

# Business plan 2021-2022

Scottish Public Services Ombudsman



**People Centred** | Improvement Focused



# **SPSO Business Plan 2021-22 Explanatory Notes**

#### Introduction

This document sets out the Scottish Public Services Ombudsman's annual business plan for the period from 1 April 2021 to 31 March 2022. It sets out what we will do this year to deliver our strategic vision and aims. It should be read in conjunction with our Strategic Plan 2020-2024.

#### Vision

The Scottish Public Services Ombudsman contributes actively and positively to high performing Scottish public services. Recognised for our innovative world-leading approach, we put people and learning at the heart of all we do.

### Strategic themes

- Accessibility
- Access to justice
- Capacity
- Standards

#### **Values**



# SPSO Strategic aims 2020-2024

- We will make our own services as accessible as they can be.
- We will push for legislative change to enable us to make our services and those of other Scottish public bodies accessible.
- We will continue to develop relationships with our stakeholders to both learn from and to contribute to fair, accessible Scottish public services.
- We will deliver our statutory functions in line with legislative requirements and our published customer services standards and performance targets.
- We will contribute to the development of the wider access to justice environment through engagement with relevant groups and stakeholders such as the UK Access to Justice Council, the Open Government Partnership, and other commissioners and ombudsman services.
- We will continue to push for adequate funding for our functions and seek to develop a more sustainable funding model.
- We will be acknowledged for having well-trained, properly supported people, who have the tools they need to deliver our services.
- We will build or maintain our capacity, financial, human and infrastructure, to implement and deliver our statutory functions.
- We will review and develop the support, guidance and training we offer to public bodies, complainers and whistleblowers to enable them to develop their own capacity, in particular the NHS in developing its capacity in respect of whistleblowing.
- We will monitor Scottish public bodies' complaint, Scottish Welfare Fund and Whistleblowing handling, holding them to account for poor performance and giving credit for good performance.
- We will develop our capacity to gather and share information to enable us to make informed and beneficial interventions when complaint, whistleblowing and Scottish welfare fund services fall below accepted standards.
- We will review the Model Complaints Handling and National Whistleblowing standards, to ensure they remain fit for purpose.
- We will contribute to the development and/ or review of other standards and guidance to ensure they deliver services to the standards required.

# **Equalities Commitments**

- 1 Take proactive steps to identify and reduce potential barriers to ensure that our service is accessible to all.
- 2 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.
- **3** 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.
- **4** Ensure that we play our part in ensuring that service providers understand their duties to promote equality within their complaints handling and review procedures.
- **5** Monitor the diversity of our workforce and supply chain, and take positive steps where underrepresentation exists.

#### Resources

#### Total SPSO budget for 2021-22 is £6,165,000 broken down as follows:

- Staff costs £4,900K
- Running costs £678K
- Bridgeside House costs £579k management of Bridgeside House for SPSO, SHRC and CYPCS)
- Less Total estimated SPSO income (£100,000)

#### **Commonly used terms**

**BAU**: Business as usual

**C&I**: Complaints and investigations **CS/ Corp Serv**: Corporate Services

Dir-: Director (followed by main operational area, e.g. Dir-C&I)

HolSE: Head of Improvement, Standards and Engagement

NWO: Independent National Whietlahlawing Officer Compleint

INWO: Independent National Whistleblowing Officer Complaints

ISE: Improvement, Standards and Engagement

LT: Leadership team

Omb / SPSO: the Ombudsman

**Priority**: strategic and business priority **S**tatutory: delivers a duty SPSO must meet

S/H: high priority to support or enable a statutory duty

High: high strategic or business priority (have a choice but essential to achievement of strategic aims and business delivery)

M: medium strategic or business high priority (have a choice about whether to do)

L: low business priority (desirable but have a choice about whether to do)

**PSC**: Public Service Complaints **SWF**: Scottish Welfare Fund

#### Business plan 2021-2022 C&I INWO

| No | Activity description of task/ activity/ project   | Strategic Theme<br>Select | Type<br>Select | Frequency<br>Select | Start      | End        | Priority<br>Select | Measure/ KPI/ Reporting   | <b>Status</b><br>Select | Comment/ update E.G why not on target/ exceeded - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward  |
|----|---|---------------------------|----------------|---------------------|------------|------------|--------------------|---|-------------------------|--|
| 1  | Case-handling - <b>Advice</b> (provide advice and signposting; and manage Freephone telephone advice service)   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | 95% of cases advice stage completed within 5 days   | On target               | Monitoring of actual performance assess whether alternative target measures are appropriate  |
| 2  | Case-handling - <b>Initial Assessment</b> (assess suitability and maturity; take action on premature cases )  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | 80% of cases moved to<br>Investigation within 15 days   | On target               | Monitoring of actual performance assess whether alternative target measures are appropriate  |
| 3  | Case-handling - <b>Investigations</b> (including direct investigations and discontinued investigations)   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | 90% of investigations completed within 260 days   | On target               | Monitoring of actual performance assess whether alternative target measures are appropriate  |
| 4  | Resourcing: Monitor case volumes and complexity to identify as soon as case numbers indicate the need for additional resourcing; take steps to seek resources and then recruit as appropriate                       | Capacity                  | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | S/H                | adequate resources to complete statutory functions to time and quality. Report to LT through other reports  | On target               |  |
| 5  | New CRs: Develop comprehensive induction package for new CRs joining the team   | Capacity                  | Project        | Project defined     | 01/07/2021 | 30/09/2021 | S/H                | Induction plan in place   | Completed               | Induction plan in place  |
| 6  | Maintain and promote professional development of staff and ensure team is appropriately resourced and skilled.  | Capacity                  | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | PDPs and team training plan in place  | On target               |  |
| 7  | Performance standards - monitor performance against service standards using internal and stakeholder feedbackand CSC, and identify and implement improvements   | Standards                 | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | н                  | Quarterly report to LT as part of<br>business plan update, including<br>learning, reccs and details of<br>action taken and planned  | On target               |  |
| 8  | Customer experience review phase 1 - monitor investigation procedure implementation to identify improvements and learning from case handling, though reflective learning reviews of closed cases for first 6 months | Access to justice         | Project        | Project defined     | 01/04/2021 | 30/09/2021 | н                  | - Completed RLR on all completed investigations in first 6 months - Completed RLR on at 50% of premature complaints, OOJ and discontinued investgiations in first 6 months - regular update to LT | Completed               | Dependent on case volumes and may need revising in light of experience Q2: QA reviews in progress for 95% of Q2 Advice closures; Learning reviews in progress for 100% of Q1 and 2 Initial assessment closures.                                  |
| 9  | Customer experience review phase 2 - Develop approach to gaining service user feedback, based on review of the INWO EIA   | Access to justice         | Project        | Project defined     | 01/07/2021 | 30/09/2021 | н                  | Reflect on expeiences from other teams in gaining customer feedback     Defined system for Customer feedback     Gain LT sign off on defined J24approach  | Slippage                | Low case volumes means we focused initially on internal reviews, and are now developing service user feedback initiatives.  Survey and method now complete for monitored referrals. Next step: to develop approach for feedback on advice cases. |
| 10 | Customer experience review phase 3 - Customer service feedback system in operation, to identify service improvements. Reflect on experiences from other teams effective CS feedback systems                         | Access to justice         | Project        | Project defined     | 30/09/2021 | 31/03/2022 | н                  | - Define and implement customer service feedback system - Analyse feedback to identify service improvements - Report learning and improvements to LT  | Slippage                | Survey of all monitored referrals will be carried out in Q4.   |
| 11 | Engage with Critical Friends on service improvements to maximise impact   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | Report on activity to LT,<br>including updates to our<br>procedure (with appropriate LT<br>approval)  | On target               |  |
| 12 | Conduct a review of the INWO DPIA to ensure all risks fully mitigated during case handling  | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | Н                  | Conduct review; findings and recommendations signed off by LT.  | Not started             |  |
| 13 | Review Workpro functioning, to develop plans for improvements to take forward in 2022-2023  | Capacity                  | Project        | Project defined     | 31/12/2021 | 31/03/2022 | М                  | Present proposals for future Workpro improvements, signed off by LT.  | Not started             |  |
| 14 | Engage with ISE L&I colleagues on development of SIP for INWO   | Standards                 | Project        | Project defined     | 01/04/2021 | 30/09/2021 | н                  | - See ISE BP<br>- Updated INWO guidance to<br>reflect INWO SIP  | Completed               |  |
| 15 | Engage with ISE CSA colleagues on intelligence on effective implementation of the Standards   | Standards                 | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | - See ISE BP<br>- Updates and support for ISE<br>work   | On target               |  |

#### Business plan 2021-2022 C&I INWO

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|----|--|---------------------------|----------------|---------------------|------------|------------|--------------------|--|-------------------------|---|
| 16 | Engage with other regulators on case-work, to ensure effective handling of high risk/ overlapping cases            | Standards                 | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | Quarterly meetings with regulators     Case specific engagement where appropriate     report of activity to LT | On target               |   |
| 17 | Share casework intelligence with ISE L&I colleagues, feeding into SHICG  | Standards                 | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | Н                  | Provide quarterly casework updates for SHICG     Share relevant intelligence of themes and trends              | On target               |   |
| 18 | Monitor uptake of training modules and amend based on feedback   | Capacity                  | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | М                  | - Monthly report to LT - Quarterly report to LT  | On target               |   |
| 19 | Produce content for INWO section of the Annual Report and Accounts   | Access to justice         | BAU            | Annual              | 01/04/2021 | 30/09/2021 | S                  | AR performance content   | Completed               |   |
| 20 | Q1 addition: Review of website to ensure appropriate information for all audiences                                 | Accessibility             | Project        | Quarterly           | 01/04/2021 | 31/08/2021 | L                  | - Update to LT as part of quarterly reporting  | Completed               |   |
| 21 | Q2 addition: Develop and deliver a suite of webinars, focused on elements of the National Whistleblowing Standards | Standards                 | Project        | 6 monthly           | 01/10/2021 | 31/03/2022 | L                  | - Update to LT as part of<br>quarterly reporting   | On target               |   |

