



**Ombwdsmon
Ombudsman**
Cymru • Wales

Our KPIs and Business Plan Actions for 2025-26

October 2025



We can provide this document in accessible formats, including Braille, large print and Easy Read.

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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 2025-26



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:
Delivering justice with
a positive impact for
people and public
services**



Key Performance Indicator	Target 2024-25	Actual 2024-25	Target 2025-26
1.1. Average case closure time (weeks)			
Assessment	≤6	4	≤6
Investigation	≤55	53	≤52
1.2. Proportion of complaint reviews in which we find that our original decision was appropriate	≥95%	94%	≥95%
1.3. Proportion of decisions made by Investigation Officers and the Code Team Manager undergoing additional checks	5%	5%	5%
1.4. Proportion of sample checks where decision of Investigation Officers and the Code Team Manager are confirmed as appropriate	100%	100%	100%
1.5. Proportion of Service Quality reviews satisfactory or better	≥80%	84%	≥85%
1.6. Proportion of recommendations due during the year complied with in line with set target cases closed within 12 months	≥75%	56%	≥75%
1.7. Proportion of people satisfied with our service			
All respondents	≥52%	42%	≥52%
Respondents satisfied with the outcome	≥95%	95%	≥95%
Respondents not satisfied with the outcome	-	17%	-

Business Plan actions 2025-26

1.1. Under our new Data Strategy, ensure that we better model our capacity on our complaint trends, helping us to meet increasing demand on our service and complainant expectations.

Achieved when we have systems and processes in place to better analyse the data and target our casework.

1.2. Establish an accessible and secure online platform to help service users, advisers and organisations send us information or receive information from us.

Achieved when we have completed the project pilot and evaluated the opportunities for further roll-out.

1.3. Reduce the proportion of aging open Code of Conduct investigations.

Achieved when Code of Conduct ageing open cases over 12 months constitute no more than 20% of our open Code caseload at year end.

1.4 Improve compliance with our recommendations to public service providers.

Achieved when

- we have met our compliance key performance indicator overall and for the three main groups of organisations in our jurisdiction (local councils, health boards and housing associations); and
- a higher proportion of organisations better rate the consistency of our deadlines and consistency of our recommendations.

1.5. Explore how we can embed AI solutions into our complaints process to work more efficiently while continuing to deliver a responsive and proportionate service.

Achieved when we have undertaken market analysis and research into potential AI solutions and conducted AI pilot projects.



Strategic Aim 2: Increasing accessibility and inclusion



Key Performance Indicator	Target 2024-25	Actual 2024-25	Target 2025-26
2.1. Level of awareness of our service	-	48%	≥50%
2.2. Complainant assessment of our accessibility ('easy to get in touch')			
All respondents	≥90%	86%	≥90%
Respondents satisfied with the outcome	≥95%	95%	≥95%
Respondents not satisfied with the outcome	-	81%	-
2.3. Representation of target groups among our complainants (number of 6 target groups well-represented)	≥2	1	≥2
2.4. Proportion of our complaints that are in our jurisdiction and not premature	≥65%	60%	≥65%

Business Plan actions 2025-26

2.1. Continue to raise awareness of our role among target groups through tailored resources and attendance at face-to-face outreach events.

Achieved when

- our complaint forms and 'How to complain' leaflets are available in 5 community languages
- we have attended at least 4 outreach events.

2.2. Continue to develop our website, to improve the user journey and accessibility of the content.

Achieved when we have

- reduced the number of PDF files on our website by 40%
- developed the capacity to reliably monitor our website use by different user groups
- re-evaluated our current website support services and identified potential improvements, including potential incorporation of AI tools and solutions.

2.3. Improve our external newsletter to reach new audiences and begin to measure engagement.

Achieved when

- we have issued at least 4 external newsletter a year and
- we are able to set the baseline for engagement with our content for 2026-27.

2.4. Deliver more training on our role and process for advocacy bodies and constituency officers, continuing to emphasise our new approach to non-health complaints.

