</b>					

**GENERAL OPTICAL COUNCIL – COUNCIL REGISTER OF INTEREST 2022/23 (UPDATED 14 September 2022)**

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Sinead <b>BURNS</b> Lay Member	<ul style="list-style-type: none"> <li>Registered Psychologist: Health and Care Professions Council</li> <li>Registrant Member: Fitness to Practice Panel, Health and Care Professions Council</li> </ul>	<ul style="list-style-type: none"> <li>Registered Fellow: Chartered Institute of Personnel and Development</li> </ul>	<ul style="list-style-type: none"> <li>Former Vice President Pharmaceutical Society Northern Ireland</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Companies Committee</li> <li>Member: Audit, Risk and Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Dr Josie <b>FORTE</b> Registrant - OO	<ul style="list-style-type: none"> <li>Employed optometrist and director (with shareholding): Specsavers (Plymouth Armada Way; Plymstock; and Plymouth Marsh Mills)</li> <li>Consultant: Specsavers Optical Superstores</li> <li>Lead assessor: Wales Optometry Postgraduate Education Centre, Cardiff University</li> <li>Lecturer (occasional, visiting): Plymouth University</li> <li>Vice chair (acting): Devon Local Eye Health Network</li> <li>Vice chair (acting): Cornwall Local Eye Health Network</li> <li>Board member: Federation of Ophthalmic and Dispensing Opticians</li> <li>VisionForte Ltd (50% shareholding)</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists</li> <li>Registered with the Optometrists and Dispensing Opticians Board of New Zealand</li> <li>Liveryman: Worshipful Company of Spectacle Makers</li> </ul>	<ul style="list-style-type: none"> <li>Member: Devon Local Optical Committee (end May 2017)</li> <li>Optometrist: Specsavers Torquay (end Apr 2014)</li> <li>Optometrist: Lascelles Opticians Plymouth (end Jun 2006)</li> <li>Specsavers Plymouth Cornwall Street Ltd (ended April 2020)</li> <li>Specsavers Saltash Ltd (ended April 2020)</li> <li>Specsavers Devon2 Domiciliary (ended January 2020)</li> <li>Board trustee: Inspiring Schools Partnership, Plymouth</li> <li>Member: AOP<sup>6</sup></li> </ul>	<ul style="list-style-type: none"> <li>Chair: Standards Committee</li> <li>Member: Registration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Mike <b>GALVIN</b> Lay Member	<ul style="list-style-type: none"> <li>Non-executive Director: Martello Technologies Group Inc</li> <li>Non-executive Director: ThinkRF</li> <li>Director of Streetwave Ltd (a company registered in the UK)</li> </ul>	<ul style="list-style-type: none"> <li>Member: Institution of Engineering and Technology</li> <li>Fellow: Institute of Telecom Professionals.</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Education Committee</li> <li>Member: Audit, Risk and Finance Committee</li> <li>Council Lead: GOC Refresh</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Lisa <b>GERSON</b> Registrant (OO) member	<ul style="list-style-type: none"> <li>Primary Care Supervisor: Cardiff University</li> </ul>	<ul style="list-style-type: none"> <li>Member of AOP</li> <li>Member of College of Optometry</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Optometry Wales</li> <li>Member: GOC Hearings Panel</li> <li>Member/Acting Chair: GOC Investigation Panel</li> <li>Member: GOC Education Visitor</li> </ul>	<ul style="list-style-type: none"> <li>Registration Committee</li> <li>Nominations Committee</li> <li>Council lead for FtP</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

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			Panel <ul style="list-style-type: none"> <li>• College Counsellor: College of Optometrists</li> <li>• Trustee: College of Optometrists</li> <li>• Trustee: AOP</li> <li>• Employee: Ronald Brown Group</li> <li>• Employee: Boots Optician</li> </ul>		
Rosie <b>GLAZEBROOK</b> Lay Member	<ul style="list-style-type: none"> <li>• Member, Standards Policy and Strategy Committee - BSI</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Chair of Research Ethics Committee, (Camden and Kings Cross) - Health Research Authority</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Nominations Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Clare <b>MINCHINGTON</b> Lay Member	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Fellow: Association of Chartered Certified Accountants</li> <li>• Fellow: Institute of Chartered Accountants of England and Wales</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>	<ul style="list-style-type: none"> <li>• Chair: Audit, Risk and Finance Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>
Frank <b>MUNRO</b> Registrant - OO	<ul style="list-style-type: none"> <li>• Director Munro Eyecare Limited (T/A Munro Optometrists)</li> <li>• Professional Clinical Advisor, Optometry Scotland</li> <li>• Acting Optometric Advisor, NHS Lanarkshire</li> <li>• Lead Optometrist, Glasgow City (South) Health &amp; Social care Partnership</li> <li>• Visiting Lecturer, Glasgow Caledonian University</li> <li>• Visiting Lecturer, Edinburgh University (MSc Ophthalmology programme)</li> </ul>	<ul style="list-style-type: none"> <li>• Member of the College of Optometrists</li> <li>• Member NHS Greater Glasgow &amp; Clyde Prescribing Review Group</li> </ul>	<ul style="list-style-type: none"> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Member: Education Committee</li> </ul>	<ul style="list-style-type: none"> <li>• None</li> </ul>



	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
Dr David <b>PARKINS</b> Registrant - OO	<ul style="list-style-type: none"> <li>Trustee: Spectacle Makers Charity</li> <li>Chair: London Eye Health Network (NHS England)</li> <li>Member: London Clinical Senate Council</li> <li>Director: BP Eyecare Ltd</li> <li>Provided short informal feedback (22 March 2022) to MOptom Programme Director, Cardiff University on high level course structure (no financials involved)</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: College of Optometrists</li> <li>Fellow, European Academy of Optometry and Optics</li> <li>Life Member: Vision Aid Overseas</li> <li>Liveryman: Worshipful Company of Spectacle Makers</li> </ul>	<ul style="list-style-type: none"> <li>President: College of Optometrists (end Mar 2016)</li> <li>Board Trustee: College of Optometrists (end Mar 2018)</li> <li>Previous CET provider (ended 2015)</li> <li>Chair: Clinical Council for Eye Health Commissioning (2015-2017)</li> <li>Vice Chair: Clinical Council for Eye Health Commissioning (2017-2021)</li> <li>Member: British Contact Lens Association</li> </ul>	<ul style="list-style-type: none"> <li>Member: Audit, Risk and Finance Committee</li> <li>Council Lead: Legislative Reform</li> </ul>	<ul style="list-style-type: none"> <li>Close Relative: General Optical Council Case Examiner</li> <li>Close Relative: Member, College of Optometrists</li> <li>Spouse: Director - BP Eyecare Ltd</li> </ul>
Tim <b>PARKINSON</b> Lay member	<ul style="list-style-type: none"> <li>Directorship for own limited company: Tim Parkinson Limited (consultancy not to optical sector or organisations linked to optical sector)</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: Chartered Management Institute</li> <li>Membership of the Institute of Water</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Investment Committee</li> <li>Member: Remuneration Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Roshni <b>SAMRA</b> Registrant - OO	<ul style="list-style-type: none"> <li>Locum optometrist (occasional): Optegra</li> <li>Head of Clinic Services: City Sight, City University</li> <li>Student: City University</li> </ul>	<ul style="list-style-type: none"> <li>Member: College of Optometrists</li> <li>Member of AOP</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Member: Registration Committee</li> <li>Council Lead: GOC People Plan</li> </ul>	<ul style="list-style-type: none"> <li>Works with a current General Optical Council Case Examiner</li> </ul>
Glenn <b>TOMISON</b> Registrant - DO	<ul style="list-style-type: none"> <li>Lead director (for individual members): Federation of Ophthalmic Dispensing Opticians</li> <li>Self-employed: dispensing optician</li> <li>Senior clinical instructor: University of Manchester</li> </ul>	<ul style="list-style-type: none"> <li>Fellow: Association of British Dispensing Opticians</li> <li>Liveryman: Worshipful Company of Spectacle Makers</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Federation of Ophthalmic and Dispensing Opticians (ended December 2014)</li> </ul>	<ul style="list-style-type: none"> <li>Senior Member: Council</li> <li>Chair: Remuneration Committee</li> <li>Member: Nominations Committee</li> <li>Member: Investment Committee</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>
Dr Anne <b>WRIGHT</b> CBE Lay Chair	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>	<ul style="list-style-type: none"> <li>Committee member: The Shaw Society</li> </ul>	<ul style="list-style-type: none"> <li>Chair: Council</li> </ul>	<ul style="list-style-type: none"> <li>None</li> </ul>

	Own interests				Connected Persons interests
	Current interests	Professional memberships	Previous interests	GOC committee memberships	
			(will finish end December 2021)	<ul style="list-style-type: none"> <li>Chair: Nominations Committee</li> </ul>	

**GENERAL OPTICAL COUNCIL  
DRAFT Minutes of the public Council  
meeting held on Wednesday 29 June 2022 at 10am via Microsoft Teams**

Present:	Dr Anne Wright CBE (Chair), Sinead Burns, Josie Forte, Mike Galvin, Lisa Gerson, Rosie Glazebrook, Clare Minchington, Frank Munro, David Parkins, Tim Parkinson, Roshni Samra and Glenn Tomison.  Rukiaya Anwar and Harry Singh (Council Associates).
GOC Attendees:	Clare Bond (Lawyer) Steve Brooker (Director of Regulatory Strategy), Marie Bunby (Head of Strategy, Policy & Co-production), Yeslin Gearty (Director of Corporate Services), Kiran Gill (Head of Legal), Philippsia Greenway (Director of Change), Philippa Mendosa (Head of Education), Leonie Milliner (Chief Executive Officer and Registrar), Samara Morgan (Head of Education), David Reeder (Head of Case Progression), Dionne Spence (Director of Regulatory Operations), Ivon Sergey (Governance Officer-Minutes), Andy Spragg (Head of Governance) and Manori Wickremasinghe (Head of Finance).
External Attendees	Alistair Bridge (ABDO), Paul Chapman-Hatchett (Outside Clinic), Sue Clark (OCCS), Richard Edwards (OCCS), Carl Greatbanks (Vision Direct), David Hewlett (FODO), David Hutchfield (My Optique Group), Jennie Jones (OCCS), Selina Powell (Optometry Today), Alan Tinger (FODO) and Steve Wright (PSA).
<b>Welcome and Apologies</b>	
1.	The Chair welcomed those in attendance.
2.	There were no apologies.
<b>Declaration of Interests C15(22)</b>	
3.	Josie Forte declared she had been appointed as an External Advisor to Plymouth University.
4.	Council noted the illegal practice strategy item did not pose a conflict of interest for Registrant Council members in attendance as this concerned setting of policy and not its application to individual practices. Council was also informed that the member fees item presented a possible conflict for all Council members, though this was managed by ensuring Remunerations Committee had an Independent Member present when considering its recommendations to Council.

	<b>Minutes of the meeting held on 16 March 2022 C16(22)</b>
5.	The minutes were approved as an accurate record of the meeting.
	<b>Action points update C17(22)</b>
6.	<b>C38(22) COMPLETED</b>
7.	<b>C25(21)</b> It was noted this action should be amended to say that consideration would be given to how compliance information related to health and safety should be presented to Council, assurance of which was the responsibility of Audit, Finance and Risk Committee (ARC).
8.	<b>C39(21) COMPLETED</b> – It was noted that 5-year financial forecast included a modest and consistent increase in Registrant fees each year; and that any increases in fees would remain subject to annual review and in line with inflation.
	<b>Matters arising</b>
9.	There were none.
	<b>Illegal Practice Protocol C18(22)</b>
10.	The item was introduced by the Director of Regulatory Operations. Council noted that the proposed protocol provided guidance on when an investigation into a report about alleged illegal optical practice might be opened and when a private prosecution might be brought. Consultation feedback had centred around how the GOC do more to develop its approach to prevent illegal practice, commentary around GOC's ability to act on reports of illegal practice outside the UK, and the need to communicate with a wider audience. Council noted the detailed feedback provided to consultation respondents included in the Council papers and that consultation responses that fell beyond the scope of the proposed protocol would be considered under the call for evidence consultation.
11.	Council noted approval of the protocol was stage one of developing the illegal practice strategy and the GOC would continue to work with stakeholders to ensure effective communication and implementation.
12.	Council commented that there was a potential to collaborate with hospital eye services, researchers in the field, contact lens manufactures, online sellers and high street businesses to consider how the protocol and outcomes of the call for evidence might be informed by research undertaken by the sector, to identify action necessary to protect the public. Council noted the GOC was working alongside other health care regulators to develop its approach to both the commissioning of research and its use in the development of regulatory strategy.  Council: <b>approved</b> the updated illegal practice protocol.
	<b>Members Fees Policy and Review for 2022/23 C19(22)</b>
13.	The Head of Governance introduced the report.  Council: <b>noted</b> the comments of the Remunerations Committee as set out in paragraph 9; <b>noted</b> the feedback received from members on the proposed, updated member fees policy and member fee schedule as set out in Annex 3; <b>approved</b> the updated member fees policy and 2022/23 fee schedule (effective from 1 April 2022); and <b>delegated</b> to the Chief Executive and Registrar (in consultation with the

	Chair of the Council) responsibility for making any necessary amendments under section 10 of the report.
	<b>Council’s Committees and Advisory Panel Terms of Reference C20(22)</b>
14.	The item was introduced by the Head of Governance. Council was informed that Committee Chairs had been consulted on the proposed terms of reference for Council’s Committees and the Advisory Panel to ensure consistency across committees.
15.	Council commented that aligning the terms of reference to the Opticians Act requirements did not allow much flexibility in the purpose or scope of each committee, given the prescriptive nature of current legislation.  Council: <b>approved</b> the proposed terms of reference for Council’s committees (Education; Registration; Standards and Companies (annexes 2 - 5), and <b>approved</b> the Advisory Panel terms of reference (annex 1)
	<b>Council Member Committee Appointments and Recruitment Update C21(22)</b>
16.	The Chair of Council introduced the report. Proposals had been approved by Nominations Committee (NomCo). It was noted that about a third of Council members were expected to leave in March 2025 and succession planning would help diminish any impact.  Council: <b>approved</b> the appointment of Council members to Council’s committees as set out in annex 1; <b>approved</b> the planned Council recruitment campaign to commence in quarter two of 2022/2023 for: - one Lay Member with expertise in Audit, Risk and Finance; and - one Registrant Member (Dispensing Optician or Contact Lens Optician); <b>approved</b> the mix of skills and experience required of Council members to meet the future needs of Council, as agreed by the Nominations Committee (annexes 3 and 4); <b>noted</b> the terms of offices (paragraph 18), timetables (paragraph 20), and advertising for the campaign (paragraph 23); and <b>noted</b> the membership for the appointment panel (paragraph 17), role profiles and person specification (annex 3).
	<b>Chair’s report C22(22)</b>
17.	The Chair of Council took the opportunity to welcome new GOC staff. The Chair noted that initiatives such as the Staff Wellbeing & Engagement Group (SWEG) offered opportunities for Council to meet other GOC colleagues.  Council: <b>noted</b> the report.
	<b>Chief Executive and Registrar’s report C23(22)</b>
18.	The Chief Executive and Registrar highlighted to Council her approval under the updated Scheme for Delegation: UCLAN’s MSci Optometry (until all cohorts have completed the qualification) and MSc Optometry in April 2022.  Council: <b>noted</b> the report.
	<b>Optical Consumer Complaints Service (OCCS) Annual Report 2022/23 C24(22)</b>

19.	Richard Edwards, OCCS, and colleagues presented the report. Council noted the regional breakdown showed a low uptake of OCCS services in Northern Ireland and Scotland and discussed what was being done to reach the devolved nations. Council noted OCCS online events had received excellent feedback from registrants.
20.	Council was informed that cataract referrals had increased and there was a backlog in hospital appointments. Regional variance was likely due to different referral criteria across the country. Council noted refractive surgery complaints had increased concerning aftercare.  Council: <b>noted</b> the report.
<b>Education Assurance and Quality Assurance Annual Monitoring and Reporting Sector Report 2021/2022 C25(22)</b>	
21.	Council noted there had been a decline in recruitment to approved qualifications in Dispensing Optics. The GOC had met with the Association of British Dispensing Opticians (ABDO) to discuss sector action on worker capacity. Council discussed the risks outlined and was given assurance of risk management procedures, which included working closely with the sector to progress on key areas. The GOC Education Team were also working closely with providers of GOC approved qualifications in managing notifications for adaptation as the education and training requirements were implemented.  Council: <b>noted</b> the report and next steps.
<b>PSA Performance Review C26 (22)</b>	
22.	Council noted the GOC had met 17 out of the 18 PSA standards, and with regard to the standard of FTP timeliness that was not met, the PSA acknowledged huge strides of progress had been made. Formal thanks and congratulations were given across the business on areas of strengths and continued progress. Council noted the next performance review would cover the 15-month period of 1 October 2021 to 30 December 2022.  Council: <b>noted</b> the Professional Standards Authority (PSA) performance assessment of the GOC.
<b>Balanced Scorecard C27(22)</b>	
23.	Council discussed the high level of vacancies in the FTP team and noted progress and plans to mitigate risk.  Council: <b>noted</b> the Balanced Scorecard.
<b>Finance performance report for the period ending 31 March 2022 C28(22)</b>	
24.	Council was advised the external audit process was being finalised.  Council <b>noted</b> : the financial performance report.
<b>Business Plan Q4 2021-2022 Report C29(22)</b>	
25.	Council: <b>noted</b> the quarter 4 business plan report.
<b>Advisory Panel minutes C30(22)</b>	
26.	Council: <b>noted</b> the Advisory Panel Minutes.

	<b>Council Forward Plan C32(22)</b>
27.	Council: <b>noted</b> the Council forward plan.
	<b>Any Other Business</b>
28.	There was no additional business to consider.
	<b>Date of the next meeting</b>
29.	Council noted the date of the next meeting as Wednesday 21 September 2022.
	<b>Close</b>
	2.45pm - the meeting closed.

**COUNCIL**

**Actions arising from Public Council meetings**

**Meeting Date:** 21 September 2022

**Status:** For noting.

**Lead Responsibility and Paper  
Author:**

Andy Spragg, Head of Governance

**Purpose**

1. This paper provides Council with progress made on actions from the last public meeting along with any other actions which are outstanding from previous meetings.
2. The paper is broken down into 3 parts: (1) action points relating to the last meeting, (2) action points from previous meetings which remain outstanding, and (3) action points previously outstanding but now completed. Once actions are complete and have been reported to Council they will be removed from the list.

**Part 1: Action Points from the Council meeting held on 29 June 2022**

There were no actions arising.

**Part 2: Action points from previous meetings which remain outstanding**

There were no actions outstanding from previous meetings.

**Part 3: Action points previously outstanding but now completed.**

C38(22) (16 March 2022)	Head of Governance	To review the Member Fees Policy and bring back to Council in June	June 2022	<b>COMPLETED:</b> approved June 2022
C25(21) (8 December 2021)	Chair of ARC / Director of Resources	To give consideration to how compliance information related to health and safety should be presented to Council, assurance of which was the responsibility of Audit, Finance and Risk Committee (ARC).	April 2022	<b>DECEMBER 2022:</b> compliance assurance information related to health and safety will be presented to December Council.



C35(22)

## Annual Report 2021-22

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**Meeting:** 21 September 2022

**Status:** For approval

**Lead responsibility:** Andy Spragg, Head of Governance

**Paper Author(s)** Andy Spragg, Head of Governance

**Lead Responsibility/Project Director:** Leonie Milliner, Chief Executive and Registrar

### Purpose

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1. To present Council with the GOC annual report for 2021-22.

### Recommendations

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2. Council is asked to:
  - **approve** the GOC annual report 2021-22;
  - **note** the Independent Auditors Report to the Trustees of General Optical Council;
  - **note** the necessary approvals from Audit, Risk and Finance Committee (ARC) and Remunerations Committee; and
  - **delegate** responsibility for any final minor amendments to the Chief Executive and Registrar (in consultation with the Chair of Council)

### Strategic objective

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3. This is a statutory report on how the GOC has delivered on all three of its strategic objectives in 2021-22.

### Background

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4. The Opticians Act 1989, Section 32A requires the GOC publish and present to the Privy Council:

*(a) a report on the exercise of their functions which includes a description of the arrangements that the Council have put in place to ensure that they adhere to good practice in relation to equality and diversity (and for these purposes “equality” and “diversity” have the meanings given in section 8(2) of the Equality Act 2006);*

*(b) a statistical report which indicates the efficiency and effectiveness of, and which includes a description of, the arrangements which the Council have put in place to protect members of the public from registrants whose fitness to practise, to undertake training or to carry on a business is impaired, together with the Council’s observations on the report; and*

*(c) a strategic plan for the Council in respect of such number of years as the Council shall determine.*

5. Similar reporting requirements are contained within the Charities (Protection and Social Investment) Act 2016. The annual report is intended to fulfil these obligations.
6. It is a requirement that this report is laid before Parliament. The governance route for the preparation and approval of the annual report was provided to ARC on 3 May 2022.
7. The External Auditor, haysmacintyre, has reviewed and signed off the report. Their Independent Report to Council is included in section three of the Annual Report.
8. The ARC terms of reference requires that it approves the statements to be included in the annual report concerning internal controls and risk management, this approval was given at its meeting on 5 July 2022.
9. The Remuneration Committee terms of reference requires that it approves the sections relevant to its remit, including the reported Council members' remuneration and expenses. This approval was sought and secured via email during August 2022 due to the timing of the committee meeting cycle.
10. **Annex 1** is the final report for Council approval.
11. To incorporate any final amendments without further reference back to a future meeting, it is proposed that any minor changes are finalised via a delegation to the Chief Executive and Registrar (in consultation of the Chair).

## Analysis

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12. Transition in the Governance team has created tight timescales for report drafting and sign-off in 2022. As consequence, it has been challenging to explore ways of improving this report. It is proposed that the planning for the annual report 2022-23 incorporates a strand to produce an improved structure and clearer guidance for report contributors for next year's annual report. The newly appointed Head of Communications will be engaged in assisting with this.
13. In future years a greater emphasis will be placed on providing a more visual and public-facing document. Following a suggestion by ARC, the Council Associates will also be engaged to provide their reflections on the previous administrative year and provide a greater level of personal insight for those reading the report.

## Finance

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14. The production of an annual report does not incur financial expenditure above and beyond service budgets. The report itself fulfils several obligations in respect to the financial reporting standards required of the GOC.

## Risks

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15. Failure to produce and submit an annual report would create significant reputational issues, as the GOC would not fulfil its statutory responsibilities under the relevant legislation. This risk is mitigated by ensuring the draft report has a clear route through

the organisation's governance, including reference to ARC prior to consideration by Council.

### **Equality Impacts**

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16. The report is not subject to an Equality Impact Assessment (EIA) as no change in process or policy is proposed.

### **Devolved nations**

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17. The report is translated under the Welsh Language Scheme. There are no specific implications for devolved nations.

### **Other Impacts**

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18. No other impacts have been identified.

### **Communications**

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#### **External communications**

19. The Head of Communications will be engaged to support with the necessary external communications to key stakeholders.

#### **Internal communications**

20. The final annual report will be published on IRIS (the staff intranet) and communicated via the Chief Executive and Registrar weekly bulletin.

### **Next steps**

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21. Following Council approval, the final annual report will be laid before Privy Council (by December 2022) and submitted to the Charity Commission (by January 2023).

### **Attachments**

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Annex 1 – GOC Annual Report 2021-22

# General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2022



# General Optical Council Annual Report, Annual Fitness to Practise Report and Financial Statements for the Year Ended 31 March 2022

Registered as a charity by the Charity Commission in England and Wales  
**(Registered charity number 1150137)**

Presented to Parliament pursuant to section 32A(2) of the Opticians Act 1989 as  
amended by schedule 2 paragraph 3 of the Health Care and Associated Professions  
(Miscellaneous Amendments) Order 2008

If you have any questions about this document, please email [communications@optical.org](mailto:communications@optical.org) or phone us on 020 7580 3898.

You can also read this report on our website at:

[www.optical.org/en/news\\_publications/publications/annual\\_reports\\_archive.cfm](http://www.optical.org/en/news_publications/publications/annual_reports_archive.cfm)

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## Message from the Chair

Welcome to the GOC's Annual Report for 2021-22. This report provides the opportunity to reflect on the GOC's achievements in delivering our strategic objectives, in a what was a challenging external environment with continuing restrictions due to the pandemic. It was also a year of internal change: we welcomed our new Chief Executive and Registrar Leonie Milliner in January 2022, and said farewell to her predecessor Lesley Longstone, whose outstanding contribution left a legacy on which we can build.

Our mission is to protect the public through by promoting high standards in optometry and dispensing optics. 2021-22 was the second year of our strategy 2020-2025 Fit for the Future, aiming towards world-class regulation, customer service and continuous improvement. Our work is set in the context of the changing environment of optics and eye care, with increasing demand arising from demographic change, and supply challenges across primary and secondary care. We aim to address those challenges by maximising the contribution of the professions we regulate to improvement and development of eye care across the UK.

In the past year we have made progress on a number of strategic projects. This report highlights our new CPD scheme, replacing the CET programme, which will give flexibility and further scope for ongoing professional development for both optometrists and dispensing opticians. We have also updated and refreshed the requirements for the post-registration specialist qualifications for prescribing optometrists and Contact Lens Opticians. These developments sit alongside the ongoing implementation of our ambitious Education Strategic Review, working with the sector and stakeholders to deliver education and training that will equip our registrants with the skills they need for the future.

We are committed to equality, diversity and inclusion in our regulatory role, as well as in the GOC organisation. The Council was pleased to introduce a new initiative to recruit two Council Associates to a year-long development programme. Registrants at an early stage in their careers can gain insight and experience of working with the Council, and Council can also benefit from fresh and diverse perspectives.

We are pleased that the PSA Review found that we met 17 out of 18 standards, while also noting the progress being made towards meeting the Fitness to Practise timeliness standard. The PSA also praised our progress on equality, diversity and inclusion.

The GOC welcomes the Government's programme of legislative reform. We have consulted stakeholders on potential improvements to regulation through amendments to our legislation; and we will continue to engage with the Department of Health and Social Care as well as other regulators as the proposals move forward. We will also review our internal governance procedures in 2022-23 to build on the good working practices we have developed across Council and its committees.

Finally, I thank my Council colleagues, our Committee members, and all the GOC staff for their contribution and commitment throughout 2021-22. It has been a privilege to work with them, and with our stakeholders as the GOC continues to work towards strengthening public benefit as a world class regulator.

## Message from the Chief Executive

I am delighted to present my first annual report as Chief Executive and Registrar at the General Optical Council. My thanks must first go to our previous Chief Executive, Lesley Longstone, who, since 2018, guided the organisation through several unique and exceptional challenges, not least a global pandemic that saw widespread disruption to the ways we live and work.

2021-22 has been a challenging time for our registrants, with economic uncertainty, coronavirus lockdowns and the ongoing impact of the United Kingdom's exit from the European Union. We have continued to support and listen to the sector, and this report sets out several ways in which we have begun to **transform customer service**. Financial prudence and stewardship by our Council during the last few years has meant we are in a strong financial position, and we are now able to look at how we can utilise this to the benefit of our registrants and the public. We are making a considerable investment in updating and modernising how we work. To support our ambitious transformation programme, in 2021-22 we launched a temporary Change directorate. 2022-23 will see us deliver the transformation we need across our digital and customer service platforms to best serve our customers in all areas of our business activity.

We aspire to **deliver world class regulatory practice**, and I am pleased to say that we have met 17 out of 18 of the Standards of Good Regulation set by the Professional Standards Authority (PSA). We are focussed acutely on improving where we need to and celebrating where we perform well. The GOC Council and its committees have continued to maintain oversight and provide the Executive with the critical friend challenge it needs to ensure that we keep the public safe from harm.

Several pieces of work highlighted below show how we are developing a **culture of continuous improvement**, both as an organisation and for those we regulate. This includes how we have set and advanced the standards for our registrants through updated education and training requirements for post-registration specialist qualification, and the launch of our new Continuing Professional Development (CPD) scheme, which replaced our Continuing Education and Training (CET) in January 2022. We are grateful for all those who have engaged with this work, from universities and CET/CPD providers to registrants, students and patients, and as former Director of Education at the GOC I feel a particular pride in the work the team has done to ensure that the qualifications we approve are fit for purpose, meet patient or service-user needs and ensure optical professionals have the expected level of knowledge, skills and behaviours and the confidence and capability to keep pace with changes to future roles, scopes of practice and service redesign across all four nations of the UK.

## Introduction

The following report sets out the activities we have undertaken over 2021/22 to fulfil our statutory role and charitable purpose, and financial statements for the year ended 31 March 2022.

In preparing this report, the trustees have complied with the Charities Act 2011 and applicable accounting standards. The statements are in the format required by the Charities Statement of Recommended Practice (SORP 2019) FRS 102.

We have complied with the guidance of the Charities Act 2011 to have due regard to the public benefit guidance published by the Charity Commission in determining the activities we undertake.

We are the regulator for the optical professions in the UK. As of 31 March 2022, there were 33,174 optometrists, dispensing opticians, student opticians and optical businesses on our register, who are known as our 'registrants'.

Our charitable purpose and statutory role are to protect and promote the health and safety of members of the public by promoting high standards of professional education, conduct and performance among optometrists and dispensing opticians and those training to be optometrists and dispensing opticians.

We have four core functions:

- setting standards for optical education and training, performance and conduct;
- approving qualifications leading to registration;
- maintaining a register of individuals who are qualified and fit to practise, train or carry on business as optometrists and dispensing opticians; and
- investigating and acting where registrants' fitness to practise, train or carry on business is impaired.

Most of our income comes from registrant fees and is used to further our charitable purpose. Table one sets out the fees that registrants are required to pay for entry or

retention on our register. In 2021/22, for the second year running, we froze our fees for fully qualified registrants and corporate bodies joining, retaining or restoring to the register. Fees for students have not increased since 2017/18. In 2021/22 the retention fee for optometrists, dispensing opticians and corporate bodies remained at £360.

**Table one: annual registrant fee**

Fee levels	2021/22	2020/21	2019/20	2018/19	2017/18	2016/17
Optometrists	£360	£360	£350	£340	£330	£320
Dispensing opticians	£360	£360	£350	£340	£330	£320
Corporate bodies	£360	£360	£350	£340	£330	£320
Students	£30	£30	£30	£30	£30	£25
Low income fee	£260	£260	£250	£240	£230	£220

Table two shows a breakdown of registrants across the UK on 31 March 2022 and compares this with the previous two reporting years. We report separately on the diversity of our registrants and registrants subject to FtP investigations, the report is available on our website: [EDI Performance Monitoring Report](#).

**Table two: total number of registrants in each GOC category**

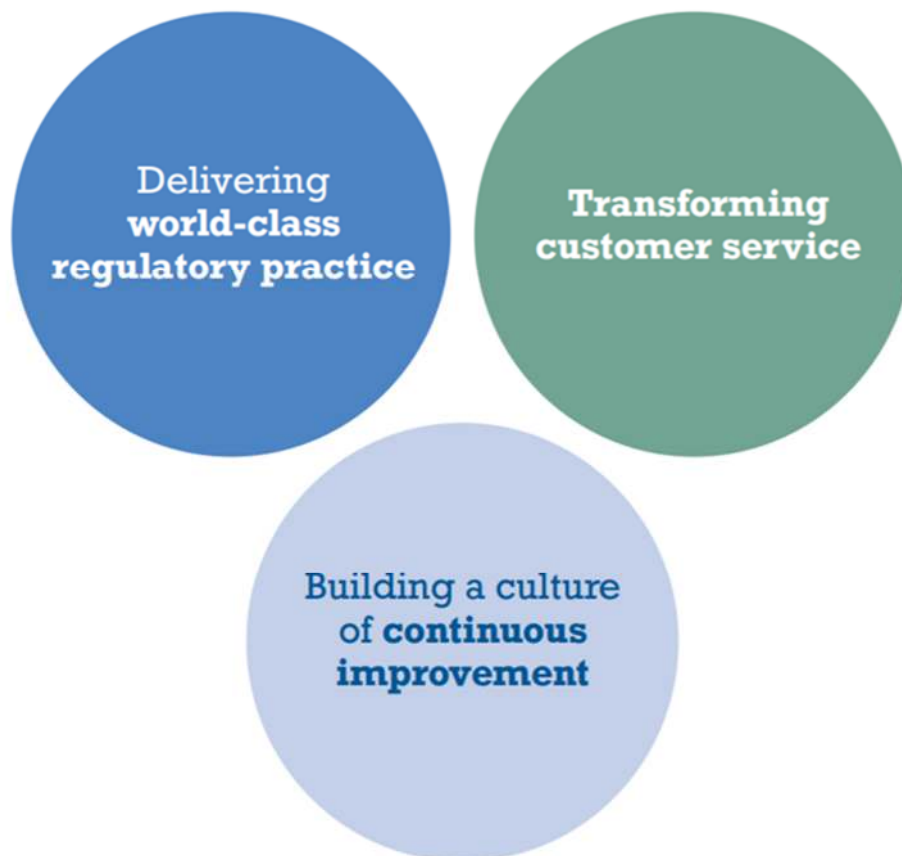
	31-3-22	%	31-3-21	%	31-3-20	%	31-3-19	%
Optometrist	16,932	51%	16,267	50%	16,670	52%	16,039	51%
Dispensing optician	7,060	21%	7,190	22%	7,157	22%	7,032	22%
Student optometrist	4,990	15%	4,640	14%	3,934	12%	3,761	12%
Student dispensing optician	1,331	4%	1,383	4%	1,510	5%	1,753	6%
Business registrant	2,861	9%	2,796	9%	2,847	9%	2,783	9%
<b>TOTAL</b>	<b>33,174</b>	<b>100%</b>	<b>32,276</b>	<b>100%</b>	<b>32,118</b>	<b>100%</b>	<b>31,368</b>	<b>100%</b>

## Section 1: How We Deliver Public Benefit

### Our Mission and Strategic Objectives

Our mission is to protect the public by upholding high standards in the optical professions. Our five-year 'Fit for the Future' strategy for 1 April 2020 to 31 March 2025 describes what we plan to do to achieve our vision of being recognised for delivering world-class regulation and excellent customer service. This section of our annual report describes how we delivered public benefit in the second year of our strategic plan and outlines our ambitious programme of work and investment in strategic projects as we enter its third year.

Our priorities are organised under the following three strategic objectives and ensure that we deliver public benefit through our work:



## Our Performance in 2021/22:

Alongside our continued delivery of our operational functions and business-as-usual activity, in 2021/22 we undertook a planned programme of investment in six strategic projects aligned to our five-year strategic plan, designed to help us better fulfil our statutory objectives and in doing so, protect the public.

In this section of our annual report, we describe the following strategic work, their outputs and intended impact:

- Legislative Reform
- Updated Education and Training Requirements for GOC approved post-registration specialist qualifications
- Continuing Education and Training (CET) Review
- Standards and supporting guidance
- Illegal Practice Strategy
- Research
- GOC Refresh

### **Legislative Reform**

During 2021/22 we continued to engage with the Department of Health and Social Care (DHSC) regarding its plan to reform the healthcare regulators' legislation. DHSC's intended aim is for healthcare regulators' legislation to operate more efficiently and effectively. In June 2021, we responded to DHSC's consultation on 'regulating healthcare professionals, protecting the public' – the response is available on [our website](#). We also continued to engage with the other healthcare regulators to discuss and review DHSC's proposals in respect of fitness to practise, registration, education and training, and governance and operational procedures.

In addition, we continued to develop proposals for reform of our legislation beyond DHSC's proposals. We opened a call for evidence in March 2022 to engage with our stakeholders and gain evidence of impact to support the development of a business case for what might need to change, to ensure that regulation remains relevant and fit for the future. We will continue this work in 2022/23 after the consultation closes. If, as a result of the call for evidence, we consider changes to legislation and/or policy are necessary and can be evidenced, we will carry out further public and targeted stakeholder consultation activities on our proposals, developing business cases as appropriate.

### **Updated Education and Training Requirements for GOC approved post-registration specialist qualifications**

Over the past year we worked closely with the academic community, optical sector stakeholders, students and patients to update our requirements for GOC approved qualifications leading to post-registration specialist entry to the GOC register in the additional supply (AS), supplementary prescribing (SP) and independent prescribing



(IP) categories, and for the contact lens optician (CLO) specialist qualification, a key outcome of our Education Strategic Review (ESR).

For each post-registration specialism we worked closely with an expert advisory group to review draft proposals, consider feedback, synthesise, analyse and to develop our requirements. We ran two public consultations. The first sought evidence of impact of our proposed education and training requirements for GOC approved qualifications leading specialist entry to the GOC register in the AS, SP and IP categories; the second sought evidence of impact of our proposed education and training requirements for GOC approved qualifications leading specialist entry to the GOC register as a CLO.

To inform the development of the proposed education and training requirements we commissioned Fraser Consulting to conduct an equality impact assessment for both sets of proposals and commissioned the University of Hertfordshire in association with the University of Manchester to verify the proposed outcomes using the established and tested Delphi methodology.

The Council approved the updated requirements for AS, SP and IP categories in December 2021 and the CLO qualification in March 2022, subject to minor amendments.

Our new requirements will ensure the qualifications we approve in the future are responsive to a rapidly changing landscape in the commissioning of eye-care services and are fit for purpose in each of the devolved nations, as well as meeting increased expectations of the student community and their future employers.

To support implementation of the updated education and training requirements for approved qualifications in optometry and dispensing optics, approved by Council in February 2021, we commissioned the Sector Partnership for Optical Knowledge and Information (SPOKE) in August 2021 to establish a Knowledge Hub/Information Exchange. The College of Optometrists are the lead partner for SPOKE, supported by Association of British Dispensing Opticians (ABDO), Optometry Schools Council (OSC) and bodies from across the sector. SPOKE's first project was to develop a sector-led co-produced indicative guidance to supplement the Outcomes for Registration, published by the College in February 2022.

To co-ordinate implementation of the new requirements, we established a Sector Strategic Implementation Steering Group (SSISG) which met for the first time in September 2021. In addition, a Technical Advisory Group (TAG) was established to advise on the development of the suite of documentation we published to support providers' notification of adaptations to the new requirements. Moving forward, we will refer to the new requirements as the 'Education and Training Requirements' or ETR for short. We will refer to the new framework as the 'requirements' which encompasses the outcomes, standards and quality assurance methods collectively, which are published [on our website](#).

## Continuing Education and Training (CET) Review

Following consultations in 2019, 2020 and 2021, and having secured the necessary legislative change we introduced our new Continuing Professional Development (CPD) scheme in January 2022, changing the name of our scheme from CET to CPD. We wanted to make sure that our new CPD scheme continued to support our registrants' learning and development and continued to maintain the safety and quality of care patients receive. In introducing changes, we were keen to make our new scheme more flexible and less prescriptive, allowing registrants greater freedom to undertake learning and development which was relevant to their own personal scope of practice. We therefore made the following changes to the CPD scheme:

- replaced the competencies which underpin the scheme with the Standards of Practice for Optometrists and Dispensing Opticians;
- allowed up to 50 per cent of a registrant's CPD points requirement to be from sources other than those approved by the GOC, defined as 'self-directed CPD' (provided it has been developed for healthcare professionals and meets certain other requirements);
- introduced a requirement for all registrants to carry out and document a reflective exercise based on the content of their personal development plan by the end of the cycle;
- introduced a requirement for dispensing opticians to carry out one peer review activity per cycle; and
- removed the requirement for every CPD activity to be approved by the GOC in advance.

As part of this work, we also updated the CPD recording system for registrants, now called MyCPD.

## Standards and supporting guidance

In January 2021 we undertook a public consultation seeking evidence of impact of the suite of COVID-19 statements that we had released during the previous year. These statements were aimed at removing unnecessary regulatory barriers during the global pandemic, clarifying certain areas of practice and bolstering the guidance we normally give on our standards for optometrists, dispensing opticians, students and optical businesses. Following the close of the consultation we updated all of the statements and aligned them to the College of Optometrists' red-amber-green classification system to clearly indicate the phases of the pandemic to which the statements apply. We published a report and revised versions of the statements in May 2021.

Following a number of recommendations from recent healthcare inquiries, we were keen to play our part in making sure that everyone working in the optical sector is free and able to speak up about concerns they have. We drafted guidance to make our expectations clear and give our registrants more confidence in speaking up when they need to. We consulted on the draft guidance from December 2020 to March



2021. We analysed the responses during 2021/22 and published final guidance on our website in October 2021.

### **Illegal Practice Strategy**

We reviewed our Illegal Practice Strategy in July 2021 and undertook a public consultation on our proposed revised draft strategy in September 2021. The proposed changes in the draft strategy included:

- early assessment criteria to ensure only complaints concerning offences under the Act are accepted for further investigation;
- forge relationships with online platforms for example Amazon, Google, Facebook, and Instagram, to enable an early referral to their ‘takedown teams’ at stage one;
- send cease and desist letters at investigation stage; and
- carry out test purchases after a cease and desist letter has been sent in illegal sales cases, if illegal sales are suspected to be continuing, and the evidential and public interest tests are met.

Following the consultation and analysis of responses, Council approved the strategy in June 2022.

### **Research**

We commissioned Enventure Research to carry out a registrant survey so that we could gain an up-to-date understanding of their views and could continue to support registrants in protecting patients and the public, particularly in light of the COVID-19 pandemic. We published our registrant survey in May 2021. The full report is available on our website. Some key findings include:

- 65% agreed that the GOC was meeting its strategic objective to build a culture of continuous improvement;
- 62% agreed that the GOC was meeting its strategic objective to deliver world-class regulatory practice;
- 49% agreed that the GOC was meeting its strategic objective to transform customer service;
- 40% of respondents reported that they worked beyond their hours;
- 28% found it difficult to provide patients with the sufficient level of care they needed;
- 52% had been furloughed by their employer or had their educational course suspended in the last 12 months;
- 58% were satisfied with their job or role over the past 12 months; and
- 43% planned to gain additional qualifications or skills in the next 12 to 24 months.

In October 2021, we carried out some additional analysis of the workforce section of our registrant survey. We published a further report on our website to help understand what the workforce may look like in the future.

We commissioned M.E.L Research to carry out public perceptions research in early 2022, which sought to understand the public's views and experiences of opticians across the UK and how these change over time. Over 2,000 members of the public responded to an online survey as part of the research. The research will be used to inform our work in transforming customer service and future policy and research activities. We expect to publish the survey in June 2022.

### **GOC Refresh**

We have established a temporary Change Directorate to provide the organisation with a focal point for the delivery of our strategic ambitions as outlined in our Fit for the Future strategy. This has allowed us to bring dedicated project and change expertise into the organisation to drive the creation and delivery of appropriate governance, structure and implementation of our strategic change initiatives (GOC Refresh).

This support includes building sustainable change capacity within the organisation through the continuous development of our managers and staff through transfer of knowledge from the Change Directorate as well as through recognised training and accreditation as appropriate.

A whole organisation approach in our delivery of the GOC Refresh remains paramount and is evidenced in our creation and continued delivery of our engagement strategy, aimed at ensuring that our staff are actively aware of, involved and participating in our change journey.

### **How our performance is measured externally**

Like all other healthcare regulators, our performance is assessed externally by the Professional Standards Authority (PSA). The assessment focuses on whether we have met the PSA's standards of good regulation, which describe the outcomes the PSA expects us to achieve through our regulatory functions.

In the most recent assessment for the period 1 October 2020 to 30 September 2021 we met 17 out of the 18 standards, including meeting all the standards for our Education, Registration and Standards functions, as well as all the general standards. The standard we did not meet related to our timeliness in fitness to practise cases.

Our commitment to improve our fitness to practise function is outlined within our strategic plan 2020-2025. Despite not meeting the timeliness target, the PSA noted that we have made significant progress in implementing our improvement plan. We are the only healthcare regulator to have reduced its open caseload of older cases since the start of the pandemic.

The PSA recognised our commitment to equality, diversity and inclusion (EDI) through our creation of a new EDI plan and an appointed EDI Partner to provide expert support. The report also highlighted the work undertaken to update the education and training requirements for optometry and dispensing optics, which prioritise patient and service-user centred care and safety. This work is covered in more detail in our annual EDI report for 2021-22.

## Our Plans for 2022/3

Our commitment to the delivery of our Fit for the Future strategy continues into 2022/23. Alongside identifying our core areas for delivery as part of our business plan, we have also established a Change Directorate to provide us with a focal point for governing, structuring and implementing our change initiatives. In this way we can ensure oversight of all planned change initiatives and ensure each is delivered effectively through the application of consistent methodology and performance metrics. Table 3 below highlights our core areas of activity for our business plan in 2022/23.

Due to the need to concentrate resource on our CET review, we did not start our consultation on the review of our Standards of Practice for Optometrists and Dispensing Opticians. We expect to start this work in 2022/23 and will be engaging with our stakeholders through a consultation process to gain input about how the standards might need to be updated and any supporting guidance that needs to be reviewed or developed.

<b>Strategic Objective One – Delivering world-class regulatory practice</b>		
<b>Activity</b>	<b>Start</b>	<b>Finish</b>
Develop business cases for any legislative reform following the GOC call for evidence, including any additional research required or development of policy positions	July 2022	March 2023
Develop and consult on new standards of practice, taking account of the outcome of the call for evidence and legislative reform consultations	Oct 2022	March 2023
Publish and implement new education and training requirements for GOC post-registration approved specialty qualifications	March 2022 and June 2022	2024/25 and beyond to 2026
Implement new education and training requirements for approved qualifications leading to registration as an optometrist or a dispensing optician	March 2021 (Ongoing)	2024/25 and beyond to 2028
Commission longitudinal research to measure the impact of the new education and training requirements	Jan 2023	March 2023
Commission knowledge hub/ information exchange to support providers and potential providers of post-registration approved qualifications in their design of qualifications to meet our new education requirements	Sept 2022	Dec 2022
Develop and consult on changes to non-UK registration scheme to ensure alignment with new education and training requirements	Sept 2022	March 2023
Implement new CPD scheme, including audit and portfolio review	January 2022 (Ongoing)	Dec 2024
Engage with DHSC's planned programme of regulatory reform	January 2022 (Ongoing)	March 2023
Develop business case for workforce data modelling/data analysis	April 2022	July 2022

<b>Strategic Objective Two – transforming customer service</b>		
<b>Activity</b>	<b>Start</b>	
Develop and implement a customer care and engagement strategy, working with both internal and external stakeholders	May 2022	May 2023
Review the effectiveness of our governance structure	April 2022	July 2022
Development and launch of new MyGOC website for registrants based on Microsoft 365	Jan 21 (Ongoing)	Dec 2022
Publish FtP learning bulletins	April 2022	March 2023
Review communications strategy and launch revised corporate branding	July 2022	Dec 2022
Review and implement new illegal practice strategy and protocol	April 2022	Sept 2022
Project to automate registration processes	Jan 21 (Ongoing)	March 2023
Scope, develop and implement replacement of existing phone system	May 2022	Dec 2022

<b>Strategic Objective Three – building a culture of continuous improvement</b>		
<b>Activity</b>	<b>Start</b>	<b>Finish</b>
Develop and implement a secure portal to share information with external parties involved in fitness to practise, registration and qualification approval and quality assurance as well as Council and committees	May 2022	January – March 2025
Development of CRM to support regulatory functions	April – June 2022	January – March 2025
Develop and implement a fitness to practise case management system	April 2022	April 2023
Develop a business case to review data collection of different groups of registrants' protected characteristics to better inform regulatory policy and assessment of impact	March 2022	March 2023
Develop and test business case / feasibility study for clinical performance coaching (or similar) for cases that do not meet the regulatory threshold	Sept 2022	March 2023
Develop and implement a three-year management development programme	June 2021 (Ongoing)	January – March 2024
Review of GOC premises and working environment	April – June 2022	January – March 2025
Archive management project to reduce historic paper records	June 2022	March 2023
Develop and implement a People Plan	June 2020 (Ongoing)	January – March 2023
Review, implement and embed a flexible hearings process	March 2022	January – March 2023
Review of internal banking and accounting procedures	June 2021(Ongoing)	January – March 2024
Develop a business case for a new systems solution for human resources and finance	Sept 2022	March 2023

## Our Risks

Our approach to risk management is set out in our risk management policy. We consider that an effective risk management strategy and policy is fundamental to the achievement of all the GOC's strategic objectives and is an essential part of good governance.

Both Council and the Audit, Risk and Finance Committee discuss and review the principal risks and uncertainties regularly throughout the year. The Audit, Risk and Finance Committee supports the Council by reviewing the GOC's internal and external audit arrangements. It also analyses the arrangements for management of risk, providing assurance to the Council that risks are being identified and appropriately managed. This includes advising the Council on the assurances provided in respect of risk and internal controls.

The Senior Management Team (SMT) regularly monitors existing and emerging risks and identifies mitigating actions. We capture and monitor operational risks through our corporate, directorate and project risk registers.

