



**Ombwdsmon  
Ombudsman**  
Cymru · Wales

# **Our KPIs and Business Plan Actions for 2023/24**

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September 2023



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**Mae'r ddogfen hon hefyd ar gael yn y Gymraeg.**

**This document is also available in Welsh.**



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# **Our KPIs and Business Plan Actions for 2023/24**



## Our role

We have three main roles:



**We investigate complaints about public services.**

**We consider complaints about councillors breaching the Code of Conduct.**



**We drive systemic improvement of public services and standards of conduct in local government in Wales.**



## Our ambition



People of Wales feel that public services treat them fairly and respond when things go wrong.



Welsh public services listen to individuals and use their complaints to learn and improve.



Welsh local government is trusted to deliver the highest standards of conduct.



The Public Services Ombudsman for Wales continues to be an influential and respected voice in public service improvement.

## Our principles

We are

- independent
- impartial
- fair
- open to all who need us.

# Strategic Aim 1

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## Strategic Aim 1: Delivering justice with a positive impact for people and public services.

No	Key Performance Indicator	2022/23 performance	Target Year 1
1.1	Average case closure time (once we have all the information we need from complainant)		
	Assessment (weeks)	3	6
	Investigation (weeks)	58	55
1.2	Proportion of complaint reviews in which we find that our original decision was appropriate	95%	95%
1.3	Proportion of Service Quality reviews satisfactory or better	n/a	75%
1.4	Proportion of recommendations due during the year complied with in line with set target	50%	55%
1.5	Proportion of people satisfied with our service		
	All respondents	48%	50%
	Respondents satisfied with the outcome	95%	95%



## Business Plan actions 2023/24

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- 1.1. Enhance the quality of our service by ensuring the language used to communicate with service users on our website and in written communication is clear and understood.

*Achieved when the working group has reviewed the language used in our factsheets and templates to ensure that we communicate clearly, set clear user expectations and inform users on the work we have done.*

- 1.2. Enhance the quality of our service by ensuring that we provide regular, meaningful and appropriate updates to service users at key stages during our investigation process

*Achieved when SQ demonstrates consistent evidence of meaningful, regular and appropriate updates for service users.*

- 1.3. Focus our research and engagement with one under represented group within our service users

*Achieved when we have engaged with one of our under represented groups of service users and explained PSOW's role and which complaints we can deal with.*

- 1.4. Develop a plan to improve our capacity to understand our complaint trends.

*Achieved when we have developed a plan helping us improve our capacity to analyse and monitor casework trends.*

- 1.5. Consider how we can help service users, advisers and organisations send us information or receive information from us more consistently, safely and securely.

*Achieved when we have evaluated the benefits, affordability and feasibility of a portal for receiving and providing information, documents and correspondence.*



1.6. Reduce the proportion of aging cases.

*Achieved when we have no cases over 2 years, and we have reduced the proportion of cases over 12 months by 50%.*

1.7. Reduce the number of complaints we are not able to accept for further action.

*Achieved when we have a clear complaints checker on our website so complainants know whether we are likely to be able to consider their complaints;*

*and*

*when we have shared our approach on deciding which cases we are able to accept for further action so that it is clear how we make best use of our limited resources.*



# Strategic Aim 2

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## Strategic Aim 2: Increasing accessibility and inclusion.

No	Key Performance Indicator	2022/23 performance	Target Year 1
2.1	Level of awareness of our service	43%	45%
2.2	Complainant assessment of our accessibility ('easy to get in touch')		
	All respondents	87%	90%
	Respondents satisfied with the outcome	95%	95%
2.3	Representation of target groups among our complainants (number of 6 target groups well-represented)	1	1
2.4	Proportion of our complaints that are in our jurisdiction and not premature	59%	65%



## Business Plan actions 2023/24

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- 2.1. Design and implement new website to ensure it is accessible and inclusive and clearly advises users on which complaints PSOW can deal with and helps to manage their expectations.

*Achieved when new website is in place which includes a complaints checker for users to complete before submitting new complaints.*

- 2.2. Attend and organise live events to engage with our target groups and raise awareness of the office.

*Achieved when we have attended or organised 4 live face-to-face events.*

- 2.3. Improve how we promote our work by establishing a quarterly newsletter issued to bodies in our jurisdiction and key political and professional stakeholders.

*Achieved when we have issued 4 editions of the newsletter during the financial year.*

- 2.4. Improve our accessibility by creating new accessible visual resources about our work and process.

*Achieved when we have created three new leaflets about our work as well as a video explaining the complaint journey.*

- 2.5. Help our complainants access advice and advocacy support by developing a directory of the relevant organisation.

*Achieved when the directory is published on our website and communicated to our staff, with a view to update the directory every 6 months.*

2.6. Help organisations effectively support our complainants with advice or advocacy, by offering training on our role and process to relevant stakeholders.

