



PHSO ANNUAL STAKEHOLDER RESEARCH REPORT

OCTOBER 2015

ABOUT COMRES

ComRes provides specialist research and insight into reputation management, public policy and communications. It is a founding member of the British Polling Council, and its staff are members of the UK Market Research Society, committing it to the highest standards of research practice.

ComRes won the 2014 Market Research Society Award for Public Policy / Social Research for its innovative research into online communications.

The consultancy also conducts regular public research for organisations including The Independent, ITV News, the BBC, and other media outlets, as well as a wide range of public sector and corporate clients.

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EXECUTIVE SUMMARY



KEY FINDINGS

INTRODUCTION

In April 2015, the PHSO commissioned ComRes to undertake a Stakeholder Audit, to understand:

- Awareness of PHSO, including feedback on any communications received;
- Experiences of interacting with PHSO and views of their relationship with the organisation;
- Overall perceptions of PHSO including strengths and weaknesses of PHSO's work and approach.

The research involved 43 telephone interviews, conducted between May and August 2015. It included stakeholders from across the spectrum of the PHSO's work, from Health stakeholders, UK government departments and some UK government organisations, and 'Other' stakeholders, including other Ombudsmen. The first PHSO Stakeholder Audit was conducted in 2014, and findings from that study are compared with findings from this year, where possible.

OVERVIEW

Overall, stakeholders say that they have a good knowledge of what the PHSO is, and what its core functions are. As in 2014, those with increased contact with the PHSO tend to say that they are more favourable towards it, indicating that increased engagement drives favourability towards the PHSO. Those with strategic relationships with Dame Julie Mellor tend to be positive about the relationship; however these stakeholders are almost exclusively within the priority stakeholder group.

Due to the divide between the PHSO's Parliamentary and Health work, organisations tend to be aware of only the PHSO's work in the sector to which their organisation belongs. Although this is not necessarily problematic, on a day to day level, it means that many stakeholders feel unable to evaluate the effectiveness of the PHSO as an organisation as a whole, as they have no detailed knowledge of all of its overall priorities or strategic direction.

Stakeholders tend to compare the PHSO to the Local Government Ombudsman and the Financial Services Ombudsman, and those who have had some engagement with all three throughout their careers tend to say that there are areas in which the PHSO could improve its reputation. The LGO and Financial Services Ombudsman are perceived to be more effective at thought leadership – bringing together the findings from across the sectors in which they work, to provide best practice and share learnings about complaints.

The PHSO has three areas which it researches to understand its reputation. These three KPIs focus on levels of positivity towards the PHSO, satisfaction regarding contact and engagement with the PHSO, and evaluation of the PHSO's performance. Overall, there is little variation between 2014 and 2015 in these three areas.¹

¹ Please note, small base sizes mean that this is indicative rather than representative of similarities or differences in stakeholder opinion.

- Levels of positivity towards the PHSO remain broadly consistent over the past year; 32/59 stakeholders in 2014 said that they were positive towards the PHSO compared to 22/41 stakeholders who say the same in 2015.
- Reported satisfaction with the PHSO's communications and engagement have remained broadly consistent since 2014; 25/57 stakeholders said that they were satisfied with the PHSO's performance in 2014, compared to 17/43 who said the same in 2015.
- In evaluating the PHSO's performance, around half of stakeholders say that the PHSO performs well on both making recommendations for an organisation to learn and improve its service, and putting things right for individuals.²

These broadly similar results for the first two KPIs highlight there has not been a noticeable or reported shift in reputation over the past 12 months. However, the PHSO, whilst maintaining its reputation, has work to do to act upon the recommendations made by stakeholders to build its reputation in the future. There is also scope for the PHSO to improve on sharing the unique insight from their casework with public organisations and regulators to help them improve public services.

1. ENGAGEMENT

Stakeholders note that there could be improvements made to the PHSO's stakeholder management process. Beyond those who have contact with Dame Julie, stakeholders are unable to name one dedicated contact at the PHSO. As a result of this stakeholders can feel frustrated and undervalued, thus affecting perceptions of the PHSO's effectiveness.

However, those who have worked on a joint initiative, such as a report with the PHSO, tend to be positive about the experience. Although no one contact was cited, these stakeholders say that they worked with a 'few different' individuals within the team at the PHSO, but that the engagement was good and consistent. These opportunities to work together with stakeholder organisations help to boost the relationship with that organisation, and also raise the profile of the PHSO.

