Meeting	OLC	Agenda Item No.	5
		Paper No.	93.5
Date of meeting	28 January 2019	Time required	45 mins

Title	**Quarterly strategic update**
Sponsor	Rob Powell, Chief Executive and Rebecca Marsh, Chief Ombudsman
Status	OFFICIAL
To be communicated to:	Members and those in attendance

Executive summary

This paper provides Board with an overarching commentary on the Legal Ombudsman's progress against the strategy at the end of Q3.

Timeliness KPI performance in Q3 is broadly in line with expectations, reflecting our plans for an improving trajectory in 2018-19. Nevertheless, output and the volume of unallocated assessment work remain the key issues and reflect both resourcing and productivity.

Lower than planned output reflects our inability to balance a short-term in-year enhancement in staffing levels for 2018-19, impacted particularly by the external market and the uncertainty over the impact of CMC transition on staffing. In addition, we are also seeing a range of issues leading to variable productivity. This means the associated business plan deliverable has a red status and a number of other KPIs remain outside tolerance. In Q3 we have maintained good progress against other business plan deliverables, in particular further good progress with Modernising LeO.

We have improved the front-end of the process, but this has led to large increase in the volume of people waiting for assessment. We are addressing this in a planned and measurable way, including considering initiatives to increase resource availability.

Breaches occurred against 5 KPIs and against 3 strategic Board indicators.

The key risks are resourcing, capability and staff engagement. Disappointing staff survey results reflect the combined impact of the volume of change, morale and staff engagement. Building capability, consistency of process and consistently high quality will take time, and is the root of tension between long-term, sustainable performance and short-term output.

Appendix 1 summarises key strategic risks and progress against the annual business plan.

Appendix 2 is the more detailed quarterly operational performance paper.

Recommendation/action required

Board is asked to **NOTE** the issues highlighted in the paper.

28 January 2019

Quarterly strategic update

1. Overview

This quarter has seen mixed performance as changes introduced through Modernising LeO in Q1 are settling down. Closed cases for the quarter were significantly below plan at 1,668 against an original expectation of 2,308.

Variable output remains a key issue (individually, by team, between business as usual and supervision teams, and between months). There are also ongoing challenges with the level of unallocated assessment work, which reflects the significant impact of successfully addressing the necessary front end improvements, as well as the output issues referred to above.

Our focus has been to balance short-term improvement in individual performance with the necessary investment in building capability and skills. We have developed and launched detailed workload management guidance, which will help staff manage cases more effectively and consistently in line with good practice.

Realising the benefits of this approach will require effective leadership of change, particularly in light of staff survey feedback, to ensure the guidance does not compound staff morale, well-being and issues about perceived loss of autonomy. Ongoing investment in leadership development for the operational leadership team and Level 1 Ombudsman is central to this.

2. Progress against the business plan

Appendix 1 shows progress against business plan deliverables in Q3.

Progress against the business plan is strong. 62% of business plan deliverables have green status or have been completed. Two deliverables relating to operational learning and development under objective 1 have been de-scoped as they duplicated other items, 29% are amber (any slippage or change of scope can be managed within a reasonable tolerance), and one has a red status, that related to the delivery plan.

We have made further positive progress with Modernising LeO, launching the customer assessment tool, completing the transfer of cases from CMS1 to CMS2 and preparing for the upgrade to v9 of Dynamics, which was successfully implemented in early January. The programme is in its final stages and will close at the end of the financial year.

3.   Performance

Appendix 2 sets out our performance against the Balanced Scorecard KPI tolerances.

Appendix 3 provides a full quarterly update on operational performance. At the end of Q3 we were 19% behind on planned closures, including legacy, which was 8% behind plan.

There are some positive elements of performance, from the legacy team and pool ombudsman and 'supervision model' pilots, as well as the front-end at the end of the quarter. A critical constraint is the lack of depth to expand key ombudsman roles.

Our variable performance in Q3 reflects the following key issues:

1. **Resourcing:** we have secured additional, one-off resources for 2018-19 for legacy and increased demand; as a result, the establishment will reduce by 21 investigators from April 2019; a combination of a number of factors has prevented us recruiting back up to the short-term increase in the 2018-19 establishment while managing financial risks for the 2019-20 budget; these factors are: the need to hold vacancies for CMC staff, increased turnover and focus on performance management and the need for fundamental change in our approach to investigator recruitment; we are initiating a major campaign in Q4 to recruit investigators, which will be challenging as a result of significant new competitors in the local recruitment market in addition to existing competition;
2. **Front-end business process**: we have introduced changes to the intake and assessment processes, which have significantly improved service levels in GET; as a result the volume of files awaiting assessment is far too high; the conversion rate based on our improved processes is now around 75%, and therefore poor output and variable productivity across investigations restricts our ability to rapidly reduce those numbers without significant interventions; and
3. **Building staff capability:** variations in performance and output remain; we are investing time, attention and resource in providing additional support for performance improvement, and are also improving our management information and grip on performance; with the local labour market picking up, we anticipate further turnover which will be detrimental to performance and will increase the pressure on the ongoing recruitment campaign.

Combined timeliness across CMS1 and CMS2 is largely as originally forecast due to the age profile of the historic WIP in CMS1, and our current forecasts suggest we will be unable to achieve the 180 day 'all case' KPI this year. Quality and customer satisfaction indicators show some deterioration, which reflects issues from late last year and the age of many of the cases we have closed this financial year. This lag indicator is likely to remain challenging into next year due to the age of legacy and other CMS1 cases being closed.

Appendix 2 sets out our performance against KPIs and strategic Board measures, highlighting those which are outside tolerance.

4.   Strategic risk

At the end of Q3, one of our strategic risks was at target (innovation, impact and external environment). The other four are above target because of the combination of current performance issues, the process of transition to new ways of working, and workforce and organisational challenges.

The central risk - reputation and credibility - will only be mitigated by delivering sustainable improvement in performance. In Q4, to mitigate this risk and prepare for the new senior management structure, using our 2019-20 business plan consultation as a vehicle, we are actively engaging in a structured way with key stakeholders.

Two risks have increased – operational resource and organisational capability and governance. The operational resource risk now has a black status, which reflects the difficulty of achieving a short-term increase in capacity, particularly as FOS's decision to locate its CMC work in Coventry and undertake an extensive wider recruitment campaign there has negatively impacted our assumptions about retention of CMC staff. Work is underway to explore learning from the pool ombudsman and whether, within the limits of legislative constraints, more flexible resourcing can be achieved. Sustainable improvement in performance will be challenging without a significant improvement in staff morale and engagement.

The organisational capability and governance risk has increased largely as a result of ongoing work to finalise the senior management structure after the departure of the CEO, and the potential impact on governance and control, and the ongoing challenges associated with CMC transition. Without these short-term factors, the risk would have reached target because of strong progress with the Modernising LeO programme which has reduced risks associated with it.

5.   Forward look for Q4

In Q3, we have published our 2019-20 business plan consultation, and the OLC Board has approved the implementation of a new 'quality and feedback model' building on learning from the supervision pilot evaluation.

In Q4, our focus will be to develop more granular business and operational delivery plans for 2019-20 to ensure sustained delivery and performance, and to prepare for changes in the senior structure to ensure they align with the organisation's focus on sustainable improvement in performance during 2019-20. The executive will retain its focus on balancing short-term delivery with long-term capability and improvement.

