

Agenda item:	4
Report title:	Chief Operating Officer's Report
Report by:	Susan Goldsmith , Chief Operating Officer sgoldsmith@gmc-uk.org , 020 7189 5124
Action:	To consider

Executive summary

This report provides an update on our operational performance including:

- All service targets were met in March 2015.
- Updates to our guidance on managing secondments, 'temporary to permanent' transfers and internal referencing policy.
- Revisions to our expenses policy for staff.
- Updates to our Procurement Policy to reflect the European Union approved directive on public procurement.
- The report also proposes amendments to the format for future reporting of performance data.

Recommendations

Council is asked to:

- Consider the report (and [Annex A](#), [Annex B](#), [Annex C](#) and [Annex D](#)).
- Note that the current [Annex A](#) format will be replaced with the revised format in [Annex B](#), for meetings from September 2015 onwards.

Issue

- 1 This report provides an update on our operational performance.

Performance targets

- 2 All service targets at [Annex A](#) were met during March 2015.
- 3 All operational key performance indicators at [Annex B](#) were met during March 2015.

Council Priorities

- 4 All Council priorities are on track and reported as green except:

Red: Develop the Register and deliver Data Strategy Phase 2: this is due to an under-spend against budget for the period. Under our classification any under/over spending by more than 10% gives the programme a red RAG status. The under-spend is driven by: 1) not needing to use the contingency fund for the data strategy project; 2) because efficiencies were made regarding travel and expenses for the data strategy project team; and 3) because we incurred fewer legal costs than we budgeted for during the period on this project. Learning for future budget setting is being captured.

Amber: Broader aspiration for reform and taking forward the legislative programme arising from the Law Commission report: this is due to an under forecast of budget and resource for the next period. We feel it is prudent to rate this project amber due to the possibility that following the General Election we may see increased activity in this area of business and we will need to scale up our budget and resource accordingly.

Red: Understand the context within which doctors practise: this is due to changes to the overall timeframe in two areas of the programme. Under our classification a change to the overall end deadline gives the programme a red RAG status. 1) Following consideration by the Strategy and Policy Board of our guidance development process, it was decided that it would be best to engage Council earlier in the process. As a result the timetable for the Confidentiality project has now been rescheduled. The Confidentiality guidance will now be launched in 2016; 2) likewise, the consultation period on Cosmetic interventions guidance has also been extended from 6 to 12 weeks (June–Sept 2015) in line with the draft Consultations Policy, and the guidance is now scheduled for launch in March 2016.

- 5 A summary of the position can be found at [Annex B](#).

Review of Performance Data

- 6 Following a review of our current performance reporting (as detailed in the Chief Operating Officer's Report on 10 December 2014) we have developed, in consultation with Council members a new report, the 'Council Priority Report' (at [Annex B](#)) to give a more balanced view of performance across the organisation.
- 7 We propose that the Council Priority Report will replace the current [Annex A](#) for future Council meetings, from September 2015.
- 8 We will continue to monitor the key performance indicators (KPIs) included in [Annex A](#) and publish our performance against these KPIs in our Annual Report for 2015.

Professional Standards Authority Performance Review 2014/2015

- 9 The Professional Standards Authority (PSA) is in the process of finalising its performance review of the GMC for 2014-15. We will provide a further update at Council's next meeting in September 2015.
- 10 We are engaged in the PSA consultation on the performance review process and will be feeding back that it would be helpful for the PSA to include material thresholds as part of the criteria defining what is required to meet a standard among other contributions.

Human Resources update

- 11 At its meeting on 14 April 2015 the Performance and Resources Board approved updated guidance covering staff secondments and transitions from temporary to permanent positions, as well as a more standardised approach for appointment salaries for internal transfers, secondments and promotions. If applied in 2014 this would have saved £170,000.

Revised expenses policies

- 12 At the Council meeting on 23 April 2015 we reported estimated annual savings of £162,000 from revised fees and expenses arrangements for GMC Associates. At its meeting on 14 April 2015 the Performance and Resources Board endorsed further revised expenses policies for staff and associates. We estimate that these changes to expenses will generate further annual savings of around £30,000, bringing the total annual savings to £192,000.

Procurement Policy

- 13 At its meeting on 14 April 2015, the Performance and Resources Board approved a revised Procurement Policy to reflect the European Union approved directive on public procurement, which aims to simplify and make public procurement more flexible. The directive is being implemented in the UK through the Public Contracts Regulations 2015 and is effective on all new contracts from 26 February 2015.
- 14 The main changes include a greater restriction applied on additional spend through contracts above that advertised in the original tender, all contract award notices over £25,000 will be published on the Government's Contracts Finder website and anyone involved in the evaluation of tenders will now be required to sign a specific Conflict of Interest form.

GMC Services

- 15 I previously reported to members on plans to commission a feasibility study to look at the implications of the GMC developing an international offer over and above our current statutory role in the quality assurance of UK medical education overseas. I am pleased to report that, following a competitive tendering process, the contract for this work has been awarded to KPMG. I will report progress to Council at the awayday in July and we expect to receive a final report in time for Council to consider it in September 2015.

4 – Chief Operating Officer's Report

4 – Annex A

Performance against service targets and volumes of activity – fitness to practise, registration and revalidation

- 1 These graphs show our performance against our fitness to practise, MPTS, registration and revalidation service targets over the past month, and the volume of activity we have undertaken. This includes the performance of our Contact Centre and registration services which support the whole organisation.
- 2 For the service targets, we illustrate the volume of activity and the proportion of total activity handled within and outside the target timeframe. The traffic lights show our monthly performance, and indicate whether or not we achieved our target.