Many stakeholders say that the PHSO could effectively raise its profile by sharing best practice, insight and trends from across its work, and that this would help to drive change in the complaints space. This could position the PHSO as a thought-leader, helping the organisations with which it works to ensure that they are learning from the findings of other cases. In this sense, the PHSO is perceived to be in a unique position with an overview across the health and parliamentary sectors, and should make the most of this when looking at future work.

2. ASSOCIATIONS

Similar to last year's stakeholder audit, a select number of words or associations were tested with stakeholders to understand their level of perception regarding PHSO. Of the words tested, stakeholders overwhelmingly say that they associate the PHSO with being independent, as in 2014. However, unlike in 2014, this is closely followed this year with associations of being objective. These two words are seen to be core functions of the PHSO. Further information about each of the associations tested can be found below.

- **Independent:** Although the majority of stakeholders see this as a core function of the PHSO, some say that in certain circumstances, being 'too independent' can be negative. This tends to be within

² Please note, this measure is not tracked as it has been amended to reflect changes in the PHSO's work.

the context of investigations; the PHSO is not perceived to be transparent in its investigations, and some stakeholders note that the PHSO style of investigations can be combative, as a result of its lack of transparency. However, being ‘too independent’ can also be seen as being too isolated from other organisations in the complaints space, stakeholders or the public. In this sense, stakeholders say that the PHSO should be wary of becoming ‘too independent’.

- **Objective:** Similarly to independence, this is seen to be a primary role of an organisation such as the PHSO. Positively, the fact that the PHSO is not seeking to implement specific policies is seen to boost perceptions of its objectivity for some stakeholders. However, some stakeholders are concerned with the presentation of media stories, and the extent to which the PHSO takes an objective stance; those stakeholders whose investigations have been the subject of a media story say that they feel the findings had not been fairly represented.
- **Authoritative:** Stakeholders overall are unsure how, or why the PHSO would want to be seen as authoritative, beyond its core remit as final adjudicator.
- **Effective:** This word falls within the bottom three words associated with the PHSO for each stakeholder group, and the key barrier to its perceived effectiveness is the way in which the PHSO communicates with stakeholders.
- **Influential:** There is some work to do to for the PHSO to improve perceptions of its influence. Rather than a focus on media stories to gain headlines, stakeholders say that they would prefer the PHSO to promote thought leadership. ‘My Expectations’ is one such example of a report often cited by stakeholders that indicates that the PHSO may be becoming more influential.
- **Visible:** Stakeholders question the extent to which it is necessary that the PHSO is visible, and among which audiences. Although stakeholders say that they perceive the PHSO’s visibility among the public to be low, this is not necessarily seen as a high priority for the PHSO to change.

3. AREAS OF WORK

The PHSO is seen to perform well at making recommendations for an organisation to learn and improve its service, with a number of stakeholders saying that they feel the recommendations they have received have improved recently, and the recommendations are now more realistic to implement. The move towards systemic recommendations, formed on the basis of several investigations, is welcomed. Looking to the future, some stakeholders would like to see the PHSO be more proactive in following up to see how the recommendations have been implemented in an organisation the PHSO investigated, and continue to tailor the recommendations more to ensure that they are reflective of the environment the organisation operates in. Specifically, the PHSO should be aware that some organisations will be facing financial challenges, and therefore will have limited capacity to put recommendations into practice with less resource.

Stakeholders interviewed say that they have limited knowledge about how the PHSO puts things right for individuals, although many assume the best of the PHSO’s work in this area.

4. EFFECTIVENESS

Stakeholders are undecided in terms of how effective the PHSO is, which is largely down to a lack of certainty about the PHSO’s operations. One such example of this is in the move for the PHSO to investigate more complaints for more people. Most stakeholders say that they had prior knowledge that the PHSO was investigating more complaints for more people, but would like the PHSO to clarify the

investigations process as a whole. Moving towards online communications, rather than paper-based, would help perceptions of effectiveness, and make communication easier. In addition, stakeholders would like the PHSO to be transparent about what investigation processes are, and crucially, how long these processes take. This would help organisations the PHSO investigates to understand the process, and engender positivity towards the PHSO as a result.

