

Internal

Operational Plan 2016/17

This Operational Plan for 2016/17 sets out how we will achieve the objectives for the year laid down in the new Three Year Strategic Plan 2016/17 to 2018/19. It also sets out the success criteria and key performance indicators for our objectives for the forthcoming year.

Below the PSOW's new Vision, Mission, Strategic Aims and Values are restated. The rest of the document sets out the objectives of the Strategic Plan and then the specific actions we intend to undertake during 2016/17 to take us forward in achieving the PSOW's strategy.

PSOW Vision, Mission, Strategic Aims and Values

Our **Vision** is:

A public service culture that values complaints and learns from them to improve public service delivery.

Our **Mission** is:

By considering complaints, to put things right for service users and contribute to improved public service delivery and standards in public life.

Our **Four Strategic Aims** are:

1. To provide a complaints service that is of the highest quality, proportionate and effective
2. To use the knowledge and insight obtained from the complaints we consider to improve complaint handling by public services providers and to have an impact in improving public service delivery and informing public policy.
3. To plan for implementation of the Ombudsman's new powers should the National Assembly for Wales create a new Public Services Ombudsman (Wales) Act
4. To be accountable for the service we provide and the public money we spend.

Our **Values**, underpinning the above and to support our delivery of administrative justice, are:

- Equality and Fairness
- Independence and Impartiality
- Improvement and Effectiveness
- Transparency and Accountability.

Strategic Aims

Strategic Aim 1 – To provide a complaints service that is accessible, of the highest quality, proportionate and effective

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
1.1 To undertake additional activities to raise awareness of the PSOW service, particularly amongst people in vulnerable circumstances.	Include a relevant programme of activities within the outreach strategy for 2016/17	P&C/All	April	June	Planned activities within the outreach programme for 2016/17 have taken place.
1.2 Consistent with our equality commitment, to continue to ensure that the service is accessible to everyone.	Include within our outreach strategy for 2016/17 a review of all existing services and materials, and assess what other arrangements, if any, can be put in place to ensure accessibility	P&C/All	April	June	Assured that a variety of means of accessing the Ombudsman's service exists, including if greater need identified (financial resource allowing).
1.3 To continue to analyse equality data gathered on users of the PSOW service.	Produce six monthly reports for Management Team, identifying any areas for concern. Data published in Annual Report	P&C	September March	End March June	Reports produced, highlighting any areas for consideration/ action. Data included within Equality Report
1.4 To seek feedback to improve the performance of our organisation and the levels of satisfaction with our service and give renewed attention to the complainant's journey through the PSOW's complaints handling service, obtaining the user perspective, and consider whether we need to introduce any changes to the way we operate.	Stakeholder sounding board meetings to take place (attention to be firstly given to advocacy bodies) Feedback to be provided to Management Team on a quarterly basis. [Year 2 - consideration to be given to re-introducing customer satisfaction surveys.]	RM RM	April -	June for first meeting and ongoing Quarterly	Stakeholder meetings have taken place, with feedback informing whether PSOW's complaints handling approach needs revising.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
<p>1.5 To review the performance measures we have set, to ensure that they continue to be meaningful and appropriately challenging.</p>	<p>a) Continue with existing KPIs for 2016/17 as follows:</p> <p>95% of all main line reception calls (to both PSOW core service and Complaint Wales service) to be answered within 30 seconds</p> <p>Complaints Wales service to provide information requested by service user within one working day</p> <p>Complaints Wales service to forward complaint details to relevant public service providers/complaint handlers (when requested by service user) within three working days</p> <p>At least 150 complaints to be resolved either through early resolution or voluntary settlement.</p> <p>Complete investigations within 12 months from the start of the investigation – 100%</p>	<p>CAT/Inv. Teams</p>	<p>From April and ongoing</p>	<p>End March</p>	<p>(a) By achieving targets set, PSOW able to demonstrate success in delivering timetable responses to complaints at various stages within complaints handling service.</p>