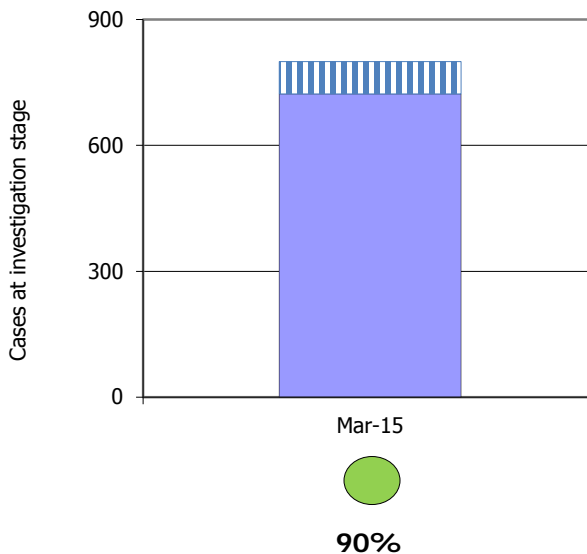
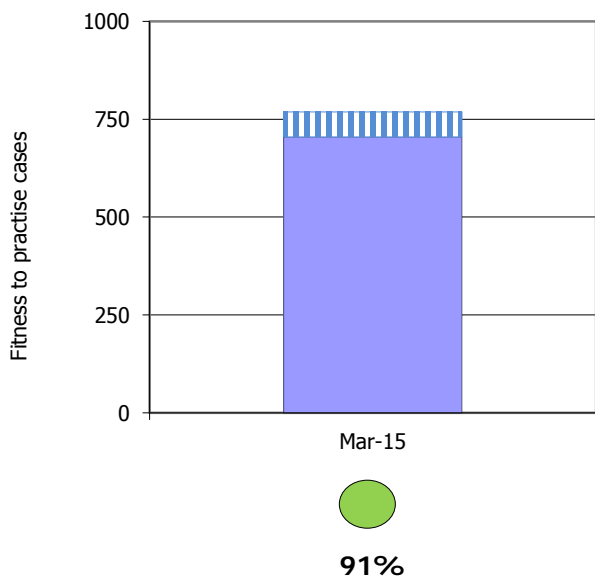
Fitness to practise

Service targets



To conclude 90% of fitness to practise cases within 12 months¹

To conclude or refer 90% of cases at investigation stage within 6 months²



Commentary: Service target achieved.

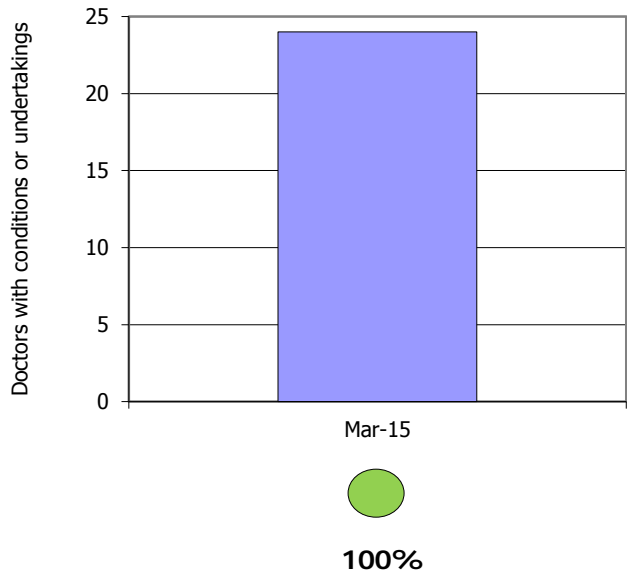
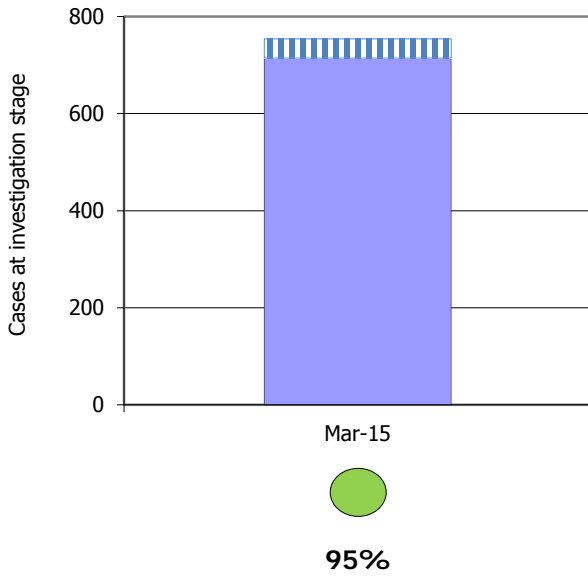
Commentary: Service target achieved.

¹ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, Notify Responsible Officer (RO)/Employers or immediate closure and excludes cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that were opened 12 months before.

² This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, Notify RO /Employers or immediate closure including cases that require health assessments, performance assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage six months before.

To conclude or refer 95% of cases at the investigation stage within 12 months³

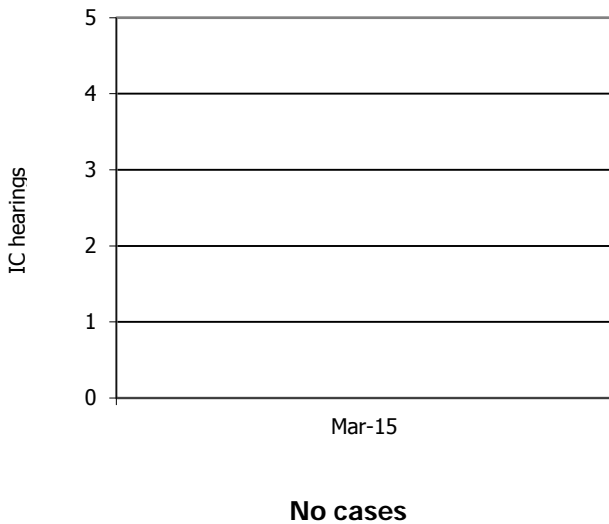
To review 100% of doctors with conditions or undertakings attached to their registration before being returned to unrestricted registration



Commentary: See Paragraphs 8-10 of main report.

Commentary: Service target achieved.

To commence 100% of IC hearings within 2 months of referral

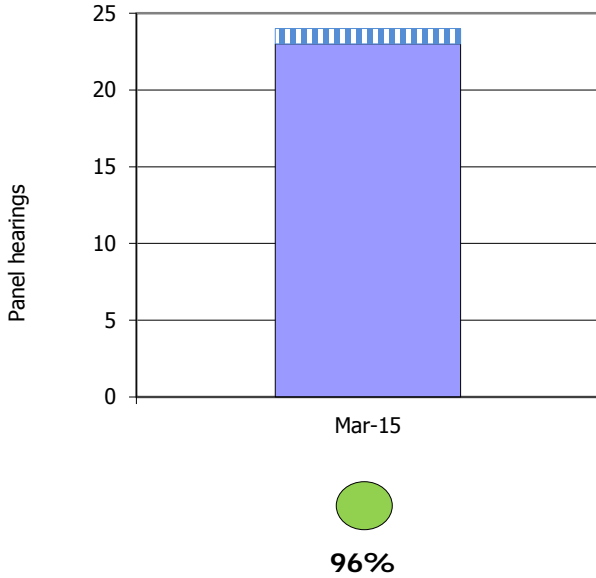


³ This target measures all fitness to practise enquiries received by the GMC that result in a stream 1 investigation, Notify RO/Employers or immediate closure including cases that require Health Assessments, Performance Assessments and those that are considered by the Investigation Committee. It excludes from consideration cases that are criminal convictions, statutory inquiries, determinations and restoration applications. Each bar (by month) shows the number of cases that entered the investigation stage 12 months before.

