

COUNCIL

Dealing with complaints more quickly and effectively: draft strategy

Meeting: 11 May 2016

Status: for decision

Lead responsibility: Lisa Davis,
Director of Fitness to Practise

Council Champion: Helen Tilley

Project manager: Keith Watts

Project Board: SMT

Project team members: Fitness to Practise Department

Purpose

1. The purpose of this paper is to present to Council the draft Strategy for managing complaints more quickly and effectively (“Complaints Strategy”) in order to gather Council’s feedback to be able to finalise the strategy.

Recommendations

2. Council is asked to:
 - 2.1. **note** progress made in our work to develop a Complaints strategy;
 - 2.2. **provide feedback** on the draft Complaints Strategy which is attached at **annex one** so that we can finalise the Strategy; and
 - 2.3. **note** the Action Plans for future work set out at **Annex two** to this paper.

Strategic objective

3. The Strategy is included as an ongoing project in the 2016/17 business plan, and it supports the 2014/17 Strategic Plan objective of improved complaint-handling.

Risks

4. Our work in this area is key to protecting the public by ensuring that registrants on the Register are fit to practise. We are reviewing our processes in order to ensure that our processes enable us to identify and progress FTP cases which pose any risks to the public.
5. The following specific risks are associated with this project, as identified in the corporate risk register:
 - 5.1. in the absence of a strategy cases will not be managed in a timely and/or effective manner;

- 5.2. public confidence in the GOC may become damaged if we do not progress cases in a timely manner or we will fail to meet the relevant Professional Standards Authority (PSA) standards in future performance reviews; and
 - 5.3. there is a risk related to our capacity to deliver the specific work outlined within the Strategy.
6. Risks 5.1 and 5.2 will be mitigated as we continue to progress through the implementation phase of the Strategy. In respect of Risk 5.3, we have been supported by consultancy firm, KPMG, to assist us to deliver some of the more challenging work-streams. Additionally, as of April 2016, a Quality Assurance Manager has been employed within the GOC whose role it will be to oversee the implementation stage of the project.

Background

7. The new Fitness to Practise 2013 rules took effect on 1 April 2014. The introduction of case examiners and the Registrar's direct referral powers were welcome provisions, both leading to some time gains in respect of case progression.
8. In December 2014, we undertook an internal audit to review the effectiveness of our processes under the 2013 Rules. The key findings in respect of the blockages to the system were that:
 - 8.1. the FTP process should be mapped;
 - 8.2. the GOC should review its pool of professional experts, i.e. Performance assessors and consider increasing the number of these individuals;
 - 8.3. caseload data should be analysed regularly to enable forecasting for future resources; and
 - 8.4. the FTP department should start to manage and monitor investigations in terms of the whole end to end FTP process.
9. The first three findings had previously been identified by the FTP team prior to the audit, and either had been or was in the process of being adopted. The fourth finding was also accepted and later identified as a work-stream to be progressed under the complaints strategy.
10. In respect of the first finding, we undertook an initial mapping exercise of the fitness to practise process. This task sought to identify time barriers, log jams, blockages and delays in the system. Our findings are set out below:
 - 10.1. that we required additional resources in respect of performance assessors as also outlined at finding two of the internal audit. There has been a reduction in the number of cases that require a performance assessment

- and so we are considering appointment of a pool of clinicians to undertake work across the GOC, to include performance assessments;
- 10.2. that the legislation itself can cause difficulties in respect of the generous service deadlines that are provided to registrants. Therefore, we entered into targeted discussions with defence representatives regarding the progression of cases, and in particular, waiver of service timeframes;
 - 10.3. that our current key performance indicators (KPIs) needed to be reviewed;
 - 10.4. that the initial stages of our investigation (the potential cases, "PC") needed to be documented to include appropriate timeframes to enable progression to a full case or closure. We instigated a review which was completed in early 2015, which set specific timeframes in which these matters should be investigated; and
 - 10.5. that we needed new policy and guidance documents. The mapping exercise showed that revising our documentation would enhance our ability to make time savings. We therefore drafted and implemented various documents to assist the public and FTP team.
11. In respect of the third finding of the internal audit, we introduced detailed case profiling in addition to our regular case review meetings. This feature assisted in the analysis of where each case sat in the process, how many cases there were at each stage and the length of time that they had been opened. We found that this analysis provided an understanding of exactly where the pinch points were in the system.
 12. We determined that the fourth finding of the internal audit, managing investigations in terms of the whole end to end process, would require additional advice and support from our human resources department regarding changes to job roles and responsibilities. We therefore commenced those discussions to enable us to be able to progress at a later stage.
 13. Following the new Rules taking effect and working through the findings of the internal audit, we committed to understanding better the new processes we were working in and ensuring we provided for a period of 'bedding down'. We introduced a more co-ordinated and joined up approach to listing interim order hearings to enable availability of the parties and panel members to be secured early. We have noted that there has been a significant improvement in timeframes following the implementation of this approach.
 14. We also identified good practice from others and sought to implement it where possible. For example, we noted that many of the regulators ensured that the complaint form was easily accessible and also that strict adherence to its completion should not result in a delay to opening an investigation. We took this on board and commenced with an investigation as long as the complaint was in a written form.