Appendix 1:
Q3 2018-19 business plan and performance update

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SUMMARY POSITION	Owner	Risk appetite	Current risk (IxL)	Target risk (IxL)	Trend	Commentary
Reputation and Credibility – OLC or Legal Ombudsman scheme lose credibility, trust and public confidence	RM/RP	Open	12 (3x4)	9 (3x3)	No change	The risk is above target as a result of ongoing work to address current performance issues, and risk associated with the time it will take to achieve sustained improvement in performance. Planned controls are to realise the full benefits of the new front-end business process, clarification of the long-term management structure and implementation of the new quality and feedback model approved at December Board. The departure of the CEO may increase reputational risks but also presents an opportunity to create a more resilient organisational structure that is better aligned to the performance improvement agenda.
Impact, innovation and responding to changing expectations – failure to innovate, achieve positive impact and respond effectively to a changing strategic landscape and stakeholder expectations	RM	Open	9 (3x3)	9 (3x3)	No change	The main focus to manage this risk is implementation of our stakeholder engagement and communications strategy. The first six monthly review of stakeholder engagement will form part of the March horizon scan for Board. The CEO and CO will undertake stakeholder engagement as part of business planning consultation, including profile raising for the Chief Ombudsman. Contingency is securing additional specialist external affairs support, a specific campaign in case of a critical incident and market research should the Q4 stakeholder survey suggest lack of impact.
Demand – Trust and confidence in the Legal Ombudsman scheme is impacted negatively by significant (>10%) unplanned changes in demand	RM	Cautious	12 (3x4)	6 (3x2)	No change	During 2018-19 we have enhanced our operational and demand forecasting tools and refined our horizon scanning, both of which are helping refine our demand forecasting. CAT has been implemented and may increase volumes but there is no evidence yet that this is above 10%. We need to develop effective career pathways and professional development, implement the quality and feedback model, continuously improve business processes and refresh our workforce plan. Contingency plans if demand changes significantly include reviewing KPI target levels, considering budget variations and re-prioritising business plan deliverables.
Operational resources – inability to recruit, develop and retain sufficient skilled people with the right skills, values and behaviours	RP	Open	16 (4x4)	9 (3x3)	Increased	This risk is above target because of key challenge that we cannot increase our establishment in the short-term to utilise the extra one-off resources in 2018-19 and reduce it by April 2019. This arises from uncertainty about the impact of CMC transition on staffing, the need to absorb legacy budget and ongoing high turnover in a competitive marketplace. We are exploring access to a wider pipeline of candidates through a range of means, and will be running a major recruitment campaign in Q4. We have firm plans to roll out the quality and feedback model in '19-20. Contingency is use of temporary staff, expansion of the Ombudsman pool, seeking approval to change pay structures, re-prioritisation of business plan deliverables.
Organisational capability and governance – the organisation (governance, infrastructure, controls, people, process) is not capable of enabling effective delivery of the scheme	RP	Cautious	12 (3x4)	6 (2x3)	Increased	This risk is above target pending completion of final elements of Modernising LeO, after which it is expected to reduce. Changes in the senior management structure, and vacancies in the finance team could increase the risk if planned mitigations are ineffective. The bulk of the Modernising LeO programme has been delivered successfully, which reduces risk exposure. CMC transition is a high risk, time-critical project which is well-placed to deliver despite a number of significant challenges. A Gateway 5 Review is scheduled for December to assure delivery of phase 1 Modernising LeO benefits. Contingency includes specialist external support to address issues, external review of specific organisational capability or governance issues and redeployment of staff to address specific issues.

Objective 1: Effective, efficient and high quality resolution of complaints

Objective	Deliverable	Timescale	Who	Status and Progress
Deliver and implement a learning and feedback model across our operations	Implement a new operational learning and development programme	Q1-4	MH	De-scoped as duplicated within plan - reported on under objective 4.
	Establish operational hub to manage operational business risk, co-ordinate operational delivery, identify policy issues & ensure an effective control framework	Q1-4	SF	Operations support team established, and policies and procedures being designed and implemented
	Strengthen framework to learn from service complaints and feedback from complainants and service providers	Q1-4	SF	Oversight of service complaint framework transferred to Operational Support Hub. New framework in place to track and capture key themes. Customer Experience Specialist in post from Sept '18 to resolve stage 1 service complaints, and triage service complaint / escalated correspondence enquiries, enhancing Team Leader capacity.
	Update quality improvement framework	Q1-4	SF	Initial review of quality framework underway to take account of new supervision model and GET process.
	Enhanced forecasting and capacity model informed by data on productivity and use of time	Q1-4	SF	Model for forecasting operational delivery is complete with reporting of performance against delivery plan reported weekly. Having completed the initial model, which focuses on forecasting operational delivery, further work is planned to develop a more sophisticated demand forecast model in relation to future levels of contact into LeO and the conversion rate for complaints accepted for investigation.
Deliver an improved customer service experience in the legal jurisdiction in line with our customer service principles	Accept up to 7,900 cases and close up to 8,425 cases	Quarterly in line with delivery plan	SP	Performance is behind plan. The build up of files ready for final assessment at the front end of the process suggests demand remains consistent but is constrained by levels of closures and application of the pull system. Steps are in place to address these issues which will ensure stronger performance through Q4 and into 2019/20.
	Achieve timeliness, quality and customer satisfaction KPIs	Q4	SP	Performance against timeliness has improved in all areas except against 180 days (all cases) which is impacted by the age and volume of legacy WIP. Quality and customer satisfaction continue to be monitored by the Operations Support team
Maintain quality of service during transition of the CMC jurisdiction to the Financial Ombudsman Service	Accept and close 1,750 CMC cases	Quarterly vs delivery plan	SP	Due to changes in the market, transition and lack of bulk incidents the number of new cases has continued to reduce which has impacted closure volumes. This has been mitigated by a review of process and headcount.
	Deliver in line with timeliness targets: • close 60% of cases within 90 days • close 90% of cases with 180 days • close 100% of cases within 365 days	Quarterly in line with plan	SP	This duplicates the deliverable in the line below and has been de-scoped.
	Achieve timeliness, quality and customer satisfaction KPIs	Quarterly in line with plan	SP	Performance against KPIs has shown continuing improvement. Performance against 180 day timeliness is below KPI but is on a positive trajectory.

Objective 2: Understand the legal service and CMC environments, and feed back to improve standards

Objective	Deliverable	Timescale	Who	Status and progress
Use our data and intelligence to support and facilitate improvements in the legal and CMC sectors	Develop refreshed communications and engagement strategy including strategic direction for feeding back to the profession	October 2018	MH	Communications and Engagement Strategy agreed by the OLC. This includes a commitment to undertake a strategic review in Q4 to inform plans for feeding back to the profession in 2019-2020.
	Use our data and intelligence to support and facilitate sector improvement: • Improve quality of case studies, themed reports and consumer awareness guides • Deliver a minimum of six periscope-style videos • Pilot webinars/eLearning • Develop and deliver a minimum of four professional feedback courses per year	Each year	MH	Guidance on price transparency, reasonable service and negligence undergoing final review ready for release in Q4. Thematic report on immigration ready for release Q4. Webinar on cybercrime scheduled for January 2019 in conjunction with LawyerCheck. LeO webinar on case fees being developed for Q4. Periscopes – one delivered in Q1, and scheduled delivery of further periscopes due in Q4 following verification of annual complaints data. 1 further legal complaints handling course delivered in Q3, in addition to 5 in Q1-2.
Support the legal and CMC sectors to be more effective in complaints resolution	Improve the value and impact of sharing our information, research and insights from the scheme (speaking events, exploiting our new web presence and social media)	Ongoing	MH	Stakeholder segmentation and mapping complete. 4 x speaking events for Legal Network completed Q3 and Senior Ombudsman presentation at Notaries conference in Q3. Senior Ombudsman attended SLC conference (Nov 2018), Chief Ombudsman attended International Conference of Legal Regulators and NI Ombudsman Sharing Best Practice event (Oct 2018). OLC Board Chair key note speaker at professional paralegal register annual conference. LeO attendance at SRA COLP & COFA conference (Dec 2018). Contributed to SRA guidance on signposting and transparency.
	Project to improve two-way data sharing with regulators: • Entity data received from regulators uploaded into case management system • LeO regulator data reports documented and operational	April 2018 and ongoing	MH	Original data upload completed. Further data reports from CMS1 ongoing, and work underway to enable regulator data reporting in CMS2. Workshop with SRA on 26 September to discuss waivers in the unregulated sector, handbook reform, and misconduct referral data and process.