AREAS FOR CONSIDERATION

- **Relationship Management:** The PHSO should consider providing each stakeholder with the name and contact details of a stakeholder manager, who would be the initial contact for any queries, before being directed to the appropriate department at the PHSO. This would help stakeholders to build a ‘two-way’ relationship with the PHSO, rather than the present situation, where a number of stakeholders say they have limited engagement.
- **Thought Leadership:** Producing thought leadership reports similar to ‘My Expectations’ to increase the PHSO’s influence and visibility in the sector. Creating reports on best practice, based on the work of the PHSO would be beneficial to sharing the unique insights of its work with the organisations it investigates.
- **Transparency in Processes:** Promoting greater transparency throughout the investigations process, helping organisations the PHSO investigates to understand what processes are taking place, with clear dates for deadlines may help to boost perceptions of the PHSO’s effectiveness. In addition, streamlining the processes involved, for example, using email rather than the postal service is likely to help with this.

INTRODUCTION

1.OBJECTIVES

The Parliamentary and Health Service Ombudsman (PHSO) is working in a markedly different context to that of previous years. Last year the organisation carried out 4,159 investigations³ – almost twice as many as the year before, and ten times more than between 2012–2013.

The PHSO has an ambitious programme to transform its services, and recognises the need to work with stakeholders to enable it to better improve public services and continue to provide a voice to individuals, empowering them to question their relationship with those responsible for delivering public services. To support these interactions it is important for PHSO to understand how stakeholders view the PHSO. This research is one of a number of ways in which PHSO seeks to better understand the perspective of stakeholders.

In order to do so, PHSO looked to gain insight into the following areas through a Stakeholder Audit:

- Awareness of PHSO, including feedback on any communications received;
- Experiences of interacting with PHSO and views of their relationship with the organisation;
- Overall perceptions of PHSO including strengths and weaknesses of PHSO’s work and approach.

2.METHODOLOGY AND APPROACH

ComRes were commissioned in April 2015 to undertake qualitative research with PHSO’s stakeholders, and during the months of May to August successfully conducted 43 depth interviews from a list of stakeholders provided by the PHSO. Any party (individual or organisation) with an interest in the work the PHSO undertakes is considered a stakeholder. The PHSO’s stakeholders may fall into the following broad categories:

- Organisations who use the PHSO’s services;
- Organisations that provide advocacy services for people who use the PHSO’s services
- Organisations connected with people who use, or may use the PHSO’s services;
- Parliamentarians;
- Bodies in their jurisdiction;
- Organisations connected with bodies in the PHSO’s jurisdiction.

Each stakeholder on the list was contacted and given the opportunity to participate. 31 interviews lasted approximately 30 minutes each, and 12 interviews were conducted with ‘priority stakeholders’ identified by the PHSO, each lasting approximately 45 minutes.

Stakeholders were divided into the groups ‘UK government departments and some UK public organisations’ (henceforth, UK government bodies⁴), ‘Health’, and ‘Other’. ‘Other’ stakeholders broadly

³ <http://www.ombudsman.org.uk/about-us/mythbusters/3>

⁴ Please note, these stakeholders fall into the ‘Parliamentary’ side of the PHSO’s work, and therefore are referred to as such in direct quotes and analysis.

contain other Ombudsmen and other organisations not part of the health sector or government departments.

Details on the sample can be found below:

| Tier | UK government bodies | Health | Other |
|-----------------------|----------------------|--------|-------|
| Priority stakeholders | 4 | 6 | 2 |
| Stakeholders | 6 | 11 | 13 |
| Total | 10 | 17 | 15 |

Fieldwork for the research took place from May – August 2015.

Research was conducted in 2014 among 59 stakeholders, with some comparative elements maintained to benchmark the PHSO's reputation in 2015.

All stakeholders were given the opportunity to participate anonymously in the research; however some gave permission for their name and/or organisation to be listed at the end of this report.

FINDINGS

1. AWARENESS OF AND UNDERSTANDING OF THE PHSO'S ROLE AND REMIT

2. THE REPUTATION OF THE PHSO

3. COMMUNICATIONS

4. PERCEPTIONS OF THE PHSO'S PERFORMANCE



1. AWARENESS AND UNDERSTANDING OF THE PHSO'S ROLE AND REMIT



PERCEPTIONS OF THE PHSO'S ROLE

As part of the interviews, stakeholders were asked to comment on their perceptions of the PHSO. This covered understanding of the PHSO's role and remit, perceptions of the PHSO's operations, and how the PHSO overall to other organisations.

1. STAKEHOLDER UNDERSTANDING OF THE ROLE AND REMIT OF THE PHSO

On a fundamental level, stakeholders understand that the PHSO is the final adjudicator, and investigates complaints when all other options have been exhausted.

I would say that they are the final tier complaint handler for complaints about essential problem services in the NHS. They resolve complaints that haven't been possible to resolve at a local level.