15. We also adapted to the various changes that took place within the FTP process since the new Rules took effect. In the first year of implementation we identified some immediate changes to systems, process and team working.
16. Having embedded the Rules, however, we noted that in the longer term we needed to build on the changes made and that additional work was required to fully capitalise on the time benefits provided through the Rule change. Additionally, we needed an approach that would enable us to progress in line with our new indicator of concluding the majority of our cases within 52 weeks.
17. We therefore determined that our approach should be set out in a strategy to outline clearly how we would manage complaints more efficiently and effectively. The focus of the strategy would be to ensure that we continued to build on the various actions undertaken to speed up the time that fitness to practise complaints were progressed. The Strategy would also approach the further work to be undertaken in a targeted and structured manner by identifying the relevant and appropriate work-streams needed to ensure the efficiency of case progression. As a result, an additional work project was included within the 2015/16 business plan setting out our intention to develop an effective strategy (“Complaints Strategy”) to tackle the progression of cases. The project is also included within the 2016/17 business plan.
18. At its public meeting in July 2015, Council noted the project scope document for the Complaints Strategy and in particular the work that would be undertaken, namely to:
 - 18.1. workstream one: undertake a comprehensive mapping exercise;
 - 18.2. workstream two: review learning from audits and other organisations;
 - 18.3. workstream three: undertake a review of our staffing resources; and
 - 18.4. workstream four: review our internal key performance indicators.
19. It was further outlined that this work would cover all aspects of complaint handling within the fitness to practise directorate, including illegal practice complaints.

Analysis

Workstream one: undertake a comprehensive mapping exercise

20. We have completed workstream one and were assisted by KPMG in doing this work. KPMG were first engaged in December 2015 over a six-week period to map the key stages of the fitness to practise process, to identify issues and areas of good practise; develop opportunities to improve the efficiency and effectiveness of the fitness to practise process; and support the Director of Fitness to Practise to evaluate and prioritise the improvement opportunities developed and prepare a high level implementation plan for 2016.

21. KPMG's approach to evidence collection and analysis included:
 - 21.1. thirty interviews/discussions with employees;
 - 21.2. five workshops with a total of 19 attendees;
 - 21.3. 'desk-based' research of policies, procedures and guidance documents used in the FTP directorate;
 - 21.4. an interview with another healthcare regulator;
 - 21.5. insights from previous work with peer professional regulators; and
 - 21.6. ongoing engagement with the FTP employees.
22. Utilising the findings from this work, detailed process maps were produced for each stage of the FTP process. This identified forty-five issues across the different stages of the FTP process. As a result, we learned that our processes needed to be revised to allow for a more streamlined FTP process and a more sophisticated and targeted approach to case management. Further, documentation of new process outlining clearly the expectations and timeframes, alongside training and support, would help to embed the changes.
23. Following an analysis of the issues, KPMG identified 19 improvement opportunities. Having evaluated all these opportunities, we saw value in taking forward all of them while adopting a phased approach to implementation. Taking into account the resources available, we have prioritised five longer-term and six 'quick win' improvement opportunities for implementation in 2016.

Workstream two: review learning from audits and other organisations

24. We have also completed our review of audits and learning from others. As part of this workstream we reviewed internal audits (such as the FTP audit in December 2014), external audits (Professional Standards Authority), as well as insights from other organisations' best practice. This included a detailed discussion with another healthcare regulator regarding some improvement work they had undertaken and the benefits noted as a result.
25. We concluded that the streaming of cases based on risk and improved quality of investigations through frontloading would greatly improve the efficiency of an investigation. In addition a documented and streamlined triage process would ensure that the front end was appropriately managed. Further, end to end case management allows for a more rounded approach to casework, enabling ftp team members to have a better understanding of timeframes when considering a case from opening to conclusion at a FTP hearing.
26. KPMG were further engaged in March 2016 for an eight-week period. They were asked to design a new triage process and design a process to stream FTP cases based on risk, building on our intention to undertake more investigations in-house and to frontload. Each process includes the

development of standard operating procedures (SOPs) and KPIs to manage performance. This work will be completed in May 2016 whereupon a pilot will be undertaken prior to full implementation.