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
	<p>(b) New KPIs for 2016/17 are as follows:</p> <ul style="list-style-type: none"> • Decision on whether complaint within jurisdiction/premature – within 3 weeks • Decision on whether or not to investigate, following detailed assessment – within 6 weeks • Early resolution achieved, without need to investigate – within 9 weeks. <p>[Year 2 – set target for above following this first year in operation.]</p> <p>(c) Monitoring reports to identify achievements against the above performance indicators will be produced for Management Team on a monthly basis.</p> <p>(d) Develop and pilot new KPI for investigations [Year 2 - new KPI to be implemented.]</p>				<p>(b) Successfully recording against the new KPIs introduced, enabling a meaningful target to be set for 2017/18.</p> <p>(c) Monthly reports produced, including new data where relevant.</p> <p>(d) Suitable new KPI piloted, if necessary amended and agreed by end of 2016/17.</p>
<p>1.6 To further develop our quality standards for casework.</p>	<p>Establish quality assurance arrangements and framework against which to assess quality.</p> <p>[Year 2 – Quarterly reports to Mgmt Team, with information flowed through office.]</p>	<p>RM</p>	<p>April</p>	<p>June</p>	<p>Quality assurance arrangements in place, together with agreed framework for measures.</p>
		<p>Team</p>	<p>Start</p>	<p>Target Completion</p>	

Objectives	Actions	Responsible	Date	Date	Success Criteria
1.7 To refine our approach to making recommendations and place greater emphasis on securing effective and timely compliance with these, as well as gathering additional data to properly reflect the staff effort involved in ensuring that the Ombudsman's recommendations are properly implemented.	Secure common approach to recommendations, including training for staff. Introduce new compliance arrangements following pilot. Develop compliance reports for consideration by Management Team.	CMRG	April April April	July End April July	Means for ensuring a common approach to recommendations in place, and training has taken place New compliance arrangements in place, following amendment if needed subject to any issues identified during pilot. Quarterly compliance reports have commenced during the year.
1.8 In respect of code of conduct complaints, to review the impact of the two stage public interest test for investigation.	To undertake an analysis of case closures to understand the impact of the approach adopted during previous year.	CAT/Inv. Teams	April	July	Only cases involving a public interest are taken forward for investigation.
1.9 To strengthen our overall approach to management practices to address the ever increasing casework demands, available capacity and performance.	Implement new performance management process to replace existing PMDR. Pilot performance targets to fit in with PSOW overall new KPIs. [Year 2 fully implement/embed; Year 3 review.]	CST/Mgmt Team	April	March	New performance management arrangements in place, together with pilot performance targets.
1.10 To complete our paperless case handling project, so that we no longer require hard copy complaint case files.	Plan what needs to happen to realise project. [Year 2 – pilot; Year 3 – implement.]	CST/CAT/Inv Teams (CMRG)	April	March	Plan developed and agreed by end of year.

Strategic Aim 2: To use the knowledge and insight obtained from the complaints we consider to improve complaint handling by public services providers and to have an impact in improving public service delivery and informing public policy

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
2.1 To enhance the level of our data capture and analysis of the complaints we receive, so that we are better able to identify trends, and any emerging concerns, in relation to the complaints received about individual organisations, as well as areas of public service delivery.	Establish working group to develop data analysis and reporting arrangements. Then produce reports to support office activities on themes, etc, as required.	Mgnt Team (& sub group)	April	September	Arrangements established, complaints handling database capability increased to allow for greater capture and analysis; followed by ability to produce reports as requested.
2.2 To develop the work commenced in 2015/16 in relation to our engagement with bodies in jurisdiction (without this compromising our independence) with a view to improving their complaints handling practices and their complaints culture	<p>Refine the arrangements in place for working with bodies assigned an improvement officer.</p> <p>[Year 2 – develop an approach to review impact of engagement/review those bodies assigned an improvement officer; Year 3 take forward outcome of review.]</p> <p>Annual Letters issued to County Councils and Health Boards</p> <p>Arrange annual seminar to share learning with key stakeholders</p>	<p>Mgnt Team/AIMs/IOs</p> <p>P&CT</p> <p>P&CT</p>	<p>April</p> <p>April</p> <p>September</p>	<p>July</p> <p>July</p> <p>January</p>	<p>Whilst ensuring space for flexibility/initiative, a common approach developed for improvement officers' engagement with bodies.</p> <p>Timely issue of Annual Letters.</p> <p>Annual seminar has taken place.</p>