# Business plan 2021-2022 C&I PSC

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|----|--|---------------------------|-----------------------|---------------------|------------|------------|--------------------|--|------------------|---|
| 1  | Case-handling - Advice (assess suitability and maturity; provide advice and signposting; manage Freephone telephone advice service; and production of complaint files)           | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | S                  | PI1 95% of cases where advice stage was completed within 5 days  | On target        | Performance to end Q3 98%   |
| 2  | Case-handling - Early resolution, Investigations Level 1 & 2   | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | S                  | PI2-30 50% of cases where ER stage was completed within 30 days PI2 95% of cases where ER stage was completed within 80 days   | Missed           | Performance to end Q3 = 61% due to delays in allocations of up to 11 months at this point in the year as a result of lockdown/long term absences. Additional resourcing secured for Q4/Q1               |
| 3  | Case-handling - Investigations Levels 1-4  | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | 0                  | PI3-130 20% of cases where Investigation stage was completed within 130 days PI3-195 50% of cases where Investigation stage was completed within 195 days PI3 85% of cases where Investigation stage was completed within 260 days | Missed           | Performance to end Q3 = 31% due to delays in allocations of up to 11 months at this point in the year as a result of lockdown/long term absences. Additional resourcing secured for Q3/4                |
| 4  | Information sharing casework related intelligence to relevant sector groups e.g Scottish Water Output Monitoring Group, HIS Sharing Intelligence Group, Strategic Scrutiny Group | Access to justice         | BAU                   | As required         | 01/04/2021 | 31/03/2022 | М                  | <ul> <li>input information/ papers to LT</li> <li>attendance at meetings</li> <li>feedback to LT</li> </ul>  | On target        | SIHCG continued to operate and share intelligence through lockdown and regular cycle of reporting resumed for Q1, Q2 & Q3   |
| 5  | Ombudsman groups: contribute to OA (and other) special interest groups operating in the sector to share good practice and learning and development                               | Access to justice         | BAU                   | As required         | 01/04/2021 | 31/03/2022 | М                  | <ul> <li>feedback for SPSO specific items</li> <li>OA published minutes</li> <li>ad hoc reports and recommendations as required</li> </ul>   | Completed        | Chaired 2 OA First Contact Interest Groups - June and December 2021.  |
| 6  | Review our communications with complainants about delays to our service.   | Capacity                  | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | Improved communication with complainants.  | Completed        | Allocation pool letter and online complaint form info updated and regularly reviewed  |
| 7  | Resourcing: monitor and plan recruitment to maintain appropriate level of staff resources for C&I  | Capacity                  | BAU                   | Monthly             | 01/04/2021 | 31/03/2022 | S/H                | - Achievement of KPIs - Carry forward of cases at year end in line with target of less than 1000   | Slippage         | Resourcing levels significantly impacted in Q1 and Q2 due to long term absence levels. Additionalfunding secured for further resourcing in Q3 for recruitment in Q4/Q1 22-23                            |
| 8  | Manage, monitor and report on the performance of the Service Improvement Forum   | Standards                 | BAU                   | Quarterly           | 01/04/2021 | 31/03/2022 | М                  | Report of actions to Casework Performance Management Meeting   | On target        | The group have met regularly during 2021/22.  |
| 9  | Consider using 'snapshot' updates for multiple outstanding enquiries and recommendations for larger BUJs   | Access to justice         | Project               | Project defined     | 01/07/2021 | 30/09/2021 | L                  | Report with recommendations to LT  | Discontinued     | Due to resourcing pressures, not identified as a priority   |
| 10 | Review how extensive complaint submissions are managed to ensure the right information is received at the right time   | Capacity                  | Project               | Project defined     | 01/07/2021 | 30/09/2021 | L                  | Report with recommendations to LT  | Discontinued     | Due to resourcing pressures, not identified as a priority   |
| 11 | Reviewing input of data into Workpro to minimise duplication   | Capacity                  | Project               | Project defined     |            |            | М                  |  | Discontinued     | To be replaced with introduction of annual, rolling Workpro training activities to ensure all users are familiar with requirements and functions. Sessions to commence in Q4                            |
| 12 | Develop 'time saving tool' in line with SWF product  | Capacity                  | Project               | Project defined     | 01/10/2021 | 31/03/2022 | М                  | Increase in case closures.   | C/F to next year | Head of Inv 2. Not started. Agreed to be carried forward as not critical  |
| 13 | Service standards - Extend customer surveying to include prisoners and other complaint closure points (to be progressed via SIF)   | Access to justice         | BAU                   | Quarterly           | 01/04/2021 | 31/03/2022 | Н                  | Increase quarterly customer survey returns.  | On target        | On target for 'other closure points'.  Expansion to prison complaints has not been considered. Carry forward this element   |
| 14 | Service standards - review information on timescales provided to complainants and bujs through the process to ensure it accurately reflects what is happening in practice        | Access to justice         | Project               | Project defined     | 01/04/2021 | 31/07/2021 | М                  | Review complete with recommendations as appropriate  | Slippage         | Links to 6, but still need to conduct a review of what we communicate throughout the rest of the process  |

# Business plan 2021-2022 C&I PSC

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|----|---|---------------------------|-----------------------|---------------------|------------|------------|--------------------|--|------------------|---|
| 15 | Reporting of PIs for first and second six months of the year separately in light of the impact of covid/lockdown on timescales moving into the first six months of 21-22                                      | Capacity                  | BAU                   | Continuous          | 01/04/2021 | 31/03/2021 | М                  | Update to reporting arrangements   | Discontinued     | - why discontinued, or carried forward  Discontinued in light of the fact that we have remained in lockdown for the full year rather than coming out of lockdown for the second six months of performance   |
| 16 | Close monitoring of allocation pool management, building on 20-21 project to identify further strategies to reduce timescales   | Capacity                  | BAU                   | Continuous          | 01/04/2021 | 31/03/2021 | Н                  | Regular reporting and review through PSC monthly meetings to monitor and ensure quarterly improvements | On target        | Ongoing review of allocation pool and identification of opportunities to progress cases eg through resolutions based approach   |
| 17 | Review of allocation process from an operational and staff wellbeing perspective  | Capacity                  | Project               | Project defined     | 01/09/2020 | 01/12/2020 | н                  | Review complete with recommendations as appropriate  | C/F to next year | Agreed this will be carried out by the Heads of in Q1 of 22/23 BP due to delay in implementing allocation policy as a result of lockdown  |
| 18 | Review process for managing repeat complainants to identify efficiency gains  | Capacity                  | Project               | Project defined     | 01/07/2021 | 30/09/2021 | L                  | Review complete with recommendations as appropriate  | Discontinued     | Due to resourcing pressures, not identified as a priority   |
| 19 | Scope out developing the inclusion of subject specific advice on SPSO online complaint form or subject specific complaint questions for commonly closed DCR subjects.   | Accessibility             | Project               | Project defined     | 01/07/2021 | 30/09/2021 | М                  | Scoping complete with recommendations  | Completed        | Subject specific information now contained within form. DCRs have no suggestion for improvement on expansion of questions. ER working group considering whether online form can be expanded to ask further questions to assist with ER assessment/closures. |
| 20 | Work with DCRs to reword SPSO's complaint form to ensure correct information is obtained on complainants first complaint submission narrative.  | Accessibility             | Project               | Project defined     | 01/04/2021 | 31/07/2021 | М                  | Scoping complete and recommendations implemented.  | Completed        | A&G in conjnction with comms have further improved the online form and collation of supporting docs at first contact.   |
| 21 | Develop a unique complaint form for NHS complaints – addressing common issues with the generic form (incl. complaints covering more than one health service and advice on Significant Adverse Event Reviews). | Accessibility             | Project               | Project defined     | 01/04/2021 | 30/09/2021 | М                  | Scoping complete and new form developed.   | On target        | A&G have begun presenting idea to Health COP member and will develop with this group.   |
| 22 | Develop process for A&G to begin using 'complaint handling marker' to identify complaint handling issues that are generating premature complaints to SPSO   | Accessibility             | BAU                   | Continuous          | 01/04/2021 | 30/06/2021 | Н                  | Develop/increase statistical information gathered from premature complaints.                           | Completed        | A&G complaint handling marker now within workpro.   |
| 23 | Prison premature study – complete and progress any recommendations from the study   | Accessibility             | Project               | Project defined     | 01/04/2021 | 30/09/2021 | М                  | Study complete with recommendations.   | On target        | Will be completed Q4.   |
| 24 | Review all general email box template responses to include link to new SPSO video where appropriate   | Accessibility             | BAU                   | Annual              | 01/04/2021 | 30/06/2021 | М                  | Review complete with SPSO video signposted to in many more communications.                             | Completed        | Completed.  |
| 25 | Develop (with comms colleagues) more videos for SPSO website, with visual messages delivering responses to frequently asked questions by complainants.  | Accessibility             | Project               | Project defined     | 30/09/2021 | 31/03/2022 | М                  | Videos produced and displayed on website.  | Discontinued     | Due to resourcing pressures, not identified as a priority   |
| 26 | Prepare advocacy SPSO education pack to be issued when complaints are submitted incomplete or premature by advocacy agencies  | Accessibility             | Project               | Project defined     | 30/06/2021 | 31/12/2021 | М                  | Packs produced, distributed and reduction in premature complaints from particular agencies.            | Completed        | Completed Dec 2021.   |
| 27 | Review, simplify and make accessible our : how to complain message, advice on experiencing complaint handling delays and signposting information on SPSO website  | Accessibility             | BAU                   | As required         | 01/10/2021 | 31/12/2021 | М                  | Reduction in emails asking for advice that is readily available on SPSO's website.                     | C/F to next year |   |
| 28 | Improve accessibility of SPSO online complaint form   | Accessibility             | BAU                   | Annual              | 01/06/2021 | 31/03/2022 | М                  | Continue to receive a high volume of online complaint submissions                                      | C/F to next year |   |
| 29 | Piloting of resolutions guidance  | Access to justice         | Project               | Project defined     | 01/10/2020 | 31/03/2021 | Н                  | Delivery of guidance   | On target        | Training completed, guidance shared   |

#### Business plan 2021-2022 C&I SWF

| No | Activity description of task/ activity/ project   | Strategic Theme<br>Select | Type<br>Select | Frequency<br>Select | Start      | End        | Priority<br>Select | Measure/ KPI/ Reporting  | <b>Status</b><br>Select | Comment/ update E.G why not on target/ exceeded - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward |
|----|---|---------------------------|----------------|---------------------|------------|------------|--------------------|--|-------------------------|---|
| 1  | Case-handling times - SWF Reviews of Crisis Grants  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | 95% of cases closed or progressed in 1 working day or fewer (from receiving all information)   | Exceeded                | Achieved in 100% of cases in Q3   |
| 2  | Case-handling times - SWF Reviews of Community Care Grants  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | 95% of cases closed or progressed in <b>21</b> working days or fewer (from receiving all information)  | Slippage                | Achieved in 90% of cases in Q3. Small number of case determined (50) and five of these exceeded timescale due to staffing issues. LT decision to prioritise crisis and SIS grants                       |
| 3  | Case-handling times - SWF Reviews of Self-Isolation Support Grants  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 01/04/2022 | S                  | 95% of cases closed or progressed in 1 working day or fewer (from receiving all information)   | Exceeded                | Achieved in 99% of cases in Q3. One case missed KPI.  |
| 4  | Case-handling process SWF - monitor practice, review and update case handling guidance, and disseminate through updates and training  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S/H                | Report to LT quarterly confirming learning captured and action taken and planned   | Slippage                | Internal case handling guidance overdue   |
| 5  | Reconsiderations  | Access to justice         | BAU            | As required         | 01/04/2021 | 31/03/2022 | Н                  | 95% of decisions are correct,<br>Quarterly reporting to LT   | Exceeded                | Original outcome unchanged in 100% of cases in Q2   |
| 6  | Monitor SG SWF Guidance, provide feedback and engage in review  | Standards                 | BAU            | As required         | 01/04/2021 | 31/03/2022 | S/H                | Ad hoc updates and annual report to LT   | On target               | Liaised with SG over Self-Isolation Support<br>Grant guidance and FAQs  |
| 7  | Produce content for SWF section of annual report  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | Published Annual Report  | Completed               | Completed for the year 2020-21  |
| 8  | Resourcing: monitor, plan and arrange recruitment to maintain appropriate level of staff resources for SWF  | Capacity                  | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | Н                  | Achievement of KPIs  | On target               | One CR moved teams within SPSO. Temporary TA acting up into CR vacancy and new temporary TA recruited.  |
| 9  | Performance reporting: Service standards - monitor performance against service standards using internal and stakeholder feedback and identify and implement improvements        | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | М                  | - Quarterly report to LT as part of business plan update   | On target               |   |
| 10 | Maintain effective engagement with stakeholders via appropriate channels, working with ISE  | Access to justice         | BAU            | As required         | 01/04/2021 | 31/03/2022 | М                  | <ul> <li>Quarterly report to LT as part of<br/>business plan update</li> <li>Consider as part of C&amp;E strategy<br/>once available.</li> </ul> | On target               | LA survey issued in July - September 2021.<br>Report in progress. In general positive<br>feedback received.   |
| 11 | Produce SWF text for monthly commentary as well as additional comms materials as and when required.   | Access to justice         | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | М                  | - monthly content to ISE   | On target               |   |
| 12 | Review QA results (casework and telephone) and implement learning/ amend process as required.   | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | М                  | - report of findings and recommendations to LT   | On target               | QA Report published in August. Findings and recommendations discussed with team members.  |
| 13 | Maintain and promote professional development of staff and ensure team is appropriately resourced and skilled.  | Capacity                  | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | Achievement of SWF function and business plan objectives.  | On target               | Demand for SISG applications during Q3 increased. Raised with SG and discussions over funding ongoing.  |
| 14 | Assess customer experience of SPSO SWF quality of service delivery  | Accessibility             | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | - report of findings and recommendations to LT   | On target               | Customer surveys now being carried out by text message following a successful pilot.  |
| 15 | Based on results of the local authority survey (action 34) consider appropriate actions to improve the impact of our findings.  | Access to justice         | Project        | Project defined     | 01/05/2021 | 31/03/2022 | М                  | Report and update guidance and advice as appropriate   | On target               | Currently reviewing results to agree potential actions for 2022-23  |
| 16 | Conduct seminar(s) for decision makers (either virtually or in person) covering key topics for supporting effective decision making.  | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - Report and recommendations to LT   | Not started             | Discussed virtual sessions with councils covering key topics. Was not possible to begin this in Q3 due to resourcing issues.  |
| 17 | Produce targeted communication for councils based on what would be considered useful for learning purposes (for example sharing case summaries on specific themes/ case types). | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - report of findings and recommendations to LT   | Not started             | Analysis of LA survey results ongoing to assess what information would be most useful to publish.   |
| 18 | Review information contained within the complaints handling marker to identify any recurring themes.  | Standards                 | Project        | Project defined     | 01/04/2021 | 30/09/2021 | М                  | - Report to MCPM and Director  | Completed               |   |
| 19 | Review our communication with councils to better understand their perspective and facilitate greater understanding of our findings  | Accessibility             | Project        | Project defined     | 01/04/2021 | 31/10/2021 | М                  | - report of findings and recommendations to LT   | Completed               | LA survey asked councils about our communication. Feedback received was positive.   |

