



Business Plan

2023-2024

Plan Owner – Karen Kneller, Chief Executive



1. Introduction	3
2. Our Purpose and Values	3
3. Our Strategic Aims	4
4. Key Developments for the Year Ahead	4
5. Performance	9
6. Finance	17
Appendix 1 – KPIs for 2023-24	19

1. Introduction

This business plan should be read in conjunction with the new three-year corporate plan. This year is the first year of the corporate plan and after a period of significant change over the last three years we will be working on developing the opportunities now available to us. It is also a chance to consolidate on the strong developments that have taken place over the three years of the last corporate plan period (2020 – 2023)

The year ahead will be challenging with increasing pressure on the economy, public purse and ultimately, our budget. Associated with our budget, we will likely face increased pressure on staffing levels, particularly in casework, where we are already seeing a steady increase in portfolio sizes and our annual intake of new applications for 2022-23 was almost 20% higher than in 2021-22. We expect the application intake for this current year of 2023-24 to be higher still. All of this will affect the customer experience negatively, unless changes to staffing levels and recruitment and retention are realised. Work is currently underway exploring where we can make further efficiencies in the case review process to help mitigate any adverse impact and improve but always without detracting from the quality of our casework.

2. Our Purpose and Values

Everyone at the CCRC is driven by our common purpose, which is finding, investigating, and referring potential miscarriages of justice and thereby protecting the integrity of, and promoting confidence in, the criminal justice system.

We do this by:

- Investigating and reviewing cases proactively, effectively and efficiently;
- Referring appropriate cases to the appellate courts;
- Demonstrating independence and impartiality in all we do;
- Being thorough, proportionate and conscientious;
- Using our unique knowledge and experience to help improve the Criminal Justice system;
- Working constructively with stakeholders; and
- Maintaining awareness of and adapting to change in the wider criminal justice system.

To guide us, in our corporate plan we identified five values which we follow in our work, and in our interactions with our stakeholders. We make sure that we are Independent, Passionate, Professional, Fair and Accountable.

3. Our Strategic Aims

Our strategic aims, developed for the 2023-2026 Corporate Plan, reflect our focus on delivering high quality casework and ensuring that everyone who needs our service is aware of it and knows how to access it.

Our aims are:

People: Being an employer of choice

Communication: Enhanced engagement with applicants and stakeholders

Excellence: Continuously improving how we work

These aims will guide our work over the next three years, and more detail on these, our values and our purpose can be found in our corporate plan document.

4. Key Developments for the Year Ahead

Strategic Aim 1: People – Being an employer of choice.

As a small organisation, we are acutely aware of the important role that every person who works in the CCRC fulfils. To make sure we can deliver excellent outcomes we must be able to attract and retain good people and support them in their development. The link between excellent people and excellent outcomes for the CCRC is clear; hence placing People at the head of our strategic priorities.

We will continue to build on the positive steps we have made in this area, as reflected by the engagement shown by our staff survey results, and will work to further enhance a culture which:

- Retains, attracts and develops talent at all levels throughout the organisation;
- Ensures our values remain current and are lived; and
- Recognises the challenges and opportunities that new ways of working bring.

In order to deliver on these aims, we have developed a people strategy that will be in place for the next three years, and which will support leaders across the organisation to ensure the CCRC is an employer of choice.

Key actions in this area will be:

Action	Owner	Duration
L&D Plan. Delivery of Learning & Development Policy, to include Apprenticeships.	Robin Davis Head of HR	Q1
L&D Plan. Implementation of iTrent Learning & Development module.	Robin Davis	Q2
EDI Plan. Deliver neurodiversity training to all CCRC staff.	Robin Davis	Q2
Supporting our People. Deliver a programme of communication to ensure our staff understand the value of our total reward package.	Robin Davis	Q2
Recruitment. Deliver a suite of management information on recruitment processes.	Robin Davis	Q3
Increase number of Casework Staff	Robin Davis	Q1- Q4

Strategic Aim 2: Communication – Enhanced engagement with applicants and stakeholders.

In the previous corporate plan, we identified enhanced engagement with stakeholders and media as one of our strategic aims. We have done a great deal in this area but there is still more that we want to do and have requested funding to help us. With a new structure for the communications team, a newly developed communication strategy will be in place and delivered over the three-year period of the corporate plan.

