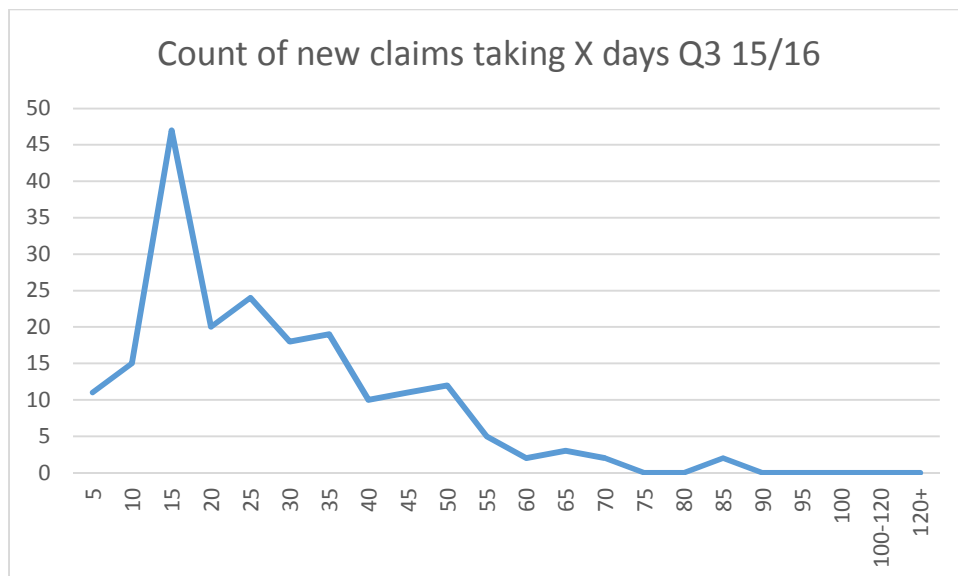
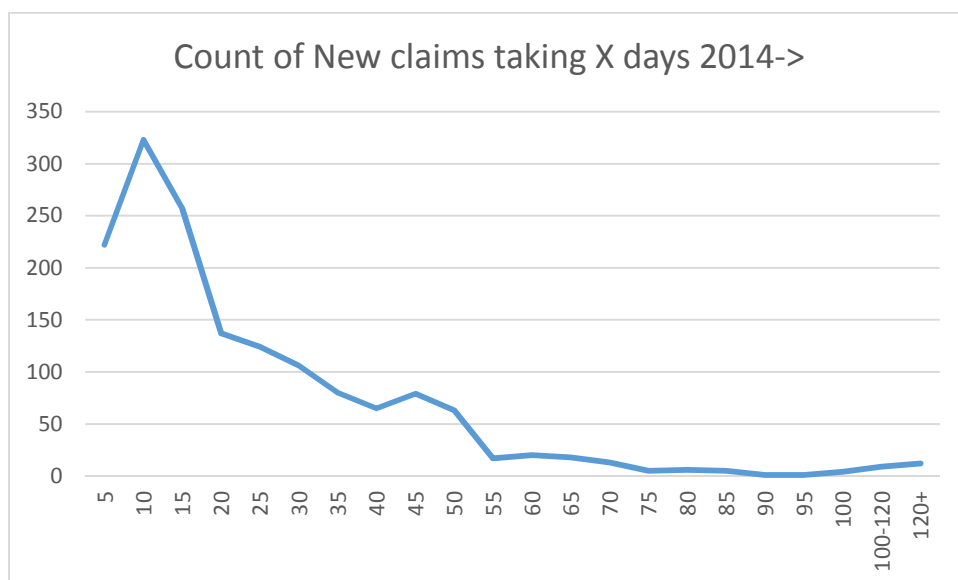


## Appendix D: Benefits data in depth report

A deeper analysis of the benefits data shows an interesting if complicated picture.



The target completion date is 24 days, and although the average is relatively close to the target the data shows a significant amount of claims far in excess of the average. This is often due to issues beyond the processes control and is partly due to the way we keep cases active on the system. We should invalidate claims if customers don't respond in a timely manner (1 month) but we often give them longer and this has a negative impact on our stats without affecting customer satisfaction levels. We will be adopting a more consistent approach with this going forward that will improve the reported stats.



