# SPSO Business plan 2018-2020





# SPSO Business Plan 2018-19

#### Introduction

This document sets out the Scottish Public Services Ombudsman's annual business plan for the period from 1 April 2018 to 31 March 2019. It sets out what we will do this year towards delivery of our strategic vision and aims. It should be read in conjunction with our Strategic Plan 2016-2020.



## Vision

The Scottish Public Services Ombudsman contributes actively and positively to Scotland's development and delivery of first class public services: putting people and learning at the heart of what we do by being innovative and world-leading in our approach to complaints, reviews and standards.

#### **Equalities commitments**

- Take proactive steps to identify and reduce potential barriers to ensure that our service is accessible to all.
- Identify common equality issues (explicit and implicit) within complaints or reviews brought to our office and feed back learning from such cases to all stakeholders.
- Ensure that we inform people who are taking forward a complaint or review of their rights and of any available support, and that we encourage public authorities to do the same.
- Ensure that we play our part in ensuring that service providers understand their duties to promote equality within their complaints handling and review procedures.
- Monitor the diversity of our workforce and supply chain, and take positive steps where underrepresentation exists.

## SPSO Values

- ✓ We will work independently and fairly
- ✓ We are people-focused and value integrity and respect
- ✓ We value learning and improvement

#### Strategic Aims

- Be recognised and consulted as a world-leading Ombudsman service of independent accessible experts with a reputation for: being run transparently and efficiently, governed effectively, and leading by example in the delivery of the full range of statutory functions.
- 2. Develop organisational capacity to: deliver existing statutory functions efficiently, proportionately and effectively, and develop and adopt new, or enhanced, services and functions.
- Drive improvement in Scottish public services by setting and applying high complaints handling and review standards and promoting a culture and practice where learning and improvement from complaints or reviews is embedded in practice, governance and organisational systems.
- 4. Enable and support the Scottish public sector to achieve and maintain high standards of policy and practice through a combination of sharing learning from SPSO complaints and reviews, monitoring, advice and guidance, training and appropriate collaboration.
- 5. Through active engagement, help people know about their rights to complain or request a review, and help them understand what standards and level of services they can expect and how to access them easily and responsibly.

#### Risk appetite

Our current overall risk appetite is defined as 'Open'. This means the SPSO will continue to encourage new thinking and invest in people, systems and processes that will enable the organisation to achieve continuous improvement in the quality and user-focus of our services

#### Resources

Total budget for 2018-19 is £4,399,780, broken down as follows:

- Total staff costs £3,408,280
- Total running costs costs £1,071,500
- Less Total estimated income £80,001

#### Commonly used terms

**BAU**: Business as Usual **Priority**: Relative priority

- Statutory, must do
- Statutory/High, part statutory part business high priority
- High, high strategic or business high priority (have a choice but achievement of strategic aims and business will suffer if not done)
- Medium, medium strategic or business high priority (have a choice about whether to do)
- Low, low business priority (have a choice about whether to do)

LT: Leadership team

**C&I:** Complaints and investigations **Corp Serv/ Services**: Corporate Services **ISE**: Improvement, Standards and Engagement

**SWF:** Scottish Welfare Fund **SPSO**: the Ombudsman

**Dir-:** Director (followed by main operational area, e.g. Dir-C&I) **HolSE:** Head of Improvement, Standards and Engagement

No	Activity	Туре	Frequency	Start	End	Stra	ategio	: Aim	1	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select			1	2 3	4	5	select	select		select	Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
	Case-handling - <b>Advice</b> (assess suitability and maturity; provide advice and signposting; manage Freephone telephone advice service; and production of complaint files)	BAU	Continuous	01/04/2018	31/03/2019	Х	x x	х	Х	S		95% of cases closed or progressed in 10 working days or fewer	Completed	
2	Case-handling - Early resolution, Investigations Level 1 & 2	BAU	Continuous	01/04/2018	31/03/2019	Х	x x	х	Х	S	Dii - Cai	95% of cases closed or progressed in 70 working days or fewer	Missed	89.2% year-end. Impacted by a significant process change in Q4, volume of open cases, limited resource for allocation of cases.
3	Case-handling - Investigations Levels 1-4	BAU	Continuous	01/04/2018	31/03/2019	X	x x	x	Х	S	Dir - C&I	95% of cases closed within 260 working days	Completed	96.6% year-end
	Case-handling process <b>C&amp;I</b> - monitor practice, review and update guidance, and disseminate through updates and training	BAU	Quarterly	01/04/2018	31/03/2019		x x	х	х	Н		Report to LT quarterly confirming learning captured and action taken and planned		Discontinued because duplicates CS 26
5	Resourcing: monitor, plan and arrange recruitment to maintain appropriate level of staff resources for C&I	BAU	Monthly	01/04/2018						н		<ul> <li>Achievement of KPIs</li> <li>Carry forward of cases at year end in line with target of XXX</li> </ul>	Completed	
6	Review public reporting criteria and update handbook as required	Project	Project defined	01/04/2019	31/03/2019		X X	Х		Н	Dir - C&I	Successful delivery of project	Slippage	
7	Write guidance on Proportionality of Investigation	Project	Project defined	01/04/2019	30/09/2018	Х	x	х	х	M	Dir - C&I	Successful delivery of project and sign-off by LT	slippage	Slippage due to need to conduct QA of existing proportionality QA prior to commencement. 1st draft will be completed in Q1 2019-20.
8	Implement guidance on Proportionality of Investigation	Project	Project defined	01/01/2019	31/03/2019	Х	x x	х		M	Dir - C&I	Successful delivery of project	c/f	Delayed due to competing priorities with managing changes to review process and review caseloads. Agreed to carry forward to 2019-20 once guidance in place.
9	Assess effectiveness of Proportionality of investigation, including reputational impact	Project	Project defined	01/04/2018	31/03/2019	Х	х		х	M		Report to LT quarterly confirming learning captured and action taken and planned	c/f	As above. Agreed to carry forward to 2019-20 once guidance in place
10	INWO: implement new complaint handling procedures (X-ref to ISE projects)	Project	Project defined	07/01/2019	01/09/2019	Х	x x	х	х	s		Successful delivery of function, on- going monitoring to be confirmed during project		Agreed to carry forwards. Slippage in timetable due to Scottish Government implementation timetable
11	Information sharing: OMG (Water sharing group), attendance	BAU	As required				хх	х		M	Dir - C&I	- input information/ papers to LT - attendance at meetings - feedback to LT	Completed	
12	Ombudsman groups: contribute to OA (and other) special interest groups	BAU	As required							M	Dir - C&I	- feedback for SPSO specific items - OA published minutes - ad hoc reports and recommendations as required	Completed	First Contact Group meeting chaired in Belfast 22 June 2019, with representation from Scotland, England, NI and Republic of Ireland and Wales. Presentation given to OA conference on 24 May 2018 on Proportionality in Decision making. Dec 2018 First Contact meeting hosted and well attended.
13	Performance reporting: Service standards - monitor performance against service standards using internal and stakeholder feedback and identify and implement improvements	BAU	As required	01/04/2018	31/03/2019	X	x x	х	x	M	Dir - C&I	- Report to Dir(Corp Serv) for inclusion in Annual report to LT: learning captured, recommendations and details of action taken and planned	Discontinued	Discontinued because duplicates CS 80
	Premature study of complainants who do not return to the SPSO after being offered advice on how to progress a premature complaint.	Project	Project defined	19/03/2018			х	х	х	L	Dir - C&I	Conduct survey until total of 100 complainants have responded to telephone survey questions.	Slippage	Work completed, findings to be presented to LT in Q1 2019-20.
1 10	Complete prison paperless pilot and consider recommendations on completion from project group	Project	Project defined	01/04/2018	31/03/2019	Х	х			M	Dir - C&I	Project Group to give detail.	Completed	Draft paper with reccs to LT on 24 August. LT approval to continue to manage prisons cases paperless-ly
16	Introduce survey cards to capture feedback on advice service offered to visitors to SPSO's office.	BAU	As required	01/04/2018		Х	х		х	M	Dir - C&I	Capture and report findings as an addition to quarterly customer satisfaction survey report.	Completed	Assessment and Guidance Team have designed card and began to issue.

