

Prisons and Probation Ombudsman General Stakeholder Feedback 2009

Sue Gauge
Head of PPO Research & Analysis
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Prisons and Probation Ombudsman
Ashley House, 2 Monck Street, London SW1P 2BQ

Foreword

This paper sets out the results from the second annual survey of PPO's general stakeholders. Respondents include many prison governors and other staff from the three services we oversee, and those who work in the wider public, private and third sectors.

This year we have also extended our feedback exercises to include those who use our services: people who make complaints and families who have been bereaved by a death in custody. These two other surveys are reported separately, but the three data sets will be considered jointly before we develop a comprehensive action plan.

I am pleased that the general stakeholder survey reported upon here once more shows that PPO staff are respected for their professionalism. There remain entirely understandable concerns about the timeliness of investigations, particularly on the fatal incidents side, and we will continue to do all we can to meet our investigation targets in a greater number of cases. But this year I sense a greater appreciation of the very limited resources available to the PPO office, and the influence of external factors over which we have little or no control.

I would like to thank my colleague, Sue Gauge, for conducting the survey. I am also grateful to Mr André Rebello, Honorary Secretary of the Coroners Society, for kindly agreeing to arrange distribution of the survey to his fellow Coroners, and to colleagues in the Independent Monitoring Board Secretariat for distributing it to IMB chairs. I must also acknowledge the kind assistance of NOMS Communications in distributing the survey to various operational stakeholders. Finally, I would like to thank the hundreds of people who took part in the survey this year.

Feedback from stakeholders enables us to see our work through the eyes of others. It highlights the things we are doing well so we can share and celebrate our successes. It also draws attention to areas where there is room for improvement. This is not to say that we should always follow what our stakeholders tell us. They may have different priorities from ours, or competing views may emerge between stakeholders. Our task is to listen carefully, to learn and apply lessons where they are justified, but above all to retain our objectivity and impartiality as we carry out our important public responsibilities.

Stephen Shaw
Prisons and Probation Ombudsman

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PPO Stakeholder Feedback

Executive Summary

- This paper represents one part of the PPO's three-strand stakeholder feedback project. The PPO's other major stakeholders, complainants and bereaved families, had their own surveys, reported separately.
- In total over 800 responses were received, representing a response rate of 39 per cent and an overall increase of 26 per cent in the number of surveys completed compared to last year.
- Governors, safer custody officers and health-related stakeholders each completed over a hundred surveys. Substantial numbers were received from other groups of stakeholders, including both frontline staff and others such as HM Coroners, IMB chairs, and partner organisations in the public, private and third sectors.
- As in last year's survey, both complaints and fatal incidents investigators were rated highly for their professionalism and PPO letters and reports were rated as concise and easy to understand.
- There was some indication of improvements since last year in staff understanding of the system and the speed of investigations, but there remained significant dissatisfaction with the time that investigations take particularly on the fatal incidents side.
- Although the majority of all stakeholder groups rated communications with PPO as good or very good, this had fallen very slightly since last year. Communication was frequently cited as an area for improvement.
- PPO publications were once again rated as useful or very useful by the vast majority of those who had seen them. However, less than half the respondents had seen the publications during the year, suggesting more could be done in terms of distribution.
- Three-quarters of respondents rated PPO services as good or very good, although this was slightly lower than last year.
- There had been very little change in the overall ratings since last year. PPO was rated highest for professionalism and impartiality and lowest for efficiency. Two-thirds rated PPO as very professional but only one third as very efficient.

PPO Stakeholder Feedback

1. Introduction

In 2008, the Prisons and Probation Ombudsman (PPO) initiated a three strand project to collect feedback from its stakeholders. The aim was to seek views from a wide variety of interested parties, ranging from prisoners, people on probation supervision and immigration detainees, to bereaved families, and institutional stakeholders.

This paper reports the findings of the second annual survey of PPO's general stakeholders. The other strands of the project are reported separately.

2. Summary of the 2008 survey

The full results of the first survey can be found on the PPO (www.ppo.gov.uk).

In the first survey, PPO investigators and other staff were praised for being professional, with many comments received about their helpful and courteous manner. The investigations were rated highly for being thorough, transparent and unbiased. Less positive ratings were received on whether investigators showed a good understanding of systems and procedures in prison establishments.

The 2008 survey highlighted lack of timeliness of investigations and reports as an issue. This was particularly marked for fatal incidents reports, where only half the respondents thought reports were always or usually produced in a reasonable time. Coroners were particularly concerned by the time taken to complete reports. Some respondents indicated that they would like more information about the progress of investigations or earlier disclosure of the key messages.

In 2008 there were mixed views on the effectiveness of PPO recommendations. Although over half felt that recommendations always or usually led to changes in practice, some felt that lessons had already been learned by the time the reports were received.

Respondents who had seen PPO publications generally felt they were good. Although Governors and IMB chairs often saw the PPO newsletter, *On the Case*, awareness was low amongst complaints clerks, safer custody officers and family liaison officers. Few people regularly visited the website, and it was suggested that awareness could be improved by links from the prison or probation service intranets.

The 2008 survey asked those completing it to rate how influential, impartial, professional, effective and efficient they considered PPO to be. 'Professionalism' and 'impartiality' scored highest and 'efficiency' lowest, the latter reflecting concerns about the timeliness of investigations and reports.

Respondents in the first survey were also asked to suggest ways PPO could improve its effectiveness. Increased timeliness was by far the most commonly suggested improvement. Better communication, such as providing progress reports during investigations, having more direct contact with appropriate staff such as safer custody officers, and improving staff awareness of the PPO's role were also suggested.

3. The 2009 survey

The second annual survey was carried out in November 2009. An on-line survey was designed on surveymonkey.com and email invitations were sent to as many stakeholders as possible. Any who were not accessible via email or who could not access the on-line survey were sent a postal version. Appendix 1 provides more details of the survey.

The survey was sent to the following frontline stakeholders:

- Governing governors / directors / controllers (referred to collectively as governors in the remainder of this report)
- Approved premises managers
- HM Coroners
- Safer custody officers
- Complaints clerks
- Family liaison officers
- Healthcare managers.

It was also sent to various stakeholders who have contact with the PPO but do not have 'operational' roles in the services in remit:

- Independent Monitoring Board (IMB) chairs
- Healthcare commissioners (Primary Care Trust (PCT) chief executives)
- Clinical reviewers
- Non-operational managers in the services in remit (e.g. regional leads)
- Inspectorates
- Ministry of Justice (MoJ) / Home Office senior managers
- Third sector / Academia / Solicitors / Media.

More invitations to take part were sent in 2009 than in the previous year. This time healthcare providers and commissioners were contacted directly, whilst last year they were contacted via a Department of Health mailing.

Respondents were asked to focus on their experiences of PPO in the last year, so that comparisons could be made with the previous survey.

3.1 Response rate

Overall, 837 responses were received, an increase of 30 per cent on last year. Ninety-six people started the on-line survey but did not get all the way to the end, meaning there were a total of 741 completed surveys, an increase of 26 per cent on last year. Table 2.1 shows the responses rates from different groups of stakeholders.

