

COUNCIL

Fitness to Practise Case Progression: Performance and Process Review

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Status: For noting

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Project Board: SMT

Purpose

1. To provide Council with a remodelled set of Fitness to Practise (FtP) performance expectations and an overview of the FtP Improvement Programme.

Recommendations

2. Council are asked to **note** and **comment** on the contents of this paper.

Strategic objective

3. To improve operational efficiency by delivering a high quality and efficient service to the public and registrants through an effective case progression model. This should encompass a reflective learning review cycle and an iterative forward look at opportunities and challenges, reporting on each on a quarterly basis.

Risks

4. A failure to achieve FtP timescale improvements could lead to potential public protection failings.
5. As we target more of our older cases, our end to end timescales are likely to significantly increase over the next 12 months before they decrease and stabilise – this is likely to result in a failure to meet PSA standards
6. We may need to increase our budget forecast towards the end of the year as we schedule more hearings to respond to the increase in referrals due in Q2.

Background

7. As Council is aware, the PSA complete an annual performance review for each regulator, indicating how they are performing against the Standards of Good Regulation. There are 24 standards in total covering the four core regulatory functions; Guidance & Standards, Education & Training, Registration and FtP. Eight of these standards apply to FtP and over the last three reviews we have

not met not met the standard for the timely progression of cases. It is likely that while our legacy cases continue to flow through our system, this will continue.

8. In early 17-18, the reduction in our end to end FtP key performance indicator (KPI) from a 104 week median to a 78 week median was approved by Council. For the year 17-18, we achieved a median of 124 weeks and although we improved this to a 112 week median at the end of 18-19, we remain significantly outside of KPI. In late 2018, we added additional resource which is starting to show an impact in terms of stabilising the open caseload, most significantly at investigation stage.
9. The additional resource is multi-purpose in that it supports not only the reduction of excessively high caseloads, but it also supports in-house advocacy (which includes the frontloading of investigations) and end-to-end casework, initiatives that bring efficiencies in both cost and improved customer service. This means that we must continue to push forward with other improvement initiatives that will support us in keeping caseloads manageable and further improve performance.
10. In this paper we aim to provide Council with greater clarity and definition about the overall direction of travel in FtP, including, most importantly, when and how timeliness improvements will be realised, with specific reference to performance forecasts for the end of 19-20. We also provide Council with an overview of a programme of improvement work that is in progress and which will contribute either to performance (timeliness) improvement, or to enhancing the customer experience (or both).
11. We do not anticipate a need for further resource at this time, but some current capacity will be released to support the progression of our programme and the development of a robust case management system to underpin our end to end process.

FtP Performance Expectations 2019-20

12. In our business plan for 19-20, we forecast that our case examiners will make 335 substantive decisions in 19-20, a 50% increase against the 218 made in 18-19.
13. We have undertaken a detailed analysis of the FtP caseload based on a snapshot taken on 3 June 2019. Our analysis included:
 - a review of the data that we hold in respect of all existing open cases, with reference to the stage the cases have currently reached;
 - how we expect the existing cases to progress (based upon a review of all carried out by our Investigation Officers to provide updated expected case examiner and Fitness to Practise Committee (FtPC) decision dates); and

- creating a projection of the new cases that are likely to enter the system after 3 June, how they are likely to be managed and how we expect them to progress in time terms.
14. Based on this detailed analysis, we have set out at Table One our progress against the 19-20 business plan (to date), and our consequential re-forecast for the rest of the year:

Table One

Progress against 19-20 Business Plan Forecasts

	Case Examiner Decisions			FTPC Decisions		
	Business Plan Forecast	Actual	Revised Forecast	Business Plan Forecast	Actual	Revised Forecast
Q1	90	73		7	6	
Q2	90		135	11		12
Q3	80		95	13		9
Q4	75		40	15		22
Total	335		344	46		49

15. We are slightly behind our Q1 forecast regarding case examiner decisions (although still above prior average performance). However, our analysis supports our expectation that case examiner activity will significantly increase in Q2. This is based on the number of cases that are already at the statutory stages of the investigation process immediately prior to case examiner consideration. Activity will then reduce through Q3 and Q4 due to the reduction of the investigation caseload.
16. The number of FtPC decisions is almost on forecast at the end of Q1 and is expected to be back on overall forecast at end of Q2. However, it is likely to dip during Q3 and then increase again after that and into H1 of 20-21 due to the significant volumes of cases being considered by case examiners in Q2 and Q3.
17. Based on our analysis of the projected data, we have set out below our summary of where we expect to be in performance terms at the end of 19-20.