In the communication strategy the proposed purpose of our communications will be to:

- Educate potential applicants about what circumstances are most likely to merit an in-depth review and investigation;
- Improve our legitimacy and increase trust in our services, to increase brand awareness of the CCRC and celebrate our real world impact, and through this increase applications;
- Support the recruitment and retention of a high calibre workforce of both staff and Commissioners; and
- Increase the CCRC's position as thought leaders – to share our knowledge with the wider criminal justice system.

The key actions in this area will be:

Action	Owner	Duration
Complete recruitment to new communication team structure	Matthew Reville Head of Communications & External Affairs	Q1- Q2
Implement the new external affairs strategy	Matthew Reville	Q1 – Q3
Deliver CCRC Annual Report 2023	Matthew Reville	Q1
Develop a stakeholder strategy	Matthew Reville	Q1 – Q2
Deliver a new approach to internal communications	Matthew Reville	Q2
Review CCRC website and improve user journey and functionality	Matthew Reville	Q3 – Q4

Strategic Aim 3: Excellence – Continuously improving how we work.

This strategic priority is about how we deliver excellence in our work. In the previous corporate plan, we focused on excellence in casework. However throughout the staff engagement, it was clear that people, no matter what their role in the organisation, wanted to do the best job that they could because we are all contributing to the work of finding, investigating and referring miscarriages of justice.

In order to deliver on this priority, we will focus the work around two main areas the first of which is:

- Maintaining the quality and independence of our casework.
- Ensuring the professionalism of all elements of the organisation.

Key actions for this area:

Action	Owner	Duration
Refresh our Casework Strategy	Amanda Pearce Director of Casework Operations	Q1 -Q3
Proactively identify potential miscarriages of justice – <ul style="list-style-type: none"> • Develop magistrates' courts case pilot based on findings of behavioural study • Develop horizon scanning group 	Amanda Pearce	Q1 - Q4
Review of Casework Structure and Grading	Amanda Pearce	Q1- Q2

Deliver MI reporting to support use of Operational Performance Indicators	Wayne Gough Head of Business Planning & Performance	Q1- Q2
Deliver Knowledge Platform Project to support knowledge sharing, learning & development	Wayne Gough	Q1- Q3
Increase number of Casework Staff	Amanda Pearce	Q1- Q4
Launch Commissioner recruitment campaign	Amanda Pearce	Q1- Q2
Engage with Law Commission over Criminal Appeals consultation.	Amanda Pearce	Q2 – Q4
Create a suite of Power BI dashboards – to enhance use of CCRC management information.	Wayne Gough	Q1 – Q2
Develop and issue new SLA documents for IT suppliers.	Peter Ryan Finance and Corporate Services Director	Q1 – Q2
Achieve Cyber Essentials +	Peter Ryan	Q2 – Q3

Develop and implement core application approach for Office 365	Peter Ryan	Q3- Q4
Finalise casework elements of QMS	Wayne Gough	Q1-Q3
Deliver core elements of corporate support parts of QMS	Wayne Gough	Q1-Q4

5. Performance

Our core purpose is finding, reviewing and referring potential miscarriages of justice. To ensure we are doing this to a high standard, as effectively and timely as possible, we monitor our performance against some key targets.

During 2022-23 our overall performance against these targets was strong, despite the on-going difficulty in recruiting and retaining staff, which our remote first approach is helping to alleviate.

For this new corporate plan period, the KPIs have been reviewed and amended for 2023-24 to reflect the priorities of the new corporate plan and to reflect the challenges we have in staffing levels. The new KPIs are detailed in Appendix 1.

Summary of changes to KPIs for 2023/24

2022/23 KPI	2023/24 KPI	Changes
KPI 1a, b & c – Duration of Review - The % of cases closed within 12 months.	KPI 1a, b & c – Duration of Review - The % of cases closed within 12 months.	No change to the measurement of this KPI. Minor amendments to chart titles to provide more clarity on the measurements.
KPI 2 – Duration of Review - Time to decision from allocation	KPI 2 – Duration of Review - Time to decision from allocation	Change 30-week target back to 36 weeks and review annually. Add line to KPI chart to show duration for majority of cases