Medical Practitioners Tribunal Service

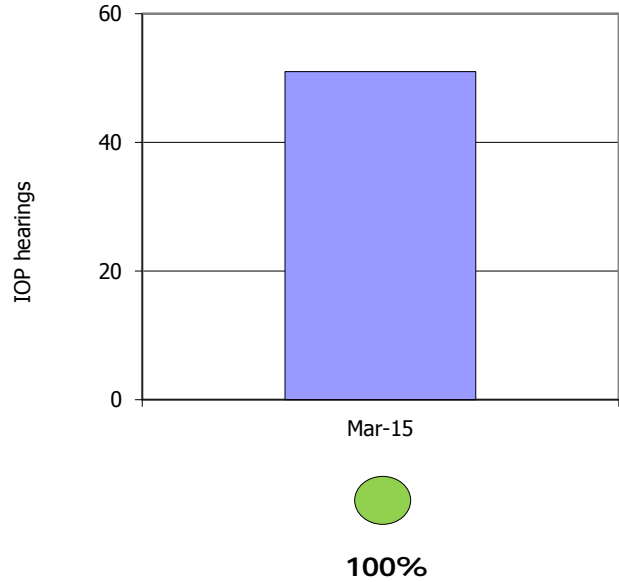
Service targets

To commence 90% of panel hearings within nine months of referral⁴



Commentary: Service target achieved.

To commence 100% of IOP hearings within 3 weeks of referral⁵



Commentary: Service target achieved.

⁴ This target excludes cases that have concluded prior to a FTP panel hearing within nine months of referral from investigation (i.e. referral cancellations, voluntary erasures etc). Each bar (by month) shows the number of referrals to a Fitness to Practise Panel nine months before.

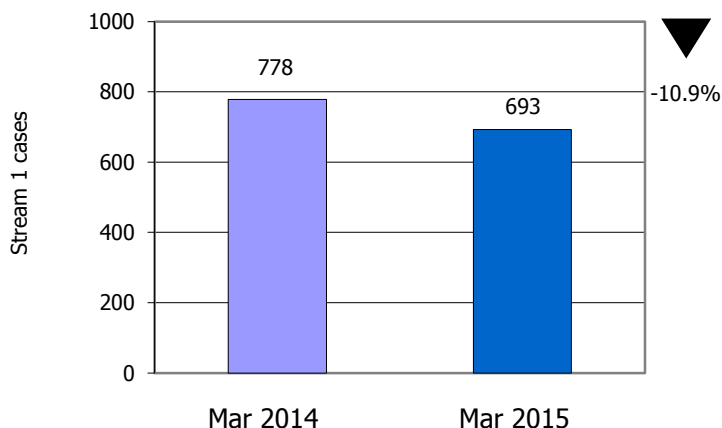
⁵ Each bar (by month) shows the number of referrals to an Interim Orders Panel three weeks before.

Fitness to practise

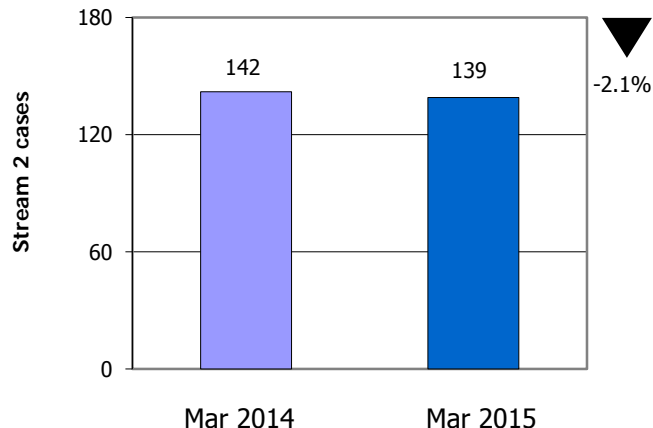
Case intake

3 These graphs show our cumulative case intake levels to the end of March 2014, compared with the cumulative levels to the end of March 2015, and indicate the percentage change.

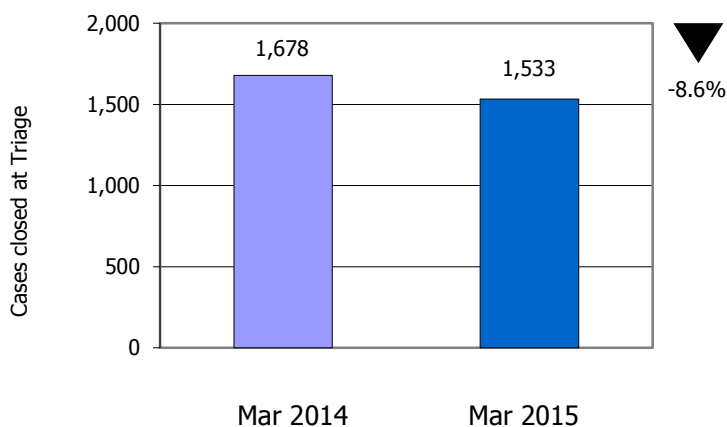
Year to date (YTD) Stream 1 case intake: accumulated to March 2014 and March 2015



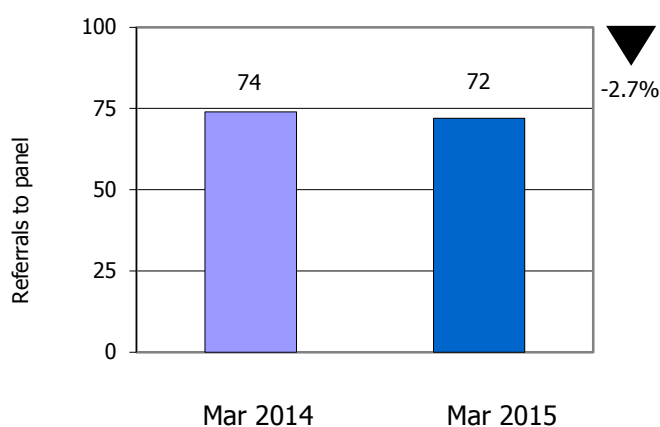
YTD Notify RO/Employers intake: accumulated to March 2014 and March 2015⁶



YTD cases closed at Triage: accumulated to March 2014 and March 2015

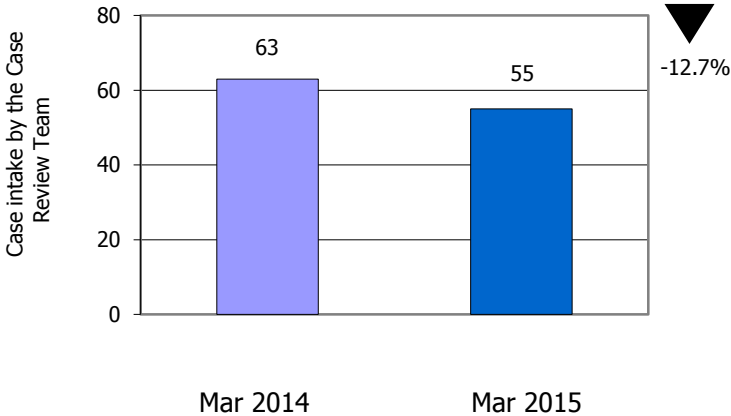


YTD number of referrals to panel: accumulated to March 2014 and March 2015



⁶The Stream 2 process was altered at the end of September 2014 and replaced with notifications to Responsible Officers (ROs) or Employers.

