

Public Services Ombudsman for Wales Strategic/Operational Plans 2015/16 Monitoring Report - End of Year Position

Strategic Aim 1: To offer a service where excellent customer care is at the forefront of all we do, where we work to raise awareness of our service and do our best to make it accessible to all and easy to use.

Key priorities	Actions	Target Date	Team Responsible	Outcome
1.1 Consider the feasibility of progressing the pilot exercise undertaken in 2014/15, which explored the possibility of increasing the number of complaints where details are captured over the phone and written for the complainant	<p>We will consider the data in relation to the time involved in taking complaints over the phone and assess to what extent this can be offered as a service against the volume of phone calls received.</p> <p>We will then establish criteria for taking the details of a complaint over the phone.</p>	End September	CAT	<p>Exercise completed.</p> <p>Done. CMRG approved criteria on 19/8/15 – widened to include all complaints taken other than in writing.</p>
1.2 Review the outreach strategy (which currently seeks to support Aim 1 and Aim 3 of this Strategic Plan) and produce a suitable programme of activities for 2015/16.	We will update the Strategy for consideration by Management Team.	End June	P&CT	Achieved. Outreach strategy finalised/issued during June.
1.3 Undertake research, via focus groups, to obtain feedback on service user experiences of the complaints handling service we provide.	We will identify and approach previous users of our service to participate in focus groups and commission a research company with relevant expertise to undertake these	End September	P&CT	Agreed that the focus groups will not happen for the time being – attention to be given instead to the ‘Stakeholder Groups’ being put in place by the Review & Quality Manager. Aim to hold first group meeting during first quarter of next operational year.

Key priorities	Actions	Target Date	Team Responsible	Outcome
<p>1.4 Review the effectiveness of the 'new' equality monitoring and satisfaction survey processes introduced in 2013/14, and further develop and refine the statistical reports and analyses to obtain meaningful information and trends, including in relation to people within the various protected characteristic groups (as defined in the Equality Act 2010)</p>	<p>We will consider whether a joint 'equality/customer satisfaction' form is an appropriate approach.</p> <p>We will also review the recently introduced practice of 'attaching' monitoring data with case records</p>	<p>October</p>	<p>P&CT</p>	<p>Review undertaken. Agreed general approach still meeting objectives and appropriate, but some revisions made to the questionnaire.</p>

Strategic Aim 2: To deliver a high quality complaints handling service, which considers and determines complaints thoroughly but proportionately, and conveys decisions clearly.

Key priorities	Actions	Target Date	Team Responsible	Outcome
2.1 Implement the agreed outcomes from the 'innovation project' undertaken during 2014/15.	We will action the various tasks identified, and as approved by the Management Team.	As per the Innovation Action Plan	Mgmt Team/CMRG	Periodic review took place by Management Team. Specific actions considered at CMRG meetings. Final review has now taken place.
2.2 Review the existing complaint handling procedures, to include ensuring that: <ul style="list-style-type: none"> - they reflect the outcome of customer care deliberations - they are particularly reviewed with the Human Rights aspects of the Ombudsman's role in mind - decision letters and reports produced are proportionate to the complexity of the case in question. 	<p>We will review in detail each of our complaint handling procedures (i.e. Complaints Advice Team; Public Body Complaints; and Code of Conduct procedures) bearing in mind the consideration at the key priority 2.1.</p> <p>We will also review our practices in relation to the production of decision letters and reports, and produce relevant direction/guidelines</p>	<p>November</p> <p>December</p>	Mgmt Team/CMRG	<p>Revised procedures were considered and approved.</p> <p>Human Rights training for managers undertaken in September. IMs to incorporate consideration of Human Rights issues in changes to complaint handling procedures. Ongoing. To be reviewed after Human Rights Course in Belfast in May 2017.</p> <p>Changes to decision letters and report formats implemented June. Further changes in report writing approaches were included in training which concluded in February.</p>
2.3 Review the effectiveness of the arrangements introduced in 2014/15 in relation to the extension of the Ombudsman's jurisdiction to independent care providers (i.e. hospices and care homes where people self their care)	<p>We will consider the volume of complaints received and whether there is sufficient staffing resource to deal with this.</p> <p>We will review the caseload dealt with to ensure consistency in data capture and the approach to dealing with 'private sector' complaints</p>	December	Mgmt Team	<p>Number of complaints received low, but nature of cases is "multi handed" involving health board, local authority and care home. So resource intensive in relation to clinical (i.e. nursing) and social care advice. A review of data capture undertaken, which identified need for greater clarity and understanding by staff in relation to appropriate categorisation of care complaints. To be addressed early 2016/17.</p>