2022/23 KPI	2023/24 KPI	Changes
		<p>without distorting effect of a few long running cases.</p> <p>Add the number of long running cases closed over the last 12m to legend.</p>
KPI 3 – Duration of Review - Long Running Cases (LRCs)	KPI 3 – Duration of Review - Long Running Cases	<p>Measure KPI as number of LRCs rather than as a proportion of all open cases.</p> <p>Add number of LRCs to chart, split by liberty & custody.</p> <p>Increase target to 40 cases from the current 35.</p>
KPI 4 – Quality - To communicate effectively with applicants and representatives	Not used for 23/24	Remove KPI. This KPI measures complaints purely relating to communication. The issues of communicating with applicants are now largely resolved through mitigating measures such as established communication timelines and automated reminders from Dynamics.
KPI 5 – Quality - To conduct high-quality reviews, as proportionate to the case	KPI 4 – Quality - To conduct high-quality reviews, as proportionate to the case	Change current KPI target to number of cases reopened over the last 12 months and specify case category. Displayed as a pie chart.
KPI 6 – Quality - Percentage of Complaints upheld	KPI 5 – Quality - Percentage of Complaints upheld	<p>Measure KPI as number of complaints upheld as a proportion of complaints closed (rather than as a proportion of cases reviewed) in last 12m as a rolling 12m percentage.</p> <p>Include number of complaints per month.</p>

2022/23 KPI	2023/24 KPI	Changes
KPI 7 – Human Resource - Staff Absence	KPI 6 – Human Resource - Staff Absence	The combination of monthly and cumulative values, plus a 2 nd axis makes it difficult to understand the KPI chart. Chart revised to cumulative only, with a cumulative target line. Continue to show split between long and short-term sickness. Remove 2 nd axis.
KPI 8 – Finance - Expenditure against budget	KPI 7 – Finance - Expenditure against budget	No change to this KPI.
KPI 9 – Corporate - Internal Audit actions completed on time	KPI 8 – Corporate - Internal Audit actions completed on time	No change to this KPI.

Outlined below are some of the performance highlights of the last year 2022-23.

Outcomes

We received 1,424 applications in 2022-23 and completed our consideration of 1,275 cases.

This compares to 2021-22 when we received 1,198 applications and completed our consideration of 1,183 cases and 2020-21 when we received 1,142 applications and completed 1,109 cases.

Referrals

During 2022-23, we referred 25 cases for appeal. This means that 2.0% of cases closed in 2022-23 were referred for appeal.

This compares to 2021-22 when we referred 26 cases for appeal.

This business year 18 referrals have been heard and 16 quashed. Giving a 'success' rate of 89%, which is much higher than the long-term rate of 70%. 790 cases were heard in the appellate courts, and 556 quashed – 70%).

Casework

We continue to focus on the quality and timeliness of our case reviews – to ensure we get the right results, whilst ensuring swift access to justice.

The CCRC's casework performance is monitored using a set of Key Performance Indicators, or KPIs. Our performance for last year, 2022-23, is below.

Our performance during the year was down on the previous year, which was caused by two factors, a large increase in applications as detailed above, and the continuing struggle to recruit and retain casework staff. This is discussed more in our Corporate Plan.

KPI 1a – All Cases closed within 12 months of application.

In 2022-23 we aimed to complete a minimum of 85% of cases within 12 months of receiving the application.

At the end of the reporting year (31st March 2023), we closed 83.69% of cases within 12 months of receiving the application, down from 84.19% in 2021-22. We unfortunately missed the target for this KPI and performance dropped over the year and will need to be addressed early in 2022-23 if we are to meet this target next year. The reason for this is insufficient casework resource.

KPI 1b – Review cases completed within 12 months.

In 2022-23 we aimed to complete a minimum of 70% of triage cases within 12 months of receiving the application.

At the end of the reporting year (31st March 2023), we closed 64.34% of cases within 12 months of receiving the application, down from 67.16% in 2021/22.

KPI 1c – Triage cases completed within 4 months.

In 2022-23 we aimed to complete a minimum of 80% of triage cases within 4 months of receiving the application.

At the end of the reporting year (31st March 2023), we narrowly missed the target by closing 79.80% of cases within 12 months of receiving the application but this was slightly up from 79.31% in 2021-22.

KPI 2 - Duration of a Review.

We aim to make a decision within 30 weeks of a case review beginning; this is from when a case is allocated to a Case Review Manager.

Overall, in March 2023 we had achieved an average of 38.69 weeks. In 2021-22 where we ended in March 2021 at 34.38 weeks. In respect of applicants in custody, we met our previous target (36 weeks in 2021/22) by closing those cases in an average of 34.42 weeks. For liberty cases, the average was much longer at 46.13 weeks.