Rationale and Analysis

18. Our assumptions include:
- numbers of new complaints/referrals received remain broadly the same as the previous two years;
 - our proposed pilot of a revised triage process is operational by 1 September 2019;

- we will open fewer investigations in 19-20 (compared to 18-19), based on an expectation that benefits flowing from the revised triage process will start to be felt in Q3 of 19. The current forecast, excluding any change to triage, is c.240, compared to 269 in 18-19;
 - as the investigation caseload decreases, cases will begin to progress quicker through that stage;
 - case examiners continue to close approximately 50% of 'frontloaded' cases;
 - case examiners referral rate to the FtPC remains at its current 2019-20 rate of around 20%; and
 - the 'frontloading' of investigations leads to a significant reduction in time taken at stage 3 of the process (from referral by case examiners to serving the GOC's final case on the Hearings Manager).
19. Our analysis has found that at present, 25% of our open cases (excluding triage) are already over 78 weeks old. Broken down further into the age at each stage, 95% of those at stage 4 are over 78 weeks, 67% at stage 3, and over 20% at stage 2. This variance means that we must expect our median closed age profile to raise significantly before it falls.

New Referrals

20. We see no evidence to suggest any significant change in the number of new referrals that we will receive in the 2019-20 year.
21. We have set out in this paper how we will be revising our triage process. We have illustrated in the graph further below how we expect the new process to reduce the number of formal investigations that we will open this year.

Triage

22. Our current triage KPI is to achieve a median time of three weeks from the date a new referral is received, to the date of the Registrar's decision as to whether to open a formal investigation (measured in respect of all Registrar decisions made in the reporting period).
23. Our proposed new triage model is covered in more detail below. Due to the additional steps that this will introduce and based upon targets applied by other regulators at this stage, we will initially introduce a revised triage KPI of eight weeks (median). Our forecast in respect of triage is therefore based upon the revised triage model that will be in place at the end of the 19-20 year.
24. Council will recall that we reduced the open triage caseload from a high of 117 at the end of December 2018, down to 79 cases at the end of March 2019. The median age of open cases at triage reduced from 15 weeks to seven weeks in

the same period. There has been a temporary increase in these figures at the end of May (due in part, to the receipt of retention declarations into FtP).

25. Although we offer no forecast at this stage as to how the revised process will impact upon the size of the open triage caseload (it may well increase), we will be transferring resource to the triage function and we are therefore confident that we will be maintaining the open caseload at a median age of less than six-weeks, and that we will be meeting the revised eight week triage (decision) KPI, by the end of this calendar year.
26. This forecast will be updated when we have completed our design work for the revised process.

Investigation

27. Our overall investigation KPI is to achieve a median time of 26 weeks from the date an investigation is opened, to the first case examiner decision in the case (measured in respect of all cases disposed of by case examiners in the reporting period).
28. We have reduced the open investigation caseload from 324 cases (January 2019) to 286 cases (May 2019). The median age of the open caseload has though continued to remain well above the KPI figure, in part due to a focus on reducing volume over targeting age.
29. We have undertaken detailed analysis of all the cases that we currently hold at investigation stage. We have taken the following factors into account:
 - that we have forecast 335 case examiner decisions in 2019-20;
 - that fewer investigation cases will be opened from Q3 onwards, as the revised triage process starts to impact; and
 - that there may then be a 'snowball' effect as the investigation caseload reduces and more cases are sent to case examiners for decisions.
30. In making our forecasts, we have applied some 'smoothing' of data to allow for the practicalities of processing larger numbers of cases, and for the potential bottlenecks that could arise.
31. In summary, the projected data shows us that performance against the investigation KPI for 19-20 will increase from 18-19 due to the numbers of older cases being driven through the system. However, performance in terms of the reduction of the open caseload and, most importantly, the median age of the open cases at 31 March, is forecast to decrease significantly.
32. We expect to see the open investigation caseload reduce to below 200 cases by 31 March 2020 (a further reduction of 30% against the current level) with a

consequential significant reduction in the median age of the open caseload from its current high of 46 weeks, down to less than 30 weeks. The knock-on effect of this (supported by the forecast data) is that during Q1 20-21, we will see performance meeting, or close to meeting, the 26 week investigation KPI.

