MRO Technical Data Aid

Technical Assistance in Producing Data as Evidence for Quantitative Metrics

Date: 7 January 2020
Owner: Audit and Compliance Manager
Author: MedCo Audit Team

1. Introduction

The purpose of this document is to provide technical assistance to MROs in producing data as evidence for the quantitative metrics in the applicable MoJ qualifying criteria ('QC') and the related MedCo Guidance on the MoJ QC ('Guidance') and MedCo Rules ('Rules') published on MedCo's website.

This document supplements the applicable MRO Qualifying Criteria Audit Guide ('Audit Guide') published on MedCo's website. It is not intended to rectify a weakness, but to assist MROs in managing their data and producing appropriate evidence of their compliance with the QC.

1.1. General disclaimer

The information in this document is provided strictly for guidance purposes only and is intended to be read in conjunction with the QC, Guidance,Rules and Audit Guide. The information it contains has been produced only to indicate how the MedCo Audit Team may apply the evidence provisions set out in the Guidance and Audit Guide in given situations and in response to queries raised; this is not a legal document and may be revised from time to time. At all times, MROs must comply with the QC.

2. General Principles

a) This document does not contain any further requirements to those in the QC, Guidance, Rules or Audit Guide.

b) The evidence requirements set out in the Rules (items 19 and 20) and Audit Guide (section 4) apply at all times. Should any point of evidence in this document conflict with either, then the Guidance and Audit Guide take priority.

c) It is up to each MRO to decide the time period(s) of evidence it wishes to submit. Anything less than the minimum time period set out in the QC and Guidance will result in an audit finding.

d) Where a MRO provides data in support of its compliance with the quantitative metrics that is solely "raw", "partial" or "selective" (see Audit Guide, section 4), less than the minimum requirements (see Guidance e.g. SLAs and Audit Guide, section 4) or has significant data integrity issues, the MedCo Audit Team will consider this evidence that the MRO does not know whether it complies with the QC as interpreted by MedCo and raise audit finding(s) accordingly.

e) As noted in the Audit Guide (section 3), the MedCo Audit Team is not authorised to advise MROs in meeting the QC and/or Guidance. Consequently, if the auditors find concerns with the calculation of the quantitative metrics these will be raised with the MRO and, if it can re-work the evidence during the audit fieldwork, it will be looked at again (see Audit Guide, section 4) but not a third time.

f) The quantitative measures set out in the Guidance are such that any MRO should be capable of capturing the relevant data against which to measure its performance, thereby enabling MedCo to measure the performance of all MROs against the QC on a consistent basis. Should a MRO opt to use alternative (i.e. proxy) data sources:

i. The onus will be on the MRO to demonstrate viability, consistency and reasonableness; and

ii. A comparison of its performance using the proxy measure to that envisaged by the Guidance will be expected, to demonstrate that the proxy measure is not significantly different.

3. Technical Principles

a) The evidence expected for a quantitative metric comprises several layers:

i. The MRO's **stated performance** per the QC and/or Guidance over the relevant time period;

ii. **Supporting data** i.e. MRO's calculations (including explanations) that result in the above; and

iii. **Raw data** i.e. the source transactions that have been used by the MRO to calculate the metric.

a) The minimum data fields required for **individual case data** per sections 4 – 5 are:

Minimum Data Fields Required for INDIVIDUAL CASE DATA (MedCo and, where applicable, Non-MedCo)		
Case reference (MedCo)	Name of instructing party	Date instruction received
Case reference (MRO)	Name of expert instructed	Date of appointment
Date final report issued to instructing party		

b) For the purpose of calculating SLAs, business days are Monday to Friday excluding any statutory holidays. When calculating how many business days have elapsed, it is ideally calculated by 24 hour period i.e. for an instruction received at 10am today, business day 1 ends at 9:59am tomorrow. Should a MRO use a proxy alternative, it should satisfy general principle (f) above.

