



**Ombwdsmon
Ombudsman**
Cymru • Wales

Our KPIs and Business Plan Actions for 2024/25

October 2024



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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 2024/25



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



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

| No | Key Performance Indicator | 2022/23 performance | 2023/24 performance | Target Year 2 |
|-----|---|---------------------|---------------------|---------------|
| 1.1 | Average case closure time (once we have all the information we need from complainant) | | | |
| | Assessment (weeks) | 3 | 4 | 6 |
| | Investigation (weeks) | 58 | 64 | 55 |
| 1.2 | Proportion of complaint reviews in which we find that our original decision was appropriate | 95% | 93% | 95% |
| 1.3 | Proportion of Service Quality reviews satisfactory or better | n/a | 67% | 80% |
| 1.4 | Proportion of recommendations due during the year complied with in line with set target | 50% | 67% | 75% |
| 1.5 | Proportion of people satisfied with our service | | | |
| | All respondents | 48% | 40% | 52% |
| | Respondents satisfied with the outcome | 95% | 98% | 95% |



Strategic Aim 1 Actions 2024/25

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

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

- 1.2. Commission the Independent review of our Code of Conduct work, implement any recommendations made by the reviewer and engage with key stakeholders to maintain trust and confidence in our service.

Achieved when the Independent Reviewer has issued her final report, PSOW has implemented any recommendations arising from the report and updated the Senedd Finance Committee and other key stakeholders on the report and PSOW's response.

- 1.3. Focus our investigation resources on complaints about front line services which are delivered across the whole of the public sector in Wales.

Achieved when the number of non-health related investigations has increased.

- 1.4. Develop and deliver training for our staff on the exercise of PSOW's discretion to accept complaints particularly in identified sector specific cases.

Achieved when training materials on exercising discretion and on PSOW's approach to housing and social care related complaints has been delivered.

- 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 we have scoped the benefits, affordability and feasibility of a portal for receiving and providing information, documents and correspondence;

and

when we have delivered the portal project and have a plan for further rollout to meet agreed scope.



Strategic Aim 2



Strategic Aim 2: Increasing accessibility and inclusion.

| No | Key Performance Indicator | 2022/23 performance | 2023/24 performance | Target Year 2 |
|-----|---|---------------------|---------------------|---------------|
| 2.1 | Level of awareness of our service ¹ | 43% | 43% | n/a |
| 2.2 | Complainant assessment of our accessibility ('easy to get in touch') | | | |
| | All respondents | 87% | 83% | 90% |
| | Respondents satisfied with the outcome | 95% | 86% | 95% |
| 2.3 | Representation of target groups among our complainants (number of 6 target groups well-represented) | 1 | 1 | 2 |
| 2.4 | Proportion of our complaints that are in our jurisdiction and not premature | 59% | 59% | 65% |

¹ Bi-annual survey: next set of data will be available in 2025/26



Strategic Aim 2 Actions 2023/24

- 2.1. We align our Communication & Outreach Plan for 2024/25 with our approach to casework so that we publicise good outcomes we have delivered to service users and advocacy bodies.

Achieved when we have achieved a higher number and proportion of received complaints about housing and social care.

- 2.2. Design and implement a child friendly complaints guidance in collaboration with the Children's Commissioner for Wales.

Achieved when the guidance has been implemented.

- 2.3. Enhance our complaint handling service by ensuring that service users who are in the greatest need of our assistance and/or are currently underrepresented in our complaints are supported to access our 'oral complaint' and complaints service.

Achieved when we have seen a higher number of oral complaints and investigations being undertaken.

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

Achieved when we have created a video explaining the complaint journey.

- 2.5. Deliver Training at PSOW office for Advocacy Bodies with a focus on our new approach to non-health complaints.

Achieved when the event(s) have been attended.

2.6. Commission and organise annual survey of representative sample of our complainants to gauge satisfaction with our service.

Achieved when we have further analysed user survey responses, reviewed questions to ensure all relevant data needed is captured and annual survey is successfully commissioned and completed;

and

when independent research has been arranged by the end of the financial year (report received by end May).