Workstream three: undertake a review of our team structure and staffing resources

27. We have completed workstream three in which we undertook a full review of our FTP directorate structure and staffing resources. We reviewed the directorate's efficacy at that time and also analysed how we could best design roles and structure to effect faster case progression.
28. As part of the review we noted that the structure was too linear, did not aid a holistic approach to case progression and made it difficult to identify issues early. Casework responsibilities were disproportionately allocated which carried significant risks to case management. As the structure of case teams were not aligned to the activities that needed to be undertaken for different case types, resource was not efficiently utilised. Further, as cases were not frontloaded, there was a risk that issues having a significant bearing on the case would not be known until later in the process. This could impact on delaying an otherwise unnecessary process and the resulting effect that could have on the registrant.
29. Following a period of consultation, a new FTP directorate structure took effect as of 1 January 2016. In addition to the change in structure, teams and role profiles were changed and additional FTP employees recruited. These changes have the effect of enabling us to progress cases along team based end to end case management lines, will allow for cases to be fully investigated internally earlier in the process and will ensure that resources are utilised efficiently.

Workstream four: review our internal key performance indicators

30. We have completed our review of our internal key performance indicators. This workstream was considered as part of the detailed mapping exercise undertaken by KPMG.
31. We considered the effectiveness of the existing KPIs in terms of managing performance and efficiency. We concluded that in addition to SOPs covering the full end to end FTP process, we needed evidence based KPIs for key activities and stages of the process.
32. The new processes which we are implementing will therefore include a suite of SOPs and KPIs, which will initially be piloted starting in May 2016.

Continuous improvement

33. In addition to the work outlined above, the FTP directorate has sought to continuously improve whilst work was progressed in respect of the workstreams. These improvements included the recruitment and training of additional case examiners to aid throughput of decisions; the recruitment of an in-house lawyer to investigate and present cases; more stringent timeframes for legal firms instructed by us; as well as the increased use of early clinical input. These improvements have been noticeable in the end of year figures in that the median time for cases to be progressed through to a final FTP hearing has reduced from 104 weeks to 82 weeks. The introduction and implementation of the Strategy will further focus the directorate in the direction needed to further support this continuous improvement.
34. We are still working through our understanding of the impact that the Strategy will have in terms of case progression. We are considering draft KPIs which will be tested and presented to Council for approval in July.

Impacts

35. The following implications have been identified:
- 35.1. Reserves – we will need to take into account the potential impact on reserves whilst we progress the Strategy;
 - 35.2. Budget – we have budgeted to pursue this project in the current financial year;
 - 35.3. Legislation – we will consider the requirement for any future changes legislation in the context of any proposed legislative change;
 - 35.4. Resources – Quality Assurance Manager employed to assist with this work;
 - 35.5. Equality, diversity and inclusion (EDI) – has been considered in developing work streams;
 - 35.6. Human Rights Act – has been considered in developing work-streams; and
 - 35.7. Sustainability – no implications.

Devolved nations

36. There are no implications for the devolved nations.

Communications

37. We have communicated elements of our strategy as part of our response to the 2014/15 PSA performance review. We have also communicated with key stakeholders including Case Examiners, Investigation Committee, Fitness to Practise Committee, Panel firms and Defence Organisations. We will liaise with our Communication Department regarding wider communications.

Timeline for future work

38. An action plan is attached at **Annex two** in respect of the timeline of work being done.

39. The final Complaints Strategy and proposed KPIs will be presented to Council in July 2016 for approval.

Attachments

- Annex 1 – Draft Strategy for dealing with complaints more quickly and effectively
- Annex 2 – Action Plans for future work
- Annex 3 – confidential KPMG summary (not for publication).

