

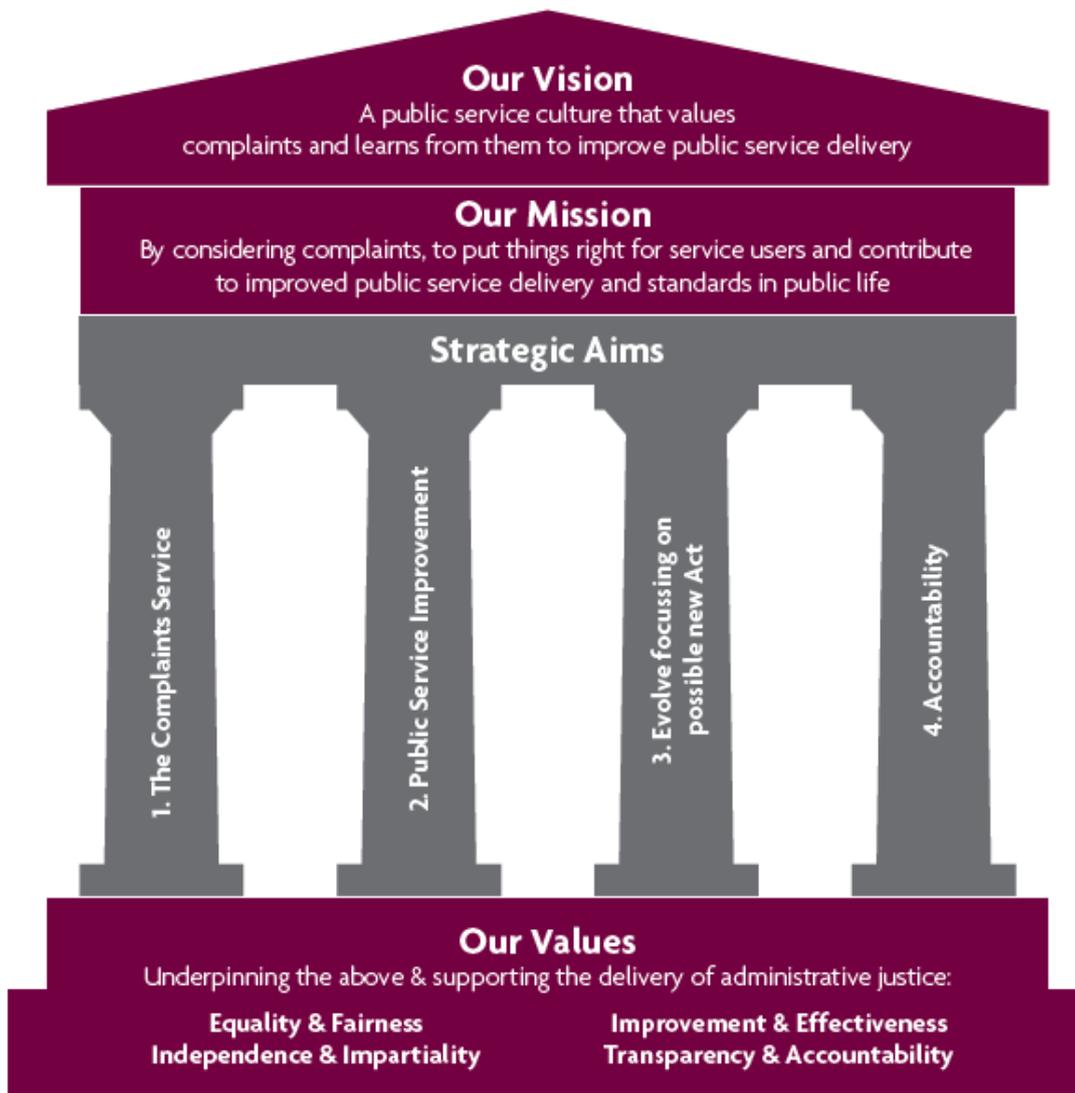


Internal

Operational Plan 2017/18

Introduction

The Public Services Ombudsman for Wales (PSOW) has a Three Year Strategic Plan which sets out the direction for the office for the period to the end of 2018/19. A visual summary of the Ombudsman's current Vision, Mission, Strategic Aims and Values is below. The full Strategic Plan can be found on the PSOW's website on the 'Publications' page.



The PSOW's annual Operational Plans essentially are the means for enabling the Ombudsman's vision, mission and strategic aims to be achieved. Significant strides were made during 2016/17 towards realising the PSOW's strategic aims and some of the key areas of achievement are set out below.