11	lo	Activity	Туре	Frequency	Start	End	Stra	ategio	c Aim		Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken
		description of task/ activity/ project	select	select			1	2 3	4	5	select	select			Why discontinued
,	7 o	Develop communications materials and consider customer 'touch points' to maximise the apportunity to inform complainants of our ability to adapt our service to meet their accessibility needs.	Project	Project defined	01/04/2018	31/03/2019	х	хх		Х	M	Dir - C&I	Accessibility service standard measured in customer satisfaction survey.	Completed	Additional information added to templates.
,	8 w	Develop our approach in supporting complainants who are experiencing significant delays with BUJs CHPs and gather intelligence on BUJs poor complaint handling for CSA colleagues	BAU	As required			x	x x	x	Х	M	Dir - C&I		Completed	Stationery designed by Assessment and Guidance Team approved. Will be printed with new office details and new approach will begin Jan 2019.
_		Change team names to provide greater clarity to service users and update all relevant eferences e.g., templates etc.	Project	Project defined	01/04/2018		х	х			M	Dir - C&I		i Completed	Assessment and Guidance Team name change proposed and approved.
2		Scope out introduction of paperless working for DCR cases where the complaint has been submitted electronically.	Project	Project defined							L	Dir - C&I			The project has identified some issues, including the difficulty reading online complaint forms on screen, that need to be considered.

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No	Activity	Туре	Frequency	Start	End	Strat	egic	Aim	<u>n</u>	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update  E.G.  Explanation about why not on target/ exceeded with actual
	description of task/ activity/ project	select	select			1 2	3	4	5	select	select		select	achieved Important milestones achieved Policy decisions taken Why discontinued
	ασσειριστοί τασκ ασινική βισμού	30/001	30/001			<u> </u>		7	٦	30/001		95% of cases closed or progressed in	30/001	Wify discontinuou
1	Case-handling times - SWF Reviews of <b>Crisis</b> Grants	BAU	Continuous	01/04/2018	31/03/2019	Х	X	Х	Х	S		1 working day or fewer (from receiving all information)	Exceeded	100% achieved
2	Case-handling times - SWF Reviews of <b>Community Care</b> Grants	BAU	Continuous	01/04/2018	31/03/2019	×	X	х	х	S	Dir - SWF	95% of cases closed or progressed in 21 working days or fewer (from receiving all information)	Exceeded	98.8% achieved
	Case-handling process <b>SWF</b> - monitor practice, review and update case handling guidance, and disseminate through updates and training	BAU	Annual	01/04/2018	31/03/2019	×	X	х	х	Н	Dir - SWF	Report to LT quarterly confirming learning captured and action taken and planned	Completed	Case Handling Guidance updated on 8 August 2018
4	Reconsiderations	BAU	As required	01/04/2018	31/03/2019	×	X	Х	Ш	Н	DIL - 2ME	95% of decisions are correct, Quarterly reporting to LT	Exceeded	99.3% achieved
	Monitor SG SWF Guidance, provide feedback and engage in review	BAU	As required	01/04/2018				Х		Н	Dir - SWF	Ad hoc updates and annual report to LT	Completed	
6	Produce, publish and disseminate SWF Annual Report and annual letters to councils	BAU	Annual	01/04/2018	31/07/2018	XX	X	Х	X	M	Dir - SWF	Published Annual Report	Completed	Published in July 2018
7	Resourcing: monitor, plan and arrange recruitment to maintain appropriate level of staff resources for <b>SWF</b>	BAU	Monthly	01/04/2018	31/03/2019				Ш	Н	Dir - SWF	Achievement of KPIs	Completed	
8	Performance reporting: Service standards - monitor performance against service standards using internal and stakeholder feedback and identify and implement improvements	BAU	As required	01/04/2018	31/03/2019	х	X	Х	х	M	Dir - SWF	- Quarterly report to LT as part of business plan update	Completed	
9	Maintain effective engagement with stakeholders via appropriate channels, working with ISE	BAU	As required	01/04/2018	31/03/2019	x	х	х	х	М	Dir - SWF	Quarterly report to LT as part of business plan update     Consider as part of C&E strategy once available.	Completed	Three local authority sounding boards held; Visited one large LA to meet with decision makers and discuss common findings; Met with three local authorities to discuss QA; hosted visit from one LA; attended two SWF practitioner's forums.
10	Produce SWF text for monthly commentary as well as additional comms materials as and when required.	BAU	Monthly	01/04/2018	31/03/2019	Х	Х	Х	Х	M	Dir - SWF	- monthly content to ISE	Completed	
11	Review QA results (casework and telephone) and implement learning/ amend process as required.	BAU	Quarterly	01/04/2018	31/03/2019	x x	X	Х		M	Dir - SWF	- report of findings and recommendations to LT	Completed	
12	Maintain and promote professional development of staff and ensure team is appropriately resourced and skilled.	BAU	Continuous	01/04/2018	31/03/2019	хх	X	Х		M	1 1 ) ir = \$\\\/	Achievement of SWF function and business plan objectives.	Completed	
13	Assess customer experience of SPSO SWF quality of service delivery	BAU	Continuous	01/04/2018	31/03/2019	ХХ			Х	M	Dir - SWF	- report of findings and recommendations to LT	Completed	
14	Evaluate and report results of 'in process customer survey pilot'	Project	Project defined	01/04/2018	31/03/2019	ХХ	X	Х		M	Dir - SWF	- Report to LT on results of pilot from February and March 2018.	Completed	Reported to LT in August 2018
15	Review what more information SPSO can publish on SWF decision making, for example by sharing our 'Ensuring consistency in SWF Decision Making Document'; or by producing thematic summaries' once a quarter which detail our casework/ thinking around topics like exceptional pressure/ calculating awards/exceptional fourth awards'	Project	Project defined	01/02/2019	31/03/2019	x	X	х		M	Dir - SWF	- Report and recommendations to LT	Completed	
16	Nork with ISE to develop SWF related elements of Support and Intervention Policy	Project	Project defined	01/07/2018	31/03/2019	x	X	Х		M	Dir - SWF	- Support and Intervention Policy published and implemented	Completed	
17	mprove the standard of internal recording of case summaries	Project	Project defined	01/09/2018	31/12/2018	ХХ	X	Х		M	Dir - SWF	QA of cases and customer feedback positive	Slippage	
	Review the format of our case handling guidance with the aim of increasing accessibility	Project	Project defined	01/01/2019	31/03/2019	XX	X	Х		M	Dir - SWF	- Guidance signed-off by LT	Completed	Changes agreed by LT. Format changes to be implemented by Corp Serv team.
19	Consider measures for encouraging councils to improve their practice. For example, via self reflective learning templates; or by conducting a pilot to provide councils with more detailed and regular information regarding their findings, where recurring issues are identified (perhaps via monthly or quarterly reports).	Project	Project defined	01/06/2018	31/03/2019	x x	X	Х		M	Dir - SWF	- Benchmark position at start and finish of project and report and make recommendations to LT	Slippage	Working with ISE to develop content for a support for decision making tool, pending resource availability from ISE team.