End to End

33. Council will recall that 'end-to-end' refers to the time taken to progress a case from the date of first receipt of the allegation, through to final FtPC decision. The KPI target is a median of 78 weeks.
34. It should be said that it is challenging to forecast end-to-end performance as it requires dependencies on variables such as the portion and type of cases that are referred by case examiners, and the availability of our committees at the optimum times for the cases to be heard.
35. Council will recall that stage 3 of our FtP process has been a historic area of delay and it is critical to the reduction of end-to-end times that the 'frontloading' of investigations reduces a current 35 week median for this stage, down to a maximum 10 week median. In making our end-to-end forecast, we have again applied some smoothing of data to ensure that the forecast is reasonable within the context of historic stage 3 performance.
36. Our forecast data shows that although the open FtPC-referred caseload has been reducing over the past six months, it is likely to increase by the end of 19-20 from its current level of 79 cases to in excess of 100 cases, due to the significant projected increase in case examiner activity this year (which means a consequential increase in referrals to the FtPC).
37. To minimise this increase will require an increase in FtPC hearings in Q4 and in 20-21. As Council will be aware, there has been an indication that approval will be given to lifting the cap on the number of hearing panel members we can have, but we cannot be sure when this will take effect from, but we will continue to plan for this to occur.
38. As a consequence of older cases progressing through to FtPC hearings this year, and an approximate six to eight month time lag following referral of a case by case examiners, we anticipate that our end-to-end median performance will increase against 19-20 performance, from 112 (Q4) weeks to approximately 126 weeks (Q4). At 31 March 2020 (subject to holding sufficient hearings in 2019-20), we forecast that the median age of the open FtPC-referred cases will remain roughly as at present (116 weeks, versus current figure of 117 weeks).

Hearings

39. Our overall hearings KPI is to achieve a median of 39 weeks from the date the case is served on hearings to its conclusion, and during 18-19 we achieved a median of 30-weeks.
40. At present, approximately one third of our oldest cases in hearings are on hold, due primarily to linked matters working their way through the process. The median age of these cases is currently 120 weeks, with an upper age of 325 weeks. Although we now anticipate the majority of these concluding by the end of Q4, the overall impact on our end to end median when they do so can only increase.
41. For our projected improvements in investigation to be reflected into an improved end-to-end KPI performance by Q2-3 of 20-21, we require an increase in our business plan in FtPC hearings towards the end of 19-20 and well into 20-21. There are several dependencies to be noted in respect of our hearings function:
- The lifting of the 'cap' on the number of FtPC members in the pool.
Indications are that the S60 Order will be approved before the summer recess, and we have completed the appointment of additional members, with training to follow shortly.
 - The impact that this increase will have on our hearings budget for 20-21.
On average, a hearing costs the GOC between £2200 and £3500 per day depending on the type of hearing scheduled;
 - Improving the percentage of substantive hearings that start on time and conclude within the agreed time estimate;
We aim to address this through the implementation of an effective case conference and case management hearing process. More detail on this is provided further in the paper.

FtP Improvement Programme

42. There are currently several improvement workstreams in progress. To formalise and provide structure to these workstreams, we have created a formal programme of improvement work. These workstreams will help us to develop and work to an operational model that delivers on our regulatory functions, improves efficiency and improves the user journey through what can be a very traumatic and emotional process for all involved.
43. We will focus on streamlining our end-to-end processes, minimising repetition and applying a continuous review of the risk to public health and public interest. This requires an approach which is proportionate to each complaint, that is simple, speedy and fair to all parties. Reducing timescales is paramount to the perception of fairness but we need to accept that this is not a quick fix.