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

- Refreshed approach to our outreach strategy was adopted.
- Sounding boards were established, with a view to obtaining stakeholder feedback on the PSOW's complaints service.
- New KPIs were introduced, where the focus is on measuring against the service user's experience rather than the previous internal focus.
- Quality framework introduced with a view to improving our quality assurance activities.
- Improved methods for ensuring a consistent approach to making good recommendations arising from investigations and improving our compliance arrangements.
- Good progress made towards making our case handling paperless, so that we will no longer require hard copy complaint files.

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

- Increased the level of data capture and analysis.
- Work of 'improvement officers' assigned to a number of public bodies further developed.
- Issued the second 'thematic' report entitled 'Ending Groundhog Day', following on from the success of the previous year's report 'Out of Hours: A Time to Care'.

Strategic Aim 3 – To continue to evolve and grow as an office, especially 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

- Continued to make the case for additional powers for the Public Services Ombudsman for Wales. A Regulatory Impact Assessment for the Draft Bill was produced, with the Assembly Finance Committee deciding in March 2017 to take this forward with a view to introducing a Bill into the Assembly.
- PSOW internal working group established to consider what arrangements and preparations would need to take place to implement any new additional legislative powers that may be given to the Ombudsman.

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

- Budget estimates submission successful with an extremely positive Assembly Finance Committee report issued.
- Unqualified accounts published.
- New approach to risk management and register agreed.
- IT procurement for complaints handling database and websites underway.

This Operational Plan now builds on the work commenced in 2016/17 and the pages that follow set out the actions required to further take forward the work necessary to ultimately achieve and realise the Ombudsman's Vision, Mission, Strategic Aims and Values.

Key to the 'Team/Officer Responsible' column in the pages that follow:

ADOI	Assistant Director of Investigations	CST	Corporate Services Team
AIMS/IIOs	Assistant Investigation Managers and Investigation & Improvement Officers	IDPO	Information and Data Protection Officer
CAG	Code of Conduct Advisory Group	Inv Teams	Investigation Teams
CAT	Complaints Advice Team	ITPM	IT Project Manager
CMRG	Complaints Management Review Group	Mgmt Team	Management Team
COO	Chief Operating Officer	Omb	Ombudsman
RM	Review Manager	P&CT	Policy & Communications Team

Strategic Aims

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

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer 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.	The 2016/17 outreach strategy to be updated, with a new outreach programme to be devised for 2017/18.	P&CT/All	April	June	Planned activities within the outreach programme for 2017/18 have taken place.
1.2 Consistent with our equality commitment, to continue to ensure that the service is accessible to everyone.	Following review of materials in 2016/17, engage with voluntary sector sounding board (see 1.4) seeking views on accessibility of the PSOW's complaints handling service. Then consideration to be given as to whether suggestions are feasible to implement.	RM/P&CT/All	April	March	Any improvements that can be introduced have been implemented.
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&CT	September March	End March June	Reports produced, highlighting any areas for consideration/ action. Data included within Equality Report

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
<p>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.</p>	<p>Three sounding boards (voluntary sector, health bodies and local authorities) established 2016/17. Meetings to take place on a regular, six monthly, cycle.</p> <p>Notes to Management Team following each meeting.</p> <p>Introduce/implement a revised approach to customer satisfaction survey.</p>	<p>RM/P&CT</p> <p>RM/P&CT</p> <p>COO/P&CT</p>	<p>April</p> <p>After each meeting</p> <p>April</p>	<p>Each sounding board to take place bi-annually</p> <p>Next Mgmt team after each meeting</p> <p>March</p>	<p>Stakeholder meetings have taken place, with feedback informing whether PSOW's complaints handling approach needs revising.</p> <p>Mgmt Team considers and where appropriate implements suggested changes arising from sounding boards.</p> <p>New survey introduced and additional data reported to Management Team and published in Annual Report (or other appropriate publishing format)</p>
<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) KPIs for 2017/18 as follows:</p> <ul style="list-style-type: none"> • 95% of all main line reception calls (to both PSOW core service and Complaint Wales service) to be answered within 30 seconds • Complaints Wales service to provide information requested by service user within one working day • Complaints Wales service to forward complaint details to relevant public service providers/complaint handlers (when requested by service user) within three working days 	<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>