We continue to maintain robust systems and procedures to mitigate the risk of failure to deliver our statutory functions, which are at the heart of protecting the public. This includes, for example, attention to the following risks:

- Failure to meet our duties in respect of information governance and information security;
- Failure to achieve FtP end to end timescale improvements;
- GOC education and training requirements for pre-and post-registration approved qualifications are not effectively implemented by providers;
- The register contains inaccurate information leading to reputational damage and potential harm to patients and / or registrants; or
- External political or legal developments threaten the continued functioning of the GOC in current form or drastically change remit.

Horizon scanning and being alert to emerging operational and strategic risks are part of ongoing business oversight. This is important because some of our key risks come from the external environment, which means we must work with stakeholders to understand the risks and identify the actions we can take to manage them.

Risks associated with failure to achieve FtP end to end timescale improvements and the impact on Healthcare Regulators from the Department of Health and Social Care's consultation on "Regulating healthcare professionals, protecting the public", remain amongst our primary considerations and continue to be important areas of focus over the next year, alongside our organisational transformation programme "GOC Refresh" which is responsible for delivery of our "Fit for the Future" strategy.

## Our People

Equality Diversity and Inclusion (EDI) has continued to be a central focus this year, boosted by the presence of our EDI Lead, and significant steps forward were taken. Most notable among these was the agreement of our organisational Anti-Racism Statement and the formation of our Anti-Racism staff group which has ensured that the momentum from the statement has continued. The other Staff Network Groups have prospered also, with training offered to the chairs and committee members on increasing their impact and ongoing support and encouragement from the EDI Lead.

We were delighted to receive external ratification of our improvements in this vital area by the award of Best Small Company in the FREDIE awards run by the National Centre for Diversity; and a Bronze Award from the Employers Network for Equality and Inclusion. In a further objective measure of our success, our Gender Pay Gap narrowed yet further – to a mean of just 1.3% and a median of 5%, both in favour of males. Our work in this area is not yet done but it is pleasing to see such concrete progress. To continue this progress, our SMT has agreed ambitious plans for further staff and member development, as well as refinements to our recruitment processes both with an EDI focus.

These programmes have also been designed to link EDI matters to our Values and Behaviours, ensuring that these become baked into everyday life at the GOC. Objective measurement of this progress was achieved through the further expansion of our 360° feedback loop to all people managers.

Further development was achieved through the roll out of a year long structured management development programme for all people managers in the organisation, ensuring that all had a similar, GOC approach to managing their teams.

This progress was demonstrated in the latest all staff annual engagement survey which showed a continuing upward trend in engagement since 2018.

Our approach to managing the Covid 19 pandemic saw our staff continue to work remotely throughout the year. An Agile Working framework was developed through consultation with staff and remains in place. A further consultation has been completed as part of developing our Future Ways of Working strategy.

## Our Structure, Governance and Management

### **Our legislation and our governance regulations**

The General Optical Council is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005.

We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).



We are accountable to Parliament through the Privy Council, to the Charity Commission and to our beneficiaries.

## **Our Council**

The Council is the governing body of the GOC, and Council members are the charity trustees. They are collectively responsible for directing the affairs of the GOC, ensuring that it is solvent, well-run, and delivers public benefit.

All Council members share the same duty of public protection and oversee the full range of regulatory processes.

The primary functions of Council are:

- to protect, promote and maintain the health, safety and well-being of the public;
- to promote and maintain public confidence in the professions regulated under the Optician Act 1989;
- to promote and maintain proper professional standards and conduct for members of those professions; and
- to promote and maintain proper standards and conduct for business registrants.

Our Council is comprised of 12 Council members, of whom six are registrants and six are lay members (see pages 26 and 27). Membership is drawn from England, Wales, Scotland and Northern Ireland. Biographies can be viewed on our website.

Dr Anne Wright CBE served as Chair throughout 2021-22, having been appointed on 18 February 2021.

One Council member is appointed as a Senior Council Member (SCM). They are responsible for undertaking to carry out the Chair's review, provide a sounding board for the Chair and serve as an intermediary for Council members, the Executive and stakeholders as necessary.

Helen Tilley served as SCM until 30 April 2021. Glenn Tomison was appointed as SCM on 12 May 2021.

## **Our Governance Structure**

Our governance structure consists of four non-statutory committees (Audit, Risk & Finance, Investment, Remuneration and Nominations) and four statutory committees (Companies, Education, Registration and Standards). The four statutory committees (sometimes referred to as Council committees) meet collectively as an Advisory Panel.

To exercise its powers, Council delegates certain responsibilities to committees with clearly defined authority and terms of reference.

## Attendance

The attendance record of Council members at Council and committee meetings and the fees and expenses of Council members are shown on page 26 and 27. The Council considers it has met sufficiently regularly to discharge its duties effectively and is committed to conducting its business in public. Business is usually transacted in private only if it is commercially or legally sensitive, a preliminary discussion on development of strategy or policy, or if the matter being discussed concerns an individual or specific group.

All Council members are required to take part in other activities such as induction, development sessions, strategy, corporate performance and evaluation. All Council and committee members are required to engage in their own performance review.

## Scheme of delegation

Our scheme of delegation sets out those functions retained by Council, delegated to a committee, or delegated to the Chief Executive and Registrar. Council can delegate any of its functions apart from approving rules.

## The Executive

The determination of pay and remuneration for the Executive (otherwise referred to as the Senior Management Team or SMT) is delegated to the Remuneration Committee by Council. An annual appraisal process is undertaken in line with the organisation's Pay and Reward policy, and pay is benchmarked against other regulators.

Decision-making powers are delegated to the Chief Executive and Registrar under the Opticians Act 1989 and other powers are delegated from Council. To exercise these powers, some are delegated by the Chief Executive and Registrar to other members of the Executive.

The Director of Change, Philipsia Greenway, is responsible for:

- Customer Experience Development
- Information Technology
- Strategic Change Programmes

The Director of Corporate Services, Yeslin Gearty, is responsible for:

- Facilities
- Finance
- Human Resources
- Registration
- Risk and audit

The Director of Regulatory Operations, Dionne Spence, is responsible for:

- Triage (including contract management of the Optical Consumer Complaints Service)
- Case progression
- Hearings
- Legal

The Director of Regulatory Strategy, Steve Brooker, is responsible for:

- Communications
- Education
- Policy and Research
- Standards

SMT, Council and its committees are supported by the Governance team.

### **Effectiveness of governance**

Effective and robust governance is critical to ensuring that we act in a manner that is consistent with the rules and regulations that govern us, and that we continue to act in the public benefit.

Council members, committee members and all staff are expected to conduct their business in accordance with the seven principles of public life (otherwise known as the “Nolan principles”):

- Selflessness,
- Integrity,
- Objectivity,
- Accountability,
- Openness,
- Honesty, and
- Leadership.

This is reflected in our codes of conduct, and in our values as an organisation.

This year we developed and began delivering on a governance improvement plan. This was our response to an evaluation of our compliance with the Charity Good Governance Code in February 2021. As a result the following was delivered in 21-22:

- A revised scheme of delegation, which was approved by Council in September 2021.
- A revised conflict of interest policy, which was approved by Council in September 2021.
- The implementation of an annual Equality, Diversity and Inclusion report to Council.
- Inclusive Leadership training for Council members.

The appointment of a new Head of Governance will see this work develop into 22-23, with the Council Chair acting as project sponsor for a governance review and refresh.

### **Members' conduct**

Council (in their role as trustees) and committee members have a duty to:

- act impartially and objectively;
- take steps to avoid putting themselves in a position where their personal interests conflict with their duty to act in the interests of the charity, unless they are authorised to do so; and
- take steps to avoid any conflict of interest arising because of their membership of, or association with, other organisations or individuals.

To make this fully transparent, we publish a register of Council and committee members' interests on our website.

### **Fees**

Council and committee member fees were agreed from 1 April 2021, in line with the Member Fees policy.

Our Member Fees policy is reviewed and benchmarked each year. In March 2021 this annual review took place which resulted in no fee rises. Member fees have not been increased for the last three years.

	<b>Registrant or Lay Member</b>	<b>Home Location</b>	<b>Fees £</b>	<b>Expenses* £</b>	<b>Council Meeting Attendance**</b>	<b>Committee &amp; Advisory Panel Meeting<sup>1</sup> Attendance</b>
	Dr Anne Wright CBE (Chair)	England	48,452	nil	8 out of 8	Nom 4 out of 4
	Sinead Burns <sup>i</sup>	N. Ireland	13,962	nil	8 out of 8	ARC 5 out of 6, Inv 1 out of 2, AP 2 out of 2
	Josie Forte	England	13,962	nil	8 out of 8	AP 2 out of 2
	Mike Galvin	England	13,962	nil	8 out of 8	ARC 6 out of 6, AP 2 out of 2
	Lisa Gerson <sup>i</sup>	Wales	12,799	nil	8 out of 8	
	Rosie Glazebrook	England	13,962	nil	7 out of 8	Nom 4 out of 4, AP 2 out of 2
	Clare Minchington	England	13,962	nil	8 out of 8	ARC 5 out of 6
	Frank Munro <sup>ii</sup>	Scotland	10,382	nil	4 out of 8	
	David Parkins	England	13,962	nil	8 out of 8	ARC 6 out of 6
	Tim Parkinson	England	13,962	nil	8 out of 8	Rem 3 out of 3, Inv 2 out of 2

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<sup>1</sup> The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

	<b>Registrant or Lay Member</b>	<b>Home Location</b>	<b>Fees £</b>	<b>Expenses* £</b>	<b>Council Meeting Attendance**</b>	<b>Committee &amp; Advisory Panel Meeting<sup>2</sup> Attendance</b>
Roshni Samra	Registrant	England	13,962	nil	6 out of 8	AP 1 out of 2
Helen Tilley <sup>iii</sup>	Registrant	Wales	1,423	nil	nil	nil
Glenn Tomison <sup>iv</sup>	Registrant	England	16,254	nil	8 out of 8	Nom 3 out of 4, Rem 3 out of 3, Inv 2 out of 2, AP 2 out of 2

Key:

**Committees: ARC** - Audit, Risk and Finance, **Inv** – Investment, **Nom** - Nominations, **Rem** – Remuneration,

**Panel: AP** – Advisory Panel

\* Council expenses have been considerably reduced from previous years due to remote working.

\*\*All Council members are required to take part in other events such as strategy days, evaluations and performance appraisals, for which they receive no additional remuneration and which are not included in the attendance figures.

<sup>i</sup> appointed 1 May 2021

<sup>ii</sup> appointed 5 July 2021

<sup>iii</sup> stepped down 30 April 2021 – there were no meetings scheduled in April 2021 that Helen Tilley was required to attend.

<sup>iv</sup> appointed Senior Council Member in May 2021.

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<sup>2</sup> The Advisory Panel meeting merged the following committees: Companies, Education, Registration and Standards.

## Reference and Administrative Details

The GOC is the statutory regulator for the optical professions in the UK and is constituted as a body corporate under the Opticians Act 1989, as updated by its section 60 amending legislation which came into effect on 30 June 2005. On 12 December 2012, the GOC was registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137).

GOC registered office is located at 10 Old Bailey, London, EC4M 7NG

<b>Bankers</b>	Lloyds Banking Group (incorporating Bank of Scotland) 4th Floor, 25 Gresham Street, London, EC2V 7HN	
<b>Internal auditors</b>	TIAA Ltd (from 31 March 2020) Artillery House, Fort Fareham, Newgate Lane, Fareham, PO14 1AH	
<b>External auditors</b>	haysmacintyre LLP 10 Queen Street Place, London, EC4R 1AG	
<b>Investment Advisors</b>	Brewin Dolphin Limited 12 Smithfield Street, London, EC1A 9BD	
<b>Council</b>	Anne Wright (Chair)	(appointed 19 February 2021 to 18 February 2025)
	Sinead Burns	(reappointed 1 October 2020 until 30 September 2024)
	Josie Forte	(appointed 1 April 2021 until 31 March 2025)
	Mike Galvin	(reappointed 1 April 2021 until 31 March 2025)
	Lisa Gerson	(appointed 1 May 2021 until 30 April 2025)
	Rosie Glazebrook	(reappointed 1 January 2019 until 31 December 2022)
	Clare Minchington	(reappointed 1 April 2021 until 31 March 2025)
	Frank Munro	(appointed 5 July 2021 until 4 July 2025)

David Parkins	(reappointed 15 March 2020 until 14 March 2024)
Roshni Samra	(reappointed 1 April 2021 until 31 March 2025)
Helen Tilley	(reappointed 1 May 2017 until 30 April 2021)
Glenn Tomison	(reappointed 1 January 2019 until 31 December 2022)
Tim Parkinson	(appointed 16 April 2020 until 15 April 2024)

**Senior Management Team**

Leonie Milliner	Chief Executive & Registrar
Steve Brooker	Director of Regulatory Strategy
Yeslin Gearty	Director of Corporate Services
Philipsia Greenway	Director of Change
Dionne Spence	Director of Regulatory Operations



## Section 2: Our Fitness to Practise Report

### What is fitness to practise

A registrant is fit to practise, train or carry on business if they have the relevant skills, knowledge, health and character to perform their work and/or practise safely.

The [Standards](#) define the standards of behaviour and performance that are expected of registrants. One of our core functions is to investigate and act when registrants' fitness to practise, train or carry on business is impaired.

### How we deal with concerns

Anyone can raise a concern with us if they think a GOC registrant is not fit to practise (or train or run a GOC-registered business) and we receive concerns from members of the public, patients, carers, employers, the police and other GOC registrants.

If we receive information which could potentially call into question a registrant's fitness, we may need to investigate.

You can read more about [how we investigate a concern](#) on our website

### Our performance

Along with all other healthcare regulators, our performance is assessed annually by the Professional Standards Authority against their [Standards of Good Regulation](#). This year, the GOC met four of the five Standards relating to fitness to practise [and one relating to illegal practice]. This recognises the ease in which parties can raise a complaint against a registrant, that our decisions are made in accordance with our processes and are fair and proportionate, that we prioritise those cases that present the greatest risk to safety and that all parties to a complaint are supported to participate effectively in the process.

For the sixth consecutive year, the GOC did not meet Standard 15, as the time we take to resolve a large portion of the concerns raised with us remains too high. While we continue with our programme of improvement to address this long-standing challenge, we are grateful that the PSA has noted the substantial improvements that continue to be made to address these delays, in particular the improvements that we have made and sustained during the last two years of the pandemic. In their last board report for the 21-22 reporting they noted

*'As well as the significant recent reductions in its end-to-end timeframe, the GOC is the only regulator to have reduced its open caseload of older cases since the start of the pandemic. The GOC has decreased its open old caseload significantly – by over 50%'*

In support of the assessment of PSA Standard 16, the GOC commissions an annual independent audit of GOC decision making which assesses our compliance with the legislation, guidance and processes that underpin the fitness to practise function.

The audit included decisions made between 1 April 2020 and 31 March 2021. Although all categories of decision are reviewed, we focus primarily on higher-risk decisions, for example:

- cases closed by the Registrar at triage stage, by case examiners (CE's) by the Investigation Committee (IC). We consider these a higher risk as they are decisions based on the documents alone and without a public hearing,
- cases closed by the Fitness to Practise Committees (FtPC), and
- decisions of the FtPC not to issue an interim order, following an application by the GOC.

For this audit we again increased the number of decisions reviewed that were taken by the Registrar at triage stage. This was one of the risk management mechanisms we committed to when we enhanced the Acceptance Criteria in July 2019 and have consistently increased the sample size since.

The auditor's overall finding was:

*“We confirm that the findings made in this audit demonstrate substantial compliance with the Council's statutory obligations. They also demonstrate compliance with the Council's own procedural requirements and guidance. Whilst we have identified a number of cases where there were errors in decision making most were regarded as not having been material to the outcome...”*

The report contained many positive observations and a number of learning points which we have accepted and have addressed through training and guidance note updates. Four cases were identified as having material errors and these have been reviewed by a lawyer and action taken where necessary.

## **Workload**

### *Triage*

We predicted an uphill challenge to improve our end-to-end median during this reporting year given the positive impact we've had on reducing newer cases being opened and the legacy aged cases slowly moving their way through the process.

We saw a 44 per cent increase in receipts this year, from 314 to 452 – reflecting the post-lockdown reopening of optical practices without restriction - and from these, opened 109 new investigations - a conversion rate of 24 per cent. This continues the downward trajectory expected following the implementation of our acceptance criteria and revised triage process in 2019. We have also improved the closed median for decision making in triage by a further three weeks to five weeks and ended the year with an open case median of four weeks.

Early indications are that there has been very little variance in the nature of concerns opened this year with almost 40 percent relating to clinical concerns and almost 30

per cent relating to conduct, with the remainder a mix of conviction, health and blended issues.

### *Investigations*

Improvements have been made in the time taken to investigate new concerns although this is masked by the delay in many of our already very aged cases. We ended the year with 82 open concerns that were over one year old - a 46 per cent reduction against pre-pandemic numbers – and for cases over two years old, this was reduced by 47 per cent with those over three years old, by 51.5 per cent.

Of the 82 concerns that have been opened for longer than one year, 55 per cent are at post case examiner stage, so either scheduled for a hearing or awaiting a hearing date. Of those opened for longer than two years, 74 per cent are at post case examiner stage and 11 per cent are in active investigation, pre-registrant representation.

We have also maintained the positive split between cases scheduled for a hearing and those awaiting a hearing with 70 per cent of cases referred to a fitness to practise committee currently scheduled for a hearing.

We continue to increase the case examiner referral rate to a fitness to practise committee, ending the year with a rolling 41 per cent against 31 percent in 20-21. We consider this a positive indicator of our commitment to ensure that only the most serious allegations are being opened.

Including case examiner decisions, we ended the year with a 83-week closure rate.

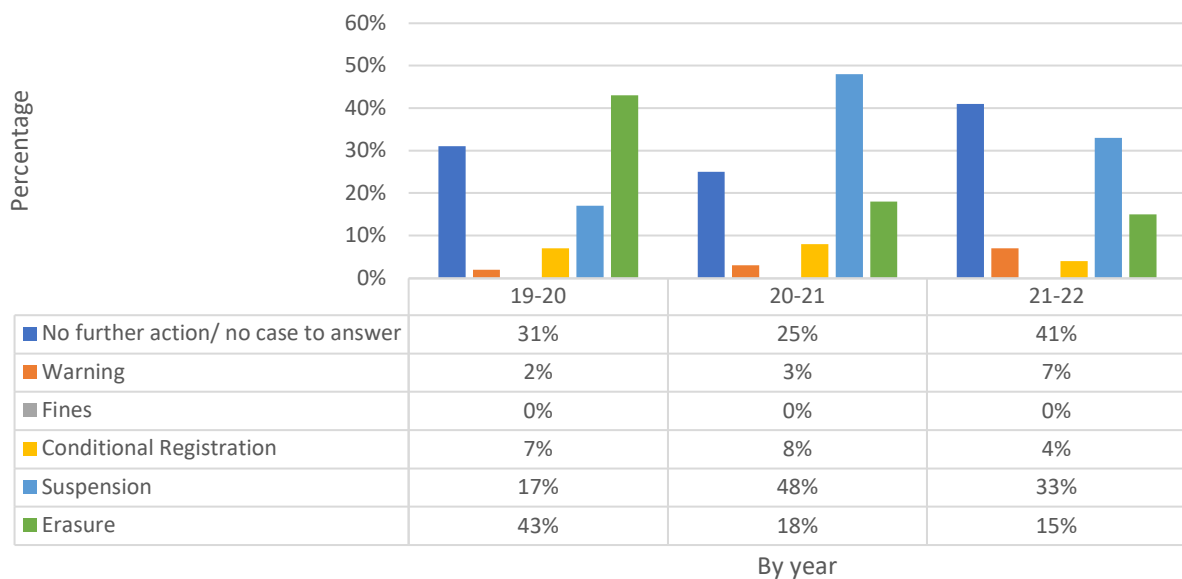
### *Hearings*

Our hearings team continued to support remote and in person hearings and we noted that as the restrictions lifted there were very limited requests for in-person events and where this occurred, were limited to parts of the hearing rather than the full hearing. 88 per cent of our substantive events, and 100 percent of our non-substantive events were heard remotely, and we anticipate this trend continuing.

In 2021-2022, the fitness to practise committee considered 41 substantive hearings, resolving 27 cases. 14 scheduled cases went part-heard into 2022-2023 and some further analysis of the reasons for this high number will be undertaken.

The table and chart show the outcome of cases determined by the fitness to practise committee over the last three years:

### Fitness to Practise Committee Decisions 2019-2022



Substantive hearings	21-22	%	20-21	%	19-20	%
No further action/ no case to answer	11	41%	10	25%	13	31%
Warning	2	7%	1	3%	1	2%
Fines	0	0%	0	0%	0	0%
Conditional Registration	1	4%	3	8%	3	7%
Suspension	9	33%	19	48%	7	17%
Erasure	4	15%	7	18%	18	43%
<b>Total</b>	<b>27</b>	<b>100%</b>	<b>40</b>	<b>100%</b>	<b>42</b>	<b>100%</b>

There was a much larger proportion of decisions of *no further action* determined over the last year. We consider that this is reflective of the progression of the more aged cases whereby registrants have been able to provide substantial remediation in advance of the hearing and are found not to be currently impaired.

#### Improving the way we work

We remain committed to improving the way our fitness to practise function operates and although there is significant focus, rightly, on improving timeliness, there are other areas where we have identified scope for improvement.

To start addressing these areas, in 2019 we implemented an Improvement Programme which ran for two years. That programme was successful in several key areas:

- We reformed our triage function through the introduction of Acceptance Criteria - the introduction of a threshold for investigations which resulted in a reduction in the number of complaints entering the formal investigation

process, by removing the matters that could never impact on a registrant's fitness to practise. This supported us in achieving a significant reduction in our overall caseload.

- We implemented a case management meeting process to improve the efficiency of our Fitness to Practise Committee hearings, by ensuring that administrative matters are resolved between the parties in advance of hearings, rather than taking up committee time at the start of a hearing.
- We supported registrant learning about fitness to practise, and the types of complaint that are investigated, through a programme of speaking engagements at registrant events and through the publication of a quarterly 'FtP Focus' bulletin for registrants.
- We implemented customer care improvements, for example through the creation of a Witness Care Manager function, improving regular customer updates and the implementation of an Independent Support Service. However, we recognise that there is much more to do in this area.
- We introduced an online complaint form to make it easier for complaints to be lodged with us.
- From an EDI perspective, we made advances in terms of the collection of registrant and complainant data. This has given us a much clearer picture of the demographic of registrants who go through the system. And we were pleased, but not complacent, with the initial EDI report published last year.

The 2019-21 improvement programme was not as successful in all areas, though, and to address these areas, and to continue our push to continuously improve, we have implemented a new Improvement Programme that will run from 2022-25.

This is an ambitious programme with multiple workstreams, with some of the key areas being:

- The implementation of a fully functioning case management system. Our current system is basic, and our ambition is a system that will provide all the features we need to support our staff in progressing cases as swiftly as possible. These features will include workflow management, improved management reporting functions, effective document management and improved customer care features.
- The implementation of an all-encompassing customer feedback strategy. Our current feedback strategy is basic and consequently we receive very little feedback. We recognise and value the importance of feedback in supporting our learning and development, and we will seek to implement a system that encourages and facilitates (using technology) feedback at all key stages of the fitness to practise process.
- We will continue to tackle the potential for cognitive bias in decision-making, building on some excellent training our decision-makers have already received.

- We will be looking into the provision of optical care in domiciliary settings, exploring the level of risk this presents to patients and considering whether any specific additional work is required.
- We will be examining the potential gap between concerns that do not meet the criteria for regulatory investigation and are not suitable for OCCS mediation and how we might assist registrants and respond adequately to concerns which could benefit from an early intervention.
- Later in the programme we will be exploring how we can ensure that learning from fitness to practise is fed back into education, both at university level and within Continuing Professional Development.
- We will also be continuing with our programme of improving registrant understanding of fitness to practise.

## Section 3: Our Finance Report

### Financial Review of the Year Ended 31 March 2022

Section 32 (2) of the Opticians Act 1989 provides that *‘the accounts for each financial year of the Council shall be audited by auditors to be appointed by them and shall as soon as may be after they have been audited be published and laid before Parliament’*. Council prepares an annual financial report which identifies its financial position and is submitted to the government for scrutiny.

The Audit, Risk and Finance Committee (ARC) met six times this year, focusing on audit and risk at three meetings and on finance at the other meetings. The committee reviewed the systems of Council’s internal financial controls and received an annual report from the internal and external auditors. It also reviewed the financial performance, operational and compliance controls, and risk management.

In 2021/22, financial performance for the year (measured by net income) was £1.0m surplus (2020/21 £3.1m surplus). The year started with higher levels of budget allocated for both business as usual operations and strategic projects compared to the previous year. The financial performance for the year improved significantly from the budgeted expectations. Much of these improvements were delivered through hybrid working, agile working practices including remote hearings and committee meetings, and adapting to a new Living with Covid business model as we adapted during the year. Overall, there was a gain in our investment asset market value for the year of £442K. However, this masked a high level of volatility which saw a fall in market value in the last quarter of £1.3m. The main causes of reduction were increased global inflation, the impact of war in Ukraine, and sanctions against Russia.

Income for the year was £10.0m (2020/21 £9.8m). £9.8m (2020/21 £9.6m) was related to annual renewal fees.

During the year we incurred £9.5m expenditure (2020/21 £8.6m). Increased expenditure is due to the delivery of our enhanced business plan and budget for the year.

We continue to maintain a robust position regarding cash resources and investments, so the trustees have a reasonable expectation that there are adequate resources to continue in operational existence for the foreseeable future as a going concern.

### Reserves policy



Council is responsible for making judgments about the appropriate level of reserves for the organisation to hold. This is to ensure that there is a prudent level of reserves to provide for unexpected variations in spending or income patterns or to fund exceptional future spending. Council will review these reserves at least annually at the time of setting the budget for each financial year in consultation with the in consultation with the Audit, Risk and Finance Committee and the Investment Committee.

All our reserves are unrestricted and as of 31 March 2022, the total reserves were £9.6m (2020/21 £8.6m). Target range for non-designated funds as per reserves policy is from £2.3m to £3.8m. As of 31 March 2022, total non-designated funds net of tangible fixed assets was within this range at £3.1m (2020/21 £3.5m)

In setting the reserves policy, the Council has identified four designated reserves; legal cost reserve, strategic reserve, COVID-19 reserve, and infrastructure/dilapidation reserve. The legal cost reserve (£0.7m) is to mitigate risk of high-value complex cases arising over and above planned levels. The strategic reserve (£2.0m) supports the delivery of specific projects and initiatives outlined in the GOC's strategic plans. The COVID-19 reserve (£1.8m) is a contingency reserve to provide against the risk of falling income due to pandemic. The infrastructure/dilapidation reserve (£1.3m) is designed to build funds to develop infrastructure should the GOC leave its current premises at the end of the lease period.

During the year, £714k (2020/21 £371k) was spent from the strategic reserve for strategic projects. Those strategic projects are the Education Strategic Review, IT strategy, CET Review, and our new strategic project on change, which we have named GOC Refresh. All except CET Review project are multi-year programmes of work. All strategic projects are designed to bring long-term benefits to the organisation.

£153k expenses were identified as complex legal cases during the year and funded through the legal costs reserve.

The reserves policy is reviewed every three years to enable us to manage financial risks and create capacity for long term strategic projects. We maintain reserves at an appropriate level according to the Charity Commission guidelines.

## Investment policy

The Working Capital Policy recognises that all deposits must be secure, liquid and not exposed to currency risk. The Investment Policy Statement recognises the additional needs of the GOC as it seeks to ensure that funds provide reasonable returns within acceptable risk profiles.



Trustees have wide powers of investment outlined in the Trustee Act 2000, which includes the power to delegate some responsibilities to an investment manager. We have appointed Brewin Dolphin as investment advisers to ensure we can make best use of the proceeds to meet our strategic aims and for future financial stability. The investment officer (Director of Corporate Services) continues to manage the short-term cash reserve and liaise with the investment managers in respect of the investment strategy.

## Statement of Trustees' Responsibilities

The trustees are responsible for preparing the trustees' report and the financial statements in accordance with applicable law and United Kingdom Generally Accepted Accounting Practice (United Kingdom accounting standards), including Financial Reporting Standard 102, the financial reporting standard applicable in the UK and Republic of Ireland.

The law applicable to charities in England and Wales requires the trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charity and of the income and expenditure of the charity for that period. In preparing these financial statements, the trustees are required to:

- Select suitable accounting policies and then apply them consistently;
- Observe the methods and principles of the Charities Act;
- Make judgements and estimates that are reasonable and prudent;
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- Prepare the financial statements on the going concern basis, unless it is inappropriate to assume that the charitable company will continue on that basis.

The trustees are responsible for keeping adequate accounting records that are sufficient to show and explain the charity's transactions, disclose with reasonable accuracy at any time the financial position of the charity and enable them to ensure that the financial statements comply with the Charities Act 2011, the Charities (Accounts and Reports) Regulations 2008 and the provisions of the charity's constitution. They are also responsible for safeguarding the assets of the charity and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the charity and the financial information included on the charity's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

Each of the trustees, who held office at the date of approval of this trustees' report, has confirmed that there is no information of which they are aware which is relevant to the audit but of which the auditor is unaware. They have further confirmed that they have taken appropriate steps to identify such relevant information and to establish that the auditors are made aware of such information.

Approved by the trustees on **DATE**, and signed on their behalf by  
SIGNATURE TO BE ADDED AFTER COUNCIL APPROVAL

**Dr Anne Wright CBE**

**Chair, GOC**

## Independent Auditors Report to the Trustees of General Optical Council

### Opinion

We have audited the financial statements of General Optical Council for the year ended 31 March 2022 which comprise Statement of Financial Activities, the Balance Sheet and the Cash Flow Statement and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 The Financial Reporting Standard applicable in the UK and Republic of Ireland (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charity's affairs as at 31 March 2022 and of the charity's net movement in funds for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Charities Act 2011.

### Basis for opinion

We have been appointed as auditor under section 144 of the Charities Act 2011 and report in accordance with the Act and relevant regulations made or having effect thereunder. We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### **Conclusions relating to going concern**

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charity's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

### **Other information**

The trustees are responsible for the other information. The other information comprises the information included in the Annual Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material

inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Matters on which we are required to report by exception**

We have nothing to report in respect of the following matters in relation to which the Charities (Accounts and Reports) Regulations 2008 require us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charity; or
- sufficient accounting records have not been kept; or
- the charity financial statements are not in agreement with the accounting records and returns; or
- we have not received all the information and explanations we require for our audit.

### **Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement set out on page xx, the trustees are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charity's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charity or to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit

conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charity and the environment in which it operates, we identified that the principal risks of non-compliance with laws and regulations related to the Opticians Act 1989 and the Charities Act 2011, and we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Charities Act 2011 and payroll tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls and determined that the principal risks were related to posting inappropriate journal entries to revenue and management bias in accounting estimates. Audit procedures performed by the engagement team included:

- Enquiries of management regarding correspondence with regulators and tax authorities;
- Discussions with management including consideration of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Review of ARC and Council meeting minutes
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities

occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at:

[www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities)

This description forms part of our auditor's report.

## Use of our report

This report is made solely to the charity's trustees, as a body, in accordance with section 144 of the Charities Act 2011 and regulations made under section 154 of that Act. Our audit work has been undertaken so that we might state to the charity's trustees those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charity's trustees as a body for our audit work, for this report, or for the opinions we have formed.

Haysmacintyre LLP

Statutory Auditors

10 Queen Street Place

London

EC4R 1AG

Haysmacintyre LLP is eligible to act as an auditor in terms of section 1212 of the Companies Act 2006

## Statement of Financial Activities for the Year Ended 31 March 2022

	Notes	Unrestricted Funds £'000	Total 2021/22 £'000	Total 2020/21 £'000
<b>Income from:</b>				
Charitable activities	4	9,798	9,798	9,571
Investments	5	239	239	214

<b>Total</b>		<b>10,037</b>	<b>10,037</b>	<b>9,785</b>
<b>Expenditure on:</b>				
Raising Funds	12	47	47	43
Charitable activities	6	9,446	9,446	8,550
<b>Total resources expended</b>		<b>9,493</b>	<b>9,493</b>	<b>8,593</b>
Net (losses) / gains on investments	12	442	442	1,896
<b>Net (expenditure) / income</b>		<b>986</b>	<b>986</b>	<b>3,088</b>
<b>Reconciliation of funds:</b>				
Total funds brought forward		8,627	8,627	5,539
<b>Total funds carried forward</b>		<b>9,613</b>	<b>9,613</b>	<b>8,627</b>

There are no recognised gains or losses other than those recognised above. All activities are continuing.

All the transactions in 2021-22 and 2020-21 were unrestricted.

The notes on pages 47 to 61 form part of these financial statements.

## Balance Sheet for the Year Ended 31 March 2022

	Notes	2021/22 £'000	2020/21 £'000
<b>Fixed assets:</b>			
Tangible fixed assets	11	814	1,019
Investments	12	9,260	8,860
<b>Total fixed assets</b>		<b>10,074</b>	<b>9,879</b>
<b>Current assets:</b>			
Debtors	13	525	537
Short term deposits		7,700	7,700
Cash at bank and in hand		1,848	660
<b>Total current assets</b>		<b>10,073</b>	<b>8,897</b>
<b>Current liabilities:</b>			
Creditors: amounts falling due within one year	14	(10,534)	(10,149)
<b>Net current assets</b>		<b>(461)</b>	<b>(1,252)</b>
<b>Total assets less current liabilities</b>		<b>9,613</b>	<b>8,627</b>
<b>Net assets</b>		<b>9,613</b>	<b>8,627</b>
<b>Represented by:</b>			
Unrestricted funds:			
Designated funds	16	5,750	4,100
General funds	16	3,863	4,527
<b>Total funds</b>		<b>9,613</b>	<b>8,627</b>

The notes on pages **58 to 71** form part of these financial statements.

The financial statements were approved and authorised by the Council on 21 September 2022 and were signed on its behalf by:

Dr Anne Wright CBE  
Chair, GOC



## Cash Flow Statement for the Year Ended 31 March 2022

	2021/22 £'000	2020/21 £'000
<b>Cash flows from operating activities:</b>		
<b>Reconciliation of net (expenditure) / income to net cash flow from operating activities:</b>		
Net income / expenditure for the reporting period (as per the statement of financial activities)	986	3,088
Depreciation	136	137
Loss on disposal of fixed assets	102	-
(Gains) / losses on investment income	(442)	(1,896)
Dividends, interest, and rents from investments	(239)	(214)
Decrease / (Increase) in debtors	12	(95)
Increase/ (decrease) in creditors	385	(410)
<b>Net cash provided by (used in) operating activities</b>	<b>939</b>	<b>610</b>
<b>Cash flows from investing activities:</b>		
Dividends, interest, and rents from investments	239	214
Purchase of tangible fixed assets	(33)	(180)
Proceeds from sale of investments	1,678	1,693
Movement in short term deposit account (more than three months)	-	(500)
Movement in Cash held in investment	117	45
Purchase of Investments	(1,752)	(1,690)
<b>Net cash provided by (used in) investing activities</b>	<b>249</b>	<b>(418)</b>
<b>Change in cash and cash equivalents in the reporting period</b>	<b>1,188</b>	<b>192</b>
Cash and cash equivalents at the beginning of the reporting period	660	468
<b>Cash and cash equivalents at the end of the reporting period</b>	<b>1,848</b>	<b>660</b>
<b>Cash and cash equivalents at the end of the reporting period</b>		
Cash at bank and in hand	1,848	660

The notes on pages 47 to 61 form part of these financial statements.

## Notes to the Financial Accounts for the Year Ended 31 March 2022

### 1. GENERAL INFORMATION

The GOC is constituted as a body corporate under the Opticians Act 1989, as updated by amending legislation which came into effect on 30 June 2005. We are also registered as a charity by the Charity Commission in England and Wales (registered charity number 1150137). Our registered office is at 10 Old Bailey, London EC4M 7NG.

### 2. ACCOUNTING POLICIES

The principle accounting policies adopted, judgements and key sources of estimation uncertainty in the preparation of the financial statements are as follows:

The financial statements have been prepared in accordance with accounting and reporting by Charities SORP, applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102, effective 1 January 2019), Charities SORP FRS 102, and the Charities Act 2011.

We are required to submit the accounts to the Privy Council who lay them before Parliament.

The GOC meets the definition of a public benefit entity under FRS 102.

### 3. JUDGMENTS IN APPLYING ACCOUNTING POLICIES AND KEY SOURCES OF ESTIMATION UNCERTAINTY

Estimates and judgements are continually evaluated and are based on historical experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances. Although these estimates are based on management's best knowledge of the amount, events or actions, actual results may ultimately differ from those estimates. The trustees consider the following item to be an area subject to estimation and judgement.

#### Depreciation:

The useful economic lives of tangible fixed assets are based on management's judgement and experience. When management identifies that actual useful economic lives differ materially from the estimates used to calculate depreciation, that charge is adjusted retrospectively. As tangible fixed assets are not significant, variances between actual and estimated useful economic

lives will not have a material impact on the operating results. Historically no changes have been required.

**(i) GOING CONCERN**

The trustees (Council members) consider there are no material uncertainties about the charity's ability to continue as a going concern. With respect to the next reporting period, 2022/23, the most significant area of uncertainty relates to increasing levels of inflation, the risk of recession and its effects on the economy, particularly on high street businesses where most GOC registrants are employed. Although the impact of Covid-19 is largely minimised with living with Covid plans, related risks have not completely disappeared. The current downward trend of investment values and the short to mid-term outlook for financial markets, may create a risk to our ambitious performance plans, although our budget for 2022/23 and anticipated registrant fee income indicates that we will have sufficient funds to deliver our regulatory functions and business plan. In reviewing our financial position, reserve levels and future plans, Council members' have confidence that the charity remains a going concern. The financial statements have been prepared on a going concern basis.

**(ii) INCOME**

All income is recognised once the charity has entitlement to income, it is probable that income will be received, and the amount of income receivable can be measured reliably.

Our income mainly comprises fees from registered optometrists, dispensing opticians and bodies corporate. Fees charged for annual retention are payable in advance between January and March each year and are recognised in the period to which they relate.

We also receive registration fees from students, which are payable for the year or period ending 31 August in line with the academic year and credited in the accounts for the year to which they relate.

Investment income is recognised when interest or dividends fall due and is stated gross of recoverable tax.

Sales and other income are recognised when the related goods or services are provided.

**(iii) EXPENDITURE**

Resources are expended directly in pursuit and support of the charitable aims of the organisation. Expenditure on charitable activities comprises of

Fitness to Practise, legal compliance, registration and education and standards related cost. Expenditure is recognised on an accruals basis as a liability is incurred.

Expenditure is allocated to a particular activity where the cost relates directly to that activity. However, the cost of overall direction and administration of each activity is apportioned based on staff time attributable to each activity.

Support costs include governance costs and other support costs. Governance costs include those incurred in the governance of the organisation and its assets and are primarily associated with constitutional and statutory requirements. Costs include direct costs of external audit, legal fees and other professional advice.

Support costs have been apportioned between all activities based on staff head counts. The allocation of support and governance costs is analysed in table six below.

Resources expended are included in the statement of financial activities on an accruals basis. All liabilities are recognised as soon as there is a legal or constructive obligation committing the charity to expenditure.

**(iv) FIXED ASSETS**

Tangible fixed assets are stated at cost, net of depreciation.

Expenditure is capitalised where the cost of the asset, or group of assets, exceeds £500.

Website planning costs are charged to the statement of financial activities as incurred. Other website costs are capitalised as a fixed asset only where they lead to the creation of an enduring asset delivering tangible future benefits whose value is at least as great as the amount capitalised.

An impairment review is undertaken of the net asset value of the website at each balance sheet date. Expenditure to maintain or operate the development website is charged to the statement of financial activities.

**(v) DEPRECIATION**

Assets are depreciated in equal instalments over the following periods:

IT equipment	3 years
Website/intranet/online renewal	3 years
Office furniture and equipment	10 years

Leasehold improvements (office fit-out) Over the lease term (15 years)

Depreciation is provided so as to write off the cost, less residual value, of the assets evenly over their estimated useful lives.

**(vi) INVESTMENTS**

Investments are a form of basic financial instruments and are initially shown in the financial statements at their transaction value and subsequently measured at their fair value as at the balance sheet date. Movements in the fair values of investments are shown as unrealised gains and losses in the statement of financial activities.

Investments comprise shares, funds, cash, or deposits held as investments. The investments are limited to cash in instant access or term deposits and permitted investments in line with the investment policy approved by Council in February 2019.

**(vii) FINANCIAL INSTRUMENTS**

The Charity only has financial assets and financial liabilities of a kind that qualify as basic financial instruments. Basic financial instruments are initially recognised at transaction value and subsequently measured at their settlement value.

**(viii) DEBTORS**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

**(ix) CASH AT BANK AND IN HAND**

Cash at bank and in hand includes cash and short-term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

**(x) CREDITORS AND PROVISIONS FOR LIABILITIES**

Creditors and provisions are recognised when the charity has a present legal or constructive obligation as a result of a past event. They are recognised when it is probable that a transfer of economic benefit will be required to settle the obligation and a reliable estimate can be made of the obligation.

Where a present obligation exists for FTP cases as a result of a past event and estimate can be made of the obligation, then this is provided for. The accuracy of the provision will depend on the assumptions made

about the progress of individual cases and is subjected to a significant degree of uncertainty.

**(xi) FUNDS AND RESERVES**

All of our funds are unrestricted and can be expended at our discretion to help deliver our objectives.

We have set designated funds aside as follows:

- Legal Costs Reserve – established to cover the cost of high-value complex cases arising over and above planned levels.
- Strategic Reserve – established to support specific strategic projects and initiatives outlined in the GOC's five-year strategic plan and Budget and beyond.
- COVID-19 Reserve – established as a contingency reserve to mitigate the risk of falling registrant income.
- Infrastructure & dilapidations Reserve – established to build up adequate funds in developing the infrastructure should we leave current premises.

**(xii) TAXATION**

We are not registered for VAT and VAT on expenditure is expensed as part of the cost of the goods or services supplied.

**(xiii) OPERATING LEASES**

The annual rentals are charged to the statement of financial activities over the term of the lease.

**(xiv) EMPLOYEE BENEFITS**

**Short-term benefits** - Short-term benefits, including holiday pay, are recognised as an expense in the period in which the service is received.

**Employee termination benefits** - Termination benefits are accounted for on an accrual basis and in line with FRS 102.

**Pension scheme** - Council contributes to a defined contribution pension scheme for the benefit of its employees under an auto-enrolment scheme, the assets of which are administered by Royal London. During 2021/22 the Council created another defined contribution pension scheme with Smart Pensions for certain panel members who were identified as workers.

The assets of the schemes are held independently from those of the Charity in an independently administered fund. The pensions costs

charged in the financial statements represent the contributions payable during the year.

	2021/22 £'000	2020/21 £'000
<b>4. Income from charitable activities</b>		
Registration and renewal fee	9,779	9,559
Continuing Education Training provider fee	19	12
<b>Total</b>	<b>9,798</b>	<b>9,571</b>

	2021/22 £'000	2020/21 £'000
<b>5. Income from Investment</b>		
Interest from fixed deposits	1	12
Dividend income	238	202
<b>Total</b>	<b>239</b>	<b>214</b>

	Direct Cost £'000	Support Cost £'000	Total 2021/22 £'000
<b>6. Charitable activities</b>			
Fitness to practise (Note 6a.)	3,691	1,911	5,602
Registration	541	392	933
Education & standards	1,444	662	2,106
Policy	224	187	411
Communications	282	112	394
<b>Total</b>	<b>6,182</b>	<b>3,264</b>	<b>9,446</b>

Comparative figures below:

	Direct Cost £'000	Support Cost £'000	Total 2020/21 £'000
<b>Charitable activities</b>			
Fitness to practise (Note 6a.)	3,281	1,625	4,906
Registration	484	459	943
Education & standards	1,279	671	1,950
Policy	226	145	370
Communications	240	140	380
<b>Total</b>	<b>5,510</b>	<b>3,040</b>	<b>8,550</b>

The following table analyses the Fitness to Practise costs:

	2021/22 £'000	2020/21 £'000
<b>6a. Fitness to practise including Legal compliance</b>		
Legal fees on investigations	692	336
Other investigation costs	1,468	1,282
Hearing costs	964	1,025
Dispute mediation	240	228
Legal compliance	327	410
Support costs	1,911	1,625
<b>Total</b>	<b>5,602</b>	<b>4,906</b>

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2021/22 Total £'000
<b>7. Support costs</b>							
Fitness to practise	66	380	427	229	195	614	1,911
Registration	14	78	87	47	40	126	392
Education and Standards	23	132	148	79	67	213	662
Policy	7	37	42	22	19	60	187
Communications	4	22	25	14	11	36	112
<b>Total</b>	<b>114</b>	<b>649</b>	<b>729</b>	<b>391</b>	<b>332</b>	<b>1,049</b>	<b>3,264</b>

Comparative figures below:

	Management £'000	Governance £'000	Facilities £'000	HR £'000	Finance £'000	IT £'000	2020/21 Total £'000
<b>Support costs</b>							
Fitness to practise	52	389	387	201	171	425	1,625
Registration	15	109	109	57	48	121	459
Education and Standards	21	161	160	83	70	176	671
Policy	4	35	35	18	15	38	145
Communications	4	34	33	17	15	37	140
<b>Total</b>	<b>96</b>	<b>728</b>	<b>724</b>	<b>376</b>	<b>319</b>	<b>797</b>	<b>3,040</b>

Governance cost includes fees and expenditure incurred in relation to Council and the committees, external and internal audit fees and staff cost related to supporting the governance activities. Support cost is allocated to different activities on the basis of staff numbers.

The details of the governance cost included under support cost are as follows. Members' fees and expenses include Council (trustees) and committee members costs.



	2021/22 £'000	2020/21 £'000
<b>Governance costs</b>		
Members' fees and expenses	233	252
Staff cost	241	368
External audit fees	21	20
Internal audit fees	24	23
Other governance cost	130	65
<b>Total</b>	<b>649</b>	<b>728</b>

	2021/22 £'000	2020/21 £'000
<b>8. Net income for the year are stated after charging:</b>		
Fees paid to external auditors - haysmacintyre:		
external audit fee	21	17
Internal audit fees	24	23
Depreciation of fixed assets	136	137

	2021/22 £'000	2020/21 £'000
<b>9. Staff costs</b>		
<b>Staff employment costs:</b>		
Salaries	3,884	3,780
Settlements	15	17
National insurance	370	359
Pension costs	346	325
<b>Total</b>	<b>4,615</b>	<b>4,481</b>

<b>Average number of staff</b>	<b>2021/22</b>	<b>2020/21</b>
Chief Executive's office	1	1
Management team	6	6
Fitness to practise	33	30
Registration	7	8
Education, standards & CPD	12	12
Policy and communications	5	5
Governance, compliance, performance reporting	6	6
Corporate services (Facilities, HR, Finance, IT)	17	15
<b>Total</b>	<b>87</b>	<b>83</b>

The number of staff whose taxable emoluments fell into higher salary bands was:

	2021/22	2020/21
£60,000 but under £70,000	5	5
£70,000 but under £80,000	3	3
£80,000 but under £90,000	1	-
£90,000 but under £100,000	2	1
£110,000 but under £120,000	-	-
£130,000 but under £140,000	1	1

During the year, Council paid £82,018 for eleven members of staff in this category (2020/21 £79,522 for ten members of staff) to a defined contribution pension scheme. The trustees (Council members) consider the SMT (see page 28, REFERENCE AND ADMINISTRATIVE DETAIL) to be key management personnel.

The trustees are also paid fees and reimbursed expenses for their travel and subsistence. The details are in table nine. No amounts are paid directly to third parties that are not already disclosed in table nine.

Remuneration and benefits received by key management personnel (SMT) are as follows:

Key management personnel	2021/22 £'000	2020/21 £'000
Gross Pay	528	462
Employer national insurance contributions	60	53
Employer pension contributions	51	46
Benefits	3	3
<b>Total</b>	<b>642</b>	<b>564</b>

	2021/22		
	Fees	Expenses	Total
10. Trustees' expenses	£	£	£
Helen Tilley*	1,423	-	1,423
Glenn Tomison	16,254	-	16,254
Rosie Glazebrook	13,962	-	13,962
David Parkins	13,962	-	13,962
Sinead Burns	13,962	-	13,962
Josie Forte	13,962	-	13,962
Mike Galvin	13,962	-	13,962
Clare Minchington	13,962	-	13,962
Roshni Samra	13,962	-	13,962
Tim Parkinson	13,962	-	13,962
Anne Wright	48,452	-	48,452
Lisa Gerson**	12,799	-	12,799
Frank Munro**	10,382	-	10,382
<b>Total</b>	<b>201,005</b>	<b>-</b>	<b>201,005</b>

<b>Number of trustees</b>	<b>12</b>
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\* Retired during the year

\*\* Appointed during the year.

Comparative figures below.