No	Activity	Туре	Frequency	Start	End	Stra	ategio	c Aim	P	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select			1 :	2 3	4	5 3	select	select		select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
1	Audit, External: Annual report and Accounts	BAU	Annual	09/01/2018	30/09/2018	X	X			S	Dir - CS	- Agreed External Audit annual plan	Completed	
	agree annual external audit plan with auditors; provide information and access to External Auditors; prepare fully audited Financial and Governance Statements for SPSO Annual Report and Accounts ((including discharging duties under section 32 (1)(b) of the PSR (Scotland) Act 2010) including Trade Union Publication of Facility Time Data Regulations Reporting											- External Audit Report		
2	Audit, Internal: produce and deliver Internal Audit Plan	BAU	Annual	01/04/2018	31/03/2019	X Z	X			M		Internal Audit Plan, signed off by LT     Internal Audit reports to LT in line with plan, accompanied by Dir-CS recommendations	Slippage	One item was delayed into Q1 2019 due to limited SPSO resources resulting from the offic emove project - see item 21.
3	Climate change duties: implement actions from plan	BAU	Continuous	01/04/2018						M	Dir - CS	- Action plan implemented and reported in Climate Change Duties report	Completed	
	Climate change duties: monitor primary energy usage and waste management	BAU	·	01/04/2018						S		- Continued reduction in our Baseline carbon footprint (2014/15 72 tCO2e)	Completed	
	Change action plans	Project	Project defined		31/03/2019	X	Х			M		- Reduction in non-recyclable waste	Completed	
	Climate change duties: produce and publish Climate Change Annual Report (including lischarging duties under section 32 (1)(a) of the PSR Scotland Act 2010)	BAU		01/05/2018		X				S		- Published annual report	Completed	
7	Decision Review: carry out decision reviews	BAU	Continuous	01/04/2018						Н		95% of decisions are correct, Quarterly reporting to LT	Completed	
	Decision Reviews: Review of process - complete review of Decision Review process including timescales and implement agreed changes.		Project defined							M	SPSO	<ul> <li>Completion of project and sign-off by LT</li> <li>Successful implementation of agreed changes.</li> </ul>	Completed	New timescales in place and literature amended. New target will apply from 1/10/2018. Review process report to LT for meeting of 6 November 2018
	Diversity: Review SPSO approach to diversity, inclusion and equality across all areas of work: what we measure, how and how frequently, and develop new <b>Diversity and</b> nclusion policy and plan	Project	Project defined	07/01/2019	31/03/2019	X	Х			S	Dir - CS		C/F	Agreed to carry forward, as currently seeking external input and working with internal IDEAs group
10	equalities and Human Rights: monitor, report and review practice	BAU	Annual	01/04/2018	31/03/2019	X	Х			S	Dir - CS		Completed	Data gathered through year by HR, will be included in HR report post March
	Finance: Annual Budget - plan and prepare submission for SPCB, including resource planning, staff and non-staff; profile approved budget	BAU	Annual	01/06/2018	06/09/2018	X 2	Х			S	Dir - CS	- Annual budget submission, signed off by LT	Completed	
	Finance: Expenditure - monitor and manage expenditure against budget plan; pay invoices against approved orders and process payment of creditors	BAU		01/04/2018						S/H		<ul> <li>- 5% variance: budget to actual spend at year end</li> <li>- monthly spend against budget statement to LT with recommendations</li> <li>- 95% of undisputed invoices paid within 10 working days</li> <li>- 100% of undisputed invoices paid within 30 working days</li> <li>- Reported in Annual Report and Accounts</li> </ul>		
13	Finance: Income - issue and monitor receipt of payment for all ad hoc income	BAU		01/04/2018				$\perp$	_	M		- all income received in year	Completed	
	Finance: Procurement - procure and manage contracts for services and professional advice ensuring best value for money	BAU	Continuous	01/04/2018	31/03/2019	^  <i>'</i>	^			S	רווח - 72	- Published current contract list	Completed	
15	Finance: Statements of Expenditure - produce and publish under Section 31 of the PSR Scotland) Act 2010, and details of contractors	BAU	Annual	01/05/2018						S	Dir - CS	- Published annual report	Completed	
	Sovernance: Business plan - coordinate and produce annual business plan	BAU	Annual	01/01/2019				$\Box$		Н		- Published business plan	Completed	
	Governance: Business plan - co-ordinate monthly update of <b>projects</b>	BAU	Monthly	01/04/2018				$\coprod$	$\perp$	S/H		- Updated plan completed by and circulated to LT	Completed	
	Governance: Business plan - co-ordinate quarterly update and publication	BAU	Quarterly	01/04/2018				++	+	Н		- Updated plan republished quarterly	Completed	
	Governance: Incident Register - record and report all incidents in line with the Risk and noident policy, update Leadership Team	BAU	·	01/04/2018				$\coprod$	$\perp$	Н		- Effective incident management - quarterly updates to Leadership Team	Completed	
	Governance: Project management - review and refresh project management approach	Project	Project defined					$\coprod$	$\perp$	M		- Handbook to LT for sign-off and staff training planned	Slippage	Existing documents circulated and to be reviewed by LT and experienced project officers
	Governance: Risk - test and review Business Continuity Plan	BAU		01/10/2018						Н		<ul> <li>Test demonstrates no significant risks</li> <li>Up-to-date BCP</li> <li>Staff updates/ awareness</li> </ul>	Completed	
	Governance: Risk Register - Strategic and Operations - prepare annually in line with business planning process, then regularly review and update	BAU	Continuous	01/04/2018	31/03/2019	X   7	x   _			Н	Dir - CS	- Effective risk management	Completed	