YTD case intake by the Case Review Team accumulated to March 2014 and March 2015



Registration, PLAB and certification

Service targets



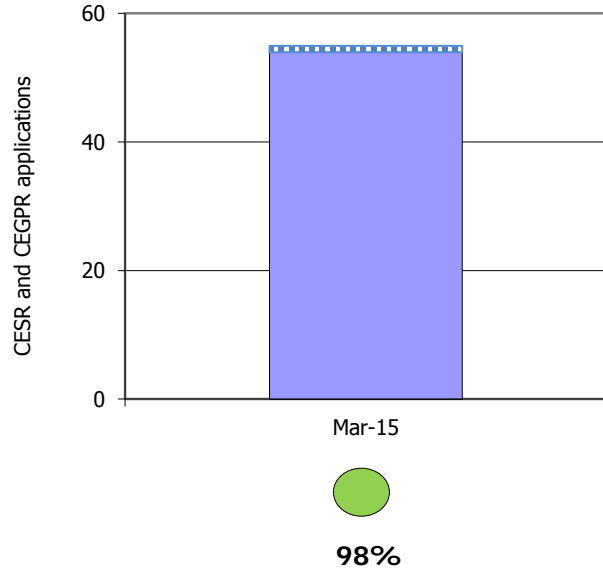
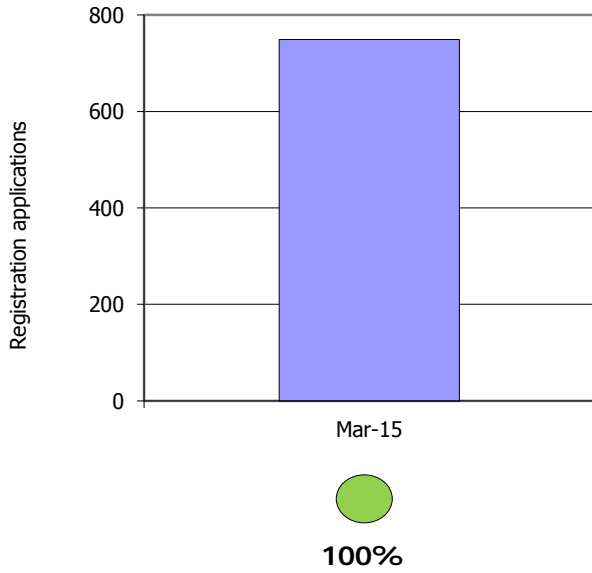
Handled within the service target



Handled outside the service target

To respond to 95% of registration applications within five working days

To complete 95% of CESR and CEGPR applications within 3 months



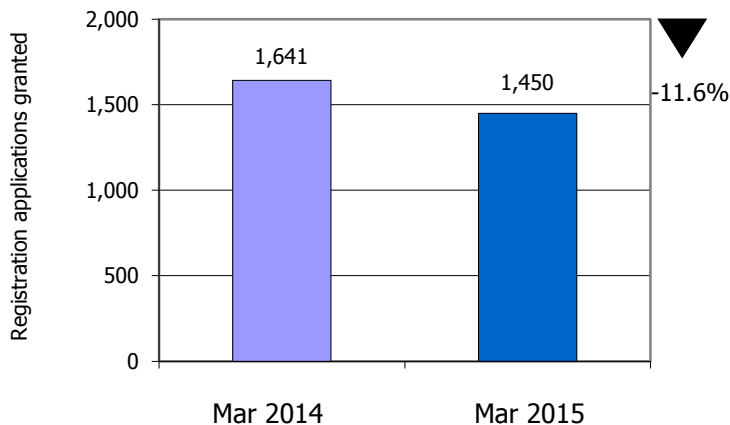
Commentary: Service target achieved.

Commentary: Service target achieved.

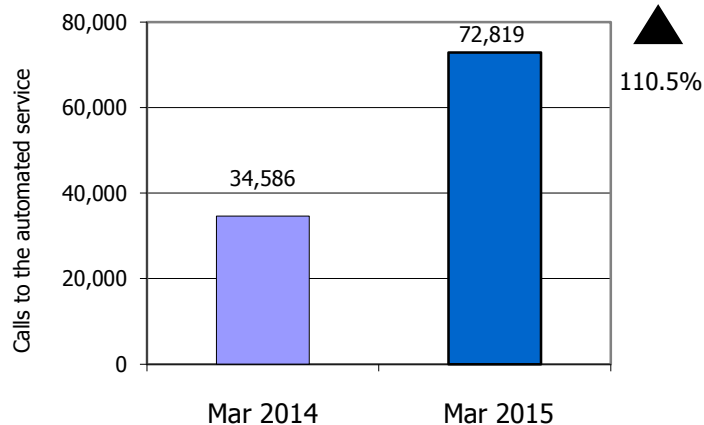
Registration, PLAB and certification

Activity levels

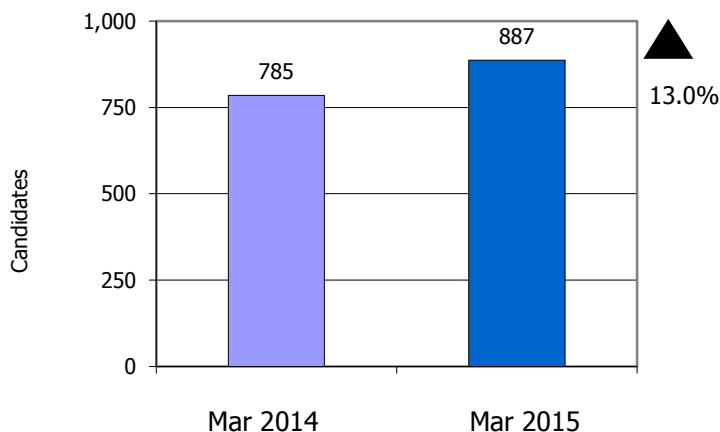
Registration applications granted (excl. specialist registrations, incl. restorations): accumulated to March 2014 and March 2015