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
	<ul style="list-style-type: none"> • Decision time on whether to take public body complaint forward, as follows: <ul style="list-style-type: none"> (a) Decision on whether complaint within jurisdiction/premature within 3 weeks (b) Decision on whether or not to investigate, following detailed assessment, within 6 weeks (c) Where decision to seek early resolution without need to investigate, resolution achieved within 9 weeks. • Decision on whether to investigate a Code of Conduct complaint within 4 weeks <p>b) In line with the office’s ambition for continual improvement, two investigation KPIs to run concurrently for 2017/18 as follows :</p> <ul style="list-style-type: none"> • Complete investigations within 12 months from the start of the investigation (existing) • Complete investigations within 12 months from the date sufficient information received from complainant (with the aim that this be the key KPI for investigations for 2018/19) <p>c) Monitoring reports to identify achievements against the above performance indicators will be produced for Management Team on a monthly basis.</p>				<p>(b) Sufficient progress made by end of 2017/18 to introduce as replacement target for 2018/19</p> <p>(c) Monthly reports produced, including new data where relevant.</p>

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
1.6 To further develop our quality standards for casework.	Operate quality assurance framework arrangements introduced in 2016/17 and report quarterly to Mgnt Team, with good practice also to be disseminated to staff.	RM	April	June	Quality reports provide the assurance that casework is of high standard, with good practice identified disseminated to staff.
	To review how we manage complainant contact	CAT (lead) + Inv Teams	April	September	Any areas identified to improve complainant contact implemented.
	To consider the implications for PSOW of the Ombudsman Association Service Standards Framework and develop internal standards, measures and processes to meet requirements	Mgnt Team	April	March	PSOW Service Standards in place, published and communicated to complainants, as appropriate.
	To introduce a pilot approach to targeting cases that would benefit from application of a considered human rights and equality approach to investigation.	Inv Teams	April	End April and ongoing	Arrangements for measuring and recording performance to be in place for full reporting in 2018/19. Report at end of pilot with recommendation(s) for taking the human rights and equality approach forward as an integral/integrated part of the overall complaints handling process.
	Ensure that there is a process in place to access clinical advice in light of changed arrangements with PHSO.	COO/CST	Ongoing	April	Suitable clinical advice being obtained for health complaints casework.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion 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.	Consider the additional data available, together with compliance rates Review how well the approach introduced in 2016/17 is working	CMRG CMRG	Quarterly September	Quarterly March	Quarterly compliance reports being produced for Mgnt Team. Review completed and any required amendments to approach introduced in 2016/17 implemented.
1.8 In respect of code of conduct complaints, to review the impact of the two stage public interest test for investigation.	Review was conducted in 2016/17. Code of Conduct Advisory Group (CAG) was subsequently formed. For 2017/18, CAG to meet monthly, to include monitoring and reviewing cases. Reports to be submitted to Mgnt Team.	CAG CAG	Monthly Quarterly	Monthly Quarterly	Affirmation provided that 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.	Revised version of the PRDP introduced end 2016/17. This to be implemented in 2017/18.	CST/Mgnt Team	April	March	Revised performance management arrangements in place.
1.10 To complete our paperless case handling project, so that we no longer require hard copy complaint case files.	Planning for this significant and important project took place during 2016/17. Pilot to be introduced this year.	CST/CAT/Inv Teams/ITPM (CMRG)	April	March	Pilot introduced with recommendations with regard to roll-out made before end of the year.

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

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
<p>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.</p>	<p>Informal meetings took place during 2016/17. A formal working group to be formed in 2017/18 to take forward work on data capture and analysis in a more structured way.</p>	<p>Data Working Group</p>	<p>April</p>	<p>September</p>	<p>Recommendations for taking forward data capture and analysis made to Mgmt Team.</p>
	<p>Review approach to early resolution/full investigation, to include consideration of how best to ensure appropriate weight is given to outcomes and lessons from cases resolved at an early stage.</p>	<p>COO/ADI/Managers</p>	<p>April</p>	<p>September</p>	<p>Recommendations made at early resolution are treated by bodies in jurisdiction as seriously as those at investigation stage.</p>
<p>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>	<p>Individual actions plans for AIMs/IIOs were introduced during 2016/17. For 2017/18, review of action plans to be undertaken, and further developed.</p>	<p>Mgmt Team/ AIMs/IIOs</p>	<p>April</p>	<p>July</p>	<p>Revised action plans in place and being implemented.</p>
	<p>Review of information in Annual Letters issued to County Councils and Health Boards to be undertaken and new format issued.</p>	<p>P&CT</p>	<p>April</p>	<p>July</p>	<p>Timely issue of Annual Letters.</p>
	<p>Arrange annual seminar to share learning with key stakeholders</p>	<p>P&CT</p>	<p>September</p>	<p>January</p>	<p>Annual seminar has taken place.</p>