As the CCRC have a number of cases at any one time, decisions are routinely made (and reassessed) as to whether all or some of the work on specific cases should be given priority, and a degree of priority is afforded to those who are in custody.

KPI 3 - Long-running Cases.

We count a case as long running if it has been under review for more than two years. A proportion of our cases are complex and require careful investigation, many requiring expert reports. Sometimes we need to await the outcome of connected live court proceedings or criminal investigations, over which we have little or no control. We pay close attention to long running cases, through a sub-committee of the Board, to ensure that they are not taking longer than is justifiable, looking for new ways to resolve any problems arising in our reviews whenever possible.

Our target was that fewer than five percent of open applications should be under review for two years or more. At the end of the reporting year (31st March 2023), 6.19% (55) of applications fell within this category which is slightly above our target but an improvement from March 2022 where there were 46 LRCs which represented 6.24% of open applications.

KPI 4 - Communication Complaints upheld.

For KPI 4 we have a target of receiving less than 5 complaints and that that represents <0.4% of total number of cases closed in the last 12 months.

At the end of the reporting year (31st March 2023), we have had 3 complaints which represents 0.24% of closed cases.

KPI 5 - Cases re-opened as a result of Complaint, JR or QA.

For KPI 5 we have a target of re-opening less than 5 cases as a result of a complaint, JR or QA and that this represents <0.4% of total number of cases closed in the last 12 months.

At the end of the reporting year (31st March 2023), we have re-opened 1 case which represents 0.08% of closed cases.

KPI 6 - Total Complaints Upheld.

For KPI 6 we have a target of not receiving more than 10 complaints in total and that this represents <0.8% of total number of cases closed in the last 12 months.

At the end of the reporting year (31st March 2023), we have upheld 4 complaints which represents 0.31% of closed cases.

KPI 7 – Staff Absence.

This KPI provides an indication of the loss of productivity due to staff sickness and we have a target of less than an average of 7.5 days per year per FTE.

At the end of the reporting year (31st March 2023), days lost to short periods of sickness is 3.56 days per FTE while long term sickness has seen a sharp increase to 7.23 days per FTE giving us an overall figure of 10.81 days per FTE. The long-term sickness of an extremely small proportion of staff in a small organisation adversely affects this KPI but it is important that we continue to report it.

Measure	Description	Target	Period	2020-2021	2021-2022	2022-2023
KPI 1a: Timeliness of Review	85% of cases closed within 12 months	>85%	M	82.79%	84.19%	83.69%
KPI 1b: Timeliness of Review	70% of Review cases closed within 12 months	>70%	M	67.56%	67.16%	64.34%
KPI 1c: Timeliness of Review	80% of Triage cases closed within 4 months	>80%	M	75.51%	79.31%	79.80%
KPI 2: Timeliness of Review	Average duration of review is <30 weeks over 12 months	< 30 wks	M	35.13wks	34.38wks	38.69wks
KPI 3: Timeliness of Review	< 5% of applications take 2 years to reach the final decision	<5%	M	5.96%	6.24%	6.19%
KPI 4: Customer Service	Communication Complaints upheld over last 12m (proportion of cases closed in last 12m)	<0.4% <5 cases	BI-M	0.09%	0.17% 2 cases	0.24% 3 cases

Measure	Description	Target	Period	2020-2021	2021-2022	2022-2023
KPI 5: Customer Service	Cases requiring additional work as a result of JR, Complaint or QA (proportion of cases closed in last 12m)	<0.4% <5 cases	BI-M	0.36%	0.42% 5 cases	0.08% 1 case
KPI 6: Customer Service	Total complaints upheld in last 12m (proportion of cases closed in last 12m)	< 0.8% <10 cases	BI-M	0.18%	0.34% 4 cases	0.31% 4 cases
KPI 7: Staff Absence	Days lost per month per FTE	0.62 days (m) 7.5 days (yr)	M	5.55 (yr)	5.66 (yr)	10.81 (yr)
KPI 8: Finance	Expenditure against budget within 2.5% Year to Date	> 2.5% +/-	M	0.3%	-10.8%	0.4% Subject to Adjustments
KPI 9: Internal Audit	Internal Audit actions completed on time	95%	Q	91%	100%	80%

6. Finance

	Budget	Budget
	Total	Total
	2023/24	2022/23
	£k	£k
Pay Costs		
Programme	5457	5431
Admin	570	550
	6027	5981
Non-Pay Costs		
IT & telecommunications	550	412
Printing, postage & office	120	112
Staff travel	54	55
Other	551	397
External Case Related Expenditure	64	45
	1339	1021
Income / Other	(4)	(4)
Fiscal DEL	7362	6998
Non-Cash Costs		
Depreciation	500	350

Total Resource DEL	7861	7303
Capital DEL	215	213
AME (pension related costs)	266	258
TOTAL	8342	7827

Appendix 1 – KPIs for 2023-24

The graphs included below show figures for 2022/23 to indicate how the adjusted KPIs would have looked based on this data.