Table 2. 1 Response rates

	Response Rate 2009	Number Completed 2008	Number Completed 2009	Change in numbers since 2008
Governors	82 per cent	91	101	+11 per cent
Safer Custody Officers	81 per cent	60	139	+132 per cent
Family Liaison Officers	20 per cent	95	50	-47 per cent
Complaints Clerks	46 per cent	97	59	-39 per cent
Coroners	11 per cent	35	45	+29 per cent
Approved Premises managers	32 per cent	23	28	+22 per cent
IMB chairs	45 per cent	71	32	-55 per cent
Other parts of the services in remit & central Government	47 per cent	52	96	+85 per cent
Health related	42 per cent	23	147	+539 per cent
Other / not specified	47 per cent	39	44	+13 per cent
Total	39 per cent	586	741	+26 per cent

This year the overall response rate was 39 per cent. Governors and safer custody officers had the highest response rate at over 80 per cent which is exceptionally good. Coroners had the lowest response rate – probably due to the fact that the survey was sent to all members of the Coroners Society, most of whom do not have a prison or approved premises within their jurisdiction. (In 2008 it was not possible to calculate an overall response rate, as some of the surveys were distributed by other organisations on behalf of PPO.)

There were several reasons why there was so much change in the numbers received from different stakeholder groups since last year. Compared to last year, over five times as many responses were received from health-related stakeholders, but this group was not contacted directly in 2008. Similarly, there were a lot more responses from safer custody officers who were contacted by email this year rather than by post.

Numbers received from family liaison officers, complaints clerks and IMB chairs fell from last year. The former two were contacted using a list that was not fully updated from 2008, so many were no longer in post. The IMB chairs were sent postal surveys last year but this year received an email link. As they have only recently started using their secure email service, this was not such a successful method for this group of stakeholders.

There may also have been some people who did not take part this time as they had not had any contact with the PPO during the past year.

3.2 Notes on the analysis

As there were fewer than 30 responses from managers of approved premises, their responses are combined with governors, directors and controllers in the remainder of the analysis. This group is referred to as 'Governors etc' in the rest of the report.

The first survey asked respondents whether they *always, usually, sometimes or never* agreed with various statements about PPO investigations. As the second survey was asking only about one year's experience, it was more appropriate to ask how strongly they *agreed or disagreed* with the statements. Although the two years are not directly comparable, one can make a broad assumption that people are likely to rate roughly in the same direction on any four point scale, so that '*always*' & '*usually*' can be broadly compared with '*agree*' & '*tend to agree*'.

There were a number of free responses questions in the survey which allowed respondents to answer in their own words. Some of these comments are included in the text for illustrative purposes but it should be borne in mind that they are not representative of the responses received.

4. Findings

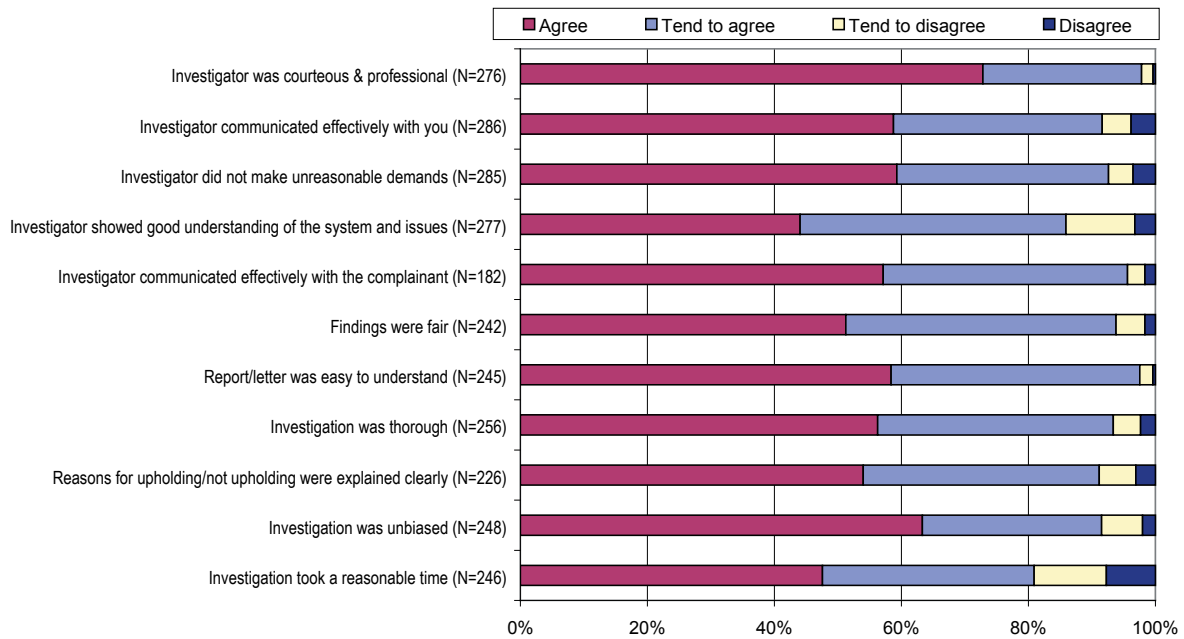
4.1 Complaints Investigations

Just under the half respondents (335) said they had personal experience of PPO complaints investigations over the last year, including 61 governors, and around 40 each for safer custody officers, complaints clerks, healthcare managers, and people from other parts of the services in remit or central government.

Fig 4.1 summarises what the respondents thought about their experience of complaints investigators and their investigations. The numbers (N) show how many people expressed a view for each statement. For most statements around 250 people expressed a view, but fewer

had views on whether the investigator communicated effectively with the complainant.

Fig 4.1: Respondents' views on PPO complaints investigations



Overall the results were very positive, with over 80 per cent agreeing or tending to agree with each of the statements. As in the first survey, the statements receiving the most positive responses were regarding whether investigators are courteous and professional and whether the report or letter was easy to understand. Similarly, the least positive statements were also the same as last year, being those regarding how much understanding investigators have and the time investigations take.

It would be inappropriate to claim improvement since last year as direct comparisons with last year are not possible for the reasons given earlier. It is interesting, however, to note that while in 2008 some 70 per cent thought investigators always or usually showed a good understanding, this time 86 per cent agreed or tended to agree with this. Similarly, last year 77 per cent thought investigations always or usually took a reasonable length of time, while this year 81 per cent agreed or tended to agree that they do.

There were fewer comments than last year regarding complaints investigations but there were still a few critical comments, for example:

Some of the investigators are better than others, you sometimes feel you have to repeat what you have already done several times i.e. faxing things across etc.

There were a couple of complaints clerks who thought they would like to hear about the outcome of complaints:

As a complaints clerk I only get asked for information. I never receive any info re any case. It would be informative to know what grievances are about and how they are responded to.