	2020/21			
Trustees' expenses	Fees £	Fees inc. VAT £	Expenses £	Total £
Gareth Hadley*	52,190	52,190	1,064	53,254
Helen Tilley	17,073	17,073	316	17,389
Scott Mackie	13,962	16,754	-	16,754
Glenn Tomison	13,962	13,962	-	13,962
Rosie Glazebrook	13,962	13,962	-	13,962
David Parkins	13,962	13,962	-	13,962
Sinead Burns	13,962	13,962	-	13,962
Josie Forte	13,962	13,962	-	13,962
Mike Galvin	13,962	15,591	-	15,591
Clare Minchington	13,962	13,962	-	13,962
Roshni Samra	13,962	13,962	-	13,962
Tim Parkinson**	13,387	13,387	-	13,387
Anne Wright**	6,484	6,484	-	6,484
<b>Total</b>	<b>214,792</b>	<b>219,213</b>	<b>1,380</b>	<b>220,593</b>
<b>Number of trustees</b>				<b>12</b>

Opticians Act 1989, schedule 1 of the act, paragraph 11 (2) b allows us to pay fees to trustees for attending Council meetings.

11. Tangible fixed assets	Office, furniture and equipment £'000	Refurbishment £'000	IT hardware £'000	IT software £'000	Capital work-in progress £'000	Total £'000
<b>Cost as at 1 April 2021</b>	304	1,058	274	1,387	163	3,186
<b>Add: Cost of additions</b>	-	-	23	-	10	33
<b>Less: Disposals</b>	-	-	-	-	(102)	(102)
<b>Transfers</b>	-	-	-	71	(71)	-
						56

<b>Total at 31 March 2022</b>	<b>304</b>	<b>1,058</b>	<b>297</b>	<b>1,458</b>	<b>-</b>	<b>3,117</b>
<b>Less: Depreciation</b>						
<b>As at 1 April 2021</b>	(157)	(394)	(229)	(1,387)	-	(2,167)
<b>Charged in the year</b>	(30)	(73)	(27)	(6)	-	(136)
<b>Disposals</b>	-	-	-	-	-	-
<b>Total at 31 March 2022</b>	<b>(187)</b>	<b>(467)</b>	<b>(256)</b>	<b>(1,393)</b>	<b>-</b>	<b>(2,303)</b>
<b>Net book value 31 March 2022</b>	<b>117</b>	<b>591</b>	<b>41</b>	<b>65</b>	<b>-</b>	<b>814</b>
<b>Net Book Value 31 March 2021</b>	<b>148</b>	<b>664</b>	<b>45</b>	<b>-</b>	<b>163</b>	<b>1,019</b>

	<b>2021/22</b>	<b>2020/21</b>
	<b>£'000</b>	<b>£'000</b>
<b>12. Investment</b>		
Investments b/f	8,659	6,766
Additions	1,752	1,690
Disposals	(1,678)	(1,693)
Realised gains	108	263
Unrealised gains	335	1,633
Investments c/f	9,176	8,659
Cash	84	201
<b>Total portfolio</b>	<b>9,260</b>	<b>8,860</b>

Total portfolio includes cash held with equity managers. During the year £46,911 (2020/21 £43,249) was incurred as investment management fees and has been disclosed on the Statement of Financial Activities as Raising Funds.

	<b>2021/22</b>	<b>2020/21</b>
	<b>£'000</b>	<b>£'000</b>
<b>13. Debtors</b>		
Prepayments	391	486
Other debtors	10	37
Accrued income	124	14
<b>Total</b>	<b>525</b>	<b>537</b>

	2021/22 £'000	2020/21 £'000
<b>14. Creditors: Amounts falling due within one year</b>		
Trade creditors	97	111
Deferred income (note 14a)	9,303	9,004
Accruals	906	823
Other tax and social security	129	127
Other creditors	99	84
<b>Total</b>	<b>10,534</b>	<b>10,149</b>

	2021/22 £'000	2020/21 £'000
<b>14a. Deferred income</b>		
At 1 April	9,004	8,914
Amount deferred during the year	9,479	9,065
Amount released to Statement of Financial Activities	(9,180)	(8,975)
<b>Total</b>	<b>9,303</b>	<b>9,004</b>

Accruals include rent accrual amounting to £213,658 (2020/21 £468,655).  
Income from registrant renewal fees received in advance is deferred and will be released as income in 2022/23.

	2021/22 £'000	2020/21 £'000
<b>15. Financial Instruments</b>		
Financial assets measured at fair value	9,260	8,860
Financial assets measured at amortised cost	9,682	8,412
Financial liabilities measured at amortised cost	(1,231)	(1,145)
<b>Net financial assets measured at amortised cost</b>	<b>17,711</b>	<b>16,127</b>

- (a) Financial assets measured at fair value include investments.
- (b) Financial assets measured at amortised cost include short term deposits and cash in hand, trade debtors, other debtors, and accrued income
- (c) Financial liabilities measured at amortised cost include trade creditors, other creditors, and accruals.

	2021 £'000	Income £'000	Expenditure £'000	Transfers / gain / loss £'000	2022 £'000
<b>16. Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	700	-	(217)	217	700
Strategic reserve	2,000	-	(714)	714	2,000

Covid -19 reserve	900	-	-	900	1,800
Infrastructure/dilapidations reserve	500	-	-	750	1,250
<b>Total designated funds</b>	<b>4,100</b>	<b>-</b>	<b>(931)</b>	<b>2,581</b>	<b>5,750</b>
<b>General funds</b>					
Income and expenditure reserve	4,527	10,037	(8,562)	(2,138)	3,863
<b>Total funds</b>	<b>8,627</b>	<b>10,037</b>	<b>(9,494)</b>	<b>443</b>	<b>9,613</b>

Comparative figures below.

	2020	Income	Expenditure	Transfers / gain / loss	2020
	£'000	£'000	£'000	£'000	£'000
<b>Funds</b>					
<b>Unrestricted funds</b>					
<b>Designated funds</b>					
Legal cost reserve	1,624	-	-	(924)	700
Strategic reserve	2,845	-	(371)	(474)	2,000
Covid -19 reserve	-	-	-	900	900
Infrastructure/dilapidations reserve	-	-	-	500	500
<b>Total designated funds</b>	<b>4,469</b>	<b>-</b>	<b>(371)</b>	<b>2</b>	<b>4,100</b>
<b>General funds</b>					
Income and expenditure reserve	1,070	9,785	(8,222)	1,894	4,527
<b>Total funds</b>	<b>5,539</b>	<b>9,785</b>	<b>(8,593)</b>	<b>1,896</b>	<b>8,627</b>

All the reserves are un-restricted. The legal cost reserve is to mitigate the risk of high-value complex cases arising over and above planned levels. The Strategic reserve is held to support the delivery of specific strategic projects and initiatives outlined in the GOC's strategic plan. The COVID-19 reserve is a contingency reserve and is created to mitigate the risk of falling registration income. Infrastructure/dilapidations reserve is set up to build in funds in developing the infrastructure needed should we leave the current premises when lease term expires.

	Unrestricted funds £'000	Total 2021/22 £'000	Total 2020/21 £'000
<b>17. Analysis of net assets by fund</b>			
Tangible fixed assets	814	814	1,019
Investments	9,260	9,260	8,860
Current assets	10,073	10,073	8,897
Current liabilities	(10,534)	(10,534)	(10,149)
<b>Total net assets</b>	<b>9,613</b>	<b>9,613</b>	<b>8,627</b>

### 18. Pension commitments

We operate a defined contribution auto-enrolment pension scheme on behalf of employees. The assets of the scheme are held separately from those of Council in an independently administered fund. The total expense incurred during the year was £345,902 (2020/21 £324,679). There were £67,699 in outstanding contributions in 2021/22, (2020/21 £58,992) included in the balance sheet.

### 19. Commitments under operating leases

At 31 March 2022, the charity had the following future lease payments under operating leases.

Land and buildings	2021/22 £'000	2020/21 £'000
Within one year	620	620
In two to five years inclusive	1,229	1,861
Over five years	-	-

Office Equipment lease	2021/22 £'000	2020/21 £'000
Within one year	28	28
In two to five years inclusive	15	31

The total charge of all operating leases to the statement of financial activities as at 31 March 2022 was £548,220 (2019/20 £556,812).

### 20. Related party transactions

During the year, members of Council receive fees and related expenditure through Council payroll (refer to table ten for details).

The following Council members declared related party transactions during the year:

- David Parkins' spouse, Dr Susan Blakeney is a case examiner. During the year we paid Susan £7,895 in fees for her services.

## 21. Analysis of changes in net debt

	<b>At 1 April 2021 £'000</b>	<b>Cash flows £'000</b>	<b>At 31 March 2022 £'000</b>
Cash and cash equivalents			
Cash	660	1,188	1,848
Cash equivalents	7,700	-	7,700
<b>Total</b>	<b>8,360</b>	<b>1,188</b>	<b>9,548</b>



**COUNCIL****ARC Annual Report****Meeting Date:** 21 September 2022**Status:** For information**Lead Responsibility:** Chair of the Audit, Risk and Finance Committee**Paper Author:** Andy Spragg, Head of Governance**Purpose**

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1. To provide Council with the Audit, Risk and Finance Committee (ARC) annual report 2021-22.

**Recommendation**

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2. Council is asked to **note** the ARC annual report for 2021-22.

**Strategic Objectives**

3. The work of ARC contributes to all three of the organisation's strategic objectives by providing Council with the necessary assurances.

**Background**

4. ARC has a dedicated role in providing assurance to the Council on matters relating to finance and risk. Its annual report is attached as **annex 1**.
5. As part of developing its annual report, ARC Committee members were asked to complete a self assessment form. The summary of these self assessments was reviewed by ARC at its meeting in July 2022, and informed the drafting of the annual report.
6. The annual report has been drafted by the Head of Governance and Chair of ARC. It has been circulated to Committee members, the Chair of Council and the Senior Management Team (SMT) for comment. It was approved at the ARC meeting on 6 September 2022.

**Analysis**

7. An annual report to Council increases the visibility of this assurance role to Council members, the public and registrants. It also supports good governance practice by ensuring that there is a clear mechanism for ARC to report on its activities and findings on a regular basis.

**Finance**

8. There are no financial implications as a result of preparing ARC's annual report.

**Risks**

9. There are no risks associated with preparing an annual report from ARC to Council, and it reflects good governance practice for the Committee to do so.

**Equality Impacts**

10. There are no likely impacts in respect to equalities, diversity and inclusion (EDI) in preparing this report.

**Devolved Nations**

11. There are no specific implications for the devolved nations identified.

**Other Impacts**

12. No other implications or impacts have been identified.

**Communications**

13. The ARC annual report will be circulated to all committee members for information.

**Next Steps**

14. Council is invited to consider possible next steps as required.

**Annexes**

Annex 1 – ARC Annual Report 2021-22

General Optical Council  
Audit, Risk and Finance Committee  
Annual Report  
Year Ended 31 March 2022

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## Message from the Chair

This is the first time the Audit, Risk and Finance Committee (ARC) has presented an annual report of its work to Council. During the year, ARC reports regularly to Council. However, we believe it is helpful for the Committee and Council to stand back and reflect on the key matters we have considered during the year, the themes emerging and the assurance which Council can draw from that work. We also want to look ahead to signpost areas of finance, risk, internal control and governance which we believe warrant the attention of Council for the future.

We welcome feedback on the usefulness of the report as we are unlikely to get it right first time, but we hope this will add to the assurances available to Council to assist members in fulfilling their duties as Trustees of the GOC.

## Introduction

This report presents the activity of the ARC for 2021/22, alongside its assessment of the GOC position in respect to its areas of responsibility. The aim is to produce an annual report to model best practice in respect to governance and assist Council with the necessary assurances with regard to the organisation.

## Purpose

The ARC terms of reference are attached as **annex 1**. Its primary duties are:

- To provide Council with assurances relating to:
  - management of GOC finances
  - management of risk
  - the internal control environment
  - corporate and charity governance
- To appoint, reappoint and remove the external supplier of internal audit services and associated fees
- To approve the internal audit plan
- To approve policies relating to the following:
  - Financial regulations
  - Working Capital
  - Annual accounting
  - Risk management

- Contracts and procurement
- Information Governance
- Anti-financial crime
- Credit cards
- To advise Council on:
  - the accounts/financial statements and the annual report of the organisation
  - the proposed budget and financial performance reports
  - the appointment, reappointment and removal of the external auditors
  - the external audit fee and other fees for audit and non-audit services
  - the Reserves Policy
  - the Risk Appetite statement
- To approve the external audit terms of engagement.
- To approve the external audit annual plan.
- To approve the statements to be included in the annual report concerning internal controls and risk management.
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

ARC does this through a combination of regular reporting, deep dives, and specific work throughout the year.

The annual report provides Council with:

- An account of how ARC has fulfilled its responsibilities in 2021/22
- A self-assessment of the strength and capacity of the ARC membership regarding the required skills and expertise to adequately fulfil its functions.
- An evaluation of the organisation's performance in respect to internal and external audit, and the corporate control environment.
- Areas for future consideration both by Council and its committees.

## Our activity in 2021/22

ARC met six times in 2021/22. The committee also held a development session in February 2022. A list of agenda items is attached as **annex 2**. The committee divided its meetings, so the agenda focussed alternately on risk or financial performance through the year. This was the first year this new format was adopted and it worked well, allowing greater focus and more space for discussion. Matters requiring urgent consideration were not bound by this alternate focus and the Chair exercised discretion to ensure time-critical matters were not unduly delayed.

The key areas of focus for 2021/22 were:

- Internal Audit –received the Head of Internal Audit’s Annual Opinion for 2020/21 in May 2021. The opinion concluded that the GOC has reasonable and effective risk management, control and governance processes in place. The 2021/22 internal audit plan was fully delivered within the year and included key risk areas of Cyber Security; Integrity of the Register; and Fitness to Practice. The internal audit plan for 2022/23 was approved by the Committee in January 2022.
- Fit for the Future – Reviewed and challenged the approach to change management and the governance processes for this strategic initiative as it established its portfolio and programme structures.
- Risk Management - Reviewed a new Risk Policy and Risk Appetite Statement which was approved by Council in July 2022. Deep dives into the risk registers for Facilities, Finance, Governance, IT and Digital Delivery were conducted.
- Finances – Detailed review of regular finance performance and interrogation of forecasting assumptions throughout the year.
- Annual Report and Accounts 2020-21 – Reviewed in detail by the committee and recommended for approval by Council in Sept 2021.

## Chair’s opinion to Council

I consider that ARC discharged its responsibilities over the past year. The Committee covered a broad range of issues relating to finance, risk, governance, and internal control. This work supported the Council and executive as the GOC faced the challenges of ongoing disruption due to the pandemic, implementation of an ambitious strategy to 2025 and a shifting regulatory landscape. I am grateful for the contribution and support of my fellow committee members.

## Committee Self-Assessment

ARC members were asked to complete the National Audit Office ‘Audit and Risk Assurance Committee Effectiveness Checklist’ (November 2017, an updated checklist has been published May 2022 and will be used in future self-assessments). The Head of Governance has reviewed the self-assessments and provided the following summary feedback:

- Reliance on one or two individuals in the organisation meant resilience could be a challenge.
- External expertise could bring additional value in some instances.
- The Committee indicated Fitness to Practice as an area it would wish additional assurance on in 2022-23, referencing the Professional Standards Authority (PSA) standards for regulators.

- The Committee identified cyber-security as an area of ongoing focus in light of the potential impact and possible harm to the organisation, registrants and the public.
- A regular review of anti-fraud and corruption safeguards would be welcome.
- The Committee wanted to continue to review the governance structure around business cases, project planning and delivery.

There were no identified concerns with respect to the Committee's knowledge, skills and expertise. It will continue to monitor this in future years and report back to Council to inform the recruitment and appointment processes as required.

## Forward look

ARC identified three areas for particular focus in 2022/23:

1. To continue to review the governance and performance of the Fit for the Future change programmes to ensure programme objectives and benefits are realised.
2. The current economic uncertainty generated by the post-pandemic recovery, conflicts in Ukraine and the cost-of-living crisis mean that ARC will closely monitor how the GOC manages financial risk and its use of reserves. The external auditor has also highlighted that the uncertainty generated by the legislative reform has consequences for forecasting accurately, and ARC will be reviewing how the Executive has taken account of this in its budget preparations.
3. Increased Cyber Security risks and the actions GOC are taking to review their key operational Cyber Security arrangements and take appropriate remedial action.

ARC members have also encouraged the executive to review the approach to developing the Annual Report and Accounts so it can become a showcase for the work of the GOC. The Committee will work with the executive to create an engaging and impactful Annual Report and Accounts for 22/23.



## **AUDIT, RISK & FINANCE COMMITTEE - TERMS OF REFERENCE**

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### **1. Purpose**

1.1. Council has established an Audit, Risk and Finance Committee, under delegated powers from Council, with the remit set out below:

- To provide Council with assurances relating to:
  - management of GOC finances
  - management of risk
  - the internal control environment
  - corporate and charity governance
- To appoint, reappoint and remove the external supplier of internal audit services and associated fees;
- To approve the internal audit plan;
- To approve policies relating to the following:
  - Financial regulations
  - Working Capital
  - Annual accounting
  - Risk management
  - Contracts and procurement
  - Information Governance
  - Anti-financial crime
  - Credit cards
- To advise Council on:
  - the accounts/financial statements and the annual report of the organisation;
  - the proposed budget and financial performance reports;
  - the appointment, reappointment and removal of the external auditors;
  - the external audit fee and other fees for audit and non-audit services;
  - the Reserves Policy;
  - the Risk Appetite statement.
- To approve the external audit terms of engagement;
- To approve the external audit annual plan;
- To approve the statements to be included in the annual report concerning internal controls and risk management.
- To ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

## **ARC(50)22 Annex 1b**

### **2. Membership, Chair, Secretary and Quorum**

- 2.1. The Committee will have up to five members, including four Council members and one independent<sup>1</sup> member. The quorum necessary for the transaction of business will be three members. In the instance of a tied vote, the Chair will have the casting vote.
- 2.2. The Chair and the independent member should have appropriate audit, governance or risk management experience.
- 2.3. The Chair will be appointed by Council for a fixed period of four years, extendable by one further reappointment for up to four years. Remaining Council members will be appointed by Council, in consultation with the Committee Chair, for a fixed period of four years, extendable by one further reappointment for up to four years.
- 2.4. The independent member will be appointed by the Nominations Committee for a fixed period of four years, followed by one further reappointment of four years.

### **3. Frequency and Notice of Meetings**

- 3.1. The Committee will meet at least four times during each financial year.
- 3.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date together with an agenda of items to be discussed and supporting papers, will be forwarded to each member of the Committee and any other person required to attend, no later than five working days before the date of the meeting.

### **4. Minutes of Meetings**

- 4.1. The secretary will minute the discussion, decisions and actions of all meetings of the Committee, including recording the names of those in attendance.
- 4.2. Draft minutes of Committee meetings will be circulated promptly to all members of the Committee once agreed by the Committee Chair and formally approved at the following meeting.

### **5. Accountability & Reporting Responsibilities**

- 5.1. The Committee is accountable to Council.
- 5.2. The draft minutes of meetings will be circulated to the next Strictly Confidential Council meeting.

### **6. Other**

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<sup>1</sup> a person who is able to provide a credible and unbiased perspective, who is not a GOC employee or a member of Council or any of its statutory committees and who is not and never has been a registrant of the GOC or an employee of a registrant of the GOC.

## **ARC(50)22 Annex 1b**

- 6.1. The Committee will fully review its effectiveness, including how it is performing against its terms of reference, on an annual basis and report the results to Council.
  - 6.2. The Committee will review its terms of reference and recommend any changes it considers necessary to Council at least every three years.
- 7. Authority**
- 7.1 The Committee is authorised by Council to seek such information as it may reasonably require from any employee or member of Council to fulfil its remit.

## Appendix 1: Duties of the Audit, Risk & Finance Committee

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1. Financial Management and Reporting – The Committee will:
  - 1.1 provide assurance to Council that there is a suitable mechanism in place for budget setting for each financial year;
  - 1.2 review the statutory annual report and financial statements prior to their submission to Council for approval, focusing particularly on the Governance Statement, changes in and compliance with relevant accounting policies and practice, unadjusted mis-statements, major judgmental areas, level of error identified, significant adjustments resulting from the audit and managements letters of representation and advise Council accordingly as to whether, when taken as a whole, they are a fair, balanced and understandable and provide the necessary information to assess performance;
  - 1.3 review and challenge (if/where necessary):
    - the consistency of accounting policies;
    - the methods used to account for significant or unusual transactions;
    - whether appropriate accounting standards have been followed and appropriate estimates and judgements have been made, taking into account the views of the external auditor;
  - 1.4 review and challenge as appropriate the proposed budget in advance of each financial year and report its opinion to Council prior to the budget being considered by Council;
  - 1.5 review and challenge as appropriate the quarterly financial performance reports prior to presentation to Council; provide assurance to Council as to their content; and advise Council as to any issues of which it should be aware and any action required;
  - 1.6 review the adequacy of and approve any changes to the following finance related policies and procedures by ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each:
    - Contracts and Procurement;
    - Credit Cards (use of); and
    - Working Capital.
  - 1.7 review the adequacy of and changes to the following finance related policies and procedures by ensuring each is effective, consistent with Council's view and provides assurance as to the appropriateness and robustness of each before recommending

## ARC(50)22 Annex 1b

their approval by Council:

- Reserves policy.

### 2. Internal Audit – The Committee will:

- 2.1 approve the appointment, re-appointment and removal of the external provider of the internal audit function;
- 2.2 oversee the selection process for an external provider to provide the internal audit function and, if such provider resigns, investigate the issues leading to this, decide whether any action is required and advise Council;
- 2.3 monitor and review the effectiveness of the internal audit function;
- 2.4 ensure that the internal audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 2.5 review and approve the annual internal audit plan to ensure it is aligned with the key risks of the GOC;
- 2.6 approve the internal audit annual fee;
- 2.7 oversee the co-ordination of activities with the external audit function to ensure effective operation and to avoid duplication;
- 2.8 receive reports of internal audit work, review and monitor the Executive's response to the findings and recommendations of the internal auditor (priority one recommendations in detail at each meeting, with a particular focus on recommendations that have been deferred or are on hold, and other recommendations in detail annually), form a view on how well they reflect the organisation's risk exposure and provide assurance to Council focusing on the highest priority items;
- 2.9 meet with the head of internal audit at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from audits and progress with recommendations; and
- 2.10 ensure that the head of internal audit has direct access to the Chairs of Council and the Committee.

### 3. External Audit – The Committee will:

- 3.1 oversee the relationship with the external auditor including (but not limited to):
  - 3.1.1 make recommendations to Council on the appointment, re- appointment and removal of the GOC external auditors;

## ARC(50)22 Annex 1b

- 3.1.2 oversee the tendering process for an external audit provider ensuring that all tendering firms have access as is necessary to relevant information and individuals for the duration of the tendering process;
- 3.1.3 investigate the issues leading to the resignation of an external audit provider, decide whether any action is required and advise Council;
- 3.1.4 negotiate the external audit fee and make recommendations to Council on such remuneration;
- 3.1.5 negotiate other fees for audit or non-audit services and make recommendations to Council;
- 3.1.6 approve their terms of engagement, including the content of any engagement letter issued at the start of each audit and the scope of the audit;
- 3.1.7 review and approve the annual audit plan and ensure consistency with the scope of the audit engagement;
- 3.1.8 annually assess their independence, effectiveness and objectivity taking into account relevant UK law, professional and regulatory requirements and the Ethical Standard;
- 3.1.9 satisfy itself that there are no relationships (family, employment, investment, financial or business) between the auditor and the General Optical Council (other than in the ordinary course of business);
- 3.1.10 ensure that the external audit function has unrestricted scope, the necessary resources and access to information to enable it to perform its function effectively with adequate standing which is free from management interference in accordance with the appropriate professional standards for auditors;
- 3.2 monitor and review the effectiveness of the external audit function as appointed by Council and the relationship with the auditor as a whole;
- 3.3 meet with the external auditor at the planning stage before the audit and once after the audit at the reporting stage;
- 3.4 oversee the co-ordination of activities with the internal audit function to ensure effective operation and to avoid duplication;
- 3.5 meet with the external auditor at least once per year, without the Executive present, to discuss their remit, the effectiveness of their function, issues arising from the audit and progress with recommendations;
- 3.6 review the findings of the audit with the external auditor which will include (but is not limited to) a discussion of any major issues which

## ARC(50)22 Annex 1b

- arose during the audit, any accounting and audit judgments, levels of error identified during the audit and the effectiveness of the audit and advise Council on the assurances provided by the audit;
- 3.7 review any representation letter(s) requested by the external auditors before they are signed by the Executive and/or Council;
  - 3.8 review the external audit findings report and the Executive's response to the auditors findings and recommendations and action plan;
  - 3.9 ensure that the head of external audit has direct access to the Chairs of Council and the Committee; and
  - 3.10 review the external audit report on 'decisions of the Investigation committee and Fitness to Practise committee' and highlight any learning points or areas of concern to Council.
4. Governance – The Committee will:
- 4.1 review on an annual basis:
    - 4.1.1 patterns and trends in corporate complaints which includes instances where the Acceptable Behaviour policy has been implemented in order to provide assurance to Council that processes are operating effectively;
    - 4.1.2 the GOC Policy Log in order to provide assurance to Council that work in this area is progressing;
    - 4.1.3 information governance in order to provide assurance to Council that work in this area is progressing (including review of completed and planned actions, effectiveness of the GOC information governance framework, completion of mandatory training and data on freedom of information and subject access requests;
  - 4.2 report annually to Council on the work the Committee has undertaken during the previous year;
  - 4.3 review the adequacy and robustness of key performance measures being used to report performance to Council;
  - 4.4 review the adequacy of and approve any changes to the Information governance framework;
  - 4.5 annually review the GOC Register of Interests and Register of Gifts and Hospitality.
5. Risk Management and the Control Environment – The Committee will:
- 5.1 review the Corporate Risk Register on a quarterly basis, focusing on the highest risk areas, and advise Council on any current risk exposures (identified and potential), changes to risk scores and the adequacy of proposed action/mitigations in order to provide

## ARC(50)22 Annex 1b

- assurance to Council that the risk register is operating effectively and in line with Council's expressed risk appetite and tolerance;
- 5.2 review the Departmental Risk Registers on an annual rolling basis, until such time as the Committee considers there to be an effective risk management system in place and fully embedded, focusing on the highest risk areas, and advise Council on any material changes to risk scores, concerns in relation to proposed actions/mitigations in order to provide assurance to Council that the Directorate Risk Registers are operating effectively;
  - 5.3 advise Council as to which risk areas it should explore in depth;
  - 5.4 review the adequacy of the guidance provided to employees on how to populate the risk registers (corporate and directorate), including scoring, mitigations and planned actions in order to provide assurance to Council that the system is working effectively;
  - 5.5 obtain assurance from the internal auditors that the control environment arrangements in place are effective;
  - 5.6 review and approve the statements to be included in the annual report concerning internal controls and risk management;
  - 5.7 review and critically challenge the adequacy and effectiveness of internal financial controls and internal control and risk management systems in order to provide assurance to Council that the arrangements in place are robust and actively working;
  - 5.8 review the adequacy of and approve any changes to the following internal control related policies:
    - risk management policy; and
    - anti-financial crime.
  - 5.9 review the adequacy of and approve any changes to the Risk Appetite statement before approval by Council;
  - 5.10 review the adequacy and robustness of the Business Continuity Plan, ensuring it is effective, consistent with Council's view and provides the necessary assurances;
  - 5.11 review the annual Health & Safety compliance report;
  - 5.12 receive a quarterly exceptions report, which will include matters requiring reporting to the Charity Commission as 'serious incidents', covering:
    - 5.12.1 breaches of or exceptions to any of the policies that are approved by Council or its committees;
    - 5.12.2 material changes to policies approved by the Executive;
    - 5.12.3 non-financial theft or loss which has created or may create a significant risk;
    - 5.12.4 security incidents which have created or may create a significant risk;



## **ARC(50)22 Annex 1b**

- 5.12.5 data breaches requiring reporting to the Information Commissioner's Office;
  - 5.12.6 incidents requiring reporting to the Health and Safety Executive in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013;
  - 5.12.7 new or intended litigation;
  - 5.12.8 waiver of standing orders;
  - 5.12.9 exceptional financial actions such as losses being written off or special payments being made;
  - 5.12.10 financial crimes such as fraud, theft or money laundering;
  - 5.12.11 significant financial loss;
  - 5.12.12 large donations from an unknown or unverifiable source or suspicious financial activity using the charity's funds;
  - 5.12.13 new insurance claims;
  - 5.12.14 links to terrorism or extremism, including proscribed organisations or individuals subject to an asset freeze; and
  - 5.12.15 other significant incidents such as disqualified trustees; insolvency; forced withdrawal of banking services; suspicions, allegations or incidents of abuse; or actual/suspected criminal activity.
6. Advise Council on any other areas of its work which the Committee believes is part of its role.

## Legislative reform programme: call for evidence

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**Meeting:** 21 September 2022

**Status:** For decision

**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)

**Paper Author(s):** Marie Bunby (Acting Head of Policy, Strategy and Co-Production)

**Council Lead(s):** David Parkins

### Purpose

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1. To provide Council with an update on our call for evidence on the Opticians Act 1989 (“the Act”) as part of our wider legislative reform programme.

### Recommendations

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2. Council is asked to:

- note our update on the call for evidence on the Act;
- approve our proposed timescale and next steps;
- approve the reallocation of the previously approved expenditure from the strategic reserves (see paragraph 13 for further detail); and

delegate approval of the business cases/proposals to the Chief Executive and Registrar (in consultation with the Chair of Council) as we work up our detailed proposals for further research.

### Strategic objective

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3. The legislative reform project work is included in the business plan for 2022/23, which supports our strategic objective of delivering world-class regulatory practice.

### Background

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4. As part of the programme of work to reform the regulation of healthcare professionals, we have been engaging with the Department of Health and Social Care (DHSC) and the other healthcare regulators to review the draft legislation for the General Medical Council (GMC) – we understand that this will be used as a blueprint for the other healthcare regulators’ legislation. We have been advised that the DHSC now intends to separate out legislation to regulate physician associates and anaesthesia associates from the wider reform of regulation for the GMC, with the timetable introducing the former legislation likely to be laid in Parliament in the second half of 2023. It is not yet clear what the timetable is for laying the legislation for the wider reform of the GMC’s regulation and what the impact will be on any amendments to our own legislation.
5. As Council will be aware, we have decided to use the opportunity of the DHSC-led reforms to carry out our own review of the Act. As a first step in this process, we

6 September 2022

issued a [call for evidence](#) on 28 March 2022 to engage with stakeholders and encourage them to submit evidence to help us consider whether the Act is fit for purpose and whether there is any evidence of impact (positive or negative) to support any changes to the Act. We combined this with a consultation on associated GOC policies, specifically whether we should amend or remove our [2013 statement on testing of sight](#) which provides that refraction cannot be delegated for the purposes of a sight test.

## Analysis

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6. The call for evidence and consultation closed on 18 July 2022. We received 352 responses which included just under 8,000 individual comments. Respondents included 289 individual registrants (182 optometrists, 76 dispensing opticians and 20 contact lens opticians, seven student optometrists and four student dispensing opticians), ten business registrants / employers, six members of the public / optical patients, four education providers, 23 professional bodies representing registrants and four bodies representing the public/patients. We are still waiting for one more response from a key stakeholder that requested an extension.

We are in the process of analysing the responses and are carrying out the analysis in-house. We are near to completion with the sections on: business regulation; testing of sight; and the fitting of contact lenses. We are in the process of analysing the other sections on: objectives for legislative reform; protection of title, restricted activities and registers; sale and supply of optical appliances; and delivery of remote care and technology.

7. We are carefully considering the evidence and views that we have received, analysing the need and strength of the case for any changes, and reviewing where there are gaps in evidence that might require further research.
8. We are not asking Council to discuss, agree or consider the responses or agree policy positions at this stage, but rather we are asking them to consider our proposals for next steps based on the executive's initial review and to agree to collect additional evidence to support Council's future decision-making. Based on our review of the evidence so far, there are two areas where we have identified gaps in evidence and would like to carry out further research:
- refraction for the purposes of the sight test: this is an area which may not require legislative change to implement as it relates to our 2013 [statement on testing of sight](#). We think that further research is needed to understand more about:
    - the public perspective – we have heard from patient representative groups such as eye health charities. We would like to hear more from individual patients, particularly those in under-represented groups (such as those with learning disabilities or visual impairment), and the consumer/general public perspective;
    - the clinical perspective – we would like to understand more about the possible impacts on patient care if the refraction, binocular vision and eye health checks are not carried out by the same person, even if under

oversight of an optometrist or registered medical practitioner; we would also like to understand more about the role of orthoptists, particularly in hospital settings;

- the international perspective – we would like to learn more from countries where the refraction and eye health checks are not carried out by the same person, particularly the rates of preventable sight loss; and
- business regulation: our evidence base from the 2013 consultation is nearly a decade old. We wish to commission research to help us understand more about the business landscape that is beyond our current remit – this could include who the businesses are, how many there are, what services they carry out, and potential risks of their business model. Future approaches to business regulation need to be explored in depth ahead of further consultation, including the issues relating to business and ownership structures, supervision (including the possible role of inspections within this), sanctions, access to consumer redress and registration fees charged to optical businesses.

9. We will continue to review the evidence as we continue with the analysis and will identify any other areas where we think further research is required. At this point in time, we would be grateful for Council's views on whether these areas are the right ones to focus on initially and whether Council agrees with the proposals for funding further research. We would also be grateful for Council's views on the timescales outlined in the section on next steps.

## Finance

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10. We have £45,000 set aside for research associated with the call for evidence in the budget for 2022/23. We also have £20,000 in the budget for use with a patient panel which we intend to use for this programme of work.
11. In addition, we previously requested funding from the strategic reserves for the legislative reform programme – £15,000 for analysis of the call for evidence and £60,000 for an enhanced consultation on legislative change (research activities with key stakeholders and external analysis of the consultation responses). We would like to reallocate part of this funding, as we are carrying out the analysis in-house and will not be in a position to carry out further consultation by the end of this financial year. We would therefore like to use these funds to carry out further research in the areas that we have identified above, to add to the funds that we have already set aside for research.
12. We are asking Council to:
- approve the reallocation of the previously approved expenditure from the strategic reserves for analysis of the call for evidence (£15K) and an enhanced consultation on legislative change (£60K) to research described above; and
  - delegate approval of the business cases/proposals to the Chief Executive and Registrar (in consultation with the Chair of Council) as we work up our detailed proposals for further research.

## Risks

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13. If we are not well prepared to proceed with legislative change then we may miss the opportunity to progress with reform of the Act.
14. There are contentious areas of policy carrying some risk of legal challenge.

## Equality Impacts

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15. We have completed an initial top line impact assessment. However, as part of the call for evidence we have asked stakeholders for their feedback on impacts, including equality and diversity impacts, and financial impacts. We will carry out a more detailed impact assessment for any policy proposals going forward.

## Devolved nations

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16. We are a UK wide regulator and any legislative changes will therefore apply across all the nations. We have engaged with stakeholders across the nations (including the devolved governments) and will continue to do so as progress this area of work.

## Communications

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### External communications

17. We published a [press release](#) the day after the consultation closed, thanking stakeholders for responding to the consultation and setting out next steps. We will continue to keep stakeholders updated at appropriate intervals as we move forward.

### Internal communications

18. There is no need for further internal communications at this stage of the call for evidence. We will keep staff updated as this project progresses.

### Next steps

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19. We will continue with our analysis of the remaining topics of the call for evidence and consultation. We will discuss relevant topics from the call for evidence and consultation with our statutory committees at our Advisory Panel meeting in October 2022 and at our Council strategy day in November 2022.
20. We will develop proposals for further research throughout September 2022, with the intention of commissioning the research by early October 2022 and a delivery timescale of mid-January 2023.
21. We intend to be in a position to publish the GOC response to the consultation (a report that summarises and analyses the findings, setting out our view on the findings where we are in a position to do so) after Council in March 2023.

22. If we consider changes to legislation or GOC policy are necessary and can be evidenced, we will develop business cases and carry out further public and targeted stakeholder consultation activities on our proposals.
23. We will also respond to the DHSC consultation on the GMC's draft legislation as part of the wider legislative reform programme.

# Internal Business Plan - 2022/23

## Q1 update

### Exceptions Report

(**Critical** and **Essential** activities only)

# Case Progression

All critical and essential Q1 activities are green

## Legal

All critical and essential Q1 activities are green

## IT

All Q1 activities are green

## CPD

All Q1 activities are green



# Education

All Q1 activities are green

# Legislative Reform

All Q1 activities are green

# Policy & Standards

All Q1 activities are green

# Facilities

All Q1 activities are green

# Finance

All Q1 activities are green

# HR

All Q1 activities are green

# Registration

All Q1 activities are green

# Hearings

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Timeliness in fitness to practise (hearings)	BAU	Q1-Q4	● Essential	<p>Improved timeliness:</p> <ul style="list-style-type: none"> <li>- 90% of all cases will conclude first time</li> <li>- 85% of substantive cases will conclude first time</li> <li>- 90% of hearing dates utilised</li> <li>- 75% of all substantive hearings will be scheduled within 28 weeks of disclosure</li> </ul>		<p><b>Why amber/red:</b> 34% of substantive matters are concluding first time against an 85% objective due to a high number of cases going part-heard – 10 in the first quarter of this year. Due to ongoing resourcing challenges since October 2021, we have not been in a position to address these issues; we will be able to analyse and address these in Q2 of 2022/23.</p> <p><b>How we will get back to green:</b> A review of the case management process is underway, which has a greater emphasis on part-heard cases. Following an initial review of the 20 part-heard cases, discussions with various stakeholders (FtPC, DSG, and LAs) are being arranged during July and August to understand the causes of these delays and identify what we need to do to ensure more accurate time-estimates</p> <p>As an interim measure the scheduling team are adding proportionate days to all substantive listings as a matter of course. This may increase member costs but is a necessary and proportionate short-term trade off to losing months with cases going part-heard</p>

# Change

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Establishment of Change Directorate	BAU	Q1	● Critical	Recruitment of team completed in Q4 2021/22		<p><b>Why amber/red:</b> The CMOP team experienced recruitment challenges to the Project Manager and Business Analyst roles. As of August 2022, the team are fully recruited with the exception of the Business Analyst.</p> <p><b>How we will get back to green:</b> Short-term vs fixed-term solution to recruitment is being explored given digital projects require BA support in particular.</p>
Governance structures	BAU	Q2	● Critical	Ensure governance arrangements are in place to support at portfolio and project level		<p><b>Why amber/red:</b> Internal governance in place. ARC action to further provide more detailed content regarding assurance of the Governance and how it will work effectively.</p> <p><b>How we will get back to green:</b> ARC paper being prepared for Sept to detail the Governance structures and arrangements for assurance.</p>
Facilitate redesign of processes	BAU	Q3	● Essential	To ensure that internal processes are lean and involve all impacted		<p><b>Why amber/red:</b> Work in progress. Continued support in facilitating teams redesigning processes to include process mapping of current and 'as is' functions. Business analyst role to be recruited to support this</p> <p><b>How we will get back to green:</b> Recruit to BA function and facilitate training within the organisation as appropriate. Use project gateway criteria and programme outcomes to establish impact.</p>




# Comms

Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
Completion of communication timeline to support all BAU and project work	BAU	Q1	<ul style="list-style-type: none"> <li>• Essential</li> </ul>	Meetings with heads and delivery of an organisational timeline by end Q1		<p><b>Why amber/red:</b> This is part of the communications and engagement strategy which is underway but has been delayed due to resourcing</p> <p><b>How we will get back to green</b> The strategy and plan will be revised under Vikki Julian's leadership and communication will continue</p>




# Governance




Activity	BAU/Project	Timing	Priority	Success Measures	RAG	Comments
<p>Mandatory training roll-out to include:</p> <ul style="list-style-type: none"> <li>- EDI</li> <li>- GDPR</li> <li>- Management of Interests</li> <li>- Gifts and Hospitality</li> <li>- Whistleblowing</li> </ul>	Continuous Improvement Project	Q1-Q4	<ul style="list-style-type: none"> <li>● Critical</li> </ul>	All members, staff, and workers have an understanding of EDI, GDPR, and Compliance.		<p><b>Why amber/red:</b> Capacity in team due to staff absence and appointment of new Head of Governance</p> <p><b>How we will get back to green:</b></p> <ul style="list-style-type: none"> <li>• Proposals for Management of Interests/Gifts and Hospitality Training scheduled for SMT consideration in August for delivery in Q2-Q3.</li> <li>• EDI training proposals being developed for Q2.</li> <li>• GDPR training for Council and Committee Members to be developed Q3.</li> </ul>
<p>Provide staff advice, guidance, induction and training – including EDI, Corporate Complaints, GDPR, Impact Assessments</p>	BAU	Q1-Q4	<ul style="list-style-type: none"> <li>● Essential</li> </ul>	<ul style="list-style-type: none"> <li>- Training carried out within first month of appointment</li> <li>- Positive feedback from staff</li> </ul>		<p><b>Why amber/red:</b> Capacity in team due to staff absence has meant delays in induction sessions for GDPR. Additional courses for mandatory IT training module of GDPR needed procuring.</p> <p><b>How we will get back to green:</b></p> <ul style="list-style-type: none"> <li>• Staff will have "mop-up" sessions for GDPR inductions over the summer.</li> <li>• GDPR courses purchased</li> <li>• Corporate Complaints item on next all-staff meeting agenda</li> <li>• EDI training under development</li> </ul>





# Quarterly Performance Dashboard – 2022/23


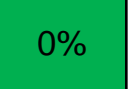

	Better than last quarter
	Roughly same as last quarter
	Worse than last quarter

Off track
At risk
On track

FINANCE	Q1	Q2	Q3	Q4
<b>Budget</b> Operate within budget – Tolerance is ±10%	 +3%*			
<b>Reserves</b> Operate within our reserves policy – Tolerance is ±10%	 0%			
<b>Change</b> Deliver agreed planned strategic investment – Tolerance is ±10%	 +45%			

CUSTOMER	Q1	Q2	Q3	Q4
<b>FTP timely updates</b> Customers who receive an update every 12 weeks – Target is ≥90%	 94%			
<b>Registration</b> Application forms completed – Target is ≥90%	 98%			
<b>Education quality of CPD provision</b> CPD provision meets registrant expectations – Target is ≥90%	 93%			

PEOPLE	Q1	Q2	Q3	Q4
<b>Investment in People</b> Planned events realised – Target is ≥90%	 none			
<b>Turnover</b> Staff turnover – Target is ≤17% (excluding FTCs ending)	 28%			
<b>Vacancy Rate</b> Staff vacancies – Target is ±10% of total headcount (not FTE)	 8.8%			
<b>Engagement Index</b> Staff engagement score – Target is to achieve an upward trend				

PERFORMANCE	Q1	Q2	Q3	Q4
<b>FTP Timeliness</b> FTP cases resolved within 78 weeks (rolling median) – Target is ≥60%	 60%			
<b>Education</b> Approved qualifications adapted to meet new education and training requirements – Target is 100% by September 2025 (apart from CoO SfR)	 0%			
<b>Registration Quality &amp; Accuracy</b> Overall accuracy – Target is ≥98%	 99%			

KPI	Information about current status	Budget implications	Associated risks
<b>Budget</b> Operate within budget – Tolerance is ±10%	<u>How we will get back to green:</u> <ul style="list-style-type: none"> <li>*Current performance before unrealised investment losses is in line with the budget. However, adverse performance in our investment portfolio have resulted in higher (unrealised) deficits than expected.</li> <li>Getting back to green for the overall budget including inclusion of unrealised investment losses would be a challenge due to external impacts on investment value and market volatility, alongside economic performance, inflation etc.</li> <li>However, increasing efficiencies and re-prioritising operations will enable us to control what we can. Our investment performance is also measured over a longer timescale and the need to realise funds is carefully planned with draw down needs not anticipated until Q3 2023/24</li> </ul>	<ul style="list-style-type: none"> <li>Increased deficit due to high, unrealised investment losses.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce the reserves and risk of not having adequate reserves to carry out planned operations including projects.</li> </ul>
<b>Reserves</b> Operate within our reserves policy – Tolerance is ±10%	<u>How we will get back to green:</u> <ul style="list-style-type: none"> <li>Although the category is green, there may be material impacts due to increased deficit as stated above.</li> <li>Impacts are from external through reducing investment value.</li> <li>GOC will not be able to manage these impacts through reduced market value of investments, but need to be focussed on Yrs 1-2 reserve levels.</li> </ul>	<ul style="list-style-type: none"> <li>Not having enough reserves for certain reserve categories.</li> </ul>	<ul style="list-style-type: none"> <li>Not able to carry out plans as per forecast.</li> </ul>
<b>Change</b> Deliver agreed planned strategic investment – Tolerance is ±10%	<u>How we will get back to green:</u> <ul style="list-style-type: none"> <li>Change programme not scoped completely by end of Q1. Budget was created at high level in February; this will get rectified through Q1 forecast. There were staffing vacancies, non-scoped budget items resulting in the large variance.</li> </ul>	<ul style="list-style-type: none"> <li>Some planned activities will reduce the budget with scoping</li> </ul>	<ul style="list-style-type: none"> <li>Delays of activities</li> </ul>
<b>Investment in People</b> Planned events realised – Target is ≥90%	<u>How we will get back to green:</u> <ul style="list-style-type: none"> <li>Output from appraisals being collated to form basis for investment.</li> </ul>	<ul style="list-style-type: none"> <li>Underspend on training</li> </ul>	<ul style="list-style-type: none"> <li>Disengagement from under investment in people</li> </ul>
<b>Turnover</b> Staff turnover – Target is ≤17% (excluding FTCs ending)	<u>How we will get back to green:</u> <ul style="list-style-type: none"> <li>Improved analysis of figures to remove short-term roles and provide clearer insight into trends</li> <li>Turnover rates have risen due to a number of short term/agency staff leaving along with high recruitment levels. This is expected to stabilise in the next quarter with a reduction in turnover to follow. If agency and short term FTCs are removed from the calculation turnover reduces to 17%</li> </ul>	<ul style="list-style-type: none"> <li>Increased recruitment spend</li> </ul>	<ul style="list-style-type: none"> <li>Loss of high-performing or critical staff</li> <li>Impact on performance and productivity</li> </ul>
<b>FTP Timeliness</b> FTP cases resolved within 78 weeks (rolling median) – Target is ≥60%	<ul style="list-style-type: none"> <li>Currently green, and the underlying direction of travel in FtP is positive and we have met the balanced scorecard objective of 60% of all closures (including those closed by case examiners) occurring within 78 weeks with a median of 76 weeks.</li> <li>However, we do not want this to mask the fact that our end-to-end closure median (only those cases closed by an FtPC) continues to rise as our very aged cases moving through to committee conclusion. At the end of Q1, this sits at 188 weeks following the closure of a 358 week old case in June. By the end of July, two of our oldest cases will close at 503 and 210 weeks respectively.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>
<b>Education</b> Approved qualifications adapted to meet new education and training requirements – Target is 100% by September 2025 (apart from CoO SfR)	<ul style="list-style-type: none"> <li>Whilst at 0%, this is green as we are on track with two adaptation notifications received and being processed, and aware of dates of submissions for other providers and plans for all those due to offer adapted programmes from September 2022 through to September 2024.</li> <li>Plans for those adapting later will be discussed at provider meetings, which are due to be scheduled for the 2022/23 academic year.</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



**Council**

**Financial performance report for the period ending 30 June 2022**

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**Meeting:** 21 September 2022

**Status:** for noting

**Lead responsibility:** Yeslin Gearty  
(Director of Corporate Services)

**Paper author:** Manori Wickremasinghe  
(Head of Finance)

**Purpose**

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To provide a summary of the latest quarterly financial reports.

**Recommendations**

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1. Council is asked to:
  - **note** the financial performance for the three months ending 30 June 2022 in Annex one

**Strategic objective**

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2. This report is relevant to delivery of all our strategic objectives.

**Background**

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3. The quarterly financial report ensures that our financial performance is consistent with approved budget for 2022/23.

**Analysis**

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4. The June 2022 financial performance showed a surplus of £466k on business-as-usual activities and £80k before portfolio gains/losses. The report compares these results to the approved budget. New projects yet to be scoped, staff vacancies, and savings have all contributed to the surplus. A detailed analysis of performance is included in the report (Annex One).
5. Current market volatility on portfolio and economic conditions will continue to impact the financial performance, which SMT is reviewing closely.

**Finance**

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6. There are no additional financial implications of this work.

**Risks**

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7. The following risks are associated with finance, as identified in the finance risk register:
- The GOC fails to deliver value for money
  - The GOC is unable to deliver its strategic plans, programme of change, and business as usual either sufficiently quickly or effectively
  - Financial impact on reserves arising from investment portfolio, additional cost and/or reduced income.
  - Capability and Resilience: Small teams leads to over reliance on particular individuals, causing burnout and errors and/or impacts organisational delivery if absent or on departure.
8. Reporting and monitoring financial performance against budgets and forecasts are a fundamental part of managing and mitigating these risks.

### **Equality Impacts**

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9. No equality impact has been undertaken.