No	Activity	Туре	Frequency	Start	End	Stra	tegic	Aim	Prior	1		Measure/ KPI/Reporting	Status	Comment/ update
										owne	er _			E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken
00	description of task/ activity/ project	select	select	04/04/0040	04/00/0040	1 2	2 3	4 !	_			Annual meetic meete dule planted and	select	Why discontinued
	Governance: Secretariat - provide secretariat to Audit Advisory Committee and Leadership Team	BAU	Quarterly	01/04/2018					Н		i - \ -	Annual meeting schedule planned and ssued Papers prepared and issued at least one week prior to meeting Declarations of interest published	Completed	
24	Governance: Self assessment to inform business planning	BAU	Annual	07/01/2019	31/03/2019	XX			S/H	LT	á	Completed self-assessment and identified actions acted on or incorporated into following year business plan, depending on risk and urgency	Completed	
	Governance: SPSO Handbook - review and update <b>Records Management Plan</b> and associated policies.	BAU	Annual			ХХ	(		S		-	Up-to-date, legally and standards compliant, policies and procedures Annual self-certification by all staff	Completed	
	Governance: SPSO Handbook - review and update complaints and investigations guidance and processes, disseminate through updates and training, and monitor practice.	BAU	Quarterly	01/04/2018	31/03/2019	X			Н		C	Report to LT quarterly confirming learning captured and action taken and planned	Completed	
	Governance: SPSO Handbook - review and update in line with policy review cycle and ensure effective dissemination	BAU	Continuous	01/04/2018	31/03/2019	XX	(		S/H	Dir - C	(	Up-to-date, legally and standards compliant, policies and procedures Annual self-certification by all staff	Slippage	delayed due to office move and reduced resourcing in team. New visual ID will applied in summer with all handbooks up to date by Dec 19.
	Governance: SPSO Handbook - review <b>Risk and Incident Management Policy</b> annually in ine with business planning process	BAU	Annual	01/01/2019	31/03/2019	ХХ	<		S/H	Dir - C		Approved, reviewed risk management policy	Completed	
29	Governance: SPSO Handbooks - review, update and ensure implementation of good	BAU	Annual	01/04/2018	31/03/2019	ХХ	<		S	Dir - C		Internal audit report to LT	Completed	
30	dovernance arrangements for all <b>financial</b> processes.  Health, Safety and Security: Management - on-going management of the working environment to ensure compliance with legal duties including fire safety training, qualified irst aiders, annual legionella assessment and annual risk assessments. Internal audit outcomes and other reports/inspections.	BAU	Continuous	01/04/2018	31/03/2019	XX			s	Dir - C	-	Annual H&S Assurance Statement to SPSO Training and updates disseminated to all staff Low residual risk in operational risk register	Completed	Risk Assessments up to date, renewal delayed until office is moved into new accomodation. Low risk to organisation as no major changes to building and office. Law at work month to month contract being put in place until 31 December 2018. New contract will be confirmed for BH in January 2019.
	Health, Safety and Security: Staff Training - new staff H&S induction; annual staff questionnaire, including display screen equipment assessment.	BAU	Annual	01/04/2018	31/03/2019	XX			S	Dir - C	CS -	All staff completed annual training	Completed	
32	HR: Annual staff survey and accompanying action plan	BAU		01/01/2019					Н		F	action plan produced for 2019-20 business blanning.	C/F	Survey completed, analysis in progress. Action plan to be developed and combined with IIP assessment for 2019-20
33	HR: Implement annual IIP assessment and agree actions	BAU	Annual	01/01/2019	31/03/2019	XX			Н	Dir - C		action plan produced for 2019-20 business planning.	Completed	
34	HR: Learning and development - monitor progress against plan, particularly resources	BAU	Quarterly	01/04/2018	31/03/2019	ХХ	(		M	Dir - C	CS -	Well skilled workforce Annual report to LT	Completed	
	HR: Learning and development - prepare and fully resource annual learning and professional development plan	BAU	Annual	01/01/2019	31/03/2019	ХХ	<	П	M	Dir - C	cs -	Plan shared with all staff	Completed	
	HR: Payroll - manage and maintain payroll	BAU	Monthly	01/04/2018	31/03/2019	ХХ	<		S	Dir - C		Staff paid promptly and correctly Successfully audited accounts	Completed	
	HR: provide the organisation with an effective HR service	BAU	Continuous	01/04/2018					S/H		CS - i	Annual report to LT of the HR service, ncluding absence management, staff performance management (summary level not personal information)	Completed	
38	HR: Resourcing - monitor, plan and recruit to maintain appropriate level of staff resource	BAU	Monthly	01/04/2018	31/03/2019		\		Н	Dir - C	CS  -	Delivery of CS statutory duties Achievement of KPIs	Completed	
	HR: Review possibility of moving HR files to paperless storage.	Project	Project defined						M			reduction in HR paper files	Discontinued	Efficiencies continue to be made with HR forms, declarations, training records and where appropriate, any other records being stored paperlessly
	HR: Well-being - Implement well-being strategy and plan	BAU		01/04/2018					Н		-	TBC by well-being project % lost days due to sickness to not exceed S average	Completed	
	HR: Well-being - develop well-being strategy and plan: including IIP well-being survey, review of absence monitoring and reporting, staff feedback and future actions and on-going measures		Project defined	01/04/2018					Н			Strategy and plan to LT for sign-off	Completed	
	HR: Well-being - establish Well-Being group and share purpose and membership.		Project defined			XX			S/H		-	TBC when group is set up future project/ policy proposals	Completed	
43	CT: Applications - Case-handling system (WorkPro) - manage the maintenance and enhancement of application and casework EDRMS	BAU	Continuous	01/04/2018	31/03/2019	Х			Н	Dir - C	r	Case-handling application up-to-date and meeting business and information management requirements	Completed	upgrade completed October 2018