Key priorities	Actions	Target Date	Team Responsible	Outcome
<p>2.4 Implement enhanced arrangements for monitoring compliance with Ombudsman's recommendations.</p>	<p>We will introduce the compliance report developed to obtain better information from our complaints handling database.</p> <p>We will use the information produced to enable investigators and support staff to liaise with bodies in jurisdiction concerning compliance at appropriate times</p>	<p>End June</p> <p>By September</p>	<p>Mgmt Team</p>	<p>Compliance arrangements agreed in principle at CMRG in June. Named Assistant Investigation Manager has developed compliance follow up arrangements and procedure, which has been approved by CMRG.</p> <p>Workpro has been developed to record compliance issues in more detail to facilitate follow up work.</p>
<p>2.5 Achieve our key performance indicators for 2015/16.</p> <p>Then, particularly in view of continued increase in caseload, review whether those key performance indicators remain appropriate for the future. New or additional performance indicators then to be introduced for 2016/17.</p>	<p>Our key performance indicators for 2015-16 are:</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 end March</p>	<p>CAT</p> <p>CAT</p> <p>CAT</p>	<p>99% within 30 seconds.</p> <p>Achieved.</p> <p>Achieved.</p>

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	<p>At least 90% of all complainants to be informed within 4 weeks whether Ombudsman will take up their complaint (from the date that sufficient information is received).</p> <p>At least 150 complaints to be resolved either through 'quick fix' or voluntary settlement.</p> <p>Complete investigations within 12 months from the start of the investigation – 100%</p> <p>Monitoring reports to identify achievements against the above performance indicators will be produced for Management Team on a monthly basis.</p>	Monthly	<p>CAT/(Inv. Teams)</p> <p>CAT/Inv. Teams</p> <p>Inv. Teams</p> <p>P&CT</p>	<p>90% achieved.</p> <p>226 (182 were 'quick fixes)</p> <p>99% within 12 months.</p> <p>Achieved.</p>
2.6 In view of continued increase in caseload review whether key performance indicators remain appropriate for the future. New or additional performance indicators then to be introduced for 2016/17.	We will consider against the experience of 2015/16 whether the indicators set for 2016/17 are appropriate.	December	Mgnt Team	Following discussions, new indicators to be introduced for 2016/17 instead of one blanket '4 weeks decision target and new indicator in respect of investigations to be piloted during the year.

Strategic Aim 3: To use the knowledge gained from our investigations to contribute to improved public service delivery and to inform public policy.