### **Devolved nations**

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10. There are no implications for the devolved nations.

### **Communications**

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#### **External communications**

11. None planned.

#### **Internal communications**

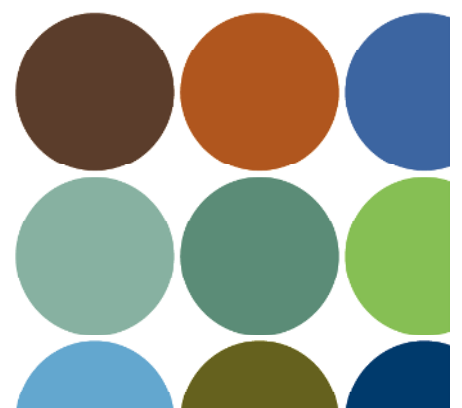
12. The financial report is shared with the Leadership Team and SMT as part of the regular financial reporting process.

### **Attachments**

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Annex one: Financial performance report for period ending 30 June 2022.

# Financial Performance Report for the Period ending 30 June 2022



# General Optical Council

## Financial Performance Report for the 03 months ending 30 June 2022

<b>Contents</b>	<b>Page</b>
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Income and Expenditure Accounts incl. Project Expenditure (Table B)	10
Balance Sheet	11

# General Optical Council

## Financial Performance Report for the 03 months ending 30 June 2022

### G O C :- Summary P & L to 30 June 2022

	Actual £000's	Budget £000's	Variance £000's
Registrant Income	2,559	2,464	95
Other Income	77	64	13
Expenses - BAU	(2,170)	(2,541)	371
<b>Surplus / (Deficit) -BAU</b>	<b>466</b>	<b>(13)</b>	<b>479</b>
Project expenditure	(385)	(454)	69
Surplus / (Deficit) -before portfolio Gains/Losses	80	(467)	548

### **Highlights**

The results before unrealised gains/losses for the quarter ending 30 June 2022 show a positive variance of £548k against the budget. The results before strategic projects (BAU) show a positive variance of £479k against the budget.

The total registrant income of £2,559k is £95k higher than the budget. The total expenditure (including projects) of £2,555k is £440k favourable to the budget.

### **Key drivers of the improved performance**

Current year key drivers for positive variance are mainly staff vacancies and recruitment delays. The timing of some new projects has not yet been scoped and/or project initiation agreed. The Q1 forecast may bring some clarity, but Q2 forecast will give better information on the timing of some project activities.

Hybrid working, including remote committee and Council meetings/hearings still contributes to improved performance to a lesser extent than last year, as most hybrid working, including meetings and hearings, are now included in the budget.

Staff vacancies during Q1 contributed £163k to the positive variance. As at 30<sup>th</sup> June, the actual headcount (FTE) was 99 against a forecasted 111(Ref. table 4 – page 7).

The increase in non-UK registrant applications continues into the current year. High demand for opticians and workforce shortages in England is driving this trend and we may see this continue during the year.

The positive variance in BAU activities (£479k) consists of £80k savings. (Analysis in table 3- page 7).

### **Risks for achieving 2022-23 budget**

About half of the positive variance in expenditure is due to delays in project and other activity. Some delays, mainly driven by workforce supply, may impact delivery of the business plan if not managed carefully. Since June 9 out of the 14 unfilled vacancies have been filled.

# **General Optical Council**

## **Financial Performance Report for the 03 months ending 30 June 2022**

Although staff vacancies resulted in a positive variance as above, lack of resources could impact achieving planned targets, business plans, and our strategic objectives.

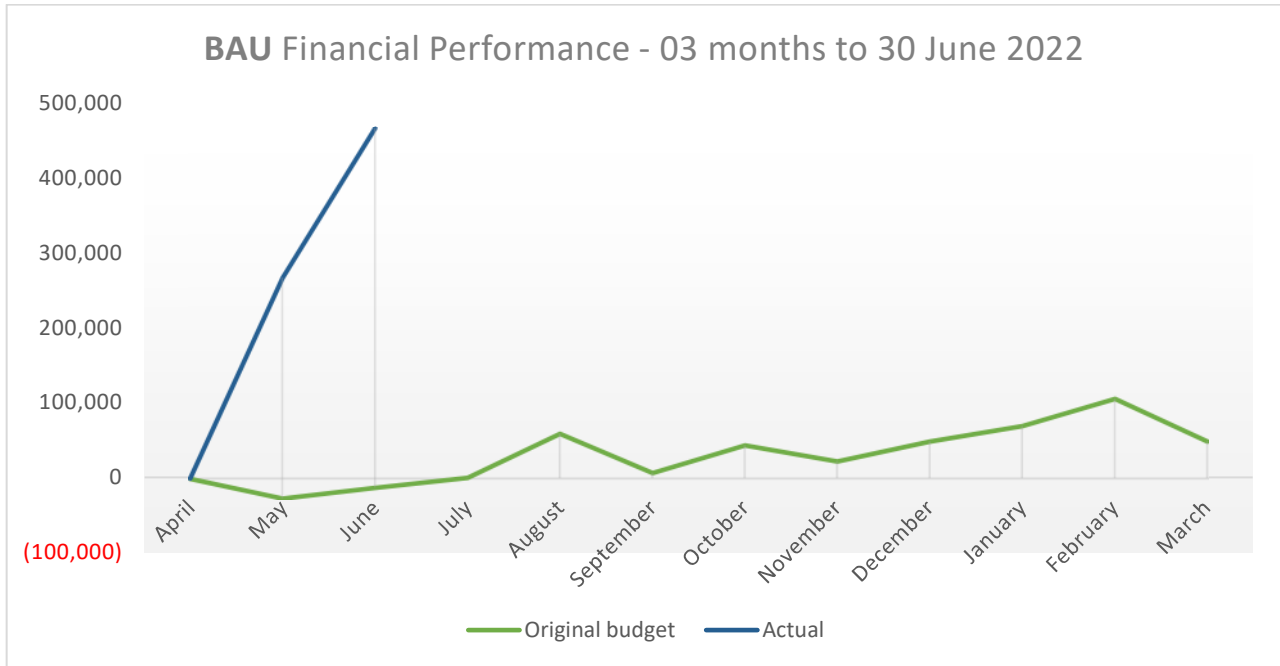
The volatility of the market value of investments has reduced the investment value by £864k during Q1. This in turn reduces our total reserves. The market volatility was expected in the short-medium term due to the external economic conditions and HoF and the Director of Corporate Services review the situation closely with Brewin Dolphin.

### **Future Impacts (So what?)**

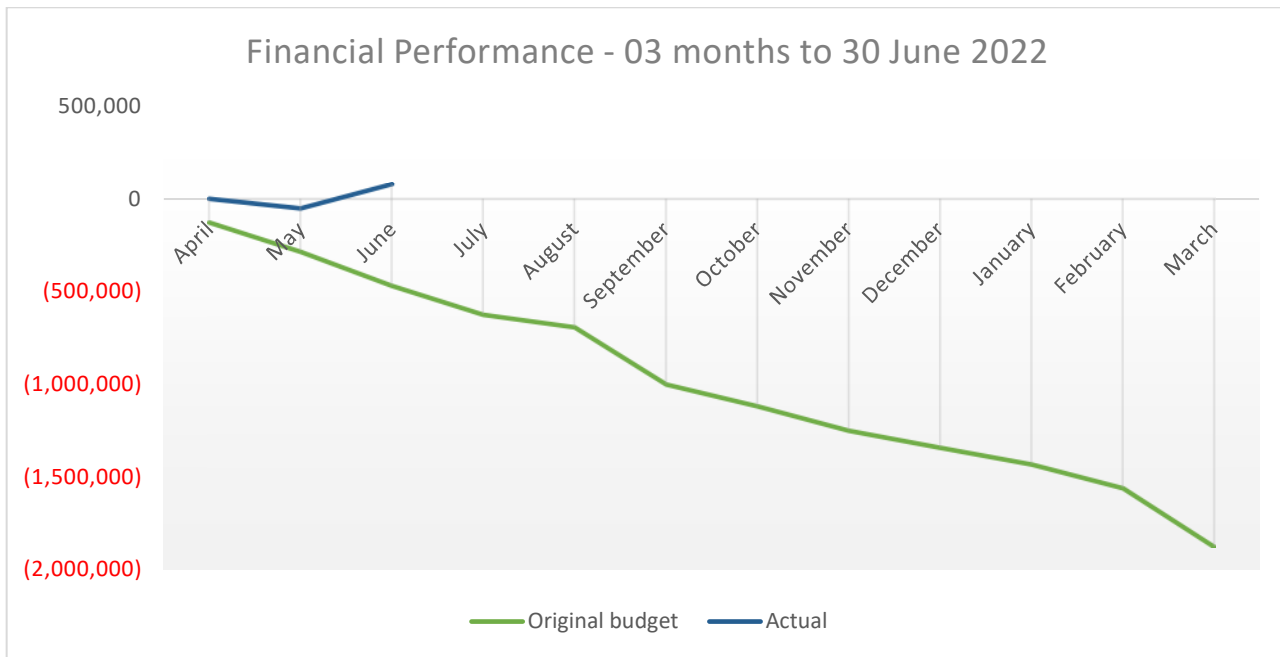
Market volatility and the possibility of further reduction of in the value of our reserves during the short to medium term may mean that GOC prioritises working smartly in achieving planned goals, not forgetting the efficiency drive embedded in staff values during difficult times when there was a deficit budget.

**General Optical Council  
Financial Performance Report for the 03 months ending 30 June 2022**

**Graphical analysis on Financial Performance and Variance**

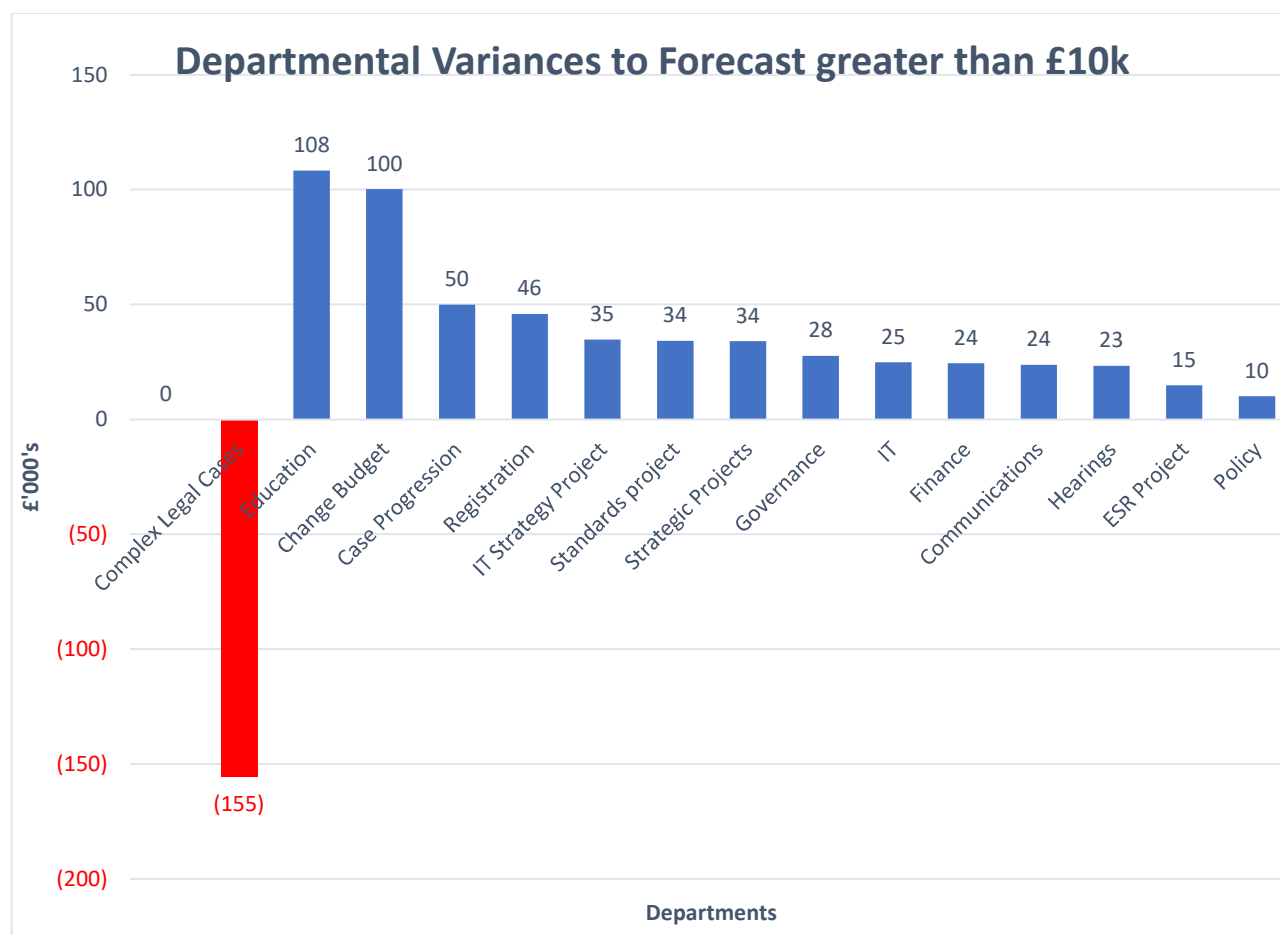


Graph 1



Graph 2

# General Optical Council Financial Performance Report for the 03 months ending 30 June 2022



Graph 3

## Cash and Cash Equivalent Summary - 30 June 2022

	Actual £'000	Budget £'000	Variance £'000
Cash at Bank	996	470	526
Short term Investments	6,550	6,050	500
<b>Working Capital</b>	<b>7,546</b>	<b>6,520</b>	<b>1,026</b>
Investments	8,385	10,027	(1,642)
<b>Total</b>	<b>15,931</b>	<b>16,547</b>	<b>(616)</b>

Table 1



**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2022**

<b>Analysis of BAU expense variance June</b>		£'000
<b>Savings</b>		
Efficiency		0
Covid related savings		0
Covid related delays		0
Other savings		80
Staff vacancy gaps (excluding efficiency measures)		163
Other delays and timing		206
Revised plans		0
Others		25
<b>Additional expenses</b>		<b>474</b>
Additions		(104)
Others		0
<b>Total Expense Variance</b>		<b>371</b>

Table 2

<b>Analysis of savings over past quarters (BAU exp.)</b>					
Savings	Q1	Q2	Q3	Q4	Total
	£'000	£'000	£'000	£'000	£'000
Efficiency	-				-
Covid related savings	-				-
Other savings	80				80
<b>Total Savings</b>					<b>80</b>

Table 3

	<b>Headcount June 2022 (F T E's)</b>			
	Actual FTC Jun-22	Actual Perm. Jun-22	Actual Total Jun-22	Budget Jun-22
	Chief Executive Office	1.0	7.0	8.0
Regulatory Strategy	4.8	16.9	21.7	25.6
Regulatory Operations	5.0	31.5	36.5	37.8
Corporate Services	-	17.9	17.9	21.9
Change	5.0	7.8	12.8	17.0
<b>Total Headcount</b>	<b>15.8</b>	<b>81.1</b>	<b>96.9</b>	<b>111.3</b>

Table 4

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2022**

**Table A**  
**Income and Expenditure Accounts**

	April - June			2022-23
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
<b>Income</b>				
Registration	2,559	2,464	95	9,737
Dividend Income	74	62	12	246
Bank & Deposit Interest	2	0	2	1
Other Income	1	2	(2)	10
<b>Total Income</b>	<b>2,635</b>	<b>2,528</b>	<b>107</b>	<b>9,994</b>
<b>Expenditure</b>				
<b>Executive Office</b>				
CEO's Office	48	54	7	218
Governance	141	168	28	668
<b>Total Executive</b>	<b>188</b>	<b>223</b>	<b>34</b>	<b>886</b>
<b>Regulatory Strategy</b>				
Director of Regulatory Strategy	41	32	(9)	130
Policy	39	49	10	275
Standards	14	23	9	92
Communications	51	75	24	292
CPD	73	76	3	268
Education	95	203	108	760
<b>Total Regulatory Strategy</b>	<b>313</b>	<b>458</b>	<b>145</b>	<b>1,818</b>
<b>Regulatory Operations</b>				
Director of Regulatory Operations	31	31	1	125
Case Progression	475	524	50	2,057
Legal	45	51	6	203
Hearings	247	270	23	1,122
<b>Total Regulatory Operations</b>	<b>797</b>	<b>877</b>	<b>80</b>	<b>3,507</b>
<b>Corporate Services</b>				
Director of Corporate Services	33	34	1	135
Facilities	261	269	8	1,063
Human Resources	148	146	(2)	544
Finance	92	117	26	502
Registration	147	193	46	561
<b>Total Corporate Services</b>	<b>681</b>	<b>759</b>	<b>79</b>	<b>2,806</b>

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2022**

**Table A (Contd.)**

	April - June			2022-23
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
IT (BAU)	169	194	25	810
Depreciation	22	30	8	120
<b>Total Expenditure</b>	<b>2,170</b>	<b>2,541</b>	<b>371</b>	<b>9,947</b>
<b>Surplus / (Deficit) before project expenditure</b>	<b>466</b>	<b>(13)</b>	<b>478</b>	<b>48</b>
<b>Project Expenditure</b>				
Completion of CPD Project	11	11	0	44
Education Strategic Review project	43	58	15	201
Standards Review and Implementation	3	37	34	188
IT Strategy Project	36	71	35	438
Change	122	222	100	811
Complex Legal Cases	155	0	(155)	0
Strategic Projects	15	49	34	215
Project Depreciation & Amortisation	0	6	6	24
<b>Total Project expenditure</b>	<b>385</b>	<b>454</b>	<b>69</b>	<b>1,919</b>
<b>Surplus / (Deficit) after project expenditure</b>	<b>80</b>	<b>(467)</b>	<b>547</b>	<b>(1,871)</b>
Investment gains	(864)	62	(926)	247
<b>Surplus / Deficit</b>	<b>(784)</b>	<b>(405)</b>	<b>(379)</b>	<b>(1,624)</b>

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2022**

**Table B**  
**Income and Expenditure Accounts Including Project Expenditure**

	April - June			2022-23
	Actual £'000	Budget £'000	Variance £'000	Budget £'000
<b>Income</b>				
Registration	2,559	2,464	95	9,737
Dividend Income	74	62	12	246
Bank & Deposit Interest	2	0	2	1
Other Income	1	2	(2)	10
<b>Total Income</b>	<b>2,635</b>	<b>2,528</b>	<b>107</b>	<b>9,994</b>
<b>Expenditure</b>				
Staff Salaries Costs	1,266	1,533	268	5,911
Other Staff Costs	55	136	81	473
Staff Benefits	29	33	3	133
Members Costs	191	289	98	1,176
Case Examiners	13	32	19	128
Professional Fees	111	179	68	885
Finance Costs	62	59	(3)	77
Case Progression	354	179	(175)	750
Hearings	56	52	(4)	208
CPD & Standards	26	26	(0)	113
Communication	8	15	6	71
Registration	3	4	1	14
IT Costs	129	171	42	782
Office Services	229	239	11	949
Other Costs	1	13	12	51
Depreciation & Amortisation	22	36	14	144
<b>Total Expenditure</b>	<b>2,555</b>	<b>2,995</b>	<b>440</b>	<b>11,865</b>
<b>Surplus / Deficit</b>	<b>80</b>	<b>(467)</b>	<b>547</b>	<b>(1,871)</b>
Unrealised Investment gains	(864)	62	(926)	247
<b>Surplus / (Deficit)</b>	<b>(784)</b>	<b>(405)</b>	<b>(379)</b>	<b>(1,624)</b>

**General Optical Council**  
**Financial Performance Report for the 03 months ending 30 June 2022**

**Balance Sheet as at 30 June 2022**

	<b>2022-23</b>	<b>2021-22</b>	<b>Variance</b>
	<b>30 June 2022</b>	<b>31 March 2022</b>	<b></b>
	<b>£'000</b>	<b>£'000</b>	<b>£'000</b>
<b>Fixed Assets</b>			
Refurbishment	578	591	(13)
Furniture & Equipment	112	117	(5)
IT Hardware	45	41	4
IT software	66	65	1
IT Software - Working Progress	(0)	0	(0)
<b>Total Tangible Fixed Assets</b>	<b>800</b>	<b>814</b>	<b>(14)</b>
Investment	8,385	9,260	(875)
<b>Total Fixed Assets</b>	<b>9,185</b>	<b>10,074</b>	<b>(889)</b>
<b>Current Assets</b>			
Debtors, Prepayments & Other Receivable	343	525	(182)
Short term deposits	6,550	7,700	(1,150)
Cash and monies at Bank	996	1,848	(852)
<b>Total Current assets</b>	<b>7,889</b>	<b>10,073</b>	<b>(2,184)</b>
<b>Current Liabilities</b>			
Creditors & Accruals	1,248	1,017	231
Income received in advance	6,971	9,303	(2,332)
Provision for rent	189	214	(25)
<b>Total Current Liabilities</b>	<b>8,408</b>	<b>10,534</b>	<b>(2,126)</b>
<b>Current Assets less Current Liabilities</b>	<b>(519)</b>	<b>(461)</b>	<b>(58)</b>
<b>Total Assets less Current Liabilities</b>	<b>8,666</b>	<b>9,613</b>	<b>(947)</b>
Long Term Liabilities	0	0	0
<b>Total Assets less Total Liabilities</b>	<b>8,666</b>	<b>9,613</b>	<b>(947)</b>
<b>Reserves</b>			
Legal Costs Reserve	700	700	0
Strategic Reserve	2,000	2,000	0
Covid -19 reserve	1,800	1,800	0
Infrastructure / Dilapidations Reserve	1,250	1,250	0
Income & Expenditure	2,916	3,863	(947)
<b>Total</b>	<b>8,666</b>	<b>9,613</b>	<b>(947)</b>

## **COUNCIL**

### **Report from the Chair of Council**

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**Meeting:** 21 September 2022      **Status:** For noting

**Lead Responsibility  
and Paper Author:** Dr Anne Wright  
Chair of Council

### **Introduction**

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1. The Chief Executive and I would like to express our sadness at the news of the death of Her Majesty The Queen. On behalf of the General Optical Council, our registrants, members and our staff, we offer our condolences to the Royal Family at this very sad time, and join the nation and the world in mourning the loss of Her Majesty. We are grateful for Her Majesty's many years of dutiful service to our country and Commonwealth as the longest serving monarch in British history.
2. This report covers my principal activities since the last Council meeting on 29 June 2022. This will be Leonie Milliner's third Council meeting as Chief Executive and Registrar. I would like to thank her for her leadership so far and to offer my support in continuing to work together for the future.
3. I would like to welcome the new Head of Communications, Vikki Julian.

### **Management**

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4. I have had weekly catch-up meetings with the Chief Executive and Registrar as well as briefings from members of the Senior Management Team (SMT), Leadership Team and Governance on a range of priorities.
5. I have held quarterly 1:1 meetings with individual SMT members as well as other meetings on specific priorities and issues.
6. I had an introductory meeting with the new Head of Communications, Vikki Julian on 8 September 2022.
7. I attended some activities of the GOC EDI networks including the monthly Women's network sessions on 28 July 2022. In addition, on 4 July 2022, I joined the Staff Wellbeing & Engagement Group (SWEG) Coffee Break - The Benefits of Cycling, with several GOC staff and Council members. Nick Yeo (Independent Member, Nominations Committee) led the coffee break talking about his passion for cycling. On 6 July 2022 I attended the Anti-Racism Group (ARG) meeting with several GOC staff with a focus on labels and how helpful they are. On the 8 July 2022, I also joined the SWEG Coffee Break - My Musical Journey with several GOC staff and Council members, where Glenn Tomison (Senior Council member) led the coffee break talking about how he got into music, the benefits to playing and how good it is for mental health. Andy Spragg (Head of Governance) read and talked about some poems on the 1 September 2022, for the SWEG Coffee Break - '80% prefer chips to poetry'.

**Council and Committees**

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8. I attended meetings of the Remuneration Committee (RemCo) on the 5 July 2022, and the Audit, Risk and Finance Committee (ARC) on the 5 July 2022 and the 6 September 2022. I have chaired a meeting of the Nominations Committee on the 13 September 2022.
9. I have held fortnightly meetings with the Senior Council Member, Glenn Tomison, and chaired regular informal Council catch-up sessions and Council Member virtual coffee mornings.
10. I attended the Council Committee member induction sessions on the 26 September 2022, and I have some Council Member interviews to look forward to in early November 2022.
11. Ahead of the committee meetings in the autumn, and prior to the Council strictly confidential and public meetings, I convened a liaison meeting of the Chairs of ARC, Remuneration Committee, Investment Committee and with the Chief Executive and members of the executive to consider the implications of the current external climate for the Committees.

**Engagement with Stakeholders**

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12. On 8 July 2022 Leonie Milliner and I attended a meeting with Caroline Corby and Alan Clamp of the Professional Standards Authority (PSA). We discussed the recent changes to the performance review process, the PSA's 'Safer Care for All' report, an update on regulatory reform and an update on GOC's priorities for 2022 and beyond.
13. On 18 July 2022 I met with the Health and Care Professions Council (HCPC) Chair, Christine Elliott, for our quarterly meeting.

## **COUNCIL**

### **Chief Executive & Registrar's Report**

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**Meeting:** 21 September 2022

**Status:** For noting

**Lead responsibility & paper author:** Leonie Milliner (Chief Executive & Registrar)

**Council Lead(s):** Dr Anne Wright CBE

#### **Purpose**

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1. To provide Council with an update on stakeholder and other meetings attended by the Chief Executive and Registrar and activities not reported elsewhere on the agenda.

#### **Recommendations**

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2. Council is asked to note the Chief Executive and Registrar's report.

#### **Strategic objective**

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3. This work contributes towards the achievement of all parts of our Strategic Plan and our 2022/2023 Business Plan.

#### **Background**

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4. The last report to Council was provided at the 29 June 2022 meeting.

#### **Analysis**

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5. Upon news of her Majesty's death on the 8 September 2022, a statement of condolence was published on the GOC website on behalf of the Council, which can be read [here](#).
6. On Friday, 9 September 2022, following the sad news of her Majesty's demise, GOC staff, Council and case examiners were invited to join SMT to reflect on Her Majesty's long life and reign and pay tribute to her service to the United Kingdom and the Commonwealth. Staff, members and Council members shared personal tributes, recollections and reflections, including photos of Her Majesty Queen Elizabeth II. We continue to follow government guidance during this, the national period of mourning. All non-essential media and social media activity has been paused and black mourning MS Teams backgrounds are available for staff to utilise.



7. On 6 September 2022 the Professional Standards Authority launched in Parliament its report 'Safe Care for All.' The report, which can be read [here](#), makes a number of recommendations, including that each UK country should have a Health and Social Care Safety Commissioner, or equivalent function, with broad responsibility for identifying, monitoring, reporting, and advising on ways of addressing patient and service user risks, and that Governments should use the current healthcare professional regulation reform programme to review the adequacy and effectiveness of the powers of regulators with a role in regulating businesses. Helpfully, the report also recommends Governments consider whether there is a case for extending business regulation powers to all regulators whose registrants work in 'high street' practices and ensure regulators have the agility to address the challenges brought about by new approaches to funding and delivering care, including the introduction of new technologies.
8. Since the last Council meeting, we have welcomed Vikki Julian who has joined GOC as our new Head of Communications. I would like to place on record our thanks to Mel Pierce, acting Head of Communications, who provided a vital contribution on a temporary basis.
9. The Council's Committees Recruitment interviews were held in July 2022. The following appointments have been made:
  - Companies Committee** Imran Hakim (Business Representative); Sarah Elizabeth Joyce (Business Representative); and Dan McGhee (Business Representative)
  - Education Committee** Jacqui Adams (Lay); Dean Dunning (DO); and Sally Gosling (Lay)
  - Registration Committee** Geraldine Birks (Lay)
  - Standards Committee** Kay Bagshaw (DO); Haseena Lockhat (Lay); Chloe Robson (RMP); and Nilla Varsani (Lay)
10. An induction session for the newly appointed members of Council's Committee is arranged for 26 September 2022.

### **Recent procurement activity**

11. In accordance with section 5.2 of the Contracts and Procurement Policy, which requires that following SMT approval of a decision to initiate a tender, Council be 'notified at next meeting' I would like to take this opportunity to notify Council that SMT has authorised a two-stage restricted procurement process to secure a supplier for the development of an electronic case management system (CMS) for the Regulatory Operations directorate, including post-development support. The closing date for stage one (expression of interest) was 5 September 2022.

### **Change**

12. The Strategic Change Board held its first meeting on 16 August 2022. The meeting focused on approving processes for project delivery, including reviewing criteria for project health checks and gateway reviews, and reviewing status of ongoing programmes of work. Programmes Boards continue to meet monthly, as do project boards.
13. Following extensive staff and team consultation, the new Regulatory Strategy directorate internal structure launched on 1 September 2022. The new structure brings together the former Education and Strategy Directorates, integrating education, communications, CPD, policy and standards teams into a single directorate, Regulatory Strategy.
14. The development of the Customer Service strategy is underway. A Customer Experience Group has been established with representation from staff across all areas of the organisation. The group meets monthly with each meeting focusing on a specific area of customer service.
15. A deep dive into the MyGOC project was completed in June with actions for bringing the project back to live status. Progress is dependent on the successful recruitment of a business analyst to complete the process and business mapping in conjunction with the registration team and new timelines for development and implementation of portal.

## **Corporate Services**

### Facilities

16. Having been in discussions with our landlord for well over a year our rent negotiations has progressed. Further detail will be included in our financial reporting once formal agreement has been concluded.
17. In addition to the annual independent Health and Safety survey carried out in April, we have recently completed an internal audit of our Health and Safety processes and procedures. The report provided an audit opinion of substantial assurance.

### People and Culture

18. Our pay and reward project continues to progress according to plan. The initial diagnostic report from our consultants (QCG) has been presented to the Senior Management Team and some guiding principles are being established for the solution design, which is expected to be completed by November. We will continue to involve staff in the process and consultation is a key part of the project plans. Implementation is scheduled for early 2023.
19. We have updated and published our agile working guidelines and working aboard guidelines, having sought feedback from staff and people-mangers on the impact and effectiveness of our both sets of guidelines. The updated guidelines draw on experience of enacting the temporary agile working and working aboard guidelines which were introduced on a temporary basis in 2021 and introducing three broad principles for employees and line managers to use when formulating and assessing requests for agile working. The guidelines are non-contractual and are designed to support our Flexible Working Policy (which outlines the criteria for statutory requests for permanent changes to working arrangements) to ensure we remain an attractive employer, providing greater flexibility for employees whilst ensuring that business needs continue to be met. The main changes are:
  - a. Restructuring the guidelines to make advice to employees and their line managers more comprehensive,
  - b. In assessing the impact of any agile working request, emphasising the need to balance business needs with fairness to employees

- c. Encouraging new employees and their line managers to support a positive onboarding experience with time spent in the office; and
- d. Recognition that for some employees to discharge their responsibilities effectively, attendance in the office is necessary.

20. Applications closed for the reshaped role of 'Head of People and Culture' on 9 September 2022. Interviews will be held on 3 October 2022. Tom Henery is Acting Head of HR whilst we recruit.

### Registration

21. Student renewal ran from mid-June to the end of August. The number of students who completed the application process was 5,690 (94%). This is in-line with the previous year, 2021/22 (94%).

### **Regulatory Operations**

22. Progress on our improvement programme 2022-25 is sustained with most workstreams currently on track. Two draft policies, supporting greater efficiency and proportionality in casework have been discussed at our regular registrant/ defence stakeholder group meetings. Early indications were positive and once initial comments have been considered, we should be ready for consultation in October.

23. We have introduced case examiner decisions into our determination review group (DRG) meeting, closing one programme objective. These are quarterly meetings, supported by Counsel and operational staff from inter-regulatory bodies, to provide ongoing review and feedback loops for our independent decision-making function on closed cases. They provide an effective opportunity for continuous improvement and will ensure that learning is implemented more efficiently and effectively.

24. Concerns are growing over a disproportionate and continued increase in the number of GOC hearings going part-heard which is impacting on our commitment to reduce our end-to-end timescales. A priority investigation is underway to understand underlying reasons for this and an outcome / options paper is due to go before SMT in October.

## **Regulatory Strategy**

### Education

25. In September 2021, Council delegated approval of qualifications to the Chief Executive and Registrar as part of our updated Scheme of Delegation. Since the last Council meeting under the powers delegated to me as Chief Executive and Registrar, I have approved two further qualifications: the University of Huddersfield's BSc (Hons) Optometry qualification, and Anglia Ruskin University's Postgraduate Certificate Contact Lens qualification. Whilst responsibility for the approval decision has moved from Council to the Chief Executive and Registrar, the process that underpins this remains the same – with both programmes subject to annual quality assurance visits to the provider, and the final decision and report presented by the Education team to the Chief Executive and Registrar.
26. I am really pleased to report that we have started to receive completed notification of adaptations from providers of GOC approved qualifications to the new education and training requirements. We recently produced an animation which outlines our new education and training requirements and why we introduced them. We have also produced an FAQs page to ensure we are responding to, and sharing, any questions around our requirements.
27. One provider has been removed from the Serious Concerns Review (SCR) process, following a visit to the programme which evidenced progress against outstanding conditions resulting in the closure of the conditions and removal from the SCR. One provider remains under a SCR: progress is due to be reviewed in December 2022.
28. Following publication of our annual monitoring return sector report, we are currently finalising and sharing programme level reports with providers.
29. Our new education and training requirements for approved qualifications for Contact Lens Opticians have been published. These are the last set of updated education and training requirements to be published and concludes our Education Strategic Review.

30. Further to Council approval in August 2020 to permanently remove the Certificate of Clinical Competence (Stage 1) two-year validity requirement, we have given notice to the College of Optometrists that we are permanently removing this requirement as of 3 October 2022. Any decisions regarding the currency of learning will now be a matter for a provider's enrolment/admissions policy. All decisions regarding individual enrolments will now be referred to the provider directly. The issuing of the Certificate of Clinical Competence (Stage 1) by the education provider is unaffected.
31. We have published two new guides relating to our Continuing Professional Development (CPD) scheme – CPD record review: A guide for registrants; and Guide to audit of providers of CPD. The CPD record review will ensure that all fully qualified registrants are undertaking CPD which aligns with their scope of practice and professional development needs. The CPD provider audit will make sure the CPD learning provision is of good quality and meets the Standards for CPD providers.
32. As noted above, the Regulatory Strategy Directorate restructure has been completed. Education and CPD are organised in two functional teams reporting to the two Heads of Education: Development and Operations. These teams bring together our approval and quality assurance, and CPD functions to enable a focus on lifelong learning in the optical sector.
33. The Development team is responsible for:
- the review and development of the GOC's education and training requirements, its quality assurance and related stakeholder and policy engagement activities;
  - testing of new quality assurance and enhancement methods;
  - the review and development of CPD platform and functionalities for registrants and CPD providers, CPD policies, and guidance documents; and horizon scanning.
34. The operational team deals with the day-to-day approval and quality assurance of education and training and CPD provision: The team is responsible for:

- managing the process of approving CPD providers and provisionally approved provider applications, managing the registrant review and provider audit processes, and supporting registrants and CPD providers with their queries, including system enquiries around MyCPD; and
- approving and continuously monitoring the quality and content of optical education providers and qualifications by conducting visits with our Education Visitor Panellists, monitoring annual data submissions from our providers, setting and tracking conditions when our requirements are not met, and assessing risks related to qualifications on an ongoing basis.

### Standards Review

35. The team is on track to complete the research phase of the Standards Review in September and plans to share findings with the Standards Committee at its meeting in October. This work is intended to identify where we may need to revise standards and guidance and create new standards and guidance.

### Welsh language standards

36. In July 2022 Senedd Cymru approved a new set of [Welsh Language Standards regulations](#) that will apply to frontline healthcare regulators and the Professional Standards Authority. The regulations will come into force on 31 October 2022. The Welsh Language Commissioner uses compliance notices to require a body to comply with one or more standards specifically applicable to it; the notice will specify the date by which the body is required to comply with each standard.

37. In preparation for discussions with the Commissioner's team, we have carried out a self-assessment exercise on our current compliance with the standards. Depending on the outcome of the compliance notice process, this may have significant cost implications. The healthcare regulators are working together to coordinate engagement with officials and strive for consistency of approach.

### Research

38. The Public Perceptions Survey was published on 4 July and the Registrant Survey was published on 3 August. Both surveys were well reported in the trade press. The team presented the findings of the surveys at one of the weekly national optometric adviser meetings.

39. The Stakeholder Perceptions Survey will be published following the Council meeting and has a separate item elsewhere on the agenda.

### **Governance**

40. Governance is in the process of developing its service charter as part of the Fit for the Future service redesign. This will set out its priorities for the next three years and consider how the team best aligns its resources and procedures to deliver this.

41. The team has been responsible for delivering several improvements to its internal processes, including a new shared calendar, a revised set of minute standards and contributing to the delivery of the Governance Review (progress of which will be reported in the Strictly Confidential Council session on 20 September 2022).

42. The team has administered the recruitment of committee members, as outlined in paragraph 6. The recruitment campaign for two new Council members is underway and closes 3 October 2022. Preparations for recruitment of Council Associates in 2023/24 are being taken forward with the Nominations Committee, as set out in a report to its meeting on 13 September 2022.

43. The team is working with SMT to finalise an agenda for the Council strategy day on 17 November 2022 and this will be circulated to all Council members in due course. A further Council strategy day is scheduled for 2 March 2023.

### **Equality, Diversity, and Inclusion**

44. Our new EDI Manager John Duncan took up his role on 6 June 2022. In collaboration with the Governance team, work has been undertaken to being drafting an EDI Annual Report to Council, develop and EDI Policy, scope EDI Training opportunities for Council and to meet with the PSA about its key lines of enquiry for EDI.

45. In collaboration with the Human Resources team, work was undertaken to sign the GOC up to the Race at Work Charter and the Disability Confident Scheme. We celebrated PRIDE in collaboration with the LGBTQ+ Staff Network and drafted a glossary of EDI terminology for stakeholders. The SMT were also provided with an evaluation of GOC staff equality networks, with



recommendations to draft a framework for effective operation to provide clarity, coherence and consistency of approach.

46. Looking to the future, work is planned that includes EDI training needs analysis across stakeholders, compliance with the newly approved Welsh Language Standards (reported through cross-team collaboration), submissions to the ENEI Annual Inclusivity Excellence Awards 2022, EDI training for Education Visitor Panel (EVP), collaborative work with Education and Standards teams and building best practice links with the Inter-regulatory EDI forum.

### **Internal Engagement**

47. Chief Executive and Registrar internal engagement continues to consist of:
- Monthly meetings of Leadership Team (LT); Risk Register Review (RRR) meetings; All Staff meetings, SWEG and our Anti-Racism Group (ARG)
  - Fortnightly meetings of SMT; and a weekly 'CEO and Director's newsletter' to all staff each Monday morning;
  - I meet the Chair of Council, Directors and the Head of Governance once a week; and other Heads-of, committee chairs and Council leads as required; and
  - Regular SWEG-organised and themed online coffee-breaks, where staff, Council and Committee members can talk about their interests outside of work. This is proving to be popular and a good way for employees to interact with each other and those engaged in our broader governance structures.

### **External stakeholder engagement**

48. Since the last Public Council meeting on 29 June 2022, I have attended the following external meetings and engagements:
- 30 June 2022: Optical Sector Meeting with the Chief Executives of relevant sector bodies.
  - 30 June 2022: Introductory meeting with Optometry Scotland's Director of Operations, Elizabeth Docherty.
  - 30 June 2022: Chief Executives of Health and Social Care Regulators Steering Group (CESG) meeting organised by General Dental Council (GDC) with the relevant sector bodies.

- 04 July 2022: ESR SSISG – Higher and Further Education funding workshop organised by The College of Optometrists (CoO) with relevant sector bodies and stakeholders.
- 04 July 2022: Meeting with Association of British Dispensing Opticians (ABDO) CEO/General Secretary, Sir Anthony Garrett, and Head of Policy and Public Affairs, Debbie McGill.
- 05 July 2022: Audit, Risk and Finance Committee meeting.
- 05 July 2022: Remuneration Committee meeting.
- 08 July 2022: Meeting with Professional Standards Authority (PSA) Chair, Caroline Corby & CEO, Alan Clamp.
- 14 July 2022: Advisory Committee on Degree Awarding Powers (ACDAP) organised by the Quality Assurance Agency (QAA) and including the relevant sector bodies.
- 20 July 2022: Meeting with Royal Pharmaceutical Society Director of Education and Professional Development and GOC EVP, Gail Fleming.
- 16 August 2022: Meeting with Senior Consultant, QCG, Peter Fairchild, , Paula Hayes, Associate and Junior Consultant, Sara Datsova.
- 18 August 2022: GOC Decision Review Group
- 01 September 2022: Meeting with Scottish government Community Eyecare Team; Mike Stewart, Janet Pooley, Lesley-Anne Watt, Karen Mowat Sarah Glover and Megan Wynn.
- 01 September 2022: Introductory meeting with Ginny Hanrahan, CEO & Registrar, CORU – RoI Health & Social Care Professionals Council.
- 02 September 2022: Chiropractic, Optical, Pharmacy, Osteopathic and Dental regulatory bodies Co-operation Pod (COPOD) meeting organised by General Osteopathic Council (GOsC)
- 06 September 2022: Audit, Risk and Finance Committee meeting.
- 07 September 2022: PSA ‘Safer Care for All’ report Launch at the House of Commons. Speakers were Alan Clamp and Caroline Corby (PSA), and Helen Hughes, CEO at Patient Safety Learning.
- 08 September 2022: ACDAP meeting organised by the QAA and including the relevant sector bodies.
- 13 September 2022: Nominations Committee meeting.

- 14 September 2022: Optical Sector CEO Meeting with the relevant sector bodies.
- 14 September 2022: Council Recruitment webinar (targeted at DOs) with ABDO Head of Strategy, Alistair Bridge.
- 15 September 2022: Fitness to Practise Committee Chairs' Annual Training Day
- 16 September 2022: Fitness to Practise Committee Annual Training Day
- 21 September 2022: Private seminar with The Rt Hon Jacob Rees-Mogg MP, Minister for Brexit Opportunities and Government Efficiencies, organised by the Public Chairs' Forum (PCF) & Association of Chief Executives (ACE)

A range of other engagements by Directors are listed in Annex 1.

### **Finance**

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49. This paper requires no decisions and so has no financial implications.

### **Risks**

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50. The Strategic Risk Register has been reviewed in the past quarter and discussed with ARC.

### **Equality Impacts**

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51. No impact assessment has been completed as this paper does not propose any new policy or process.

### **Devolved nations**

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52. We continue to engage with all four nations across a wide range of issues.

### **Other Impacts**

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53. No other impacts have been identified.

### **Communications**

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#### **External communications**

54. This report will be made available on our website, but there are no further communication plans.

**Internal communications**

55. An update to staff normally follows each Council meeting, which will pull out relevant highlights.

**Next steps**

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56. There are no further steps required.

**Attachment**

Annex one - Directors' Stakeholder Meetings.

## Meetings/visits since last Council meeting

<b>Philipsia Greenway Director of Change</b>	<b>Yeslin Gearty Director of Corporate Services</b>	<b>Dionne Spence Director of Regulatory Operations</b>	<b>Steve Brooker Director of Regulatory Strategy</b>
8.07.22 Reconnect Coaching – SMT Development proposal	23.08.22 Meeting with TIAA – internal auditors (progress review)	30.06.22, 04.08.22, 01.09.22 – Programme review meeting with the National Institute for Health Research (Witness to Harm)	Weekly National Optometric Advisers meetings – various
13.07.22 Indigo Square – SMT Development Proposal	18.08.22 Meeting with Brewin Dolphin – Investment Managers (performance review)	07.07.22 – Quarterly stakeholder meeting with the AOP (Ella Franci and Cassandra Dighton)	Chaired fortnightly Workforce Deployment meetings - various
15.07.22 Fortesium – MyGOC	16.08.22 Meeting with QCG – Pay & Reward consultancy (SMT meet to review diagnostic report)	18.07.22 – Bi-monthly meeting of the Association of Chief Executives, EDI Forum	30.6.22 Meeting with Optometry Scotland – introductory meeting
21.07.22 TIAA – SCB board assurance	12.08.22 Meeting with Gary Cattermole from Survey Initiative (planning for 2022 staff survey)	21.07.22 - Quarterly meeting of the sector Defence Stakeholder Group	4.7.22 Meeting with ABDO – refraction by dispensing opticians
27.07.22 CEORB – deputise for CEO	22.07.22 Meeting with QCG (progress review)	03.08.22 – introductory meeting with Vision Express Professional Services (Dan McGhee and Peena Govind)	6.7.22 Meeting with NHS England – call for evidence on legislative reform
10.08.22 TenAv – demonstration of AV for hybrid working	19.07.22 meeting with TIAA (internal audit planning)	04.08.22 – Monthly stakeholder meeting with the OCCS	11.7.22 Meeting with Professional Standards Authority - introductory
	4.07.22 Meeting with QCG (project progress)	06.09.22 – introductory meeting with the Independent Press Standards Organisation (case management demonstration)	12.7.22 Meeting with College of Optometrists – workforce planning

<p><b>Philipsia Greenway Director of Change</b></p>	<p><b>Yeslin Gearty Director of Corporate Services</b></p>	<p><b>Dionne Spence Director of Regulatory Operations</b></p>	<p><b>Steve Brooker Director of Regulatory Strategy</b></p>
		<p>16.08.22 – meeting with the Professional Standards Authority (audit)</p>	<p>13.7.22 Meeting with FODO – call for evidence on legislative reform</p>
		<p>18.08.22 – quarterly Determination Review Group meeting (including NMC and ARB representation)</p>	<p>18.7.22 Meeting with Optometry Wales – introductory</p>
		<p>19.08.22 – introductory meeting with Canon Heuston Finlay, Society of Leadership Fellows</p>	<p>21.7.22 Meeting with ACLM – introductory</p>
		<p>24.08.22 – introductory meeting with the Coal Authority EDI network</p>	<p>11.8.22 Meeting with College of Optometry – education matters</p>
			<p>18.8.22 IFF Research – insurance research project for PSA</p>
			<p>26.8.22 CEORB (deputising for CEO)</p>
			<p>1.9.22 Meeting with DHSC – legislative reform</p>
			<p>6.8.22 Parliamentary launch of PSA Safer Care For All report</p>
			<p>7.8.22 College of Optometrists – workforce data modelling group</p>
			<p>15.8.22 Welsh Language Commissioner’s Office – briefing on Welsh Language Standards</p>

**Public perceptions survey, registrant workforce and perceptions survey, and stakeholder perceptions research**

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**Meeting:** 21 September 2022**Status:** For noting**Lead responsibility:** Steve Brooker (Director of Regulatory Strategy)**Paper Author(s):** Angharad Jones (Policy Manager)**Council Lead(s):** There is no Council lead for this work.**Purpose**

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1. The purpose of this paper is to discuss the implications of the results of our public perceptions survey, registrant workforce and perceptions survey (“registrant survey”), and stakeholder perceptions research (“stakeholder research”) (annex 1).

**Recommendations**

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2. It is recommended that Council notes the findings from the reports and the actions the GOC will take in response.

**Strategic objective**

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3. This work contributes towards the achievement of the following strategic objective: a targeted approach to regulation. This work is included in our 2022/23 Business Plan. We have made a public commitment in our Strategic Plan 2020/25 to conduct an annual public perceptions and registrant workforce and perceptions survey.

**Background**

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4. We commission an annual public perceptions survey, currently carried out by M.E.L Research. It is an online survey based on a UK representative sample of circa 2,236 people. The survey was carried out between 2 January and 18 March 2022. The aim of the survey is to track public and patient views and experiences of going for a sight test / eye examination and visiting an opticians / optometrist practice.
5. We first carried out a registrant survey in 2016. Last year we commissioned Enventure Research to carry out three waves of the survey in 2021, 2022 and 2023. The survey is an online survey of all our individual registrants including students and was sent out between 22 March and 26 April 2022. The aim of the survey this year was to expand on the workforce questions we asked in 2021, enabling us to get a deeper understanding of the experiences and challenges faced by registrants in clinical practice. We received 4,102 responses, representing a 14% response rate.
6. We commissioned Enventure Research to carry out research with our external stakeholders. The research involved qualitative interviews with 30 key organisational

stakeholders (including professional / representative / membership bodies in the UK, patient organisations and Government and commissioner representatives from across the UK), and a survey of GOC business registrants. The fieldwork was carried out in April and May 2022. The aim of the research was to understand the views and perceptions of stakeholders of the GOC and its performance, including how it responded to the pandemic and how it is responding to challenges in the optical sector. We would like to carry out annual surveys of business registrants in future.

7. The [public perceptions](#) and [registrant workforce and perceptions survey](#) have been published and are available on the GOC website. An executive summary (and infographics) provide a brief overview of the key findings.
8. We will publish the stakeholder research following the Council meeting and the findings are attached (annex 1).