KPI 1a, b & c – Duration of Review

The % of cases closed within 12 months.

Purpose: The measure provides an indication of the timeliness with which we complete our cases, taken as a whole, from the point of an application being received.

Definition: A case is complete when a final decision has been sent (or, where a provisional decision was sent and no further submissions have been made in response within the time allowed).

Calculation: The number of cases (including all case types, review cases only and triage cases only) completed within 12 months of the application being made as a proportion of all cases completed within the past 12 months (split into custody and liberty and total).

Owner: Director of Casework Operations

Frequency: Monthly

Data Source: Case statistics compiled from the case management system

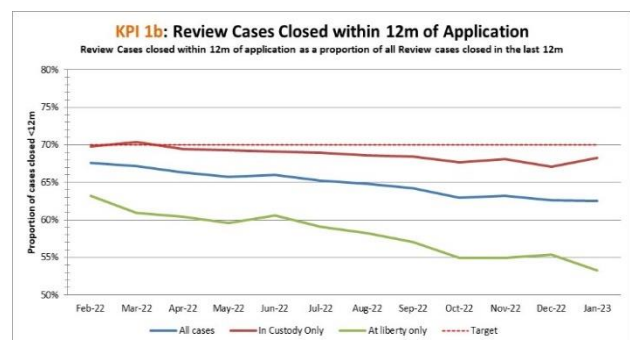
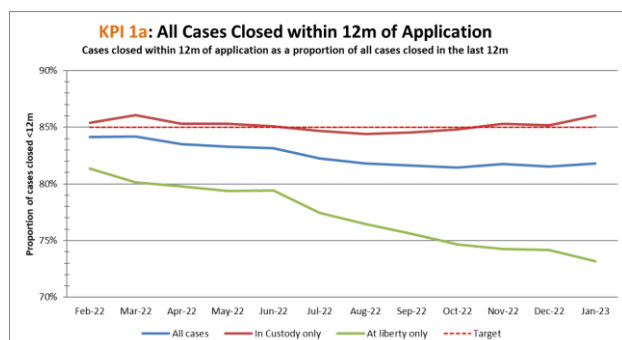
Target:

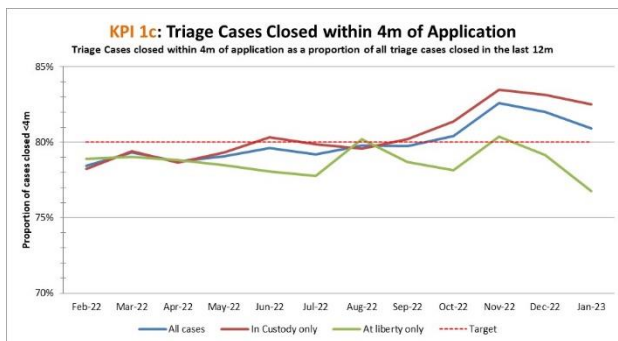
1a: >85% of All Cases closed <12m

1b: >70% of Review Cases closed <12m

1c: >80% of Triage Cases Closed <4m

2023/24 Charts:





KPI 2: Duration of Review - Time to decision from allocation

Purpose: The measure provides an indication of the timeliness with which we complete our review cases (those which progress through the screening stage to require full analysis).

Definition: The time from the date of allocation of the application to a Case Review Manager to the issue of an initial decision, averaged for all review applications in the reporting period for which an initial decision has been issued.

Calculation: Taking the review cases closed within the past 12 months record the average time taken to complete the review from allocation to a Case Review Manager to issuing a decision.