No	Activity	Туре	Frequency	Start	End	Stra	tegic	Aim	Prior	1	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select				2 3	4 5	5 selec		ct	select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
	CT: Applications - EDMS (SharePoint) - manage the maintenance and enhancement of non- casework EDMS	BAU	Continuous	01/04/2018	31/03/2019	X   >			Н	Dir - (	CS - EDMS meeting information management requirements	Completed	
45		Project	Project defined						Н	Dir - (	Project closure report and sign-off and updated business plan	C/F	Agreed to carry forwards. Option under consideration - some planning done but implementation not started until formal decision to continue is made.
46	CT: Applications - ensure appropriate software applications are available and fit for purpose	BAU	Continuous	01/04/2018	31/03/2019	X			Н	Dir - (	CS - Appropriate applications available for staff to complete their roles and responsibilities	Completed	
47	CT: Hardware - monitoring and management of IT hardware	BAU	Continuous	01/04/2018	31/03/2019	XX	<		M	Dir - (	CS - Functioning, fit for purpose hardware - exception reporting - Annual statement to LT	Completed	]
	CT: Information Management - develop and maintain statistic reports from case-handling system	BAU	Continuous		43555	X	<		M	Dir - (	CS - Scheduled reports accurate and issued or time	Completed	
	CT: IS installation (network) - monitor implementation and maintenance of security and cyber resilience standards by contractor	BAU	Annual	01/04/2018	31/03/2019	X	<		Н	Dir - (	CS - Regular meetings with business partner and annual service report.	Completed	
50	CT: IS installation (network) - Increase SPSO understanding of network and back-end systems		Project defined						M		CS To be scoped and confirmed in Q1 2018-19	Completed	Close working with iTECS and CAS and working to the Public Sector Action Plan for Cyber Resilience has helped us achieve this.
	CT: Paper-lite - completion of project and implementation of approved recommendations, progress to other areas (DCR, medical records)	Project	Project defined	01/07/2017	01/09/2019	X	<		M	Dir - (	CS Project closure report and sign-off and updated business plan	Completed	Prisons pilot completed and rolled out.
	CT: Security and cyber resilience - implement cyber resilience action plan (PSAP), monitor actions and report	Project	Quarterly	01/04/2018	31/03/2019	X	<		Н	Dir - (	CS - Acceptable level of residual risk - Exception reporting to LT - Up-to-date Information and Data related Policies and Procedures	C/F	Some elements of PSAP outstanding to be completed in early 2019-20
53	CT: Security and cyber resilience - complete Cyber Essentials accreditation	Project	Project defined	01/04/2018	31/12/2018	X	<		Н	Dir - (	CS As required by SG Cyber Resilience Action Plan - official deadline 31/10/2018 but SG approved us completing as soon as we can after office move.	Slippage	delayed due to office move and reduced resourcing in team. Now aiming for completion in Q1 2019-20
	CT: Strategy - define ICT and digital strategy, including implementation plan		Project defined						M		CS - ICT strategy to LT for sign-off	C/F	Part of adherence to the Public Sector Action Plan (PSAP), this will be developed in 2019-20.
	CT: Telephony - implement a telephony upgrade for new office CT: Telephony - monitoring and management of telephony network and hardware,	Project BAU	Project defined Continuous		19/11/2018 31/03/2020			$\vdash$	H		CS - functioning, fit for purpose telephony CS - telephony functionality available for staff to	Completed Completed	
	ncluding mobile communications and connectivity.	BAU						Ш			complete their roles and responsibilities  CS - Users operating all systems effectively		
57	CT: Training and user support	BAU	Continuous	01/04/2018	31/03/2019	^	Ì		M	Dir - (	USERS operating all systems effectively	Completed	
	nformation Management: DP - review and update policy/processes/guidance, including DP rights and personal data breaches	BAU	Annual	01/04/2018	31/03/2019	X	<		S	Dir - (	CS - Updated policies and processes signed of by LT and DPO	Completed	1
	nformation Management: DP Compliance - deliver GDPR compliance project	Project	Project defined	01/06/2017	31/12/2018	X >	<		S	Dir - (	CS Project closure report and sign-off and updated business plan	Completed	
	information Management: DP Compliance - monitor compliance with DP policies and report results of compliance testing to Leadership Team	BAU	Continuous	01/04/2018	31/03/2019	X >	1		S	Dir - (	CS - Non compliance reported to LT	Completed	
	nformation Management: DP Subject access requests	BAU	Continuous	01/04/2018	31/03/2019	X	<		S	Dir - (	- 95% of SARs responded to in 30 calendar days, 100% in 40 calendar days	Missed	82% 2018-19 (87% within 40 calendar days) Delay in reponse to 23 requests due to the impact from the continuing high volume of requests, size/complexity of some requests, and the impact on lack of resources in team and office move.
	information Management: DP Training - implement compulsory DP training annually, and provide ad hoc training and inductions when required	BAU	Annual		31/03/2019				S		CS - Evidence ALL staff receive update/ refresher training	Completed	
	Information Management: FOI Publication Scheme - review and update SPSO Publication Scheme to ensure compliance	BAU	Annual	07/01/2019	31/03/2019	X			S	Dir - (	CS - Publication scheme compliant	Completed	SIC require review and confirmation compliant with 2018 MPS changes, by 28 Feb 2019. Updates to be made to ensure complaince. A full best practice self assessment using module 4 of the SIC toolkit will be added to the 2019-20 business plan, also taking into account the actions identified by SIC in their last mystery shopping exercise.
64	nformation Management: FOI/EIR Requests and Reviews	BAU	Continuous	01/04/2018	31/03/2019	X	<		S	Dir - (	CS - 95% of FOI/EIR requests and reviews responded to in 20 working days, 100% in 30 working days	Exceeded	95% 2018-19 (99% within 30 working days)
	nformation Management: Records Management - ensure controls and procedures are	BAU	Continuous	07/01/2019	31/03/2019	X	(		S/H	Dir - (	CS Internal ICO report to LT	Completed	