c) Significant data integrity issues identified during the audit will be raised as audit findings. MROs should therefore check their data integrity prior to the audit. The MedCo Audit Team will assess the integrity of the data MROs have used to calculate their quantitative metrics e.g. by:

i. Reviewing the rationale for, and effect of, any genuine one-off data exclusions (see Audit Guide, section 4, para 4 'data sets', last 2 sentences);

ii. Performing data validation checks e.g. appropriate data fields used, time period correct, no data gaps and no duplicate or "impossible" transactions e.g. reports issued before instructed;

iii. Comparing raw data sets used for different metrics to ensure consistent application and, if inconsistent, reviewing the rationale for, and effect of, these;

iv. Checking the accuracy of the logic behind the calculations; and

v. Checking transactions back to source data (documents or case management system).

d) MROs can present their data in whatever format they think most suitable e.g. spreadsheet with linked worksheets. Such data should be consistent with the 'information disclosure' provisions in the Audit Guide (section 4, para 5). The sections that follow provide a suggested format, purely for clarification.

e) In relation to the MedCo SLAs (see Appendix 1 of the Guidance):

i. Where a RBO MRO applies for HVN status which has a sizeable non-MedCo business, evidence of its performance in relation to any equivalent SLAs relating to its non-

MedCo business can be provided by said MRO for consideration in support of its ability to meet the capacity provisions (QC 2.2.1). However, such MROs need to remember to only include MedCo business in the MedCo SLA calculations;

ii. Each SLA should be supported by a definition of how the report has been constructed.

iii. Any data exclusions should be classified by transaction type and associated volume, with supporting data available e.g. should an exclusion type be valid but seem disproportionately high, the MedCo Audit Team may review supporting data to validate it; and

iv. Evidence to demonstrate an MRO's stated monitoring of its performance against the MedCo SLAs should be provided to: demonstrate the basis of production (i.e. on 1 month and 12 month bases) and frequency (i.e. monthly); and give indication(s) of appropriate management consideration (i.e. SLA performance for each frequency & overall period recorded as being 'met' or 'not met', and if the latter applicable explanatory comments/corrective action(s) noted).

4. Table 1: Minimum Qualifying Criteria

4.1. QC – 1.13: Direct Management of Panel of Experts

QC - 1.13(f): Suspending(i); Removing(ii); and Reinstating(iii) Experts	
The data will show us:	How many of the MROs contracted experts in total and at an individual level have been subject to: suspension; removal; and/or resintatement for the relevant period,
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields: • Name of medical expert; • GMC/HCPC Ref; • MedCo operational status; • Date joined panel; • Date suspended & reason for suspension; • Date removed & reason for removal; • Date reinstated & reason for reinstatement; • Name(s) / User ID(s) of staff involved (e.g. processor & approver as applicable) • Supporting rationale (i.e. explanatory comments / agreed remedial action(s) / ongoing monitoring etc).
Raw data	MRO panel management data, comprising of results from related processes such as (but not limited to): ongoing monthly/annual validation; complaints data; quality assurance etc.
Reference	QC 1.13 and Guidance on QC 1.13(f)(i) to (iii)

QC 1.13(g) – Quality Assurance (QA) & QC 1.13(h) – Clinical Quality Assurance (CQA)	
The data will show us:	Details of the MROs approach to CQA and its process(es) for, at least, adhering to the minium standards as per the Guidance.
Supporting data (Minimum data fields required)	Taking into account that each individual MROs approach to clinical quality varies, our suggestion is that data is provided to support its assertions/documented procedures for CQA, covering as a minimum the following areas: • Monitoring of minimum appointment times (including exception reporting); • Monitoring of maximum number of appointments per expert per day (including exception reporting); • Monitoring/Quality Checking of experts consulting venues/practising addresses; • CQA review of medical reports (see also SLA 8(a) and 8(b)); • CQA documented feedback, outcomes and associated MI (including any subsequent action(s) taken); • CQA returns / amendments / re-work etc. (see also SLA 8(b)); and • CQA trend analysis data;
Expected data exclusions	NCQA items not relevant to CQA
Raw data	MROs CQA related data supported by individual case data of which the rolling 12 months is based on the date the medical report was produced.
Reference	QC 1.13 and Guidance on QC 1.13(g) and 1.13(h)(i) to (vii)