44. We are conscious that in the past we have undertaken too many concurrent FtP workstreams with some resulting in a negligible impact. We have not managed expectations well and have therefore deliberately sought to progress workstreams that we are confident will have a significant positive impact on timescales and/or the customer experience.
45. Phase one of these workstreams are summarised as follows and explored in more detail below:
 - Information Technology, including CRM development
 - Expansion of triage
 - FtP customer care / communications
 - FtPC – case progression
 - Increased in-house advocacy
 - Drafting of formal allegations

Information Technology – CRM development

46. Council will be aware of the history of the electronic Customer Records Management (CRM) system.
47. For any casework process to be fully efficient and to support the mitigation of risk, it needs to be underpinned by an effective electronic case management system, and in late 2018 we were provided with a report which confirmed the suitability of our existing Microsoft Dynamix CRM solution to our general case progression needs.
48. Although CRM has been a lengthy work-in-progress, recent further improvements have seen it becoming a much more effective case (and data) management tool for the FtP team. However, these changes have been implemented in an ad-hoc way and have lacked co-ordination with our wider operation. Having an effective end-to-end customer led casework system in place is critical to guarantee the sustained improvements in performance and stability that we are seeking.
49. This significant workstream will focus on designing and developing further improvements being made to CRM. It will also include the development of our delayed electronic complaint form. The latter not only has the potential to make it easier to make a complaint but also delivers efficiencies in time in that formalities such as the giving of authority to manage complainant data, can be dealt with at the online completion stage. An online tool would also support the signposting of complainants to other agencies, if appropriate.
50. We will complete a full Business Case and PID for consideration in due course.

Expansion of triage

51. The GOC triage function has historically been dictated by the narrow drafting of the Fitness to Practise Rules 2013, which only provide for the Registrar to determine whether a complaint/concern amounts to an allegation of impaired fitness to practise. Given that this consideration can require reliance on case law, in terms of whether misconduct amounts to serious professional misconduct, the GOC approach has always been very low risk, with this determination generally being left to case examiners following an investigation process.
52. In November 2018, to try and move forward from our historic approach, we introduced Acceptance Criteria. These criteria support the triage team in filtering out very low-level complaints – issues that, even at their highest, could never amount to impaired fitness to practise. In setting the criteria, we recognised (although this may not have been made clear enough at the time) that we were still applying a low-risk approach and that the criteria were unlikely to produce significant reductions in the numbers of complaints becoming subject to a formal investigation process. To date, this has been borne out and only 10 complaints have been closed at triage that would previously have become formal investigations.
53. In 18-19, our case examiners closed 84% of cases. This figure is very high. In its 2014 statement¹, the PSA stated that concerns should be referred to a regulator:
- ‘...if you know or suspect their work or behaviour:*
- *has harmed or may harm you or someone else and/or*
 - *has been or may be so unprofessional that, unless the regulator takes action, the general public will lose trust in that profession.’*
54. A case examiner closure rate of 84% is indicative of cases entering the FtP system that do not meet either of these two criteria.
55. Our focus must first and foremost be on public protection (the GOC’s overarching objective as set out in the Opticians Act) and the public interest. There are cases within the 84% closed last year that, although properly opened in accordance with a narrow threshold, have no genuine public protection angle. It is certainly not in the public interest, or in the interests of registrants or the profession, for cases with no, or a very low, public protection risk to be subject to lengthy formal investigation with an inevitable outcome. It is much more in the public interest for the GOC to be focusing its time and resource on cases where that risk genuinely exists, and to be able to progress them in accordance with our published performance indicators.

¹ https://www.professionalstandards.org.uk/docs/default-source/publications/policy-advice/purpose-of-the-fitness-to-practise-process-2014.pdf?sfvrsn=bbc77f20_6