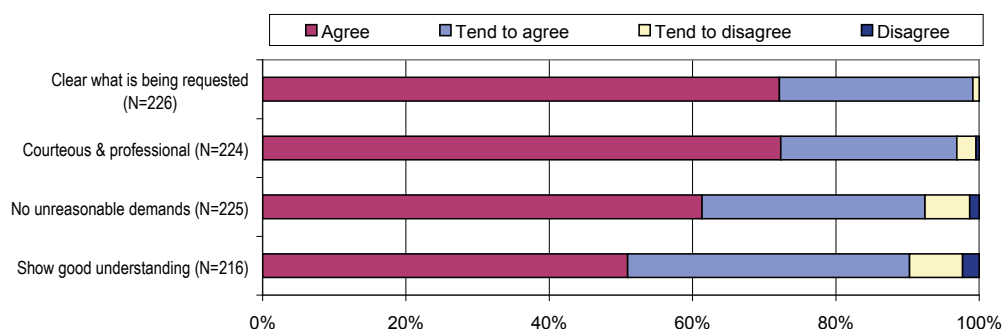
4.2 Assessment Team

The members of the PPO Assessment Team decide whether complaints meet the eligibility criteria for investigation and will contact establishments for the papers relating to the complaint if not already provided.

There were 212 people who said they had been contacted during the last year by the PPO Assessment Team requesting papers or information. In the first survey, only complaints clerks were asked questions about the Assessment Team, but the 2009 survey showed that many different groups had been contacted by them, although they may not have known whether someone asking for papers was an investigator or from the Assessment Team, so these answers may also be referring to investigators. Those who said they had been contacted included 43 governors, 40 complaints clerks and 28 healthcare managers.

Fig 4.2 shows how respondents rated their experiences of dealing with the PPO Assessment Team.

Fig 4.2: Respondents' views of PPO Assessment Team



Again the results were very positive, with over 90 per cent agreeing or tending to agree with all the statements. As in 2008's survey, the statement about whether the Assessment Team show a good understanding of the system and issues received the least positive ratings, but with 90 per cent agreeing or tending to agree, this is not a significant cause for concern. Last year 81 per cent of complaints clerks thought the Assessment Team always or usually showed a good understanding.

There were still comments about PPO staff not appreciating the demands on the people they are approaching for information:

I have been made to feel very pressurised to provide the paperwork. Investigators don't always understand the logistics and time constraints in locating, perusing and copying files.

4.3 Fatal Incidents Investigations

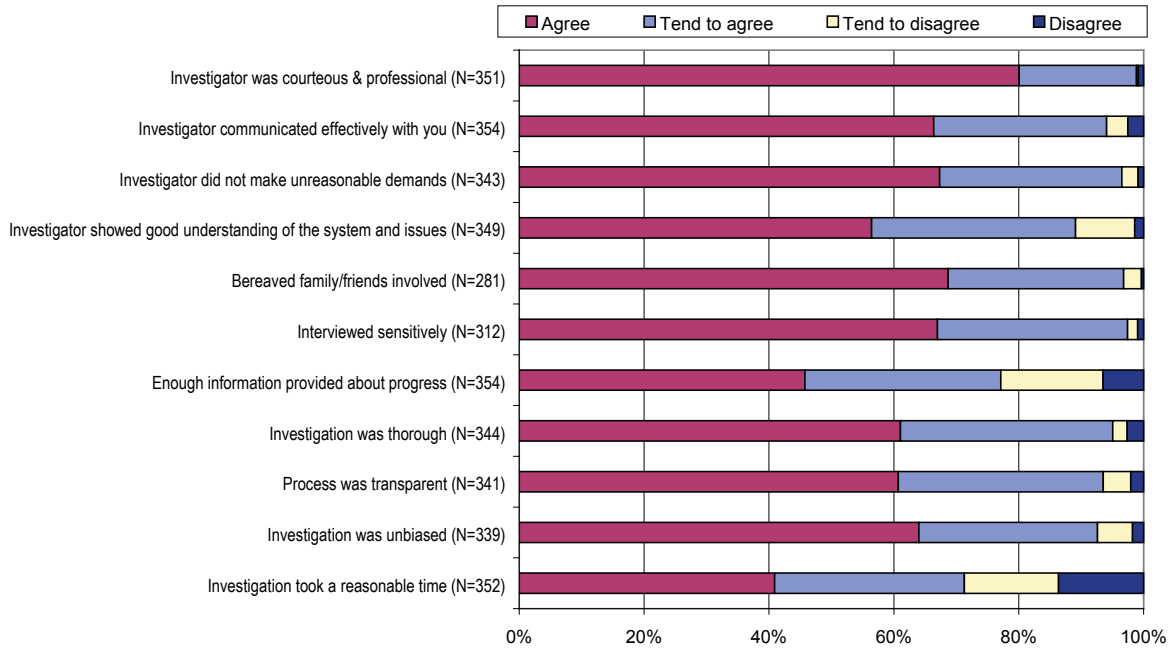
Half the respondents (376) said they had had some direct involvement in a fatal incident investigation in the last year. Some 258 were involved in an ongoing investigation or were awaiting the report, and 246 had been involved in a case where the report had been issued in the last year. A total of 128 of these had been involved in both ongoing and completed cases. They included 74 governors, 64 safer custody officers, 57 healthcare managers and 31 Coroners.

Fig 4.3 shows how these respondents rated various aspects of PPO fatal incident investigations. Again the results were very positive, with over 90 per cent agreeing or tending to agree with all but three of the statements (one of which was just less than 90 per cent). The two statements which received substantially less than 90 per cent were regarding time taken for an investigation (71 per cent agree/tend to agree that the time is reasonable) and whether there is enough information about progress of the investigations (77 per cent agree/tend to agree enough information is provided).

As already stated, it is not possible to demonstrate a clear improvement since 2008 because of the way the questions were framed and the differential response rate, but it is noteworthy that in the 2009 survey 58 per cent always or usually had enough information about progress

of the investigation and 64 per cent thought the investigations always or usually took a reasonable time.

Fig 4.3: Respondents' views of PPO fatal incidents investigations



As in last year's survey, comments about timeliness of investigations were the most common. One respondent thought that the time taken was:

... of such an order that if we delayed like the PPO does, we'd be roundly criticised.

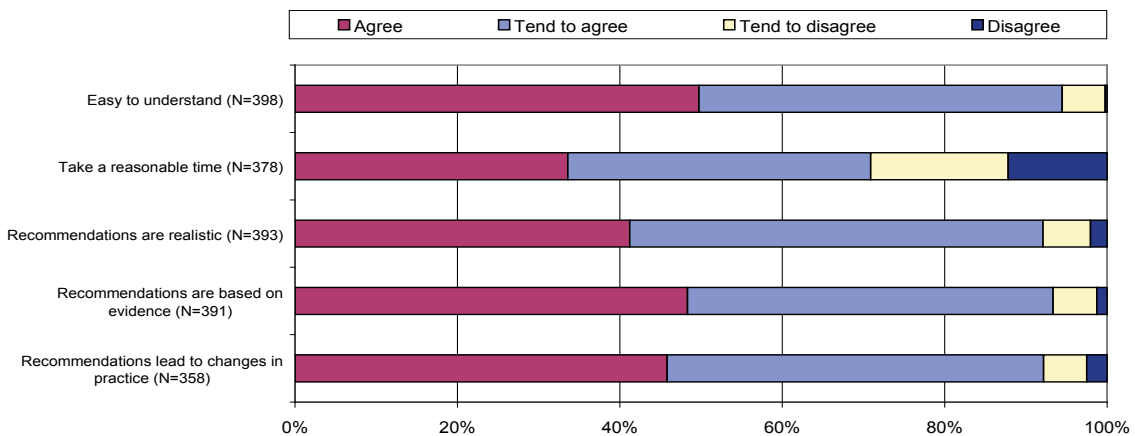
This comment was more typical:

I realise that the reports need to be detailed and accurate but the long delay in the report coming out does not help to address learning points with the team involved.