# Business plan 2021-2022 C&I SWF

| No | Activity description of task/ activity/ project  | Strategic Theme<br>Select | Type<br>Select | Frequency<br>Select | Start      | End        | Priority<br>Select | Measure/ KPI/ Reporting                        | <b>Status</b><br>Select | Comment/ update E.G why not on target/ exceeded - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward |
|----|--|---------------------------|----------------|---------------------|------------|------------|--------------------|--|-------------------------|---|
| 20 | Review the decision letter to remove repetition and unnecessary content  | Accessibility             | Project        | Project defined     | 01/04/2021 | 31/10/2021 | М                  | - Report and recommendations to LT             | Slippage                | Not possible to start this project due to resourcing issues linked to an increase in demand for SISG and absence. Will progress in Q4 if resources allow.   |
| 21 | Review the data arising from the new signposting section of Workpro to identify accessibility issues and time spent delivering advice to councils  | Accessibility             | Project        | Project defined     | 01/04/2021 | 30/09/2021 | М                  | - report of findings and recommendations to LT | On target               | Reviewed signposting data and changed telephone message as a result due to high volume of wrong numbers.  |
| 22 | Develop our knowledge and application of SIP to handle recurring issues where councils do not amend their practice following our feedback (support from ISE with collation of data and guidance on SIP policy would be helpful/also support from LT through escalation routes as required) | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - report of findings and recommendations to LT | On target               | This has been started but further time needs to be invested in this piece of work now that resourcing issues are stabilising.   |
| 23 | Develop resources on our website that can be used as training materials for local authorities eg. faqs and videos discussing key topics.   | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - report of findings and recommendations to LT | Not started             | This was amended from on online decision making tool due to lack of software and/or resources. It has been difficult to progress due to resources.  |

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|----|--|---------------------------|-----------------------|---------------------|------------|------------|--------------------|---|------------------|---|
|    |  |                           |                       |                     |            |            |                    |   |                  | - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward |
| 1  | BH Handbook: Health, safety, security - review and update, disseminate through updates and training, and monitor practice.   | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | s                  | - LAW review report to LT   | On target        | Updating in conjunction with Future working   |
| 2  | BH Handbook: MoU - review and update, disseminate through updates and training, and monitor practice.  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Review undertaken and signed off by BHMG  | On target        | Updating in conjunction with future working and return to office working  |
| 3  | BH: Facilities - ongoing management of maintenance plans including statutory, and preventative, resolve day to day maintenance issues, prioritise & fixed efficiency, liaise with landlord, trade engineers, ensure carbon management practices maintained, supplies and equipment maintained,   | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | S                  | Bridgeside House facilities<br>maintained     prioritised preventative<br>maintenance actioned  | On target        | On Schedule for year. Outstanding to be complete Q3 & Q4  |
| 4  | BH: Health, Safety and Security (H&S service) - promoting health, safety & security with on-going management in Bridgeside House working environment. Provide ongoing effective health and safety service and advice to staff WFH  | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | н                  | -Provide quarterly update -H&S group meeting deliver on actions -Deliver H&S aspects of work from home policy   | On target        | Completed standing meeting week. Assisted staff with WFH Guidance. Completed 10 DSE Assessments on issues YTD   |
| 5  | BH: Health, Safety and Security (management) - Ensuring statutory regulations are complied with records maintained for legal duties including - fire safety training, fire tests, fire drills, qualified first aiders, legionella risks controlled. Office Risk Assessment are reviewed inline with workplace audits including Security management. External audit outcomes, actions and other reports/inspections. Testing business continuity plans (BCP) in line with health and safety | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | s                  | - Annual H&S Assurance Statement to SPSO - Training and updates disseminated to all staff - Low residual risk in operational risk register - 2 fire drills annually evacuate in 3 minutes - Pass annual H&S audit | On target        | Complete Fire Drill in Q2 Office and Home RA to be complete Q3  |
| 6  | BH: Health, Safety and Security (staff training) - new staff H&S inductions; annual H&S+ S staff questionnaire, Annual Display Screen Equipment Assessment (DSE) for Working from Home (WFH), Ongoing awareness training for staff and managers for home & office work environments  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - All new staff completed H&S+S Induction - Annual H&S + S training - Annual DSE training   | Exceeded         | Completed Annual H&S + S training<br>Completed s Annual DSE Training  |
| 7  | BH: Mail & delivery management - provide efficient service for pick-up of all mail & deliveries  | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | н                  | - secure & timely mail support services   | On target        | Completed courier service training to improve and reduce delivery issues  |
| 8  | BH: Managed Contracts - ongoing management of contracts and contractors of Bridgeside House including acting as first point of contact for suppliers, manage lease, cleaning, waste, security while working with procurement and finance to achieve best value   | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | - contracts delivering on service expectations  | On target        | On demand service for Recycling & Confidential waste extra 1.5 hrs a day for communal cleaner for shared areas for touch points                         |
| 9  | BH: Shared Area Management - providing a well-coordinated Bridgeside House shared facility service for three office holders, ensuring the shared areas meet the requirements of the users including shared meeting rooms, booking system, supporting events, monitoring costs, billing, technology   | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | н                  | - shared space, AV & equipment requirements managed fairly and rooms fit-for-purpose  | On target        | Upgrade shared meeting rooms with new AV including Cameras, speaker, mic system for hybrid meetings plug and play for all offices                       |
| 10 | Climate change duties: Implement climate change actions from plan and working towards 2030 target of Net Zero. Develop a carbon emergency strategy and organisational changes  | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | S                  | - Action plan implemented and reported in Climate Change Duties report  | On target        | Continue to working towards achieving Key objectives from CCAT. Implemented adding environmental considerations to LT papers                            |
| 11 | Climate change duties: monitor primary energy usage and waste management   | Access to justice         | BAU                   | Monthly             | 01/04/2021 | 31/03/2022 | S                  | - Continued reduction in our<br>Baseline carbon footprint<br>(2015/16 72 tCO2e)   | On target        | 2016/17 - 71.0 tCO2e<br>2017/18 - 59.9 tCO2e<br>2018/19 - 54.2 tCO2e (8 mths Melville St + 4<br>mths all users BH)<br>2019/20 - 45.4 tCO2e              |
| 12 | Climate change duties: produce and publish Climate Change Annual Report (including discharging duties under section 32 (1)(a) of the PSR Scotland Act 2010)  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Published annual report   | Completed        | Climate Change report submitted to SSN before deadline of 30 November 2021 and published on SPSO website.   |
| 13 | Climate change duties: produce and publish Environment, Sustainability and Biodiversity Annual Report  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Published annual report   | Completed        | Report published on SPSO website.   |
| 14 | Decision Review: carry out decision reviews in a timely manner   | Access to justice         | BAU                   | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | 40% in 50 working days, 95% in 90 working days  | Slippage         | As of 31.12.2021: 4% closed in 50 working days, 97% closed in 90 working days   |
| 15 | Finance: Annual Budget BH - plan and prepare submission for SPCB, including resource planning, staff and non-staff; profile approved budget  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Annual budget submission, signed off by LT  | Completed        |   |
| 16 | Finance: Annual Budget SPSO - plan and prepare submission for SPCB, including resource planning, staff and non-staff; profile approved budget  | Access to justice         | BAU                   | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Annual budget submission, signed off by LT  | Completed        |   |

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|----|---|---------------------------|----------------|---------------------|------------|------------|--------------------|--|-------------------------|---|
| 17 | Finance: Audit, External - Annual report and Accounts - 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 | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Agreed External Audit annual<br>plan     - External Audit Report   | Completed               |   |
| 18 | Finance: Audit, Internal - produce and deliver Internal Audit Plan  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | Internal Audit Plan, signed off<br>by LT     Internal Audit reports to LT and<br>AAB, accompanied by Dir-CS<br>responses to any<br>recommendations   | Completed               |   |
| 19 | Finance: Expenditure - BH - monitor and manage expenditure against budget plan and report to BHMG   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | <ul> <li>5% variance: budget to actual spend at year end</li> <li>monthly spend against budget statement to BHMG with recommendations</li> <li>Reported in Annual Report and Accounts</li> </ul> | On target               |   |
| 20 | Finance: Expenditure - pay invoices against approved orders and process payment of creditors  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | 100% of undisputed invoices<br>paid within 30 working days<br>Reported in quarterly to LT  | On target               | 10 working days: Q1 - 51%; Q2 - 64%<br>30 working days: Q1, Q2 - 100%   |
| 21 | Finance: Expenditure - SPSO - monitor and manage expenditure against budget plan  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | s                  | - 5% variance: budget to actual spend at year end - monthly spend against budget statement to LT with recommendations - Reported in Annual Report and Accounts                                   | On target               |   |
| 22 | Finance: Income BH - issue and monitor receipt of payment for all ad hoc income   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | - all income received in year  | On target               |   |
| 23 | Finance: Income SPSO - issue and monitor receipt of payment for all ad hoc income   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | - all income received in year  | On target               |   |
| 24 | Finance: Procurement - consumables - procure and manage office stock, travel, accommodation arrangements and support tender processes, ensuring SPSO procurement policy is followed.  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | - Published current contract list  | On target               |   |
| 25 | Finance: Procurement - ICT - procure and manage ICT hardware requirements, including tracking and future planning for replacement equipment.  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | s                  | - staff have suitable equipment to carry out their roles.  | On target               |   |
| 26 | Finance: Procurement - professional advice - procure and manage contracts for services and professional advice ensuring best value for money  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | - Published current contract list  | On target               |   |
| 27 | Finance: Statements of Expenditure - produce and publish under Section 31 of the PSR (Scotland) Act 2010, and details of contractors  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Published annual report  | Completed               |   |
| 28 | Governance: Business plan - coordinate and produce annual plan  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | Н                  | - Published business plan  | Completed               |   |
| 29 | Governance: Business plan - coordinate quarterly update and publication   | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | Н                  | - Updated plan republished quarterly   | On target               |   |
| 30 | Governance: Incident register - record and report all ICT incidents in line with the Risk and Incident policy and data breach procedures  | Access to justice         | BAU            | As required         | 01/04/2021 | 31/03/2022 | S                  | - Effective incident management<br>- quarterly updates to<br>Leadership Team   | On target               |   |
| 31 | Governance: Incident register - record and report all Information Governance incidents in line with the Risk and Incident policy and data breach procedures   | Standards                 | BAU            | As required         | 01/04/2021 | 31/03/2022 | S                  | - Effective incident management<br>- quarterly updates to<br>Leadership Team   | On target               |   |
| 32 | Governance: Risk - Business Continuity Plan - review and update annually, undertake tests with IRT  | Capacity                  | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - Effective risk management  | Not started             | To be progressed in Q4  |
| 33 | Governance: Risk - strategic and operations registers - prepare annually in line with business planning process   | Capacity                  | BAU            | Annual              | 01/04/2021 | 31/03/2022 | Н                  | - Effective risk management  | Completed               | Ombudsman reviewing structure   |
| 34 | Governance: Risk - strategic and operations risk registers - coordinate regular reviews, update, and publish strategic risk register.   | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | Н                  | - Effective risk management  | On target               |   |
| 35 | Governance: Secretariat - provide secretariat to Advisory Audit Board and Leadership Team   | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | ا ا                | - Annual meeting schedule planned and issued  - Papers prepared and issued at least one week prior to meeting  - Declarations of interest published  | On target               |   |