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Objective 3: develop the scheme and the service we provide

Objective	Deliverable	Timescale	Who	Status and progress
Work with others to identify and explore potential opportunities to improve access to justice	Work with the Ministry of Justice and provide data available from our current business process to improve understanding of the unregulated sector	Q1-4	MH	Data collected by Operational Support hub to be provided to the MoJ on an annual basis.
	Work with regulators to develop a single register of regulatory data and overhaul the Legal Choices website	2018-19 to 2019-20	MH	LeO participating in steering group meetings for Legal Choices. Meetings on single digital register will commence in 2019
Consider approaches to alternative dispute resolution (i.e. mediation, adjudication) and include outcomes in scheme rules review	• Conduct review of legislative framework, Scheme Rules and business process to maximise effectiveness and value for money, including the impact of case fees, especially on equality and diversity • Implement findings of review • Consult on proposed new framework for publishing decisions • Review the scope to use additional mechanisms for resolving complaints	Initial review Q1, final output Q2, implement findings Q4, consult Q1 and review scope Q3	MH	Scheme Rules Review project on track – paper submitted to December OLC Board with results of review and options for future development. Workshops scheduled for Q4 to undertake initial scoping of areas for potential development. Business Process Review – de-scoped from Modernising LeO programme and being conducted as a BAU activity. Due for completion in Q4. Consultation on publishing decisions was unnecessary as the proposed framework was within scope of previous consultation. Recommendations paper approved by OLC Board in December. Policy statement currently being updated ready for upload onto website – following which Operations Support will update data table accordingly.
Deliver project work to support transition to CMC jurisdiction to the Financial Ombudsman Service	Understand the impact on demand for LeO's services of CMCs becoming Alternative Business Structures and therefore being regulated by legal service regulators	Q4	SP	Discussions ongoing with key stakeholders about the likelihood of CMCs transferring to SRA regulation post April 2019.
	Produce transfer scheme to inform drafting of statutory instrument and agree the approach to dealing with open cases after April 2019	Dependent on activities required from FOS and HM Treasury	SP	Draft transfer agreement has been prepared and shared with key stakeholders for comment. Terms of the agreement are subject to ongoing negotiation, before we seek OLC's approval. Discussions regarding data transfer are ongoing.
	Manage staff vacancies to maximise opportunities for staff	Q1 onwards	SP	Staffing levels within CMC have been reviewed and revised to address lower demand and the need for additional resource in legal. Discussions are at an advanced stage re transfer to FOS or redeployment within legal jurisdiction.

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Objective 4: modernise LeO to deliver continuous improvement in performance – infrastructure, resources and efficiency

Objective	Deliverable	Timescale	Who	Status and progress
Enhance service and deliver efficiencies through digital developments	Enhance the functionality of our new case management system	October 2018	NG	Priority enhancements completed. Some enhancements deferred until after the mandatory v9 upgrade (Q4 and, if required Q1 of 2019/20).
	Refresh our external website: • Improve accessibility of website and stakeholder engagement mechanisms • Design, develop and deliver customer assessment tool • Strengthen cyber security to enable self-service	March 2019	NG	CAT successfully completed. Some initial discussions have started on a website refresh and scoping will continue into Q4 with budget set aside for 2019/20 delivery. Cyber security requirements will be derived from the scoping activity (along with technical requirements).
Reduce our information footprint and improve cyber security	Decommission previous case management system	Dec '18- March '19	MH	Modernising LeO project on track and all live cases transferred without issue. Database reader for storage of old CMS data being refined
	Enhance SharePoint Online to improve internal communications and knowledge sharing	September 2018	MH	Operations Transformation are conducting ongoing reviews of guidance to ensure it is up to date. Virtual whiteboards for comments and suggestions are active.
Improve the quality, analysis, use and assurance of our data	Develop better data quality and assurance to support our research and feedback to the professions	September 2018	SF	An extensive piece of work to review the quality of LeO's data, correct issues identified and implement additional assurance measures is underway. The initial focus was ensuring accuracy of data used for operational forecasting model, KPI reporting and publishing decisions. CMS case transfer added significantly to the level of assurance activity required. Having completed assurance for key data sets, the focus is now on completing review to identify data quality issues and documenting and implementing an ongoing, rolling programme of data assurance checks for all key data (data assurance framework). Initial plans to complete this work by September were ambitious given the resource available and the scale of the task. Work will continue throughout Q4 and into the new financial year.
	Implement processes to improve information and records management	March 2019	NG	Work has been undertaken to enhance and develop the maturity of information asset registers. Project scoping underway for Better Records and Information Management and a project brief will go to January's Programme Board. Work will continue through 2019/20.
	Ask the ICO to undertake a voluntary data protection audit to assess GDPR compliance	March 2019	NG	ICO audit scheduled for late February 2019. Scoping conversations are already underway with the ICO.
	Develop dashboards for improved strategic MI: • Implement revised budget management reports • Refine, enhance and exploit new operational forecasting and capacity model • Implement new operational performance dashboards • Develop MI about business plan implementation/performance • Exploit new reporting functionality in CMS/BI tool	October 2018 10	SF	Operational delivery forecasting model delivered with weekly reporting of performance against delivery plan. Operational performance dashboards have been delivered. Improved MI reporting for performance against the business plan / balanced scorecard has been implemented, including a suite of new weekly MI reports. The BI Tool has been launched and Operations Support is now working with IT to transfer key reporting to the BI Solution reporting tool. Improving budget management reports has been de-scoped from this financial year's activity.

Objective 4: modernise LeO to deliver continuous improvement in performance – people and ways of working

Objective	Deliverable	Timescale	Who	Status and Progress
Attract and retain great people	Fully exploit new employee value proposition to achieve a stronger position in the recruitment market, maximising the benefits of our new flexible working policy and developing IT to support it; and meet our commitments on workplace well-being as set out in our *Time to Change* action plan	December 2018	MP	Good progress has been made embedding Flexible Working with a strong emphasis on the principles of earned autonomy based on performance and a successful launch of the Celebrating Success scheme however recent staff feedback has been negative and there are a number of key concerns from staff on change management, autonomy, workload, targets, a lack of involvement and consultation. and negative perceptions about line management style. The extent and scale of recent changes in the organisation, and the ongoing focus on improving performance and productivity, mean there continue to have visible challenges around well-being, resilience/change and workload.
	Develop partnerships with local academic institutions to improve pipeline of staff	July 2018	MP	Relationship with Birmingham City University progressing well and our first joint sandwich students have now started. The proposal for an MoU between the organisations has been tabled but not agreed. Further partnerships with other institutions to be developed in 2019.
Grow our own people	Design and develop effective career pathways, supervision, feedback, support and professional development for our staff: • Design and develop a model supporting effective professional progression options and succession planning • Design and deliver professional learning and development • Review and align competency and appraisal frameworks in light of the development framework	March 2019	MH	Removed from Modernising LeO and taken on under BAU. Evaluation of supervision pilot taken to OLC Board in December and approval obtained for further development of the model. Team Leader development programme underway with 3 staff members have who have secured Team Leader Development roles. Potential development programme for Level 1 ombudsmen in the initial planning stages. Membership has commenced with the Institute of Customer Service, which will provide accredited customer service training (as well as benchmarking LeO against other organisations). To be launched to the business in January LeO continue to contribute to Ombudsman Association case worker competency working group.
Build our programme and project management capability	Establish Portfolio Management Office	June 2018	EI	Completed
	Undertake lessons learned review of Modernising LeO phase 1 and apply lessons to phase 2	July 2018	EI	Completed
	Undertake Gateway Review 5 to ensure Phase 1 benefits are being achieved	December 2018	EI	Review nearing completion, to be delivered to January Programme Board. Held back pending GIAA Benefits Realisation audit received late December.