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
2.3 To support the complaints handling landscape, by continuing to provide the Complaints Wales signposting service	No action Year 1 [Year 2 – review the Complaints Wales service provided.]		[N/A for 2016/17]		None, as no action required in 2016/17.
2.4 To produce ‘thematic’ reports based on the additional evidence that emerges from our work at 2.1 above, with a view to improving public service delivery	Identify a theme for a report and publish	Mgnt Team/ P&CT	April	November	At least one thematic report issued during 2016/17.
2.5 To continue to produce the Ombudsman’s Casebooks, but review the way they are published with a view to making them more user-friendly from a knowledge management/sharing perspective.	Conduct root and branch review of approach to producing both Ombudsman’s Casebook and Code of Conduct Casebook, with a view to producing in alternative format(s), making them better knowledge and insight tools.	P&CT	April	October	Review complete and Casebook appears in new guise, enabling improved interrogation for themes by both PSOW internal and external readerships.
	Continue to issue Casebook on quarterly basis (in existing and new guise)	P&CT	[Ongoing]	Quarterly	Casebook issued quarterly.
2.6 To respond to Welsh Government, National Assembly for Wales, and other consultations where our insights can contribute, and add value, to public policy considerations.	Regular horizon scanning to ensure that PSOW maximises opportunities to respond to relevant consultations.	P&CT	April	March	PSOW responds to consultations providing evidence to inform public policy developments.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
2.7 To revise the guidance on the model Code of Conduct to reflect developments arising from cases and any legislative change	Reflect revised statutory requirements in PSOW guidance to local authority members and publish.	ADI/Inv Teams	April	End May	Revised guidance published.
2.8 To introduce a new communications strategy that will increase our visibility, and therefore impact, ensuring that the insights and lessons from our investigations attract appropriate public attention.	Devise a communications strategy (together with implementation plan) and put into operation. [Year 2 – review efficacy and if necessary revise.]	P&CT	April	June	Strategy and plan in place and being implemented.

Strategic Aim 3: To continue to evolve and grow as an office, specifically planning for implementation of the extension of the Ombudsman’s jurisdiction in the event that the National Assembly for Wales creates a new Public Services Ombudsman (Wales) Act