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|----|---|---------------------------|----------------|---------------------|------------|------------|--------------------|---|------------------|---|
|    |   |                           |                |                     |            |            |                    |   |                  | - policy decisions taken - why discontinued, or carried forward   |
|    | HR: Equalities and Human Rights - monitor, report and review practice   | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - include in annual HR report   | On target        | - wity discontinued, or carried forward   |
|    | HR: Equalities and Human Rights - Organise a celebration of International Woman's Day   | Access to justice         | BAU            | Annual              | 01/01/2022 | 31/03/2022 | L                  | - Annual events planned for All Staff attendance  | On target        |   |
|    | HR: Health and wellbeing - IIP Health and Wellbeing review  | Capacity                  | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | - Maintain Healthy Working<br>Lives Accreditation   | Slippage         | NHS Healthy Working Lives staff redeployed so<br>no assessors available to progress award, WAG<br>continuing to update evidence in preparation for<br>award |
|    | HR: Health and wellbeing - Implement well-being strategy and plan   | Capacity                  | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - TBC by well-being group<br>- % lost days due to sickness to<br>not exceed PS average  | On target        |   |
|    | HR: Health and wellbeing - Monitor and annually report on the activities and achievements of the Mental Health and Wellbeing Group.   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | Continue to encourage support<br>from colleagues and deliver<br>objectives of group.  | On target        |   |
|    | HR: Learning and Development - Annual learning and professional development plan - annual manager training  | Capacity                  | BAU            | Annual              | 01/04/2021 | 31/03/2022 | М                  | - Plan and deliver annual manager training session  | On target        |   |
| 42 | HR: Learning and development - Annual learning and professional development plan - prepare and fully resource plan, including specialist technical training for different staff groups as requested | Capacity                  | BAU            | Annual              | 01/04/2021 | 31/03/2022 | М                  | <ul> <li>PDPs completed with analysis,<br/>survey and IIP action plan<br/>incorporated</li> <li>Plan shared with all staff</li> </ul>                                 | On target        | Q4 plan developed   |
|    | HR: Learning and development - Annual learning and professional development plan - monitor progress against plan, particularly resources.   | Capacity                  | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | М                  | - Well skilled workforce<br>- Annual report to LT   | On target        |   |
|    | HR: Payroll - manage and maintain payroll   | Access to justice         | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | S                  | Staff paid promptly and correctly     Successfully audited accounts   | On target        |   |
| 45 | HR: provide the organisation with an effective HR service   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | - HR stats report to LT of the HR service, including workforce composition, absence management, staff performance management (summary level not personal information) | On target        |   |
| 46 | HR: Resourcing - monitor, plan and recruit to maintain appropriate level of staff resource  | Capacity                  | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | н                  | Delivery of CS statutory duties     Achievement of KPIs   | On target        |   |
| 47 | HR: Strategy - Annual staff survey and accompanying action plan   |                           | BAU            | Annual              | 01/04/2021 | 31/03/2022 |                    | -Analysis of 2018-19 survey and action plan produced for 2019-20 business planning.   | On target        | Action plan shared with all staff with range of activities for completion over next 18 months   |
| 48 | HR: Strategy - Implement annual IIP assessment and agree actions  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - IIP review and report<br>completed and action plan<br>produced for 2019-20 business<br>planning.  | On target        | Action plan shared with all staff with range of activities for completion over next 18 months.  Contacted IIP about mid-cycle review                        |
|    | ICT: Applications - Ad hoc - ensure appropriate software applications are available and fit for purpose   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | - Appropriate applications<br>available for staff to complete<br>their roles and responsibilities   | On target        | Continuing to support rollout of additional features in MS Teams.   |
|    | ICT: Applications - Case-handling system (Workpro) - manage the maintenance and enhancement of application and casework EDMS  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | - Case-handling application up-<br>to-date and meeting business<br>and information management<br>requirements   | On target        | Workpro upgrade deployed in Novemeber 2021 with PDF editing, changes to reasonable adjustments and integration with Connect.                                |
|    | ICT: Applications - Communication tools, including video conferencing - ensure appropriate software applications are available and fit for purpose  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | . н                | - Appropriate communication channels available for staff to complete their roles and responsibilities   | On target        |   |
|    | ICT: Applications - Document sharing (Connect) - ensure application is fully embedded and fit for purpose   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 |                    | <ul> <li>Appropriate document sharing<br/>applications available for staff to<br/>complete their roles and<br/>responsibilities</li> </ul>                            | On target        | Integration with Workpro deployed as part of upgrade in Q3.   |
|    | ICT: Applications - eRDM - manage the maintenance and enhancement of non-<br>casework electronic document file system   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | - EDMS meeting information management requirements  | On target        |   |
| 54 | ICT: Applications - Performance reporting - support the development of statistical reports from case-handling system, providing liaison with contractor.  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | М                  | - SQL Report builder and data<br>bases are correct and working,<br>all issues reported to Contractor<br>on time   | On target        | Q3 - supported development of further INWO report with ISE Officer.   |
| 55 | ICT: Hardware - monitoring and management of IT hardware  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | - Functioning, fit for purpose hardware - exception reporting - Annual statement to LT  | On target        |   |

| No  | Activity  | Strategic Theme   | Туре   | Frequency   | Start      | End        | Priority | Measure/ KPI/ Reporting  | Status       | Comment/ update   |
|-----|---|-------------------|--------|-------------|------------|------------|----------|--|--------------|---|
|     | description of task/ activity/ project  | Select            | Select | Select      |            |            | Select   |  | Select       | E.G why not on target/ exceeded   |
|     |   |                   |        |             |            |            |          |  |              | - actual achieved - important milestones achieved   |
|     |   |                   |        |             |            |            |          |  |              | - if it is a new addition to the plan   |
|     |   |                   |        |             |            |            |          |  |              | - policy decisions taken - why discontinued, or carried forward                                 |
| 56  | ICT: Security and cyber resilience - implement Public Sector Action Plan for Cyber  |                   |        |             |            |            |          | - Acceptable level of residual                                   |              | Survey due for completion in Q4.  |
|     | Resilience, monitor actions and report  | Access to justice | BAU    | Quarterly   | 01/04/2021 | 31/03/2022 | ш        | - Exception reporting to LT                                      | On target    |   |
|     |   | Access to justice | BAO    | Quarterly   | 01/04/2021 | 31/03/2022 | "        | - Up-to-date Information and<br>Data related Policies and        | On larger    |   |
|     |   |                   |        |             |            |            |          | Procedures   |              |   |
| 57  | ICT: Security and cyber resilience - Annual refresher training for all staff on Cyber Security and IT Code of Conduct                             | Access to justice | BAU    | Annual      | 01/04/2021 | 31/03/2022 | S        | - Appropriate use of ICT   | On target    | Ransomware and Phishing 'exercise in a box' training exercises delivered in Q1 + Q3. Further    |
|     | Security and 11 Code of Conduct   | Access to justice | BAO    | Allitual    | 01/04/2021 | 31/03/2022 | 5        | systems  | On target    | exercises will be rolled out in Q4.   |
| 58  | ICT: Security and cyber resilience - Cyber Essentials re-certification  | Access to justice | BAU    | Annual      | 01/04/2021 | 31/03/2022 |          | - Cyber Essentials re-<br>certification achieved                 | Completed    | Achieved confirmation of Cyber Essentials recertification in December 2021.                     |
| 59  | ICT: Security and cyber resilience - Induction, training and user support   | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | М        | - Users operating all systems                                    | On target    | ISA completed cyber-security incident   |
| 60  | ICT: Security and cyber resilience - IS installation (network) - monitor the maintenance  | <u> </u>          |        |             |            |            |          | effectively - Regular meetings with                              | <del>`</del> | management training in Q3.  |
|     | of security and cyber resilience standards by contractor  | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | Н        | business partner and annual service report.                      | On target    |   |
| 61  | ICT: Technical Support - Level 1 ICT support - provided to ICT champs and staff,  |                   |        |             |            |            |          | - Appropriate response times for                                 |              |   |
|     | monitoring of ICT mail box, logging and tracking escalated calls with external contractors where required, providing IMSO support for eRDM system | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | н        | level 1 ICT requests - Escalated calls logged with               | On target    |   |
|     | contractors where required, providing IMSO support for existing system  | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | п        | external contractors in good time                                | Officialget  |   |
| 62  | ICT: Technical Support - Team ICT Champions - manage and support the network of   |                   |        |             |            |            |          | - ICT Champs informed and  |              | ICT champions use Channel in MS Teams to log  |
| 02  | Level 1 ICT support in teams.   | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | М        | confident, providing support                                     | On target    | queries and comments. ISA holds regular   |
| 63  | ICT: Technical Support - Video conferencing tools - provide support and   |                   |        |             |            |            |          | effectively to team members - Appropriate communication          |              | meetings with ICT champs.   |
| 0.5 | administration for executive level on-line meetings   | Access to justice | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | ш        | channels available for   | On target    |   |
|     |   | Access to justice | BAO    | Continuous  | 01/04/2021 | 31/03/2022 |          | LT/Management to complete their roles and responsibilities       | Ontarget     |   |
| 64  | ICT: Telephony - monitoring and management of telephony network and hardware,   |                   |        |             |            |            |          | - telephony functionality  |              |   |
|     | including mobile communications and connectivity; providing technical support where required.   | Accessibility     | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | Н        | available for staff to complete their roles and responsibilities | On target    |   |
| 65  | Information Governance: DP Subject access requests (including all DP rights   | Standards         | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | S        | - Reporting performance against                                  | On target    | Q3 - 100% responded on target.  |
| 66  | requests) Information Governance: FOI/EIR Requests and Reviews  | Ctandarda         | DALL   |             |            |            |          | statutory target of one month - Reporting performance against    |              | Q3 - 100% responded on target.  |
| 67  | ·   | Standards         | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | S        | statutory target of 20 days                                      | On target    |   |
| 07  | Information Governance: manage information risks, coordinate mitigation procedures, and log and risk assess information assets                    | Standards         | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | S        | - report to LT in line with                                      | On target    |   |
| 60  | Information Governance: monitor compliance, and ensure documentation, controls  |                   |        |             |            |            |          | governance arrangements - Non compliance reported to LT          |              |   |
| 00  | and procedures are in place and applied (incl. DP registration, register of processing,   | Standards         | BAU    | Continuous  | 01/04/2021 | 31/03/2022 | S        | - Non compliance reported to L1                                  | On target    |   |
|     | DPIAs, DSAs, DPO MoU, privacy notices, processor contracts, EU exit, records management)  | Standards         | DAU    | Continuous  | 01/04/2021 | 31/03/2022 | 3        |  | On larget    |   |
| 69  | Information Governance: Progress Update Review of Records Management Plan   | Standards         | BAU    | Annual      | 01/04/2021 | 31/6/2021  | М        | Review submitted   | Completed    | Final report published.   |
| 70  | Information Governance: Publication Scheme - review and update SPSO Publication Scheme, and Re-use, to ensure compliance                          | Standards         | BAU    | Annual      | 01/04/2021 | 31/03/2022 | S        | - Publication scheme compliant                                   | On target    |   |
| 71  | Information Governance: Retention and disposal - ensure retention and disposal of   |                   |        |             |            |            |          | - Annual assurance statement to                                  |              | Destruction was postponed due to instruction  |
|     | casework documents in line with policy (non-casework automated in eRDM)   |                   |        |             |            |            |          | LT - Annual file location audit -                                |              | from infected blood inquiry. Following agreement with the inquiry, we can now start destruction |
|     |   | Standards         | BAU    | Quarterly   | 01/04/2021 | 31/03/2022 | S        | 100% of hard copy case files                                     | Slippage     | policy again.   |
|     |   |                   |        |             |            |            |          | located securely and correctly recorded on CMS                   |              |   |
|     |   |                   |        |             |            |            |          | - ad hoc updating as required                                    |              |   |
| 72  | Information Governance: Training - implement compulsory data protection and ad-hoc information governance training and inductions                 | Standards         | BAU    | As required | 01/04/2021 | 31/03/2022 | S        | - Evidence ALL staff receive update/ refresher training          | On target    | Compulsory and breach management training rolled out.   |
| 73  | Ombudsman groups: contribute to OA (and other) special interest groups  | Access to justice | BAU    | As required | 01/04/2021 | 31/03/2022 | L        | - As required  | On target    |   |
| 74  | Ombudsman groups: manage membership   | Access to justice | BAU    | As required | 01/04/2021 | 31/03/2022 | L        | - Representatives identified and resource available              | On target    |   |
| 75  | Performance reporting: collation of quarterly statistics and year-to-date performance (FOI/EIR and DP rights requests eg SARs)                    | Standards         | BAU    | Quarterly   | 01/04/2021 | 31/03/2022 | Н        | - Submitted to SIC on time<br>- quarterly analysis report to LT  | On target    |   |
| 76  | Performance reporting: Professional advice - collation of statistics and year-to-date   | Access to justice | BAU    | Monthly     | 01/04/2021 | 31/03/2022 | Н        | - quarterly analysis report to LT                                | On target    |   |
|     | performance   | ,                 |        | ,           | <b></b>    |            |          |  |              |   |