## Analysis

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9. We have concentrated the analysis below on:
  - the key external findings that we think are of interest to the sector around workforce planning and actions we intend to take; and
  - the key internal findings about GOC performance and the actions we intend to take.

### Key external findings in relation to workforce planning

10. We know that public satisfaction levels for visits to an optician / optometrist practice and sight tests remain high, as do confidence levels for optometrists and dispensing opticians. These factors may help explain the positive shift by the public in viewing opticians / optometrist practices increasingly as the first port of call for eye health problems, instead of GPs. While, overall, the findings are positive, the findings still identify issues of concern. These mainly relate to inequalities: respondents with a disability were significantly more likely to report that something went wrong during their visit; younger respondents were less satisfied with the service they received; and there were higher barriers to access among ethnic minority respondents.
11. In terms of the registrant experience, the findings are mixed. While job satisfaction levels have increased, many registrants are facing significant challenges at work:
  - 57% reported working beyond their hours (a significant increase of 40% in 2021);
  - 41% reported feeling unable to cope with their workload (37% in 2021); and
  - 31% reported finding it difficult to provide patients with the sufficient level of care they need (28% in 2021).
12. This year's registrant survey provided more in-depth insight into the working profile of the professions:



*Working hours*

- 50% of respondents work full-time (defined as 35 hours or more per week) and 50% work part-time (defined as fewer than 35 hours per week). When scaling this up, this indicates that approximately 13,200 registrants work full-time and 13,200 work part-time.
- 22% of respondents said they worked as a locum, and locum workers were more likely to be part-time than full-time.
- 48% said they were involved in delivering enhanced care.

*Plans over the next 12-24 months*

- 40% plan to gain additional qualifications (scaled up is about 12,000 registrants)
- 27% plan to reduce their hours (scaled up 8,100 registrants)
- 15% plan to leave the profession (scaled up is about 4,500 registrants)
- 10% plan to retire (3,000)
- 8% plan to switch to locum work (scaled up is about 2,400)

13. In short, the findings present quite a stark contrast, with patients largely satisfied and confident in the care they receive, but registrants finding it increasingly difficult to cope with heavy workloads and giving patients the care they think they need. Dissatisfaction at work is causing some to question their future careers, and if acted on will significantly impact workforce capacity. The data on number of hours worked already indicates potential workforce issues, as the sector has a high number of part-time workers and locums. All these factors combined could significantly impact on patient access and patient care in a sector that is already overstretched and struggling to meet patient demand.
14. The Professional Standards Authority's new report, Safer care for all, states that "it is time to rethink the contribution of professional regulation to workforce planning". While the GOC, like other healthcare regulators, does not have a direct role in workforce planning, we recognise that this is a key strategic issue for the optical sector. We have been asked by stakeholder organisations if we are able to contribute more, for example, through carrying out research and sharing data. This year the College of Optometrists asked if we could try and capture the number of full-time equivalent workers to try and help the sector gain a better understanding of the capacity of the current workforce. We worked with them to draft these questions.
15. As the regulator we must also ensure that our regulatory processes are efficient and effective in protecting the public, while at the same time not creating any unnecessary regulatory barriers for entry and retention in the professions.

*What we will do*

16. As we are in a unique position of having access to all registered optometrists and dispensing opticians, we think it is important to help support the sector where we can. As part of this effort, we have agreed to provide an annual extract of the GOC

register to partner organisations under licence conditions. The dataset will be anonymised and pseudonymised to meet data protection requirements.

17. We will carry out further research with patients and the public, and registrants in 2023. Where possible, we are happy to consider additional questions on workforce planning that it would be helpful for the sector to know.
18. We will continue to present the findings to external stakeholders to help inform their thinking around workforce planning. The report has already been presented and well received by, for example, The College of Optometrists and national optometric advisors in Wales, Scotland and Northern Ireland.

### Key findings about the GOC's performance

19. We would like to thank all those who participated in the registrant survey and stakeholder research and provided us with valuable feedback on how we can improve as a regulator. We have taken on board the feedback and prioritised the following areas:
  - **Staff at the GOC would benefit from gaining a deeper understanding of the sector.** We agree that there is value in GOC staff having the opportunity to visit registrants working in clinical practice to broaden their understanding of optometry and dispensing optics. We will introduce and embed a process for both new staff as part of their induction, and existing GOC staff and lay Council and Advisory Panel members.
  - **The GOC could improve its ability to plan ahead strategically and horizon scan.** We are in the process of recruiting for a Head of Strategy, Policy and Standards who will take a lead on horizon scanning. They will have an active role in keeping abreast of political, social and other developments that impact on the GOC's strategic interests and disseminating updates to SMT and Council. Our Council strategy day in November 2022 specifically includes a horizon scanning session to inform early preparations for developing our next corporate strategy, from 2025 onwards.
  - **The GOC could involve patients and the public more in its activities and work.** We will review how we can improve our engagement with the public, patients and patient organisations, and more effectively embed a process for their involvement in our work. Since the survey was carried out, we have proactively contacted and met with several patient organisations in relation to our call for evidence on the Opticians Act, and plan to carry out further patient research over the next few months.
  - **The GOC could improve its communication strategy.** We appreciate that the GOC has issued a lot of communication to registrants and stakeholders

particularly over the COVID-19 pandemic. With a new Head of Communications now in post, we will review our communication strategy, appreciating that it is important for us not to overburden stakeholders and ensure that we prioritise and plan our communication and consultation activities effectively.

- ***The GOC could improve how it supports registrants in areas such as Continuing Professional Development (CPD), and implementing its Speaking up guidance.*** In relation to CPD, we have scheduled further communication activities to provide more support for registrants on, for example, completing a peer review and self-reflection activity. In relation to GOC guidance, we are undertaking a review of our Standards of Practice and supporting guidance, so we will take this opportunity to review the Speaking up guidance to better understand any barriers around reading and using the guidance, and hesitancy in contacting the GOC about concerns registrants may have about patient safety issues in clinical practice.

## Finance

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20. This work is within the Policy team's budget. Publication and dissemination of the research findings is not intended to incur any extra costs.

## Risks

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21. There is a reputational risk that if we undertake research and do not act upon the findings, we are likely to see less engagement in future surveys and will miss the opportunity to listen to stakeholder feedback and understand how we improve our performance as a regulator.

## Equality Impacts

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22. We have not carried out an equality impact assessment as the surveys are not a new or amended policy.

## Devolved nations

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23. For the public perceptions survey, Scotland, Wales and Northern Ireland were over-sampled to ensure that confident statistical analysis could be undertaken by nation. Of the 2,236 interviews, 1,406 were in England, 279 were in Scotland, 277 were in Wales, and 272 were in Northern Ireland.
24. The registrant survey was sent to all individual registrants across the UK. In total, 80% of respondents were in England, 10% in Scotland, 6% in Wales and 3% in Northern Ireland.
25. The stakeholder research involved organisations from across the UK. The business registrant survey was sent to all GOC registered businesses in the UK.

**Communications****External communications**

26. The public perceptions and registrant survey reports and data tables have been published on the GOC's website and disseminated to external stakeholders. We plan to publish the stakeholder research following the Council meeting.
27. We have already presented the findings of the public perceptions and registrant survey to external stakeholders.

**Internal communications**

28. We have already presented the findings of the public perceptions and registrant survey to internal staff.

**Next steps**

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29. The research findings will be presented to the Advisory Panel in October.
30. The next public perceptions survey and registrant survey will be carried out in 2023.

**Attachments**

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Annex 1: Stakeholder research report.



# Stakeholder perceptions research 2022

## Research report

June 2022

[www.enventure.co.uk](http://www.enventure.co.uk)

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# Research programme overview



# Introduction and research objectives



The General Optical Council (GOC) is the regulator for the optical professions in the UK, with the stated mission of protecting the public by upholding high standards in the optical professions. The GOC regulates optometrists and dispensing opticians, and currently has approximately 29,000 individual registrants.



The GOC works with a number of stakeholders within the optical sector across all four nations of the UK: professional and representative bodies, groups and organisations representing patients, employers, education and training providers, business registrants, and government bodies.



The GOC wished to understand the views and perceptions of stakeholders about its performance, including how it responded to the pandemic and how it is responding to challenges in the optical sector.



The last stakeholder research the GOC commissioned was in 2016 and the GOC wishes to gain a more up to date understanding of stakeholders' views.



The GOC commissioned Enventure Research to undertake a programme of research with stakeholders to seek their perceptions of the organisation and its performance. The research will be used by the GOC to assess its performance so it can make improvements to how it operates.



# Methodology overview

## Stakeholder in-depth interviews

- 30 in-depth qualitative interviews
- Interviews took 30-40 minutes and were conducted via video calls by experienced researchers
- A topic guide, agreed with the GOC, was used by researchers
- Participants were recruited from a list provided by the GOC
- Interviews were recorded to allow playback by researchers and for notes to be made for analysis
- Feedback was given anonymously



## Business registrant survey

- A questionnaire was designed by the GOC and Enventure Research
- The survey was securely hosted online and personalised invitations to take part were emailed to all GOC business registrant
- The survey took approximately 8-10 minutes to complete
- The survey was live between 27 April and 16 May 2022. During this time, **147 responses** were received, response rate of 5.3%



## Who took part in the stakeholder interviews?



**30** interviews were conducted in total

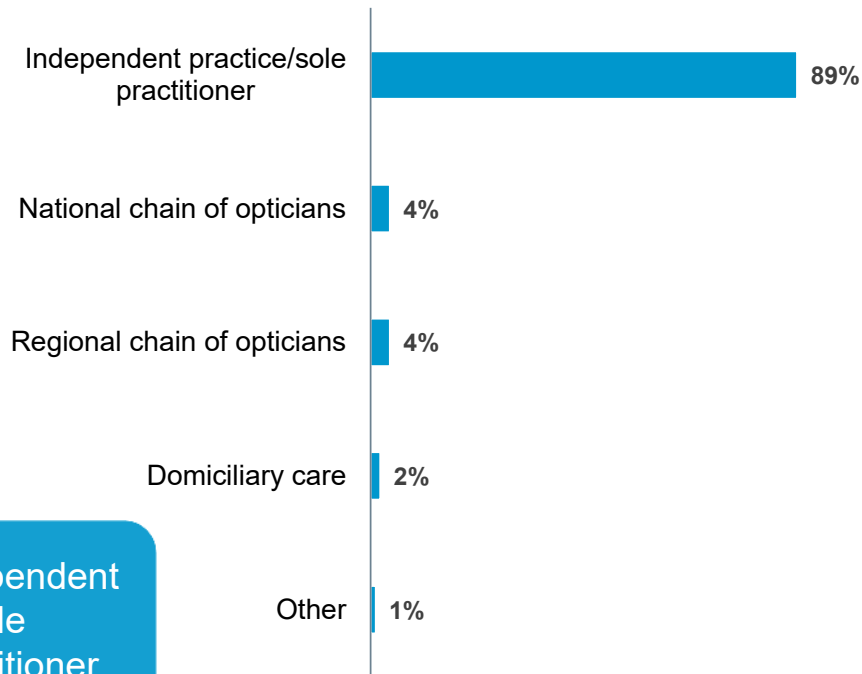
## Interpreting feedback from in-depth interviews

- When interpreting the qualitative research information collected via in-depth interviews, the findings differ to those collected via a quantitative survey methodology because they are **not statistically significant**.
- In-depth interviews are collected to provide additional insight and greater understanding based on **in-depth discussion and deliberation**, which is not possible via a quantitative survey. For example, if the majority of stakeholder participants hold a certain opinion, this may or may not apply to the majority of the target audience.
- In-depth interviews were digitally recorded, and notes made to draw out **common and key themes**.
- Only **common and relevant themes** are detailed in the report, rather than every viewpoint that was expressed.
- **Verbatim quotations** have been used as evidence of qualitative research findings where relevant.
- Quotations are **anonymous**.

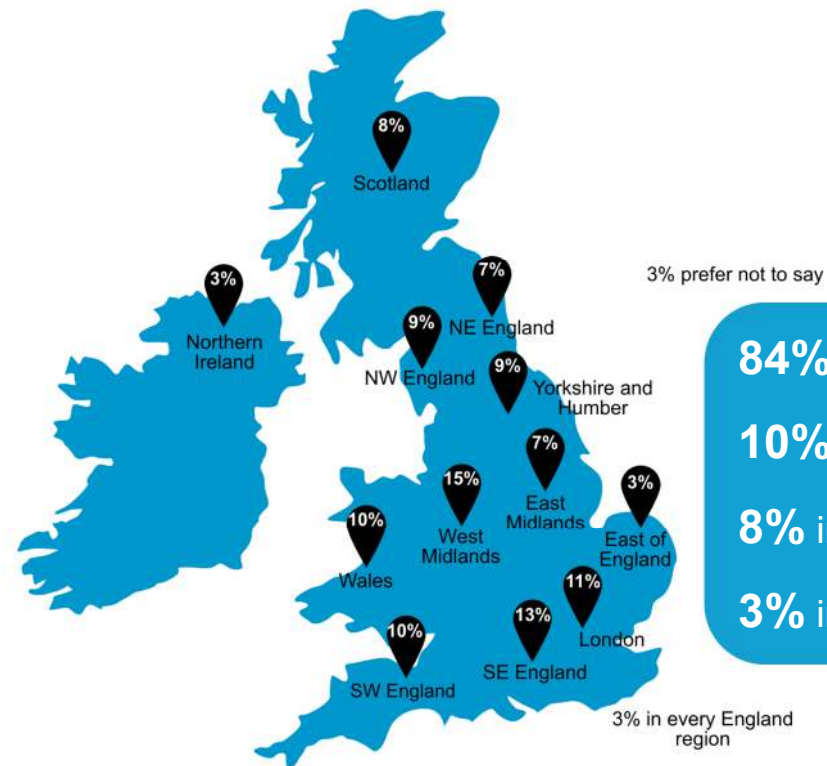
# Who took part in the business registrant survey?

The vast majority worked in **independent practices or as sole practitioners** – large employers were represented in the stakeholder interviews. There was a good spread of responses from **across the UK**.

Which of these best describes the business you work for, manage or own?



**89%** independent or sole practitioner



**84%** in England  
**10%** in Wales  
**8%** in Scotland  
**3%** in N. Ireland

# Interpreting survey results

- As the online survey was completed by a sample of GOC business registrants and not the entire business registrant population, all results are subject to **sampling tolerances**.
- This report contains various tables and charts. In some instances, the **responses may not add up to 100%**. There are several reasons why this might happen:
  - The question may have allowed each respondent to give more than one answer
  - Only the most common responses may be shown in the table or chart
  - Individual percentages are rounded to the nearest whole number so the total may come to 99% or 101%
  - A response of between 0% and 0.4% will be shown as 0%.
- **No subgroup analysis** has been included as base sizes are too small for meaningful analysis.
- In some cases, **response options have been grouped** to provide an overall level. For example, 'total agree' and 'total disagree'. Where combined percentages do not equal the overall level reported (being 1% higher or lower), this is due to percentages being rounded to the nearest whole number.
- Verbatim comments from open-end (free text) questions have been read in detail and coding frames developed to show **thematic analysis** and **categorisation of themes**.

# Terminology and abbreviations used in report

**GOC** The General Optical Council

**HEI** Higher education institutions

**Optom** Optometrists

**DO** Dispensing opticians

**ESR** The Education Strategic Review

**EDI** Equality, diversity and inclusion

**CET** Continuing education and training

**HCPC** The Health and Care Professions Council

**GOS** General Ophthalmic Services

**OCCS** The Optical Consumer Complaints Service

**CPD** Continuing professional development

**IPC** Infection prevention and control

**FTP** Fitness to practise

# Key findings: Stakeholder interviews



# Perceptions of the GOC

- Many reported **good relationships** with the GOC based on mutual trust, with many feeling **engaged** and **supported**
- Many hold the GOC in **high regard**, thinking it carries out its functions **effectively** and want to see it continue as an **independent regulator**
- Despite changes in staff in senior leadership positions, most thought that the current **leadership is moving the organisation in the right direction**
- Some felt some **staff** at the GOC would benefit from gaining a **deeper understanding** of the sector
- Despite a great deal of positivity about the GOC, there were some **perceived weaknesses**, which included:
  - Defensiveness in the face of constructive criticism
  - Too much influence from large multiples
  - Don't always listen and act on feedback from stakeholders
  - Responsiveness to communication
  - Insular working practices
  - Limited input from patients and the public
- There was some positivity about the Strategic Plan and the organisation's **ability to meet its objectives**
- There was some **doubt** about the GOC's ability to **plan ahead strategically** and horizon scan



# Perceptions of GOC functions and communication and engagement

- There was some **praise for the ease of use** of the register and the website
- Many had noticed that the **fitness to practise process had recently improved** in terms of time it takes to reach resolution, clearing a backlog and filtering of cases; however, some felt there was still some way to go to reduce the time it takes to resolve cases
- Some education and training providers had noticed **improvements** in the format and process of **GOC visits**; however, there were still some **challenges** noted
- There were **mixed perceptions of the ESR** – some felt it was a great achievement, but others criticised the consultation process, suggesting it was still dogged by issues and rushed, and some felt the rationale and evidence for the changes had not been clearly communicated
- Some thought the move to **CPD had been a great achievement**, whereas others noted issues such as delays in communication and technical issues
- Many felt that **communication had improved greatly** over the last couple of years, particularly during the pandemic; however, a few thought responsiveness had worsened which they blamed on working from home practices
- Some noted that GOC **communication needed to be important, relevant and to stand out** to ensure readership

# Pandemic response

- There was lots of **positivity** about the GOC's pandemic response, with praise for its flexibility, easements of rules and regulations and the COVID statements
- However, there was some **criticism** that the GOC was slow to react, with initial delays to releasing guidance and the COVID statements, and how it did not push for registrants to be classed as key workers
- Some thought the GOC had **worked well with other optical bodies** to ensure consistency in communication and guidance, whilst others thought other bodies in the sector took a lead in the sector response because they were in a better position to do so
- A few employers thought that **transitioning out of emergency COVID measures had been chaotic** at times, with businesses not being given enough notice to change working practices and there being uncertainty when expiration dates passed without new direction being given

# Challenges in the optical sector

- **Technological advancements** were generally thought to be beneficial to patients, but would **pose a challenge** in terms of regulation for the GOC and it was felt that the GOC needed to be one step ahead to appropriately regulate
- Regulation of **online sellers of lenses and spectacles based overseas** was a challenge that was cited by many, but there were mixed opinions about what the GOC should be doing to address it
- **Issues with the General Ophthalmic Services (GOS) contract** were raised, and it was felt that it needed review to ensure that it worked for businesses, particularly given the changes to registrants' scope of practice
- There were reports of **substandard abilities of some students and newly qualified registrants**, which some felt could pose a risk to standards in the sector
- There was reported **disparity in the delivery of eye care in different parts of the UK**, with some feeling that the standard was lower in England in comparison with Wales and Scotland, and that soon GOC standards would need to reflect the divergent skills needed to work in different areas
- Many mentioned **workforce issues**, such as increasing numbers practising locum work and working part-time, as well as there being an uneven spread of optometrists across the country, leading to shortages in some areas
- Long **outpatient waiting lists in ophthalmology** were cited, with care moving to primary care settings where appropriate, which could increase risk in the profession
- Quite a few felt that the **optical sector was crowded**, and is becoming more **polarised and fragmented**

# Priorities for the GOC

- Many mentioned the current call for evidence on the Opticians Act, which many agreed with as they felt the **Act was out of date**; however, there were **mixed opinions** about whether large scale changes were required or if it just needed tweaking to bring it up to date
- Some felt that the GOC had an **important role to play in addressing the workforce challenges**, whilst others felt that the GOC's ability to contribute was limited given its function as the regulator, but it could still support the sector through engagement, education and research into the issues
- A few stakeholders thought the GOC would play a vital role in **ensuring registrants had the appropriate skills and training** for the changing scope of practice through education and training
- A few felt the GOC could **involve patients and the public more** in its activities and work to **raise its public profile**, as well as that of the sector, as many patients did not understand the differing roles in the sector and how best to access eye care when they needed
- Several thought the GOC should continue to focus **on supporting and communicating with its stakeholders**, and addressing issues with responsiveness
- Some thought that there were some **low levels of confidence** in the GOC in the sector that could be addressed through **raising its profile** and widespread communication about its function

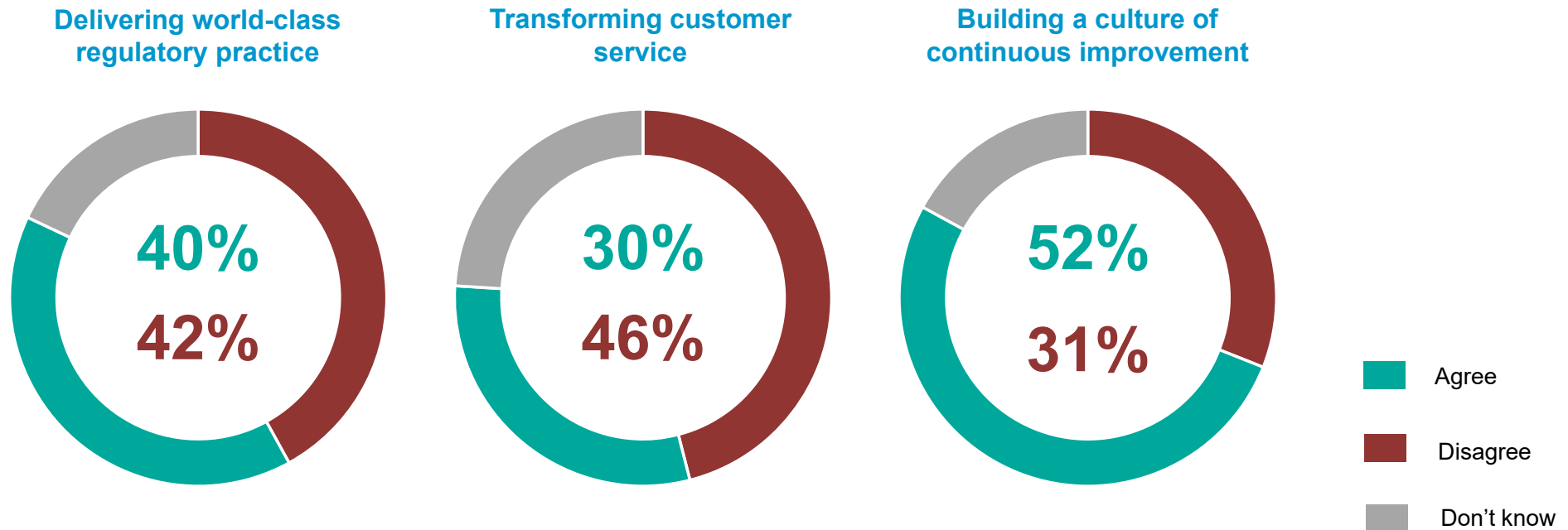
# Key findings: Business registrant survey



# Strategic Plan

Whilst **over half** agreed the GOC is *building a culture of continuous improvement*, **less than half** agreed it is *delivering world-class regulatory practice* and *transforming customer service*.

For each of the aims below, to what extent do you agree or disagree that the GOC is meeting its three strategic objectives outlined in its Strategic Plan 2020-25?

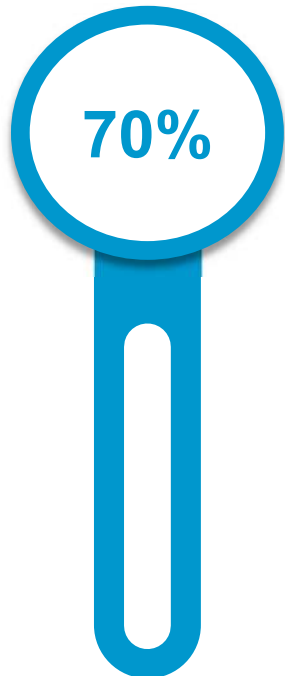


# Perspectives of GOC

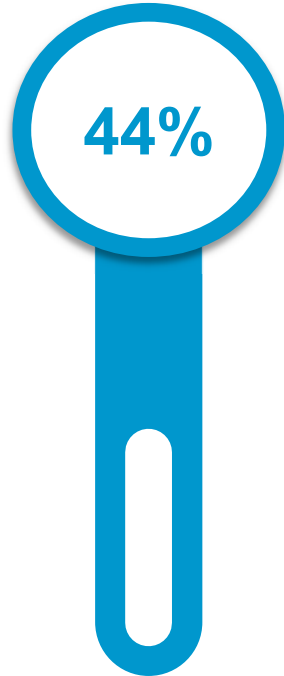
There was **some positivity** in regard to education, standards and EDI work, but **room for improvement** in ensuring registration fees are reasonable and communication about the FTP process.

Agreed that the GOC...

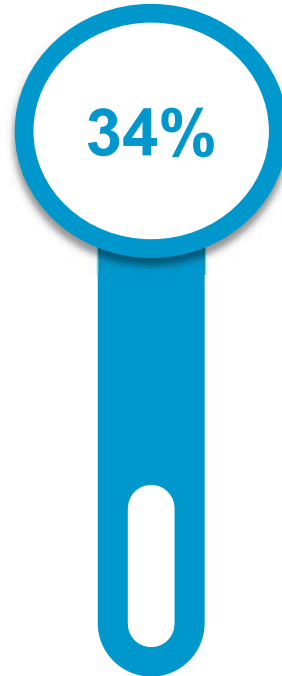
Ensures the quality of optical education



Charges registration fees which are reasonable



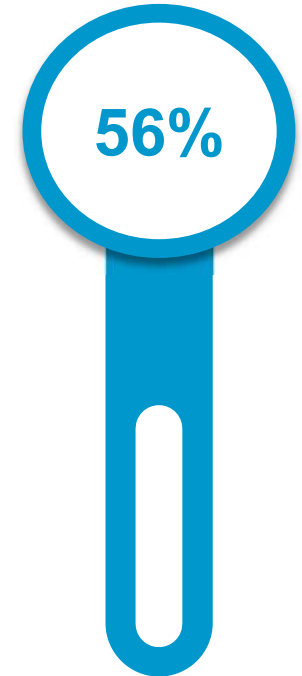
Is fair to registrants in FTP process



Sets fair standards for profession

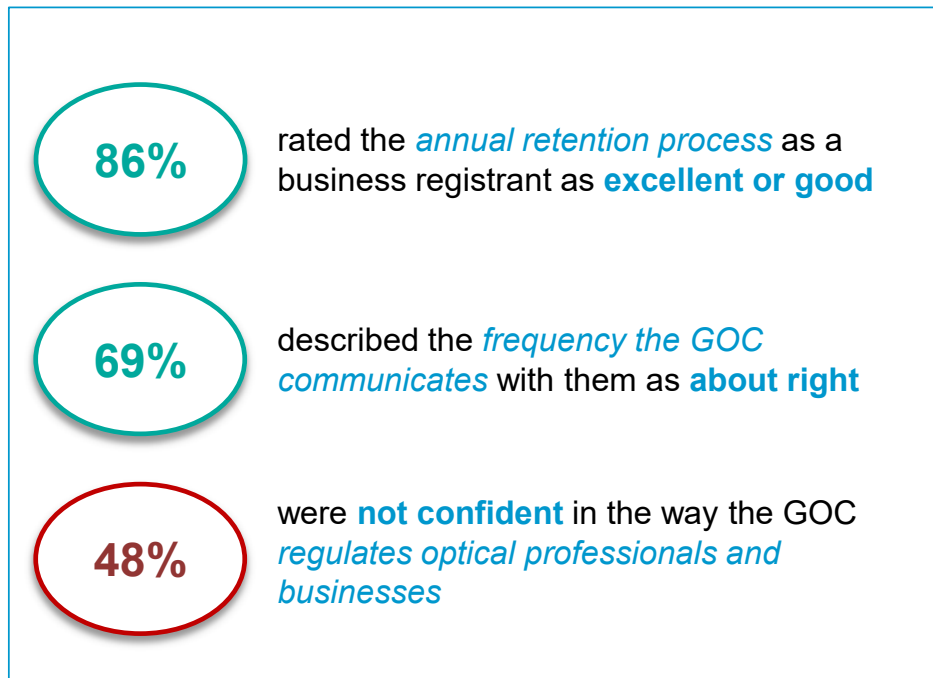
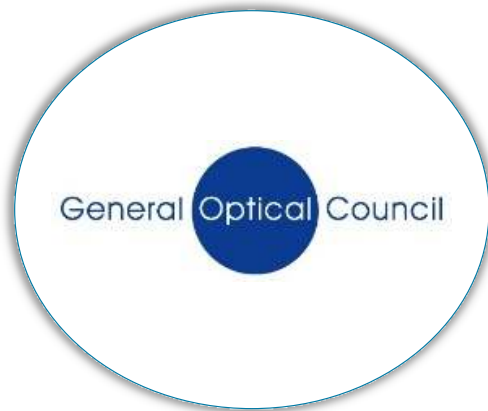


Promotes EDI in its work



# Regulation, registration and communication

There was widespread **positivity towards GOC communication** and **the annual retention process**. However, **around half did not have confidence** in the way the GOC regulates optical professionals and businesses.





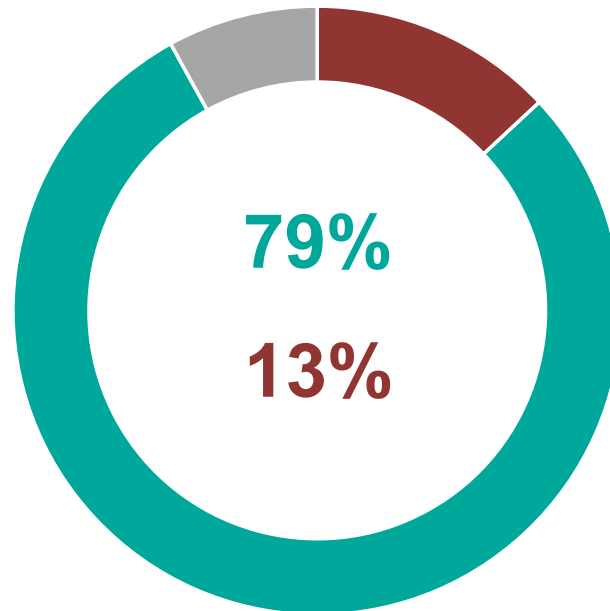
The vast majority had a **positive understanding** of the Standards for Optical Businesses and had **confidence** in their ability to meet the standards.

44%

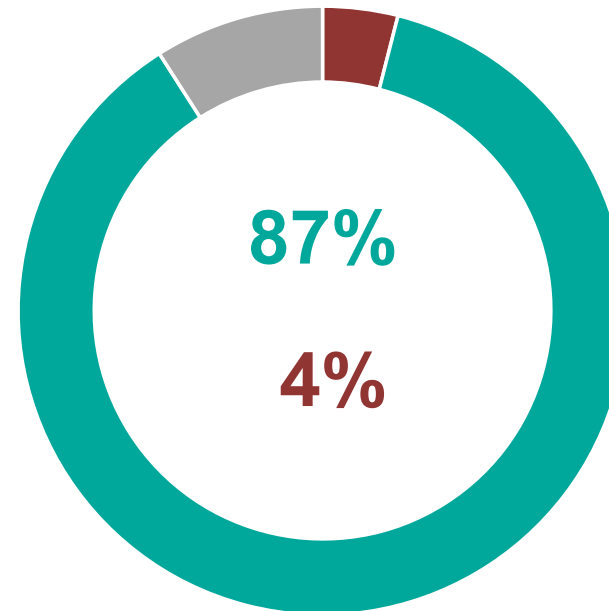
didn't know if any standards are difficult to implement

5% thought there were standards that are difficult or challenging and 50% said there were not.

Excellent, very good or good understanding



Confidence in ability to meet standards



- Positive
- Negative
- Don't know / Not applicable

- Confident
- Not confident
- Don't know

# 'Speaking up: guidance for registrants'

A majority found the 'Speaking up: guidance for registrants' **easy to understand** and **easy to implement**, but sizeable proportions had not read it or were not familiar with it.



rated their understanding of the guidance as *excellent, very good or good*



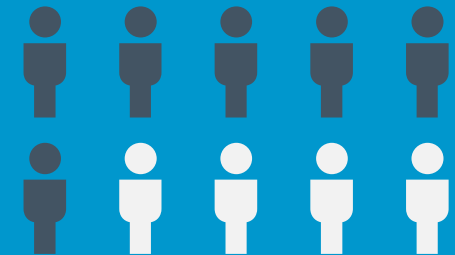
had *not read* the guidance yet



*did not know* if the guidance is easy or difficult to read



found it easy to implement the 'Speaking up: guidance for registrants'

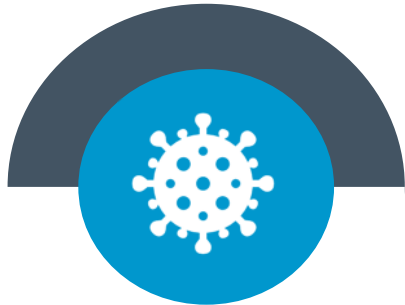


# COVID-19 pandemic

Almost half were **dissatisfied with GOC's pandemic response**, whilst a majority found **IPC guidance easy to implement**. Majority of practices are seeing **fewer patients per day** and have **increased appointment times**.

Dissatisfied with GOC response

47%



Seeing fewer patients per day

82%



Introduced/increased use of telephone triage

52%



Found it easy to implement infection prevention and control (IPC) guidance

65%



Increased appointment times for patients

79%



# Business challenges

What are the main challenges that your business faces? (Five most common)



# Stakeholder interviews: Perceptions of GOC



# Relationships with the GOC

Most stakeholders said they had a **good relationship** with the GOC, and felt engaged and listened to in meetings and consultations. Some said they found the GOC **approachable** and **responsive**, and a few said they had a 'critical friend' relationship based on mutual trust and understanding.

However, a few large employers said they felt their organisation's relationship with the GOC was **slightly limited** as they thought the GOC actively tried not to appear as too close to them for political reasons.

“

I think there is a lot of trust in the relationship. We trust them and they trust us. We have very open and honest discussions.

Patient/public group/organisation

“

I think we've got a very good working relationship with the GOC.

Education and training provider

“

We have a really good working relationship with the GOC. They are able to attend our council meetings, which happen twice a year.

Professional/representative body

“

There's definitely the perception from the GOC that they can't build relationships with, for example, the larger multiples because it might be seen that they are cosy up to them or treating them differently to maybe an independent or a small individual registrant.

Large employer

# Positive perceptions of GOC performance

Most stakeholders said they were **generally favourable** towards the GOC as the regulator, held it in high regard and said they clearly understood its role in the sector and its function.

A few also compared the GOC **favourably** to other regulators in terms of its regulatory performance.

“

I have the highest regard for the work that they do.

Professional/representative body

“

It's clear what its function is. It's clear about what it needs to achieve. It's got the balance right between how it engages with the sector and understanding the area it operates in.

Professional/representative body

“

As far as regulators go, they're probably amongst the better that we see in terms of their performance.

Professional/representative body

# Positive perceptions of GOC performance

Many stakeholders thought that the GOC **carried out its statutory role** of protecting patients and the public **effectively**, through holding the optical profession to high standards, and a few felt this also protected the profession to an extent.

A few stakeholders felt that the GOC had the **'right touch'** in regard to regulation.

“

I think they do protect the public through the issuing of their standards, guidance and statements. I think they give a clear steer on the expectations of what they would expect a registrant to do in terms of clinical performance, but also behaviours and attitudes, morals and ethics.

Government/commissioner

“

It definitely feels as though it's about protecting the profession. I know from an outside perspective, the GOC talks about protecting the public and things like that, but I think the GOC does a very good job of holding the optometry profession to a high standard.

Large employer

“

It is an effective healthcare regulator and protects well the patients within its ambit.

Professional/representative body



# Perceptions of the GOC as an independent regulator

Many stakeholders **did not want to see the GOC merged** with other regulators. They underlined the benefits of having an independent regulator in the sector, such as the GOC's experience, expertise and knowledge of the sector, which they felt would be lost if it was merged with a single regulator to the **detriment** of the profession and sector.

“

I think that if we didn't have the GOC and were reliant on the HCPC, we'd be in a far worse position because it would be 100 other people talking about 1,000 other things.

Patient/public group/organisation

“

I think eye care is better served by an independent regulator, such as the GOC, rather than being part of a large multi-regulator that might mean its voice is diminished.

Professional/representative body

“

I think it's vital to have that independent regulator. I think it needs that separation.

Government/commissioner

“

All the other optical bodies, and I agree with them, are saying that they don't want the GOC to be with the hearing people and the chiropractors and all the rest, as things won't be done properly. I think the GOC should be independent dealing with the optical world because it is a slightly unusual setup.

Professional/representative body

# Perceptions of leadership at the GOC

A few stakeholders highlighted that there had been some **staff changes** in the GOC over the last few years in senior positions, which they felt had sometimes led to a **lack of consistency** in decision making, direction and communication.

However, it was generally felt that leadership at the GOC was now stable, which was moving the organisation and the profession in the **right direction**.

“

We had loads and loads of different directors of education. They came and went very quickly, and they kept changing direction.

Education and training provider

“

I think the leadership team at the moment has got the right ideas, the right plans.

Patient/public group/organisation

“

There was one stage about two years ago where it literally felt like musical chairs in terms of people coming and going, who were in this role for three months and then gone again. So, there was no structure that you could feel confident that they were going to move the profession forward, whereas now it does feel more stable.

Large employer

# Perceptions of staff at the GOC

A few stakeholders held the perception that some staff at the GOC would benefit from a **deeper understanding** of the optical sector to be effective in their roles. These stakeholders suggested that **GOC staff could spend time in high street practices and in hospital settings** to observe how registrants work, as well as in educational settings.

“

I think too many people in the GOC don't really understand the world of optics, particularly at the medium to low level. Too many of them have never set foot in a practice, apart from when they get their eyes tested as a consumer, and that is quite evident in the way that some of them think and act.

Patient/public group/organisation

“

If I were the Chief Exec of the GOC, I would be trying to make arrangements for my staff to spend X number of days a year sitting in the corner of a practice, observing what goes on. It's as fundamental as that. It would really help their understanding.

Patient/public group/organisation

“

It would maybe help if the GOC themselves came to look at institutions, not to give us the once over, but so they actually see on the ground what happens rather than just reading about it thinking they know what happens.

Education and training provider

# Perceived weaknesses

Whilst most stakeholders said they were favourable of the GOC, there were some **perceived weaknesses** and areas for improvement, such as:

- Defensiveness in the face of constructive criticism
- Too much influence from large multiples
- Not always listening to and acting on feedback from stakeholders
- Responsiveness to communication
- Insular working practices
- Limited input from patients and the public

“

We feel the GOC is inevitably quite influenced by the corporate sector in the commercial side of optics.

Patient/public group/organisation

“

The biggest weakness is it's relatively insular in what it does. I think there should be wider involvement.

Government/commissioner

“

My worry is that when a report comes out and goes to council, it just engenders a lot of defensiveness because it's like, "Oh, everybody hates us, and we are feeling really defensive because we've been criticised".

Education and training provider

“

I have a lot of frustration with how the GOC collects data and then ignores it, or maybe just files it away as a box ticking exercise.

Education and training provider

# Ways of describing the GOC

“

I think there is something around rule driven. Ultimately of course they are the regulator. It's rule driven. **Bureaucratic** is probably the word.

Professional/representative body

“

**Agility** and **nimbleness**. I think what drives it is that is they regulate a profession that's also a commercial industry.

Patient/public group/organisation

“

I have always found them **accommodating** and **supportive**.

Education and training provider

“

I think by and large the work they carry out is done in a **transparent** way.

Education and training provider

“

The problem with the GOC is that it is **risk averse**, and it is not strategic.

Professional/representative body

“

I always considered them as a slightly somewhat **aloof** organisation in the sector, somewhat less approachable perhaps than everybody else we work with.

Government/commissioner

“

They are **good communicators**. The level of engagement that they show is strong.

Professional/representative body

“

I suppose **professional**. A **steady** pair of hands. **Responsible**. They take their responsibilities seriously. They make sure that things are dealt with appropriately and within the realms of what they can do.

Large employer

# Perceptions of the Strategic Plan

Not all stakeholders were familiar with the GOC's Strategic Plan. Of those who were, there was some positivity with perceptions that its **mission was clear**, the priorities were the right ones, and the organisation was **meeting them**. However, some thought it was too early to tell in regard to performance, given the COVID-19 pandemic.

Some stakeholders criticised the GOC's **ability to plan ahead strategically** and horizon scan and thought that this was something the organisation could improve.

“

I think they've set out a very clear mission, which is about high standards and protecting the public.

Professional/representative body

“

It's probably too early to say just because of the pandemic.

Professional/representative body

“

They don't horizon scan enough. The world is evolving within the optical industry and regulation needs to evolve to meet that.

Large employer

# Stakeholder interviews: Perceptions of GOC functions



# Perceptions of the register and website

Some stakeholders mentioned the GOC **register**, praising its functionality and ease of use.

A few stakeholders had noticed the GOC's new look **website** recently and said it was much **better looking** and **easier to use** than before.

“

If somebody applies to work for me, I can pop onto the website and in two minutes know that they are a registrant, no matter where they are working.

Professional/representative body

“

I think they've got a new website recently. Their old website was pretty horrible to look at if I'm honest. The new website is much better.

Modern and more user friendly.

Professional/representative body



# Perceptions of the fitness to practise process

Many stakeholders thought that the fitness to practise process had **recently improved**, with a reduction in the time it takes to resolve cases and the clearing of a backlog. Some also had noticed that only the more serious cases now went to fitness to practise, with other cases being dealt with by local complaints systems or by the OCCS.

However, some stakeholders still felt there was **some way to go** to reduce the time it takes to resolve cases, given the impact it can have for registrants and for patients involved.

“

The process is definitely improving.  
It's definitely speeding up, I think.

Large employer

“

The fitness to practise process has got a bit better. I think it could still be done quicker, where you are not leaving people in situations where they will have a lot of stress and worry.

Professional/representative body

“

It's more timely, greater transparency, better management of expectations. It's very difficult to get into individual matters and cases, and how they're handled and so forth, but if you go back 10 years the atmosphere was more like, "They're out to get you". I think it feels more like now they're trying to exercise a fair judgmental process.

Professional/representative body

# GOC education and training provider visits

Some education and training provider stakeholders felt that GOC visits used to be time consuming and stressful. However, they highlighted that the format of visits had changed recently, as had the way the GOC communicates with them, and in some cases the GOC had shown **flexibility** as to how visits are carried out.

A few thought that GOC visits were still challenging, as there were **communication issues, time delays** with receiving reports, and **demands** following visits could sometimes be unreasonable in nature and timing.

“

What was less easy was the preparation for the visit because the GOC is just so slow in communicating with us.  
Education and training provider

“

It's definitely improved. Back in the early days of my tenure as an academic, the relationship between the GOC and universities was a bit more formal and a bit less friendly.  
Education and training provider

“

They were very flexible when it came to the visit. The visit was well organised and I, due to some ill health, had to delay the submission of material that I needed to submit, and they were forgiving. They were flexible and reasonable, that was positive.  
Education and training provider

“

When we have our audits from time to time, it does seem to be a very long time before we get the actual reports back from the GOC.  
Education and training provider

# Perceptions of the ESR

There were **mixed views** about the ESR, with some thinking it was an achievement as it would have a **positive impact** in the sector and the many vested interests in the sector had been managed well. Others thought there were still **issues to iron out**, that it could have a **negative impact** for education and training providers, and elements of it were **rushed**.

A few also thought the GOC had **not clearly communicated** the rationale for the ESR or shown clear evidence as to its necessity.

“

The whole thing was an exhausting three years, and then with COVID happening as well, and we are trying to change our delivery, keep our students safe and progressing, keep our patients safe and still able to help the students learn. That, on top of everything else, was not needed to be pushed through so quickly.

Education and training provider

“

The rationale [for the ESR] was never clearly and sensibly articulated in my mind.

Education and training provider

“

The way that they have run the educational review was impressive because there were so many vested interests and I think at the end, most people, if not happy, can live with the outcome. That's quite a triumph.

Professional/representative body

“

It's ultimately going to be a positive thing that produces optometrists that are fit for purpose, so it will be benefit.

Large employer

# Perceptions of the ESR

A few stakeholders held the perception that at various points the GOC had not taken stakeholder feedback about the ESR on board, with some describing the consultation process as a '**box-ticking exercise**'.

A few also felt that the GOC had not sought viewpoints **early enough** in the process, which would have positively resolved some issues which had later emerged.

“

I think there was an opportunity to perhaps resolve some issues early on and I think that opportunity was missed.

Education and training provider

“

We have engaged regularly on the education piece and the Strategic Review. We were not particularly comfortable about the way it was conducted. Any alternative view or dissenting voice was treated as an irritation or annoyance rather than being taken seriously.

Professional/representative body

“

They announced, “We want to change things”, and there was no hint of any consultation first before deciding that they wanted to change things.

Education and training provider

# Perceptions of CPD

Some stakeholders felt that the recent implementation of CPD to replace CET had been an **achievement** and would have a **positive impact** in the sector.

However, others perceived that there had been **issues** with delays to communication about the changes and guidance, and there had been a few technical issues.

“

We really appreciate the move from CET to CPD. I think it's a significant step, but it's only a step on the eventual path. So, they are doing their bit to change the culture in the sector of how people professionally develop.

Professional/representative body

“

The new CPD rules against CET, they were very late to the table with further guidance. Now, they had all sorts of issues. There were tech issues.

Professional/representative body

“

They've also done well with the move from CET to CPD. We were one of the last sectors to have CPD.

Professional/representative body

# Stakeholder interviews: Communication and engagement



# Perceptions of GOC communication and engagement

Many stakeholders said there had been a **marked improvement in the way the GOC communicates and engages** with its stakeholders over the last few years, with some saying the organisation had become more approachable and transparent, which was changing perceptions of it.

Some stakeholders said that communication and engagement had **particularly improved during the pandemic** and had led to more meetings and better engagement.

“

I think their engagement has been better. Certainly, through the pandemic these regular meetings have been really helpful.

Government/commissioner

“

They're changing and changing in the right way in terms of becoming more of a friendly face.

Education and training provider

“

That was just one of the really great things to come out of COVID I think, that willingness to engage.

Professional/representative body

“

I think their communication is good. It wasn't always so, but it is now I think, where they generally look to interact with stakeholders in a positive and productive way.

Professional/representative body



# Perceptions of GOC communication and engagement

A few stakeholders said they received **too much communication** from the GOC, which sometimes meant some things went unread. These stakeholders felt that communication from the GOC needed to be important, relevant and stand out so it was not missed.

A few also thought the GOC should carefully consider the most **appropriate methods and times** for announcements and to ensure stakeholders are given time to prepare when they are required to implement something.

“

I don't think they want to overdo the communication. I think when you receive something from the GOC, it should probably stand out.

Professional/representative body

“

I feel like I've had a lot of communication from them in the last 24 months. It's almost like there is too much to respond to sometimes.

Professional/representative body

“

Thinking about when they are releasing something and how they are releasing it. I think when things are released on social media prior to them being released in a formal email, that's probably not the best, most appropriate method.

Professional/representative body



# Perceptions of GOC communication and engagement

However, some stakeholders thought that **communication could be improved**, with a few saying that **responsiveness had become worse** since the start of the pandemic perhaps, in part, due to some GOC staff working from home.

Some stakeholders explained that they did **not have named contacts** within GOC departments and had to use shared email addresses for communication, whereas those with named contacts generally felt communication was good.

“

They have been slow since COVID, but then again, I think it's impacted any large or moderately sized institution.

Education and training provider

“

I think they aren't as responsive as they should be and that's something that they need to address.

Professional/representative body

“

Sometimes when you phone, people don't answer the phone, or they don't put you in touch with the right person. I don't know if that's a downside to COVID because they've maybe had people working from home and it meant that it took a while for them to get back to you.

Professional/representative body

“

There are none of them back in the office yet. Come on guys, the world is heading back to normal. There's no excuse.

Patient/public group/organisation

# Stakeholder interviews: Pandemic response



## GOC's pandemic response

Many stakeholders were positive about the GOC's pandemic response, saying that the GOC had been **supportive** of stakeholders and engaged with them in the right way through showing **flexibility** in easing rules and regulations. They felt this had allowed businesses to continue with online sales and virtual consultations and had allowed education and training providers to move activities online.

“

I think they have been responsive and supportive to the different challenges from an HEI perspective. I think from a practice perspective, looking at the support that I think they have given practitioners in terms of operating in a really challenging environment, I think that they've done well to pivot quickly.

Education and training provider

“

I think in general they did well. The key was the easements they put in place. Things like being to deal remotely with certain situations and more leeway with taking out face to face interactions with patients where it wasn't clinically necessary. The easements they have put in place have worked very well.

Professional/representative body

“

Through COVID, the easements that they delivered. Many of them were very good. They helped patients, registrants and business registrants alike, so that was definitely a strength that they mobilised quite quickly, and they looked at how they can make things easier for everybody.

Large employer

## GOC's pandemic response

However, some stakeholders thought that GOC's **initial response to the pandemic was slow**, with initial delays to the release of advice and publishing the COVID statements. A few also felt that the GOC could have lobbied the government more to class optometrists and dispensing opticians as **key workers** so they could continue to see patients in practices.