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RAG status definitions

Delivery on track	Some risk to delivery to original plan	Delivery significantly off target	Complete	De-scoped
Action is on track for delivery to the original timetable	Action is not on track as originally anticipated but any slippage or change of scope can be managed within a reasonable tolerance (either within the relevant business year or within a reasonable tolerance of the stated date)	Action is significantly off target and is unlikely to be recovered within the relevant business year or a reasonable timescale for the specific action based on risk	Action has been delivered and completed	We have agreed to de-scope the action (for items in the published strategy and business plan this needs Board approval)

Appendix 2 KPI performance Q3 2018-19

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Quarterly KPI and tolerance report – Q3 2018-19

External KPIs

Measure	KPI	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
% LEGAL cases concluded in new CMS (CEQ2a)												
90 days (legal – low)	60%	10% off target for more than 2 consecutive months or 2 months out of 4, in any category		100%	100%	100%	89%	91%	82%	86%	84%	
90 days (legal – med)	30%			100%	100%	100%	73%	61%	44%	52%	61%	
90 days (legal – high)	0%			0%	0%	100%	40%	45%	0%	0%	50%	
180 days (legal - low)	85%			100%	100%	100%	100%	100%	97%	99%	99%	
180 days (legal - med)	80%			100%	100%	100%	100%	99%	87%	98%	92%	
180 days (legal - high)	30%			0%	0%	100%	100%	100%	80%	85%	50%	
365 days (legal – low)	99%			100%	100%	100%	100%	100%	100%	100%	100%	
365 days (legal – med)	90%			100%	100%	100%	100%	100%	99%	100%	100%	
365 days (legal – high)	85%			0%	0%	100%	100%	100%	93%	100%	100%	
% LEGAL cases (all complexity) concluded (CEQ2a)												
Within 90 days	26%	10% off target for more than 2 consecutive months or 2 out of 4	11%	19%	20%	23%	32%	33%	38%	41%	45%	**Outside tolerance (180 days):** Performance against KPI continues to improve but is still impacted by the legacy and historic CMS1 cases. TL and ombudsman focus on ensuring these cases are progressed as quickly as possible is responsible for positive impact on performance.
Within 180 days	72%		46%	45%	34%	29%	47%	51%	56%	60%	62%	
Within 365 days	90%		96%	91%	92%	90%	91%	90%	89%	90%	91%	
% CMC cases (all complexity) concluded (CEQ2a)												
Within 90 days	60%	10% off target more than 2 consecutive months or 2 out of 4	27%	20%	24%	29%	28%	54%	44%	65%	83%	
Within 180 days	90%		88%	80%	95%	93%	90%	87%	66%	86%	94%	
Within 365 days	100%		100%	100%	100%	100%	99%	100%	99%	99%	98%	

Measure	KPI	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
Customer satisfaction – LEGAL (CEQ1a and CEQ1b)												
				Q1			Q2			Q3		
% customer satisfaction with service at the end of the process (satisfied with outcome)	85%	<5% in one reporting period	Service Provider – 92% Complainant – 94% (Q4)			Service Provider – 76% Complainant – 84% (Q1)			Service Provider – 91% Complainant – 93% (Q2)			
% customer satisfaction with service at the end of the process (dissatisfied with outcome)	15%	<5% in one reporting period	Service Provider – 17% Complainant – 13% (Q4)			Service Provider – 0% Complainant – 8% (Q1)			Service Provider – 11% Complainant – 10% (Q2)			
Customer satisfaction – CMC (CEQ1a and CEQ1b)												
% customer satisfaction with service - end of the process (satisfied with outcome)	85%	<5% in one reporting period	Service Provider – 93% Complainant – 84% (17-18 annual figure)			Service Provider – 93% Complainant – 84% (17-18 annual figure)			Service Provider – 100% Complainant – 100% (Based on surveys of complaints closed between April and September 2018)			
% customer satisfaction with service - end of the process (dissatisfied with outcome)	15%	<5% in one reporting period	Service Provider – 7% Complainant – 15% (17-18 annual figure)			Service Provider – 7% Complainant – 15% (17-18 annual figure)			Service Provider – 0% Complainant – 15% (Based on surveys of complaints closed between April and September 2018)			**Outside tolerance:** Low work volumes and the move to FOS mean service provider data is based on very low numbers, therefore is neither statistically significant, nor representative. Feedback is assessed qualitatively by the CMC Manager.

Measure	KPI	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
Quality – Service Complaints (CEQ6a)												
% service complaints upheld at final stage of process	Trend	No tolerance	Stage	**Q1** Upheld % against service complaint received		**Q2** Upheld % against service complaint received			**Q3** Upheld % against service complaint received			**Note:** In Q3 we finished the revision of the internal service complaints process to ensure we are capturing, recording and responding to all service complaints robustly. Data shows an increase in the volume of service complaints (Typically we used to record around 50 service complaints at all stages per quarter, in Q3 that rose to 81), and in the proportion of complaints upheld, particularly at stage 1. Concerns are about delay and inconsistent information regarding timescales, as well as poor communication. Steps have been taken to improve the information provided, including regular review of standard messaging. However, until all legacy cases are clear of the system and the assessment timescales are within expectations, we will continue to see some level of complaint in this area.
			1		31%			34%			65%	
			2		20%			6%			18%	
			3		7%			2%			5%	

Trends Dashboard - Quality – Service Complaints (CEQ6a)

Quarter 1

Stage	Upheld % against cases accepted for investigation	Upheld % against service complaint received	Remedies awarded
1	2%	31%	Q1 - £650 Cumulative for 2018/19 - £650
2	1%	20%	
3	0.4%	7%	

Type	Received	Closed stage 1	Closed stage 2	Closed stage 3	Open
Approach of staff	17%	2%	5%	0%	10%
Timeliness	28%	6%	12%	0%	10%
Communications	25%	5%	10%	3%	7%
Discrimination	0%	0%	0%	0%	0%
Failure to follow process	16%	2%	4%	3%	8%
Decision/advice	10%	3%	1%	0%	7%
Other	3%	0%	2%	0%	1%

Quarter 2

Stage	Upheld % against cases accepted for investigation	Upheld % against service complaint received	Remedies awarded
1	1.7%	34%	Q2 - £2,000 Cumulative for 2018/19 - £2,650
2	0.3%	6%	
3	0.1%	2%	

Type	Received	Closed stage 1	Closed stage 2	Closed stage 3	Open
Approach of staff	14%	3%	2%	0%	9%
Timeliness	28%	13%	1%	0%	15%
Communications	20%	7%	4%	0%	10%
Discrimination	2%	0%	0%	0%	2%
Failure to follow process	13%	4%	2%	0%	7%
Decision/advice	9%	2%	2%	0%	5%
Other	15%	6%	3%	0%	6%

Quarter 3

Stage	Upheld % against cases accepted for investigation	Upheld % against service complaint received	Remedies awarded
1	3.7%	65.1%	Q3 - £500 Cumulative for 2018/19 - £3,150
2	1.0%	17.5%	
3	5.0%	4.8%	

Type	Received	Closed stage 1	Closed stage 2	Closed stage 3	Open
Approach of staff	10%	4%	1%	1%	5%
Timeliness	27%	11%	3%	2%	12%
Communications	24%	11%	3%	3%	8%
Discrimination	4%	1%	1%	2%	0%
Failure to follow process	14%	4%	2%	3%	6%
Decision/advice	13%	4%	2%	3%	5%
Other	8%	7%	0.00%	1%	1%

Please note that in each quarter open complaints are carried over from the previous quarter, meaning that the number received and number at each stage are not the same.