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|----|--|---------------------------|----------------|---------------------|------------|------------|--------------------|--|------------------|---|
| 77 | Performance Reporting: UAP - monitor application and effectiveness   | Access to justice         | BAU            | Monthly             | 01/04/2021 | 31/03/2022 | н                  | - 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  | On target        | Monitored on a qtrly basis through CPMM reporting   |
| 78 | Professional Advice Service: Annual Report on advice service   | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | М                  | Report on service  | Completed        | Consider incorporating into QCPMM reporting going forwards  |
| 79 | Professional Advice Service: deliver a well-resourced professional advice service  | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | Continued reduction in the % of advice responses received in excess of 20 working days. (2016-17 Baseline 64.1%)   | On target        | Q3 advices returned within 20 working days = 72% Average return time = 16 days  |
| 80 | Quality assurance: annual quality assurance plan proposal  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | Н                  | Proposal paper to QCPM.  | Completed        |   |
| 81 | Quality assurance: Casework  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - 95% of decisions correct - annual N77 report to LT of learning and action taken and recommendations for wider improvement initiatives  | C/F to next year | Due to resourcing capacity.   |
| 82 | Quality assurance: Professional advice   | Access to justice         | BAU            | 6 monthly           | 01/04/2021 | 31/03/2022 | Н                  | - Six monthly report to LT of<br>learning and action taken, and<br>recommendations for wider<br>improvement initiatives  | Not started      | Not started (11.01.2022). This will be undertaken in Q4   |
| 83 | Quality assurance: SWF decisions   | Access to justice         | BAU            | 6 monthly           | 01/04/2021 | 31/03/2022 | Н                  | 95% of decisions correct     Annual report to LT of learning and action taken and recommendations for wider improvement initiatives  | Completed        | Completed on SWF decisions  |
| 84 | Quality assurance: Telephone   | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - Annual report to LT - assessment of quality of telephone calls against customer service standards. Actions taken and recommendations for wider improvement initiatives made  | Discontinued     | Telephone QA will be replaced by new call recording.  |
| 85 | Service standards - monitor performance against service standards using internal and stakeholder feedback, and benchmarking against other ombudsmen services as far possible, and identify and implement improvements, feeding back to ISE for public reporting purposes and | Standards                 | BAU            | As required         | 01/04/2021 | 31/03/2022 | M                  | - Otrly reports containing performance against service standards data to Dir(Corp Serv) for inclusion in Casework Management Performance Group: learning captured, recommendations and details of action taken and planned | Slippage         | Due to staff absences. To be progressed in q4   |
| 86 | SPSO Policy Handbook: all volumes - ensure reviewed by owners and update in line with policy review cycle and ensure effective dissemination   | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | S                  | Up-to-date, legally and<br>standards compliant, policies<br>and procedures     Annual self-certification by all<br>staff   | Slippage         | Majority of handbooks updated, with the exception of those listed below.  |
| 87 | SPSO Policy Handbook: Complaints and investigations guidance and processes - review and update, disseminate through updates and training, and monitor practice.  | Access to justice         | BAU            | Quarterly           | 01/04/2021 | 31/03/2022 | Н                  | Report to LT quarterly confirming learning captured and action taken and planned   | On target        | New release in Dec 21 for Q3  |
| 88 | SPSO Policy Handbook: Finance- review, update and ensure implementation of good governance arrangements.   | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Internal audit report to LT  | On target        | Draft provided to LT for approval   |
| 89 | SPSO Policy Handbook: Governance, risk and incident management policy - review annually in line with business planning process   | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Internal audit report to LT  | Not started      |   |
| 90 | SPSO Policy Handbook: HR volumes - review and update, disseminate through updates and training, and monitor practice. (3-yr. rolling review of volumes)  | Access to justice         | BAU            | Annual              | 01/04/2021 | 31/03/2022 | н                  | - Review undertaken and signed off by LT   | Slippage         | Menopause and Periods Policy launched in quarter 3. Starting general review of policies in quarter 4 but slippage means that it will carry forward into the next year                                   |
| 91 | SPSO Policy Handbook: Information and Communication Technology (ICT): review, maintain and update ICT and digital Strategy and supporting guidance, particularly focussing on cyber security and resilience; disseminate through updates and training, and monitor practice. | Access to justice         | BAU            | Continuous          | 01/04/2021 | 31/03/2022 | Н                  | - Annual review undertaken and signed off by LT  | Completed        | Updated handbook to include SBC. Signed off by LT with minor comments in Jan 2022.  |

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|-----|--|---------------------------|----------------|---------------------|------------|------------|--------------------|--|------------------|--|
|     |  |                           |                |                     |            |            |                    |  |                  | - why not on target/ exceeded - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward  |
| 92  | SPSO Policy Handbook: Information governance - review and update information governance policies, processes and guidance covering data protection (including rights, breaches, security), FOI/EIR, records management, and supporting measures   | Standards                 | BAU            | Annual              | 01/04/2021 | 31/03/2022 | S                  | - Review undertaken and signed off by LT   | On target        | Draft issued to LT in January 2022 for approval to publish   |
| 93  | Survey management: administration and advice on all electronic surveys issued, including Customer, BUJ, SWF, Staff, etc.   | Access to justice         | BAU            | As required         | 01/04/2021 | 31/03/2022 | М                  | - Results provided on time   | On target        |  |
| 94  | Training ISE training officer administrative support. Booking forms, invoices, handouts and updating of materials  | Access to justice         | BAU            | As required         | 01/04/2021 | 31/03/2022 | Н                  |  | On target        |  |
| 95  | BH: Shared Area Management - Project to improve facilities - 1. Enhance shared areas to promote enhanced conference communication with remote video to reduce environmental impact 2. Enhance changing facilities to improve clean environment and wellbeing 3. Lighting Project for all BH offices and shared spaces to improve office environment 4. Future working initiatives to improve health, well-being, safety and security | Access to justice         | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Delivery video conference to<br>Boardroom     Deliver enhanced changing<br>facilities     Deliver improved lighting for<br>office facilities     Deliver future working<br>initiatives | Completed        | Carried forward to 2021-22 BP. COVID-19 response has delayed this requirement, resources focussed on making the building save to use in this pandemic.   |
| 96  | Finance: Audit, External - Annual report and Accounts - review the requirements in relation to Climate Change Financial Disclosures that will be mandatory by 2022   | Access to justice         | Project        | Project defined     | 01/04/2021 | 31/03/2022 | S                  | Report of findings and recommendations to LT.  | On target        | Initial documentation provided   |
| 97  | HR: Accreditation - Achieve Carer First Accreditation  | Access to justice         | Project        | Project defined     | 01/07/2019 | 31/03/2020 | М                  | Accredited   | C/F to next year | Research and scoping in progress, carried forward due to resource capacity   |
| 98  | HR: Business Continuity Planning - Scoping for moving to fully electronic HR service   | Access to justice         | Project        | Project defined     | 01/04/2021 | 30/09/2021 | М                  | Report to LT with recommendations  | C/F to next year | Due to staff resource capacity.  |
| 99  | HR: Equalities and Human Rights - Review our commitments outlined in SPSO BSL Plan to ensure best practice   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - Report to LT with recommendations  | Slippage         | Discussion have taken place with A&G and Comms. Review should be completed by end of Q4.   |
| 100 | HR: Future Working Arrangements Project  | Capacity                  | Project        | Project defined     | 01/04/2021 | 30/06/2021 | н                  | - Project findings and recommendations on proposals for future working arrangements  | Completed        | Project findings and recommendations presented in Future Working Report relating to future working principles and shared with LT and all staff. LT agreed and signed off stage 1. Now progressing to stage 2 to monitor proposed arrangements. |
| 101 | HR: HR policy review   | Access to justice         | Project        | Project defined     | 01/04/2020 | 31/03/2021 | М                  | - Up-to-date HR policies   | Discontinued     | Duplicate entry, see 90  |
| 102 | HR: IT application - Scope HR and payroll information systems  | Capacity                  | Project        | Project defined     | 01/04/2020 | 31/03/2021 | М                  | - Report to LT with recommendations  | Discontinued     | Contributing to the SPCB shared service project on payroll providers.  Explore further in 3 years when SPCB tender for new provider.   |
| 103 | HR: Learning and development - Development of an Interactive Online Skills Refresher Programme for staff training purposes giving priority for management development skills - scoping and testing   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Implemented training programme   | C/F to next year | Carried forward (and revised) to 2021-22 BP. Scoping commenced   |
| 104 | HR: Learning and development - Explore best practice mechanisms for further raising awareness of and access to learning and development opportunities, including external opportunities.   | Capacity                  | Project        | Project defined     | 01/10/2021 | 31/03/2022 | М                  | Report to LT and include any recommendation within the IIP/staff survey action plan recommendations  | C/F to next year | Carried forward to 2021-22 BP. Additional I&d support brought in during q3 to progress this in the next business year  |
| 105 | HR: Learning and Development - Review of competency framework and associated HR activities   | Access to justice         | Project        | Project defined     | 01/04/2020 | 31/03/2021 | М                  | Updated and approved values-<br>based competency framework     Update recruitment, performance management, learning and development processes and documents in line with outcomes      | C/F to next year | Phase 1 (values refresh) of project complete. Phase 2 (review of the competency and behavioural framework) planning underway. Project on hold due to Covid response but due to resume in 22-23   |
| 106 | HR: Learning and development - review offering, giving consideration to setting a minimum offering/CPD requirement, and access to external development opportunities   | Capacity                  | Project        | Project defined     | 01/10/2021 | 31/03/2022 |                    | Project findings and recommendations   | C/F to next year | Carried forward to 2021-22 BP. As per 105, additional resource now brought in to progress  |
| 107 | HR: Resourcing - Diversity: Review SPSO approach to diversity, inclusion and equality across all areas of work: what we measure, how and how frequently, and contribute to a new Diversity, Equality and Accessibility Strategy.   | Accessibility             | Project        | Project defined     | 01/04/2020 | 31/03/2021 |                    | Approved and effective Diversity and Inclusion Policy and Plan   | On target        | Membership to the Employers Network for Equality and Inclusion achieved in quarter 3. Scoping of TIDE benchmarking system to be carried out in quarter 4 with plan developed for progressing benchmarking process in the next                  |
| 108 | HR: Resourcing - explore option of creating additional complaints investigation capacity through establishment of a pool of contractor CRs   | Access to justice         | Project        | Project defined     | 01/09/2020 | 31/03/2021 | М                  | - Delivery of project outcome  | Completed        | Contractor pool developed with around 5 casework contractors engaged   |
| 109 | HR: Strategy - Develop and implement people strategy   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | M                  | - People strategy to LT  | C/F to next year | Carried forward to 2021-22 BP  |
| 110 | HR: Strategy - Develop Inclusion Diversity Equality and Accessibility Strategy   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | Н                  | - Inclusion and diversity strategy to LT   | Slippage         | A&G Manager has commenced development and has requested input from HR and others.  |