“

It took them a while to get the advice and the statements out on what people needed to do when we first went into it in March 2020. It was an incredibly difficult time, but people were looking for answers and regulators should have probably been one of the points that those answers should have come from.

Professional/representative body

“

I don't think that there was a clear enough and fast enough interaction with government over where opticians and delivery of clinical services should be positioned. And perhaps this is symptomatic of the fact that for some it was about whether their shop was open or not.

Professional/representative body

# GOC's pandemic response

Some stakeholders thought the GOC had **worked well with other optical sector bodies** such as The College of Optometrists and other regulators as well to ensure there was a consistency in communication and guidance.

However, others felt **other bodies such as the College had taken the lead** in the sector's pandemic response, and a few said they were **confused** by which body did what in the early days of the pandemic.

“

They worked with other bodies to try to make sure that the message that went out was consistent.

Education and training provider

“

I think maybe if one were to raise a criticism, it was maybe a bit slow. The College of Optometrists really took the lead. You might argue that maybe they should have because that is part of their role, but bear in mind that the role of the regulator is to protect the public and ensure that there is safe care in place.

Professional/representative body

“

Between the College, the AOP and the GOC, I can't remember who did what. I can't remember if it was the GOC who made sure we were getting PPE at the beginning or whether it was the College or the AOP.

Patient/public group/organisation

## GOC's pandemic response

A few employers felt that the **transitioning out of emergency COVID measures** and easements had, at times, **not been well-handled** by the GOC. There were reports of businesses being given just a few working hours' notice to implement changes to practice, which was impractical, and there was some uncertainty when expiration dates passed with no new direction given.

“

A lot of the policies that the GOC had, they had expiration dates and then they never got renewed on those dates. If they are putting at the end of the policy that it this is in place until this day, make sure it's updated on time because it creates confusion if it's not been updated.

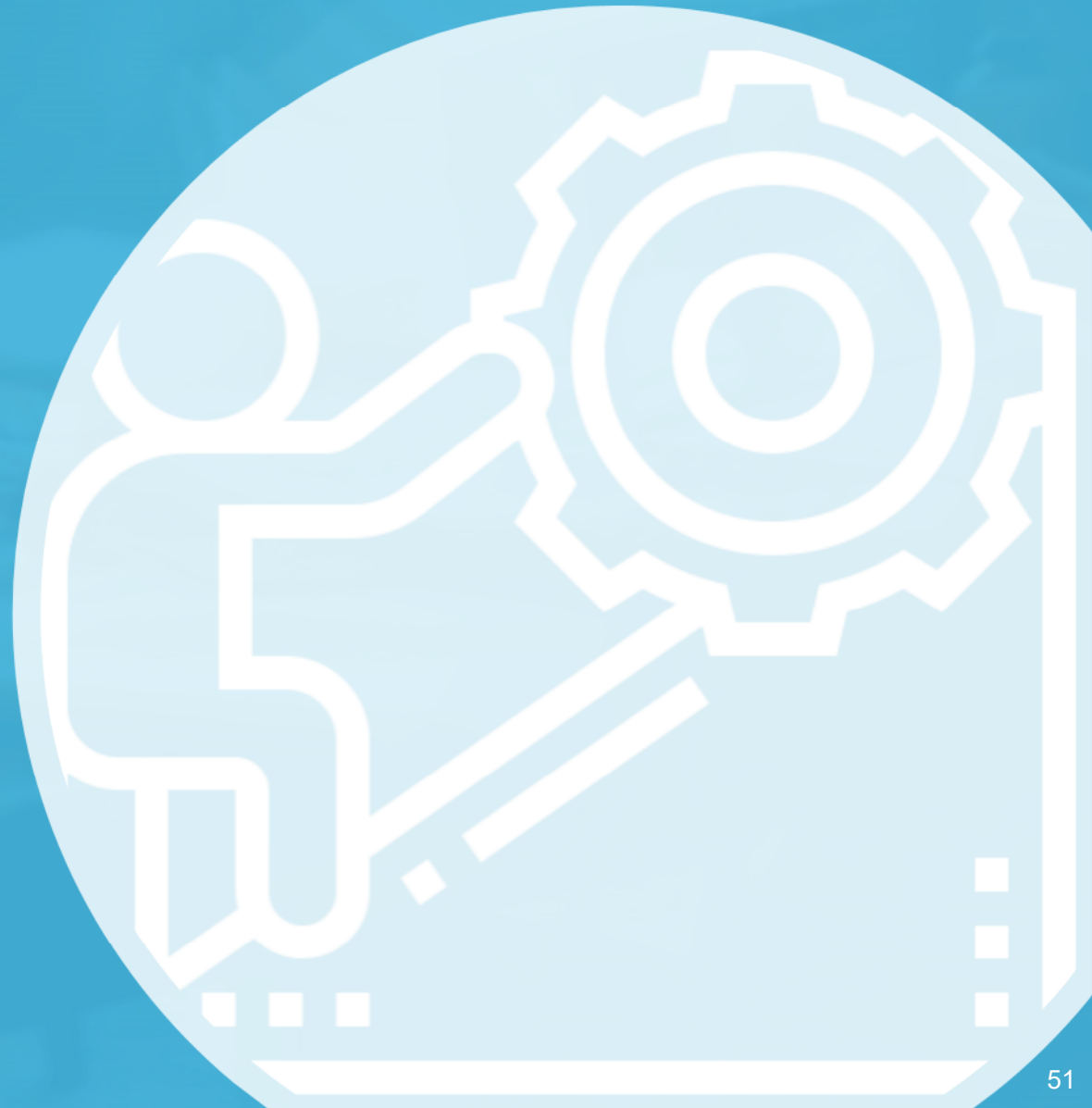
Large employer

“

The weakness was how they removed the easements. There were times when they were removing easements that would affect hundreds of thousands of customers across the UK and they were planning on doing it with two hours' notice, which is just completely unrealistic.

Large employer

# Stakeholder interviews: Challenges in the sector



# Technology in eye care

Stakeholders listed many technological advancements that were already reality or on the horizon, such as contact lens technology, auto-refraction, online consultations and telehealth, and new business models. These technological advances were generally felt to be **beneficial to patients** and practitioners, but it was suggested that the GOC needed to be **one step ahead** to ensure technology and new business models are appropriately regulated. For example, some **issues were highlighted**, such as where responsibility lies if something goes wrong.

“

I think looking at technology, AI remote technology, and make sure that we close any loopholes or it's very clear so that people can make sure they operate in the right way.

Large employer

“

I think it's really exciting, the advancement that technology can bring in supporting practitioners to do their job better. It's tricky because if you get a machine to do something which originally a practitioner was doing, then perhaps it is more difficult to regulate.

Government/commissioner

“

With regards to artificial intelligence etc., they need to be on the front foot and ensure that they have a clear position on how that is used to deliver eye healthcare.

Professional/representative body



# Regulation challenges

Many stakeholders felt that **online sellers of lenses and spectacles based overseas** were a challenge in the sector. Some accepted that the GOC was not able to regulate sellers based outside of the UK, whereas others thought that the GOC's remit should be expanded to regulate that market, given its function is to **protect patients and the public** in the UK.

A few also cited 'ready readers' being sold on the high street and thought the GOC should ensure that sellers include **disclaimers** about the importance of eye health checks.

“

There needs to be more of a handle of online sales of things like contact lenses and online spectacles that you sometimes see through Amazon marketplace. That is the duty of the GOC. It is a difficult one because obviously these are overseas companies that are selling stuff into the UK, but even still, with contact lenses there is a lot of danger of infection and things like that.

Education and training provider

“

I've complained a number of times to the GOC about online sellers. I'm sure they have investigated to some degree, but they are very quick to shift responsibility for doing anything. I'm sure it's partly that they don't have the legal powers to follow it through, but they should be agitating for that to change. There is a clear problem there.

Professional/representative body

“

When ready readers are being sold in Marks and Spencer, say, it would be good if the GOC insisted that they had a notice beside talking about the importance of an eye health check at an optometry practice.

Professional/representative body

# NHS GOS contract

A few stakeholders thought that there were **issues with the NHS General Ophthalmic Services (GOS) contract**. One perceived impact was that some practices were no longer providing GOS services because it was not financially viable. Others thought that the contract required review given the changing scope of practice for optometrists and dispensing opticians, and that **the GOC would play an important role in the review**.

“

Something I keep hearing about is practices giving up on GOS and going fully private.

Patient/public group/organisation

“

We have got a programme of work that is looking at the transformation of outpatients, particularly for eye care services. GOS is long due a review. I think it's back in the eighties the last time the contract was actually reviewed, and things have moved on quite a lot in that period of time.

Government/commissioner

“

If we were forming a working group to look at any review of GOS, I think we would want them as a stakeholder. I don't know how much contribution they feel they would have to make, but I think it will be important.

Government/commissioner

“

It's been difficult to negotiate additional services for the NHS because people are unhappy with the basic contract. Optometrists say they make a loss on the NHS contract and so they are reluctant to take on more work until this contract is sorted out.

Patient/public group/organisation

# Ability of students and variability in standards

A few stakeholders said that they worried about the **ability of students** studying optometry, which they thought was leading to a decline in standards amongst newly qualified practitioners.

Another stakeholder felt that there was already a **variability in standards** between registrants, which could have negative implications for patients.

“

We would say the quality of newly qualified optometrists isn't as good as it needs to be. There is a lack of a number of things. Everyday common sense seems to be lacking in so many ways.

Professional/representative body

“

There's certainly been a move towards more and more optometry students graduating. Whilst there is an increasing number of patients, and elderly patients in particular, it has had an impact on salaries. That then has a knock-on effect on the calibre of applicant that comes in wanting to do optometry. It's been a real challenge from an education point of view. It's been a slow creep to teach to the right standard, but with less ability on the part of the entrants coming in.

Education and training provider

“

What we know is that there is a great deal of variability in the quality of optical practice.

Patient/public group/organisation

# Disparity in eye care across the UK

“

There are going to be differences across the UK. We've seen them for some time, but they are getting more and more marked, particularly with the devolved nations, but equally regions in England.

Professional/representative body

“

I think in general terms, we're seeing increasing disparity between the way that eye care is delivered in different parts of the UK. We're very fortunate in Scotland that we have been able to move ahead in that regard over the last 15 years, whereas the rest of the UK has been lagging somewhat behind, particularly England.

Education and training provider

“

I think this is one of things from the ESR that we were very disappointed with, in that actually our standards have to come down. If we look at this from a UK perspective, it's the lowest common denominator that effectively wins out here. And actually, our standards are improving and increasing all the time and we would expect regulation to back that up, but unfortunately it doesn't. This difference in the four nations is not going to be easy to manage as we go forward.

Government/commissioner

A few stakeholders felt that there was **disparity in the way that eye care is delivered in different parts of the UK**, with different ways of delivery in Wales and Scotland to England. This led some stakeholders to believe that skills needed to work in different parts of the UK are becoming **more divergent** and GOC standards might need to reflect these differences in the future.

# Workforce challenges

Many stakeholders mentioned workforce challenges across the UK. There was a perception that more and more optometrists were undertaking **locum work or working part-time**, coupled with many not wanting to move to different areas (particularly those where there are no HEIs offering optometry courses). It was felt this presented a **risk to the public**, as in some places in the country there is a shortage of optometrists in particular.

“

I suppose there is a workforce problem. There's a shortage of optometrists, particularly in certain parts of the country, and part of it is driven by the fact that so many optometrists are now working part-time or working as locums or not working full-time. That's because of lifestyle etc.

Professional/representative body

“

Heavy concentration of optometrists in Manchester, Birmingham, London in certain pockets, but then there is extreme poverty of resource in others, which then means there are people who capitalise on that, become self-employed and will travel around these locations to try and drive their own day rate.

Large employer

“

We hear there are certain parts of Scotland where they can't place people. There have been vacancies for extended periods of time. I think that's a challenge across probably the whole of the UK.

Education and training provider

# Workforce challenges

Some stakeholders held the perception that there were **too many locums** in the workforce and, due to the workforce shortages in some areas of the country, the need to employ them were negatively impacting business costs.

A few felt that newly qualified optometrists carrying out locum work when they are inexperienced is a potential **risk to patients** because they are unable to learn effectively from their practice.

“

If you locum, you do a day here and a day there and that's it, if you see a patient this Monday and make a decision on them, the likelihood is that you never see them again. However, if you did see them the following Monday, you would know whether that was the right decision or the wrong decision, and you learn from it. If you see somebody today and see them again next year, again you learn from that consistency, and they can tell you if it worked or didn't work. So, this idea that a whole load of newly qualified 22-23 year olds just want to go out and locum because they are in control and it probably pays them 30% more, I think from the public point of view is unsafe.

Professional/representative body

“

Locums can charge whatever they like unfortunately. It's tricky. We're looking at around 30% of our clinics being run on locums at the moment and I'd say that's probably similar across larger multiples. We're all in the same boat. We are all fighting for the same pool of people.

Large employer

# Ophthalmology outpatient waiting lists

Many stakeholders highlighted the **long waiting lists** in ophthalmology outpatients and that optometrists were going to be increasingly relied upon to treat more patients in **primary care settings** where appropriate to ease problems through the NHS recovery and transformation programme.

Some felt that seeing increased numbers of patients with eye health problems would **increase risk** in the profession and the GOC will play a key role to ensure that the profession has the **right skills** to meet the challenges.

“

Ophthalmology has the biggest number of outpatients in the whole of the NHS, and it can't cope. Even before the pandemic it was acknowledged that people were going blind simply because of delays in hospital. There's so much of the hospital work that can be done in the community with the appropriate skills.

Professional/representative body

“

We hear from primary care clinicians that they can do an awful lot more within the primary care setting. We equally hear from protective secondary clinicians that primary care clinicians haven't got the skills and capabilities to do that work. It would be really good from the overall regulator to get a true understanding of what is within and out of scope for clinicians.

Government/commissioner

“

Eye care in general, we're struggling with waiting lists. Waiting lists in secondary care were bad before the pandemic. They are even worse now. We've got to do things differently across eye care. Not just what we are doing in hospitals, but in the community as well.

Government/commissioner



## Number of optical bodies in the sector

Quite a few stakeholders highlighted **how the optical sector was crowded**, with many professional bodies who each had their own agenda, which was leading to an increasingly **fragmented and polarised sector**. It was felt by these stakeholders that it was a **challenge for the GOC** to engage and work with all these bodies to address challenges in the sector.

“

The number of different interests presented by the optical bodies is bizarre compared to any other profession or industry I've come across...It's ridiculously crowded, and the trouble is that all those organisations have their own lives and their own secretariat and their own patch to defend.

Professional/representative body

“

The sector is increasingly polarised, I think, and fragmented.

Government/commissioner

“

The sector is too crowded anyway and the organisations that aren't clear about what they are looking to achieve tend to then start treading on other people's toes, and it all gets a bit messy.

Professional/representative body

“

There are lots of bodies and working together can be a challenge.

Professional/representative body



# Stakeholder interviews: Priorities for the GOC



# Call for evidence on the Opticians Act

Many stakeholders mentioned the GOC's current call for evidence on the Opticians Act, which many thought was **out of date** given technology and the changing scope of practice. However, opinion was split as to the nature of changes necessary, with some thinking large scale changes were required, and others that large scale changes could have **unintended consequences**.

Many felt the review of the Act should be a **priority for the GOC** over the next few years and hoped the GOC would **listen carefully** to feedback and take it on board.

“

We believe the Opticians Act needs a ground up review.  
Professional/representative body

“

The Opticians Act needs to be updated and accommodating where we are now at in the 21st century in optometric practice.  
Professional/representative body

“

I know there is the call to evidence that's going to happen on what changes may or may not be appropriate for the Act. I'm very nervous about unintended consequences with that. I think it would be very easy to remove some of the protections because we don't think they are necessary, when that may lead to a worse outcome for patients.

Professional/representative body

“

They'll take out one comment about the Opticians Act being out of date and that will be their banner line. I suppose I don't have much confidence in what they'll do with that consultation, and I worry about the unintended consequences of some form of deregulation of the eye test.

Education and training provider

# Addressing workforce challenges

It was noted by the majority of stakeholders that, whilst the GOC needed to be aware of the workforce issues and contribute towards research into them, there were **limitations to what the GOC can do within its scope as the regulator**. Instead, it was widely felt that addressing the workforce issues was a **sector wide challenge** and the GOC's role was more to support other stakeholders.

“

The GOC doesn't have a remit around manpower, which I understand, but actually it's the thing that keeps dogging the profession. We just never seem to get an appropriate level of resources.

Patient/public group/organisation

“

I'd like them to focus on workforce to some extent. It's not in their remit at the moment, but I'd like to see more of an active role in monitoring the size and scope of the workforce. They don't have the ability to do that at the moment.

Professional/representative body

“

One thing we've always struggled, I think, to get a handle on is information about workforce planning. That kind of data seems to be difficult to get for optometry. That seems to be more visible for other healthcare professions. I don't know whether the GOC perhaps have a role in that.

Education and training provider

# Changing scope of practice

A few stakeholders thought looking ahead at how the clinical scope of practice is changing and ensuring registrants are **appropriately equipped** should be a priority for the GOC, but another stakeholder said they could not see how the GOC as a regulator could have much of an impact.

“

The GOC's role is to make sure that the provision of eye care in the primary care setting is done safely and credibly.

Professional/representative body

“

In terms of how the GOC can become more involved as a regulatory body, it's difficult to see how they could make more of an impact for secondary eye care.

Education and training provider

“

I think [the GOC] will need to be looking at the clinical scope of clinical practice changing. Ten years ago, if you went for your eye examination and glasses, that's kind of what they did. Now, they could be doing macular injections in secondary care, and they could certainly be doing enhanced care around glaucoma monitoring and management etc.

Government/commissioner

# Engaging with the public and promoting eye health

A few stakeholders held the perception that the GOC could **involve patients more** in its activities and raise its public profile, as many are unaware of the GOC and how it protects them.

There was also a perception that many patients are unaware of the different roles within eye care, which could be a barrier to accessing care, particularly for some minority groups. It was suggested that the GOC could play a role in **promoting eye health** and **educating the public** about the sector.

“

If you go down the pub and say, “Do you know what the difference is between an ophthalmologist, an optometrist, a dispensing optician and an optician assistant?”, nobody’s got a Scooby Doo. “Isn’t that Specsavers?” they say.

Professional/representative body

“

It feels like the GOC maybe needs to get a bit more public input, rather than sector input, which is quite commercial and business driven.

Patient/public group/organisation

“

They should be better at promoting eye health to the general population.

Professional/representative body

“

[The GOC should be] educating consumers as to what optometry is, how it works and what it delivers them.

Professional/representative body

# Focus on supporting, communicating and engaging with stakeholders

Several stakeholders thought the GOC should focus on further **supporting, communicating and engaging** with stakeholders and the sector, whilst improving its responsiveness. They felt that this would foster relationships which would **benefit the sector**.

Some also suggested that the GOC should focus on **raising its profile** in the sector and **building confidence** in its ability to regulate amongst registrants and other stakeholders, which would ultimately benefit patients.

“

Communication, that should be the easiest win in some ways. They've been doing a lot of engagement and you can see that, but making sure it continues and is consistent, and improved.

Large employer

“

I think they need to build their confidence back up again with the profession. I think there's a lot of people who work in the optical sector who have lost confidence, I would say, with the GOC for many different reasons, but it's the GOC putting up that united front – “We're here for you as a profession, we're not against you”. I think that's what some people think of the GOC, that they are against us.

Large employer

“

I feel it's the GOC, the clinicians and the professional bodies that need to agree and work together to ensure that whatever is delivered in the future, is the best eye care that can be delivered for patients.

Professional/representative body

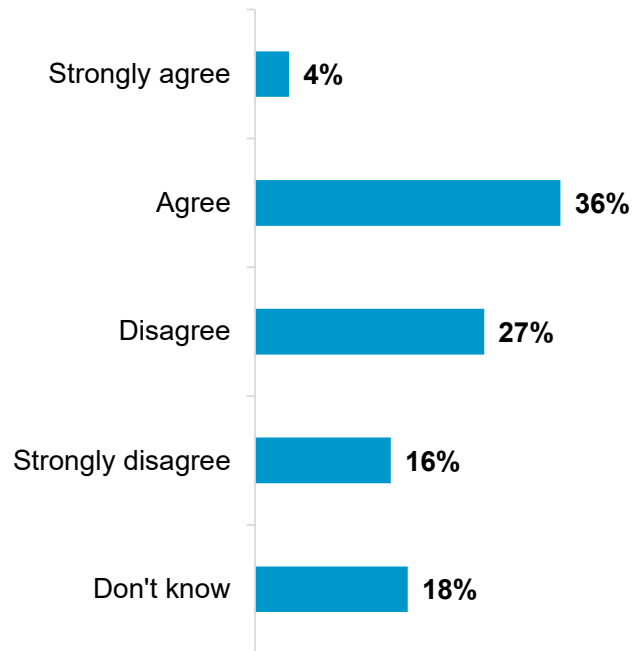
# Business registrant survey: Detailed findings



# Strategic plan: delivering world-class regulatory practice

**Similar proportions agreed and disagreed** that the GOC is *delivering world-class regulatory practice*, whilst around a fifth did not know.

To what extent do you agree or disagree that the GOC is...delivering world-class regulatory practice?



In comparison...

**58%**

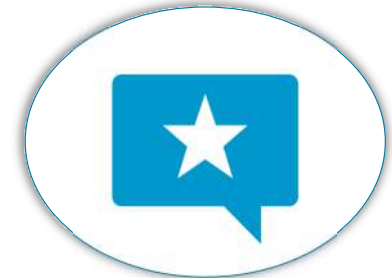
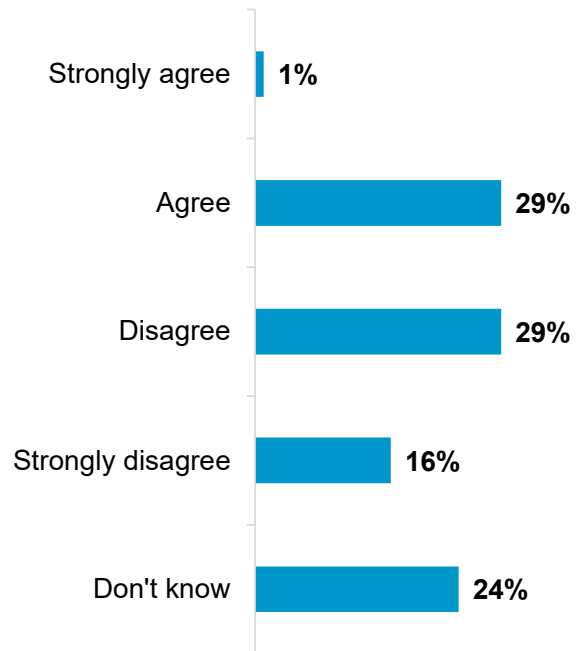
of individual registrants agreed<sup>1</sup>



# Strategic plan: transforming customer service

**A larger proportion disagreed** that the GOC is *transforming customer service* than agreed, whilst around a quarter did not know.

To what extent do you agree or disagree that the GOC is...transforming customer service?



In comparison...

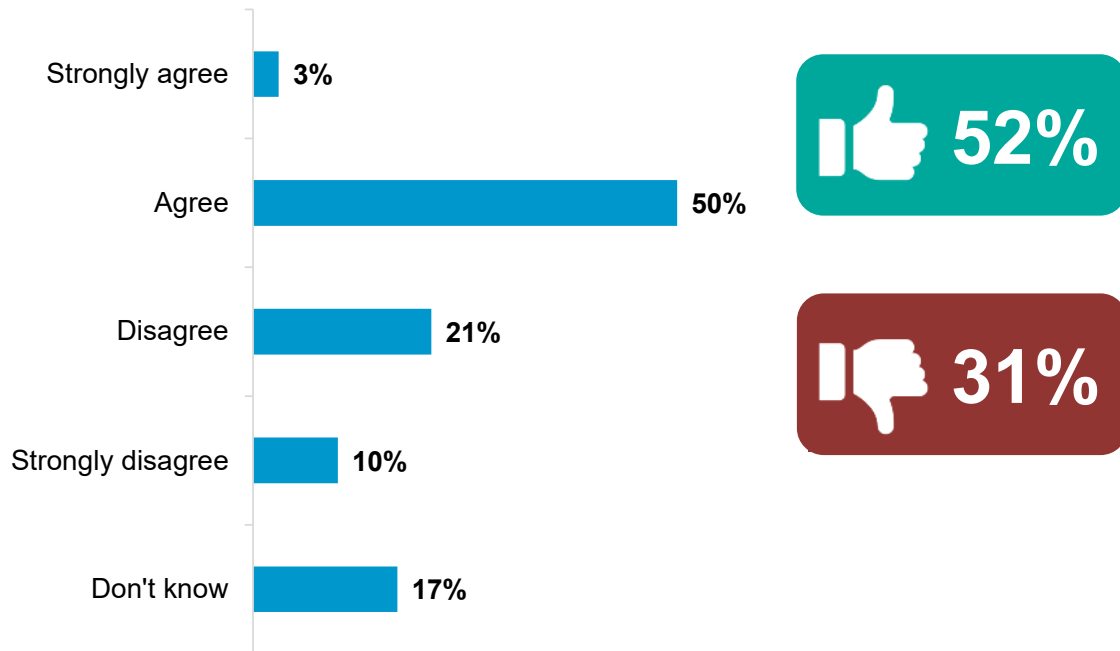
43%

of individual registrants agreed<sup>1</sup>

# Strategic plan: building culture of continuous improvement

**A larger proportion agreed** that the GOC is *building a culture of continuous improvement* than disagreed, whilst just under a fifth did not know.

To what extent do you agree or disagree that the GOC is...building a culture of continuous improvement?



In comparison...

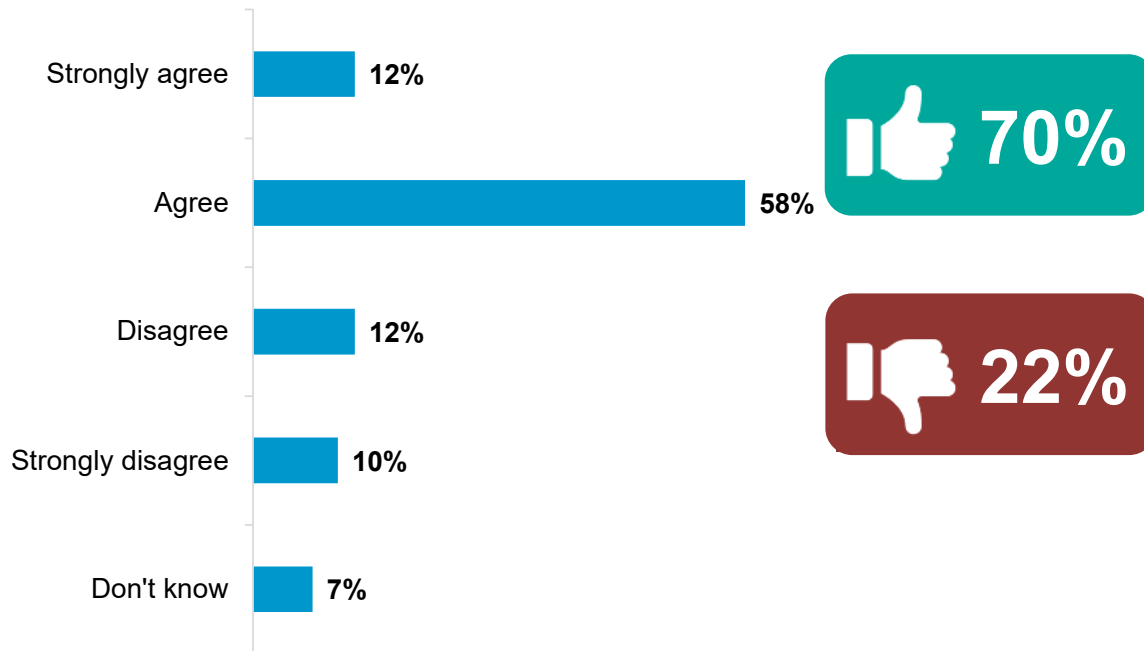
**62%**

of individual registrants agreed<sup>1</sup>

# Ensuring the quality of optical education

**A much larger proportion agreed** that the GOC ensures the quality of optical education than disagreed.

To what extent do you agree or disagree that the GOC...ensures the quality of optical education?



In comparison...

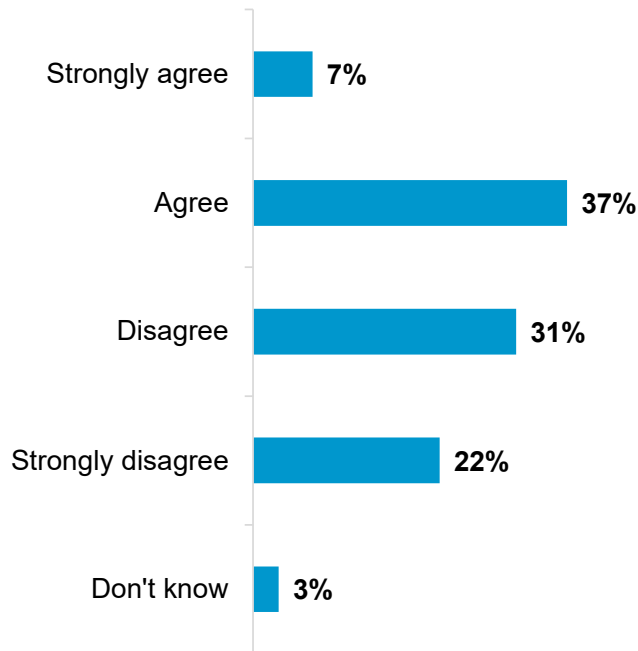
**71%**

of individual registrants agreed<sup>1</sup>

# Registration fees

**A larger proportion disagreed** that the GOC charges registration fees which are reasonable than agreed.

To what extent do you agree or disagree that the GOC...charges registration fees which are reasonable?



In comparison...

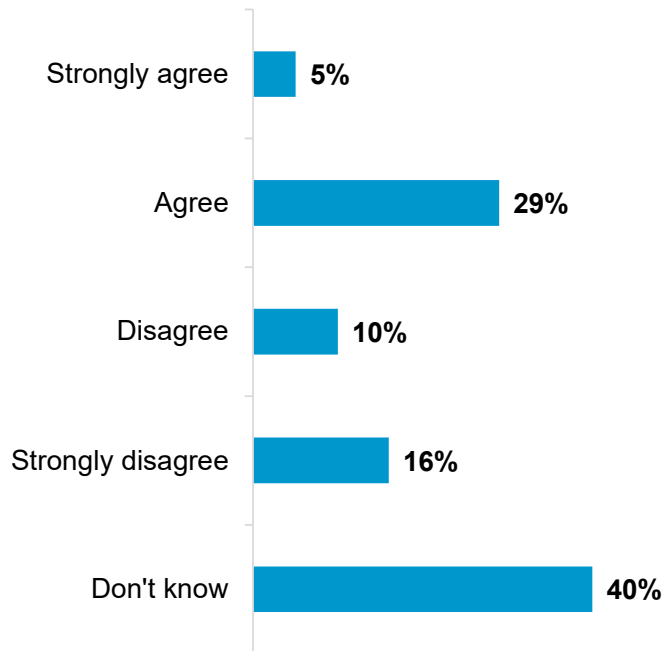
49%

of individual registrants agreed<sup>1</sup>

# Fairness in fitness to practise process

**A slightly larger proportion agreed** that the GOC *is fair to registrants when taking action through the fitness to practise process* than disagreed, but four in ten did not know.

To what extent do you agree or disagree that the GOC...is fair to registrants when taking action through the fitness to practise process?



In comparison...

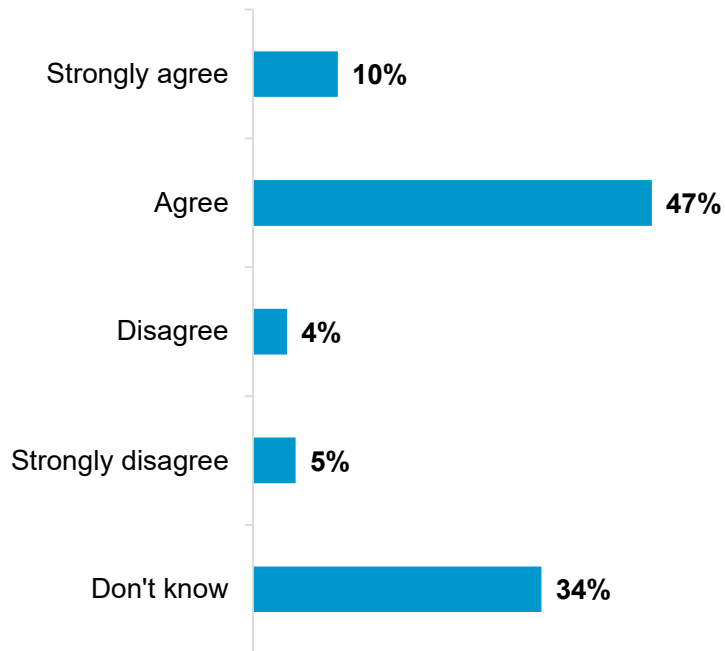
40%

of individual registrants agreed<sup>1</sup>

# Equality, diversity and inclusion in GOC work

**A much larger proportion agreed** that the GOC *promotes equality, diversity and inclusion in its work* than disagreed, but a third did not know.

To what extent do you agree or disagree that the GOC...promotes equality, diversity and inclusion in its work?



In comparison...

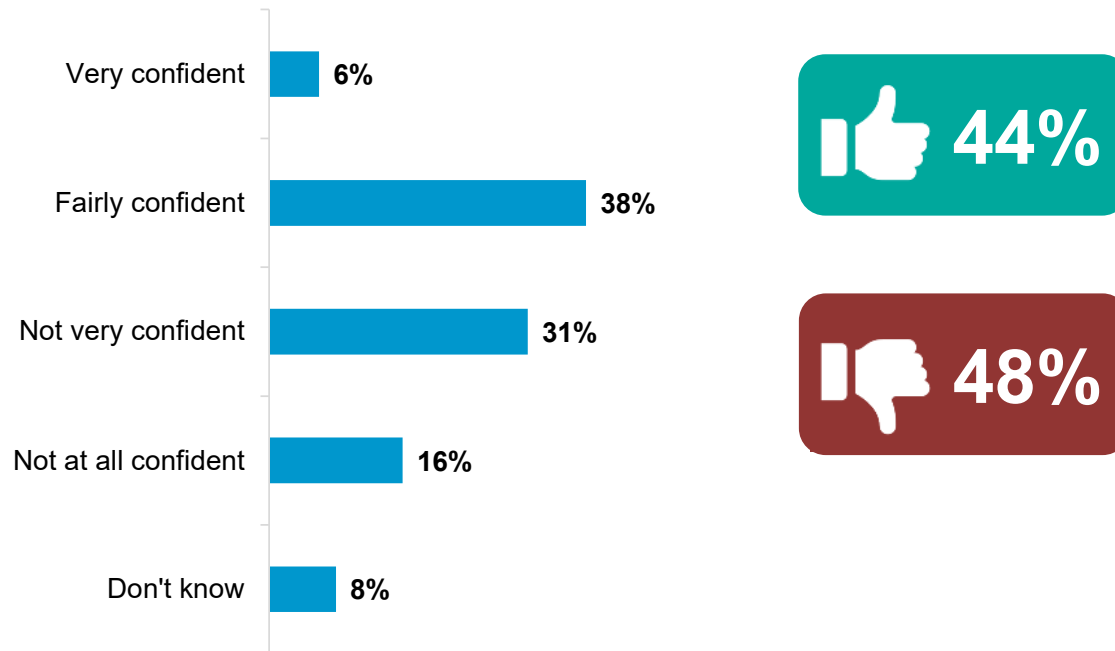
66%

of individual registrants agreed<sup>1</sup>

# Confidence in regulation

**A larger proportion said they were not confident** in the way that *optical professionals and businesses are regulated* by the GOC than were confident.

How confident, if at all, are you in the way that optical professionals and businesses are regulated by the GOC?



When asked to explain their response, the most common themes were:

- Inconsistent/unfair regulation (23%)
- Poor regulation of online sales (22%)
- Too much influence from large multiples (21%)
- Good regulation/clear standards (17%)
- Not all businesses are registered (13%)

# Ways to improve regulation

What one thing can the GOC do to improve the way it regulates optical businesses?



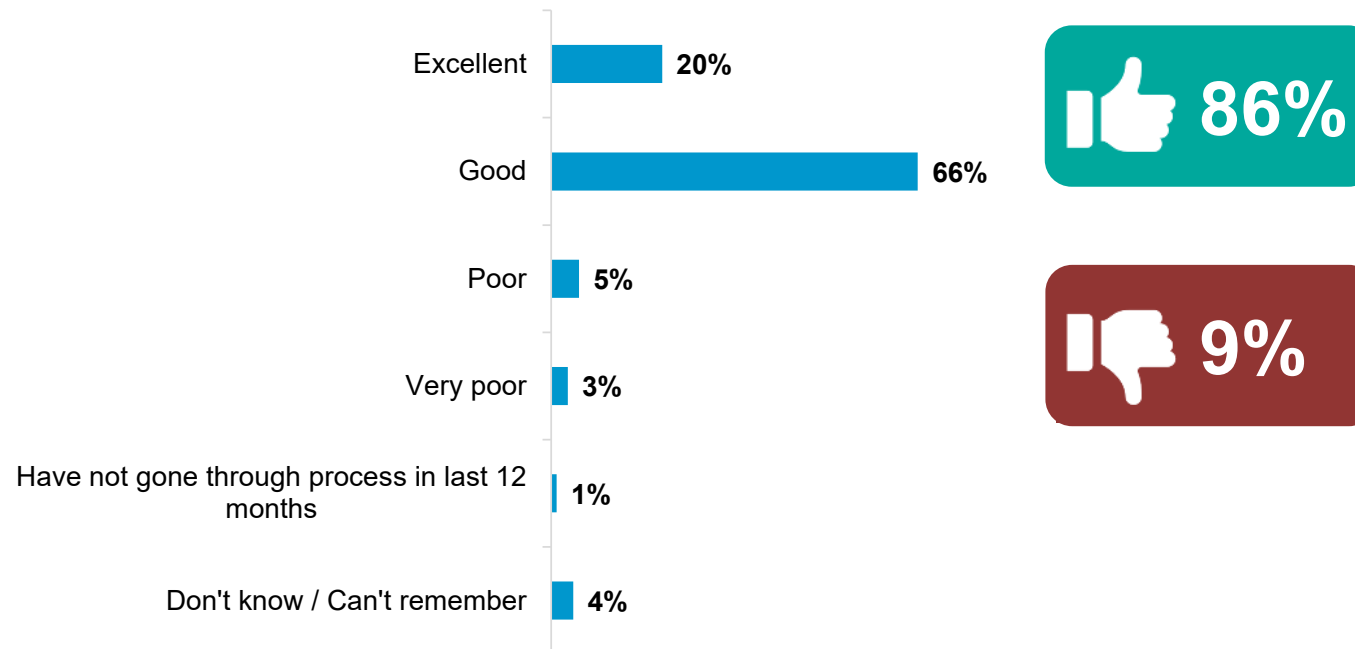
When asked what one thing the GOC could do to improve the way it regulates optical businesses, **regulating online sales** was most common, followed by **ensuring all businesses are registered and/or regulated**. These were common themes noted in the stakeholder interviews too.



# Registration process

**A much larger proportion had a positive experience** of the annual retention process in the last 12 months than negative.

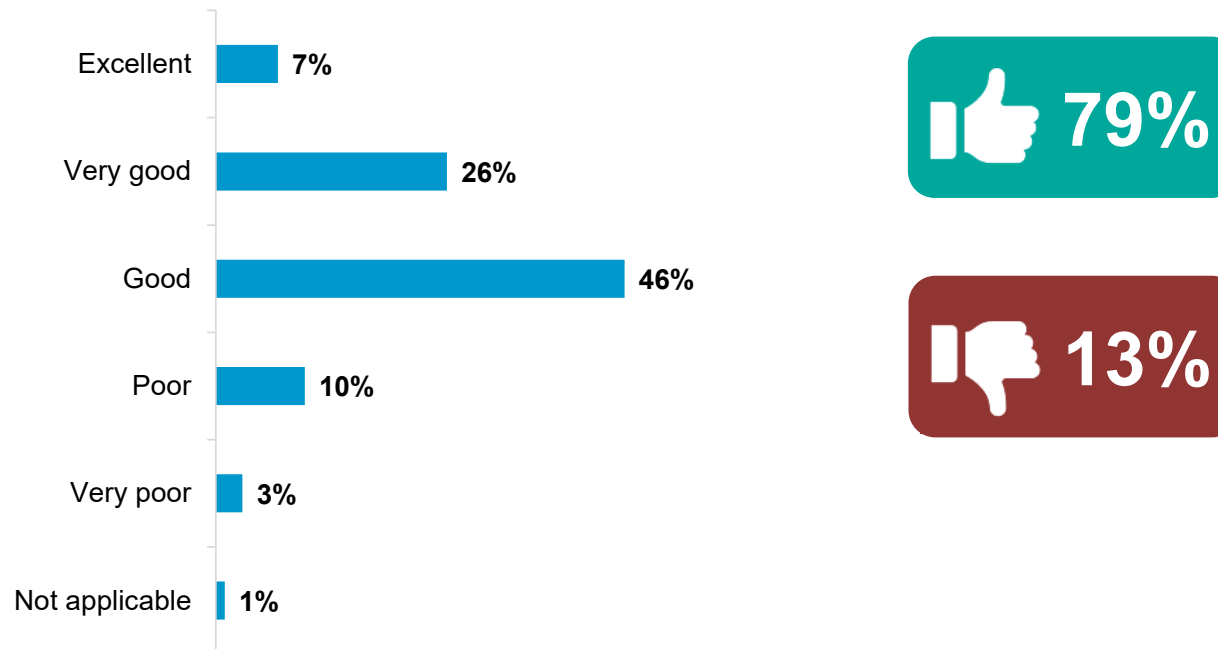
If you have gone through the annual retention process as a business registrant (i.e. applying and paying the fee) in the last 12 months, how would you rate your experience?



# Understanding of Standards for Optical Businesses

**A much larger proportion had a positive understanding** of the Standards for Optical Businesses, than negative.

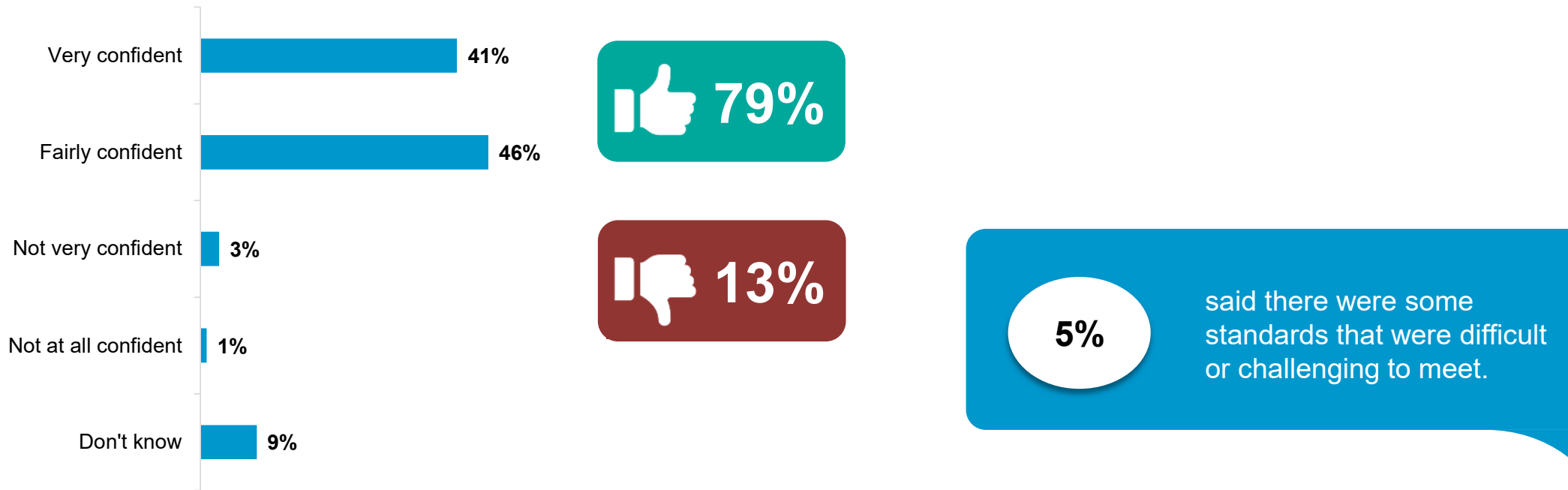
How would you rate your understanding of the Standards for Optical Businesses?



# Meeting and implementing the Standards for Optical Businesses

**A much larger proportion was confident** in their ability to meet the Standards for Optical Businesses than not confident.

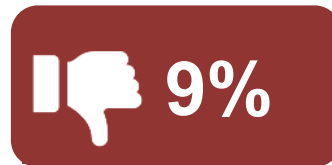
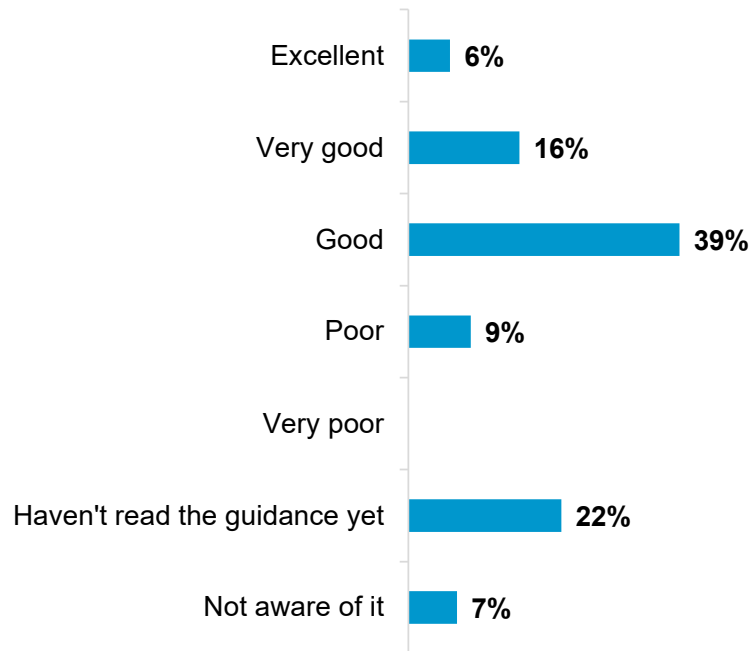
How confident are you in your ability to meet the Standards for Optical Businesses?



# Understanding of the 'Speaking up: guidance for registrants'

**A much larger proportion had a positive understanding** of the 'Speaking up: guidance for registrants' than a negative understanding, but around a fifth had not read the guidance yet.

How would you rate your understanding of the 'Speaking up: guidance for registrants' published in October 2021?



In comparison...

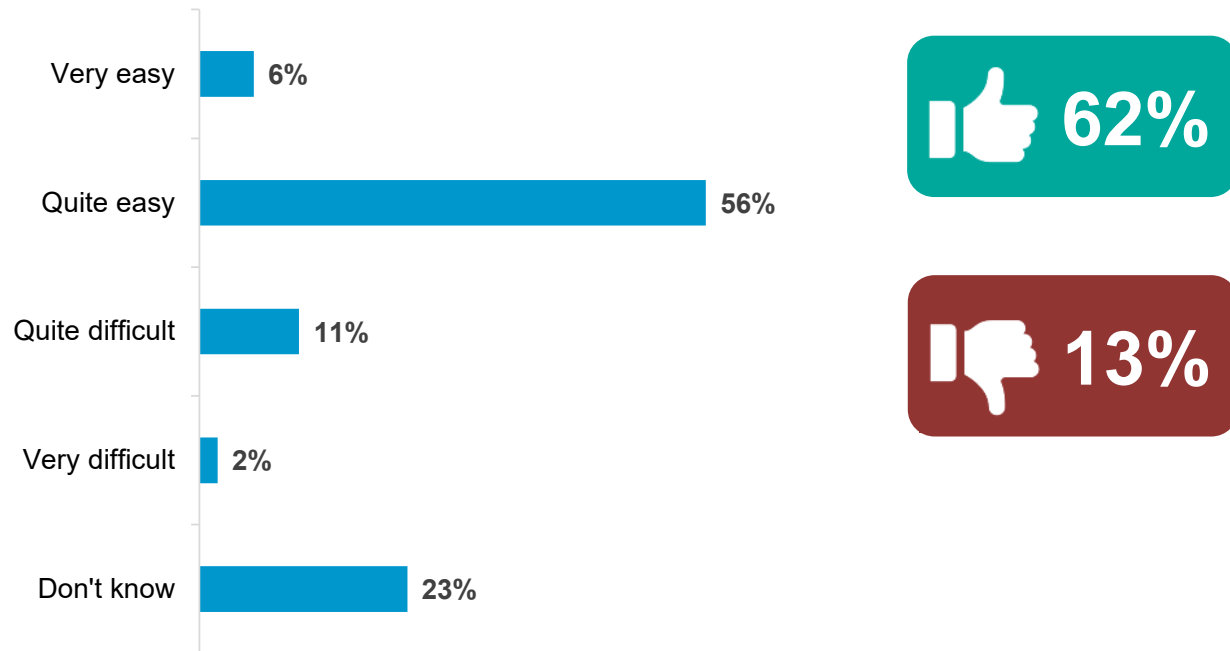
53%

of individual registrants had a positive understanding and 24% had not yet read it<sup>1</sup>

# Implementing the 'Speaking up: guidance for registrants'

**A much larger proportion found implementation of the guidance easy than difficult, but around a quarter did not know.**

How easy or difficult is it to implement the 'Speaking up: guidance for registrants'?