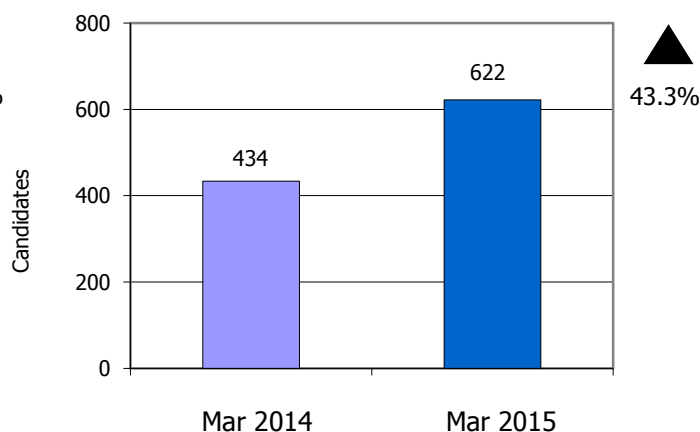
Calls to the automated service confirming a doctor’s registration status: accumulated to March 2014 and March 2015



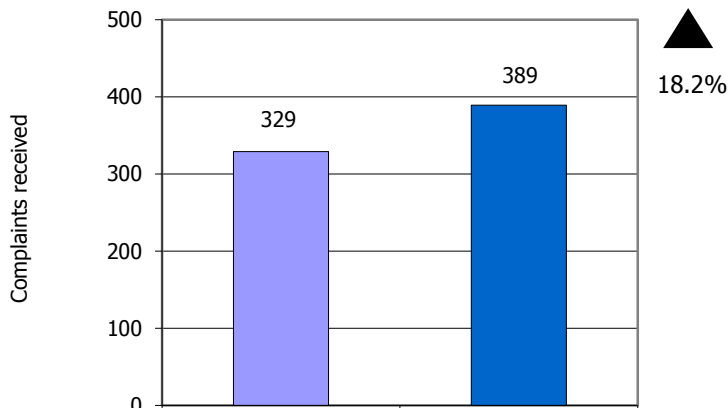
Candidates taking Part 1 of the PLAB test: accumulated to March 2014 and March 2015



Candidates taking Part 2 of the PLAB test: accumulated to March 2014 and March 2015



Complaints received by the Registration and Revalidation Directorate: accumulated to March 2014 and March 2015



Mar 2014

Mar 2015

Contact Centre and registration services

Service targets



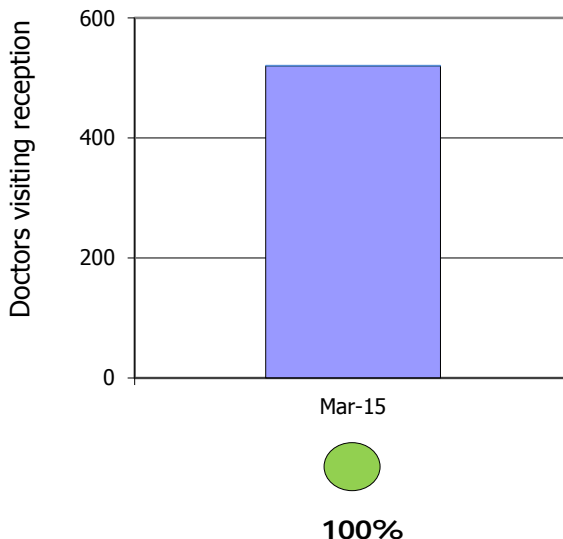
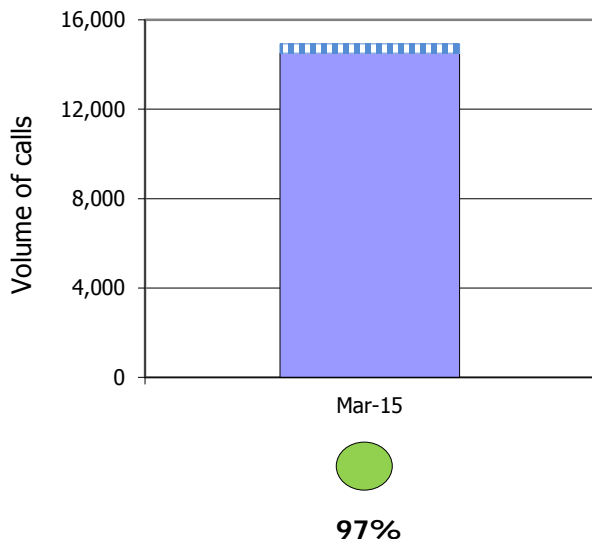
Handled within the service target



Handled outside the service target

To answer 90% of calls within 15 seconds⁷

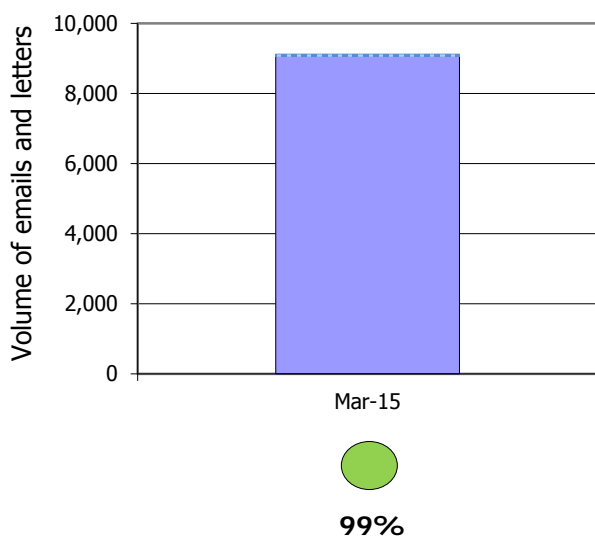
To see 95% of doctors visiting reception within 10 minutes of their arrival



Commentary: Service target achieved.

Commentary: Service target achieved.

To answer 95% of emails and letters within five working days⁸



Commentary: Service target achieved.