Measure	KPI	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
Reputation and raising professional standards (RPS1)												
				Q1			Q2			Q3		
% of stakeholders agreeing that LeO provides value-adding insight	Trend	No tolerance	Not available until survey in Q4			Not available until survey in Q4			Not available until survey in Q4			Not applicable
				Q1			Q2			Q3		
Advocacy – LEGAL (CEQ7a and 7b)												
% of complainants satisfied with their outcome who would speak highly of LeO	80%	-5% in one reporting period	**2017-18** Legal Complainant – 78%			**2017-18** Legal Complainant – 78%			**2017-18** Legal Complainant – 78%			**Note:** Data is reported annually
% of complainants dissatisfied with their outcome who would speak highly of LeO	10%	-5% in one reporting period	**2017-18** Legal Complainant – 5%			**2017-18** Legal Complainant – 5%			**2017-18** Legal Complainant – 5%			**Note:** Data is reported annually
Advocacy – CMC (CEQ7a and 7b)												
% of complainants satisfied with their outcome who would speak highly of LeO	80%	-5% in one reporting period	**2017-18** CMC Complainant – 95%			**2017-18** CMC Complainant – 95%			**2017-18** CMC Complainant – 95%			**Note:** Data is reported annually
% of complainants dissatisfied with their outcome who would speak highly of LeO	10%	-5% in one reporting period	**2017-18** CMC Complainant – 9%			**2017-18** CMC Complainant – 9%			**2017-18** CMC Complainant – 9%			**Note:** Data is reported annually

Measure	KPI	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
Unit Cost per case (IRE8)												
LEGAL all complexities – *net of estates income and gross costs*	£1,484-£1,563 (+1% uplift)	>£100 over target – 3 month rolling average	Quarterly actual £2,133-			Quarterly actual £1,829			Quarterly actual £1,717			**Outside tolerance:** Output remains lower than delivery plan, cost reductions applied where applicable although fixed cost base remains an issue. **Note** - changes to reported figures due to cases that were closed being reopened.
CMC all complexities – *net of estates income and gross costs*	£1,137 (+1% uplift)	>£100 over target – 3 month rolling average	Quarterly actual £1,453			Quarterly actual £1,217			Quarterly actual £788			**Outside tolerance:** We have reforecast the CMC budget and reduced staffing significantly. This will bring us closer to tolerance. Major reduction in Q3 due to bulk closures under Scheme rule 5.7. **Note** – no changes to figures reported previously
Turnover (PLC2b)												
Quarterly rolling annual turnover rate	Rolling annual turnover <12%	>3% above rolling annual target for two consecutive quarters	18.6%	17.6%	21.0%	19.7%	16.3%	17.7%	18.3%	16.6%	16.4%	**Outside tolerance:** There has been a slight decrease in turnover. We continue to actively manage performance and probation- a significant factor in the rate being above tolerance. We are also losing staff because of workload and career aspirations in an increasingly competitive local market. Our new employee value proposition, reward and recognition changes and flexible working are mitigations.

Measure	KPI	Tolerance	Q1	Q2	Q3	Tolerance exception report/additional info
Sickness (PLC3a/b)						
Average days per employee lost to sickness (all)	Below CIPD public sector averages (8.5 days per FTE)	<10 days per FTE	10.5 employee days	11.2 employee days	11.4 employee days	**Outside tolerance:** Sickness rates remain broadly stable and are actively managed between line managers and HR. Where appropriate employees are successfully returning to work. A high underlying number of complex long-term sickness impact the figures.
Engagement (PLC1a/b)						
Civil service and Pulse engagement index	>60%	<50% in any quarter	49.4% on Q1 Pulse Survey	No new data in quarter.	50% 2018 Civil Service Survey	**Note:** Following the Civil Service Survey this has returned to within tolerance but there are still areas of concern which we are working on with RemCo and the staff council.

Strategic Board performance measures

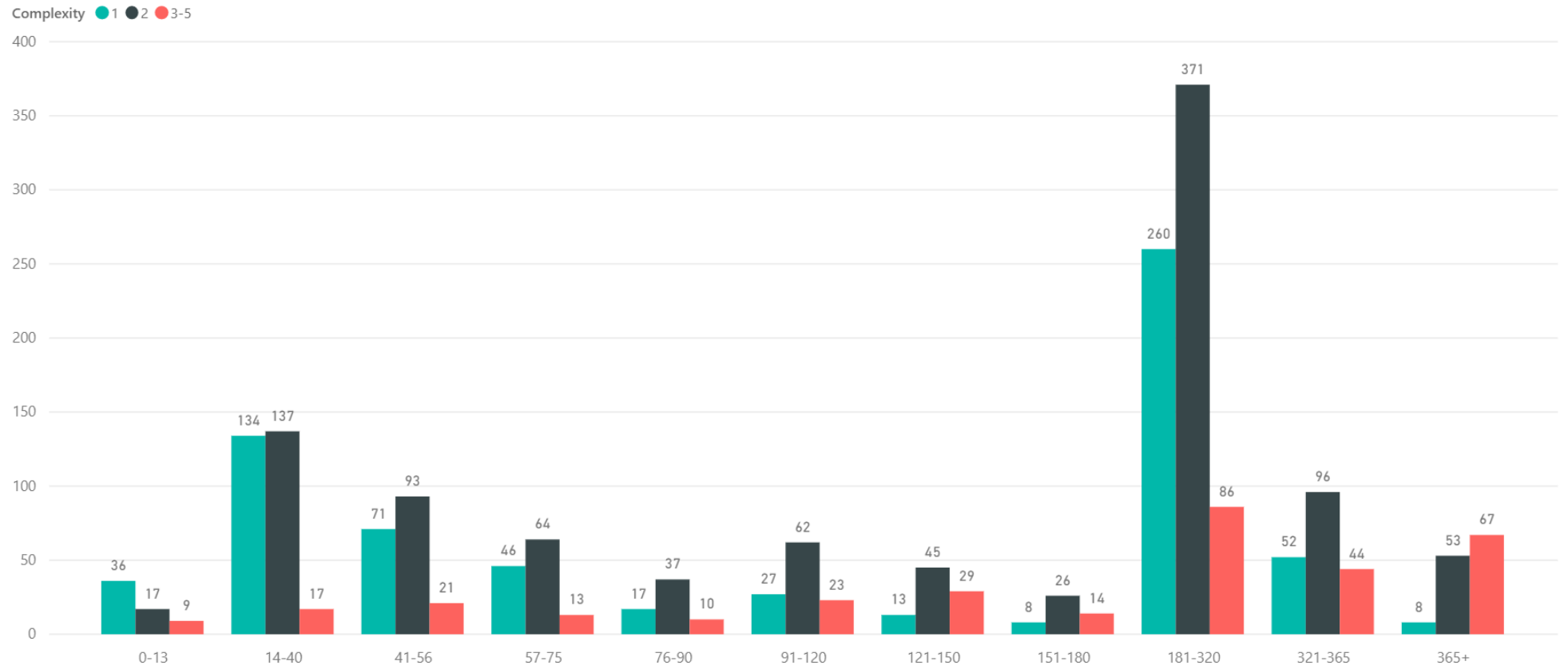| Measure	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
		Q1			Q2						
Median time to resolution – (CEQ2b)											
Median time to conclude a case (by case complexity)	No tolerance	Not available			Low – 51 days Medium – 63 days High – 91 days			Low – 50 days Medium – 75 days High – 130 days			
Age band of open cases (CEQ2c)											
Age band analysis of open cases by case complexity - LEGAL	No tolerance	See Q1 report			See Q2 report			See Annex 1			
Age band analysis of open cases by case complexity - CMC	No tolerance	See Q1 report			See Q2 report			See Annex 1			
Work in Progress											
Legacy team remaining work in progress – within 10% of plan – (CEQ2e)	>10% off plan for more than 2 consecutive months	1,760 (ahead of plan)	1,616 (ahead of plan)	1,468 (ahead of plan)	1,343 (ahead of plan)	1,225 (ahead of plan)	1,105 (ahead of plan)	1,049 (plan of 997: 5% behind plan)	907 (plan of 827: 9% behind plan)	801 (plan of 617: 23% behind plan)	
Current work in progress – LEGAL by case complexity – within 10% of plan (tolerance > 20% variation to plan for more than 2 consecutive months) – (CEQ2f)	>20% variation to plan for more than 2 consecutive months	Actual 1,664 Plan = 1,522 Var = -8.5%	Actual 1,689 Plan = 1,550 Var = -8.9%	Actual 1,635 Plan = 1,736 Var = 5.8%	Actual 1,579 Plan = 1,897 Var = 16.7%	Actual 1,709 Plan = 2,097 Var = 18.5%	Actual 1,780 Plan = 2,172 Var = 18.0%	Actual 1,773 Plan = 2,282 Var = 22.3%	Actual 1,692 Plan = 2,388 Var = 29.1%	Actual 1,655 Plan= 2,514 Var = 34.2%	**Outside tolerance:** Plan based on business being at establishment – however actual FTE below establishment which has impacted on individual active case holdings. Q3 plan anticipated new starters all at April, becoming fully productive by Q3, whereas intake was phased and continued into Sept. Further, inconsistent application of pull system and case holding floor impact WIP. New MI provides greater visibility of case holding issues to drive case flow.