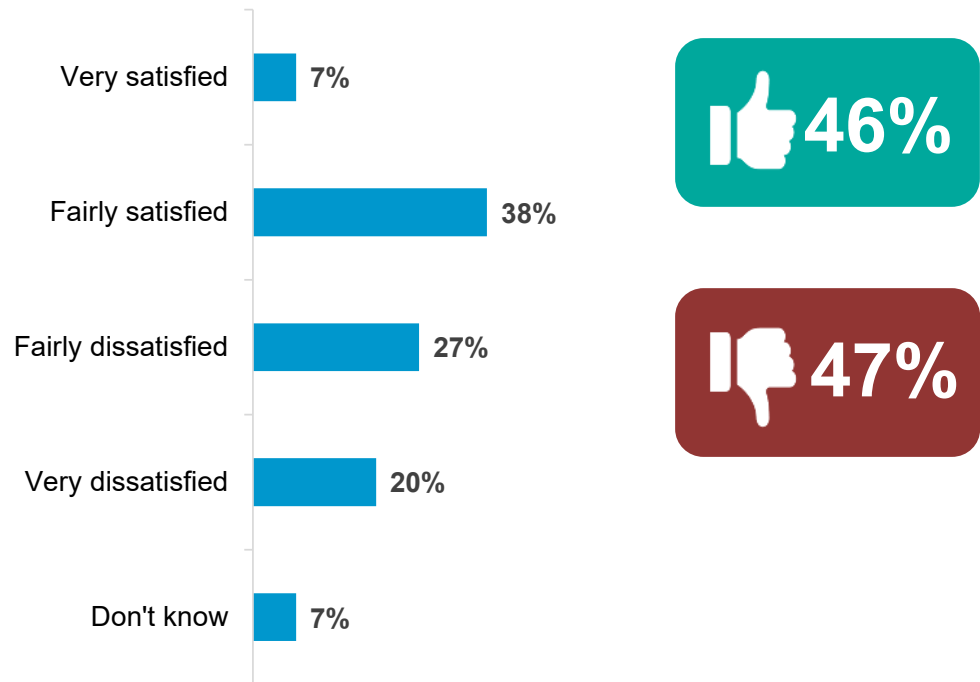


Base: Those who were had read the guidance (104)

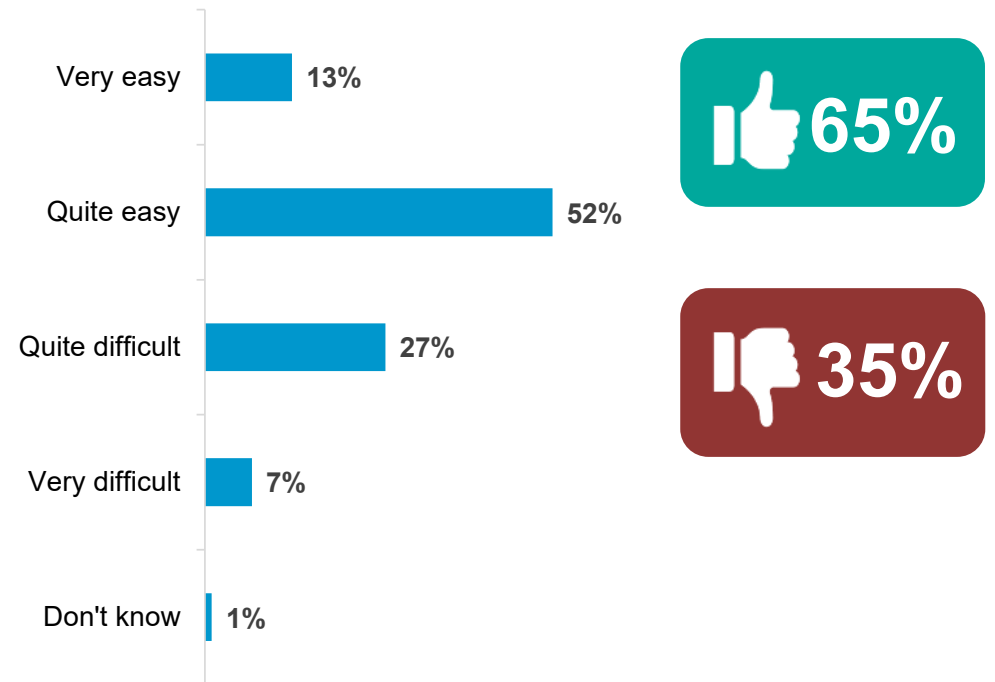
# COVID-19 pandemic

**Similar proportions were satisfied and dissatisfied** with the response of the GOC to the COVID-19 pandemic and a **larger proportion found implementing IPC guidance easy** than difficult.

Overall, how satisfied or dissatisfied have you been with the response of the GOC to the COVID-19 pandemic?



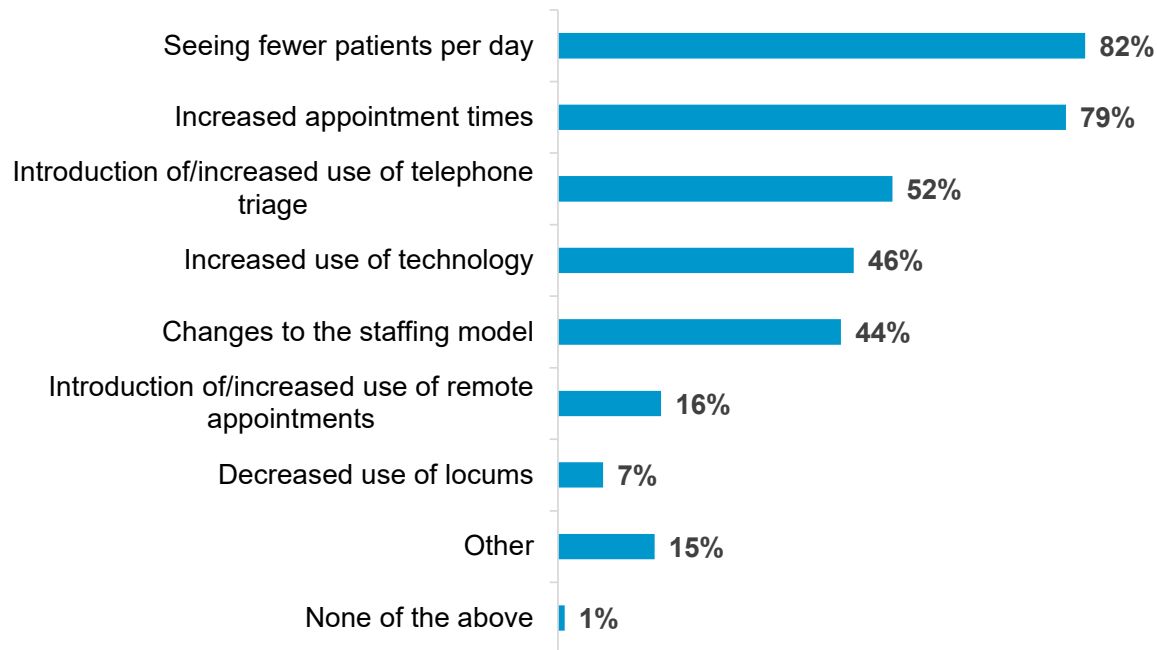
During the pandemic, how easy or difficult has it been to implement infection prevention and control (IPC) guidance?



# Changes to business practices as a result of the pandemic

The majority said their business had changed practices as a result of the pandemic, with **seeing fewer patients per day** and **experiencing increased appointment times for patients** the most common changes.

Have your business practices changed in any of the following ways as a result of the COVID-19 pandemic?



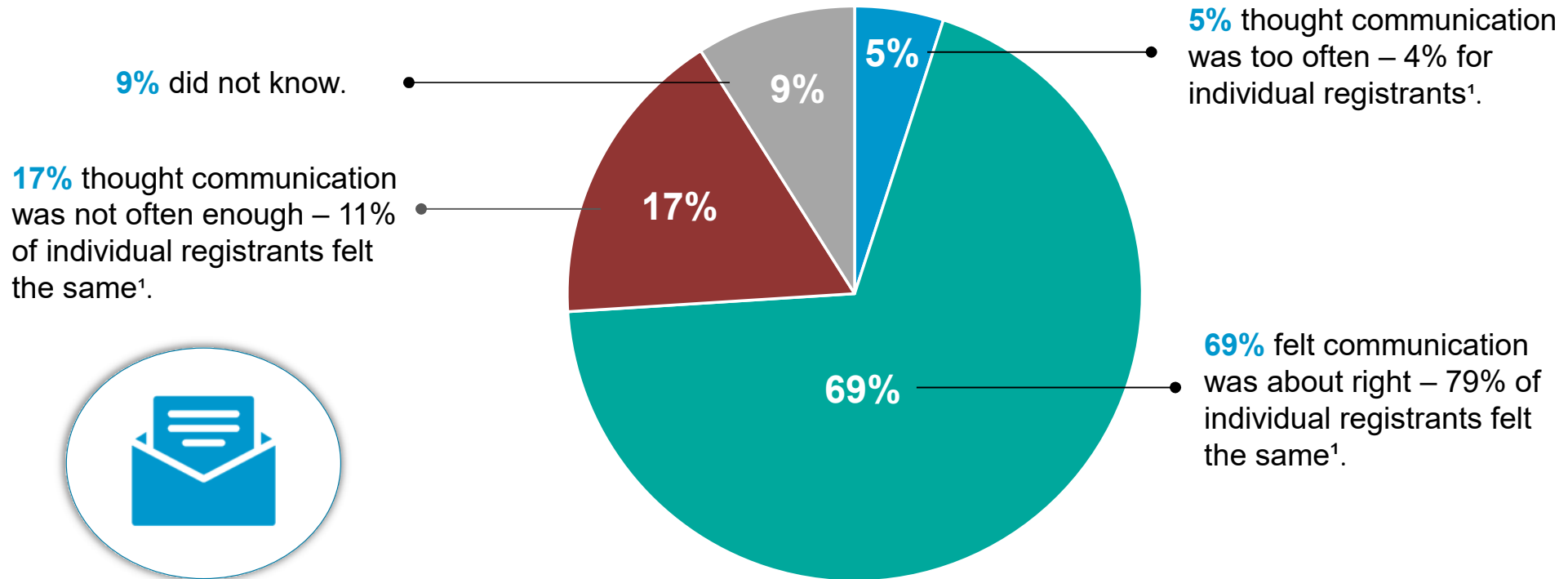
**15%** said 'other'

This included the following:

- The NHS GOS contract
- Increased infection measures
- Financial struggles
- Need to adjust appointments

# GOC communication

The majority described the frequency of GOC communication as **'about right'** and just under a fifth thought that it was *not often enough*.

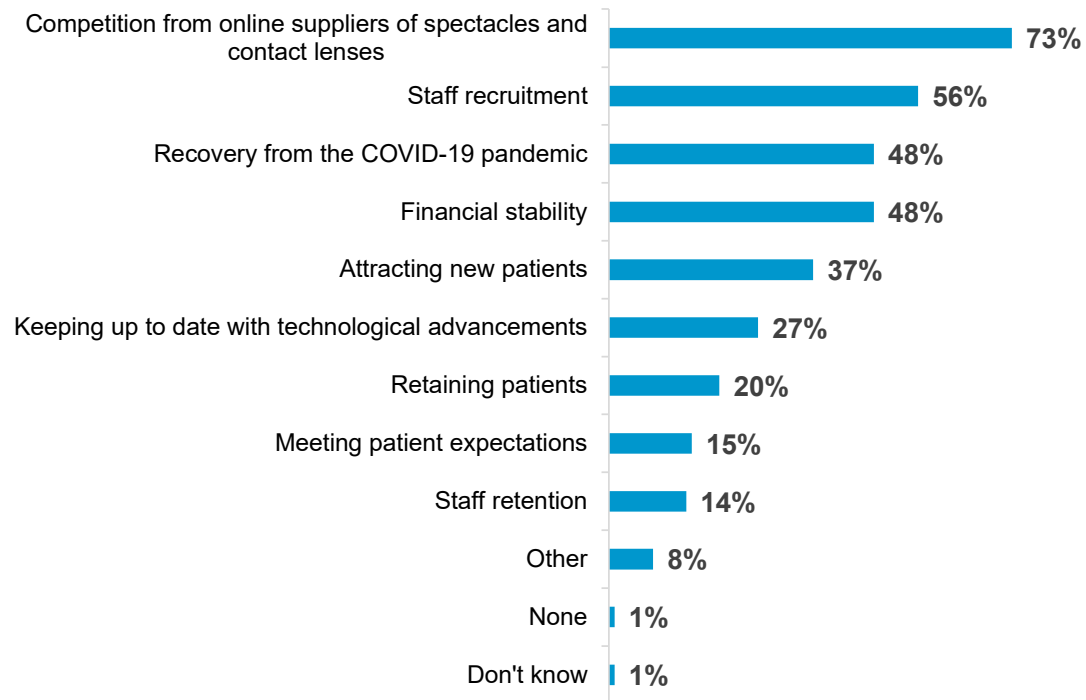




# Business challenges

Three quarters said their business **faced competition from online suppliers of spectacles and contact lenses** and many faced issues with **staff recruitment, recovery from the pandemic** and **financial stability**.

What are the main challenges that your business faces?



8%

said 'other'

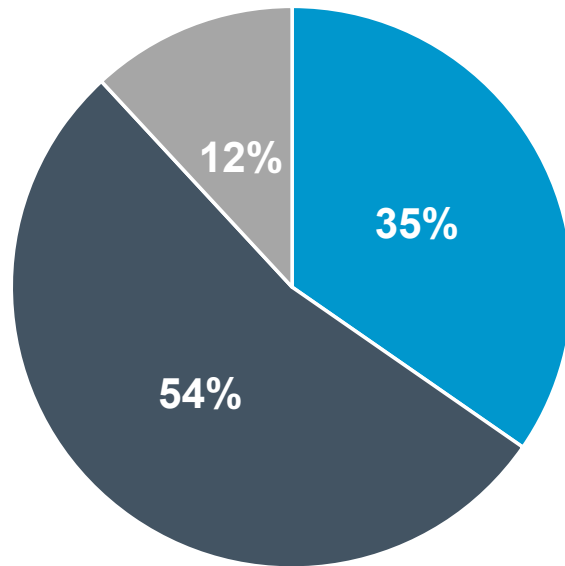
This included the following:

- NHS/GOS issues
- Patient expectations and needs
- Competition with large multiples
- Keeping up to date with regulatory requirements and COVID guidance

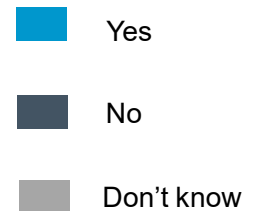
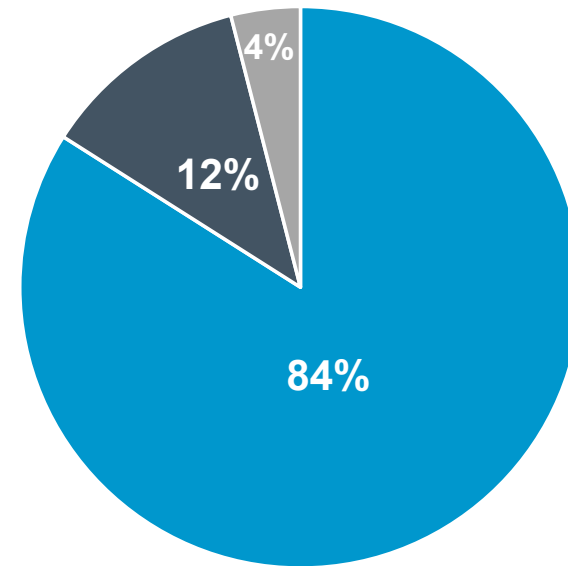
# Equality, diversity and inclusion information

**Only a third** reported their business **collected information** on equality, diversity and inclusion of its staff, but the vast **majority** of those who did **used this information** to inform policy or policies.

Does your business collect information on equality, diversity and inclusion of its staff?



Does your business use this information to inform policy/policies?



# Conclusions



# Conclusions

- The GOC has a good relationship with many of its stakeholders based on mutual trust, good communication and good working practices, and many hold it in high regard, thinking it carries out its functions effectively.
- There was a great deal of positivity about the GOC staff, particularly those in senior leadership positions, and some highlighted recent improvements to the organisation including the fitness to practise function and process, the register and website, education panel visits, general communication and the move from CET to CPD.
- All stakeholders wanted to see the GOC remain as the independent regulator of the sector and they do not want to see it merged with other regulators.
- Despite the positivity, there were a few areas in which stakeholders felt the GOC could improve, such as listening and acting on feedback from stakeholders, improving responsiveness and staff understanding of the sector, gaining more input from patients and the public, and less siloed working.
- There were mixed perceptions of the ESR, with some thinking it was an achievement and others highlighting issues and criticising the GOC for not acting on some of the feedback received from stakeholders.
- There was a great deal of positivity about the GOC's pandemic response, with praise for its flexibility and its COVID statements, although a few felt it was slow to react and that transitioning out of emergency measures had been chaotic.
- Stakeholders felt the GOC had an important role to play in the various challenges and issues in the optical sector to ensure regulation was appropriate and proportionate, registrants are adequately skilled, and trained to meet changing scopes of practise and to update the Opticians Act as appropriate.

# Conclusions

- It was reported in the interviews that there were some low levels of confidence in the GOC in the wider sector, and this was reflected in some of the business registrant survey results. For example, more respondents disagreed than agreed that the GOC is delivering world-class regulatory practice and transforming customer service, and a larger proportion did not have confidence in the way it regulates optical professionals and businesses than had confidence.
- However, the majority of business registrants were positive about the annual retention process and the quality of optical education, had a positive understanding of the Standards for Optical Businesses, were confident in their ability to meet the standards and had a positive understanding of the 'Speaking up: guidance for registrants'.
- The vast majority of business registrants had seen changes to their practice as a result of the pandemic, with seeing fewer patients per day and increased appointment times the most common changes.
- Business registrants said their businesses face many challenges, of which the most common were competition from online suppliers of spectacles and contact lenses and staff recruitment, which were some of the sector issues highlighted through the stakeholder interviews.
- Business registrants said their businesses were also facing issues with recovery from the pandemic, financial stability and attracting new patients.
- There is some collection of EDI information about staff, but the majority said their business does not collect this information.

# Report information

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**Council****Financial Regulations and Scheme of Delegation for Financial Management****Meeting Date:** 21 September 2022      **Status:** For noting**Lead Responsibility:** Yeslin Gearty, Director of Corporate Services**Paper Author:** Manori Wickremasinghe, Head of Finance  
Andy Spragg, Head of Governance**Purpose**

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1. For Council to note the updated Financial Regulations and Scheme of Delegation for Financial Management.

**Recommendation**

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2. Council is asked to:
  - **note** the revised Financial Regulations and Scheme of Delegation for Financial Management (attached at annexes one and two)

**Strategic Objectives**

3. This work contributes towards the achievement of the following strategic objective: building a culture of continuous improvement. This work is included in our 2022/23 business plan.

**Background**

4. The Financial Regulations (regulations) and Scheme of Delegation for Financial Management (scheme) provide the procedural framework for the GOC's financial affairs. Its purpose is to ensure that Council members and staff comply with specific statutory provisions, best practice and that the integrity of the Council's financial affairs is protected.
5. The regulations were last updated in 2015 and scheme was last updated in 2013. Both documents were significantly out of date and did not align with our current bank mandate or our Contract and Procurement Policy nor did it reflect our organisational structure and job titles, internal controls, or indeed best practice.

6. There was also a significant risk that both the regulations and the scheme are out of step with current organisational practice and post-Brexit procurement legislation, leaving both staff and Council at risk of challenge.
7. The terms of reference for Audit, Risk and Finance Committee (ARC) provide it with the delegated authority to approve both the Financial Regulations and Scheme of Delegation for Financial Management. ARC reviewed the revised regulations and scheme on 6 September 2022, and delegated responsibility to the Chief Executive and Registrar (in consultation with the Chair of ARC) to finalise both the regulations and the scheme following feedback from ARC. Both documents were approved by Chief Executive and Registrar on the on the 12 September 2022. They are now being reported to Council for information.

## Analysis

8. The updated regulations and scheme (attached at annexes one and two) have been revised to align with our bank mandate, current organisational practices and internal controls, and our contract and procurement policy (as well as reflect anticipated future changes to our Contract and Procurement Policy to be brought to ARC later on this year). The updated regulations and scheme also resolve long-standing discrepancies between the 2013 scheme and the current Contract and Procurement Policy, particularly in relation procurement value thresholds.
9. . Other key changes are:
  - a. Following the UK's exit from the EU, the financial threshold in the Scheme of Delegation in respect to the procurement of services or goods (as set out in the Public Contract Regulations 2015 (otherwise referred to the "EU threshold")) has been updated to align with the sub-central authority threshold of £213,477. The GOC is defined as a sub-central authority for the purposes of the legislation (as a body governed by public law).
  - b. The scheme has been reordered so that responsibility for the preparation and authorisation of annual budget and business plans, including authorisation of expenditure for new activity or projects, flows sequentially, and more clearly delineates who has responsibility for approving business cases for investment in strategic projects or new activity (whether or not funded by reserves) following Council approval of annual budget and business plans. Briefly, SMT has delegated responsibility for preparing annual revenue, project and capital budgets, including expenditure from reserves for scrutiny by ARC and authorisation by Council. ARC has responsibility for advising Council on proposed revenue, project and capital budgets. Council approves annual revenue, project and capital budgets, including expenditure from reserves. Following Council authorisation, approval of subsequent business cases and project mandates (whether funded by revenue, capital or reserves) is delegated to



SMT, apart from capital expenditure above the Public Contract Regulations threshold of £213,477 (which may be delegated to SMT by Council for lower-risk expenditure.)

- c. The thresholds for ordering goods and services have increased in line with inflation and to reduce administrative demands on senior staff (please see line 94 in the scheme.) Procurement of goods or services over the Public Contract Regulations thresholds of £213,477 will require the approval of SMT, with Council notified in the next meeting. This is a change; Council previously retained authority to award contracts over the old EU procurement threshold; this authority is now delegated to SMT. However, the signing of the contract remains delegated to the Chair and Chief Executive (please line 105 in the scheme).
- d. An addition to the scheme is the requirement to report to the Council where capital expenditure and/or project/activity costs funded from reserves exceed the approved business case by more than 5% (or £10,000 whichever is greater).
- e. Following feedback from ARC, a further addition to the scheme is the requirement for the Director of Corporate Services to report to the ARC of loss of assets and debtors written off with a value over £10k.
- f. Finally, the proposed review date has been brought forward, to enable ARC to review both the regulations and the scheme once the review of the Contracts and Procurement, Reserves and Investment policies are complete.

### **Finance**

- 11 The updated regulations and scheme do not carry any budgetary impacts of its own. However, now approved, it will improve financial governance across the organisation by providing greater clarity to budget holders, Directors, Chief Executive and Council about the thresholds associated with financial decision making.

### **Risks**

- 12 There are no risks associated with updating the policy, and it serves to mitigate a number of risks associated with financial controls across the GOC by ensuring our procedures are up to date.

### **Equality Impacts**

- 13 No Equality Impact Assessment has been completed for this proposed revision as it has limited scope to impact on the organisation's duties in respect to Equality, Diversity and Inclusion.

### **Devolved Nations**

- 14 There are no implications for the devolved nations.

**Other Impacts**

15 No other implications or impacts have been identified.

**Communications**

16 The regulations and scheme will be published on the Finance Governance pages on the GOC website. Copies will be made available on IRIS and Leadership Team will be asked to note the updated regulations and scheme at its meeting in September 2022.

**Next Steps**

17 Please refer to the communications activity above for details.

**Annexes**

Annex 1: Financial Regulations

Annex 2: Scheme of Delegation for Financial Management

## FINANCIAL REGULATIONS FOR THE GENERAL OPTICAL COUNCIL

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## **1. Introduction**

This document provides the procedural framework for the General Optical Council's financial affairs. Its purpose is to ensure that the Council's members, staff and workers comply with specific statutory provisions, best professional practice and that the integrity of the Council's financial affairs is protected.

All financial and accounting procedures must be carried out in accordance with these regulations and other corporate guidelines. Non-compliance with these Financial Regulations and with any accounting instruction notes or corporate guidance may constitute a disciplinary matter.

### **1.1 Financial Roles and Responsibilities**

The financial regulations explain the financial responsibilities and policies adopted by the Council to fulfil its financial control and legal obligations as laid down by the standing orders of the General Optical Council, accounting standards, Government policy and law.

### **1.2 Chief Executive and Registrar, Directors and Heads of Departments**

It is the responsibility of the Chief Executive and Registrar, directors, and heads of departments to ensure that members of staff are aware of their responsibilities under these Financial Regulations, and that they comply with them.

The Director of Corporate Services is responsible for ensuring the maintenance of a continuous review of the Financial Regulations and for updating them, as necessary for approval by Audit, Risk and Finance Committee (ARC). The Director of Corporate Services has responsibility for reporting breaches of the Financial Regulations through the Chief Executive and Registrar to Council.

### **1.3 Council**

The Council is responsible for:

- setting of fees and charges for registrants;
- approval of the annual budget, which includes the allocation of financial resources to different services and capital projects;
- approval of the policy framework (otherwise known as the GOC strategic plan);
- approval of the annual report and accounts;
- setting the terms of reference for the Audit, Risk and Finance Committee, Investment Committee and Remuneration Committee;
- approval of the Reserves Policy;
- approval of the Risk Appetite Statement; and

- approval of project mandates and business cases for all strategic project proposals funded from reserves (which may be delegated).

#### **1.4 Remuneration Committee (RemCo)**

The Remuneration Committee shall, in addition to its other responsibilities as set out in its terms of reference shall review and recommend to Council:

- to advise Council on the payment of fees to members;
- to provide assurance to Council that there are adequate processes in place to determine executive remuneration, reward and performance management which are in line with the GOC's values and principles;
- to approve the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the Chief Executive and Registrar and other members of the Senior Management Team;
- to approve the process of appraisal for the Chief Executive and Registrar and other members of the Senior Management Team;
- to approve relevant sections of the annual report in relation to Council members' remuneration and expenses ensuring that they meet best practice requirements;
- to approve a statement in the annual report about its membership, role and remit for the preceding year;
- to advise the Chief Executive and Registrar on the staff expenses policy; and
- to ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion

#### **1.5 Audit, Risk and Finance Committee (ARC)**

The Council has established an Audit, Risk and Finance Committee with the remit set out below:

- to provide Council with assurances relating to:
  - management of GOC finances
  - management of risk
  - the internal control environment
  - corporate and charity governance
- to appoint, reappoint and remove the external supplier of internal audit services and associated fees;
- to approve the internal audit plan;
- to approve policies relating to the following:
  - financial regulations
  - working capital
  - annual accounting
  - risk management
  - contracts and procurement
  - information governance

- anti-financial crime
  - credit cards
- to advise Council on:
  - the accounts/financial statements and the annual report of the organisation;
  - the proposed budget and financial performance reports;
  - the appointment, reappointment and removal of the external auditors;
  - the external audit fee and other fees for audit and non-audit services;
  - the Reserves Policy;
  - the Risk Appetite statement.
- to approve the external audit terms of engagement;
- to approve the external audit annual plan;
- to approve the statements to be included in the annual report concerning internal controls and risk management; and
- to ensure that all policies and work within the committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

## **1.6 Investment Committee**

Council has established an Investment Committee with the remit set out below:

- to recommend to Council an Investment Policy, including risk appetite, ethical and sustainability considerations;
- to recommend to Council the appointment and removal of investment managers;
- to approve the fees and terms of engagement of investment managers;
- to ensure that any investment of assets is in line with the Investment Policy;
- to monitor:
  - the performance of the GOC's assets;
  - the performance of the investment managers, including their compliance with risk appetite;
  - the appropriateness and adequacy of the investment information presented to the Committee and Council; and
  - external risk factors, including climate change and economic shocks;
- to maintain oversight of operational governance arrangements regarding investments;
- to assure Council that that long-term financial forecasts, reserves and anticipated draw down needs are reflected in the instructions to the investment managers;
- to keep the Investment Policy and any associated guidelines under review; and
- to ensure that all policies and work within the Committee's remit take account of and promote the GOC values and commitment to equality, diversity and inclusion.

## **1.7 Chair of Council**

The Chair of Council is responsible for signing the annual accounts on behalf of the Council.



## 1.8 Chief Executive and Registrar

The Chief Executive and Registrar is responsible for the corporate and strategic management of the Council. In order to discharge these responsibilities in relation to the finances of the Council, the Chief Executive and Registrar will delegate the following responsibilities to the Director of Corporate Services:

- ensuring that there are appropriate financial management standards in place and that compliance with them is monitored;
- making certain that proper accounting records are kept by the Council
- ensuring that there is an appropriate framework for budgetary management and that the budgetary performance is monitored and reported to the Council;
- ensuring that proper professional practices in relation to finance are adhered to throughout the Council;
- the preparation and publication of the audited accounts of the Council for each financial year and ensuring that there are proper arrangements in place for the audit of the Council's accounts;
- the management of reserves in accordance with the Council's Reserves policy and limits; and
- the management of treasury activities in accordance with the Council's Investment policy.

## 1.9 Directors

Directors have responsibility for the management of the finances of their services. This responsibility must be exercised within the corporate financial management framework determined by the Chief Executive and Registrar and agreed by the Council.

**Director of Change** – has responsibility for the budget agreed for the Change Directorate and for ensuring compliance with relevant financial regulation by members of staff within that Directorate. This directorate is funded until 2025.

**Director of Corporate Services** – has responsibility for the budget agreed for the Corporate Services Directorate. They are also responsible for the financial administration of the Council and are accountable for these responsibilities to the Chief Executive and Registrar.

**Director of Regulatory Operations** – has responsibility for the budget agreed for the Regulatory Operations Directorate and for ensuring compliance with these financial regulations by members of staff within that Directorate.

**Director of Regulatory Strategy** – has responsibility for the budget agreed for the Regulatory Strategy Directorate and for ensuring compliance with relevant financial regulation by members of staff within that Directorate.

### **1.10 Senior Management Team**

Senior Management Team (SMT) is comprised of the directors and Chief Executive and Registrar. It is responsible for:

- preparing an annual policy and budget framework for Council approval;
- financial planning, monitoring and control of budgets within the agreed frameworks;
- monitoring and controlling capital and revenue expenditure;
- preparation of project mandates and business cases of all project proposals funded from reserves for consideration by Council; and
- approval of financial decisions as specified within the Scheme of Delegation for Financial Management.

### **1.11 Head of Finance**

The Head of Finance is responsible for the day-to-day financial administration of the Council, in particular for ensuring that the Council has in place robust systems of financial control and management. They are accountable to the Director of Corporate Services.

## **2. Regulations**

The Regulations are organised around seven themes as follows:

- financial planning;
- financial management;
- accounting records and financial systems;
- risk management and control;
- control of resources;
- income and expenditure; and
- external arrangements.

For each of these themes, there needs to be delegation arrangements that allow for the efficient running of the organisation, through appropriate allocation of tasks and responsibilities that contribute to the overall internal control framework. The specific components of a control framework in a scheme of delegation are:

**Preventative controls** – for example, segregation of duties, authorisation procedures, access limitations;

**Detective controls** – arithmetical and accounting checks, consistency checks, continuity checks; and

**Directive controls** – written policies and procedures, reporting lines, supervision and management and training.

It should be noted that the presence of, and compliance with, Financial Regulations will enhance the control environment for the organisation, and protect employees against allegations of mismanagement, fraud or other financial unprofessional conduct.

### **3. Financial Planning**

#### **3.1 Policy Framework (otherwise known as the GOC Strategic Plan)**

The Council is responsible for agreeing the GOC Strategic Plan. An annual business plan and an annual budget aligned to the achievement of the GOC Strategic Plan are submitted to the Council for approval.

#### **3.2 Revenue Budget**

##### 3.2.1 Income and Expenditure

Revenue income and expenditure represents the current or day to day running costs and receipts of the Council.

##### 3.2.2 Revenue Budgets

Budgets ensure that the Council can plan, authorise, monitor and control the way that money is allocated and spent.

#### **3.3 Budget Preparation**

The Director of Corporate Services is responsible for ensuring that the revenue budget and capital programme are prepared prior to the start of the new financial year. The Budget and strategic plans are set and monitored to ensure that targets are met.

The Head of Finance will issue detailed guidance and a timetable for production of the revenue budget. They will prepare, in consultation with the Chief Executive and Registrar and SMT, and in accordance with the laid down guidance and timetable, detailed draft revenue budgets for consideration by the Council.

When drawing up draft budget requirements, directors will have regard to:

- policy requirements, as defined by the Council in the Strategic Plan;
- spending patterns and pressures revealed through the budget monitoring process;
- opportunities for achieving savings and/or for generating income;
- legal requirements;
- risk assessment of material income and expenditure;
- projection of pay and price inflation;

- revenue implications of capital investment proposals;
- initiatives and developments planned or under way;
- commitments (including the full year effect of decisions taken in the preceding year);
- level of reserves; and
- the need to secure value for money.

### 3.3.1 Format of the Budget

The general format of the budget is approved by Council. The format of the budget determines the level of detail at which financial control and management will be exercised.

### 3.3.2 Maintenance of Reserves

Reserves are maintained as a matter of prudence. A general revenue reserve is maintained to enable the Council to provide for unexpected events and thereby protect it from overspending and assure the going concern of GOC. Designated reserves are held for specific policy purposes. It is the responsibility of ARC upon recommendation from the Director of Corporate Services to advise the Council upon the prudent levels of reserves and balances. The Reserves Policy can be found on the GOC website<sup>3</sup>.

## **3.4 Capital Financial Planning**

### 3.4.1 Capital Expenditure

Capital expenditure involves:

- the acquisition or construction of assets such as land, buildings, vehicles and plant and equipment (including IT hardware);
- expenditure which adds to, and not merely maintains the useful life of existing assets, extends the market value of existing assets or increases the extent to which existing assets can or will be used by the Council; and
- the purchase of IT software or internally developed software where usable value is over one year.

Items that meet the definition of capital expenditure but individually fall below the capitalisation threshold of **£1,000** will not be grouped together.

### 3.4.2 Leasing and rental arrangements

Agreements for the leasing of property must first be approved by Council after advice from the Director of Corporate Services. Council can delegate authority to the Director of Corporate Services under specified circumstances. Lease agreements will be signed in accordance with the Council's delegation arrangements.

## **4. Financial Management**

### **4.1 Introduction**

Financial management covers all financial accountabilities in relation to the running of the Council, including the policy framework, the medium term financial forecast and the annual budget.

### **4.2 Financial Management Standards**

All staff and members have a duty to abide by the highest standards of probity in dealing with financial issues. This is facilitated by ensuring everyone is clear about the standards to which they are working and by the controls that are in place to ensure that these standards are met.

### **4.3 Revenue Budget Monitoring and Control**

#### 4.3.1 Budget Management

The Council operates within an annual cash limit, approved when the annual budget is set. Each department is required to manage its own expenditure and income recovery within the budget allocated to it. Budget managers also need to ensure that the resources are used for their intended purposes and are properly accounted for.

#### 4.3.2 Framework for Budgetary control

The Head of Finance is responsible for providing appropriate financial information to enable budgets to be monitored effectively including providing quarterly re-forecasts to the SMT. It is the role of ARC to provide assurance to Council that there is a suitable mechanism in place for budget setting for each financial year. Variances against budget must be reported to Council and SMT on a quarterly basis. Variations to budgets funded from strategic reserves must be approved by Council.

Directors will:

- ensure that all income and expenditure is properly recorded and accounted for;
- ensure that an operational budget holder is assigned responsibility for each item of income and expenditure under their control;
- ensure that individual budgets are not overspent;
- exercise discretion in managing the budgets;
- ensure that a monitoring process is in place;
- ensure that managers supervise the financial management of those reporting to them;

- ensure compliance with the scheme and rules of virement detailed in 4.4 and 4.5 below; and
- ensure that adequate training is delivered to operational budget holders.

The Head of Finance will:

- ensure that each director receives timely and sufficiently detailed management information on receipts and payments for each budget;
- monitor performance against the Council's budget on an on-going basis, and advise on the Council's overall financial position; and
- provide monthly financial reports that compare the Council's projected income and expenditure with the latest approved budget.

#### 4.3.3 Responsibilities of budget holders

Budget holders are responsible to the Chief Executive and Registrar for the control of their budgets. Each budget holder shall prepare plans and estimates of the costs of their activities and shall submit them to the Council for approval in conjunction with the business plan.

Budget holders shall consult the Head of Finance with respect to any new proposals which have financial implications.

Budget holders are expected to ensure expenditure budgets are not overspent and income budgets are delivered. If a budget holder believes that an individual budget may be overspent or underspent, the budget holder shall inform the Head of Finance so that appropriate action can be taken.

A budget holder may incur expenditure within the limits of the plans and budgets authorised by the Council under the Scheme of Delegation for Financial Management. Budget holders should not make commitments that would lead to their budgets being exceeded without the prior approval of SMT. All proposals for budget expenditure outside the agreed financial framework and budgets must be submitted with a business case for consideration by SMT and approval by Council.

Budgeted funds may not be used for the purpose of taking on additional consultants, permanent or temporary staff or for other expenditure categories until the requisite approval has been obtained through a virement. Recruitment will be controlled through the HR department.

Where significant funds are budgeted for a particular purpose and a saving is made or the activity is delayed to another year, resulting in an under spend of budgeted funds, the budget holder must not reallocate these under spends for other purposes except within compliance with 4.4 below.

Budget holders are responsible for monitoring their budgets ensuring that expenditure and income are allocated to the appropriate activity in the accounts.

#### 4.3.4 Maintenance of reserves

It is the responsibility of the Director of Corporate Services to advise the Council and ARC on prudent levels of reserves as part of the annual budget setting process.

#### **4.4 Scheme for Virement**

Directors must ensure that expenditure remains within budget. It is however permissible for budget holders and affected directors, in certain circumstances, to switch business as usual resources between approved budget headings (virement), subject to obtaining the necessary approval from the director or SMT subject to the value of the virement.

Transfers of approved funds between cost types within departments or directorates are permitted in order to give flexibility in the way that departmental objectives are achieved. Virements are only permitted for business as usual expenses other than payroll related cost.

A virement form should be completed by the budget-holders in order to obtain the approval and be submitted to Head of Finance to enable change of budget / forecast.

#### **4.5 General Virement Rules**

No expenditure shall be incurred without appropriate budget provision and, if necessary, a virement should be undertaken to put this in place.

Virement should not be used without support of a business case as a method of adding operations not in the business plan or for additional cost requirements for operational activity.

Virements can be made only for business as usual activities. The scheme of virement does not apply to capital expenditure or projects/activity funded by reserves.

No virement relating to a specific financial year can be made at the end of the financial year after the date specified in the timetable for the closure of the accounts.

#### **4.6 Treatment of Year-end Balances**

It is not permissible to transfer resources between accounting years (i.e. carry underspent budget forward for use in the following year or fund an overspend in the current year from next year's budget allocation).

#### **4.7 Capital and Project/ Activity Funded from Reserves Monitoring and Control**

The principles and framework for managing the revenue budget equally apply to the monitoring and management of individual capital budgets and for projects/activity where Council has approved expenditure from reserves. The scheme of virement does not apply to capital expenditure or projects/activity funded from reserves.

Where capital project costs or projects/ activity funded by reserves have exceeded, or are anticipated to, exceed the Council approved business case or the budget limit by **5% or £10,000 (whichever is higher)** a report must be submitted to the ARC and the Council by the Chief Executive and Registrar.

## **5. Accounting Records and Financial Systems**

### **5.1 Accounting Records**

The maintenance and retention of accounting records is a statutory requirement. The Council is legally required to retain certain documentation for six years. This includes all purchase orders, invoices, copies of receipts, tax records, bank statements and salaries and wage records.

The Head of Finance is responsible for determining accounting procedures and records, and for the compilation of all accounts and accounting records.

The Head of Finance shall have access to all records, documents, correspondence and explanations relating to any financial transaction of the Council.

### **5.2 Annual Statement of Accounts**

The Director of Corporate Services is responsible for ensuring that the Statement of Accounts is compiled in sufficient time for ARC to review and recommend approval to the Council to meet the publication timetable (and submission to the Privy Council and the Charity Commission as relevant).

The Council approves and publishes its accounts to present fairly the financial results of its activities during the year and, is responsible for approving and publishing those annual statements in accordance with The Opticians Act 1989, applicable law, United Kingdom Accounting Standards (UK Generally Accepted Accounting Practice), and the Charities SORP (FRS 102) – (Second edition October 2019).

It is the role of ARC to review the statutory annual report and financial statements prior to their submission to Council for approval, focusing particularly on the Statement on Internal Control, changes in and compliance with relevant accounting policies and practice, unadjusted mis- statements, major judgmental areas, level of error identified, significant adjustments resulting from the audit and managements letters of representation and advise Council accordingly as to whether, when taken as a whole,



they are a fair, balanced and understandable and provide the necessary information to assess performance.

The Director of Corporate Services is responsible to the Chief Executive and Registrar and the Council, for ensuring that the annual statement of accounts are prepared in accordance with UK GAAP and other relevant accounting standards and statutory provisions.

The Head of Finance will prepare a timetable for the preparation of the final accounts and issue supporting accounting instructions. All directors and staff must comply with the timetable and accounting instructions and supply any information requested.

The Chief Executive and Registrar as the accounting officer for the Council, and the Chair of Council, must sign and date the Statement of Accounts, confirming that the accounts present fairly the financial position of the GOC at the accounting date and its income and expenditure for the year ended 31 March.

### **5.3 Financial Systems**

The Head of Finance and the Head of IT shall be responsible for the accuracy and security of the computerised financial data of the General Optical Council and shall ensure that:

- procedures are in place to protect data, programs and computer hardware from deletion or modification, theft or damage, or accidental or deliberate disclosure to unauthorised persons;
- appropriate controls exist over data entry, processing, storage, transmission and output to ensure security, privacy, accuracy, completeness and timeliness of data, as well as the efficient and effective operation of the system;
- adequate controls exist such that the computer operation is separated from development, maintenance and amendment;
- adequate audit trail exists through the computerised system and that such computer audit reviews as necessary are carried out; and
- the Council remains compliant with the Data Protection Act 2018 and all other relevant legislation.

The Head of Finance will ensure that changes to financial systems are developed in a controlled manner and thoroughly tested prior to implementation.

All systems must be documented and backed up, and comprehensive disaster recovery and business continuity plans must be maintained to allow information system processing and all the functions of the General Optical Council to resume quickly in the event of an interruption.

The Head of Finance will ensure that an adequate audit trail exists through the computerised system.

Where appropriate, computer systems will be registered in accordance with data protection legislation.

All relevant policies and guidelines for computer systems and equipment issued by the Head of IT will be observed.

## **6. Risk Management and Internal Control**

### **6.1 Introduction**

It is essential that robust, integrated systems are developed and maintained for identifying and evaluating all significant strategic and operational risks.

### **6.2 Risk Management**

Risk Management is concerned with evaluating the measures in place and the actions needed to identify and control risks effectively. The GOC approach to risk management is set out in its [Risk Management Strategy and Policy](#).

Responsibility for strategic risk management and ownership resides with the Council.

Responsibility for overseeing the risk management arrangements is delegated to ARC. It will advise Council on:

- the organisation's overall risk appetite, tolerance and strategy;
- current risk exposures;
- SMT's response to changes in risks and the organisation's capability to identify and manage new risks; and

ARC will also seek assurance from the internal auditors and elsewhere that the arrangements in place are effective.

Operational risks are identified in departmental risk registers and managed within the operational plans for each directorate. Departmental risks identified as high will be raised to the corporate risk register.

### **6.3 Insurance**

The Council is responsible for ensuring that appropriate insurance is in place for the General Optical Council. The Director of Corporate Services is responsible for advising the Council on appropriate insurance cover.

All members, staff and workers must comply with all relevant insurance terms and conditions and notify the Chief Executive and Registrar and the Director of Corporate Services immediately of:

- any loss, liability or damage that may lead to a claim against the Council, together with any information/explanation required by the Directors or the Council's insurers: and
- all new risks that require insurance and alterations affecting existing insurance (consulting the Facilities Manager on the terms of any indemnity that is required).

Employees, or anyone covered by the Council's insurance must not admit liability or make any offer to pay compensation that may prejudice the assessment of liability in respect of any insurance claim.

#### **6.4 Internal Control**

Internal control refers to the systems of control devised by management to help ensure the economic, efficient and effective use of resources, and that the Council's assets and financial interests are safeguarded.

It is the responsibility of the Director of Corporate Services to put in place effective internal control systems. These arrangements need to ensure compliance with statutes and regulations, and other relevant statements of best practice.

ARC is responsible advising Council on the adequacy of various financial, risk management and internal control related policies which fall under the remit of the Committee as set out in its terms of reference

It is the responsibility of directors and heads of departments to establish sound arrangements for planning, appraising and controlling their operations in order to achieve continuous improvement and best use of resources.

Directors and heads of departments need to ensure that members of staff clearly understand the consequences of lack of control and inadequate governance arrangements. They need to keep under review existing controls in the light of changes affecting the GOC and establish and implement new ones as well as removing controls that are unnecessary or not cost or risk effective.

#### **6.5 Preventing bribery, fraud, money-laundering and corruption**

##### 6.5.1 Anti-financial crime policy

The GOC has a zero-tolerance policy with respect to the giving or receiving of bribes, including the making of facilitation payments and will not tolerate any form of corruption. The Head of Governance and Head of Finance are responsible for the development and

maintenance of an anti-financial crime policy which is available on the GOC website, together with a public statement setting out Council zero-tolerance policy.

Staff should report any suspected bribery, fraud, money-laundering or corruption in accordance with the investigation procedures set out in the Anti-bribery policy.

#### 6.5.2 Gifts and Hospitality register and the Register of interests

Council, committee and panel members, advisors and employees must not accept personal gifts, loans, fees, reward or advantage from contractors, service users or outside suppliers.

Acceptance of hospitality should be properly authorised, with due consideration being given to the timing of the hospitality in relation to decisions to be taken by the Council.

Staff should disclose immediately to the Chief Executive any personal interest in or benefit arising from, a transaction or financial arrangement involving the Council, including any interest in a business trading with the Council. All declarations of interest must be formally declared to, recorded and retained by the Governance team.

#### 6.5.3 Speaking Up Policy

The Council has in place a Speaking Up for staff policy with guidance on the raising and handling of complaints. This is available on the staff intranet (IRIS). Staff can email [speakingup@opitcal.org](mailto:speakingup@opitcal.org) for further information.

#### 6.5.4 Standards of conduct

The full responsibilities with regard to standards of conduct of staff and members are set out in the staff policies and the codes of conduct.

### **6.6 Audit Requirements**

#### 6.6.1 External Audit

ARC makes recommendations to Council on the appointment, re-appointment and removal of the external auditors. The appointment or dismissal of the external provider of internal audit service is the responsibility of the ARC. External auditors must be rotated in line with Auditing Practices Board's ethical standard 3 on rotation.

External auditors have authority:

- to access all assets, records, documents and correspondence relating to any financial and other transactions;

- require and receive such explanations as are necessary concerning any matter under examination; and
- access records belonging to third parties, such as contractors, when required.

### 6.6.2 Internal Audit

The Director of Corporate Services will ensure that there is an internal audit function which will review, appraise and report upon:

- the adequacy of the assessment and management of risk;
- the adequacy and application of financial and other related management controls;
- the adequacy of financial and other related management data;
- the extent to which the Council's assets and interests are accounted for and safeguarded from loss of any kind including from fraud and waste; and
- any other appropriate areas or activities as determined by ARC.

Internal audit is an independent and objective appraisal function, for reviewing the system of internal control. The internal auditors must adhere to proper practices in assessing the scope and adequacy of internal controls.

Internal auditors have authority:

- to access all assets, records, documents and correspondence relating to any financial and other transactions;
- to require and receive such explanations as are necessary concerning any matter under examination;
- to access records belonging to third parties, such as contractors, when required; and
- to directly access the Chief Executive and Registrar, ARC and Council.