QC 1.13(g) – Quality Assurance (QA) & QC 1.13(i) – Non-Clinical Quality Assurance (NCQA)	
The data will show us:	The transactional detail of the MROs NCQA process(es) and amendments/re-work either resulting from this or instead returned by Solicitors/Claimants (whether AMRO Protocol C related or not).
Supporting data (Minimum data fields required)	Our suggestion is that three sets of data are provided: **Data set 1 – MROs NCQA** from all the reports issued during the relevant period with the following fields (in order): • MedCo reference; • Name of instructing party; • Instruction date; • Name(s) of expert instructed; • Date of appointment; • Date report received from expert; • Date of NCQA; • Name / User ID who performed NCQA; • Outcome of NCQA; For all cases which do not pass NCQA the following should also be included: • Reason for NCQA failure by type/category; • Supporting rationale (e.g. explanatory comments / remediation required / feedback to expert / and applicable further actions); • Date report(s) (including any subsequent* NCQA failures) returned to expert; • Date subsequent* report(s) received from expert; and • Date of subsequent* NCQA / who performed NCQA / the outcome(s) / and relevant supporting information (as noted above) if applicable. ***Subsequent applies to the second and any further reports/NCQA etc. required. Please ensure the data covers all scenarios (i.e. if errors/amendments are identified on multiple occasions)***

QC 1.13(g) – Quality Assurance (QA) & QC 1.13(i) – Non-Clinical Quality Assurance	
Supporting data (Minimum data fields required)	**Data set 2 – Amendments / Re-work** • MedCo reference; • Name of instructing party; • Instruction date; • Name of expert originally instructed; • Date original report received from expert; • Date of NCQA; • Name / User ID who performed NCQA & the outcome(s) recorded; • Date original report was despatched to the solicitor / claimant; • Date re-work / amendment request received from solicitor / claimant; • Reason(s) for re-work / amendment request; • Date(s) of any further appointments; • Name of any additional experts instructed; • Date re-work / amendment was despatched to the solicitor / claimant; and • Supporting case details/data (e.g. whether MRO agrees with re-work / amendment requested, root cause analysis, and remedial / corrective action(s) taken etc). **Data set 3 – NCQA trend analysis** • As per MROs chosen format.
Expected data exclusions	**Data set 1** Instructions where a report has yet to be issued or has not yet been through NCQA. **Data set 2** Instructions where a request for amendment / re-work has not been received. **Data set 3** Items relating to CQA trend analysis.
Raw data	Individual case data of which the rolling 12 months is based on the date the medical report was produced.
Reference	QC 1.13 and Guidance on QC 1.13(g) and 1.13(i)(i) to (iv)

4.2. QC – 1.16: MedCo Minimum Standards and Service Levels

See section 5 (QC 2.2.5) but only for those SLAs applicable to regional MROs per Appendix 1 of the Guidance.

5. Table 2: Additional Qualifying Criteria

5.1. QC – 2.2.1: Capacity

QC 2.2.1 – Capacity to produce at least 40,000 reports each year.	
Basis of evidence	Individual case data for all medico-legal reports*, for the 12 month period (within the time periods set out in the Guidance) where the MRO produced the most medico-legal reports (MedCo and non-MedCo). ***NB:** Received from an unlinked source (see QC 2.2.1 and Guidance QC 2.2.1(a)*
Supporting data (Minimum data fields required)	The individual case data should be clarified for each medico-legal report as follows: • Number within each medico-legal report category; i.e. Medco or non-Medco; and • Within each medico-legal report category, further split between type: GP, Orthopaedic, Psychiatric, Physio etc.
Raw data	Individual case data where a report has been issued.
Reference	QC 2.2 and Guidance on 2.2.1.

5.1. QC – 2.2.2: Active Medical Experts

QC - 2.2.2: Contractual arrangements with at least 250 individual active MedCo accredited medical experts	
The data will show us:	The number of **active contracted** medical experts (ME) who are **regularly used** by the MRO.
Stated performance	Based on the calculations from the supporting data, how many medical experts on the MRO's panel are active within the timeframe under consideration (pro-rated to reflect time on panel).