Health Priority stakeholder

However, Health and UK government body stakeholders are largely only aware of the part of the PHSO's work that necessarily affects that sector. For on the ground, day-to-day contacts in stakeholder organisations, it may not be problematic to have a lack of overall oversight about the PHSO's activities. However, the implications of this on a strategic level for the senior contacts interviewed as part of this research are that not having a sense of the broader picture of the PHSO's work can impact perceptions of the PHSO's effectiveness as an organisation.

I don't necessarily have an intimate knowledge of their organisational objectives and corporate priorities.

Health stakeholder

Although, the remit of the PHSO is widely understood to be to investigate complaints, **stakeholders are unclear about which complaints are investigated, and why**. There is no cited source among stakeholders of a clear definition of the process by which a decision to investigate is taken. Some say that this is an issue only **exacerbated by the necessity of an MP's referral for Parliamentary complaints**, which broadly is seen to present a biased sample of complaints from which the PHSO can investigate.

The PHSO's own model has had an MP filter, which is too difficult for the ordinary citizen to get direct access, so that's a major concern.

'Other' stakeholder

Overall, **greater transparency around the process of investigations is desired among stakeholders**, a point often raised by stakeholders when considering the PHSO undertaking more investigations for more people. There has been limited impact noted to date of the PHSO undertaking more investigations for more people.

So they've increased the number of investigations to 4,000, but they're still only finding, upholding or investigating this number. So what are you doing about the others? ... We need more information on the whole picture, not just every time you score.

UK government body priority stakeholder

I think it's still too early to tell [what the impact is]. I would hope that by conducting more investigations and having more evidence of systemic failure, that the NHS would be able to have a greater impact on public service reform improvements.

'Other' stakeholder

However, many stakeholders across the different stakeholder groups interviewed also highlight their concerns that **more investigations may negatively impact the speed at which the PHSO works, which is already noted to be relatively slow.**

2. STAKEHOLDER PERCEPTIONS OF THE PHSO'S OPERATIONS

On a day-to-day level, **stakeholders feel that the PHSO could be more transparent.** The way in which it currently operates is noted as being frustrating and counter-intuitive for stakeholders, specifically those being investigated. The use of postal services rather than email, as seen in the research findings from 2014, is a source of great administrative burden for organisations the PHSO investigates, and no clear timings mean that they often feel rushed to send information to the PHSO, and then face long delays to receive a response. Overall, the process is perceived to be slow. Whilst stakeholders understand that in order for investigations to be completed properly they cannot be rushed, the time it takes at present is not adequately communicated, nor is the activity the PHSO undertakes behind the scenes, which might explain the time required.

I feel like I don't have any relationship with them. So I try to ask them reasonably sensible questions about, you know, what are your thresholds for investigation? It is quite difficult, I find, getting answers to those questions. Partly because they just don't seem set up to answer those questions from Bodies in Jurisdiction. They don't seem to have an external liaison which is designed to address those [questions].

Health priority stakeholder

This sense, of not knowing why the PHSO is taking the time it does, is perceived to add to the lack of **transparency in its remit.** Not knowing what the organisation does behind closed doors only serves to cause added frustration to stakeholders.

In 2015, the observation noted in 2014 about **how the PHSO communicates its strategy remains a barrier to stakeholder relationships**. Although specific reports, for example, 'My Expectations', have been noted as being positive steps in contributing to the debate around complaints, there is more to be done to **move away from promoting single, isolated manifestation of issues to driving strategic change in the complaints arena overall**.

'My Expectations' (which was standards, as it were, for complaints handling across health and social care) was an example where they engaged with individual stakeholders really effectively on that policy level.

Health priority stakeholder

3. HOW THE PHSO COMPARES TO OTHER ORGANISATIONS

Other organisations cited by stakeholders as comparators to the PHSO are the Local Government Ombudsman and the Financial Services Ombudsman. Stakeholders who have had previous engagement with all three tend to say that the PHSO could improve its reputation in comparison to the other two. **Both the Financial Service Ombudsman and the LGO are seen to be doing more in the way of thought leadership across the sectors, bringing together trends and patterns in complaints and helping to share best practice. In addition, improving stakeholder relationships is seen to be the areas where the Financial Services Ombudsman and the LGO are differentiating themselves from the PHSO.** Improving these processes is highly desired by stakeholders, who feel that they would benefit from greater interaction with the PHSO.