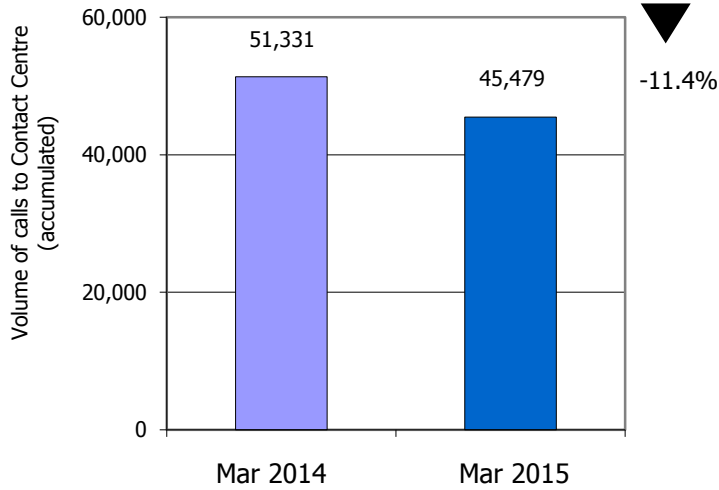
⁷ Excludes lost calls. This is consistent with the industry standard.

⁸ Only providing a substantive response is counted as having met the target.

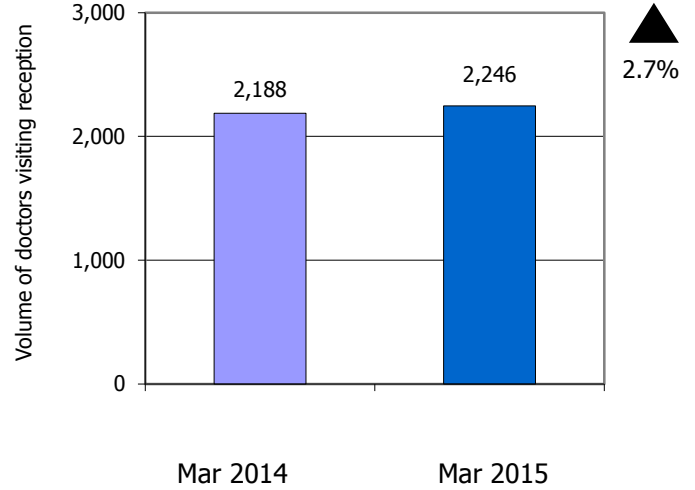
Contact Centre and registration services

Activity levels

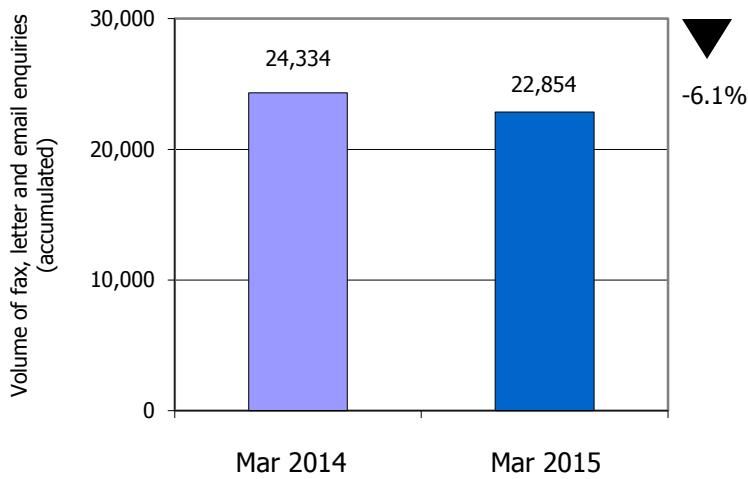
Call volume to Contact Centre: accumulated to March 2014 and March 2015



Doctors visiting registration services: accumulated to March 2014 and March 2015



Fax, letter and email enquiries: accumulated to March 2014 and March 2015



Revalidation

Service target



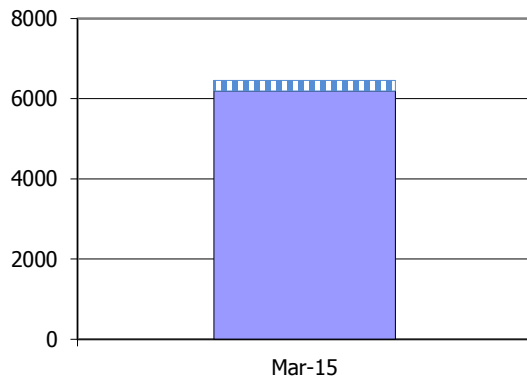
Handled within the service target



Handled outside the service target

To process 95% of revalidation recommendations within 5 working days

Volume of revalidation recommendations (monthly)



Mar-15



96%

General Medical Council

Operational KPIs and Council Priorities Annex B

Working with doctors Working for patients

Council # Index	meeting, 2 June 2015 Area Chief Operating Officer's Report	BAU Operational KPIs [monthly]	Dec	Jan	Feb	Mar	RAG for next period	Agenda item M4 – Chief Operating Officer's Report Commentary
1	R&R	Decision on 95% of all registration applications within 3 months	98	98	98	98	G	On track
2	R&R	Decision on 95% of all revalidation recommendations within 5 days	98	98	95	96	G	On track
3	R&R	90% of calls answered within 15 seconds	94	95	94	97	G	On track
4	E&S	Respond to 90% of ethical/standards enquiries within 21 working days	68	85	91	93	G	Team operating under capacity. New posts being recruited in 2015.
5	FtP	Conclude 90% of fitness to practise cases within 12 months	88	90	91	91	G	Increased number of cases where normal period of investigation was extended.
6	FtP	Conclude or refer 90% of cases at investigation stage within 6 months	90	90	90	90	G	On track
7	FtP	Conclude or refer 95% of cases at the investigation stage within 12 months	93	95	95	95	G	Increased number of cases where normal period of investigation was extended.
8	FtP	Commence 100% of IC hearings within two months of referral	100	No cases	No cases	No cases	G	On track [no cases in Jan, Feb and Mar]
9	MPTS	Commence 90% of panel hearings within nine months of referral	100	94	100	96	G	On track
10	MPTS	Commence 100% of IOP hearings within 3 weeks of referral	100	100	100	100	G	On track
11	R&QA	Rolling twelve month staff turnover within 8-15%	12.06	11.68	11.38	10.67	G	On track
12	R&QA	2015 Deficit within budget [% variance]	-	53.37	-17.06	18.86	G	2014 months under different budget. Jan 2015 income and expenditure is difficult to budget due to timing issues which pushed variances outside current tolerances. This has since corrected.
13	R&QA	IS system availability [%]	99.8	100	100	100	G	On track
14	S&C	Achieve a monthly media score of XX (TBC)	238	211	63	113	NA	KPI in development as part of review of media scoring
15	OCCE	Respond to x% of corporate complaints within 10 working days	65	83	73	84	NA	KPI being refined as part of review of corporate complaints in 2015 [% to be defined]
16	S&C	UK wide engagement score of doctors, medical students and patients	In development					KPI in development as part of increased Liaison staffing
17	E&S	% of enhanced monitoring concerns where action plan is not being adhered to	In development					KPI in development
18	E&S	% of visits completed in within agreed timescales & budget	In development					KPI in development