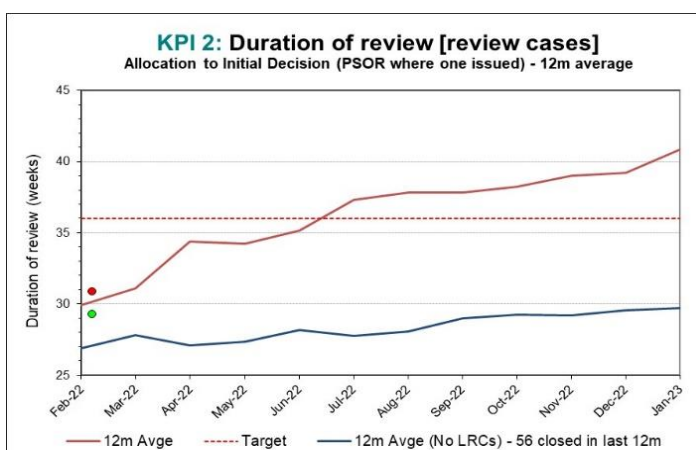
Owner: Director of Casework Operations

Frequency: Monthly

Data Source: Case statistics compiled from the case management system

Target: Average duration of review <36 weeks for 2023/24

2023/24 Chart:



KPI 3: Duration of Review - Long Running Cases

Purpose: The measure provides an indication of the timeliness with which we complete our reviews.

Definition: A case is counted if 2 years or more has elapsed since the date of allocation for review to the present and a final decision has not been issued.

Calculation: Taking the cases under review, to identify those 2 years or more since allocation to a Case Review Manager (split into custody and liberty and total) as an absolute number.

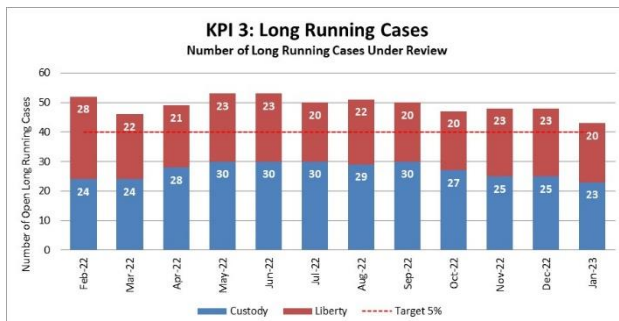
Owner: Director of Casework Operations

Frequency: Monthly

Data Source: Case statistics compiled from the case management system

Target: <40 Cases

2023/24 Chart:



KPI 4: Quality - To conduct high-quality reviews, as proportionate to the case

Purpose: The measure provides an indication of the quality of our reviews.

Definition: The number of cases reopened in the last 12 months split by reason for reopening (e.g. Complaints, QA, JR or Post Closure Correspondence)

Calculation: The number of cases reopened for additional review work in the last 12 months.

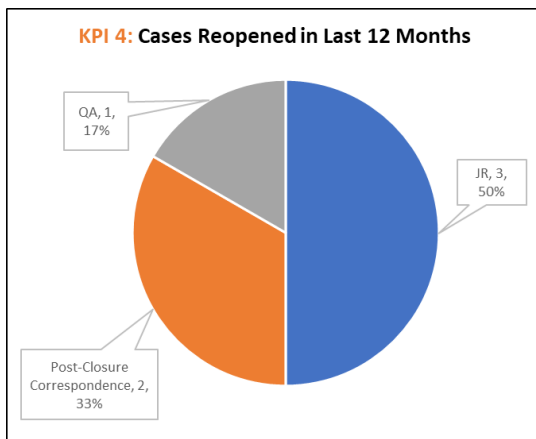
Owner: Director of Casework Operations

Frequency: Bi-Monthly

Data Source: Casework Statistics.

Target: No target for 2023/24

2023/24 Chart:



KPI 5: Quality - Percentage of Complaints upheld

Purpose: The measure provides an indication of the quality of our reviews.

Definition: The number of complaints upheld.

Calculation: Percentage of complaints upheld as a proportion of complaints closed in the last 12 months. As a 12-month rolling figure.