It is necessary to factor into this Plan the potential that during its lifetime the National Assembly for Wales will create new law. Inclusion of this Strategic Aim does not take for granted that there will be a new Public Services Ombudsman (Wales) Act, nor is it intended to indicate a presumption about the final detail of any such Act.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
3.1 To prepare to amend our criteria, procedures and practices for accepting complaints, with particular consideration to oral complaints.	Revise complaints procedure to accommodate new arrangements for accepting complaints.	CAT/CMRG	May	Draft November/ Finalise January	Revised procedure in place in time for legislation coming into force.
3.2 To amend our practice for storing on our database those complaints made orally	(a) Assess implications for data capture in respect of oral complaints (b) Scope amendments required to the database and commission	CAT/CMRG	May	End January	Database has been developed (if necessary) to accommodate capture of complaints made orally (i.e. over the phone).
3.3 To issue guidance explaining the PSOW’s criteria for accepting complaints, with particular reference to oral complaints	Consider criteria taking account of any legislative stipulations and publish guidance.	Mgnt Team sub group	May	Draft November/ Finalise March	Guidance published in time for legislation coming into force.
3.4 To identify the private healthcare entities that will fall within the PSOW’s jurisdiction and record those on our complaints handling database.	Obtain details of private hospitals and enter on database.	CAT	January	February	Details available on database prior to legislation coming into force.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
3.5 To prepare to contact those relevant private healthcare entities to explain to them the new arrangements.	Produce briefing paper for private hospitals, explaining Ombudsman's new power.	Mgnt Team sub group	December	February	Briefing paper circulated prior to legislation coming into force.
3.6 To plan for, and then put into place, the leadership, management and service delivery structure necessary to deliver the new own initiative powers.	Decide on an appropriate staffing structure to meet the requirements of Ombudsman's new powers and functions.	Omb/COO	April	Proposals by July (finalise early September)	Staffing structure agreed and new staff in post in time for legislation coming into force.
3.7 To publish the PSOW's criteria for instigating own initiative investigations and introduce procedures and practices.	Establish a task and finish group to produce external and internal facing documents in relation to own initiative investigation criteria.	Mgnt Team Sub-group	May	Early January (for consultation) [Publish April 2017]	Relevant documents published, with criteria for own initiative well understood both by staff and PSOW stakeholders in accordance with legislative timescale requirements.
3.8 To plan for, and then put into place, the leadership, management and service delivery structure necessary to deliver the new complaints standards role.	Staffing structure considerations to be undertaken at same time as 3.6 above.	Omb/COO		Proposals by July (finalise early September)	As 3.6 above
3.9 To develop statutorily required principles for the complaints standards authority.	Consider criteria taking account of any legislative stipulations and publish principles. Prepare and lay before the Assembly a statement of principles (to include prior consultation with stakeholders)	Mgnt Team sub group ADI/P&CT	January	End March (for consultation) As required by legislation	Guidance published in time for legislation coming into force. Statement of principles laid before Assembly in accordance with the legislative requirement.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
3.10 At the appropriate time, to recruit the necessary additional members of staff to undertake the own initiative and complaints standards roles.	Following on from 3.6 and 3.8 above, recruit to new posts	CST	July	End March	Staff in post.
3.11 To produce a communications strategy so that all of the PSOW's stakeholders understand the Ombudsman's new powers and what these mean.	Communications strategy produced taking account of all aspects of Ombudsman's new powers and functions and the best way to disseminate these to all of Ombudsman's stakeholders (to include publication requirements identified 3.1 to 3.9 above. Strategy also to address internal communication.	P&CT	June	End March	Communication strategy in place with stakeholders informed in a clear and timely manner implications and requirements in respect of Ombudsman's new powers and functions.
3.12 To provide training for all of the Ombudsman's staff so that everyone understands the Ombudsman's new powers; and specific training for those recruited to the new roles	Design training plans for various PSOW teams, to include training packs, and arrange suitable training seminars.	Mgnt Team sub-group	January	March	Suitably trained staff by commencement of powers.
3.13 Depending on the outcome of proposed legislation, to implement and operate any or all of the above potential new powers.	Depending on outcome and timing, put into operation Year 1. [Year 2 or 3 review effectiveness of arrangements.]	Mgnt Team	May	End March and beyond	Effective and timely implementation of new powers.

Strategic Aim 4: To be accountable for the service we provide and the public money we spend