Business As Usual – Operational KPIs (annual)




#	Area	BAU Operational KPI [Annual]	Previous period	Current period	Commentary
18	S&C	Engagement score / feedback with our top 50 UK and European public affairs and policy influencers ¹	NA	TBC	In development
19	S&C	Level of confidence in the GMC's regulation of doctors (from biennial perceptions survey)	NA	79% ²	
20	R&QA	Staff engagement score ³	NA		Staff survey being analysed for 2015
21	S&C	<i>E&D KPIs currently being considered and will be taken to PRB for sign-off</i>			













¹ Not currently measured and would need development time with key interests and policy influencers

² 79% of patients/public who had heard of the GMC are confident in its regulation of doctors

³ Staff engagement will also be reported once per year as and when staff survey results are analysed

Council Priorities

 Delivery risk greater this period
 Delivery risk the same this period
 Delivery risk less this period

			Previous Period	Current period	Delivery Risk Trend	Next period
1	Shape of Training	<ul style="list-style-type: none"> All projects on track We received 178 submissions for the consultation on new standards for undergraduate and postgraduate medical education and training 	G	G		G
2	National licensing exam, moving the point of registration, and policy links to PLAB test	<ul style="list-style-type: none"> All projects on track 	G	G		G
3	Develop the Register and deliver Data Strategy Phase 2	<p>Red due to budget</p> <ul style="list-style-type: none"> This is due to an under-spend against budget for the period. The under-spend is driven by: 1) not needing to use the contingency fund for the data strategy project; 2) because efficiencies were made regarding travel and expenses for the data strategy project team; and 3) because we incurred fewer legal costs than we budgeted for during the period on this project. Learning for future budget setting is being captured. 	R	R		G
4	Revalidation	<ul style="list-style-type: none"> All projects on track All SLAs were met in March 	G	G		G
5a	Fitness to practise and the Law Commission reform programme	<ul style="list-style-type: none"> All projects on track Section 60 Order approved by Privy Council on 19 March 2015 and published by Parliament shortly after. The rules consultation launched on 25 March and closes on 20 May 2015. 	G	G		G
5b	Changes to fitness to practise procedures and responding to the increase in workload	<ul style="list-style-type: none"> All projects on track All SLAs were met in March 	G	G		G
5c	Supporting those involved in our investigations	<ul style="list-style-type: none"> All projects on track A contract has been awarded to provide the doctor support service 	G	G		G
6	Broader aspiration for reform and taking forward the legislative programme arising from the Law Commission report	<p>Next period amber due to project delivery</p> <ul style="list-style-type: none"> This is due to an under forecast of budget and resource for the next period. We feel it is prudent to rate this project amber due to the possibility that following the election we may see increased activity in this area of business and we will need to scale up our budget and resource accordingly. 	G	G		A
7	Communications strategy and engagement with key interests	<ul style="list-style-type: none"> Previous period amber due to delay in the Digital Media strategy delay of one month to social media guidance while feedback is incorporated, end publication date remains unchanged, the project is now on track. 	A	G		G
8	Fairness and disproportionality in our regulatory activities	<ul style="list-style-type: none"> All projects on track We are in the initial stages of research to explore the nature of referrals from employers. 	G	G		G
9	Chief Operating Officer's Review, ambition for efficiencies across the organisation and future strategy	<ul style="list-style-type: none"> All projects are on track 	G	G		G
10	Understand the context in which doctors practise	<p>Red due to project delivery</p> <ul style="list-style-type: none"> This is due to changes to the overall timeframe 1) Following consideration by the Strategy and Policy Board (S&PB) of our guidance development process, it was decided that it would be best to engage Council earlier in the process. As a result the timetable for the Confidentiality project has now been rescheduled, the guidance will now be launched in 2016; 2) likewise, the consultation period on Cosmetic interventions guidance has also been extended from 6 to 12 weeks (June – Sept 2015) in line with the draft Consultations Policy, and the guidance is now scheduled for launch in March 2016. 	G	R		G

4 – Chief Operating Officer’s Report

4 – Annex C

Summary Information on Appeals and Judicial Reviews

1 The table below provides a summary of appeals and judicial reviews as at 30 April 2015:

	Open cases carried forward since last report	New cases	Concluded cases	Outstanding cases
Appeals	9	4	3	10
Judicial Reviews	9	2	1	10
IOP Challenges	5	0	3	2

Explanation of concluded cases

2 Appeals:

a 2 appeals dismissed.

b 1 successful.

3 Judicial Reviews

a 1 permission refused.

Any new applications in the High Court challenging the imposition of interim orders since the last report with explanation; and total number of applications outstanding

4 There have been no new applications to challenge to an IOP order since the last report.

5 The current position in relation to the 2 outstanding applications is:

- a Hearing date awaited in both cases.

New referrals by PSA to the High Court under Section 29 since the last report with explanation, and any applications outstanding

6 There have been no new referrals by the PSA since the last report and there is currently one case outstanding:

- a Case listed for hearing on 28 April 2015.

Any other litigation of particular note

7 We continue to deal with a range of other litigation, including cases before the Employment Tribunal and the Employment Appeals Tribunal.

8 The table below provides a detailed breakdown of outstanding appeals as of 30 April 2015.

No	Case	Decision appealed	Current status
1	B	Appeal against Fitness to Practise Panel decision.	Awaiting hearing date.
2	Be	Appeal against Fitness to Practise Panel decision.	Hearing listed for 19 June 2015.
3	D	Appeal against the Fitness to Practise Panel decision.	Awaiting hearing date.
4	G	Appeal against Fitness to Practise Panel decision.	Hearing adjourned on 25 February 2015: Doctor ordered to pay GMC's wasted costs occasioned by the adjournment.
5	O	Appeal the determination at Fitness to Practise Panel.	Hearing relisted for 15 July 2015.
6	Or	Appeal against the Fitness to Practise Panel decision.	Awaiting papers.
7	P	Appeal against the Fitness to Practise Panel decision.	Awaiting papers.
8	Pa	Appeal against Fitness to Practise determination.	The GMC have agreed that the appeal be stayed until the conclusion of the criminal investigation.
9	Q	Appeal against Fitness to Practise decision.	Awaiting hearing date.

No	Case	Decision appealed	Current status
10	S	Appeal against Fitness to Practise Panel decision.	Hearing to take place on either 19 or 20 May 2015.

- 9 The table below provides a detailed breakdown of outstanding judicial reviews as 30 April 2015.