They've [The LGO have] got two people. They send the same two people to every meeting, and the Deputy Ombudsman takes the lead. Effectively, she's in charge, but there's only her and one other person who turn up to all our meetings. They've got a relationship manager, and she handles queries across the LGO. They're put through to me, and then, depending on what needs to be done, I can sort it out, then I communicate it back to her. It's just a lot simpler. It makes for a lot better coordination. So, in a sense, the coordination is done within our respective organisations rather than people trying to sort it out on an ad hoc basis when people ring up. I think [with] that sort of system in place at the PHSO, we'd find it a lot easier.

Health priority stakeholder

I've worked with the Local Government Ombudsmen and they run seminars for their link officers, the people that deal with in their Bodies in Jurisdiction. So they know how they work, how the Ombudsman works, what's going on, changes to working practice, things like that whereas I don't get [that], I get an email bulletin from them [the PHSO] once a quarter I think and that's about it.

Health priority stakeholder

Beyond adjudication in individual cases, stakeholders feel that the PHSO is well-positioned to be able to promote best-practice among those working in complaints, identifying trends in types of complaints being made, or highlighting best practice among the organisations it has investigated. Some stakeholders note that the PHSO must highlight best-practice based on the shared evidence of several previous investigations, rather than any singular case study being used, or indeed common solutions used internally. Using the experience of the PHSO is seen to be its strength, therefore best practice recommendations should be based on learnings from across the organisations the PHSO investigates to reassure stakeholders that the PHSO is using tried and tested processes, rather than those developed by office staff, but not necessarily evidenced by best practice from the PHSO's experience.

I think they should be working through the processes and working out what is best for the [complainant], rather than what's the most popular process they have, and just thinking in-house.

'Other' stakeholder

2. THE REPUTATION OF THE PHSO



THE PHSO'S REPUTATION AMONG STAKEHOLDERS

1. FAMILIARITY WITH THE PHSO

As expected in a study of this kind, stakeholders interviewed say that they are familiar with the PHSO. Those who have had long-term interaction with the PHSO, tend to say that they have a better understanding of what the PHSO is and does. These stakeholders tend to be in the priority stakeholder group, identified by the PHSO as being strategic associates. This indicates that familiarity with the PHSO builds over time, and a more complete view of what it is and does reached by viewing it externally from numerous viewpoints. As such, those in the priority stakeholder group tend to say that they are more familiar with the PHSO overall compared to stakeholders not identified as priority stakeholders.

I'm very familiar with them. In my role previously, I had engagement with them. Then in this role, Dame Julie and I meet fairly regularly and have done some joint work.

Health priority stakeholder

However, familiarity with the PHSO is to some extent determined by the sample bias of those agreeing to be interviewed, as with all such research. A small, but notable, number of stakeholders declined an interview because they felt they have not had sufficient contact recently with the PHSO to be able to comment on its activities. For example, one stakeholder noted that the relationship with the PHSO can feel 'one-sided', with organisations the PHSO investigates receiving numerous requests from the PHSO, yet finding the PHSO unresponsive when they ask for input from the PHSO. As a result, this can lead to organisations not considering the PHSO a key stakeholder of theirs:

We pretty much, if I'm being frank, don't really include them in any of our high-level events anymore, or even engage them at all.

Health stakeholder

UK government bodies, 'Other' stakeholders and priority stakeholders are more knowledgeable about what the PHSO is and does. This is a change from the 2014 research, where Health stakeholders were noted as having greater awareness of the PHSO's activities. **UK government bodies tend to say that they are more regularly informed about the PHSO's work via the Cross Government Complaints Forum (CCFG), and these stakeholders may feel marginally more familiar because they have this greater engagement opportunity with the PHSO.**

We have engagement with the ombudsmen through the Cross Government Complaint Forum, so they will send people along to those forums; essentially they are observers because they're not members of the Government or representatives of the Government, to present proposals for changes in the way they work.

UK government bodies priority stakeholder

2. FAVOURABILITY TOWARDS THE PHSO

Levels of favourability vary across stakeholders interviewed. **Priority stakeholders tend to be more favourable than other stakeholder groups.** Those on the ground, i.e. those who deal with the PHSO on a more day-to-day, rather than strategic level, tend to be less favourable towards the PHSO. UK government bodies and health stakeholders have varied levels of reported favourability towards the PHSO, with a key factor being level of seniority of the individual interviewed. **A strong theme among most, but not all, stakeholders is a lack of stakeholder manager;** stakeholders would like a clear contact to engage with at the PHSO, and for many this is lacking. This is having an impact on the PHSO's reputation, as even those who are very positive about the PHSO say that this is holding back their ability to work in partnership with the PHSO.