Draft Strategy for dealing with complaints more quickly and effectively

1. Our statutory function is to protect, promote and maintain the public's health and safety in the optical sector. We propose that our objective in relation to dealing with complaints more quickly and effectively should be to minimise the risks to the public and the public interest where we fail to act in a timely manner.
2. Our Strategy should be guided by the following principles:
 - That patients, the public and registrants should expect that complaints will be progressed efficiently.
 - That patients, the public and registrants should receive good customer care when they go through our fitness to practise process and that the stress caused by the process is minimised as far as possible.
 - We should endeavour to ensure that the quality of our investigations is not compromised in favour of speed.
 - That changes to the process should lead to a long term positive impact in fitness to practise and the wider organisation.
 - We should base our strategy on a sound evidence base that includes risks to the public and/or the public interest where we do not progress cases efficiently.
 - We should recognise that we need to collaborate better with other organisations to share expertise and learning on an ongoing basis.
3. Our analysis of the various work streams suggests that the main issues we should focus on relate to inefficiencies within our processes. Our processes are overly laborious, time consuming and inflexible. This suggests that we should be proactive in seeking to change these elements of the process to reduce the delays they inevitably cause.
4. Taking this into account, we are proposing an action plan covering the following three areas:
 - Complaint receipt and triage: We will introduce a stream-lined system for complaint receipt and triage for all fitness to practise and illegal practice complaints.
 - Case Management: We will enable a smarter allocation of resources based on risk and complexity. We will also amend our listing policy to effect faster throughput of hearings.
 - People and performance: We will create and develop standard operating procedures and key performance indicators to underpin changes to the process.

Complaint Receipt and triage

5. We will streamline the front end of our investigations by utilising a new triage process for fitness to practise and illegal practise complaints. The process will include standard operating procedures and key performance indicators for each stage up to the triage decision.
6. The process will enable better quality assurance through the documentation of all decisions including risk assessments, interim order considerations and triaging.
7. We will also develop a new online raising concerns form to improve efficiency and consistency.

Case Management

8. We will stream cases to enable the allocation of resources based on the risk and complexity of cases.
9. We will undertake a full investigation of certain earlier identified cases prior to a preliminary decision by the Case Examiners or Investigation Committee. In this way we will allow for evidence to be obtained in line with best practice and improved customer service, whilst improving efficiency of the process for those matters that are referred to a Fitness to Practise hearing.
10. We will utilise risk assessment and case complexity tools to support the decision making process when streaming cases to ensure consistency and quality of decision-making.
11. We will also be supported through the continued use of amended case plans and chronologies to provide a full audit trail and introduce standardised ways of working.
12. We will amend our process for listing hearings so that the primary focus will be the availability of witnesses.
13. We will endeavour to minimise wasted hearing days by adopting the use of parallel hearings and multiple hearings per day, where appropriate. Additionally, we will consider running FTP hearings in parallel to increase throughput of cases.
14. These changes will reduce delays in scheduling final hearings, provide greater control for the GOC over dates offered for hearings and improved customer service.