56. We have, therefore, commenced a review of our triage process as therein lies the potential to achieve this objective. As part of this review we have undertaken visits to three other regulators, targeted because we were aware that they undertake triage/screening in a more expansive way:
- General Medical Council;
 - Nursing and Midwifery Council; and
 - General Dental Council
57. All three of these regulators have an enhanced triage function which involves the undertaking of further enquiries at triage stage to support their Registrar in deciding whether the complaint, at its highest, could amount to impaired fitness to practise. The enquiries that are common across the three regulators are:
- notification to registrants of the receipt of a referral;
 - obtaining patient or other records;
 - obtaining clinical and/or legal input;
 - obtaining input from the registrant's employer; and
 - seeking input from the registrant regarding whether any problems with their practice have already been remedied.
58. We are also aware that the proposed FtP Rules for Social Work England contain Registrar decision making tests that include the undertaking of enquiries (which includes the taking of advice) prior to the making of a decision, as well as analysis of potential remediation.
59. The GMC has recently concluded a pilot exercise relating to the way it manages concerns about single clinical incidents, resulting in the closure at triage of more than 200 single clinical incident cases². Although we do not propose, at this stage, to address single clinical incidents in the targeted way that the GMC has, these will form a significant tranche of the cases that will fall to be explored further within our expanded triage function.
60. At Annex 1 is a draft map of the enhanced triage model. This will be resourced through the transfer of existing resource within the Case Progression team. In brief, if it is not possible to make an immediate decision as to whether a new referral either *definitely is*, or *definitely is not*, an FtP matter, the referral will be subject to further enquiries and assessment as set out at level 2 of the revised process document.
61. We will retain our current three week KPI for progressing matters through level one of the revised triage process. We will introduce an initial eight week pilot exercise KPI (from initial date of receipt) for matters that are subject to further exploration at level two.

² <https://www.gmc-uk.org/news/news-archive/fewer-full-gmc-investigations-after-pilot-scheme-success>

62. Other common themes arising from our visits, and which we will explore further over the longer term, include:
- other regulators have created ‘employer link’ services that support the regulator in handing off less serious concerns to employers to manage at a local level; and
 - for both the GMC and the GDC, arrangements exist, where a registrant is on the NHS Performers List, for concerns to be passed over to NHS (England) to investigate. This is relevant to the GOC as many GOC registrants are on the NHS Performers List.
63. To support the achievement of the objective set out at paragraph 43 above, via a restructured and expanded triage function, will require us to review the current wording of our published Acceptance Criteria. We do not envisage that this will involve any substantial redrafting because the principles set out in the criteria remain unchanged, but we will look to enhance and clarify the examples of the types of complaint that we do not consider will amount to an allegation of impaired fitness to practise, expanding these to include specific reference to business registrants.
64. There will continue to be a review process for any person dissatisfied with a decision to close a case at triage. In addition, we will continue to incorporate triage decision making within our management control checks and within the scope of our independent audit of decisions. These measures will support us in managing any risk that arises from the implementation of an enhanced triage function.
65. In June 2019 we held preliminary discussions with our registrant defence stakeholders about our proposals. We received positive and constructive feedback and we will undertake further (more informed) consultation with defence stakeholders, and with the PSA, before we commence a proposed four month pilot exercise.

FtP Customer Care / Communication Strategy

66. Our existing customer care strategy for FtP cases is functional, but it is not at the high level we aspire to. For clarity, by ‘customer’, we mean any person who is involved in an FtP case.
67. In addition to a staff workshop we held in April, which focused on drawing out the current customer experience through a walk-through of the end-to-end process, we have listened to feedback we have received over the past few months, some of it requested and some of it volunteered. Feedback from staff and from other sources included we need to:

- better understand the impact of FtP proceedings on all parties and to identify where we are contributing to the stress of the process, so that we can address this;
- identify where improved communication and engagement with parties might produce earlier, less stressful, resolutions to cases;
- review our approach to communication in health cases, including the formality of some of the language we use in communications;
- communicate more frequently;
- develop ways of communicating that are more meaningful to the present day, where possible making use of technology;
- improve the type and quality of the feedback, and EDI data, we request from case parties to help inform future process improvement work; and
- learn how to use this feedback and EDI data to inform future work that seeks to feed FtP learning back to registrants and into education and standards.

68. We have commenced work on developing a formal customer care strategy. This process will supplement some of the improvements arising from work we have already done, for example:

- last year we introduced an improved mechanism for keeping parties informed as a case progresses;
- we have undertaken a full review of risk within FtP cases and arising from this we have developed new risk management processes that include the implementation of case handling strategies in high risk cases. This approach includes the setting of strategies for supporting registrants and witnesses (for example, vulnerable witnesses) that are tailored to the specific case; and
- we have created and implemented (on our website) a Virtual Tour of the hearing suite so that registrants and witnesses are able to see in advance how the hearing suite is set up and the roles of those in attendance.

69. This new workstream will build on the existing work to develop a customer care strategy that delivers excellence from start to finish.