*Achieved when we have developed the initial training modules and offered training to 4 stakeholders.*



# Strategic Aim 3

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## Strategic Aim 3: Increasing the impact of our proactive improvement work.

No	Key Performance Indicator	2022/23 performance	Target Year 1
3.1	Proportion of complaints handled by public bodies and then escalated to us		
	Health Boards	5%	5%
	Local Authorities	7%	7%
3.2	Proportion of recommendations as a result of our extended and wider investigations due during the year complied with in line with set target	33%	55%
3.3	Proportion of Code of Conduct breaches that we referred upheld by Standards Committees or Adjudication Panel for Wales	96%	90%



## Business Plan actions 2023/24

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3.1. Extend the reach of Complaints Standards into the Welsh public sector.

*Achieved when the number of bodies included is increased by 20%.*

3.2. Improve accessibility and public visibility of CSA data publication, including via the new website.

*Achieved when visits to CSA webpage for each data release increase by 10% compared to 2021/22 baseline.*

3.3. Increase the availability of training sessions open to greater number of bodies.

*Achieved when 100 sessions are delivered.*

3.4. Work with public sector organisations to set more standardised approach to how they provide with us information.

*Achieved when we have developed an agreed format, order and presentation for the information we seek from public bodies and we have communicated our requirements.*

3.5. Begin to monitor the proportion of recommendations as a result of our own initiative investigations due during the year complied with in line with set target.

*Achieved when recommendations linked to own initiative investigations are complied with in a timely manner.*

3.6. Begin to proactively share the learning from our own initiative investigations with relevant stakeholders to promote wider learning.

*Achieved when all appropriate learning is shared.*



3.7. Improve training for staff on the APW / SC processes.

*Achieved when training is delivered.*

3.8. Consistently engage with Monitoring Officers on our Code of Conduct findings, for them to share learning with their Standards Committees.

*Achieved when learning from complaints trends shared in line with our procedure.*

3.9. Raise awareness of the nature of our Code of Conduct complaints related to promotion of equality and respect.

*Achieved when we have issued the publication.*



# Strategic Aim 4

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## Strategic Aim 4: Ensuring that we are a healthy, efficient and accountable organisation.

No	Key Performance Indicator	2022/23 performance	Target Year 1
4.1	Sickness absence levels (average number of days)	8.59	5
4.2	Proportion of staff who agree that we are a good place to work	87%	87%
4.3	Level of variance on expenditure from that set out in our Estimate for the current year (less than)	0.01%	3%
4.4	Proper management of our budget	Unqualified accounts and substantial assurance	Unqualified accounts and substantial assurance
4.5	Average cost per case for total casework closure	£473	-
4.6	Average cost per complaint for total complaints closure	£1,279	-
4.7	Our carbon footprint (CO2 kg produced)	Not available New approach for 2023/24	<60,000kg CO2e



## Business Plan actions 2023/24

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- 4.1. Improve our case management system for our staff who deal with investigations to help them manage their caseloads and updates for service users

*Achieved when we have developed an improved new caseload view on our case management system.*

- 4.2. Improve our process for obtaining clinical advice on health cases

*Achieved when we have refined our internal process for securing clinical advice and implemented a new caseload view for our casework support and investigation staff.*

- 4.3. Provide guidance to managers to help build organisation and team cohesion to support staff wellbeing.

*Achieved when the majority of our staff tell us in our annual survey that PSOW is a good place to work.*

- 4.4. Actively monitor and manage performance to ensure that staff are motivated to perform well, closing the gap, where it exists, between expected performance and delivery.

*Achieved when the majority of our staff tell us in our annual survey that they feel motivated;*

*and*

*when the number of staff who are at any stage of the performance and development process accurately reflects our performance improvement needs.*

4.5. Develop and start to implement an overall organisational training plan, to meet individual and organisational needs.

*Achieved when the training plan is in place and at least 70% of priority training identified is delivered.*

4.6. Advertise and recruit to increase the diversity on our workforce.

*Achieved when our equality monitoring points to increased diversity of our job candidates and workforce.*

4.7. Implement a refreshed IT & Digital Strategy to sustain and improve our ICT systems and ensure that we can continue to provide an efficient, secure and resilient service.

*Achieved when we have developed, published and started to implement an IT & Digital Strategy that keeps our systems and data secure, is helpful to staff and service users and that provides meaningful information to guide our work.*

4.8. Maintain energy use and waste despite increased office presence.

*Achieved when our waste and energy does not increase compared to last year.*

4.9. Improve how we measure our carbon footprint, to set meaningful baseline for Year 2 and 3.

*Achieved when the measurement process in place*

4.10. Continue to be financially accountable and demonstrate high standards of transparency.

*Achieved when we have secured unqualified accounts together with positive internal and external audit opinions.*





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