Measure	Tolerance	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
			Q1			Q2			Q3		
Current work in progress – CMC – (CEQ2f)	>20% variation to plan for more than 2 consecutive months	Actual 535 Plan= 535 Var = 0%	Actual 474 Plan = 606 Var = 22%	Actual 386 Plan = 625 Var = 38%	Actual 323 Plan = 655 Var = 51%	Actual 315 Plan = 657 Var = 52%	Actual 258 Plan = 490 Var = 47%	Actual 346 Plan = 511 Var = 32.3%	Actual 309 Plan = 518 Var = 40.3%	Actual 310 Plan= 496 Var= 37.6%	**Outside tolerance:** Variation is due to lower than anticipated receipts. The CMC sector continues to be affected by the impact of legislative change.
Monthly/ quarterly variance between legal cases accepted and closed, by complexity <5% (tolerance > 10% variance for more than 2 consecutive months) – (IRE5)	High	-44%	-12%	-25%	-389%	-10%	-217%	-381%	-82%	-57%	**Note:** Variance for all complexities continues to be caused by closing more files than are being accepted for investigation due to different weighting in case values by complexity. Revisions to weighting and case holdings will start to address the variance toward end of Q4, along with increased focus on investigator case holdings and application of the pull system.
	Medium	-79%	-75%	-79%	-85%	-58%	-56%	-63%	-26%	-56%	
	Low	-22%	-100%	-127%	-60%	90%	-44%	-61%	-11%	-113%	

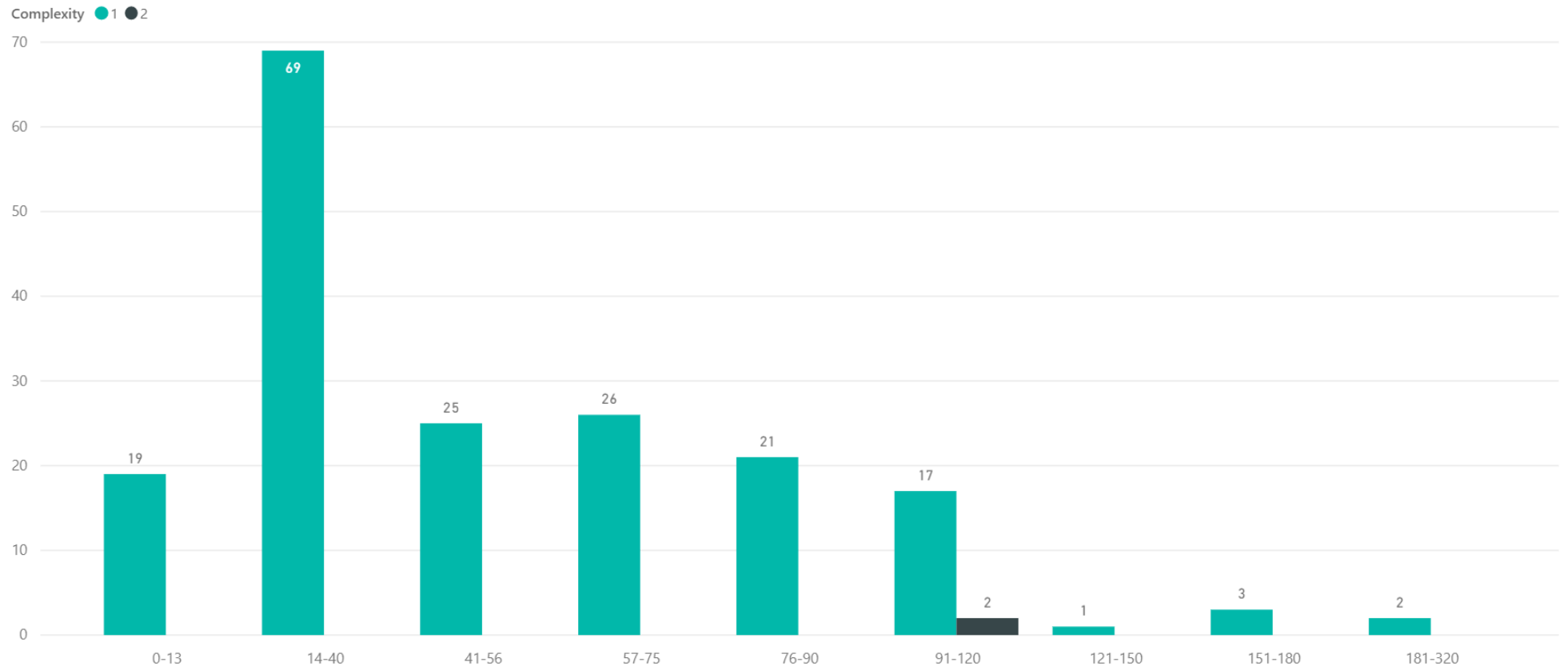| Measure	Tolerance	KPI	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
				Q1			Q2			Q3		
Customer satisfaction at investigation												
% satisfaction (customer/ service provider) at investigation stage – LEGAL (CEQ1c)	65%	>5% below target for two consecutive reporting periods	Representative data not available. For CMS1: Q1 % Satisfaction: Complainant 54%; Service Provider 42% (Total: 89 complainant responses; 43 Service Provider responses)			Representative data not available. Q2 % Satisfaction: Complainant 49%; Service Provider 45% (Total: 35 complainant responses; 25 Service Provider responses).			Representative data not available. Q3 % Satisfaction: Complainant 48%; Service Provider 45% (Total 81 complainant responses and 36 Service provider Responses)			**Note:** It has only been possible to survey cases at investigation stage in CMS1. The necessary process was expected to operate from Q3, but it will now be Q4. .
% satisfaction (customer/ service provider) at investigation stage – CMC (CEQ1c)	65%	>5% below target for two consecutive reporting periods	Customer (CMC) – 50% Service Provider (CMC) – 100%			Sample size too small this quarter to provide meaningful data. Verbatim comments continue to be reviewed and addressed.			Complainant: 58% Service Provider: 100% Verbatim comments continue to be reviewed and addressed.			**Outside tolerance** for complainants but as previously referred, low CMC volumes and engagement due to move to FOS means low response rate and data which is not statistically significant.
Quality												
% all cases assessed as meeting appropriate customer service principles – LEGAL (CEQ4a)	90%	>5% below target for two consecutive reporting periods	General Enquiries Team: 80% Investigator and Level 1 Ombudsman: 75% Pool & Level 2 Ombudsman: Data not available			General Enquiries Team: Data not available. Investigator and Level 1 Ombudsmen: 68% Pool & Level 2 Ombudsman: 100%			General Enquiries Team: 92% Investigator and Level 1 Ombudsman: 85% Pool & Level 2 Ombudsman: 88%			
% all cases assessed as meeting appropriate customer service principles – CMC (CEQ4a)	90%	>5% below target for two consecutive reporting periods	Investigator and Level 1 Ombudsmen: 100%			Investigator and Level 1 Ombudsmen: 100%			Investigator and Level 1 Ombudsmen: 90%			
% all cases assessed as having a fair and reasonable outcome – LEGAL (CEQ4b)	95%	>5% below target for two consecutive reporting periods	Investigator and Level 1 Ombudsman: 87%			Investigator and Level 1 Ombudsman: 92% Level 2 Ombudsmen: 100%			General Enquiries Team: 92% Investigator and Level 1 Ombudsman: 93% Pool & Level 2 Ombudsman: 95%			