Key priorities	Actions	Target Date	Team Responsible	Outcome
3.1 Enhance our data capture capability to bolster our ability to identify trends in relation to specific areas of public service delivery.	We will introduce a more detailed level of data recording, focusing in the first instance on information gathered on the health complaints.	End September	CST	Data capture structure and categories agreed by CMRG and release to WorkPro live site completed November.
3.2 Consider innovative ways of communicating the messages that lie behind the data already held by the office.	We will look at how best to develop the website, or a possibly a microsite, to allow data to be presented in a more 'newsworthy' way, including using data visualisation techniques.	October	P&CT	Mgmt Team agreed in October on approach to data release to website. However, further work was required due to data protection etc concerns. The aim now is to issue a release to the website in April 2016.
3.3 Continue to produce the Ombudsman's Casebooks so that the learning from casework can be widely shared, and consider whether it would benefit from introducing additional content.	<p>We will issue the Ombudsman's Casebook on a quarterly basis</p> <p>We will also issue the Code of Conduct Casebook on a quarterly basis - producing a compendium with commentary annually (published in April 2016)</p> <p>We will also consider whether the Casebook, or elements of it, can also be presented in an alternative format on the website.</p>	<p>)</p> <p>)</p> <p>) April</p> <p>) July</p> <p>) October</p> <p>) January</p> <p>)</p> <p>January</p>	<p>P&CT</p> <p>P&CT</p> <p>P&CT</p>	<p>April edition delayed to May, to enable inclusion of Ombudsman statement re. Assembly Finance Committee report on new legislation. July, October and January editions published.</p> <p>Code of Conduct casebook published April, July, October and January</p> <p>This is now to be part of a more comprehensive review agreed to take place in 2016/17, arising from development of new Strategic Plan for next three years.</p>

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3.4 Continue to contribute to proposed Welsh initiatives where lessons from the Ombudsman's investigations can be useful to deliberations (including Welsh Government and National Assembly for Wales's consultations).	We will engage in relation to Welsh public policy proposals where and when appropriate (mainly via responses to consultations)	As and when appropriate	Mgmt Team	Regular (quarterly) meetings recently established with officials of Welsh Govt. Healthcare quality division. Responded to consultations on 'Our Health, Our Service' and Additional Learning Needs & Educational Tribunal Bill.
	We will also seek to engage in a more proactive way by producing 'thematic reports' where areas of concern emerge from our casework.	Decision to be taken by November	Mgmt Team	Thematic report: 'Out of Hours: Time to Care' issued in March.
3.5 Introduce additional activities in relation to working with bodies in jurisdiction to improve complaint handling practice and effective implementation of the Model Concerns and Complaints Policy, Putting Things Right and the new social services complaints process, with a view to reducing the number of complaints being made to the Ombudsman and sharing the learning.	<p>We will develop an approach for identifying patterns in relation to complaints processes and types of complaints in relation to individual bodies.</p> <p>We will then establish the best way of engaging with relevant bodies to address insights and areas of concern emerging from the above.</p>	By March	Inv. Teams	New improvement role introduced for AIMS/IIOs. Includes leads on subject areas and for five identified bodies. Meetings between PSOW leads and bodies have begun. Roles still being developed but good engagement taking place.
3.6 In relation to the Code of Conduct, continue working with relevant representative organisations with the aim of further developing arrangements for resolving 'low level' complaints at a local level.	We will continue to work with the WLGA, (Solicitors body) Monitoring Officers, etc to ensure that the all Wales arrangement is operational across Wales and working effectively, having regard to any new arrangements which the Welsh Government may seek to introduce in relation to the Model Code of Conduct.	By March	Mgmt Team/Inv Teams	Attendance at LLG meetings (lawyers in local government) ongoing. Ombudsman addressed Standards & Ethics Conference in October.

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3.7 Keep the both versions of the Guidance on the Model Code of Conduct under continual review and update as necessary.	<p>Following the significant review during 2014/15 we will in particular bear in mind any changes that may be appropriate to introduce as a result of the Welsh Government's review.</p> <p>We will, if necessary, issue revised editions of the Guidance.</p>	<p>September</p> <p>(By March)</p>	<p>Inv. Teams</p> <p>Inv.Teams/ PC&T</p>	<p>Review delayed in order to accommodate and reflect new Regulations on the Model Code of Conduct to be issued by Welsh Government on 1 April 2016. This will now take place early 2016/17.</p>

Strategic Aim 4: To continue to analyse and improve the efficiency and effectiveness of our governance, business processes and support functions, to further demonstrate transparency and ensure the best use of the public money entrusted to us.