There are lots of positives, but at the PHSO, there seems to be a set of different people with different interests. So, I'd say probably the key impression we have – a negative impression – (but we've got lots of positives to balance it) would be that there isn't a single individual who holds a relationship with us. We deal with a person around information sharing, we deal with another person on strategic issues, and sometimes those things cross over. Then, we get people ringing us from different policy parts of the PHSO, to talk to us. In a sense, they're not routed to a single individual. So, on the PHSO side, there is no single relationship manager who knows about these contacts.

Health priority stakeholder

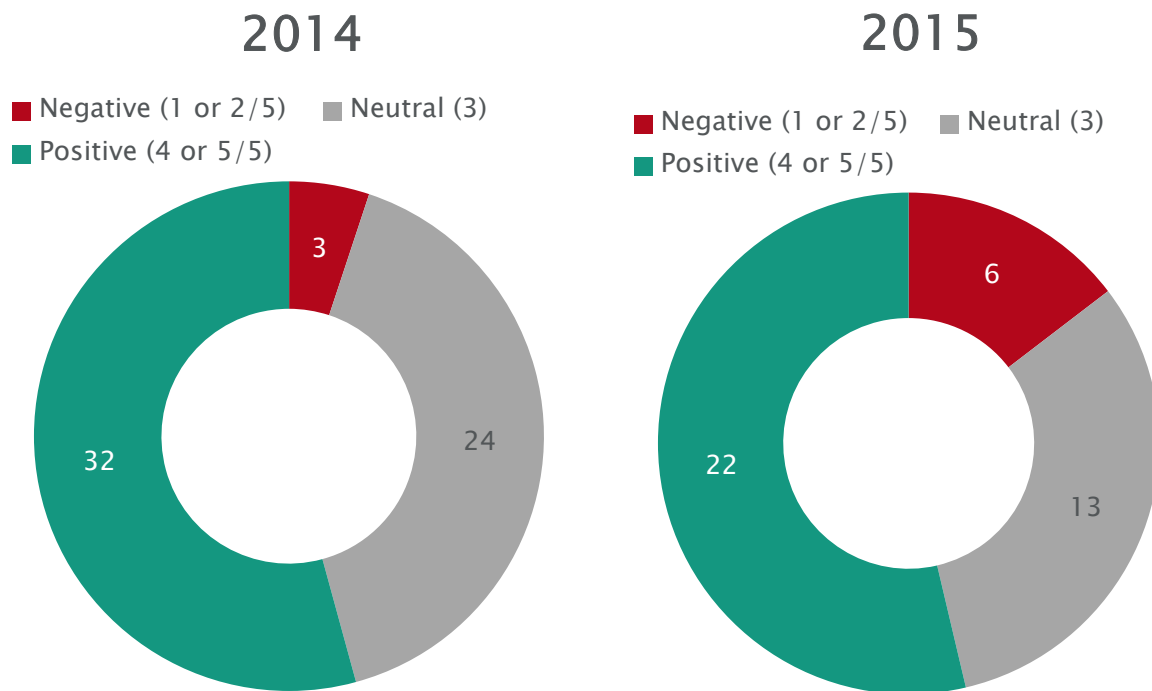
Those who have a stakeholder contact tend to have either worked with the Policy team at the PHSO on shared reports, or to be priority stakeholders who have direct senior-level contact with Dame Julie Mellor. Stakeholders who have this type of contact with the PHSO tend to be very positive about the relationship, and many note that it has positive implications for their favourability overall with the PHSO.

I think Julie deserves a lot of personal credit for her personal resilience and for the approach that she's taken to improving the Ombudsman. It's not an easy job, it's in the public eye and I think she's taken to it with a great degree of passion in a very value-driven way, which deserves a lot of credit.

Health priority stakeholder

Encouragingly, when asked how positive or negative stakeholders are on a 1–5 scale, where 1 is very negative and 5 is very positive, a majority of stakeholders selected answers between 3–5. 22 stakeholders rated their positivity towards the PHSO as a 4 or 5 out of 5, indicating that they are broadly positive or very positive about the PHSO. However, there is room for improvement; those 13 stakeholders who give their answer as the midpoint– 3 out of 5 – may be unlikely to advocate for the PHSO. Most stakeholders who responded negatively cite as lack of engagement from the PHSO as influencing their opinion.

Figure 1: Positivity towards the PHSO where 1 = very negative and 5 = very positive in 2015; Positivity towards the PHSO (positive/neutral/negative) in 2014.