Measure	Tolerance	KPI	April	May	June	July	Aug	Sept	Oct	Nov		Dec	Tolerance exception report/additional info
				Q1			Q2			Q3			
Quality													
% all cases assessed as having a fair and reasonable outcome – CMC (CEQ 4b)	95%	>5% below target (2 consecutive periods)		100%			100%			100%			
% of tasks and decisions sent back by Ombudsman LEGAL (IRE7)	<10%	>10% above target		5.2%			8.1%			7.9%			
% of tasks and decisions sent back by Ombudsman CMC (IRE7)	<10%	>10% above target		1.4%			7.1%			4.2%			
Reputation and raising professional standards													
% professional feedback plan delivered, % target attendees and % positive feedback (RPS2)	Green status (>70%)	No tolerance		Green			Green			Green			
Klout social media (RPS4)	>40	No tolerance		47			47			47			
% using legal services in last 2 years who had heard of LeO (RPS7)	Trend analysis	No tolerance		64% (**2017-18**)			Available annually			Available annually			

Measure	KPI/ Tolerance	KPI	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Tolerance exception report/additional info
					Q1			Q2			Q3	
IT downtime												
% unplanned downtime (CMS, telephony and infrastructure) – IRE1)	<1%	>2%	0.81% (CMS 1.3%, Telephony 1.1%, Infrastructure 0%)			0.27% (CMS 0.8%, telephony 0%, infrastructure 0%)			0.37% (CMS: 0.7%, telephony 0.2%, infrastructure 0.2%)			
Budget Variance												
% variance against budget YTD and forecast outturn – (IRE9)	<1%	Variance >2%	Legal 11% CMC 16%			Legal 2.5% under CMC 6.1% under			Legal 4% under CMC 2.2% over			**Outside tolerance:** Significant work took place during Q2 to reforecast the budget which has reduced the variance. This reforecast exercise will be repeated in Period 10. CMC vacancies are being held subject to maintenance of critical mass of staffing.
People, Leadership and culture												
MIND workplace well-being index (PLC13)	Bronze status	No tolerance	Available in Q4			Available in Q4			Available in Q4			

Annex 1 – CEQ2C – Age Band of active cases by Complexity – Legal (excludes cases awaiting Ombudsman decisions)

Complexity ● 1 ● 2 ● 3-5

Age Band	Complexity 1	Complexity 2	Complexity 3-5
0-13	36	17	9
14-40	134	137	17
41-56	71	93	21
57-75	46	64	13
76-90	17	37	10
91-120	27	62	23
121-150	13	45	29
151-180	8	26	14
181-320	260	371	86
321-365	52	96	44
365+	8	53	67

Annex 1 – CEQ2C – Age Band of active cases by Complexity – CMC (excludes cases awaiting Ombudsman decisions)

Complexity ● 1 ● 2

Age Band	Complexity 1	Complexity 2
0-13	19	
14-40	69	
41-56	25	
57-75	26	
76-90	21	
91-120	17	2
121-150	1	
151-180	3	
181-320	2	

OLC Board 28 January 2019

Appendix 3: Operational Performance Report (Q3 2018/19)

1.   Introduction

1.1.   This paper provides a review and analysis of performance through Q3.

2.   Performance Headlines and Analysis

2.1.   In Q3 we closed a total of 1668 cases against a plan of 2308. Overall performance at the end of December was 4587 closures against plan of 5677. With the current level of productive resource we will not be able to achieve the planned 8000 closures in 2018/19.

2.2.   The graph, below, displays the likely performance output for 2018/19 based on existing levels of resource and anticipated performance.


Cases Resolved
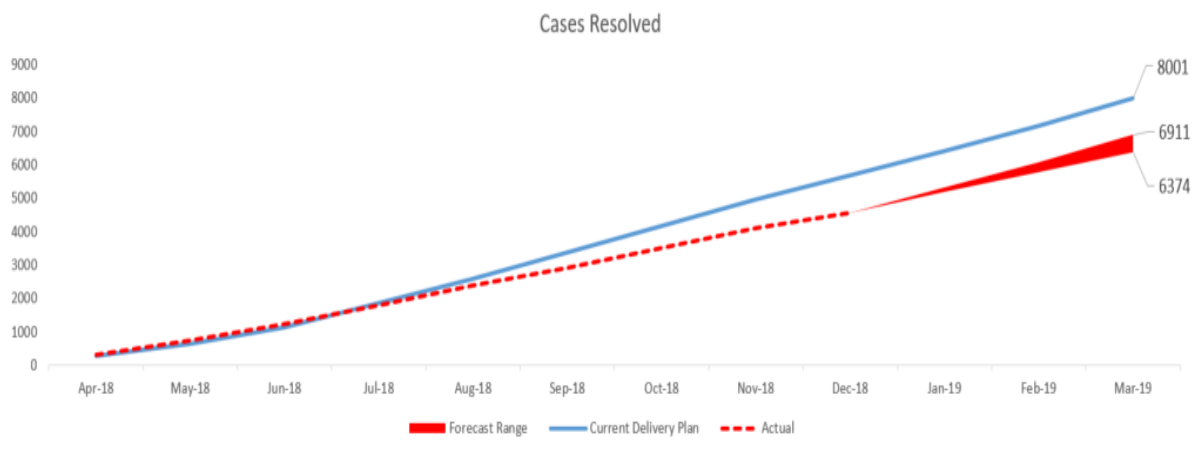
2.3.   The legacy team remains within tolerance against the delivery plan with 1183 closures up to the end of December against a projected total of 1287. For the reasons outlined in paragraph 2.8, below, legacy performance in Q3 was behind plan with 355 closures against a plan of 510. However, following changes in team leadership, there is a renewed focus on progression and performance in Q4.