No	Activity	Туре	Frequency	Start	End	Strate	egic A	Aim	Priorit	<b>'</b>	Measure/ KPI/Reporting	Status	Comment/ update
										owner			E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken
66	description of task/ activity/ project  Information Management: Records Management, including DP - manage information risks,	select BAU	select Annual	01/04/2018	31/03/2019	1 2 X X	3	4 5	select		- up-to-date log	select Completed	Why discontinued
	coordinate mitigation procedures, and log and risk assess information assets	BAO	Ailiuai	01/04/2010	31/03/2019	^			3	Dil - CC	- annual report to LT	Completed	
	Information Management: Records Management, including DP - review and update security policy/processes and supporting measures	BAU	Annual			XX			S	Dir - CS	- Review undertaken	Completed	
	Information management: Retention and disposal - ensure retention and disposal of	BAU	Quarterly	01/04/2018	31/03/2019	ХХ	H	+	S/H	Dir - CS	- Annual assurance statement to LT	Completed	
	documents in line with policy (casework and non-casework), including annual file location audit		·								- 100% of hard copy case files located securely and correctly recorded on CMS     - ad hoc updating as required	·	
	Information management: Reuse - make SPSO Re-use regulations compliant		Project defined				П		S		- Reuse compliant with regulations	Completed	
70	Office relocation: plan and relocate office premises	Project	Project defined	03/01/2018	31/12/2018	XX			S/H	Dir - CS	- Review of project demonstrates successful relocation	Completed	Late approval of the building delayed the project. Move in date will be 1 Dec.
71	Ombudsman groups: contribute to OA (and other) special interest groups	BAU	As required	01/04/2018	31/03/2019	хх	$\vdash$	+	+ -	Dir - CS	- As required	Completed	date will be 1 Dec.
	Ombudsman groups: manage membership	BAU		01/04/2018			Ħ		M		- Representatives identified and resource	Completed	
72	Performance management information: review in line with autoeme of internal qualit	Droingt	Project defined	01/00/2017	20/46/49	V V	$\vdash$		N/	Dir CS	available - Recommendations from internal audit	Discontinued	Internal Audit review disceptioned due to change of direction
/3	Performance management information: review in line with outcome of internal audit	,	•		30/16/18				M		report considered by LT and action plan prepared	Discontinued	Internal Audit review discontinued due to change of direction and governance arrangements.
	Performance management: review of current casework performance measures (KPIS) and timescales/resources in light of changes to process including developing mechanisms for tracking post closure activity (including time spent on reviews and generating more easily available, transparent performance data and provision (in conjunction with ISE)	Project	Project defined						M	Dir - CS	- Review outcome to LT for sign-off	Slippage	
75	Performance reporting: collation of <b>Complaints</b> statistics and year-to-date performance	BAU	Monthly	01/04/2018	31/03/2019	XX			S	Dir - CS	- Dashboard - monthly analysis report to LT	Completed	
76	Performance reporting: collation of <b>Corporate</b> statistics and year-to-date performance	BAU	Monthly	01/04/2018	31/03/2019	хх	$\vdash$	+	S	Dir - CS	- quarterly analysis report to LT	Completed	
77	Performance reporting: collation of <b>Professional Advice</b> statistics and year-to-date performance	BAU		01/04/2018					Н		- quarterly analysis report to LT	Completed	71% advice received on time Q4 82% SPSO 46% Scottish 47%PHSO Avarage days to return file 2018/19: 14.2 10.6 Internal - 23.3 Register - 22.7 PHSO
	Performance reporting: collation of quarterly FOI statistics and year-to-date performance	BAU	_	01/04/2018					S		- Submitted to SIC on time - quarterly analysis report to LT	Completed	
79	Performance reporting: collation of <b>SWF</b> statistics and year-to-date performance	BAU	Monthly	01/04/2018	31/03/2019	XX			S	Dir - CS	- Dashboard - monthly analysis report to LT	Completed	
	Performance reporting: <b>Service standards</b> - monitor performance against service standards using internal and stakeholder feedback and identify and implement improvements	BAU	As required	01/04/2018	31/03/2019	ХХ			М	Dir - CS	Annual report to LT with: learning captured, recommendations and details of action taken and planned	Completed	
81	Professional Advice Service: deliver a well-resourced professional advice service	BAU	Continuous	01/04/2018	31/03/2019	XX			S/H	Dir - CS	- Continued reduction in the % of advice responses received in excess of 20 working days. (2016-17 Baseline 64.1%)	Completed	
82	Professional Advice Service: Review of effectiveness	Project	Project defined	01/04/2018	31/03/2019	ХХ	П	T	Н	Dir - CS	Review of service demonstrates efficient and effective function	C/F	Quarterly reports issued to CPMM and LT
83	Quality Assurance: Casework	BAU	Quarterly	01/04/2018	31/03/2019	хх			Н	Dir - CS	- 95% of decisions correct     - Quarterly report to LT of learning and action taken and recommendations for wider improvement initiatives	Completed	Social Work QA to be completed in Q4
84	Quality Assurance: Telephone	BAU	Quarterly	01/04/2018	31/03/2019	ХХ			Н	Dir - CS	Managers assess calls against customer service standards and findings are summarised	Slippage	Q2 and Q3 suspended as per revised QA schedule. Team managers to complete telephone QA in Q4
85	Quality Assurance: Professional advice	BAU	Quarterly	01/04/2018	31/03/2019	ХХ			Н	Dir - CS	Quarterly report to LT of learning and action taken, and recommendations for wider improvement initiatives	Completed	
86	Quality Assurance: SWF decisions	BAU	Quarterly	01/04/2018	31/03/2019	ХХ			Н	Dir - CS	- 95% of decisions correct     - Quarterly report to LT of learning and action taken and recommendations for wider improvement initiatives	Slippage	Annual QA of SWF underway and will be completed in Q1 2019-20.
	Quality Assurance: draw up programme for 18-19, taking into account lessons learned and feedback	Project		01/04/2018					M		- QA plan against which to act and monitor performance	Completed	Complete
	Survey management: administration and advice on all electronic surveys issued, including Customer, BUJ, SWF, Staff, etc.	BAU	As required	01/04/2018	31/03/2019	x   x			M	Dir - CS	- Results provided on time	Completed	
	UAP: monitor application and effectiveness	BAU	Monthly	01/04/2018	31/03/2019	XX			Н	Dir - CS	6-monthly report to LT of effectiveness, including summary of who is being managed under policy, when it was applied, when review is due and who has been removed	Completed	Now sits within the governance framework

No	Activity	Туре	Frequency	Start	End	Stra	ategi	ic Air	m	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select			1	2 3	3 4		select	select	- Annual report	select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
1	Model CHP: monitor and report on compliance in all sectors	BAU	Continuous	01/04/2018	31/03/2019	Х	X >	X X	Х	S	HolSE	- Quarterly report to LT	Completed	
2	Model CHP - support public bodies to co-ordinate, report and benchmark complaints handling performance information through existing complaint handling networks and regulatory structures, including through self-assessment	BAU	Continuous	01/04/2018	31/03/2019	x	x x	×		S	HolSE	- Annual report - Quarterly report to LT - New project proposals and recommendations to LT as required	Completed	
3	Model CHP: Survey authorities to assess effectiveness of MCHP, positives and issues	Project	Project defined	01/07/2018	30/09/2018		x >	× ×	х	н	HolSE	Successful completion of project and plan to implement any learning identified	Slippage	The timeline for this project has been extended into the next business year. The revised timeline will be reflected in the 2019/20 Business Plan. This is because the original scope of the project was extended to reflect the level of engagement identifying a need to conduct a full review and revision of the model CHP.
4	Comms materials: regular review, update and production of e-newsletters, FAQs, leaflets and website, media relations, Ombudsman's Compendium, SPSO external publications	BAU	Continuous	01/04/2018	31/03/2019	X	>	x x	х	н	HolSE	Updated materials to support office relocation     Ad hoc updates to all staff     Annual update to LT/ Annual report	Completed	
5	Stakeholder engagement: engage with major stakeholders through meetings, sounding boards, forums and surveys	BAU	Continuous	01/04/2018	31/03/2019	х	X >	x x	х	Н	HoISE	Engagement plan for LT sign-off Feedback to LT and other teams as needed	Completed	
6	Parliament Local Government Committee: attend annually to give evidence on Annual Report and Accounts	BAU	Annual	01/04/2018	31/01/2019	x	x >	×		н	SPSO	- Feedback, reflected in published transcript - Narrative in current Annual Report and Accounts highlighting main points, learning and action taken	Completed	
7	Parliament: engage with committees as required or requested	BAU	As required	01/04/2018	31/03/2019	x	x x	x x		Н	SPSO	- Feedback, reflected in published transcript - Narrative in current Annual Report and Accounts highlighting main points, learning and action taken	Completed	
8	Consultations: monitor and coordinate submissions as required	BAU	As required	01/04/2018	31/03/2019	х	x >	x x	х	M	HolSE	Consultation responses (or links) published on SPSO website     Demonstrable influence reflected in final outcome/ external reporting	Completed	
9	Develop system for recording internal and external information, data and intel on complaint and SWF themes	Project	Project defined	01/04/2018	30/06/2018	х	x x	x x	х	M	HoISE	- effective recording system, including impact on business as usual activity	Completed	
10	Track, monitor and identify trends, themes and issues in external practice (complaints and SWF applications) to support <b>external</b> stakeholder practice improvement. Drawing on recommendations and other information sources	BAU	Continuous	01/04/2018	31/03/2019	x	>	x x	х	н	HolSE	Quarterly report to LT on findings, learning and actions taken or proposed for external improvements, including outcomes     Operational performance meeting to raise issues and recommendations as needed with LT	Completed	
11	Track, monitor and identify trends and issues to support <b>internal SPSO</b> practice improvement, drawing on recommendations and other information sources	BAU	Continuous	01/04/2018	31/03/2019	х	x >	x x	х	н	HolSE	'Input monthly to C&I operational performance meeting' Report to LT on findings, learning and actions taken or proposed for SPSO improvements, including outcomes	Completed	
12	Provide advice and support on following up recommendations as appropriate.	BAU	As required	01/04/2018	31/03/2019	х	x >	x x		S/H	HolSE	- report quarterly to LT on number and status of recommendations where advice/support provided - report to Ombudsman as appropriate	Completed	
13	Develop Support and Intervention Policy and Procedures, through co-production approach with internal and external stakeholders	Project	Project defined	01/04/2018	30/09/2018	х	X >	x		н	LT	- prepare scoping document for LT - PID and project plan (on-going measurement & reporting to be identified as part of project) - Signed-off policy	Completed	