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|-----|---|---------------------------|----------------|---------------------|------------|------------|--------------------|---|------------------|--|
|     |   |                           |                |                     |            |            |                    |   |                  | - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward  |
| 111 | HR: Strategy - Organisational succession planning   | Capacity                  | Project        | Project defined     | 01/10/2021 | 31/03/2022 | М                  | - Scoping, and report to LT with recommended plan   | Slippage         | Due to resourcing capacity. Aiming to commence in Q4, linked to workforce planning   |
| 112 | ICT: Applications - Case-handling system (Workpro) - using the report and findings from CAS Anonymous Product Usage Tracking report and User Experience project, plan and implement agreed recommendations and training requirements for users. | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Recommendations and training implemented  | Slippage         | Slippage due to delay of upgrade. Some outcomes (PDF editing, adding prisoner fields to search, notes to admin fields) incorporated in Workpro upgrade in Q3. Training etc. and changes to using tasks for performance management will be explored post-upgrade. |
| 113 | ICT: Applications - Communication tools - training and support to embed MS teams and functions into the working environment for all staff.  | Access to justice         | Project        | Project defined     | 01/04/2021 | 31/03/2022 |                    | MS Teams training and guidance materials provided to staff on aspects to support roles and responsibilities | On target        | Staff informed of iTECS training sessions for webinars, breakout rooms, Forms etc.   |
|     | ICT: Internal Support - review and evaluate effectiveness of ICT champion structure   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Project findings and recommendations  | On target        | Carried forward to 2021-22 BP Regular ICT Champ updates proving successful. Implementing the outcomes of the WP User Experience project.   |
| 115 | ICT: Review arrangements and processes for working electronically to ensure these are efficient and fit for purpose including document scanning, editing, formatting and systematising formats SPSO accepts as submission                       | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Review submitted  | Not started      | PDF editing included in Workpro upgrade. Rolling out document naming convention training in Q4.  |
| 116 | Information Governance: Accountability Framework self assessment  | Standards                 | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | - Assessment signed off by LT   | Completed        | Sufficient evidence in place, agreed by LT 20 Jan.   |
| 117 | Information Governance: Publication Scheme. A best practice self assessment using module 4 of the SIC toolkit also takin into account the actions identified by OSIC in their recent mystery shopping exercise 2018.                            | Standards                 | Project        | Project defined     | 01/01/2020 | 31/03/2020 | М                  | - Publication scheme compliant, demonstrating best practice   | Not started      | Mystery shopping exercise actions completed; and scheme reviewed and confirmed compliant with 2018 MPS changes. A full best practice self assessment using module 4 of the SIC toolkit will be undertaken when resources are available.                          |
| 118 | Professional Advice Service: Review the adviser rates   | Access to justice         | Project        | Project defined     | 01/04/2021 | 20/09/2021 | Н                  | Report of findings and recommendations to LT.   | Completed        | Reviewed in Q3 with proposal to move to a single rate in 22-23   |
| 119 | Professional Advice Service: Review the impact of moving to remote working and electronic processes on advice services through surveying of advisers  | Access to justice         | Project        | Project defined     | 01/04/2021 | 01/09/2021 | Н                  | Report of findings and recommendations to LT.   | C/F to next year | Current arrangements still bedding in during Q4, therefore moving to Q1 2022   |
| 120 | Quality Assurance: develop process and carry out QA of INWO cases   | Standards                 | Project        | Project defined     | 01/01/2022 | 31/03/2022 | M                  | QA report   | On target        | The process is currently being developed.  |
| 121 | Quality assurance: Telephone - develop new telephone QA system making best use of new telephone technology and encouraging staff self reflection and coaching conversations.  | Access to justice         | Project        | Project defined     | 01/04/2021 | 31/03/2022 | М                  | Report of findings and recommendations to LT.   | Not started      | Telephone Recording Policy still under review.   |
| 122 | BH: Shared Services Project - set-up and provide facilities services to the Biometrics Commissioner   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 |                    | New accommodation and building services set up for the Biometrics Commissioner.                             | On target        | New activity from Q1.  |
| 123 | Corporate Services: Shared Services Project - set-up and provide finance and governance services to the Biometrics Commissioner   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | Н                  | New finance and governance processes and procedures implemented for the Biometrics Commissioner.            | On target        | New activity from Q1.  |
| 124 | HR: Shared Services Project - set-up and provide HR services to the Biometrics Commissioner   | Capacity                  | Project        | Project defined     | 01/04/2021 | 31/03/2022 | н                  | New HR services implemented for the Commissioner.   | Completed        | HR services set up and new team in place in quarter 3  |
| 125 | BH: SPSO Facilities - provide appropriate seating arrangements and workstations to incorporate INWO restructure and additional staff into the 2nd floor office, including provision to support paper-lite and new filing process.               | Capacity                  | Project        | Project defined     | 01/08/2021 | 31/12/2021 | М                  | Seating plan in place   | On target        | New activity from Q1.  |
| 126 | HR: Resources - Workforce Planning: develop a formalised Workforce Plan template outlining the current workforce, the future workforce and how the organisation can achieve its required future   | Capacity                  | Project        | Project defined     | 01/01/2022 | 31/03/2022 | М                  | Template provided to LT for approval  | Slippage         | New activity from External Audit. Scheduled for Q4   |

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|----|---|---------------------------|-----------------------|---------------------|------------|------------|--------------------|---|-------------------------|---|
|    |   |                           |                       |                     |            |            |                    |   |                         | - actual achieved - important milestones achieved - if it is a new addition to the plan - policy decisions taken - why discontinued, or carried forward   |
| 1  | Develop communications plan for INWO function: to include engaging with external stakeholders, publicising outcomes and sharing learning/good practice. Implement (and monitor) the introduction of the Communications Strategy . | Accessibility             | Project               | Project defined     | 01/04/2021 | 31/03/2022 | н                  | Project scope signed off by LT. Comms strategy for INWO to identify types, methods and frequency of communications. Were communication(s) received by target audience? When/how did they access information? Are target needs being met?  | On target               | Discussions with INWO re: publication & plan in place (working document) Q2 Update: Continues throughout the year, INWO incoporated into comms approach. Comms handbook, guides and media policy updated with INWOreferences. Front load while INWO capacity in Q2. Q3 update: ongoing communication with INWO team to ensure targets are met. Expect findings/publication page on website to be implemented in Q4. |
| 2  | Implement INWO Comms plan.  | Accessibility             | BAU                   | Monthly             | 01/01/2021 | 31/03/2022 | S/H                | Preparation and publication of monthly compendium updates and as appropriate quarterly reports of other Comms/Inwo engagements. All appropriate stakeholders notified. Monitoring of feedback and Comms activity undertaken & reported.   | On target               | Monthly comms happening, news publications happening <b>Q2 Update:</b> As above this will continmue through the year. Publication process will be updated when cases are closed. Comms will provide report updates to the team on a quarterly basis. <b>Q3 Update:</b> Ongonig meeting with INWO  |
| 3  | Review of Communities of Practice (what adds value, what can be improved)  Implementation of CoP recommendations  | Capacity                  | Project               | Project defined     | 01/08/2021 | 31/03/2022 | Н                  | findings, conclusions and recommendations will be prepared for LT sign off.   | On target               | Q2 Update: Comms started interviews with COP chairs, update to come end October. Q3 update: Report sent to LT and feedback/comments received. LT discussion Jan 22: Recommendations for moving forward agreed with LT   |
| 4  | Finalise User engagement policy, ensuring accessibility / rights approach is integral to our approach   |                           |                       |                     |            |            |                    | Project scope signed off by LT (completed). Policy developed for LT sign off, following testing with public/public bodies.  | Completed               |   |
|    |   | Accessibility             | Project               | Project defined     | 01/04/2021 | 30/06/2021 | S/H                |   |                         | Q2 Update: Policy published - supporting documents should be updated shortly. ISE CR undertaking work to update documents. Q3 Update: This is overlapped with BP14 and the UAP, completed project and will now be taken forward by the new engagement manager.  |
| 5  | Training: Training Coordinator support for other internal business areas' projects  |                           |                       |                     |            |            |                    | Support provided as required for training development led or initiated by other teams - dependent on priorities, available resources, and LT approval of project proposals.   | On target               | Q1: Bespoke external training projects as required. Plus internal CR induction project (KF) (not external).   |
|    |   | Capacity                  | Project               | As required         | 01/04/2021 | 31/03/2022 | М                  |   |                         | Q2 update: no approach as yet from other teams re. training requirements. As this is on an "as required" basis, and the training unit is currently short on resource, we have not approached other teams to see if they need any help. KF has retired and CS are responsible for CR induction.  |
|    |   |                           |                       |                     |            |            |                    |   |                         | Q3 update: no change from Q2 - no approach from other teams, and training unit still short on resource.   |
| 6  | Introduce Network of network chairs to share good practice across sectors and act as a sector Sounding Board in the way that SPSO interfaces with public bodies   | Standards                 | Project               | Project defined     | 01/07/2021 | 31/03/2022 | L                  | Project scope signed off by LT. Network chairs consulted and terms of network identified and agreed.  | •                       | C/F to 2022/23. Need project rationale devised and agreed principles around this (possibly in with review of CoP).  |
| 7  | SPS Residential First Line Manager CH Pactitioners Network  | Standards                 | Project               | Project defined     | 01/10/2021 | 31/03/2022 | L                  | Collaborative approach agreed with SPSO LT (for CR involvement) and with the SPS. Working jointly with 'expert CR' Terms of reference for network identified and agreed. Network introduced as BUA with support from ISE/Standards staff. | C/F to next year        | C/F to 2022/23. Will need existing networks functioning properly first. Also, SG network is higher priority (SSSC are interested in setting up SG network).   |

| 0  | Review and improve SPSO prisoner communications products - need to   |               | 1       | ı               |            | · · · · · · · · · · · · · · · · · · · |   | Approach (including collaborative with DCC   | On torget | Cuganation is that this is moved to not   |
|----|--|---------------|---------|-----------------|------------|---------------------------------------|---|--|-----------|---|
| 18 | ensure accessibility for prisoners to SPSO. Pilot project.   | Accessibility | Project | Project defined | 01/03/2022 | 31/03/2023                            | L | Approach (including collaborative with PSC Manager colleague) identified and signed off by LT. Findings, conclusions and recommendations prepared for LT   | On target | Suggestion is that this is moved to next year. Research was pre-CV19 and would need to be re-established as a full project if deemed higher priority - Updated paperwork. Q2 Update: Project being teased out as part of a collaborative approach, ISE CR to look at prision rules and why they are not equitable. Short term project to be completed in Q2. CoP needed? Q3 Update: Potential to scope out a pilot project for prison data and good practice discussed following work by BF, to be taken forward when staffing in place.  Need a representative for a short life working group re:rules from ISE                                |
| 9  | The independent review on Police complaints handling, (investigations and misconduct issues): Respond to recommendations/work collaboratively with PIRC  | Standards     | BAU     | As required     | 01/04/2021 | 31/03/2022                            | M | Collaborative approach with PIRC as required   | On target | Engagement with PIRC but not for a while now. Training for two officers has happened already. We recognise this is high priority for PIRC, but for us the priority of M is representative of the amount of work we can put into this  Q2 update: Discussion relates to staffing ability within ISE. PIRC have not asked for this to be taken forward.  Q3 update: Training Coordinator has had discussions with SPA about this. As a result, some of their staff are attending our March 2022 investigation skills open course. SPA are planning to liaise with PIRC and work with TC in the future (likely to be 22-23), resources-permitting. |
| 10 | Monitor and manage SPSO's public profile.  | Accessibility | BAU     | As required     | 01/04/2021 | 31/03/2022                            | Н | Media monitoring – number of media<br>mentions, media types     Engagement with SPSO newsletter, social<br>media     Web traffic   | On target | Possible quarterly reporting on traffic / use of media platforms and themes on SM and Press. Q2 Update: Reports will be shared with LT - There is a need for Stakeholder Engagement will be a focus of new Comms manager role Q3 update: BAU, Q3 report being finalised, ongoing conversations with media monitoring provider to refine tracking and monitoring.  |
| 11 | Compile and Publish monthly compendium   | Accessibility | BAU     | Monthly         | 01/04/2021 | 31/03/2022                            | S | Compendium prepared to time and quality standard. Compendium published on time.  | On target | B2 Update: Relates to ISE 14, quarterly media coverage and social media reports now in place. Separate INWO compendium to continue. Disussion on workpro needs / reports that will be needed.  Q3 update: BAU. INWO report dicussion to take place in Q4  |
| 12 | Compile, draft, coordinate and Publish Annual Report and Accounts 2019/20  | Capacity      | BAU     | As required     | 01/04/2021 | 31/03/2022                            |   | report by June 2021 Final report prepared for<br>September 2021, Annual Report and<br>Accounts 2020/21 laid before Parliament<br>October (and published) 2021  | Completed | to be publish by 31/10/21 this is the statutory date Q2 Update: On target. Q3 update: Published in October 2021   |
| 13 | A. Communications support for other internal business areas' BAU   | Capacity      | BAU     | As required     | 01/04/2021 | 31/03/2022                            |   | Support provided as required subject to resource availability and other priorities.  | On target | Proof reading / website publishing  |
| 14 | B. Communications support for other internal business areas' projects and improvement development  | Capacity      | Project | Monthly         | 01/04/2021 | 31/03/2022                            | M | Support of at least 1 day per month for the development of improvement plans and projects led or initiated by other team - dependant on priorities, available resources and LT approval of project proposals | On target | SI Forum. None in the 1st quarter. Q2 Update: SIF proposal on Discrimnation FAQ implemented 5/10/21. Q3 update: attended and working with Health COP on health complaint form project - ongoing.  |
| 15 | Complaints handling: engage with public bodies to provide advice, guidance and support on all aspects of good complaint handling and a positive complaints culture (taking into account the need to update materials to reflect modified MCHP/INWO Standards). | Standards     | BAU     | As required     | 01/04/2021 | 31/03/2022                            |   | -Public reporting on activity through SPSO<br>Annual Report and Accounts, including<br>demonstrable positive impact-Updates to LT,<br>to demonstrable activity   | On target | Q2 update: CSA continues to engage as outlined in description  Q3 update: CSA continues to engage as outlined in description  |