4.4 Fatal incident reports

A total of 405 respondents had read one or more PPO fatal incident investigation reports in the last year. These included 73 governors, 76 safer custody officers and 61 healthcare managers. Figure 4.4 shows what respondents thought of the reports.

Fig 4.4: Respondents' views of PPO fatal incidents reports



With over 90 per cent of respondents agreeing or tending to agree with four out of five of the statements, these are very positive results. It shows that PPO reports are usually easy to understand and generally have recommendations which are realistic and based on evidence:

These reports are of a good quality and adequately deal with clinical, operational and administrative issues. Their value is in their independence, clarity and operational authority.

As expected, the least positive ratings related to the length of time it takes for reports to be prepared, with only 71 per cent agreeing or tending to agree that the time is reasonable. Although not directly comparable, this looks better than the 57 per cent in the last survey who thought that reports always or usually took a reasonable length of time. One governor commented that:

Reports seem to come out in draft form and then take ages before they are released finally.

Last time only 67 per cent thought that recommendations always or usually led to changes in practice. Although not comparable, this time 92 per cent agree or tend to agree with the statement. Recommendations received many positive comments, such as:

Generally they are very helpful and make practical recommendations without undermining previous actions of staff.

They are valuable for the NHS, which is still adjusting to providing health services in prison.

I find the recommendations very helpful, we have been able to make very useful changes, and also shared those changes with other establishments.

However, some felt there was not enough follow up to ensure the recommendations were put into practice:

Although I believe the recommendations by the PPO are taken on board they do not always appear to be followed as same recommendations keep reappearing.

And some thought that in some reports:

'findings' and related recommendations should make clear that they are not directly related to the death in custody but that care in the establishment would improve if these recommendations are acted upon.

4.5 Healthcare

Given the changes in distribution for this year's survey, there were many more comments about healthcare than there had been previously. Some thought there needed to be:

More involvement with healthcare staff to put into context the work carried-out and structures / systems / processes in which they work and make clinical decisions.

Some queried the need for the same level of investigation in self-inflicted and natural cause deaths, particularly those which were relatively predictable:

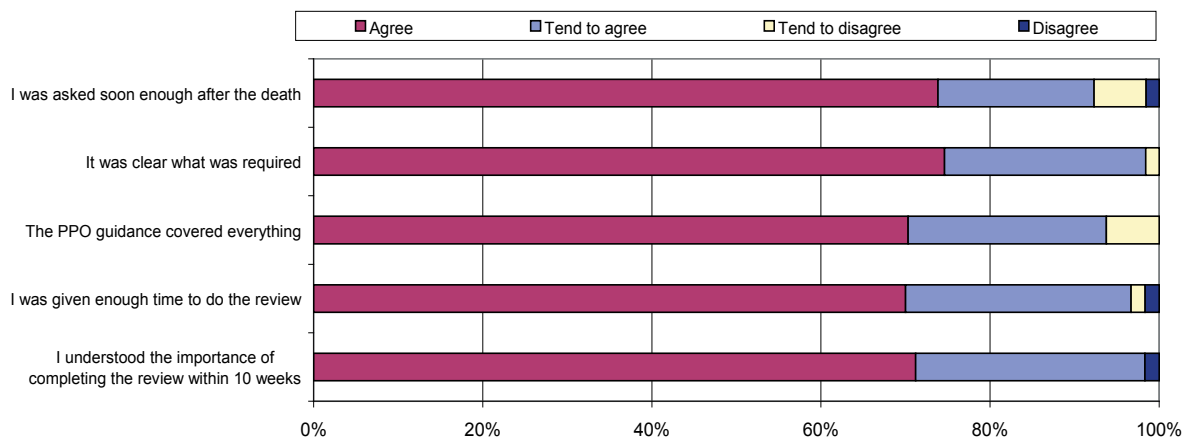
I question the appropriateness of the cost in time and money (to the PCT and the

general public purse) of investigating predicted deaths from natural causes with the same system developed for unnatural causes.

There were several comments stressing that clinical reviews should be carried out by:
A medical investigator that understands the way prisons work.

Sixty-seven respondents had been commissioned to conduct a clinical review of a fatal incident. Forty-four of these had been in the last year and 23 had been more than a year ago.

Fig 4.5: Clinical reviewers' views



Over 90 per cent of people who had been asked to conduct a clinical review agreed or tended to agree with all the statements. Generally they felt they were given enough information and guidance and enough time to conduct the review.

There were several comments about the difficulties of carrying out clinical reviews. One thought:

It would be more effective if clinical reviewers were an integral part of the PPO team. The clinicians co-opted to do them often have other pressing demands on them, and can feel excluded from large parts of the investigation.

And one healthcare commissioner noted that:

Clinical reviews take a long time to do thoroughly: we are not resourced to do them and it is not always possible for us to be perceived as impartial which means we have to commission an external person to undertake it.

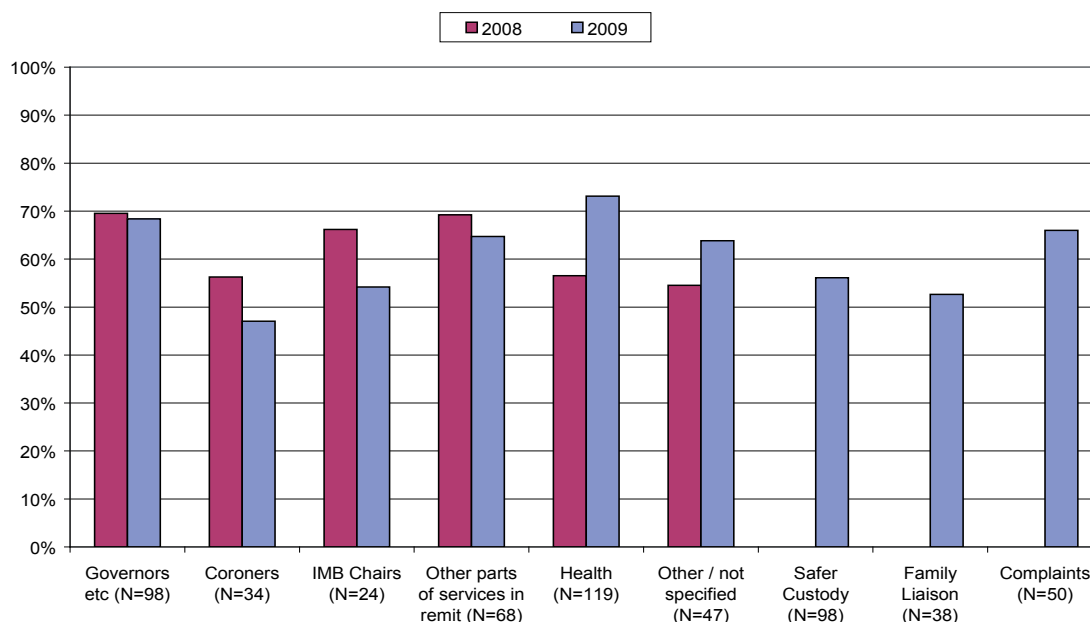
4.6 Communications

Stakeholders were asked how they regard their current communications with PPO. This question was exactly the same as in the previous survey so the results are directly comparable. The results for both years are shown in Fig 4.6. (Note: The number of respondents shown for each group is for 2009. Safer custody officers, family liaison officers and complaints clerks were not asked this question in 2008.)