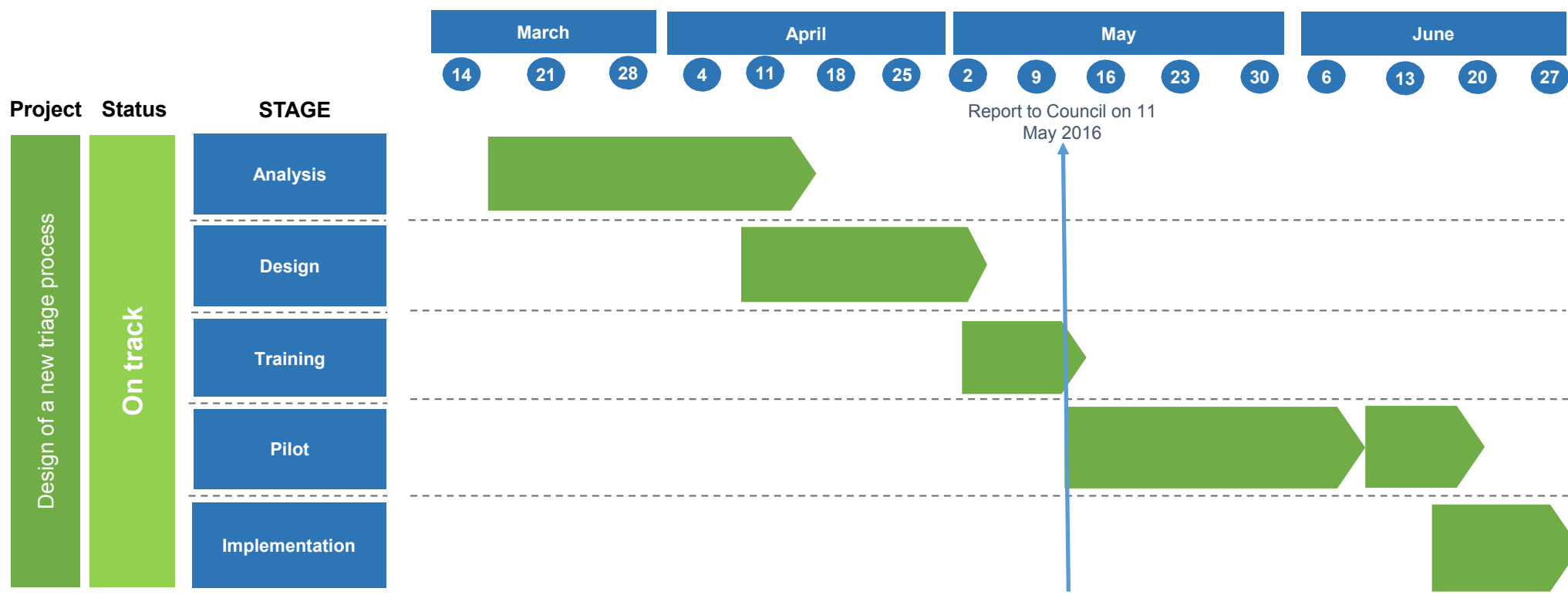
People and Performance

15. To improve consistency of case management, we will develop and introduce a new suite of SOPs to cover the new fitness to practise structure and processes. We will also set evidence based KPIs for key activities and stages of each process.
16. We will facilitate training for employees on the new processes and ongoing refresher training. Identification of trends will inform ongoing training and support. We will also implement quality assurance mechanisms to enable appropriate monitoring and review so issues can be addressed swiftly.

Reviewing our Complaints Strategy

17. We will continue to monitor and analyse our complaint trends, and the above strategy will be revised as necessary to reflect changes or legislative developments.
18. We proposed to conduct a review of this strategy one year after it has been implemented.

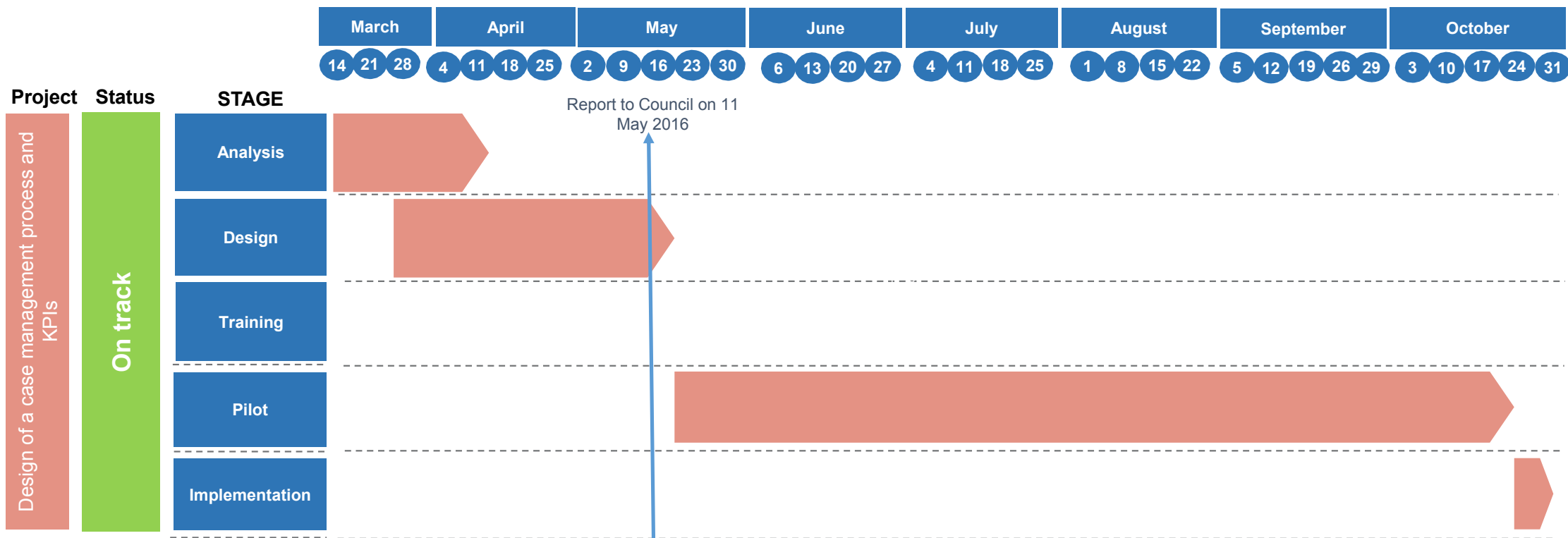
New triage process



04/05/2016

General Optical Council

Design of a new case management process and KPIs



04/05/2016

General Optical Council

New hearings process