Achieved when we have delivered

- at least 3 training sessions to constituency offices and
- at least 3 further sessions to other organisations.

2.5. Plan and begin to deliver activities to mark PSOW's 20th anniversary during 2026 calendar year.

Achieved when we have begun to publish content to celebrate the anniversary and have confirmed the calendar of relevant events.

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

Achieved when the guidance has been finalised and published.



Strategic Aim 3: Increasing impact of proactive improvement work



Key Performance Indicator	Target 2024-25	Actual 2024-25	Target 2025-26
3.1. Proportion of complaints handled by public bodies and then escalated to us: Health Boards	≤5%	5%	≤5%
3.2. Proportion of complaints handled by public bodies and then escalated to us: Local Authorities	≤7%	6%	≤7%
3.3. Proportion of recommendations as a result of our extended and wider investigations due during the year complied with in line with set target	n/a	n/a	≥75%
3.4. Proportion of Code of Conduct breaches that we referred upheld by Standards Committees or Adjudication Panel for Wales	≥85%	85%	≥85%

Business Plan actions 2025-26

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

Achieved when

- the booking system for open sessions is set up and
- 3 open sessions are delivered throughout the year.

3.2 Bring all housing associations under complaints standards.

Achieved when we have

- invited all remaining housing associations to comply with the standards
- identified realistic timeline for delivery of training to the new organisations.

3.3. Under our new Data Strategy, improve our capacity to understand our complaint trends.

Achieved when we have begun to analyse and monitor casework trends and are able to demonstrate the impact of this analysis on our approach to casework, OI and thematic reports.

3.4 Launch the third OI investigation.

Achieved when the third investigation has been launched.

3.5 Continue to influence organisations in our jurisdiction to ensure better equality monitoring of complainants.

Achieved when we have requested an update on complainant equality monitoring arrangements by the public service providers in Wales, analysed the response and identified the next steps.



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



Key Performance Indicator	Target 2024-25	Actual 2024-25	Target 2025-26
4.1. Sickness absence levels (average number of days)	≤6.0	5.78	≤6.0
4.2. Proportion of staff who agree that PSOW is a good place to work	≤80%	91%	≤80%
4.3. Level of variance on expenditure from that set out in our Estimate for the current year (less than)	≤3%	0.40%	≤3%
4.4. Proper management of our budget	substantial assurance and unqualified accounts	substantial assurance and unqualified accounts	substantial assurance and unqualified accounts
4.5. Average cost per case for total casework closure	≤£500	£459	≤£500
4.6. Average cost per complaint for total complaints closure	≤£1,350	£1,274	≤£1,350
4.7. Our carbon footprint (kg CO ₂ e produced)	≤60,000 kg CO ₂ e	58,514 kg CO ₂ e	≤60,000 kg CO ₂ e

Business Plan actions 2025-26

4.1 Deliver the actions detailed in the Digital, Data & Technology Action Plan.

Achieved when we have

- successfully transitioned to our new IT Managed Service Provider
- improved our cyber security measures
- evaluated AI opportunities; and
- evaluated the outcomes of our Data Strategy.

4.2 Maintain energy use and waste.

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

4.3 Deliver the actions detailed in the People Strategy Action Plan.

Achieved when

- we have maintained the high level of staff engagement
- the intended actions detailed in the annual Action Plan are delivered and we successfully recruit and deploy resource as and when needed.

4.4 Continue to support staff wellbeing, by empowering staff to take positive action and providing opportunities and activities for that to happen throughout the year. Continue to support all Leaders in line with our Leadership Charter and all staff in line with Future Working at PSOW.

Achieved when we deliver wellbeing activities and initiatives and achieve all intentions detailed in “Future Working at PSOW” in relation to wellbeing.

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. Use our Medium Term Financial Plan to inform our Estimates Submission for 2026-27.

Achieved when our work on capacity modelling is used to inform our Estimate submission for 2026-27.





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