Base: All stakeholders who answered the question in 2015 (n=41). Assumed base size of all 59 respondents from 2014.

These charts show that there is no major difference in responses from 2014 to 2015. As in 2014, most stakeholders are positive or neutral towards the PHSO, which means that there is room to improve on these levels of positivity in the future.

There are a variety of factors affecting levels of favourability towards the PHSO among stakeholders. These are outlined in the table below.

| Sector | Factors positively affecting favourability | Factors negatively affecting favourability |
|------------------------------|--|---|
| Health | Seniority and experience of stakeholders; those with a strategic view of what the PHSO is doing and those who have had contact with the PHSO through multiple roles have a greater understanding of the PHSO and therefore favourability towards it. | Some stakeholders say that ‘things get lost in the system’, indicating that the organisational structure of the PHSO and having queries dealt with by numerous members of staff can have an impact on the PHSO’s reputation. Clearer stakeholder management would be preferable; a named stakeholder contact at the PHSO for each external stakeholder would benefit favourability towards the PHSO. |
| UK government bodies | Three to four meetings a year is perceived to be effective for senior level strategic engagement with the PHSO. The Cross Government Complaint Forum (CGCF) is perceived to be a key method for engagement with the PHSO, and is perceived positively among stakeholders. Operational and Manager level relationships between stakeholders and the PHSO are reported to be ‘strong’. | Board-level strategic relationships are desired among stakeholders. Although relationships at mid-level and senior-level are often reported as being good, the top level of engagement is currently missing. Stakeholders feel that there would be benefits for the Board of the PSHO to engage with their respective Boards, to continue to build close working relationships between their organisation and the PHSO. |
| ‘Other’ | Some in this stakeholder group appreciate the role that the PHSO has in the complaints space. | Some stakeholders report a decline in the last few years in the level of engagement they receive from the PHSO, and the engagement of the PHSO in Ombudsmen forums. There is a concern that the PHSO is moving in a corporate, almost litigation-driven direction rather than take a leadership role. Stakeholders gave no further indication about their thoughts behind this; however this may be as a result of the PHSO conducting more investigations for more people. |
| Priority stakeholders | Priority stakeholders often enjoy a positive working relationship with Dame Julie, which drives favourability towards the PHSO. | Some priority stakeholders say that they would benefit from regular email briefings from Dame Julie to keep up to date on the strategic direction of the PHSO. |

3. COMMUNICATIONS



PERCEPTIONS OF THE PHSO'S CONTACT AND ENGAGEMENT

1. OVERALL RATINGS OF THE PHSO'S COMMUNICATIONS

The PHSO receives mixed reviews of its contact and engagement among stakeholders, as noted previously. **One piece of clear and consistent feedback is that beyond priority stakeholders, who tend to have a personal relationship with Dame Julie, most stakeholders cannot name a stakeholder manager who is a key contact for them at the PHSO.** Those who have senior level contact at the PHSO are positive about the experience, however they are in the minority.