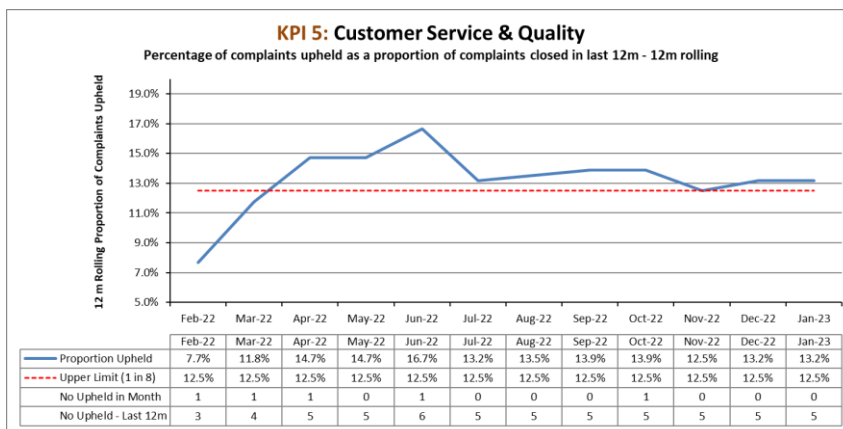
Owner: Director of Casework Operations

Frequency: Bi-Monthly

Data Source: Records of official complaints held by the Customer Services Manager and the Casework statistics.

Target: <12.5% of complaints upheld or <1 in 8

2023/24 Chart:



KPI 6: Human Resource – Staff Absence

Purpose: The measure provides an indication of the loss of productivity due to staff sickness.

Definition: Average working days lost per FTE

Calculation: Days lost due to sickness divided by the total number of Full-time equivalent staff.

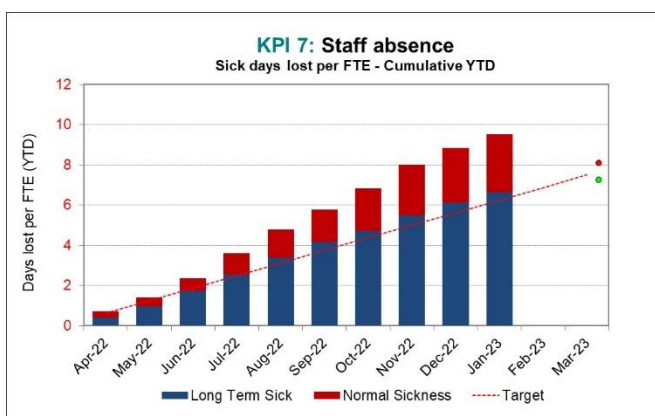
Owner: Head of HR

Frequency: Monthly YTD

Data Source: HR statistics.

Target: Less than an average of 7.5 days per year/FTE

2023/24 Chart:



KPI 7: Finance – Expenditure Against Budget

Purpose: The measure provides an indication of our effective use of our budget over the year.

Definition: Total expenditure RDEL and CDEL against budget.

Calculation: Actual overspend or underspend as a percentage of the year-to-date budget.

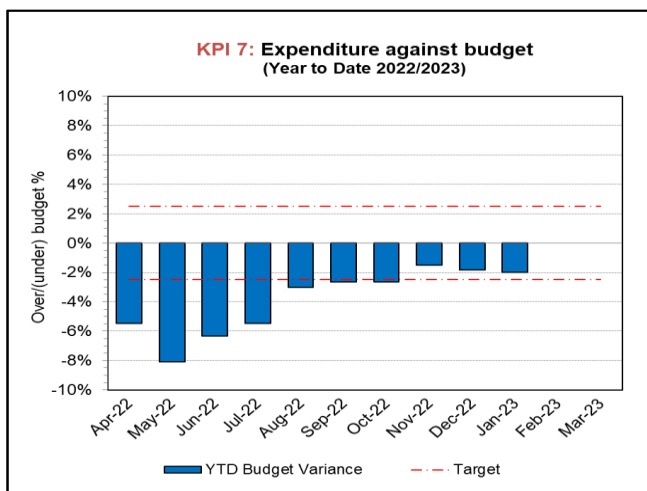
Owner: Director of Finance and Corporate Services

Frequency: Monthly

Data Source: Financial Records

Target: Underspend or overspend to be within 2.5% of budget.

2023/24 Chart:



KPI 8: Corporate – Internal Audit Actions Completed On Time

Purpose: Measure the response to audit recommendations.

Definition: Number of internal audit actions in each financial year.

Calculation: Number of actions completed on time against the total number of actions in each financial year.