2.4.   Across Q3 1118 cases were accepted for investigation against a plan of 2140. This has impacted on our ability to quickly reduce the size of the assessment unallocated, which was 2804 at the end of December. All of the work in the unallocated is being reviewed to identify potential quick wins and to ensure that cases are as ready for investigation as they can be. Further, the rebalancing of caseholdings planned for Q4 will reduce the existing unallocated and the continuous review of the

front end of the process will continue to refine the volume and quality of new files being opened.
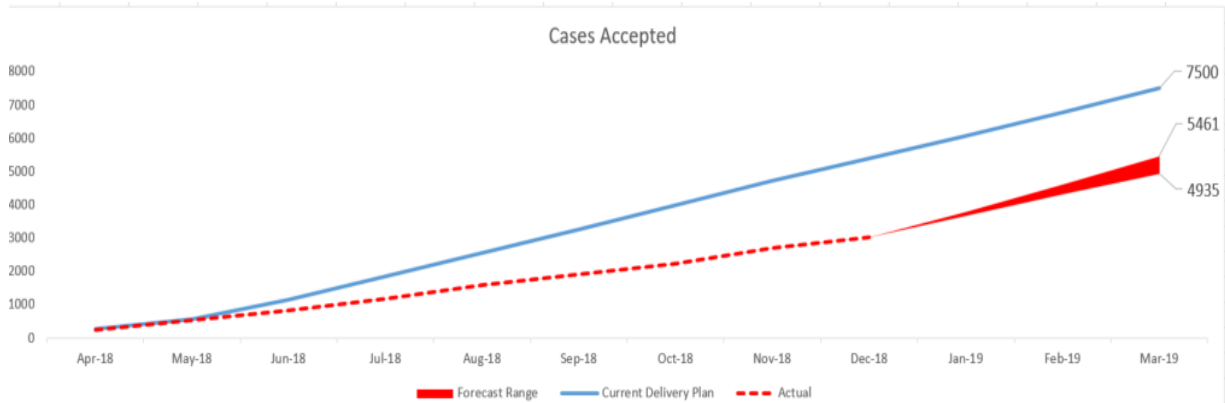
Cases Accepted

2.5. The above graphs shows that, although work is ongoing to rebalance investigator caseholdings and to reduce the assessment unallocated through Q4, the original forecast of 7500 new cases being accepted in 2018/19 cannot be achieved within existing resource constraints.

2.6. Total investigation WIP is below delivery plan as a result of reduced levels of productive FTE and issues with the application of the pull system. The rebalancing of caseholdings in Q4 will address that deficit.

2.7. The positive performance against timeliness KPIs has continued through Q3. Through the efforts of the legacy team and the BAU investigation teams to clear historic CMS1 cases, performance against all bucket timeliness KPIs continue to improve, although performance against the 180 day KPI remains outside of tolerance.

Forecast Timeliness
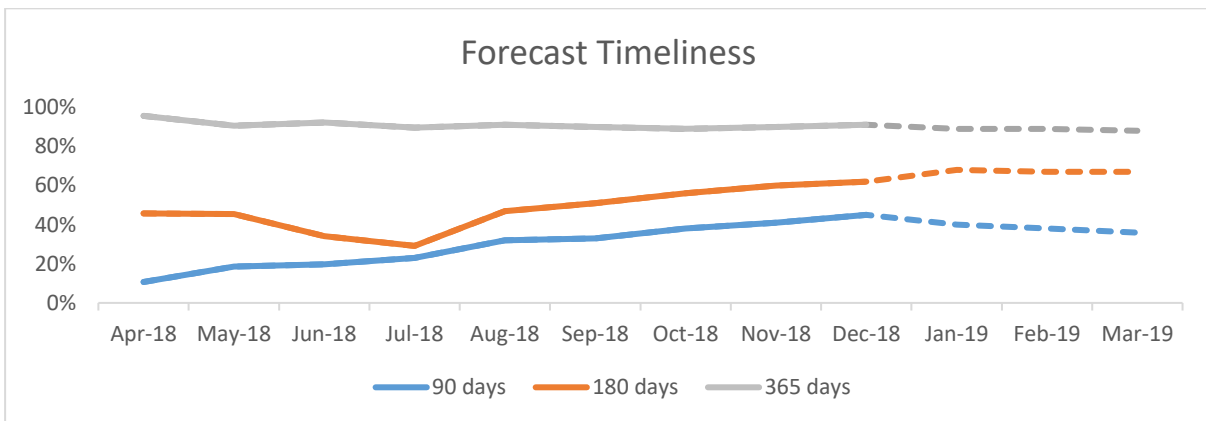
2.8. Performance in Q3 was impacted by
- long term sickness and maternity, including in the legacy team
- attrition in key roles such as legacy Team Leader and changes in the Team Leader community generally
- variable performance across the investigation teams and between supervision and BAU teams
- reallocations due to sickness and attrition

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- the training of Legacy staff on the new CMS.

2.9.   Historic GET resource issues have been addressed enabling the incoming emails, letters and CAT work to be actioned within 10 days which is a marked improvement post Modernisation. However this has had a significant impact on the level of the assessment unallocated.

2.10.   Considerable work was done by GET and Level 2 Ombudsmen over Q3 to improve the quality of files being passed for investigator assessment and to identify quick wins. This improved the conversion rate to three out of every four files being ready for investigation.

2.11.   Quality scores on old CMS1 cases reflect historic issues of delay and poor communication which are being addressed through the measures outlined in 2.13 below. CMS2 cases progressed under supervision have built in progression and quality checks to avoid replication of these issues.

2.12.   The outcomes of upheld service complaints again mirror similar historic issues but, with the new dedicated service complaint team and revised process, these issues are being identified, addressed and escalated.

2.13.   Q3 saw the launch of:
- a new workload management framework prescribing case progression against milestones
- the introduction of revised tighter timeliness progression objectives for all investigatory staff
- enhanced MI and performance data for line managers
- the introduction of weekly "side by side" case progression meetings
- mandatory case progression and closure commitments

these will provide greater granularity over investigator caseholdings, ensure efficient case progression; in turn improving closures, takes and customer satisfaction. The positive impact of the changes will start to emerge over Q4 and be seen into 2019/20.

2.14.   Investigator recruitment is ongoing which, along with continuing efforts to finalise and maximise the number of CMC staff moving to the legal jurisdiction, and the reintegration of legacy, will help ensure that the operational teams are properly resourced for 2019/20.

2.15.   Although there is still work to be done to address variable performance, output and investigator caseholdings, the level of service received by our customers coming to us now, compared to pre Modernisation, is considerably improved. The initiatives outlined in 2.4 and 2.13, above, will build on the work already done and improve service further in Q4 and beyond, with particular focus on reducing wait times at assessment.

Performance against delivery plan:

Cases Resolved:

Cases Resolved - BAU	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
Delivery Plan	233	272	394	548	520	625	630	614	554	577	617	650	6234
Actual	227	269	362	388	471	374	474	447	392				
Cases Resolved - LEGACY													
Delivery Plan	70	75	112	176	184	160	170	170	170	170	150	160	1767
Actual	97	140	146	161	151	133	139	125	91				
Cases Resolved - TOTAL													
Delivery Plan	303	347	506	724	704	785	800	784	724	747	767	810	8001
Actual	324	409	508	549	622	507	613	572	483				

Cases Accepted:

Cases Accepted	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	TOTAL
Delivery Plan	270	300	580	710	690	700	740	720	680	690	700	720	7500
Actual	251	287	283	362	393	323	344	474	300				

Work in Progress by Stage:

WIP at Assessment	2,943

WIP at Investigation	1,655
WIP at Investigation - Legacy	801
Total WIP at Investigation	2,456

Assessment work by source and outcome:

Total files created in December	2,640

Initial Method of Contact - CAT	174
Initial Method of Contact - Complaint Form	36
Initial Method of Contact - Email	401
Initial Method of Contact - Live/Web Chats	91
Initial Method of Contact - Phone	1,629
Initial Method of Contact - Post	141
Initial Method of Contact - Not recorded*	168

Closed - Awaiting correspondence	147
Closed - Awaiting further information	230
Closed - Blank complaint form request	4
Closed - Premature	1,066
Closed - Out of jurisdiction	65
Closed - Seeking legal advice	21
Closed - Signposting	420
Closed - Consumer - general guidance	207
Closed - Lawyer - general guidance	20
Closed - Contacted in error	73
Closed - Duplicate Case	10
Total Closed prior to investigation	2,263

Total files sent for investigator assessment	377

*a non mandatory field