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
4.1 To develop annual operational plans to support this strategic plan	Operational plan to be developed, to include staff consultation.	P&CT	September	March	Operational Plans in place.
4.2 To maximise our efficiency, taking into account cost, quality, timeliness and throughput, and despite the increase in caseload and possible extension to jurisdiction, maintain our commitment that in seeking funding to provide our service, we will request no more than 0.03% of the Welsh Block received by the National Assembly for Wales.	Review, and if necessary, amend our budget development and management processes to ensure efficiency. [Year 2 – discuss with Auditor General for Wales Value for Money audits, taking into account any cost implications associated.]	CST/Mgnt Team	April [in event of new PSOW Act requirement to include new budget structure]	Quarterly July (finalise September)	We meet the commitment to request no more than 0.03% of the Welsh Block.
4.3 To publish unqualified accounts	Ensure robust financial systems and internal audit arrangements to secure the situation of unqualified accounts through more comprehensive monitoring reports to Management Team.	CST	April	July	Unqualified accounts are published.
4.4 To continue to hold meetings of the PSOW's Advisory Panel and Audit & Risk Assurance Committee, providing those fora with the necessary information to enable them to provide both challenge and advice to the Ombudsman.	Develop an appropriate work programme for meetings and ensure timely delivery.	P&CT	-	Quarterly	Regular meetings are held and Panel & Committee members confirm that they are happy with the way meetings are conducted/with the information provided during the annual assessment/report exercises.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria
4.5 To provide appropriate and sound evidence to the National Assembly for Wales's committees.	Put forward evidence based submissions to committee inquiries as required (as well as producing comprehensive Annual Report).	P&CT/All	April	March	Evidence to Committees accepted as sound, with few supplementary answers to be provided subsequent to any appearances before Committee.
4.6 To continue to manage risk and to avoid the unintended consequences of risk mitigation	All staff to continue to be alert to possible risk. Management Team to consider quarterly and Audit & Risk Assurance Committee to receive report at each meeting.	Mgnt Team/All	-	Quarterly	Regular consideration of risk, and new risks identified, by Management Team and ARAC. No unexpected risk (within PSOW ability to identify it) has emerged.
4.7 As a responsible employer, staff performance and development arrangements developed in 2015/16 in place, together with a suitable training and professional development strategy.	Implement new process including focus on competencies. [Year 2: Undertake a staff survey to explore satisfaction with PSOW as an employer.]	Mgnt Team	April	March	New arrangements in place and working as envisaged.
4.8 To develop a new three year IT development plan, ensuring that the office can maximise potential efficiencies in respect of case handling and channels for raising awareness of the Ombudsman's work.	Review complaints handling database, undertaking a wholesale review of complaint administration system requirements, together with website. [Year 2 – plan and develop system; Year 3 – introduce.]	Mgnt Team	April	March	Root and branch review of IT requirements for an effective complaints handling system undertaken, as well as for website solution capable of integrating with database, and relevant specification requirements agreed.
4.9 To be an active member of the wider ombudsman community, UK & international, to ensure that the PSOW is in a position to share and benefit from good practice.	To attend relevant meetings and actively contribute to initiatives and developments.	Omb/et al	-	Ongoing	Ombudsman continues to take a leading role within the Ombudsman Association; staff continue as active members of OA interest groups.

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
4.10 To continue to seek opportunities for collaborative working with Welsh Commissioners and the Auditor General for Wales.	Ombudsman and Commissioners meetings include exploration of areas where collaboration/co-operation may be possible.	Omb/COO	-	Ongoing	At least one arrangement introduced during the year.
4.11 To continue our efforts to be environmentally conscious in our business practices	Review current practice in light of additional accommodation acquired.	CST	April	March	Report to Management Team to demonstrate steps in place to ensure that the additional accommodation is being used in the best way possible from an environmental perspective.

In addition to the above objectives within the Strategic Plan, this Operational Plan sets the following KPIs:

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
4.12 Information Security/Data Protection/Freedom of Information/Environmental Information Requests	(a) All staff receive in-house annual refresher training, and training as part of induction process for new starters, which will also include information security.	CST	April	May	All staff receive training

Objectives	Actions	Team Responsible	Start Date	Target Completion Date	Success Criteria for 2016/17
	(b) Performance indicators for 2016/17 to be as follows: <ul style="list-style-type: none"> • Relevant information requests to be passed to CST within 3 working days of receipt • FOI/DP/EIR requests to be responded to within statutory deadlines (20 working days, 40 calendar days, 20 working days respectively) • Requested reviews of information request responses to be completed within 30 working days 	CST	April	March	Performance indicators met.
4.13 Complaints About Us	The following performance indicators will apply for 2016/17: <ul style="list-style-type: none"> • Complete 'complaints about us' investigations within 20 working days • Complete all requested reviews of 'complaints about us' within 20 working days 	CST	April	March	Performance indicators met.