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer 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	Review the Complaints Wales service and consider whether any changes are required.	Mgnt Team/CAT	April	March	Any changes identified to improve Complaints Wales service introduced
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	December	At least one thematic report issued during 2017/18.
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.	Continue to issue Casebooks on quarterly basis, with consideration to alternative means of presentation when developing new website.	P&CT	April	March	Casebooks published in a timely manner, with new format for website if feasible.
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.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer 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	Major review undertaken in 2016/17. However, consideration to be given in 2017/18 as to whether any further revisions are required.	ADI/Inv Teams	January	March	Revised guidance published, if required.
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.	Review efficacy of the communications strategy introduced in 2017/18 and consider whether any revision required.	P&CT	January	March	Depending on outcome of review, revised strategy to be in place for beginning of 2018/19.

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.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
3.1 To prepare to amend our criteria, procedures and practices for accepting complaints, with particular consideration to oral complaints.	Continue with work commenced in 2016/17 on revising complaints procedure to accommodate new arrangements for accepting complaints.	Working Group	Ongoing	As required by legislation	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	Following scoping process, complaints administration system to be developed to meet needs.	Working Group	Ongoing	As appropriate during 2017	Database has been developed 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	This was drafted during 2016/17. Ready to be published when appropriate.	Working Group	N/a	As required by legislation	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.	Working Group	January	February	Details available on database prior to legislation coming into force.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer 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	Working Group	Ongoing	As appropriate for legislation	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.	Staffing requirements identified. Decision on appropriate staffing structure to meet the requirements of Ombudsman's new powers and functions now required.	Omb/COO	Ongoing	December	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.	To be drafted and published in light of details of legislation.	Working Group	Dependent on progress of legislation	Consultation to take place as soon as legislation allows. Publication following consultation	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 requirements identified. Decision on appropriate staffing structure considerations to be undertaken at same time as 3.6 above.	Omb/COO	Ongoing	December	As 3.6 above

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
3.9 To develop statutorily required principles for the complaints standards authority.	Development work has commenced. To be finalised in when details of legislation becomes apparent.	Working Group	Ongoing	Consultation as soon as progress on legislation allows. Followed by publication as soon as possible thereafter	Guidance published in time for legislation coming into force. Statement of principles laid before Assembly in accordance with the legislative requirement.
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	Working Group	Ongoing	In time for introduction of new powers	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.	Working Group	Ongoing	As required for various stakeholders	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.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
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.	Working Group	Ongoing	In time for new powers.	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 2 or 3 review effectiveness of arrangements.]	Mgnt Team	Dependent on legislation	Dependent on legislation	Effective and timely implementation of new powers.

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

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
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 Plan 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.	CST/Mgmt Team	April	Quarterly	We meet the commitment to request no more than 0.03% of the Welsh Block.
	Explore areas to discuss with Auditor General for Wales Value for Money audits (taking into account any cost implications associated). [Implement Year 3 – depending on outcome of discussions.]	COO/CST	September	March	Value for Money audit for 2018/19 agreed (depending on outcome of discussions)
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	P&CT	November	December	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.
	Meeting papers issued in a timely fashion.	P&CT	Quarterly	Quarterly	

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer 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	Implement revised format for risk management devised in 2016/17, ensuring staff are engaged in identifying risk. Management Team focus to be on priorities, via quarter reports.	Mgnt Team/All Mgnt Team/All	- -	April onwards 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.	Following introduction of new process in 2016/17, continue with implementation including identifying training needs in more detail. [Staff survey originally planned for Year 2, took place in Year 1. A follow up survey to take place in Year 3.]	Mgnt Team	April	March	Improved process for identifying training needs is providing the greater level of detail required.

Three Year Strategic Plan Objectives	Operational Plan 2017/18 Actions	Team/Officer Responsible	Start Date	Target Completion Date	Success Criteria
4.12 Information Security/Data Protection/Freedom of Information/Environmental Information Requests	<p>(a) Introduce action plan developed in 2016/17 to ensure compliance with General Data Protection Regulations (GDPR) in May 2018.</p> <p>(b) All staff receive in-house annual refresher training, and training as part of induction process for new starters, which will also include information security.</p> <p>(c) Performance indicators for 2016/17 to be as follows:</p> <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 	ADOI/ IDPO	Ongoing	May	PSOW compliant with GDPR.
		IDPO	April	May	All staff receive training
		IDPO	April	March	Performance indicators met
4.13 Complaints About Us	<p>The following performance indicators will apply for 2016/17:</p> <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.