Strategic Aim 3



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

| No | Key Performance Indicator | 2022/23 performance | 2023/24 performance | Target Year 2 |
|-----|--|---------------------|---------------------|---------------|
| 3.1 | Proportion of complaints handled by public bodies and then escalated to us | | | |
| | Health Boards | 5% | 5.5% | 5.0% |
| | Local Authorities | 7% | 7.1% | 7.0% |
| 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 | Not available | 100% | n/a |
| 3.3 | Proportion of Code of Conduct breaches that we referred upheld by Standards Committees or Adjudication Panel for Wales | 96% | 85% | 85% |



Strategic Aim 3 Actions 2023/24

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

Achieved when new CSA resources are uploaded to the website which provides more accessible content - i.e. videos/infographics/illustrations.

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

Achieved when open sessions are delivered throughout the year.

- 3.3. Increase number of organisations subject to complaints handling standards.

Number of public bodies subject to complaints handling standards increased in accordance with agreed plan.

- 3.4. Use our 'own initiative' and thematic reporting powers to highlight sector specific systemic failures and injustice in the public interest.

Achieved when we have used PSOW's own initiative power (wide & extended) to highlight sector specific failings in the public interest & made recommendations for service improvement, by:

- *Sharing the findings from our OI investigation into Carers' Needs Assessments*
- *Started the process of our third OI*
- *Use thematic reports to highlight issues relating to Damp and Mould in Housing and one other issue our procedure.*

Strategic Aim 4



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

| No | Key Performance Indicator | 2022/23 performance | 2023/24 performance | Target Year 2 |
|-----|---|--|--|--|
| 4.1 | Sickness absence levels (average number of days) | 8.6 | 7.7 days | 6.0 |
| 4.2 | Proportion of staff who agree that we are a good place to work | 87% | 75% | 80% |
| 4.3 | Level of variance on expenditure from that set out in our Estimate for the current year (less than) | 0.01% | 0.5% | < 3% |
| 4.4 | Proper management of our budget | Unqualified accounts and substantial assurance | Unqualified accounts and substantial assurance | Unqualified accounts and substantial assurance |
| 4.5 | Average cost per case for total casework closure | £473 | £432 | <£500 |
| 4.6 | Average cost per complaint for total complaints closure | £1,279 | £1,289 | <£1,350 |
| 4.7 | Our carbon footprint (CO2 kg produced) | Not available | 62,630kg CO2e Per Capita: 895kgCO2e/FTE | 60,000 KgCO2e |



Strategic Aim 4 Actions 2023/24

- 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. Ensure overall caseloads are manageable and allow us to take forward the most appropriate and significant cases and prioritise our use of resources.

Achieved when we have revised processes and criteria as necessary, to achieve proportionality, and to target the most important cases and there is clear and robust proportionality guidance in place.

- 4.3. Review our approach to naming Professional Advisers in our final reports.

Achieved when we have a decision on approach to naming advisers.

- 4.4. Consider allowing staff to draw new work when they consider they have capacity.

Achieved when we have a decision on approach to case allocation.

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

Achieved when we produce unqualified accounts together with positive internal and external audit opinions.

- 4.6. Prepare Medium Term Financial Plan showing pressures, priorities, plans and approach for three future years.

Achieved when we produce a Medium-Term Financial Plan and use it to inform Estimate submission for 2025/26.

- 4.7. To deliver the actions detailed in the IT & Digital Strategy Action Plan. Ensure that the intended actions and outcomes are achieved in line with the IT & Digital Strategy.

Achieved when intended actions and outcomes are achieved in line with the IT & Digital Strategy, as detailed in the Action Plan.

- 4.8. Commission research to understand responses to staff survey and inform development of action plan to seek assurance that staff feel able to report unacceptable conduct / behaviour / activity, following social media incident.

Achieved when the research complete and the action plan developed and actions underway.

- 4.9. Continue to support staff wellbeing, with activities throughout the year, sharing of information about wellbeing with staff and promoting use of stress risk assessments where stress may be an emerging or present issue. Ensure staff and managers are aware of Stress Risk Assessment process and approach.

Achieved when there is ongoing promotion of wellbeing throughout the year and number of staff who have undertaken a stress risk assessment.

- 4.10. Deliver the actions detailed in the People Strategy Action Plan.

Achieved when the intended actions and outcomes are actioned in line with the People Strategy.

- 4.11. Develop and implement the Leadership Charter.

Achieved when we have implemented the Leadership Charter, which provides clarity on the role of all leaders to inspire, encourage, provide autonomy, motivate and coach.

- 4.12. Maintain energy use and waste despite increased office presence.

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





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