No	Activity	Туре	Frequency	Start	End	Stra	ategi	ic Aim		Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select			1	2 3	3 4	5	select	select	-	select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
1.1	Implement Support and Intervention Policy and Procedures (including training and awareness for	Project	Project defined	01/10/2019	21/12/2010	-	$\neg$	o		JC/CCI	HolSE	Confirmation to LT of successful	Completed	Triy dioooniinada
14	SPSO, dissemination and communication)	Project	Project defined	01/10/2016	31/12/2010	^	<u>^ ^</u>	` ^	^		HUISE	implementation	Completed	
15	Complaints handling: engage with and support public bodies to develop implement good complaint handling and a positive complaints culture, through advice, training, guidance and the Valuing Complaints website	BAU	As required	01/04/2018	31/03/2019	X	x x	x x	x	S/H	HoISE	Public reporting on activity through SPSO Annual Report and Accounts, including demonstrable positive impact     Quarterly report to LT, including demonstrable positive impact	Completed	
	Complaints handling: develop new training and guidance to support public bodies and complainers	Project	Project defined	01/10/2018	31/03/2019	x	×	x x		н	HolSE	Update to LT	Discontinued	Cross reference to unallocated 12. "Carry out an audit of training and guidance materials to identify what we have and whether fit for purspose". Work to develop new guidance will not commemnce until this audit is completed. There is no resource availability to do this work in the current business year.
17	Legislative, regulatory and other changes that impact on SPSO: engage with SG, SPCB and stakeholders through parliamentary process and direct engagement about changes relating to current, new jurisdictions or complaints handling arrangements as appropriate	BAU	Continuous	01/04/2018	31/03/2019	Х	x x			S/H	LT	Report to LT as required	Completed	
	Legislative, regulatory and other changes that impact on the SPSO: plan and implement changes in consultation with internal and external stakeholders.	BAU	As required	01/04/2018	31/03/2019	X	x x	$\langle  x $	Х	s	HoISE	Report to LT as required	Completed	
	NWO: develop SPSO complaint handling procedures and write handbook	Project	Project defined	01/04/2018	31/12/2018	х	x x	( x	х	s	HolSE	- PID developed - Project plan to develop reporting requirements	Slippage	Delayed beyond SPSO control, as legislation is still in draft meaning timescales for implementationwill be revised on receipt of new draft order
20	SPSO Customer Service Complaints: ensure Stage 1 complaints handled effectively	BAU	Continuous	01/04/2018	31/03/2019	x	x x	x x	х	н	HolSE	- 95% of complaints escalated or at stage 1 responded to in 5 working days (or as agreed) - Quarterly report to LT on statistics, themes, lessons learned and actions taken/ planned	Completed	Q3 Stage 1 Timescales met in 12 of 15 cases = 80% Quarterly report to LT The LT team considers performance acceptable. Given the very low volume of cases, consideration to be given to the performance measure to be used going forward.
21	SPSO Customer Service Complaints: ensure Stage 2 complaints handled effectively	BAU	Continuous	01/04/2018	31/03/2019	x	×	x	x	н	HolSE	- 95% of complaints escalated or at stage 2 responded to in <b>20</b> working days Quarterly report to LT - Quarterly report to LT on statistics, themes, lessons learned and actions taken/planned	Completed	Q3 Stage 2/esc Timescales met inall 8 cases = 100% Quarterly report to LT The LT team considers performance acceptable. Given the very low volume of cases, consideration to be given to the performance measure to be used going forward.
	SPSO Customer Service Complaints: enable and support the independent review of complaints by the Independent Customer Complaints Reviewer	BAU	Continuous	01/04/2018	31/03/2019	x	x		X	н	HolSE	- Quarterly report to LT on statistics, themes, lessons learned and actions taken/ planned/ recommended - Responses to ICRS requests for information or comment within 10 working days, or specifically agreed deadline	Completed	
	SPSO Customer service complaints procedure: review to ensure compliance with CSA model CHP, and effectiveness	BAU	Annual	01/04/2018	31/03/2019	Х	х		Х	н	HolSE	Annual report to LT on CSC complaints handling procedure	Completed	
	Communications: develop communications strategy and implementation plan	Project	Project defined	01/04/2018	30/09/2018	х	х	( x	х	н	LT	Signed-off communication strategy and supporting plan	C/F	Draft strategy and plan ready, but final documents will depend on outcomes from a bigger stakeholder research exercise, so extended into next year.
25	Recommendations: Undertake internal analysis of 2017-18 recommendations	Project	Project defined	01/04/2018	30/06/2018	Х	Х	Х	コ	Н	HoISE	Paper to LT	Completed	,
	Communications: review sounding boards and customer forum approach, including development of new forums (e.g. chairs/ reps of Complaints Network Groups)	Project	Project defined	01/04/2018	30/09/2018	x	x x	x x	х	M	HolSE	briefing document from LT     scoping document and recommendations for feasibility and delivery of project to LT	C/F	Reviewed. Development of new forums dependent on ongoing stakeholder research.
	Produce a Complaints Good Practice guide for the Housing Sector in collaboration with external partner organisations (identified through the Housing Network)	Project	Project defined	01/04/2018	30/06/2018	x	X	( x	Х	M	HoISE	Published and disseminated guide	Discontinued	Staffing changes and changes in stakeholder group mean work has been discontinued
	Communications: review and refresh Visual Identity and Style Guide	Project	Project defined	01/04/2018	30/09/2018	Х	Х	$\top$	Х	н	HolSE	Signed off refreshed VI and style guide(s)	Completed	
29	Communications: A staged implementation of new Visual Identity and Style Guide	Project	Project defined	01/10/2018	31/03/2019	x	х		х	Н	HolSE	Progress made against plan for a staged implementation of the refreshed VI and Style Guide	Completed	
	Comprehensive review of MOUs and other agreements with third-party organisations, including implementation of a regular review cycle	Project	Project defined	01/10/2018	31/03/2019	Х	Х	$\top$	Х	M	HolSE	- Current and relevant MOUs and agreements	Completed	
31	Information sharing: Sharing intelligence with Health and Care Group, including SPSO input and attendance to meetings	BAU	Quarterly	01/04/2018	31/03/2019	х	х	x x		Н	HolSE	- input information/ papers to LT - attendance at meetings - feedback to LT	Completed	