Supporting data: (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order):
	• Name of medical expert;
	• Where expert joined or left the panel during the period:
	  • Date expert first joined the MRO's panel (and left panel, if temporarily – see below);
	  • An expert that left the panel temporarily (e.g. on maternity leave) may be included (provide reason);
	  • The pro-rated minimum reports to be met to be considered active;
	• Confirmation of a contract in place with the medical expert;
	• Confirmation of MedCo accreditation;
	• Classify expert as 'Urban' or 'Rural'. Where an expert covers urban and rural postcode areas, the threshold for urban areas should be used;
	• Classify expert as 'Generalist' or 'Specialist':
	• Number of reports produced per expert per 12 month period
	• Confirmation as to whether the expert meets the definition of active.

Raw data:	Individual case data where a MedCo or non-MedCo report has been issued by a MedCo accredited expert. Where possible, the system extraction should include identification of the postcode venue used as urban or rural and whether it is fixed or mobile.
Reference:	QC 2.2, Guidance on QC 2.2.2.

5.2. QC – 2.2.3: National Coverage

QC 2.2.3(b) – MRO has 1 contracted <u>active</u> MedCo operational with a fixed consulting room/practising address in 80% of the 105 postcode areas (in England & Wales).	
Stated performance	The proportion of 105 English and Welsh postcode areas in which the MRO has at least 1 contracted active MedCo operational expert with a fixed consulting room/practising address, as per the Guidance 2.2.3(b)(i) to (iv).
Postcode area definition	The Postcode area is the first one or two letters of the full postcode and not the full 5 to 7 digit alpha/numeric reference. MRO national coverage is assessed by postcode AREA, **<u>not</u>** the full postcode.
Supporting data (Minimum data fields required)	Our suggestion is that two sets of data are provided: **<u>Data set 1 – National Coverage Summary</u>** • Number of postcode areas covered vs not covered; and • MROs calculated coverage proportion as a percentage (%). **<u>Data set 2 – National Coverage Supporting Data</u>** • Full list of the 105 postcode areas, noting which of these areas the MRO covers; • List of designated experts per postcode area; • Date expert signed contract; • Confirmation of the expert as active or inactive; • Date expert last confirmed as operational on MedCo Portal; and • List of current venues per expert including the address and postcode (i.e. practising address as defined in the MedCo Rules).
Raw data	• List of current panel of experts (i.e. those **under** contract) including their practising address(es); • MRO active expert calculation (see 2.2.2); and • MRO expert validation (MedCo).
Reference	QC 2.2 and Guidance on 2.2.3(a) to (d)

QC 2.2.3(c) – In 80% cases the injured party has to travel <15 miles to attend an appointment with an expert.	
The data will show us:	The distance travelled by the injured party by public highways from the injured party's residential (or equivalent) address to the expert's consulting room.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Instruction date; • Date attended appointment; • Complete postcode for the injured party; • Complete postcode for the venue (consulting room); • Venue classification (fixed/mobile) and, if mobile, the expert's residential postcode; • Calculation of distance per appointment.
Expected data exclusions	None
Raw data	Individual case data where an appointment has been held.
Reference	QC 2.2, Guidance on 2.2.3.

5.3. QC – 2.2.4: Clients

QC 2.2.4 – No client represents more than 40% of the total instruction volume (MedCo & non-MedCo).	
The data will show us:	The percentage share of MedCo and non-MedCo instructions the MRO has received and accepted from each client on a rolling 1 month and 12 month period.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MRO reference; • MedCo reference for MedCo cases only • Date instruction received; and • Name of instructing party.
Expected data exclusions	Instructions that have been rejected
Raw data	All instruction case data (MedCo and non-MedCo) as 2.2.1 (above).
Reference	QC 2.2, Guidance on 2.2.4.

5.5. QC – 2.2.5: Minimum Standards and Services Levels

All of the following are applicable to HVN MROs. All barring SLA 1, 4, 8(b), and 9 apply to RBO MROs, albeit where an SLA applies to both HVN & RBO there are those SLAs which differ in terms of the SLA measure(s) applied depending upon the type of MRO, as set out in QC 1.16, QC 2.2.5, and Appendix 1 of the Guidance..