Overall, the majority (63 per cent) of respondents regarded their communications with PPO as *good* or *very good*, slightly lower than last year (65 per cent). With the exception of Coroners, the majority of each type of stakeholder regarded communications as either *good* or *very good*. However, it is disappointing that compared to last year; the proportion rating communications as *good* or *very good* has fallen for all groups except health, the latter result most likely due to the inclusion of healthcare managers this time. Clearly more needs to be

done to improve links with Coroners and IMB chairs, as both groups gave substantially lower ratings than last year.

Fig 4.6: Proportion rating communications with PPO as good or very good



These results are considerably worse than those for communications during an investigation (Figs 4.1 and 4.3), suggesting that respondents were thinking about PPO ‘corporate’ communications when answering this question.

There were lots of comments about communications both in general and with specific groups, for example:

I feel that much of the PPO work focuses on the London Prisons and little goes on outside unless there is a DIC and then someone comes down.

I think the prisons and PCTs are the PPO’s ‘market’ i.e. their customers in some respects. Would like to see more stakeholder work conducted e.g. focus groups, workshops, conferences, seminars etc run by PPO for their key strategic stakeholders.

Perhaps you could send an e-mail to each FLO, say once a year, giving them a brief outline of the main facts and figures, concerning deaths in custody. This may benefit those FLOs who have not had any contact with PPO or a death in custody.

Better communications between PPO and the PCT. PCT are not routinely involved or invited to PPO debrief sessions or meetings directly following a fatal incident.

4.7 Publications

Overall, only 38 per cent of respondents had seen the PPO Newsletter ‘On the Case’ at some time during the past year. The same number had looked at the website at least once during the year, while 52 per cent had seen the PPO Annual Report. Only 13 per cent had seen the new DVD, although this had only been distributed a month or so before the survey. Twenty-eight per cent had looked at anonymised PPO fatal incident reports on the website and 22 per cent had seen other PPO publications. These figures are not comparable with last year’s survey as in 2008 respondents were asked how often they had ever seen the publications, rather than just in the past year.

In part, these relatively low numbers reflect the fact that PPO publications are not necessarily distributed to the same people as the stakeholder survey. However, many comments suggested that people who do not currently receive PPO publications would like to do so, possibly because of local distribution issues:

They could be issued and received here but not circulated widely enough.

All of the PPO publications were rated as *useful* or *very useful* by around 90 per cent of those respondents who had seen them, with anonymised reports receiving the most *useful* and *very useful* ratings (95 per cent). For publications included in last year’s survey, the proportions rating them as *useful* or *very useful* were slightly higher in 2009 than in 2008.

Comments showed how the publications are used and suggested possible improvements:

The PPO website is clear and easy to use....we use reports for Safer Detention Workshops every three months as part of our learning from deaths in custody.

I think there would be value in undertaking a thematic review publication in respect of complaints procedures. A monthly digest of complaints would also be welcome.

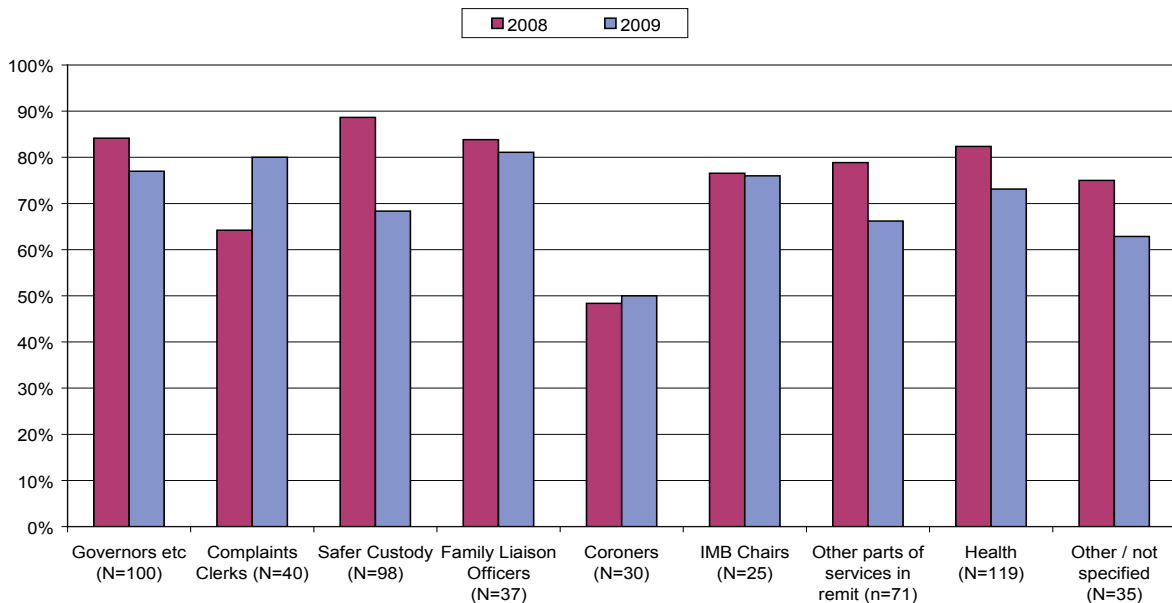
On the Case and annual report very accessible and easy to read, but would benefit from more factual and business info. e.g. trends, targets, impact.

Attended a leadership meeting where saw DVD and heard of the work of the unit. Very informative.

4.8 Quality of Service

Of the 555 respondents who answered the question on quality of PPO services, 71 per cent rated PPO services as *good* or *very good*, slightly lower than last time (76 per cent). Fig 4.7 shows how all groups of stakeholders except complaints clerks and Coroners have lower proportions rating PPO work as good or very good quality compared with the survey in 2008.

Fig 4.7: Proportion rating the quality of PPO services as good or very good



As last year almost everyone thought PPO was the same or better compared to other public bodies. However, more thought we were *about the same* (65 per cent compared to 58 per

cent last time) and fewer thought we were *better* (33 per cent compared to 40 per cent last time). Only 2 per cent (12 people) thought we were *worse* than other public bodies they dealt with.

A couple of comments suggested that one poor investigation or report could damage perceptions of PPO:

Overall my experience has been very good. However there was one investigation and subsequent report which was inaccurate and unhelpful. This factor has resulted in the negative elements of this survey.