FtPC - Case Management Hearings

70. We have recognised that case management issues (for example, relating to agreement of expert evidence where possible, timely service of evidence, content of bundles, witnesses required) are arising at substantive FtPC hearings that are causing adjournments, delays and inefficiency. These issues also add to cost, stress and frustration for all parties. It is our view that a lot of these issues could be avoided through the proactive and increased use of preliminary case conferences (facilitated by us), and where considered necessary, case management hearings to ensure that standard directions are being complied with or varied as required.

71. Rule 27 currently provides for parties to seek a preliminary hearing. However it does not direct that a preliminary hearing must take place. We will therefore be engaging with defence representatives to produce an agreed strategy for the increased use of case conferences and case management hearings.
72. Although there is a cost attached to a hearing of any description, there are clear benefits attached to case management hearings in terms of financial and other efficiencies, including:
 - shorter final hearings due to expert or factual evidence being agreed;
 - witnesses not being required to attend; and
 - cost savings arising from the above.
73. Where possible, we would also seek to hold case management hearings 'on the papers', as we are now doing with some interim order review hearings.

Learning from FTP Cases

74. A key objective we have identified for this year (and beyond) is the need for us to take the lead, working with others, to provide businesses and registrants with more support by way of learning from FtP cases, and to also feed learning into standards and education.
75. At present, we recognise that we can and should do more to support registrant learning, both initial and continuing. We have talked above about how a new approach to triage will potentially reduce the number of less serious cases entering the investigation process. However, the learning that flows from FtP cases has a crucial role to play in supporting registrant learning (and reflective practice), which will in turn help to protect the public and to reduce the number of serious cases.

In-House Advocacy

76. In late 2017, we commenced a pilot exercise to bring advocacy relating to non-substantive cases (interim orders, substantive order reviews, and registration appeals) in-house. The pilot was very successful, achieving a range of benefits including net cost savings, improved efficiency around non-substantive hearings and improved staff technical knowledge.
77. At the conclusion of the pilot, we formally implemented in-house advocacy and extended it to retain up to 50% of substantive cases in-house. We are at an early stage with this expanded remit, but within the 19-20 business plan we have committed to a formal review, with consideration to be given to the risks and benefits of potentially expanding this remit further, at a future date.

Drafting of Formal Allegations

78. Prior to the introduction of case examiners in April 2014, the GOC did not draft formal allegations at preliminary decision stage. Allegations were only formalised if the Investigation Committee referred a case to the Fitness to Practise Committee.
79. In 2014, to support case examiners and to support registrants in responding to concerns raised about them, we began drafting formal allegations at case examiner stage. The drafting of allegations is a complex and skilful task. It is also time-consuming, and we have identified that this is one of the areas where cases can become subject to delay. With such a high percentage of cases being closed by case examiners, we must challenge ourselves as to whether the drafting of formal allegations is an appropriate use of resource, balanced against the requirement for registrants to be able to understand the nature of the concerns that have been raised about them, and to be able to respond effectively to these.
80. We are aware from conversations with other regulators that there are different approaches, for example the NMC only draft 'regulatory concerns' at case examiner stage.
81. Understandably, initial soundings with defence bodies suggest some nervousness around a revised approach. It is therefore our intention to undertake exploratory work, balancing the needs of all parties against our need to improve efficiency, to consider the potential risks and benefits, and to then consult more widely, if required.
82. In general terms, we will be including greater clinical and legal input into allegation drafting to reduce the need for amendment applications at the commencement of FtPC hearings.
83. We will update council quarterly on progress against projections

Impacts

84. The following implications have been identified:
- Reserves - none this year.
 - Budget - activities are within 19-20 case progression budget but will impact upon hearings budget (19-20, with a further increase in 20-21)
 - Legislation - pending review of existing legislation
 - Resources - no impact
 - Equality, diversity and inclusion (EDI) - we will undertake an Equality Impact Assessment before we commence our improvement programme
 - HRA - no impact

- Sustainability - no impact

Devolved nations

85. No implications in relation to the devolved nations have been identified.

Communications

86. We will be undertaking further consultation and communication as set out in this paper.

Timeline for future work

87. We are releasing a senior level resource for a period of two months to drive our improvement programme forward, overseeing the development of the business cases and project initiation documentation. Draft business cases and PID's will be developed by the end of July, with the first pilot (triage) anticipated to start in early Q3.