5.5.1. Efficiency SLAs

SLA 0a – Concerning the booking (as opposed to actual occurrence) of first appointments with a medical expert: Elapsed time from instruction(s) being received to the date the MRO formally arranged the first appointment.	
The data will show us: Start Point: End Point:	Number of actual business days taken from: • Date of instruction being received at the MRO; to • **First** appointment booked with the medical expert (e.g. 1st appt for all cases, even where there are instances of multiple booking(s)).
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA timeframe for all MedCo business.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Name of instructing party; • Instruction date; • Name of expert instructed; • **First** appointment date (if no appointment booked, use date MI report run); • Date(s) appointment details confirmed to Solicitor / Claimant and method (i.e. letter, email, SMS etc.); • Any subsequent appointment date(s) booked (as applicable); • Categorisation of reason(s) for subsequent appointment(s) i.e. client contact, expert availability, solicitor request etc.); • Supporting details / explanatory comments for subsequent appointment(s); and • Number of business days;
Expected data exclusions	Cancelled instructions closed permanently.
Raw data	Individual case data of which the rolling 12 months is based on instruction received date and not appointment booked date.

SLA 0b - Concerning the booking (as opposed to actual occurrence) of first appointments with a medical expert: Proportion of first appointments re-arranged (having been booked without any client contact).	
The data will show us	Percentage of first appointments which have subsequently been re-arranged without any client contact.
Stated Performance	Based on the calculations from the supporting data, whether the % of total MedCo cases that involved a re-arranged appointment over a rolling 12 month period, is within the stated SLA % for all MedCo business.
Supporting data	As 0(a), excluding re-arrangements booked with client contact.
Expected data exclusions	Re-arranged cases instigated by client contact, which are supported by appropriate details by reason for the re-arrangement.
Raw data	As SLA 0(a)

SLA 1a – Elapsed time from instruction being received to date of actual appointment in all instances (including e.g. do not attends, reschedules, "no shows"/abandoned and requested delays).	
The data will show us: Start Point: End Point:	Number of actual business days taken from: • Date of instruction being received at the MRO; to • Date of actual appointment booked with the medical expert.
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA timeframe for all MedCo business.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Name of instructing party; • Instruction date; • Name of expert instructed; • actual appointment date (if no appointment booked, use date MI report run); • Number of business days; • Details of all excluded transactions, by reason, should be available.
Expected data exclusions	Cancelled instructions closed permanently.
Raw data	Individual case data of which the rolling 12 months is based on instruction received date and not report issued date.

SLA 1b - Elapsed time from instruction being received to date of actual appointment excluding instances where solicitors/claimants specifically request delay in appointment.	
The data will show us	As 1(a), without being distorted by legitimate delays (see exclusions below)
Stated Performance	• As 1(a), without being distorted by legitimate delays (see exclusions below); and • MROs should also provide detail regarding how delayed cases are identified within their systems, extracted and subsequently reported on.
Supporting data	As 1(a), excluding individual cases that meet the exclusion criteria below.
Expected data exclusions	• As per the Guidance (Appendix 1, notes to the SLAs) • Delays for any other reason should be INCLUDED in the SLA calculation.
Raw data	As SLA 1(a), but with non-delayed and delayed cases separately identifiable (including reasons for delayed cases): • If this is a manual process, the distinction and reasons for delay should be identifiable in the supporting data.

SLA 2a – Overall case lifecycle from instruction being received to first report despatched to solicitor/ claimant in all instances (including all in SLA 1 above and where supplemental report required).	
The data will show us: Start Point: End Point:	Number of actual business days taken from: • Date of instruction being received at the MRO; to • The the date of the first report being despatched to either solicitor or claimant.
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA timeframe for all MedCo business.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Name of instructing party; • Instruction date; • Name of expert instructed; • Date first report sent to solicitor / claimant (if report has yet to be despatched, use date MI report run); and • Number of business days. • Details of all excluded transactions, by reason, should be available.
Expected data exclusions	Cases cancelled permanently before report issued
Raw data	As SLA 1(a)

SLA 2b – Overall case lifecycle from instruction being received to first report despatched to solicitor/claimant, excluding instances where solicitors/claimants specifically request a delay in appointment.	
The data will show us	As 2(a), without being distorted by legitimate delays (see exclusions below)
Stated Performance	• As 2(a), without being distorted by legitimate delays (see exclusions below); and • MROs should also provide detail regarding how delayed cases are identified within their systems, extracted and subsequently reported on.
Supporting data	As 2(a), excluding individual cases that meet the exclusion criteria below.
Expected data exclusions	• As per the Guidance (Appendix 1, notes to the SLAs) • Delays for any other reason should be INCLUDED in the SLA calculation.
Raw data	As SLA 2(a), but with non-delayed and delayed cases separately identifiable (including reasons for delayed cases): • If this is a manual process, the distinction and reasons for delay should be identifiable in the supporting data.