Owner: Director of Finance and Corporate Services

Frequency: Quarterly

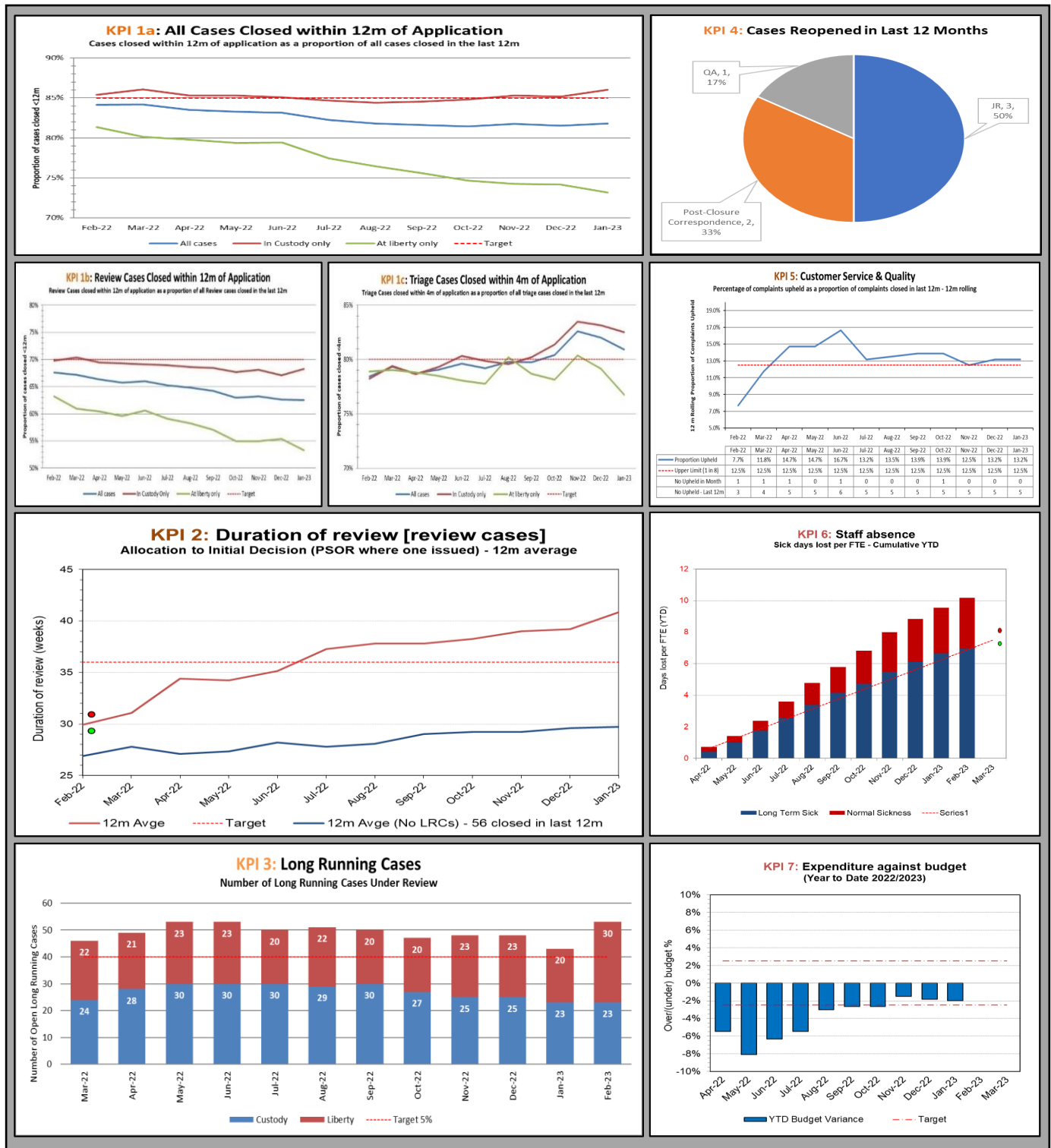
Data Source: ARAC Records

Target: 95% actions completed on time.

2023/24 Table:

		Actions Completed	Completed In time	% in time	Rolling % in time
2020-21	Q1	0	0	0.0%	0.0%
	Q2	5	5	100.0%	100.0%
	Q3	8	8	100.0%	100.0%
	Q4	10	8	80.0%	91.3%
2021-22	Q1	3	3	100.0%	100.0%
	Q2	0	0	0.0%	100.0%
	Q3	4	4	100.0%	100.0%
	Q4	14	14	100.0%	100.0%
2022-23	Q1	2	1	50.0%	50.0%
	Q2	6	6	100.0%	87.5%
	Q3	4	2	50.0%	75.0%
	Q4	3	3	100.0%	80.0%

Annex A – KPI Dashboard 2023/24



Further information about the Commission can be obtained from our website. We are very happy to receive comments about this plan or any other aspect of our work.

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