| _  |   |               |     |             |            |            |     |  |           |  |
|----|---|---------------|-----|-------------|------------|------------|-----|--|-----------|--|
| 16 | Support/play an active role in sector wide complaints networks.                                     |               |     |             |            |            |     | SPSO (ISE) presence at each of the sector network events held through the year   | On target | This is a blend of planned and reactive BAU that can evolve into projects which can impact on resources  |
|    |   |               |     |             |            |            |     |  |           | . Q2 update: networks continue on schedule, SG etc network being established by Training Coordinator. Possible fact finding discussion.  |
|    |   | Standards     | BAU | As required | 01/04/2021 | 31/03/2022 | н   |  |           | Q3 update: SG etc network set-up postponed until start of Q4 due to future Chair being busy. Training Coordinator aiming to contact sector in January 2022, resources-permitting. LA and Housing networks continue, NCPAS on hold until Spring 2022 due to Could No recent                                     |
| 1- |   |               |     |             |            |            |     |  |           | Spring 2022 due to Covid. No recent activity on FE and HE networks, CSA to catch up with FE and HE chairs.   |
| 17 | Standards support advice and awareness for internal business areas                                  | Standards     | BAU | As required | 01/04/2021 | 31/03/2022 | Н   | Support provided as required subject to resource availability and other priorities.  | On target | This is a reactive BAU that can evolve into projects which can impact on resources.  Q2 update: CSA continues to engage as outlined in description  Q3 update: CSA continues to engage as outlined in description  |
| 18 | Conduct data & intelligence analysis to monitor performance   |               |     |             |            |            |     | Dashboard  | On target | This can be refined and evolve into other  |
|    |   | Capacity      | BAU | Continuous  | 01/04/2021 | 31/03/2022 | S/H | Monthly/Quarterly reports to LT & CPM on themes, trends, patterns, findings and recommendations where appropriate, learning and actions taken or proposed for external improvements, including outcomes. Including:  - Complaints statistics - monthly analysis report  - Corporate statistics quarterly analysis report |           | projects.  Q2 update: quarterly dashboard for Q1 presented to CPM, and was well received. Ambition to create rolling 5 years (requirement of financial) of quarterly data for better overview of office performance over time.   |
|    |   |               |     |             |            |            |     | - quarterly analysis report SWF statistics   |           | Q3 update: all reports submitted on target.<br>LT request change to Themes & Trends<br>document to every 6 months. DL compiling<br>Q3 CPM  |
| 19 | Policy and legal support for other internal business areas  | Capacity      | BAU | As required | 01/04/2021 | 31/03/2022 | М   | Support provided as required subject to resource availability and other priorities.  | On target | This is a reactive BAU that can evolve into projects which can impact on resources   |
| 20 | Learning and Improvement support for other internal business areas                                  | Accessibility | BAU | As required | 01/04/2021 | 31/03/2022 | M   | Support provided as required subject to resource availability and other priorities.  | Slippage  | Note staffing implications at present, however these functions are integral to ISE as a whole.  Q3 update: 3 staff members have left post.   |
|    |   |               |     |             |            |            |     |  |           | Recruitment underway   |
| 21 | Customer Service Complaints, monitor and report on performance in service complaints handling       |               |     |             |            |            |     | Preparation of quarterly customer service complaints reports presented to Leadership Team  | On target | Comms to publish  Q2 update: new process agreed to ensure timely preparation of statistics from end Q2 onwards LI&PR Officer and CS Manager  |
|    |   | Accessibility | BAU | Quarterly   | 01/04/2021 | 31/03/2022 | S/H |  |           | support to ISE TA.  Q3 update: LI&PR Officer and CS Manager leading work to redesign the Workpro casetype to improve accuracy of data capture / LT reporting / alignment with other case types.  |
| 22 | Customer Service Complaints, liaise with the Independent Customer Service Complaints Reviewer ICSCR | Accessibility | BAU | As required | 01/04/2021 | 31/03/2022 | Н   | Respond to ICSCR requests in a timely manner as required of ICSCR  | On target | New ICSCR will take up post Jan 2022. Rolling meeting in place and will transfer to new ICSCR. Random file review being taken forward in Novemeber 2021. Q3 Update: Random review completed 2021 by ICSCR. New ICSCR in post CG. 1st Case allocated Jan 2022. 3 weekly meetings set up between HoISE and ICSCR |

|    |  |               |     |             |            |            | , | 1   | _         | 1  |
|----|--|---------------|-----|-------------|------------|------------|---|---|-----------|--|
| 23 | Training: ongoing research and development of training materials               |               |     |             |            |            |   | Ongoing research and development to ensure courses are up-to-date                               | On target | Q1: On target but difficult to carry out research with so much demand for training delivery (currently).   |
|    |  |               |     |             |            |            |   |   |           | Q2 update: on target but as with Q1, difficult to carry out extensive research and further training design/development with so much demand for training delivery (currently) and only one trainer. Courses are updated with new annual stats.Need to keep pace with new training platforms.  |
|    |  | Accessibility | BAU | As required | 01/04/2021 | 31/03/2022 | M |   |           | Q3 update: courses are up-to-date. TC has checked with delegates (who are subject experts in their sectors) to ensure courses remain relevant and has amended the content accordingly. We have been fully-booked again this quarter therefore training prep and delivery has taken up the majority of TC's time; more resources (i.e. more trainers) are needed in order for TC to be able to do more of this kind of project work, including keeping pace with new training platforms.  |
| 24 | Training: deliver SPSO training products                                       | Capacity      | BAU | As required | 01/04/2021 | 31/03/2022 | Н | Respond to customer requests in a timely manner. Provide quarterly updates on training delivery | On target | Q1: We are currently fully-booked for online training courses (delivering most days except Fridays) until December, with just a couple of dates left in December. Review to be done in December (quarterly update to follow).  Q2 update: we are fully-booked for online training courses until the end of March 2022. We are pausing taking any further bookings for 2022-23 until we have reviewed our current course offer. The review will be completed by January 2022 when we will recommence bookings for the revised course offer.  Q3 update: we have a waiting list for when we recommence taking bookings; this is likely to now be in February 2022 for courses from April onwards. Our last two open courses of this business year (in January and February 2022) are now fully-booked with a waiting list. |
| 25 | Develop links with SPSO COPs in delivering ISE objectives for relevant sectors | Capacity      | BAU | As required | 01/04/2021 | 31/03/2022 | M | ISE attend CoP meeting(s)/CoP rep attends sector network meeting                                | On target | This can be linked to the CoP review - chairs of CoPs to attend networks if/where appropriate Q2 Update: This will form part of the recommendations from the CoP review  |

| 26 | Develop methodology for monitoring standards (CHP, INWO, SWF)   | Standards         | Project | Project defined | 01/04/2021 | 31/03/2022 | S/H | Project scope prepared and signed off, methodology meets specification in plan   | On target        | Feedback from KPIs coming in and ISE team feedback. Need to review year 1 of MCHP and KPI data to feed into this. Prep work to be completed this year. Q2 Update: Feedback received from LACHN and selected others, decision to review how we collect quallative data in a meaningful and measurable way. Quantitive data to be collected and published on SPSO website-linked to dataLab project. KPI refresh to be concluded before new business year. This will need to move up the priority list. Interim target for engagement / consulation 21/12/2021. Finalised and put out by 31/03/2022.  Q3 update: BUJs asking for updates on KPIs. Needs completed before end Q3 to be on track for 2022/23 roll-out. Q3 update: KPI Paper to LT refinement of some parts and draft refresh |
|----|---|-------------------|---------|-----------------|------------|------------|-----|--|------------------|--|
| 27 | 20/21 REVISED Seek extension to SPSO powers - revise Wider review of SPSO powers - (e.g. incorporating Venice Principles work)  | Accessibility     | Project | Project defined | 01/04/2021 | 31/12/2023 | S/H | Specifically in short term PSRO (Public Service Reform Order) as appropriate PSRO reminder in Autumn or visit SO revise position in Autumn 2020. Potentially, a report to be laid before parliament. | On target        | 1st draft legislation research and initial comments will be completed by end July 2021. This is a two stage project, report to parliament 1st. Then individual projects will come from this. Q2 update: Project to be defined with support from external legal professional, CSA Officer to provide summary to Omb on SPSO's current compliance with the 25 VPs. Meeting with MSP has taken place regarding laying a report to parliment pending work above.  Q3 update: CSA to provide VP compliance summary for Omb.   |
| 28 | Project: SPSO Change Control process. Two main work streams: 1. review identify and catalogue all SPSO products produced on same format as public authority publication scheme; 2. Develop product change control policy/procedure. | Capacity          | Project | Project defined | 01/07/2020 | 31/12/2021 | М   | Project scope prepared and signed off, change control process developed for LT sign off.   | C/F to next year | Needs reviewed later in the year in light of resources. Statutory responsibility for control. End of Q2 if not started carry or slippage.  Q2 update: needs to be c/f to 2022/23  when more resource in place.   |
| 29 | INWO - lead on introduction of INWO practitioners network   | Standards         | Project | Project defined | 01/09/2021 | 31/03/2022 | М   | Invite expressions of interest, convene inaugural meeting, develop and agree terms of reference  | On target        | INWO network is starting, GG&C NHS taking lead with support from SPSO.  Q2 update: invitations sent to Board WB contacts provided by INWO, first meeting end Nov/early Dec 2021 - ISE to provide support not lead? Like other practitioner networks  Q3 update: poor response to Q2 invite, proposed chair leaving post, ISE to target specific Boards to make progress for interested parties.  |
| 30 | Review ISE resource requirement, plan, prepare and run ISE recruitment as required.   | Capacity          | BAU     | Quarterly       | 01/04/2021 | 31/03/2022 | Н   | Recruitment needs agreed by LT.  | On target        | Q3 Update: Recruitment underway for E&C Manager, backfill for departed L&I officer & ChF Officer to be taken forward   |
| 31 | Performance reporting: Complaints and investigations - collation of statistics and year-to-date performance this is public and internally.  | Access to justice | BAU     | Quarterly       | 01/04/2020 | 31/03/2021 | S   | - Dashboard<br>- monthly analysis report to LT   | On target        | Q2 update: Resource has been spent developing further reporting options for INWO. Integrated into Dashboard.  Q3 update: on track - DL to provide this support O3  |