No	Activity	Туре	Frequency	Start	End	Stra	ategi	c Ain	n	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select					3 4			select		select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
32	nformation sharing: respond to ad hoc requests for data and information.	BAU	As required	01/04/2018	31/03/2019	X	x x	( x		н	HolSE	- input information/ papers to LT - attendance at meetings - feedback to LT	Completed	
33	nformation sharing: OMG (Water Information sharing group). Prepare information for Dir C&I	BAU	As required	01/04/2018	31/03/2019	х	x x	( x		М	HolSE	- input information/ papers to Dir C&I	Completed	
34	nformation sharing: horizon scanning to identify other sectorial groups for information sharing and engagement	BAU	As required	01/04/2018	31/03/2019	Х	Х	Х		М	HoISE	- report to LT with recommendations and issues as required	Completed	
35	nformation sharing: develop internal guidance for the setting up and running of communities of practice	Project	Project defined	01/07/2018	31/12/2018	х	х	( X	х	Н	HolSE	- Guidance (including subjects/ focus, TOR, dissemination of outputs and how learning will be captured & shared) to LT for sign-off and use of all staff	Completed	
36	Scope development of tools to support external SWF decision making, with particular emphasis on	Project	Project defined	01/10/2018	31/03/2018	х	x x	( X		Н	HolSE	- report to LT and Dir (CorpS) on lessons and challenges to inform digital strategy and future development - proposals for on-going monitoring and evaluation	Completed	
3/	Develop QA tool for external SWF Decision Making, using a co-design approach with volunteer councils	Project	Project defined	01/04/2018	30/09/2018	х	x x	( X		Н	HolSE	- PID and project plans to LT - reporting against project plan - QA tool - Project completion report with recommendations for implementation and further development to LT	Slippage	
38	Annual Report and Accounts: coordinate drafting, prepare and lay	BAU	Annual	01/04/2018	31/03/2019	Х	X X	Χ	х	S	HolSE	- Annual Report and Accounts laid on time	Completed	
39	NWO: Lead on the development of Whistleblowing Principles, Standards and Guidance	Project	Project defined	01/04/2018	31/12/2018	х	х	Χ	х	s	HoISE	- PID developed - Project plan to develop reporting requirements	Slippage	Draft Standards and Principles prepared for consultation.  Draft legislation not complete, therefore consultation not commenced, as 2 consultation exercises will run in parallel.  Dependent on SG
40	Quality assurance of decision summaries for publication	BAU	Quarterly	01/04/2018	31/03/2019	Х	X >	( x	Х	Н	HolSE	- Lessons learned to Managers - Summary to Dir- C&I	Completed	
41	Communications: produce, lay and publish compendium of decisions	BAU	Monthly	01/04/2018	31/03/2019	Х	X	( X	Х	S	HolSE	Compendium published and laid before Parliament	Completed	
42	Communications: produce and issue hard copy of decisions and summary for FM and SPICE	BAU	2 monthly	01/04/2018	31/03/2019	X	>	(		L	HolSE	- Hard copy produced and issued - Feedback on usefulness and impact	Completed	
43	Communications: Produce and publish BSL plan for 2018-2023	Project	Project defined	01/04/2018	30/09/2018	х	х	Х	х	S	HolSE	- SPSO is compliant with the requirements of the BSL (Scotland) Act 2015	Completed	
44	Communications: Policy update to LT	BAU	Continuous	01/04/2018	31/03/2019		x x	(		Н	HolSE	- Policy updates to LT - All staff policy update as appropriate	Completed	
	Resourcing: monitor and plan and arrange recruitment to maintain appropriate level of staff esources for ISE	BAU	Monthly	01/04/2018	31/03/2019	Х	X	X	Х	Н	HolSE	- Delivery of business plan targets	Completed	
	Ombudsman groups: contribute to OA (and other) special interest groups	BAU	As required	01/04/2018	31/03/2019	x			х	М	HolSE	- PID and project plans to LT - reporting against project plan - QA tool - Project completion report with recommendations for implementation and further development to LT	Completed	
	Communication in healthcare: complete assessment and scope further work needed in this area by SPSO	Project	Project defined	01/07/2018	31/03/2019	х	x	X		Н	HoISE	- report to LT with recommendations for further work (e.g. internal guidance, training, thematic report, further research, stakeholder engagement)	Completed	

N	Activity	Туре	Frequency	Start	End	Stra	tegio	c Ain	1	Priority	LT owner	Measure/ KPI/Reporting	Status	Comment/ update
	description of task/ activity/ project	select	select			1 2	2 3	4	5	select	select			E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
4	Performance reporting: Service standards - monitor performance against service standards using internal and stakeholder feedback and identify and implement improvements	BAU	As required	01/04/2018	31/03/2019						Dir - C&I	- Report to Dir(Corp Serv) for inclusion in Annual report to LT: learning captured, recommendations and details of action taken and planned	Completed	
4	Communication in healthcare: Agree and undertake joint stakeholder engagement work with GMC and SG to raise awareness of communication as a recurrent theme in healthcare complaints and to explore possible improvements.		Project defined	01/07/2018	31/03/2019	x	( x	X		н	HOISE	- Stakeholder engagement work agreed by LT and delivered Internal training/workshops delivered based on the joint work	Completed	
5	Information sharing: scope SPSO communities of practice. Draft proposal for LT including subjects/ focus, TOR, dissemination of outputs and how learning will be captured	Project	Project defined	01/07/2018	30/09/2018	Х	( x	X		М	HoISE	CoP introduced	Completed	New item added mid year

## SPSO Business Plan 2018-19: Completions

											LT			
No	Activity	Туре	Frequency	Start	End	Stra	tegic	Aim	Pri	ority	owner	Measure	Status	Comment/ update
	description of task/ activity/ project	select	select			1 :	2 3	4	5 se	elect	select		select	E.G. Explanation about why not on target/ exceeded with actual achieved Important milestones achieved Policy decisions taken Why discontinued
1	Carstairs research	Project	Project defined				Х	Х		L		Project lead updated 15/8/18 - ISE activity 99% complete	Completed	In Q2
	Input to NHS review of sector-wide complaints categories with a view to SPSO adopting the same	Project	Project defined			X	x x	x		Н	HolSE	- report and recommendations to LT - with NHS for NCSPAS to discuss	Completed	ISE staff have input to the development of sector-wide NHS complaints categories (therefore activity met). This work is being led by the NHS; resource issues have impacted on delivery and there is currently no timescale for completion. ISE will monitor progress through attendance at NCPAS network. When NHS agree sector wide categories, SPSO will consider adopting the same, and pick this up as a new activity in the (then) Business Plan.
3	Complete targeted e-learning on complaint handling for SPS	Project	Project defined			x Z	x x	х		н	HolSE	- acceptance of e-learning tool by SPS - project closure report to LT	Completed	
			Project defined								Dir - C&I	<ul> <li>impact of providing more detailed, subject specific information as part of the application process on the quality and outcomes of complaints submissions</li> </ul>	Completed	
1 5	Complaints Improvement Framework: complete revision of CIF and make available to public sector	Project	Project defined	01/04/2018	30/06/2018	X Z	x	Х	x	M	HoISE	Revised CIF published.	Completed	