Key priorities	Actions	Target Date	Team Responsible	Outcome
<p>4.1 Provide evidence to the National Assembly for Wales as necessary in support of the proposals to revise the Public Services Ombudsman (Wales) Act 2005, particularly in relation to:</p> <ul style="list-style-type: none"> • own initiative investigations • access – oral complaints • complaints standards authority • extension and reform of jurisdiction - private health care (in limited circumstances) • links with the courts. 	<p>We will produce the necessary documentation, as required by the Assembly, as well provide oral evidence, dependent upon the outcome of the Finance Committee's inquiry into the PSOW's powers.</p>	<p>In line with Assembly timetable</p>	<p>Mgmt Team</p>	<p>Finance Committee report issued in May 2015 and draft PSOW Bill subsequently introduced in September. Assembly's resultant consultation report was issued March 2016. No further progress can be made until the Assembly elections have taken place in May 2016 and intentions of the Fifth Assembly are known as regards taking this matter forward.</p>
<p>4.2 Engage with the Ombudsman's Advisory Panel and all staff in developing the next Three Year Strategic Plan (2016/17 to 2018/19).</p>	<p>We will hold seminars/workshops to ensure that Panel Members and all staff have a full opportunity to contribute to the development of the next Plan.</p>	<p>September</p>	<p>Mgmt Team (P&CT)</p>	<p>Seminars/workshops took place in September. Draft Plan subsequently developed and then put out to public consultation. The Strategic Plan was finalised and approved by Ombudsman in readiness for publishing on 1 April 2016.</p>
<p>4.3 Ensure that expenditure is managed so that the office spend is contained within the approved budget for the financial year 2015/16.</p>	<p>We will produce monthly monitoring reports for Management Team, including drawing attention to any areas of concern.</p>	<p>Monthly</p>	<p>CST</p>	<p>Monthly reports produced.</p>

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<p>4.4 Continue to improve our information and communication technology provision by:</p> <ul style="list-style-type: none"> making further strides in the ongoing programme of improving the internal IT infrastructure to better utilise available technology, including the aim of reducing reliance on paper and hard copy documents. assessing whether further enhancement is required. 	<p>We will, in particular, develop processes for scanning and indexing medical records and other evidential documents and reduce hard copy records on our case management system.</p> <p>We will in addition to the above, review whether any further enhancements are required.</p>	<p>End March</p> <p>End March</p>	<p>CST</p> <p>CST</p>	<p>Incoming mail scanned from April 2015 and presumption in favour of scanning all other casework documents (i.e. scanned except where impractical) . CMRG agreed to switch to primacy of Workpro (rather than paper) records – July 2015. Bulk scanning equipment now in place along with revised incoming post process.</p> <p>Ongoing discussions are in place with RB's relating to electronic data transfer of records where possible.</p> <p>As stated in 3.1 new version of Workpro was rolled out November.</p>
<p>4.5 Review the effectiveness of human resources management processes and software.</p>	<p>We will review current practices and then implement the new software intended to support our attendance policies, etc.</p> <p>We will give particular attention to our Performance Management and Development Review arrangements.</p>	<p>End September</p> <p>End September</p>	<p>CST</p>	<p>Attendance and HR software training provided to managers and staff, and system was rolled out in March.</p> <p>Performance Management & Review – review has taken place with revised approach agreed. To be introduced at the start of the new operational year.</p>

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4.6 Undertake a wholesale review of the Ombudsman's existing training strategy. procedures.	We will review our current strategy and consider whether this remains appropriate, bearing in mind changes of emphases as regards the PSOW's 'influencing' role and potential new powers for the office as a result of the review of the PSOW Act.	End July	CST CST	A dedicated PSOW training co-ordinator appointed within current roles (AMCS). In conjunction with 4.5 above (revised PMDR process) a new skills/competencies matrix is also at the final stages of being drafted, to more fully identify individual / group / all staff and organisational training needs.
4.7 In accordance with the Equality Act 2010 and Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011, produce a report on the past year's equality considerations and activities (as part of the PSOW's statutory Annual Report).	We will include a 'sub report' within the Annual Report for 2014/15 providing details in relation to the equality matters.	June	P&CT	This was included in the Annual Report published on 25 June.
4.8 Streamline procedures for people who wish to comment on the Ombudsman's service.	We will review our procedure in relation to 'Complaints About Us', also consider how we can improve our service when these interact with other requests made to the office (e.g. review requests, FOI/DPA requests). We will then introduce new arrangements.	September End July	CST	New Complaints About Us and Review procedure developed and agreed by Management Team June 2015 which included the need to appoint an Independent Complaint Reviewer. A New ICR appointed in October 2015 and process now fully up and running