| 32 | Performance reporting: Customer service standards - work with A&G mgr/SIF, to externally report on performance against service standards using internal and stakeholder feedback | Access to justice | BAU     | Quarterly       | 01/04/2020 | 31/03/2021 | М   | publish quarterly report   | On target        | Expansion of surveys impact on workload. Add CSC (Fiona work to be added) Q2 Update: Ongoing surveys - TV to confirm new surveys. Can we confirm the sign off / timeline and order of where it goes? - Linked to Calendar update project   |
|----|--|-------------------|---------|-----------------|------------|------------|-----|--|------------------|--|
| 33 | Performance Reporting: Annual stats - preparation and data cleansing   | Access to justice | BAU     | Annual          | 01/01/2021 | 31/03/2021 | S   | Published on website   | On target        |  |
| 34 | Performance Reporting: Annual stats - Stats production and checking  | Access to justice | BAU     | Annual          | 01/04/2020 | 30/06/2020 | S   | Published on website   | On target        |  |
| 35 | Information management - develop, build and maintain statistical reports from case-handling system   |                   |         |                 |            |            |     | - Scheduled reports accurate and issued on time  |                  | KPIs to be added into CSC process for internal monitoring  Q2 update: robust change management process established and rolled out to create clear audit trail for report additions /   |
|    |  | Capacity          | BAU     | Continuous      | 01/04/2020 | 31/03/2021 | S/H |  | On target        | changes / builds. CAS backlog while upgarde is taking place.  Q3 update: loss of report functionality affecting <10 reports following Nov upgrade: CAS are working on a fix. All reports can be accessed through admin area, but are not accessible by all users through workpro interface.  |
| 36 | Develop & Support Child Friendly complaints.   | Access to justice | Project | Project defined | 01/04/2021 | 31/03/2023 | S/H | Project scope developed not signed off by LT yet. Collaborative approach agreed with the Children and Young People's Commissioner Scotland. And other key stakeholders. CHP developed and published. | On target        | Awaiting Gov. Feedback. CYPC discussions have already taken place. Q2 update: Funding agreed over 3 years staffing to be agreed and then advertised. Potentially staff to start before 01/04/2022. Q3 Update: Recruitment underway for ChF officer project plan to be scoped out   |
| 37 | NHS MCHP review and revision   | Standards         | Project | Project defined | 01/03/2022 | 31/03/2023 | S/H | Project to follow similar scope to previous revisions of MCHPs   | C/F to next year | May link with revision of MCHPs. May need separate versions for Primary Care & Prison Healthcare (TBD/C). Q2 Update: Discussion needed regarding wording for NCPAS and how they will continue to link with other services.  Q3 update: on hold in line with NCPAS pause due to Covid   |
|    | IN-YEAR PROJECTS   |                   |         |                 |            |            |     |  |                  |  |
| 38 | Work stream working group leads and representation.  | Standards         | Project | Project defined | 01/03/2021 | 31/03/2022 | М   | Individual Project driven  | On target        | Need to be able to adapt and be agile to requests. This may develop larger projects.  Across org impact of workload. Q2 Update: Casework intel to take paper to LT to change into a CoP and then dissolve existing workstream.  Q3 update: Casework Intel workstream / COP will be without chair from Jan 22. Comms workstream - paper on internal comms with LT  to be completed 31/10/21, delay due to staff |
| 39 | Updated calendars to reflect dates when statutory reports must be published  | Standards         | Project | Project defined | 01/07/2021 | 30/11/2021 | М   | All Calendars within ISE show clearly dates for publication  | Slippage         | absence <b>Q2 Update:</b> Project has begun dates have been asked from across the service. <b>Aim to complete in Q3. Q3 update:</b> Dates reviewed ad finalised - TA to populate calendars in Q4.  |
| 40 | Data Science Project   | Standards         | Project | Project defined | 01/01/2022 | 30/09/2022 | М   | Apply, appoint, support MSc student for dissertation project.Develop a data dashboard to support service improvement   | C/F to next year | Q3 Update: HoISE discussion with DatLab proposal to be resubmitted students in June 2022 if accepted.  |
| 41 | LA overview prep work  | Standards         | Project | Project defined | 30/09/2021 | 31/03/2022 | М   | Draft ToR for LACHN after discussion. Need to capture and confirm purpose of LACHN and SPSO in relation to it.   | C/F to next year | Conversation needs to take place internally then with network chairs   |

| 40 | Wider engagement for consultation (notantial sustance)   |               | 1       |                 |            | ı          | 1   | <u> </u>   |                  | 2rd poeter angagement / acrossoptions   |
|----|--|---------------|---------|-----------------|------------|------------|-----|--|------------------|---|
| 42 | Wider engagement for consultation (potential customers / users)  | Accessibility | Project | Project defined |            |            | М   |  | C/F to next year | 3rd sector engagement / conversations have happened. Possible framework. How do we bring in wider participation. Q2 Update: Focus for next year from Comms Manager. Q3 Update: Engagement focus written into new JD for E&C manager   |
| 43 | ISE overview document  | Accessibility | Project | Project defined | 01/07/2021 | 31/12/2021 | L   |  | On target        | Possible driver diagram - Statutory functions, External and internal? Q2 Update: Initial description of roles shared with SLCC this can be used as the basis to develop our own. On hold until staffing resource back in place. Q3 Update: Document will be refreshed in Q4 for new BP year following recruitment.  |
| 44 | Call recording implementation project  | Standards     | Project | Project defined |            | 31/12/2021 | М   |  | Slippage         | Need dates on this and agreed timescales.  Q2 Update: Ongoing engagement - awaiting external engagemernt Q3 update delayed because of changes to the external suppliers operating systems, also to confirm suitability of proposed policy for hybrid working - end Q4 is achievable if there are no further unanticipated problems and subject to agreement on additional costs. Q3 update: Discussions moving forward with LPO now updates given to LT |
| 45 | Capturing casework at early stages (recommendation from Casework Intel work stream)  | Standards     | Project | Project defined | 01/07/2021 | 31/03/2022 | М   | Scope project (led by Casework Intel Work stream - responsibility may pass to another team to take forward once LT sign off the project)   | On target        | This has the potential to be a long project -but I also suspect it might move off our business plan, as it makes more sense for a CR / manager to lead it, with ISE/Corp Services support. This should sit on PSC BP with ISE supporting will change to support role in Q3. Q3 update: CIWS movning to CoP interim chair agreed and LT sponsor.   |
| 46 | ICSCR review: activity tracking work   | Standards     | Project | Project defined | 01/07/2021 | 30/09/2021 | М   | Recommendation from ICSCR report: joint project for statistics working group (chaired by LI&PR Officer) and Heads of Investigation   | Slippage         | Q2 update: contingent on completion of delayed Workpro upgrade (scheduled for Aug, moved to Oct) - all new Workpro requests are on hold, so this is subject to delay  Q3 update: Workpro upgrade delayed until end Nov; tickets not yet signed off by ICT Systems Analyst   |
| 47 | Build capacity throughout office in knowledge sharing, and monitoring performance through information from SPSO casework management system | Standards     | BAU     | Project defined | 01/07/2021 | 31/03/2022 | S/H | Identifying opportunities and leading initiatives to build confidence and skills within office to run statistical reports and/or draw down information from casework management system; this will partially be fulfilled via the new Statistics working group/COP, but also through developing relationships with key colleagues, all-staff meetings | On target        | Q2 Update: New Statistics group up and running. How do we monitor?  Q3 update: statistics group running as intended; active MS Teams channel between quarterly meetings. Change in resource for several key members of the group will change the make-up of this group in Q4.   |
| 48 | Resolutions Project WG part  | Standards     | Project | Project defined | 01/07/2021 | 31/03/2022 | Н   | develop project plan setting out how to develop guidance and training for bujs on resolution including considering mediated approaches (from facilitated conversations through to formal mediation). This could then be used as the basis for SPSO making formal recommendations involving mediated approaches going forwards.                       | On target        | Q2 update: CSA to draft project plan for BUJ engagement - first to HoISE then forward to Director/project group.  Q3 update: CSA to draft wording for website to outline SPSO approach to resolution, and reconsider project plan in light of engagement with networks to date.   |
| 49 | Accessibility for all  | Accessibility | Project | Project defined | 01/04/2021 | 31/03/2022 | М   | Develop accessible webpages including- BSL / signing to videos linked to BP U3   | Slippage         | Q2 Update: We currenlty meet requirements. Need to scope out how this could be taken formward. IDEA group? Is this a project to embed. Q3 Update: On hold till E&C manager in place   |

| 42             | Wider engagement for consultation (potential customers / users)   | Accessibility        | Project | Project defined |            |            | М        |  | C/F to next year                   | 3rd sector engagement / conversations have happened. Possible framework. How do we bring in wider participation. Q2 Update: Focus for next year from Comms Manager. Q3 Update: Engagement focus written into new JD for E&C manager   |
|----------------|---|----------------------|---------|-----------------|------------|------------|----------|--|------------------------------------|---|
| 43             | ISE overview document   | Accessibility        | Project | Project defined | 01/07/2021 | 31/12/2021 | L        |  | On target                          | Possible driver diagram - Statutory functions, External and internal? Q2 Update: Initial description of roles shared with SLCC this can be used as the basis to develop our own. On hold until staffing resource back in place. Q3 Update: Document will be refreshed in Q4 for new BP year following recruitment.  |
| 50             | Style Guide   | Accessibility        | Project | Project defined | 01/04/2021 | 31/03/2022 | М        | Develop a style guide for internal use and external communications                           | Slippage                           | Q2 Update: Style guide for letters, reports, emails etc. Standardised formatting for text, layout, dates etc. Include support material on language and tone for external comms. Review of existing documents / focus for staff on existing. We should use the new engagement policy as foundation for comms apporach? This needs to be done as a cross service project to ensure buyin. Q3 Update: In preperation for new E&C manager scoping needs to be pulled together of what we have |
| No             | Unallocated items Activity  | Strategic Theme      | Туре    | Frequency       | Start      | End        | Priority | Measure/ KPI/ Reporting  | Status                             | Comment   |
|                | description of task/ activity/ project  | Select               | Select  | Select          |            |            | Select   |  | Select                             | brief explanation for why unallocated this might include: - insufficient resources - associated risk of not progressing - requested by another team - relative priority   |
| U1             | NEW - ISE CSA Circulars - to update bodies on what we are being asked and the advice we are giving                      | Standards            |         |                 |            |            | L        |  | Slippage                           | insufficient resources, would be good   |
| U2             | NEW - prepare a SPSO Good practice Guide - subject matter to be agreed - vulnerabilities/RA's, Heads of Complaint, etc. | Standards            | BAU     |                 |            |            | L        |  | Slippage                           | comms  Q2 Update: External good practice, learning from complaints, external conferences etc Staffing resource needed? We would need to baseline and review the existing documents  |
| U3             | Develop (with comms colleagues) accessible materials for our website  | Accessibility        | BAU     | Continuous      |            |            | L        | Everything we develop is fully accessible. Comms will complete requests within 1 day a month | On target                          | request from A&G, to include collaborative working. more videos for SPSO website, with visual messages delivering responses to frequently asked questions by complainants. May be possible to do some ad hoc but insufficient resources for full scale project.  Q2 Update: We have captured this above   |
|                |   |                      |         |                 |            |            |          |  |                                    | on BP 57. This will come out in Q4.   |
| U4             | Develop approach for assessing the longer term impact of significant large scale recommendations                        | Capacity             |         |                 |            |            | L        |  | C/F to next year                   | large project which is very complex. <b>ISE</b> have insufficient resources. Requested by Inv 2   |
| U4<br>U5       | recommendations  If case volumes allow work with NHS boards to develop INWO related training materials based on needs.  | Capacity<br>Capacity |         |                 |            |            | L        |  | C/F to next year  C/F to next year | large project which is very complex. ISE have insufficient resources. Requested by Inv 2 From INWO team, but dependent on INWO case volumes and Training Officer Capacity   |
| U4<br>U5<br>U6 | recommendations  If case volumes allow work with NHS boards to develop INWO related training                            |                      |         |                 |            |            | L<br>L   |  | ·                                  | large project which is very complex. ISE have insufficient resources. Requested by Inv 2 From INWO team, but dependent on INWO  |