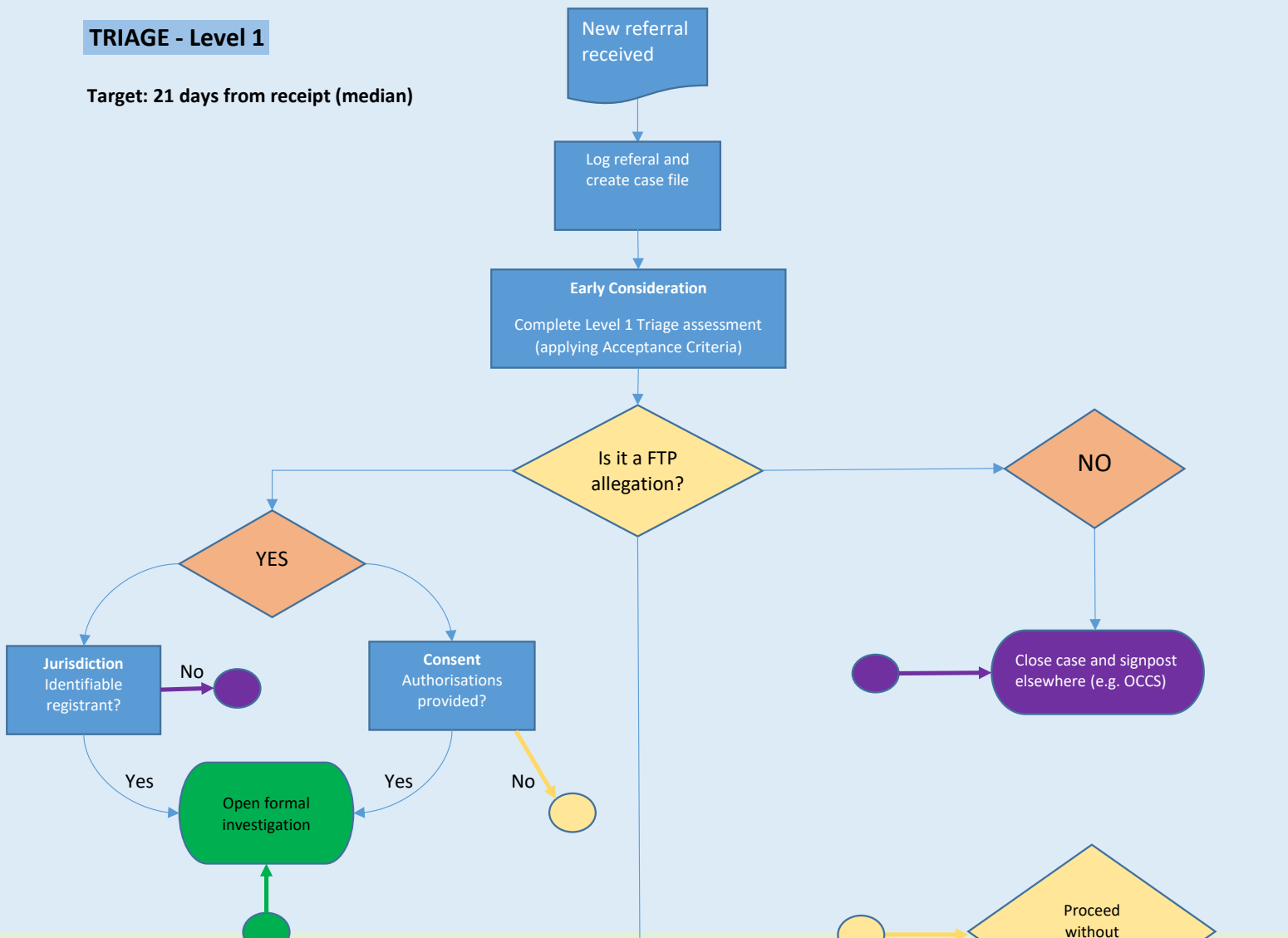
88. We will also secure a business analyst to scope and design our CRM strategy and agreeing a more detailed benefit realisation plan to include any additional costs

Attachments

Annex 1: Draft triage operating model

TRIAGE - Level 1

Target: 21 days from receipt (median)



TRIAGE - Level 2

Target: 8 weeks from receipt in GOC (median)