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	<p>The following performance indicators will apply for 2015/16:</p> <ul style="list-style-type: none"> Complete 'complaints about us' investigations within 20 working days – 100% Complete all requested reviews of 'complaints about us' within 20 working days – 100% 	At end March		<p>62 CAU's received (including 1 b/f from previous year) [0 cases open at year end] 85% closed within 20 working days or open and still within KPI deadline.</p> <p>Review process no longer applicable due to new CAU process with ICRS.</p>

Other Activity in support of Strategic Aim 4

Key priorities	Actions	Target Date	Team Responsible	Outcome
4.9 Annual Accounts	(a) We will produce trial accounts at the nine month position	February	CST	Nine months accounts, for 2015/16, were produced by February and considered by Audit & Risk Assurance Committee (ARAC) in March.
	(b) We will publish accurate and reliable financial statements with a view to achieving an unqualified audit of PSOW annual accounts	July	CST	Accounts for 2014/15 completed by July (signed by Auditor General in August). Accounts were unqualified.
4.10 Risk Management	We will review our Risk Management Policy.	July	CST	Revised policy was agreed by Management Team July 2015.
	We will keep the risk management register under continual review, with quarterly reports being submitted to Management Team and the Audit & Risk Assurance Committee and take any necessary action to manage risk.	Quarterly	CST	All quarterly reports presented to ARAC as planned.

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4.11 Information Security/Data Protection/Freedom of Information/Environmental Information Requests	(a) We will further review our Information Security arrangements and, if necessary, introduce changes to our existing practices.	End March	CST	<p>New Information Security introduced from April 2015. Internal audit review of compliance completed and reported to ARAC in September.</p> <p>All processes are under regular review specifically in relation to information security - eg. ownership of incoming post items and reconciliation between received items and scanned items now in place.</p>
	<p>(b) We will ensure that all staff are aware of the provisions of the relevant Acts and of the procedures in place to ensure compliance (including information security considerations). We will do this by means of annual refresher training, in-house, for existing staff (via team meetings) and through the induction process for new starters, which will also include information security.</p> <p>(c) Performance indicators for 2015/16 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 – 100% 	<p>By end May</p> <p>At end March</p>	<p>CST</p> <p>All</p>	<p>Induction process updated to include new Information Security Policy. Briefing and training sessions for all staff took place in preparation for new Information Security Policy introduced April 2015. Intranet news and “Top Tip” facility used to reinforce this.</p> <p>Further FOI/DPA briefing for all staff once new starters in post/new structure in place. New starter corporate induction revised, split into differing sessions, with FOI/DPA/Information security session now the responsibility of the MIO.</p> <p>100%</p>

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4.12 Sustainability continued				Increased issue of IT tablets to reduce paper use. Whole office review of recycling facilities underway following office fit out. Additional meeting room projectors installed to further reduce paper use
4.13 Asset Management	We will review our asset management register.	End June	CST	Asset management register in place and updated.
4.14 Professional Standards	We will further develop constructive relationships with other Ombudsmen schemes to share best practice by actively participating in various fora at British, European and International levels.	In accordance with Ombudsmen events	Mgmt Team/(All)	Engagement with Ombudsman schemes continues. Attendance at OA Biannual Conference in May (when Public Services Ombudsman for Wales, appointed as Vice Chair to the Association), as well as various interest groups. Also continuing to meet UK & Ireland public sector ombudsmen meetings (most recent beginning June).