4.9 Ratings

All stakeholders were asked to rate the PPO on the following characteristics: *influential, impartial, professional, effective, and efficient*. The ratings received from all respondents are combined in Table 4.1.

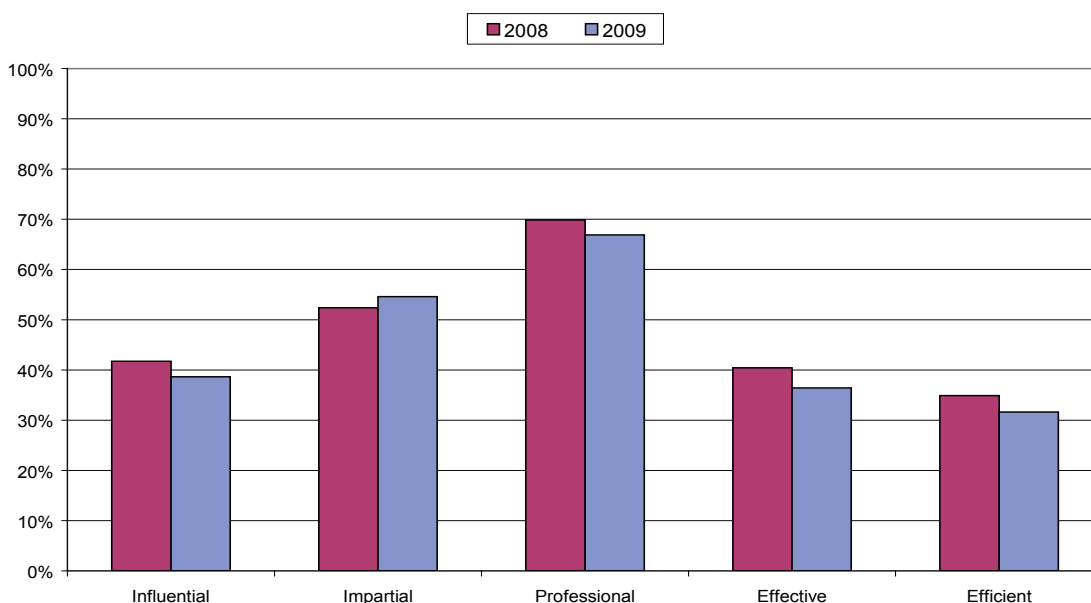
Table 4.1 Overall PPO ratings

	Influential (N=564)		Impartial (N=575)		Professional (N=598)		Effective (N=574)		Efficient (N=563)	
Very	218	39%	314	54%	400	67%	209	36%	178	32%
Quite	284	50%	205	36%	183	31%	314	55%	300	53%
A bit	52	9%	47	8%	13	2%	46	8%	74	13%
Not at all	10	2%	9	2%	2	0%	5	1%	11	2%
	564	100%	575	100%	598	100%	574	100%	563	100%

As Table 4.1 shows, the highest proportion of ‘very’ ratings was on the ‘*professional*’ scale. Overall 67 per cent of respondents rated the PPO as ‘*very professional*’ and over 50 per cent rated PPO as ‘*very impartial*’. Efficiency is the characteristic with the lowest proportion of ‘very’ ratings, with only 32 per cent of all respondents rating PPO as ‘*very efficient*’.

Fig 4.8 shows that although the relative positions are unchanged since 2008, unfortunately the proportion of ‘very’ ratings fell for all scales except ‘*impartial*’. More encouragingly, there has been a fall in the proportions giving ‘*not at all*’ ratings. Two per cent or less rated any of the scales as ‘*not at all*’ this year, compared to four per cent on all scales last year.

Fig 4.8: Change in the proportions rating the PPO as ‘very...’



The various stakeholder groups gave quite different ratings on the scales and these have changed since the last survey. It is complicated to compare nine groups, on five scales, each with four rating points, over two time periods. This analysis has focused on the change in the proportions of each group giving 'very' ratings for each scale as that is the rating to which PPO would aspire. (Note: complaints clerks were not asked these questions last year.)

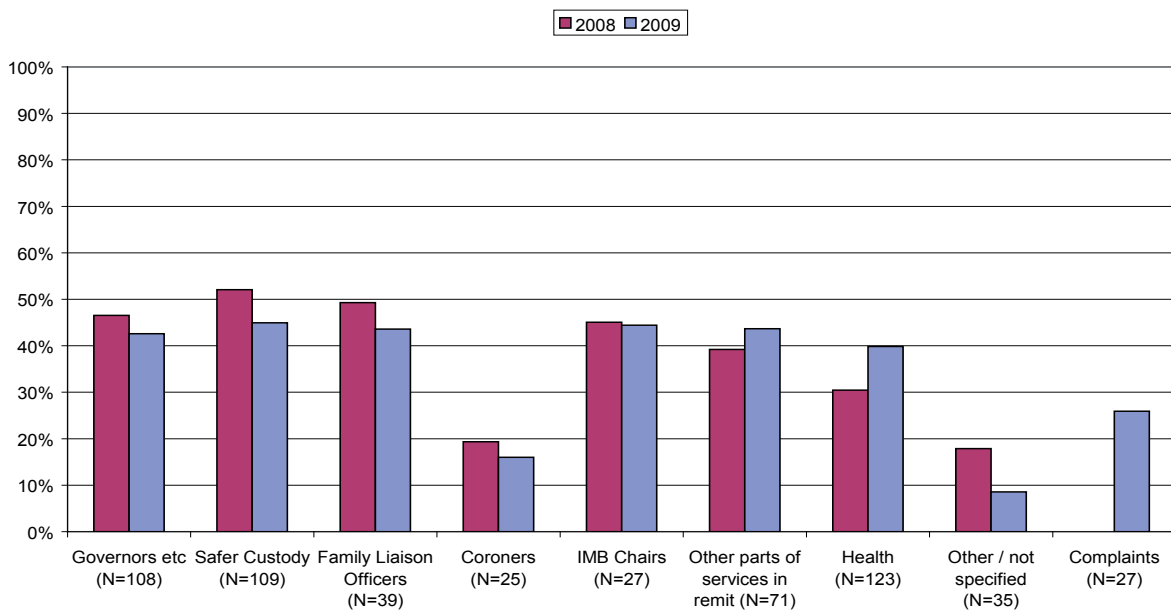
The following sections provide a short commentary for each of the qualities rated. A chart shows the change in the proportion of respondents giving a rating of 'very' and an illustrative quote is provided for each.

Influential

Overall 39 per cent gave a 'very influential' rating compared to 42 per cent last year. Fig 4.9 shows how the only stakeholder groups giving more 'very influential' ratings than last year were non-operational staff and those who were health-related. Most groups gave about 40 per cent 'very influential' ratings, except Coroners where only 16 per cent thought PPO was 'very influential'. One Director of Offender Management wrote:

Very much value their content. They are taken very seriously within my region.