No	Case	Claim	Current status
1	A	Judicial Review claim to challenge the Rule 12 decision.	Permission was granted in respect of part of the claim and refused in respect of others. Directions given for service of Detailed Grounds and Evidence by 14 May 2015.
2	AM	Judicial Review to challenge GMC guidance of assisted suicide case.	Hearing listed for 25 and 26 June 2015.
3	B	Judicial Review claim regarding the GMC's decision to refuse the doctor's application for restoration.	Case went part heard. Awaiting relisting.
4	C	Judicial Review claim against the GMC's refusal to discontinue the publication of 'historical' undertakings on the LRMP.	Acknowledgement of Service filed. Awaiting hearing date.
5	Ch	Judicial Review against decision that Rule 4(5) not engaged.	Hearing listed for 30 April 2015.
6	G	Judicial Review against the Assistant Registrar's decision to waive Rule 4(5).	Permission refused by the court on paper. Claimant is renewing application at a hearing – awaiting listing.
7	Go	Judicial Review challenging decision to conduct a Rule 12 review of an Investigation Committee's decision to close the case with no action.	Permission granted and awaiting hearing date.

No	Case	Claim	Current status
8	L M L	Judicial Review against two decisions on the Fitness to Practise determinations.	Awaiting decision on permission.
9	P	Judicial Review against a Fitness to Practise Determination.	Consent Order agreed and awaiting disposal.
10	W	Judicial Review challenging advice of Case Examiner at Rule 8 stage.	Awaiting hearing date. Application for permission has been adjourned by order of the Court to an oral hearing; meanwhile, case stayed by order of Court pending conclusion of a related Rule 12 procedure which remains ongoing.

4 – Chief Operating Officer's Report

4 – Annex D

2015 Income and Expenditure

Revenue Budget

1 The income and revenue expenditure figures to the end of April 2015 are:

Financial Summary as at April 2015	Budget to date Jan-April 2015	Actual to date Jan-April 2015	Variance		Full year budget £000
	£000	£000	£000	%	
Income					
Annual retention fees	28,809	28,560	(249)	(1)%	89,400
Registration fees	700	489	(211)	(30)%	4,264
PLAB fees	509	497	(12)	(2)%	1,262
Certification fees	907	900	(7)	(1)%	3,114
Investment income	170	170	0	1%	1,400
Other income	87	166	79	91%	200
Total Income	31,182	30,782	(400)	(1)%	99,640
Expenditure by cost type					
Direct staffing costs	17,517	17,266	251	1%	54,620
Indirect staffing costs	1,131	857	274	23%	3,424
Office costs	1,932	1,763	169	9%	6,307
Accommodation costs	2,213	2,188	25	1%	6,720
Legal costs	1,675	1,564	111	7%	5,587
Professional fees	745	828	(83)	(11)%	2,964
Council & members costs	139	144	(5)	(4)%	405
Panel & assessment costs	5,565	5,220	345	6%	17,217
Depreciation	2,224	2,203	21	2%	6,820
New Initiatives Fund	0	0	0	0%	250
PSA Levy	0	0	0	0%	600
Efficiency savings	(303)	0	(303)	101%	(1,288)
Consultancy	153	24	129	85%	1,000
Total Expenditure	32,992	32,057	934	3%	104,626
Surplus/deficit	(1,810)	(1,275)	534	28%	(4,986)

- 2 The actual deficit at the end of April is £1,275,000, compared to a budget deficit for the period of £1,810,000. Income and expenditure are both under budget.

Principal variances

- 3 Annual retention fees income is marginally lower than budget, due to natural variations in the pattern of registration status changes. We will monitor this closely over the coming months.
- 4 Registration fee income is under budget as the number of EEA applications to date is lower than budget. PLAB fees and certification fees are marginally below budget.
- 5 Direct staffing costs are under budget due to 102.14 FTE vacancies in April mainly in Fitness to Practise, Strategy and Communication and Registration and Revalidation. In some cases there have been delays in recruitment, and in some cases posts have been filled through internal promotions leaving backfill posts vacant. The YTD staffing budget reflects a churn adjustment of £600,000, without which the underspend would otherwise be greater.
- 6 Indirect staffing costs are under budget on recruitment, due to the delays in some new posts being filled. Training costs are currently under budget due to a difference between the planned and actual timing of courses delivered to date.
- 7 Office costs are under budget on postage and stationery. Savings have also been generated on IS support contracts by reviewing the scope and coverage of our requirements.
- 8 Accommodation costs are under due to small rebate received for business rates at Hardman Street plus a small underspend on electricity costs. Savings from the rent review at 350 Euston Road have been counted against the 2015 efficiency target.
- 9 Legal costs are lower than budget as more Rule 12 work is being handled in-house rather than by external legal advisers.
- 10 Professional fees are currently over budget as pension management costs are linked to the value of the scheme assets which have grown significantly so far this year. This is partially offset by a VAT refund of £25,000 on recruitment advertising costs and lower research costs to date.
- 11 Council and member costs are higher than budgeted due to an additional Council session scheduled in January.
- 12 Panel and assessment costs are currently under budget due to fewer expert reports being commissioned than planned to date, and fewer registration appeals.

- 13 Depreciation is slightly under budget due to a difference between the planned and actual completion of capital projects to date.
- 14 The efficiency target for 2015 is held as a single budgeted amount initially and then reallocated to specific budget heads as projects are identified. The full year budget figure shows the amount still unallocated.

Capital expenditure

- 15 In addition to our revenue expenditure on day to day operational business, the GMC incurs capital expenditure on major projects and assets that will generate benefits over a number of years. The standard accounting treatment is to spread capital costs over the lifetime of the asset, rather than accounting for the whole cost in the year of acquisition. This is achieved through an annual depreciation charge to the revenue account.
- 16 Capital expenditure to the end of April 2015 is:

Capital Programme as at April 2015	Budget to date Jan-April 2015 £000	Actual to date Jan-April 2015 £000	Variance		Full year budget £000
			£000	%	
2015 Facilities Projects	400	204	196	49%	1,204
2015 IS Projects	1,621	1,720	(99)	(6)%	5,455
2015 - Data Strategy project	349	255	94	27%	896
2015 - Website Design	0	0	0		50
2015 - MPTS - Paperless Hearings	0	0	0		120
2015 - MPTS - Forecasting Software	0	0			10
Total	2,370	2,179	191	8%	7,735

- 17 Capital expenditure is currently £191,000 under budget, due to a difference between the planned and actual completion of capital projects to date. We expect this to even out over the course of the year.

Summary

- 18 Income is 1% under budget and costs are 3% under budget at the end of April.