SLA 3a – Expert response to concerns about original first report content raised within 6 months of it being issued: Proportion of reports returned by Instructing Parties (IPs) requiring re-work related to SLAs 6 and 8, resulting in an amendment to the report or any addendum/supplement that is not a 2nd report.	
The data will show us:	Percentage of issued MedCo reports returned by IPs requiring re-work (related to SLAs 6 and 8) resulting in an amendment or any addendum/supplementary work to the report (i.e. NOT a 2nd report), out of total MedCo reports issued.
Stated Performance	Based on the calculations from the supporting data, whether the % of total MedCo cases that involve re-work, amendment and/or any addendum/supplement after a report has been issued over a rolling 12 month period is within the stated SLA % for all MedCo business.
Supporting data (Minimum data fields required)	Our suggestion is that the data is presented in the form of a summary table with the underlying data included to support: **Summary table** • Total number of reports issued for the relevant period; and • Total number of reports returned by IPs (as defined above). **Underlying Data** • MedCo reference; • Instruction date; • Name of instructing party; • Name of expert instructed; • Date original report received from expert; • Date original report was sent to the solicitor; • Date follow-up re-work / amendment / addendum / supplement to the report requested from solicitor / claimant; and • Date follow-up re-work / amendment / addendum / supplement to the report issued to solicitor,
Expected data exclusions	• MedCo instructions where no final report has been issued; and • Non-MedCo 2nd report(s).
Raw data	Individual case data of which the rolling 12 months is based on the date the medical report was produced.

SLA 3b – Expert response to concerns about original first report content raised within 6 months of it being issued: Length of time to resolve queries / despatch any re-worked report to solicitor / claimant, whether the query relates to the QC or not	
The data will show us: Start Point: End Point:	Number of actual business days taken: • From date re-work / amendment / addendum / supplement request received from Solicitors/Claimants; to • The despatch of re-work / amendment / addendum / supplement to the report to Solicitors/Claimants.
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA timeframe for all MedCo business.
Supporting data	As 3(a) including the following field: • Calculation of business days from when a request for re-work / amendment / addendum / supplement to the report was requested by the solicitor/claimant to when this was issued to the solicitor/claimant.
Expected data exclusions	• MedCo reports with no questions or supplementary report provision; and • Re-work/Amendments/Addendums/Supplements where a 2nd report has been produced as per SLA 3(a).
Raw data	As SLA 3(a)

5.5.2. Customer Service SLAs

SLA 4 – Elapsed time from receipt of Solicitor/Claimant/ Medical Expert enquiry (not complaint) to final response made/despatched by MRO for queries received (a) via telephone and (b) in writing or email.	
The data will show us: Start Point: End Point:	Time elapsed (in hours) between the time when: • Queries are received from Solicitors/Claimants/Medical Experts by (a) or (b); and • Final responses are made to such queries by the MRO.
Stated Performance	Based on the calculations from the supporting data, whether the % of total MedCo cases resolved over a rolling 12 month period is within the stated SLA % for all MedCo business for queries received (a) via telephone and (b) in writing or email.
Supporting data (Minimum data fields required)	Our suggestion is that a separate table is provided for (a) and (b) with each containing the following fields (in order): • MedCo reference; • Source of query (Solicitor/Claimant/Medical Expert); • Date and time of query; • Nature of query; • Format of query e.g. telephone, letter, email • Format of response; and • Date and time of final response to (Solicitor/Claimant/Medical Expert).
Expected data exclusions	Open/Closed complaints applicable to SLA 5.
Raw data	Records of client interaction