Fig 4.9: Change in proportion rating PPO as VERY INFLUENTIAL

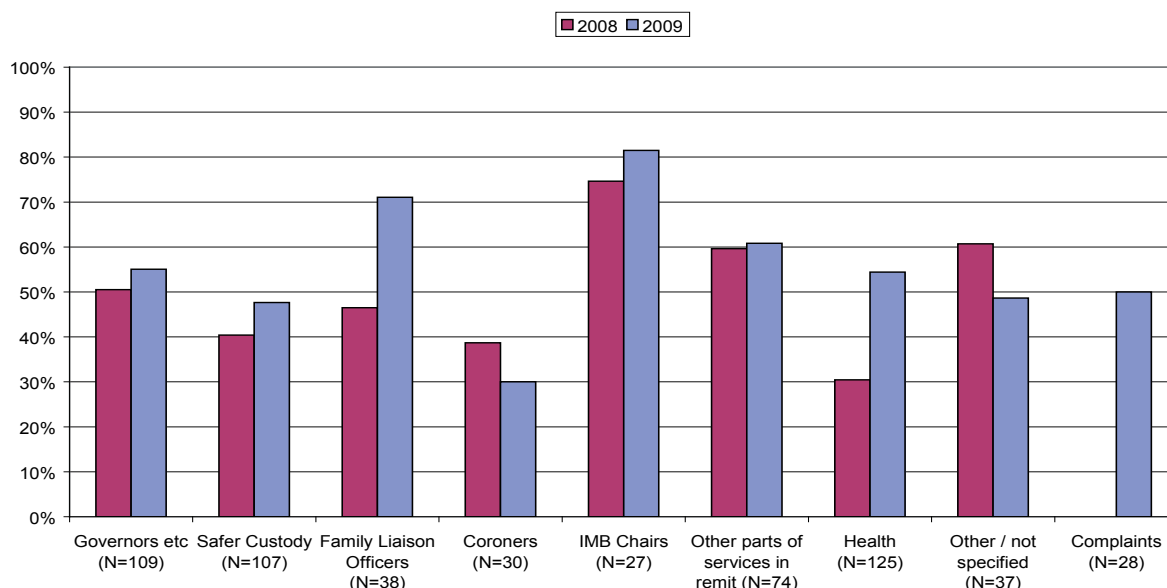


Impartial

Over half the respondents (54 per cent) rated PPO as 'very impartial' and this has increased slightly since last year (52 per cent). IMB chairs were mostly likely (81 per cent) to rate PPO as 'very impartial', with family liaison officers next most likely to do so (71 per cent). Fig 4.10 shows that all groups gave a higher proportion of 'very impartial' ratings than last year except Coroners, who were the least likely to give a 'very impartial' rating (30 per cent, down from 39 per cent last year):

I've been very impressed by the completely impartial nature of the conclusions made.

Fig 4.10: Change in the proportion rating PPO as VERY IMPARTIAL

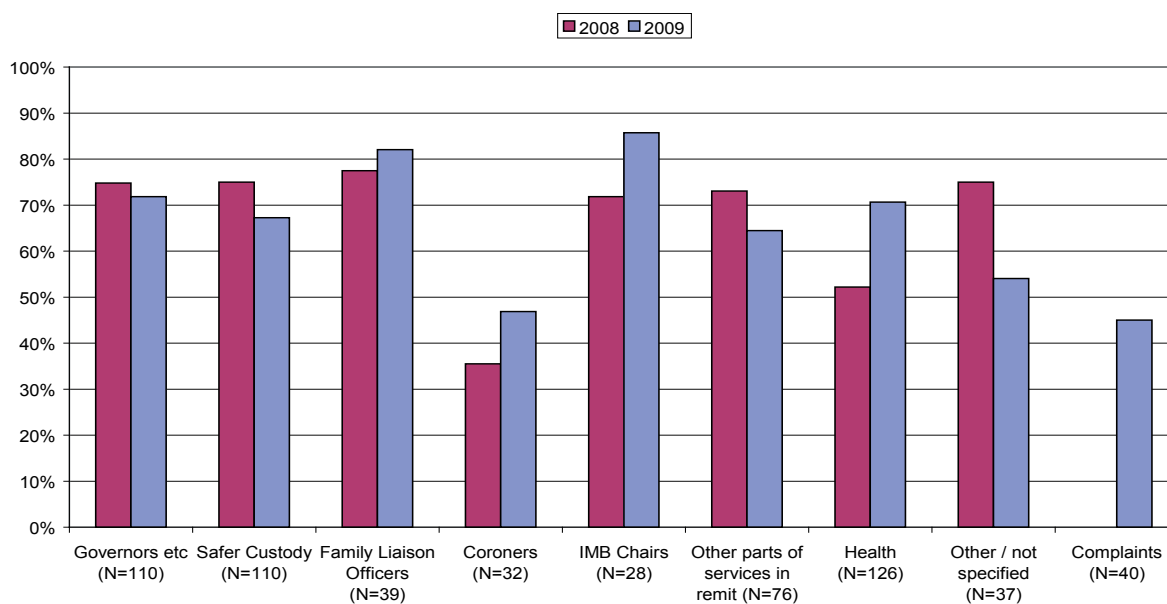


Professional

Although down slightly from 2008, the ‘*professional*’ scale remained the one with the highest proportion of ‘*very*’ ratings, achieving 67 per cent overall. ‘*Very professional*’ ratings were given by over 45 per cent of all stakeholder groups, with IMB chairs and family liaison officers giving over 80 per cent. Coroners were again the group giving the lowest proportion of ‘*very professional*’ ratings, but this had increased from 35 per cent in 2008 to 47 per cent this year. The change since last year varied between groups (see Fig 4.11):

There has been recent PPO involvement in this prison and my dealings with Investigators have been really professional. Would not fault.

Fig 4.11: Change in the proportion rating PPO as VERY PROFESSIONAL

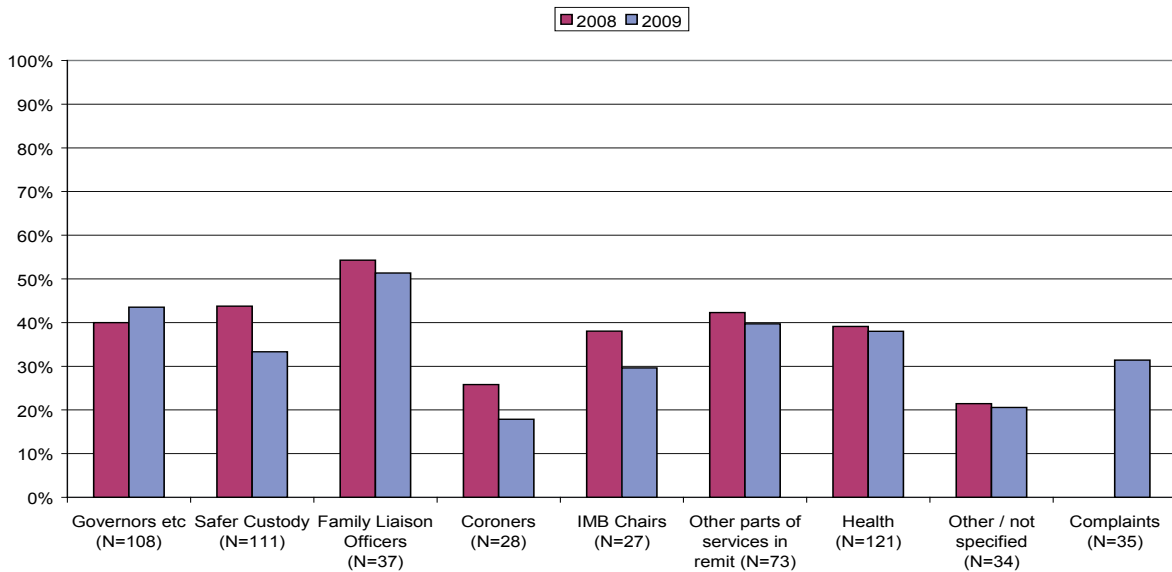


Effective

Overall, 36 per cent of respondents rated PPO as ‘very effective’, down from 40 per cent last year. Governors were the only stakeholder group to give more ‘very effective’ ratings this year and only family liaison officers had more than half (51 per cent) giving this rating (see Fig 4.12). Less than a fifth of Coroners thought PPO was ‘very effective’ down from a quarter last year:

While I do feel confident that fatal investigation reports improve local delivery of care, I do not feel assured that issues raised at prisons outside the local area - on occasions when prisoners are transferred in and then die - are followed through in terms of learning as part of PPO role.

Fig 4.12: Change in the proportion rating PPO as VERY EFFECTIVE

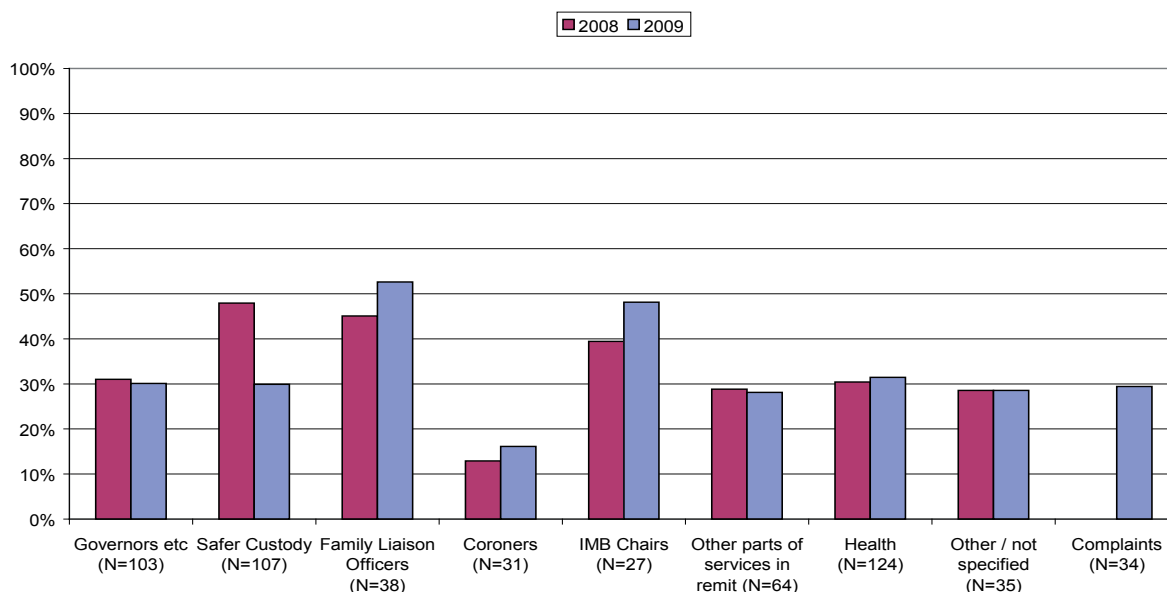


Efficient

In both years, efficiency gained the lowest proportion of ‘very’ ratings of all the scales (down from 35 per cent overall in 2008 to 32 per cent in 2009), most likely due to lack of timeliness in completing investigations. Fig 4.13 shows how most stakeholder groups remained unchanged at around 30 per cent. Family liaison officers and IMB chairs gave more ‘very efficient’ ratings than last year, but safer custody officers dropped from nearly 50 per cent to only 30 per cent. Coroners gave slightly more ‘very efficient’ ratings than last year, but remained very low at 16 per cent:

Again, no concerns about the quality of reports this year; it's the processes that are lacking efficiency.

Fig 4.13: Change in the proportion rating PPO as VERY EFFICIENT



5. Possible implications for practice

The following list has been compiled on the basis of the survey results and the comments received.

All investigators & assessors

- Keep up the good work - continue to be courteous and professional
- Continue to communicate effectively during investigations
- Improve understanding of systems and issues
- Strive to complete investigations more quickly

Complaints investigators/assessors

- Try to avoid making unreasonable demands and consider the other demands on staff

Fatal incidents investigators

- Try to provide information about progress

Policies & procedures

- Review the need for equivalent investigations in all deaths
- Consider the role of the clinical reviewer

Communications

- Improve corporate communications, focusing on different groups of stakeholders

Publications

- Widen distribution of On the Case and other publications
- Review the content of On the Case

General

- Improve relations with Coroners
- Strive to further improve quality
- Work to improve ratings on the various scales, particularly influence, efficiency and effectiveness

Appendix 1. Methodology

- When the PPO started collecting stakeholder feedback in 2008, a survey was chosen as the best way to amass opinions from different groups each with a large number of potential respondents. It was also felt to have the advantage of acting as a mini-promotional exercise and should in itself increase the PPO's profile. For this reason, it was decided to send the survey to all stakeholders rather than to a sample.
- Following the success of the first survey of stakeholders in 2008, the Ombudsman committed to making it an annual exercise. The results of the first survey would act as a benchmark for future years and would allow change over time to be monitored.
- In the first year, seven different versions of the questionnaire were developed to cater for the varying needs of the groups of stakeholders. The questionnaires were designed to capture details from each type of stakeholder, in some cases about quite specific aspects of the operational work of the PPO.
- In the 2009 survey all the different versions were combined to make a general questionnaire, suitable for all stakeholders. The questionnaire was designed so that respondents could skip sections that were not relevant to them, for example if they had no experience of PPO fatal incidents investigations. All respondents were asked to complete the sections about communications and general impressions of PPO.
- An on-line survey was used in order to maximise the response rate. Printed versions of the survey were also produced for those stakeholders who were not accessible via email and for those who had difficulty using the on-line survey. The on-line survey was hosted by surveymonkey.com.
- In the first year the response from those groups who had been sent a link to the on-line survey was much better than from those who received a postal questionnaire. Hence, this year more effort was made to contact people by email rather than by post.
- Health professionals were targeted to a greater degree this year, with emails being sent to PCT chairs, prison healthcare managers, and those who had conducted a clinical review for the PPO.
- NOMS Communications distributed emails to governing governors, healthcare managers and safer custody managers. HM Coroners were contacted via the Coroners Society and IMB chairs via the IMB Secretariat. Links to the survey were sent direct to complaints clerks, family liaison officers, approved premises managers, probation chief officers, PCT chairs, and to selected other stakeholders. Respondents were given a three week deadline for completion of the questionnaire and a reminder email was sent after two weeks.