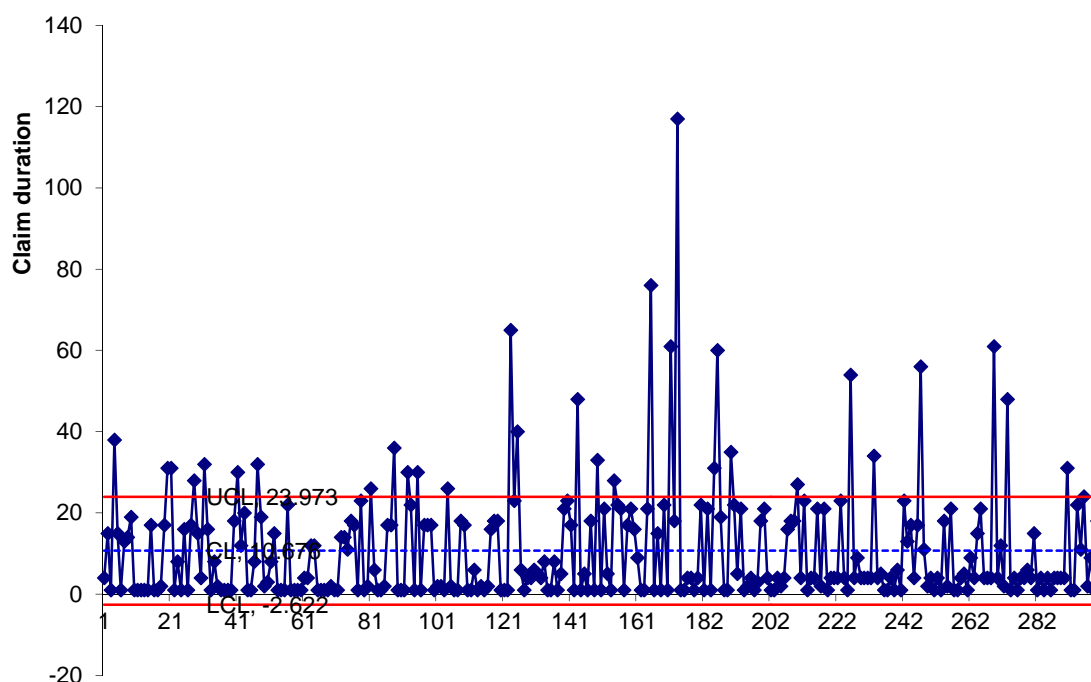
This trend of completion dates (shape of the graphs above) has been consistent for the past two years, whether we look at the whole time period or date ranges within it with the subtle difference that the peak of the early completed claims has moved recently from 10 days to 15 days. As this is where the majority of claims are being processed this moves the average significantly past the target date. Whilst causes are often multi-faceted a delay in opening & scanning of post of around 5 days would seem a likely cause of this.

Delays such as this have a disproportionate effect on the 'quicker' cases and as that is where the volume is for the benefits processing team the delays are harder to absorb without showing in the figures.

Analysis of processes like this show that unless the process is fundamentally changed, changing performance is more often a factor of workload rather than individual or team 'performance' and the similar graph shape for the two very different time periods is testament to that.

Change of Circumstances shows a similar trend with an increase in the 'quicker' processes taking a few days longer and thus affecting the stats significantly but not showing a major change in the performance of the team or impact to the customer.

### Capability charts or Statistical Process Control (SPC) Charts



Claims completed from Oct-Dec

This chart shows the time it took to process each Change of circumstances in order through the quarter.

Whilst difficult to explain all the nuances of the above chart, you can clearly see very few claims actually get processed anywhere near the average time (dotted line). Most get processed early on (and the minor delays here have the large effect on the overall average), there is then a clear gap between the next batch that get processed around the 20 day mark and then a significant portion of claims that appear above what is called the upper control line at 24 days.

A well controlled process would expect to have virtually all data points within the bold lines on the graph (this is the basis of the SixSigma business improvement methodology). Reducing the variation seen across the processing duration would serve to improved average time but also reduce rework as these cases must be re-visited on multiple occasions. Invalidating claims where no or very late responses come from the customer would limit these outliers as well as improve the reported figures.

Around data point 182 you can see a clear second row forming that shows claims all being completed around the same duration but significantly a few days slower. This is around the time the change in opening/scanning post occurred and as further evidence to the data presented above.

### **Conclusion**

Whilst a drop in the headline figure for speed of processing claims isn't ideal, the comparison between historic and current data strongly suggests that the effect has a simple cause and has the effect on the customer of making the quicker claims slightly longer without having a drastic effect on the 'longer' claims.

This shouldn't have a particularly dramatic effect for customer satisfaction as the data shows there has been little change for longer claims. There is a need to either focus some effort of the excessive claim lengths to understand if there were valid reasons for the delay or whether we should change our approach to invalidate claims where delays are out of our control and hence show a truer picture of the benefits processing performance.