SLA 5 – Elapsed time from receipt of complaint to final resolution agreed by MRO for complaints made by (a) Solicitor/ Claimant and (b) Medical Experts.	
The data will show us: Start Point: End Point:	Number of actual business days taken from the date when: • Complaints are received from (a) or (b); to • Final resolution being agreed by the MRO.
Stated Performance	Based on the calculations from the supporting data, whether the % of total MedCo cases resolved over a rolling 12 month period is within the stated SLA % for all MedCo business for complaints made by (a) solicitors/claimants and (b) experts.
Supporting data (Minimum data fields required)	Our suggestion is that two tables are provided (one for solicitors/claimants and one for medical experts) with the following fields (in order): • MedCo reference; • Source of complaint (Solicitor/Claimant/Medical Expert); • Date and time of complaint; • Nature of complaint; • Format of response; • Date and time of final response to (Solicitor/Claimant/Medical Expert); • Calculation of business days taken from date complaint received to final resolution; and • If applicable, explanations and evidence for anomalies leading to the SLA not being met.
Expected data exclusions	Open complaints where they have been open for less time than the SLA target measure.
Raw data	Records of client complaints from receipt to resolution. If no such records are available as the MRO asserts no complaints have been received, evidence of a robust process to identify and capture any complaints should they be made.

5.5.3. Quality SLAs

SLA 6 – Proportion of medical reports produced by the MRO per annum that meet all the minimum non-clinical quality report standards as set out at 1.13(i)(i)(b).	
The data will show:	Number of reports returned by solicitors because the report contained one or more errors or omissions, relevant to the minimum standards set out at 1.13(i)(i)(b)(i)-(xii), as a percentage of the total reports issued during the year.
Supporting data (Minimum data fields required)	As 3(a) including the following field: • Calculation of % of reports returned by solicitors for one or more errors or omissions relevant to all the minimum non-clinical quality report standards as per 1.13(i)(i)(b)(i)-(xii).
Expected data exclusions	As 3(a)
Raw data	As SLA 3(a).If the MRO asserts that no reports have been returned for any reason, evidence of the MRO's robust process(es) to identify and correct any errors / omissions relevant to all the minimum non-clinical quality report standards as per 1.13(i)(i)(b)(i)-(xii) prior to despatch of the final report should be provided, and of its implementation in practice.
SLA 7 – Elapsed time from despatch of final medical report to Solicitor/ Claimant to uploading DPA compliant, anonymised full medical and management case data to the MedCo Portal. NB. SLA 7 equates to QC 1.15.	
The data will show: Start Point: End Point:	Number of calendar days taken to upload completed reports to the MedCo Portal. • Date of despatch of the **final** medical report; to • Date of uploading of all required information to the MedCo portal.
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA timeframe for all MedCo business.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Date original report despatched to solicitor / claimant; • Date of any subsequent report(s) / addendum(s) despatched to solicitor / claimant (if applicable); • Date of despatch of **final** report to solicitor / claimant; • Report type / category (i.e. if addendum or amendment. Also, for the latter by type of amendment e.g. ID check); • Reason(s) / explanation(s) for any addendums / amendments (if applicable); • MedCo Portal upload date; • Number of calendar days between the above two dates; and • Exception reason(s) / explanation(s) for any upload timescale(s) under 20 calendar days.
Data anomalies	• See Guidance on QC 1.15. • Details should be provided of which cases have not been uploaded with reasons. • Final medical report means the first report or amended report, where an amendment request is received within 20 business days of the first report being issued.
Raw data	As SLA 3(a)

SLA 8(a) – Proportion of medical reports produced by the MRO per annum that: have been reviewed against all the clinical quality report standards as set out at 1.13(h)(iv), with the volume for review determined by the method of selection e.g. random or targeted at quality risks	
The data will show:	The number of reports produced by the MRO during the period that have been reviewed against all the clinical quality standards set by the MRO which include the minimum requirements as set out at 1.13(h)(iv), as determined by the MROs documented method of selection.
Stated Performance	Based on the calculations from the supporting data, the % the above are met over a rolling 12 month period within the stated SLA metric for all MedCo business.

Supporting data (Minimum data fields required)	Taking into account that each individual MROs approach to clinical quality varies, our suggestion is that:
	• a summary chart or report is provided which confirms the MROs overall performance for the relevant period; and
	• supporting evidence of the underlying data (e.g. a table which could include the following):
	  • Medical Expert name;
	  • Medical Expert GMC or HCPC reference;
	  • No. of reports reviewed in period (including the relevant MedCo reference(s));
	  • No. of reports completed in period (including the relevant MedCo reference(s));
	  • Results/Outcomes of the MROs clinical quality review per report;
	  • Name of the reviewer(s);
	  • Action taken by the MRO (as applicable i.e. if results/outcomes are below that expected/required).