The Director of Corporate Services and ARC will approve the annual audit plan, which takes account of the characteristics and relative risks of the activities involved. The Director of Corporate Services and ARC will also ensure that effective procedures are in place to investigate promptly any fraud or irregularities.

## **7 Control of Resources**

### **7.1 Assets**

The GOC holds assets and these assets must be safeguarded and used efficiently in service delivery.

#### 7.1.1 Safeguarding/ Security of Assets (Asset Register)

The Head of Finance is responsible for the Fixed Asset Register. The fixed asset register will be maintained by the Head of Finance for all items.

It is the responsibility of the heads of departments to provide the Head of Finance with any information necessary to maintain the Fixed Asset Register. This will include confirmation and the location of moveable assets, which must be appropriately tagged and insured.

#### 7.1.2 Disposal and write-off of assets

The disposal of assets will be decided by the relevant heads of departments in coordination with the Head of IT or Facilities Manager as required. The Director of Corporate Services will arrange for the disposal of these assets in accordance with best practice. Assets will be disposed of at the most appropriate time, and only when it is in the best interest of the Council. Any disposal should be reported to Head of Finance where the asset needs to be removed from Fixed Asset register and with accurate accounting treatment. Any disposal or loss of assets will be reported to SMT. Disposals or loss of assets to the value of over £10,000 will be reported to ARC as part of exceptions reporting.

### **7.2 Inventories/Assets**

The Facilities Manager will maintain inventories of all furniture, fittings and equipment and will carry out an annual review of all items on the inventory in order to verify location, review condition and take action in relation to surplus or deficiencies, annotating the inventory accordingly.

The Head of IT will maintain inventories of all IT equipment and will carry out an annual review of all items on the inventory in order to verify location, review condition and take action in relation to surplus or deficiencies, annotating the inventory accordingly.

### **7.3 Cash**

#### 7.3.1 Introduction

All money in the hands of Council is controlled by the Director of Corporate Services and the Chief Executive and Registrar. The Director of Corporate Services is responsible for providing assurance that the Council's money is properly managed in a way that balances risk with return, with the overriding consideration being given to security.

#### 7.3.2 Banking and Petty Cash Account

The opening and closing of any Council bank account, or application for a loan of funds to the GOC will require the prior approval of the Chair of Council and Chief Executive and Registrar. Changes to bank mandates require signature by two signatories from the following: Chair of Council, Senior Council Member, Chief Executive and Registrar, a

member of SMT or the Head of Finance. All changes to the banking mandates will be noted at the following ARC meeting.

The Director of Corporate Services will provide a petty cash account to meet minor expenditure on behalf of the Council and will prescribe rules for operating this account. The Head of Finance will determine the balance to be held in the petty cash account and will maintain a record of all transactions and cash advances made, and periodically review the arrangements for the safe custody and control of these advances.

The Head of Finance will ensure that:

- current bank accounts are reconciled monthly and signed off;
- all employees obtain and retain vouchers to support each payment from the petty cash account. Where appropriate, an official receipted VAT invoice must be obtained;
- employees produce cash and all vouchers to the total value of amount requested;
- all transactions are recorded promptly;
- the account is reconciled and balanced on a monthly basis. The float is never used to cash personal cheques or to make personal loans and the only payments into the account are the reimbursement of the float and change relating to purchases where an advance has been made; and
- a certificate/reconciliation of value/amount for the account held as at 31 March of each year is provided.

### 7.3.3 Responsibilities of Credit Card Holders

Corporate cards may solely be used for expenses incurred on Council business and for no other purpose. All expenditure on monthly statements should be correctly coded and authorised, and the statements and receipts must be received by the Finance department within 5 working days of the date of the statement.

### 7.3.4 Security of Cash

Security of money in all its forms is important and arrangements for handling it shall be subject to the approval of the Director of Corporate Services. The Head of Finance will ensure that there are adequate arrangements in place for the safe custody of the petty cash and ensure that all cash, cheques and credit card payments are held securely in a safe.

Petty cash may be handled only by staff who have been authorised to do so by the Head of Finance. The holding of cash must comply in all respects with the requirements of the Council's insurers.

### 7.3.5 Treasury or Investment Management Policy

Treasury management is an important aspect of the overall financial management of the Council. Treasury management activities are those associated with the management of the Council's cash flows and its investments. A fundamental aim is to effectively control the risk associated with these activities and to pursue best value, in so far as it is consistent with the effective management of risk.

Day to day decisions on investment, in line with the Investment Policy, are delegated by Council to the Director of Corporate Services jointly with the Chief Executive and Registrar.

All funds held by the Council are administered by the Director of Corporate Services, who will undertake all the investments or financing in accordance with the investment policy. All decisions on investment are delegated to the Director of Corporate Services. The Investment Policy can be found on the GOC website.

#### 7.3.6 Loans to third parties

Loans provided to third parties include season ticket loans to employees and any other such loans only where in accordance with the Council's HR Guidance.

### **7.4 Staffing**

The Director of Corporate Services is responsible for ensuring that proper systems of staff appointment, training, performance, appraisal, remuneration and discipline are in place.

Directors are responsible for controlling staff numbers including workers by developing budget proposals that are sufficient to cover estimated staffing levels in the year, and adjusting staffing as necessary to a level that can be funded within the approved budget. SMT will regularly monitor establishment headcount, turnover and vacancy rates to ensure that it is consistent with projected forecasts.

The Remuneration Committee is responsible for reviewing and recommending to Council the payment of fees to members. The Committee is also responsible for reviewing and recommending to Council the level of remuneration and payments to be made in relation to pensions, gratuities or superannuation schemes to the SMT and the Chief Executive and Registrar.

### **7.5 Intellectual Property**

Intellectual property is a generic term that includes inventions and writing. If an employee creates these during the course of employment then, they belong to the Council and not the employee.



Directors will ensure that members of staff are not carrying out private work in the Council's time and that staff are aware of the Council's right with regards to intellectual property.

Instances where intellectual property may be, or has been created, should be referred to the relevant Director.

## **8 Income and Expenditure**

### **8.1 Income**

#### 8.1.1 Introduction

Effective income collection systems are necessary to ensure that all income due to the Council is identified, collected, receipted and accounted for properly.

It is the responsibility of the Directors to ensure that staff authorised to act on behalf of the Council, in respect of income collection are clearly identified.

### **8.2 Income Collection – Cash and Online Receipting**

#### 8.2.1 Cash

All monies received by a staff member on behalf of the Council shall be passed without delay to the Finance department for banking into the assigned bank account in the form it has been received.

Income cannot be used to cash personal cheques or other payments. Appropriate details are recorded on to the paying in slips to provide an audit trail.

Money collected and deposited is to be reconciled to the appropriate bank account. A clear segregation of duty must exist between the person collecting money and person reconciling the bank accounts.

#### 8.2.2 Online

The Director of Corporate Services and the Head of Registration will ensure compliance with the Payment Card Industry Data Security Standards (PCI DSS). The PCI DSS are a set of guidelines covering all aspects of transaction security and data protection to help protect against fraud. Compliance with the PCI DSS is mandatory for processing credit card transactions online.

The Head of Finance must be notified of outstanding income relating to the previous financial year as soon as possible after 31 March, in line with the timetable for closure of the accounts.

## **8.3 Ordering and paying for work, goods and services**

### 8.3.1 Introduction

Income must be spent with demonstrable probity and in accordance with the policies of the Council.

Staff have a responsibility to declare any links or personal interest that they may have with suppliers or service providers if they are involved in purchasing decisions on behalf of the Council, in accordance with appropriate codes of conduct.

### 8.3.2 Ordering Works, Goods and Services

All works, goods and services must be ordered in accordance with the Council's Contract and Procurement Policy. GOC standard terms and conditions must not be varied without the prior approval of the Director of Corporate Services.

Official orders must be in the form approved by the Head of Finance. The approved route for ordering goods/services is currently via SAGE 200.

Orders must not be raised for any personal or private purchases; nor must personal or private use be made of the Council's contracts. Official orders must be raised on SAGE 200 and issued to the supplier prior to receipting of the goods or services or commencement of work, with the exception of periodic payments for rent or rates, petty cash purposes or credit card purchases.

Orders for goods, services or work must be raised and authorised by the designated officers as identified by the Head of Finance in association with the relevant director.

Staff authorised to approve orders, will do so within the limits of authority as set out by SMT, and the Director of Corporate Services. An up-to-date list will be maintained by the Head of Finance.

The authoriser of an order must be satisfied that the goods and services ordered are appropriate and needed, that there is an adequate budgetary provision for the goods/services and that where required, quotations or tenders have been obtained in accordance with the Contracts and Procurement Policy.

### 8.3.3 Receipt of Works, Goods and Services

Goods and services must be checked upon receipt to ensure that they are received in good order and in accordance with the order placed. Wherever possible, goods and services should not be received by the same person who approved the order, to ensure proper segregation of duties.

The receipt of goods must be recorded on the General Optical Council's purchase order system in order to provide for approval to pay goods and services. Finance team will match the invoice to purchase order when processed and payment will be made provided the goods/services have been receipted appropriately on SAGE 200.

If applicable, the inventory records should be updated.

#### 8.3.4 Payment of Suppliers

The Head of Finance and the Finance team will make payment when there is an authorized purchase order (if relevant) and upon receipt of an original, certified copy or valid electronic VAT invoice that has been checked, coded and authorised confirming:

- the receipt of goods or services at the correct price, quantity and quality standards;
- the invoice has not been previously been paid;
- expenditure has been properly incurred and it is within the budget provision of the appropriate service department;
- prices and arithmetic are correct and accord with quotations, tenders, contracts or catalogue prices;
- discounts have been taken where available;
- the invoice (if not eligible for a purchase order) is correctly coded; and
- the appropriate entries will be made in accounting records.

Payments will be made against a valid purchase order number quoted on the supplier's invoice.

In order to adhere to the requirements for segregation of duties the staff member checking and processing the invoice, should not be the same as the one authorising the payment.

The normal method of payment will be directly into the supplier's bank account via BACS. In circumstances where suppliers are unable to accept payment via BACS, cheques may be issued by the Head of Finance in accordance with the Scheme of Delegation for Financial Management.

The use of same day payments will require the prior agreement of the Head of Finance and will be authorised in accordance with the Scheme of Delegation.

All appropriate evidence of the transaction and payment documents will be retained and stored in accordance with the Council's document retention policy.

Directors must notify the Head of Finance of outstanding expenditure relating to the previous financial year as soon as possible after 31 March in line with the timetable for closure of accounts.

## **8.4 Contracts**

### 8.4.1 Procurement

Contracts should be awarded in accordance with the Council's Contracts and Procurement policy which is available on the GOC website<sup>9</sup>.

### 8.4.2 Document Control

Directors and budget holders should comply with the processes for contract and procurement related document storage and control as set out by the Head of Finance. All documents need to be kept in centrally provided folders.

### 8.4.3 Monitoring of Performance

It is the responsibility of the relevant Director to monitor the contractor's performance to identify error and /or misrepresentation.

## **8.5 Payment to Employees, Workers and Members**

### 8.5.1 Staff Salaries

Staff and workers' payments will be made in accordance with approved establishments and relevant policies.

The Head of People and Culture, the Director of Corporate Services and the Chief Executive and Registrar must be notified of all appointments, terminations or variations that may affect the pay or pension of an employee or former employee or worker in the form and timescale required.

All appropriate payroll documents must be retained and stored for the defined period in accordance with the Council's document retention policy and schedule.

The Director of Corporate Services and Head of Finance are responsible for all payments of salaries to staff and workers. The Director of Corporate Services and Head of Finance will therefore:

- arrange and control secure and reliable payment of salaries, wages, compensation, or other emoluments in accordance with the prescribed procedures on the due dates;
- ensure that there are adequate arrangements for administering pension matters; and
- record and make arrangements for the accurate and timely payment of tax, pensions and other deductions.

The Head of Finance must make sure that an up to date list of names of officers authorised to sign records are kept together with specimen signatures.

The Head of Finance and Head of People and Culture will advise upon the employment status of individuals employed on a self-employed consultant or sub- contract basis.

### 8.5.2 Member Fees

Member fee payments will be made in accordance with approved establishments and relevant policies.

The fees will be authorised by relevant heads of departments. Controls for member remuneration will be adhered to in parallel with the above section.

### 8.5.3 Expenses policy: travel, subsistence and general expense claims

The Chief Executive and Registrar and the Director of Corporate Services are responsible for the payment of expenses to staff, members and workers, and will therefore make arrangements for payment as set out by the guidelines in the General Optical Council's policy for Travel & Subsistence for staff and members.

## **8.6 Taxation**

The Director of Corporate Services and the Head of Finance are responsible for advising the Council on all taxation issues that affect it.

The Director of Corporate Services and the Head of Finance are responsible for maintaining the Council's tax records, making all tax payments, receiving tax credits and submitting tax returns by their due date as appropriate.

## **9. External Arrangements**

### **9.1 Partnerships**

Partners are organisations that undertake, part fund or participate in a project with the Council; either as a beneficiary of the project, or because their nature or status gives them the right or obligation to support the project.

Contractual partnerships are arrangements between the Council and other parties that are governed by the terms of a contract. A contractual partnership might be one where a payment is made by the Council to a partner to meet the cost of specific activities or outputs.

Non-contractual partnerships are working arrangements between the Council and one or more other parties. They might take the form of a regular meeting to agree common policy, strategy or practice for all partners to follow as the basis for their own practice.

## **9.2 External Funding (Grants)**

The Head of Finance needs to ensure that all funding notified by external bodies is received and properly recorded in the General Optical Council's accounts.

The Head of Finance must maintain the appropriate records that accord with the funding conditions and make these available to the auditors as required.

## **9.3 Work for Third Parties**

Directors are responsible for approving the contractual arrangements for any work undertaken by staff or workers for third parties or external bodies on behalf of the GOC.

Directors will comply with any guidance issued by the Director of Corporate Services with regard to the financial aspects of third-party contracts and will ensure that the appropriate insurance arrangements are made. All contracts will be properly documented, and details are to be provided to the Head of Finance who will maintain a register of contracts.

Directors will provide information on the contractual arrangements to the Director of Corporate Services in order that the appropriate disclosures can be made within the Council's annual statement of accounts.

## **10. Other Key Policies and Documents**

These financial regulations should be read in conjunction with the Council's other policy documents, relevant Acts and procedural guidance.

## **11. Policy and Regulatory Framework**

- Anti-Fraud and Corruption Policy
- Charities SORP (FRS102)
- Codes of Conduct (employees and members)
- Committee Terms of Reference
- Council Standing Orders
- Opticians Act 1989
- Risk Management Policy and strategy
- Scheme of Delegation for Financial Management
- Speaking Up Policy

## Scheme of Delegation for Financial Management

### Control Environment and Responsibilities

Status of document:	Final	
Version:	1.0	
Approved by:	Audit, Risk and Finance Committee (ARC)	
Date of approval:	September 2022	
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Owner:	Yeslin Gearty, Director of Corporate Services	
Author:	Manori Wickremasinghe, Head of Finance, Corporate Services	
Relevant legislation:	N/A	
Linked policies:	Scheme of Delegation Financial Regulations	
Impact Assessment:	N/A	
Impact Assessment completion:	N/A	
Impact Assessment review:	N/A	
Next policy review date:	September 2023	
Location - Website:	<a href="https://optical.org/en/about-us/how-we-work/governance/financial-governance/">https://optical.org/en/about-us/how-we-work/governance/financial-governance/</a>	
Updates made:	N/A	N/A

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## 1. Introduction

### Overview

This document sets out the Scheme of Delegation for Financial Management for the General Optical Council (GOC). It acts as a companion document to the Financial Regulations.

The purpose of the document is to explain how the GOC conducts its financial affairs and the requirements and process for delegation of authority, including approval limits.

Delegation of authority is the assignment to post-holders of responsibility and accountability for specific roles and tasks.

Approval limits specify the value up to which a post-holder may authorise transactions falling within the scope of their delegated authorities and role description.

The scheme of delegation uses the following controls:

- Preventive controls – such as segregation of duties, authorisation procedures, physical custody, access limitations;
- Detective controls – arithmetical and accounting checks, consistency checks, continuity checks; and
- Directive controls – written policies and procedures, reporting lines, supervision, management and training.



The presence of and compliance with financial regulations and the scheme of delegation will not only enhance the control environment for the organisation but will also protect employees against allegations of mismanagement, fraud and other unprofessional conduct.

## **Audience**

This document is for those delegating authority and those to whom authority has been delegated, at all levels of the GOC.

## **Responsibilities**

All staff with delegated authority are responsible for adhering to this policy. The directors and staff who authorise payments and contracts are responsible for ensuring approval limits are adhered to.

## **2. Delegation of authority**

No member of staff may exercise any authority that does not derive ultimately from Council. Delegations of authority and approval limits must be:

- specified in writing;
- kept up to date (reviewed at least annually and when staff change);
- only delegated by someone who has formally had that approval limit delegated to them;
- delegated to a specified role within the organisation (i.e. Head of Education) delegating approvals should not go below budget holders.

## **3. Delegating authority and approval limits**

- Delegations of authority and approval limits must be specified in writing. No delegated authority or approval limit should ever be assumed.
- Post-holders may only delegate such authorities and approval limits that have been formally delegated in writing to them.
- All delegated authorities and approval limits must be reviewed on an annual basis and when staff or circumstances change. Examples of a change in circumstances requiring such a review are a change in the GOC's financial accounting system or a reorganisation of departmental structures.

When setting limits the Directors should be satisfied that:

- The limit reflects the operational needs of the post-holder;
- The post-holder has had sufficient experience and training to use their approval limits appropriately;
- Post-holders understand that they are both accountable and responsible for any transactions they approve.

## **Accounting System Environment**

The approval limits set up on accounting system (currently Sage200) (e.g. for approving purchase orders and managing departments) must mirror the delegated authorities and approval limits documented in the Scheme of Delegation for Financial Management and the Contract and Procurement Policy. To request a change on Sage 200 in adding or deleting employees, the appropriate head of department or director should email the user change request to Head of Finance.

#### **4. Responsibilities of those to whom authorities and approval limits have been delegated**

- The delegated authority and approval limit should be exercised by a post-holder to perform their financial duties and responsibilities within both the financial regulation guidelines and their individual job description. It is the responsibility of each post-holder to read and understand the appropriate sections of financial regulations and scheme of delegation.
- Post-holders will be held accountable for the delegated authorities and approval limits given to them and may not delegate 100% of these authorities to another individual excepting when approving cover for absences.
- Post-holders should not approve payments to themselves or payments from which they will personally benefit.
- Under no circumstances should a purchase order/ invoice payment be split up into smaller amounts in order to get the payment approved.

#### **5. Delegation of authority in the event of planned absences**

- It is the responsibility of the post-holder to transfer their authority and approval limits to an appropriate alternative post-holder prior to a planned absence. The transfer should be approved by the director. It should be notified in writing to the person concerned and relevant members of staff should be informed of the transfer.
- Where possible, post-holders should plan to make urgent payments prior to an absence, with the remainder of transactions being dealt with through the transfer of authority.
- Accounting system (currently Sage200) – once the transfer of approval limits has been confirmed in writing, action should be taken to re-assign approval limits on the accounting system in line with the written notification.

#### **6. Delegation of authorities in the event of unplanned absences**

- It is the responsibility of the **head of department and director** to ensure authorities and approval limits are transferred, if required, during the absence. The transfer should be confirmed in writing to the person concerned and relevant staff members notified as well.
- Accounting system (currently Sage 200) – once the transfer of approval limits has been confirmed in writing, action should be taken to re-assign approval limits on the accounting system in line with the written notification. To do this, email amendments to the Head of Finance must be sent.

#### **7. Authorities that cannot be delegated**

Except where specifically authorised by the Chief Executive and Registrar or the Council, signing powers for the following specific transactions cannot be delegated:

- post-holders cannot be delegated the authority to approve payments for themselves
- approving the set-up of bank accounts
- approving the offer or acceptance of gifts
- approvals cannot be delegated below head of department or budget holder level.

#### **8. Monitoring**

The application of this policy will be monitored through several measures including:

- The monthly management reporting where heads of departments will confirm compliance to the policy;
- External and internal audit will conduct appropriate testing to ensure compliance.

## **9. Delegated authorities not specified**

Should a post-holder need to delegate authority for a transaction not covered by the general and specific limits, and that is not listed as an authority that cannot be delegated, please contact Head of Finance for advice.

## **10. Organisational or departmental change and delegated authorities**

When there is a change in organisational or departmental structure, the delegated authorities and approval limits should be reviewed, and updated if necessary.

This change in structure may impact on other parts of the business, accounting system (Sage200) set up etc. and so it is important that consultation and communication with other parts of the business takes place.

## **11. Definitions**

**Approval limits** – the value up to which a post-holder may authorise transactions falling within the scope of their delegated authorities and role description.

**Delegation of authority** – the assignment to post-holders of responsibility and accountability for specific roles and tasks

**Sage200** – accounting system currently used by the General Optical Council to record and monitor financial affairs of the organisation

## **12. Contact details**

For further information please contact:

**Head of Finance**

[mwickremasinghe@optical.org](mailto:mwickremasinghe@optical.org)

**Director of Corporate Services**

[ygearty@optical.org](mailto:ygearty@optical.org)

## **13. Acronyms Used**

**ARC** – Audit, Risk and Finance Committee

**SMT** – Senior Management Team (Directors and Chief Executive & Registrar)

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
<b>FINANCIAL MANAGEMENT</b>			
1.	Issuing a detailed guidance and a timetable for production of the budgets	3.3	Head of Finance
2.	Provision of information, draft plans and estimated costs for the activities to Head of Finance to enable production of robust and timely budgets	4.3.3	Budget holders
3.	Preparation of detailed departmental and project budgets with relevant assumptions to enable robustness of the budget proposals to be assessed	3.3	Budget holders and Head of Finance
4.	Preparation of proposed project mandates and draft business cases for all new project/ activity proposals, ensuring proposals are aligned to the Strategic Plan, budget proposals and relevant policies.	4.3.3	Prepared by budget holders and project managers with Head of Finance
5.	Preparation of detailed draft revenue, project and capital budgets in accordance with the laid-down guidance and timetable	3.3	Head of Finance and Director of Corporate Services
6.	Agreeing proposed annual revenue, project and capital budgets, including expenditure from reserves for scrutiny by ARC and authorisation by Council	4.3.3	SMT
7.	Advising Council on proposed budget, project and financial performance reports	1.5	ARC
8.	Agreeing and authorising annual revenue, project and capital budgets, including expenditure from reserves	3.3.1	Council
9.	Advising the Council and the Audit Committee on prudent levels of reserves and balances as part of the annual budget setting process	3.3.2 and 4.3.4	Director of Corporate Services Head of Finance
10.	Following Council authorisation of annual revenue, project and capital expenditure (see line 8), approval of business cases and project initiation mandates for: <ul style="list-style-type: none"> <li>i) all new projects/ activity (whether funded by revenue, capital or reserves)</li> <li>ii) all capital expenditure above the Public Contract Regulations 2015 current thresholds for sub-central authorities (currently £213,477)*</li> </ul>	4.3.3	i) SMT ii) Council

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
	*Note: Council may delegate the approval of capital expenditure above the Public Contract Regulations threshold to SMT where projects are considered lower risk.		
11.	Application of appropriate project management techniques to deliver project benefits as set out within the business case and project mandates on time and within budget	4.3.3	Budget holders and project managers SMT
12.	Responsibility of keeping expenditure within budgets and achieving value for money	4.3.1	Budget holders Director
13.	Incur expenditure in line with estimates that make up the budget	4.3.1	Operational staff Budget Holders SMT
14.	Granting and termination of leasing agreements for property	3.4.2	Council
15.	Ensuring all financial issues are managed and dealt with in accordance with the highest standards of probity	4.2	All staff, Council and Committee members
16.	Managing expenditure within approved budgets and achieving value for money.	4.3.1	Heads of Departments / Budget holders
17.	Reporting financial performance to the Council and the Executive on a quarterly basis	4.3.2	Head of Finance
18.	Ensuring appropriate income and expenditure are appropriately maintained and recorded	4.3.2	Head of Finance
19.	Providing timely and sufficiently detailed management information for each Director	4.3.2	Head of Finance
20.	Control of departmental income and expenditure, and overall maintenance of departmental budgets	4.3.3	Heads of Departments
21.	Authorising movement of approved similar budget headings (virement) subject to an approved business case	4.4	Directors
22.	Approving, monitoring and controlling capital expenditure within delegated authority (see line 10)	4.7	SMT
23.	Reporting on project performance to the Council	4.7	Chief Executive and Registrar

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
<b>ACCOUNTING RECORDS &amp; FINANCIAL SYSTEMS</b>			
24.	Ensuring appropriate accounting procedures and policies are established and adhered to	5.1	Director of Corporate Services Head of Finance
25.	Preparation of the Annual Statement of Accounts in accordance with UK GAAP, Charity SORP (FRS102) and other relevant accounting standards and statutory provisions	5.2	Head of Finance
26.	Preparation of a timetable for the final accounts compilation and issuing supporting accounting instructions	5.2	Head of Finance
27.	Approve business as usual budget movements for expenditure (except for payroll cost): i) Up to £35,000 ii) In excess of £35,000	4.5	i) Director ii) SMT
28.	Approve changes to the budgets of projects/ activity funded from reserves	4.3.2	Council
29.	Provide commentary of variations to the annual revenue and capital budgets: i) To the Council ii) To the Head of Finance	4.3.2 4.3.3	i) Head of Finance ii) Budget holders
30.	Assign responsibility to the budget holders for the budget under their control	4.3.3	Chief Executive and Registrar
31.	Responsibility for effective budgetary control to keep spending contained within the annual limit	4.3.3	Budget holders SMT
32.	Properly record and account for all income and expenditure, following relevant guidance and procedure	4.3.2	Head of Finance
33.	Have in place an effective monitoring process to review performance levels in conjunction with the budget	4.3.2	Director of Corporate Services Head of Finance
34.	Ensure prior approval by the Council for new proposals, of whatever amount, which: • Create financial commitments in future years	4.3.2	Chief Executive and Registrar

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
	<ul style="list-style-type: none"> <li>Change existing financial policies, initiate new policies or cease existing policies</li> </ul>		
35.	Arrange agreement where it appears that a budget proposal, including budget movements, may impact: <ol style="list-style-type: none"> <li>Other department(s)</li> <li>Other directorate (s)</li> </ol>	4.3.3 4.3.2.	i) Budget holders ii) SMT
36.	Record all grants in the grants register	4.3.2	Head of Finance
37.	Report where capital expenditure and/or project/activity costs funded from reserves exceeded the approved business case by more than 5% (or £10,000 whichever is greater) to the: <ol style="list-style-type: none"> <li>Council</li> <li>Chief Executive and Registrar</li> <li>Director of directorate/Programme Board</li> </ol>	4.3.2	i) Chief Executive and Registrar ii) Head of Finance iii) Budget holders
38.	Report to the Council as soon as it is known that the organisation may make deficit which cannot be met from an approved budget or from accumulated reserves.	4.3.2	Chief Executive and Registrar
39.	Inform and advise Audit, Risk and Finance Committee and the Investment Committee on prudent levels of Reserves for the General Optical Council	4.3.2	Director of Corporate Services and Head of Finance
40.	Preparation of Annual Statement of Accounts	5.2	Head of Finance/ Director of Corporate Services
41.	Authorising the Annual Statement of Accounts	5.2	Council Chair and Chief Executive and Registrar
42.	Compliance with accounting guidance and provision of information as required for Annual Statement of Accounts in accordance with Optical Act 1989, UK GAAP and Charities SORP (FRS102) to: <ol style="list-style-type: none"> <li>Council</li> <li>Chief Executive Officer and Registrar</li> </ol>	5.2	i) Head of Finance/ Director of Corporate Services ii) Head of Finance
43.	Production, distribution and interpretation of budget reports	4.3.2	Head of Finance

	<b>DELEGATED MATTER</b>	<b>REF: FINANCIAL REGULATIONS</b>	<b>AUTHORITY DELEGATED TO:</b>
44.	Advise Audit Committee on effective systems of internal control	5.2	Director of Corporate Services
45.	Obtain approval for the introduction or change to the financial system from: i) Chief Executive /Registrar ii) Director of Corporate Services	5.3	i) Director of Corporate Services ii) Head of Finance
46.	Document and back-up financial systems, or financial modules and ensure disaster recovery and business continuity plans are maintained	5.3	Head of IT
47.	Register computer systems as appropriate in accordance with data protection legislation	5.3	Director of Change/Head of IT
48.	Observe relevant policies and guidelines for computer systems that are issued by the Head of IT	5.3	System owners/ All staff
<b>RISK MANAGEMENT AND CONTROL</b>			
49.	Ensure there are arrangements in place to identify and manage risk in accordance with the Risk Management Policy and Strategy	6.2	Chief Executive and Registrar
50.	Ensure risk management strategies are implemented, risks identified and action taken to mitigate or reduce them and appropriate reporting mechanisms are in place	6.2	Council Chief Executive and Registrar Directors
51.	Notify the Chief Executive /Registrar immediately of any loss, liability or damage that may lead to a claim against the Council	6.3	Directors Heads of departments
52.	Notify the Chief Executive /Registrar promptly of all new risks, assets requiring insurances and any alterations affecting existing insurances.	6.3	Heads of departments
53.	Consult the Chief Executive /Registrar, Director of Corporate Services and Head of Legal department on the terms of any indemnity.	6.3	Directors Heads of departments
54.	Ensure that employees, or anyone covered by the Council's insurance and indemnity, do not admit liability or make any offer to pay compensation that may prejudice the assessment of liability in respect of any insurance claim	6.3	Heads of departments
55.	Manage processes to check that established controls are being adhered to and evaluate their effectiveness, in order to be confident in the proper use of resources, achievement of objectives and management of risks.	6.4	Directors



	<b>DELEGATED MATTER</b>	<b>REF: FINANCIAL REGULATIONS</b>	<b>AUTHORITY DELEGATED TO:</b>
56.	Review existing controls in the light of changes affecting the Council and establish and implement new ones in line with guidance from the Chief Executive /Registrar	6.4	Directors
57.	Undertake an annual self-assessment of the status of the systems of internal control within their area, as directed by the Chief Executive /Registrar	6.4	Directors
58.	Support internal and external audit in any review undertaken within their area and respond to issues raised within audit reports within agreed timescale.	6.6	Directors
59.	Ensure that the anti fraud and corruption policy is followed and that all appropriate action is taken.	6.5.1	Directors
60.	Maintain a Hospitality Register within each service in which the acceptance of any hospitality or gifts is recorded	6.5.2	Head of Governance
61.	Respond to internal and external audit draft reports in writing within 7 working days	6.6	Directors
62.	Implement internal and external recommendations in a timely fashion.	6.6	Directors
<b>CONTROL OF RESOURCES</b>			
63.	Ensure the proper usage of the building, equipment, furniture and other property belonging to the Council. Consult with the Chief Executive /Registrar and the Director of directorate in any case where security is thought to be defective or where is considered that special security arrangements may be required.	7.2 7.1.1	Directors Head of IT and Facilities Manager
64.	Ensure that no Council asset is subject to personal use by an employee without proper authority		SMT
65.	Ensure cash holdings on premises are kept to a minimum	7.3.2 7.3.4	SMT
66.	Ensure that keys to safes and similar receptacles are carried on the person of those responsible at all times; report loss of such keys to Director of directorate	7.2	Heads of Departments
67.	Maintenance of Fixed Asset Register (FAR)	7.1.1	Head of Finance
68.	Provide the Head of Finance with the information required to maintain asset register	7.1.1	Heads of Departments

	<b>DELEGATED MATTER</b>	<b>REF: FINANCIAL REGULATIONS</b>	<b>AUTHORITY DELEGATED TO:</b>
69.	Submit bids for grant funding	9.2	Heads of Departments Directors
70.	Declare fixed asset surplus requirement of property, furniture & equipment, IT equipment	7.1	Director of Corporate Services/Director of Change Heads of Departments
71.	Maintain inventories of all furniture, equipment, IT equipment and properties and carry out an annual check of all items on the fixed asset register	7.1.1	Head of IT and Facilities Manager
72.	Reporting damage to buildings, fittings, furniture and equipment and loss of equipment and property due to culpable causes (e.g. fraud, theft, etc.) or other to SMT and Head of Facilities	7.1.2	All staff, Council and Committee members
73.	Make appropriate arrangements to write off assets when it is no longer in use or obsolete: i) Up to £10,000 NBV ii) Above £10,000 NBV	7.1.2	i) Head of IT and Facilities Manager ii) Director of Corporate Services (report to Chief Executive)
74.	Report to the ARC of any loss above £10,000	7.1.2	Director of Corporate Services
75.	Reporting any losses and cash due to theft, fraud, overpayments & others must be reported to SMT	6.5.1 7.3.4	All staff, Council and Committee members
76.	Borrow funds set by the Council and authorise and manage the investments of the Council	7.3.1 7.3.5	SMT and Head of Finance
77.	Day to day management of the Council's cash flow transactions	7.3.5	Head of Finance
78.	Opening/ Closing bank accounts	7.3.2	SMT
79.	Transferring funds between organisations accounts	7.3.2	SMT and Head of Finance
80.	Investment and management of cash	7.3.5	Director of Corporate Services Head of Finance
81.	Borrowing funds set by the Council from approved banks	7.3.2	SMT
82.	Petty cash operations	7.3.2	Head of Finance

	<b>DELEGATED MATTER</b>	<b>REF: FINANCIAL REGULATIONS</b>	<b>AUTHORITY DELEGATED TO:</b>
			Nominated Finance department staff
83.	Authorisation of petty cash per item up to maximum of £200	7.3.2	Heads of departments
84.	Processing staff, worker and Council payrolls	8.5.1 8.5.2	Finance Officer
85.	Authorising staff payroll changes	8.5.1	Head of HR and Director of Corporate Services
86.	Authorising changes to worker and member payrolls	8.5.2	Relevant heads of departments
87.	Authorising payroll payments	7.3.2	As per bank mandate
88.	Ex-gratia payments authorisation	8.5.1	Chief Executive and Registrar Council Chair Head of People and Culture
<b>INCOME &amp; EXPENDITURE</b>			
89.	Establish a policy for the purchase of goods and services and review it regularly in line with other organisational policies.	8.4.1	Directors of Corporate Services
90.	Ensure appropriate control arrangements are in place in relation to cash handling.	8.2.1	Director of Corporate Services / Head of Finance Heads of Departments
91.	Ensure appropriate procedures are in place, including legal action where necessary, for debts that are not paid promptly	8.1.1	SMT
92.	Write off debtors: i) Up to £1,000 ii) £1,000 - £10,000 iii) In excess of £10,000 With an exception report to Audit, Risk and Finance Committee for any debt write-offs above £10,000.	8.1.1	i) Heads of Departments ii) Directors iii) Chief Executive and Registrar

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
93.	Check goods and services upon receipt to ensure they are in accordance with the order	8.3.3	Heads of Departments
94.	Ordering revenue goods and services i) Up to £35,000 ii) £35,001 - £75,000 iii) £75,000 - £213,477 (see below) iv) Above the Public Contract Regulations 2015 current thresholds for sub-central authorities (currently £213,477)	8.3.2	i) Heads of Departments ii) Director iii) Chief Executive and Registrar iv) SMT approval and Council notified in the next meeting
95.	Where expenditure occurred has no budgetary provision and is in excess of £10,000 the relevant Director and Head of Finance must be informed immediately	4.3.3	Heads of Departments
96.	Authorisation of payments with the appropriate supporting documentation and within budget: i) Up to £1,000 ii) Above £1,000	7.3.2	i) 1 signatory from Head of Finance, member of SMT as per Bank mandate ii) 2 signatures from Head of Finance, SMT as per Bank Mandate
97.	Place orders for goods and services in accordance with the Procurement Policy. These include: <ul style="list-style-type: none"> <li>Using approved negotiated contracts where applicable</li> <li>Orders must be raised and authorised electronically and only as per Contract and Procurement policy approved by the Council.</li> </ul> There must be adequate separation of duty so that an employee raising an order does not authorise that order and approves the payment for that order	8.3.2	Heads of Department, Directors and authorised personnel named in bank mandates.
98.	Setting of fees and charges: i) Registrants ii) Business as usual income	1.3 1.9	i) Council ii) SMT

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
99.	Refunds to registrants and students: i) Requesting ii) Processing iii) Authorising payment	8.2 7.3.2	i) Head of Registration / ii) Finance iii) As per approved bank mandate (see payment authorisation above)
<b>QUOTATION, TENDERING &amp; CONTRACT PROCEDURES</b>			
100.	<p>The value of the contract is to be calculated by reference to its contractually committed estimated total amount, whether to be supplied or executed at any one time or during a specific period. The value of contract means the estimated total monetary value over its full duration, including any extension options (not the annual value). Must be VAT inclusive.</p> <p>Above limits may change with update of Contract and Procurement Policy. In such event the limits stated in Contract and Procurement Policy will supersede these limits.</p>		
	<b>Estimated Contract Value</b>	<b>Risk must be assessed along minimum requirement</b>	<b>8.4      Awarding      Signing of contract</b>

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:	
101. Up to £5,000	Written quotation from one supplier		Heads of Departments	Heads of Departments
102. £5,000 - £35,000	Three written competitive quotations		Director	Director
103. £35,001 - £75,000	Three competitive suppliers invited to tender		Director	Director
104. £75,001 - below the Public Contract Regulations 2015 current thresholds for sub-central authorities (currently £213,477)	Three competitive suppliers invited to tender		Chief Executive	Two signatures of: Director Chief Executive and Registrar

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
	105. Above the Public Contract Regulations 2015 current thresholds for sub-central authorities (currently £213,477)  Three competitive suppliers invited to tender		SMT  Chief Executive and Registrar Chair of Council
	106. NOTE: Exemptions from these Rules will be granted in exceptional circumstances and following a written approval.  Approving exemptions from the Rules in exceptional circumstances and in writing (see Contracts & Procurement Policy)  i) Up to £35,000 ii) Above £35,000  With an exception report to Audit, Risk and Finance Committee for any exemptions.		i) SMT ii) SMT and Chair of Council
	107. Opening tenders and quotations	8.4.1	Directors and Heads of Departments
	108. Approving expenditure greater than tender price i) Up to 10% or £35,000 whichever is higher	8.4.1	Director for £35,000 SMT for any higher amount (10% of the overall tender price)
	109. Undertake value for money assessments with regard to procurement activities	8.4.1	Head of Finance Director of Corporate Services
	110. The following must be subject to tender at least once every 5 years: i) Legal retainer contract ii) Internal Auditing Services	8.4.1	i) Director of Regulation, Head of Case Progression,

	DELEGATED MATTER	REF: FINANCIAL REGULATIONS	AUTHORITY DELEGATED TO:
			Chief Executive and Registrar ii) Director of Corporate Services, Head of Finance, Chief Executive and Registrar
111.	Post tender negotiations	8.4.1	Heads of Departments Directors
112.	Financial monitoring and reporting on capital expenditure	4.3.2	Head of Finance
<b>DECLARATION OF INTERESTS</b>			
113.	Declaration of a personal or professional interests which could compromise the independence of the decision-making or which could present, or may be perceived as, a conflict of interest in their capacity, to the SMT and the Council	6.5.2	All staff, workers, Council and committee members

<b>SUMMARY OF THE ROLE OF THE THREE LEVELS OF BUDGET HOLDER</b>		
<b>DIRECTOR</b>	<b>HEAD OF DEPARTMENT</b>	<b>OPERATIONAL STAFF</b>
<b>FINANCIAL PLANNING</b>		
Provision of the overall strategic direction for the directorate and overseeing the preparation of the budget for their directorate.	<ul style="list-style-type: none"> <li>Prepares the detailed revenue and capital budgets reflecting strategic direction indicated by the Director.</li> </ul>	<ul style="list-style-type: none"> <li>Provides input as required and supports the budget process to the Head of Finance and Director of Corporate Services.</li> </ul>
<b>FINANCIAL MANAGEMENT</b>		
<ul style="list-style-type: none"> <li>Assigns budget holder responsibility and ensures there are appropriate control processes in place.</li> </ul>	<ul style="list-style-type: none"> <li>Receives reports from the Head of Finance on performance against the budget and forecasts.</li> </ul>	<ul style="list-style-type: none"> <li>Places orders and incurs expenditure for products or services in accordance</li> </ul>



<b>SUMMARY OF THE ROLE OF THE THREE LEVELS OF BUDGET HOLDER</b>		
<b>DIRECTOR</b>	<b>HEAD OF DEPARTMENT</b>	<b>OPERATIONAL STAFF</b>
<ul style="list-style-type: none"> <li>• Receives regular reports on performance against budget and forecast from Head of Finance and relevant Head of department.</li> <li>• Where appropriate, approves budget moves within the financial limits set out in Financial Regulations.</li> <li>• Ensures budget provision is in place for any new policies.</li> </ul>	<ul style="list-style-type: none"> <li>• Where appropriate, approves budget moves within the financial limits set out in Financial Regulations, or refer to the Director for action.</li> <li>• Reviews regularly the value for money of the goods or service delivery arrangements.</li> </ul>	<ul style="list-style-type: none"> <li>• with appropriate procurement advice and the approved budget.</li> <li>• Records income and expenditure properly and maintains appropriate commitment records to aid with budget management.</li> <li>• Assists with preparation of reports on performance against budget and forecasts,</li> </ul>
<b>ACCOUNTING RECORDED &amp; FINANCIAL SYSTEMS</b>		
<ul style="list-style-type: none"> <li>• Ensures approval is gained for changes/ introduction of IT systems or sub-systems, and ensures proper system documentation is maintained and business continuity plans are in place.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures compliance with proper accounting guidance and practice by following advice and guidance from Finance department.</li> </ul>	<ul style="list-style-type: none"> <li>• Complies with proper accounting practices and guidance issued from Finance.</li> </ul>
<b>RISK MANAGEMENT &amp; CONTROL</b>		
<ul style="list-style-type: none"> <li>• Takes ownership of risk within their directorate, ensuring risk management is implemented in line with overall risk management strategy.</li> <li>• Reviews directorate risks and progress on mitigating actions at regular management meetings.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures risk management within their area is implemented in line with the strategy.</li> <li>• Reviews risks and progress on mitigating actions at regular management meetings.</li> <li>• Record risks and mitigation plans in the departmental risk registers.</li> </ul>	<ul style="list-style-type: none"> <li>• Takes action to reduce risk as identified in risk management plans.</li> <li>• Complies with the control framework.</li> <li>• Reports any loss or damage that may lead to a claim against the Council to respective head of department.</li> </ul>

<b>SUMMARY OF THE ROLE OF THE THREE LEVELS OF BUDGET HOLDER</b>		
<b>DIRECTOR</b>	<b>HEAD OF DEPARTMENT</b>	<b>OPERATIONAL STAFF</b>
<ul style="list-style-type: none"> <li>• Review and record risks and the mitigation plans in departmental risk registers.</li> <li>• Establishes sound arrangements for planning, appraising, authorising and controlling their operations in order to achieve continuous improvement, economy, efficiency and effectiveness, and for achieving their performance targets.</li> <li>• Supports internal and external audit in any review being undertaken within their area, nominates a sponsor responsible for taking forward audit issues and responds to issues raised within audit reports within the agreed timescale.</li> <li>• Ensures that the anti fraud and corruption policy is followed and that any appropriate action is taken.</li> <li>•</li> </ul>	<ul style="list-style-type: none"> <li>• Notifies the Director of Corporate Services immediately of any loss, liability or damage that may lead to a claim against the Council.</li> <li>• Notifies the Director of Corporate Services of all new risks or assets that require insurance and of any alterations affecting existing insurances.</li> <li>• Responds to internal and external audit queries within timescale agreed.</li> <li>• Updates Hospitality Register in which acceptance of any hospitality or gifts is recorded.</li> <li>• Identifies training needs of staff re risk management.</li> </ul>	<ul style="list-style-type: none"> <li>• Works with internal audit as appropriate and implements any agreed recommendations.</li> </ul>
<b>CONTROL OF RESOURCES</b>		
<ul style="list-style-type: none"> <li>• Ensures there are appropriate control procedures are in place with regard to assets.</li> </ul>	<ul style="list-style-type: none"> <li>• Ensures the proper security of all assets belonging to the Council is put in place.</li> <li>• Ensure that the keys from safes and similar receptacles are carried on the person of those responsible at all times:</li> </ul>	<ul style="list-style-type: none"> <li>• Operates system of control with respect to the assets of the Council.</li> <li>• Employees operating a petty cash account will make adequate arrangements for the safe custody as</li> </ul>

<b>SUMMARY OF THE ROLE OF THE THREE LEVELS OF BUDGET HOLDER</b>		
<b>DIRECTOR</b>	<b>HEAD OF DEPARTMENT</b>	<b>OPERATIONAL STAFF</b>
	loss of such keys must be reported to the relevant Director and Facilities Manager. <ul style="list-style-type: none"> <li>• Provides information required to maintain Fixed Asset Register (FAR).</li> </ul>	set out in para 6.3.1 of the Financial Regulations.
<b>INCOME &amp; EXPENDITURE</b>		
<ul style="list-style-type: none"> <li>• Ensures value for money is achieved.</li> <li>• Ensures there are adequate arrangements and delegations in place for ordering, authorising and receipting of goods and services.</li> <li>• Maintains an up to date list of staff and any limits who can order, authorised and receipt goods and services.</li> <li>• Ensures appropriate control arrangements are in place relating to cash handling.</li> </ul>	<ul style="list-style-type: none"> <li>• Acts in accordance with the delegated limits applied to ordering, authorisation and receipt of goods and services.</li> <li>• Has regard for value for money when considering procurement activity.</li> <li>• Establishes and initiates appropriate recovery procedures, including legal action where necessary, for debts not paid in agreed timescale.</li> <li>• Notifies immediately Head of Finance of any expenditure over 5% of monthly budget or latest forecast whichever is higher to be incurred where there is no budgetary provision.</li> <li>• Ensures that systems and procedures are correctly followed for payments to employees and for goods and services.</li> </ul>	<ul style="list-style-type: none"> <li>• Raises invoices according to the agreed charging policies.</li> <li>• Raises purchase orders according to contract and procurement policy when order is placed with a supplier.</li> <li>• Processes invoices from the supplies and charges the cost to appropriate department.</li> <li>• Ensures appropriate goods or services have been ordered, received and authorised.</li> <li>• Goods <u>should not</u> be ordered, received and paid by the same person.</li> </ul>
<b>EXTERNAL ARRANGEMENTS</b>		
<ul style="list-style-type: none"> <li>• Ensures partnership/collaboration arrangements meet organisational policies and strategies.</li> </ul>	<ul style="list-style-type: none"> <li>• Monitors arrangements to ensure they are operating according to agreements.</li> </ul>	

**SUMMARY OF THE ROLE OF THE THREE LEVELS OF BUDGET HOLDER**

<b>DIRECTOR</b>	<b>HEAD OF DEPARTMENT</b>	<b>OPERATIONAL STAFF</b>
<ul style="list-style-type: none"> <li>• Ensures partnership/collaboration are governed by formal documented arrangements.</li> <li>• Undertakes risk management appraisal of proposed new arrangements.</li> <li>• Approves contractual arrangements for any work undertaken for third parties or external bodies.</li> </ul>	<ul style="list-style-type: none"> <li>• Measures the performance to ensure best value is achieved for the General Optical Council.</li> <li>• Ensures that all funding notified is received and properly recorded in the Council's accounts.</li> </ul>	

Q3	Q4
07 December 2022	22 March 2023
<ul style="list-style-type: none"> <li>· CEO Report</li> <li>· Chair Report</li> </ul> <p><b>Assurance</b></p> <ul style="list-style-type: none"> <li>· Q2 Financial Performance Report</li> <li>· Balanced Scorecard</li> <li>· Business Plan Assurance Report Q2</li> <li>· Advisory Panel minutes</li> <li>· Corporate Policies</li> <li>· Equality, Diversity and Inclusion: Annual Monitoring Report</li> </ul>	<ul style="list-style-type: none"> <li>· CEO Report</li> <li>· Chair Report</li> </ul> <p><b>Assurance</b></p> <ul style="list-style-type: none"> <li>· Q3 Financial Performance Reports</li> <li>· Balanced Scorecard</li> <li>· Business Plan Assurance Report Q3</li> <li>· Advisory Panel minutes</li> <li>· Corporate Policies</li> </ul>
<b>Strategy</b>	<b>Strategy</b>
<ul style="list-style-type: none"> <li>· First draft - External Business Plan</li> <li>· Legislative change update</li> <li>· Governance Review Final Report</li> </ul>	<ul style="list-style-type: none"> <li>· Budget and Business Plan for 2022/23</li> <li>· Legislative change update</li> <li>· Standards of Practice for individual registrants for consultation</li> </ul>
<b>Operational</b>	<b>Operational</b>
<ul style="list-style-type: none"> <li>· Council Workplan</li> <li>· Registrant Fees Rules and Future Fee Strategy 2023/2024</li> <li>· Council member appointments</li> </ul>	<ul style="list-style-type: none"> <li>· Council Workplan</li> <li>· Member Fees Review 2023/2024</li> </ul>