Raw data	Records of clinical quality reviews undertaken by the MRO based upon its documented process and method of selection

SLA 8(b) – Proportion of medical reports produced by the MRO per annum that: The MRO returned to experts for amendment (for not meeting the clinical quality report standards above) prior to being initially despatched to solicitors/claimants	
The data will show:	The number of reports produced by the MRO during the period which were returned to experts for amendment for not meeting the cliical quality (CQA) report standards (as a minimum as set out at 1.13(h)(iv)) prior to being initially despatched to solicitors/claimants.
Supporting data (Minimum data fields required)	Our suggestion is that the data is presented in the form of a summary table with the underlying data included to support: **Summary table:** • Total number of reports issued for the relevant period; and • Total number of reports returned to experts (as defined above). **Underlying data:** • MedCo reference; • Name of instructing party; • Instruction date; • Name of expert originally instructed; • Date original report received from expert; • Date original report was issued to solicitor / claimant (if applicable) • Date of CQA; • Name of person who performed CQA & the outcome(s) recorded; • Reason(s) for returned report (i.e. why re-work / amendment requested); • Date report returned to expert; • Date(s) of any further appointments; • Name of any other / additional experts instructed; • Date return / re-work / amendment request received from expert; • Date return / re-work / amendment was despatched to the solicitor / claimant; and • Supporting case details/data (e.g. whether MRO has provided feedback to the expert, conducted root cause analysis, and any subsequent remedial / corrective action(s) taken etc).
Raw data	As SLA 8(a)

5.5.4. Data Security SLAs

SLA 9 – Non-conformities associated with ISO27001 certification.	
Basis of evidence	• **ISO 27001 certification:** The scope of this certificate should cover all the MRO's MedCo operations for the relevant period; and • The metric is not obtaining the certification, but the number of major and minor non-conformities identified in the **ISO Assessor Risk Assessment** report at the time of certification and subsequent monitoring visits.
SLA 10 – The proportion of MedCo cases where sensitive personal data has been inappropriately disclosed in any 12 month period and reported to the appropriate parties within prescribed timescales.	
The data will show:	• The number of breaches that have occurred where sensitive personal data from MedCo cases has been inappropriately disclosed in the previous 12 months as a proportion of the total number of MedCo cases; and • Whether such breaches that occurred were reported to the appropriate party in time.
Supporting data (Minimum data fields required)	Our suggestion is that one table is provided with the following fields (in order): • MedCo reference; • Nature of breach, • Date occurred, • Date identified, • Date resolved; • Date reported to ICO (if applicable); • Date reported to individual/body whose data was disclosed (if applicable); • Calculation of elapsed time from reporting breach to ICO since date identified; and • Calculation of elapsed time from reporting breach to individual/body whose data was disclosed since date identified.
Data exclusions	Security breaches that have not involved the disclosure of sensitive personal data.
Raw data	• Log of security breaches. • If the MRO asserts that no breaches have occurred, evidence of the MRO's robust processes for managing information security and their implementation should be provided.

5.5.5. MedCo Compliance SLAs

SLA 11 – Number of audit recommendations rated either Red or Amber that have not been given the status of "closed – implemented" by the MedCo Audit Team within 6 months of the final audit report being issued.	
Basis of evidence	• The MedCo Audit Team will base its assessment on any internal records held, however, the MRO may choose to present its records from any previous recommendation follow up activity to support its reported performance.
SLA 12 – Number of breaches of MedCo's User Agreement (including individual ethical standards) made collectively by the MRO and its individual shareholders and directors in any capacity under any MedCo registration that the MRO either did not identify or act upon as required by 1.8 cumulatively in the last 24 months.	
Basis of evidence	• Any ethical breaches identified by the MRO which have not been satisfactorily addressed at the point of audit. ***NB:*** *Where applicable, if any ethical breaches are identified during the course of an audit these will be incorporated into the SLA calculation.*