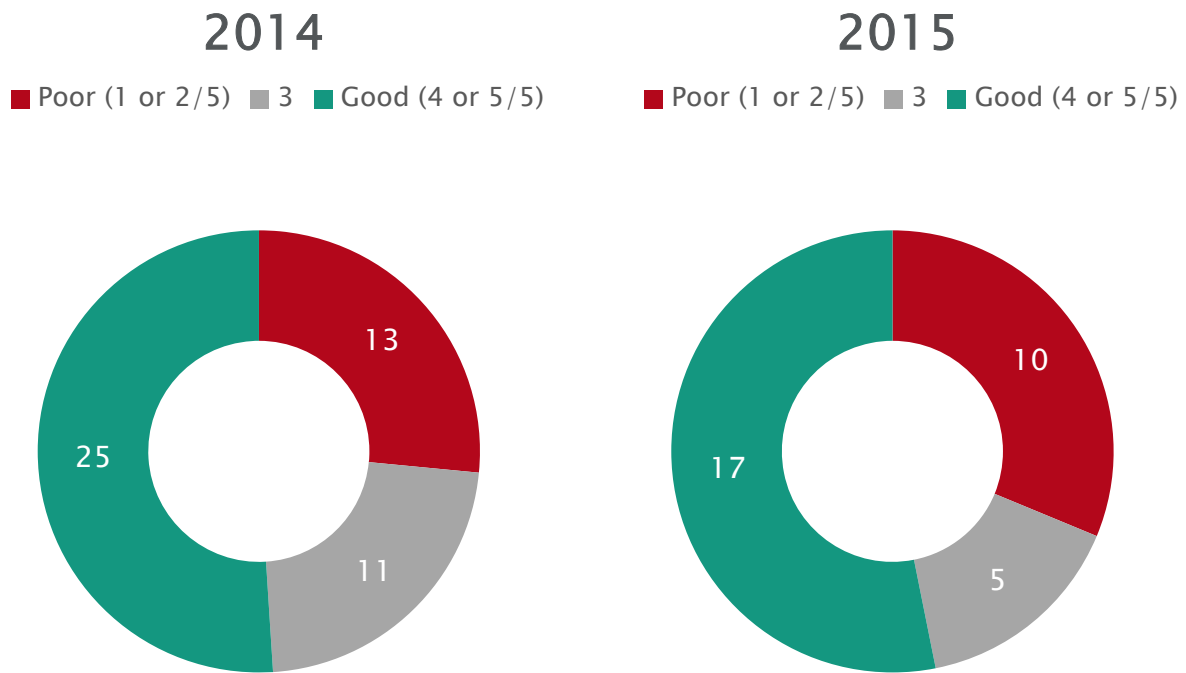
As a result of this, key communications get lost in translation; some stakeholders cite not having had sufficient notification to be able to contribute to the Service Charter, disparate engagement from the PHSO about its strategy, or last minute invitations to join the PHSO working in partnership on reports with a shared agenda. The lack of a more coherent approach to stakeholder management is detrimental to the PHSO's reputation, and is clearly desired by stakeholders across the different groups.

Stakeholders would greatly appreciate more proactive communications from the PHSO, particularly surrounding press releases or reports involving their organisation. One stakeholder positively mentioned what a good experience it was to receive prior warning of a press release about their organisation, however caveated this with the explanation that in his experience, it had only happened once.

There have been times where my team have had to escalate issues to me where it feels a bit at times that PHSO, when it comes to the media side, are very much ploughing their own furrow. They seem to be quite unaware of some of the views and attitudes of some of their stakeholders, and at times seem quite naïve in their approach that they are taking. Sometimes neglecting to inform key stakeholders of what is coming, when it might affect them directly.

Health priority stakeholder

Figure 2: Rating of the PHSO's contact and engagement on a 1–5 scale, where 1 = very poor and 5 = very good: change over time



Base: All stakeholders who gave a response to this question in 2015 (n=43). Please note figures are absolutes, not percentages.; All stakeholders who gave a response to this question in 2014 (n=57).

These charts show that around half of the stakeholders interviewed in 2014 and 2015 say that the PHSO's contact and engagement is either good or very good. However, a similar proportion of stakeholders say that the PHSO's contact and engagement with them is very poor, poor, or in the middle – neither good, nor poor.

2. COMMUNICATIONS BY AUDIENCE

Perceptions of the PHSO's engagement varies by stakeholder group.

| Sector | Mean scores (/5) | Analysis |
|-----------------------|--|--|
| Health | Rating of the PHSO's contact and engagement: 2.81 | Health stakeholders have the lowest mean score for the PHSO's contact and engagement, of any of the stakeholder groups. When probed, there is a difference in seniority; more senior stakeholders tend to say that their engagement with the PHSO is better than less senior stakeholders. In part, this is likely to be from Dame Julie's direct engagement with senior stakeholders, which is not replicated lower down. Beyond Dame Julie, few stakeholders appeared to know who their stakeholder manager was, or were able to cite a named contact assigned to them. The exception to this are those who have worked in partnership with the PHSO on a joint report; the policy contact within the PHSO were noted to be responsive and helpful, and formed a positive working relationship. |
| UK government bodies | Rating of the PHSO's contact and engagement: 3.66 | UK government bodies have the highest mean score for contact and engagement, of any of the stakeholder groups. This is largely down to the PHSO's strong presence at the CGCF, which boosts stakeholder engagement, keeping them informed about the PHSO's work. However, as seen with Health stakeholders, no stakeholders were able to cite a named contact that they have worked with at the PHSO, meaning that they feel as if they are passed around different contacts at the PHSO each time they make contact. |
| 'Other' | Rating of the PHSO's contact and engagement: 3.0 | 'Other' stakeholders have mixed views of the PHSO. Other Ombudsman services score the PHSO particularly low in terms of contact and engagement. Over the past years, they note that they have rarely received information from the PHSO, and when they do the communications are disjointed. Furthermore, they note that the PHSO has become removed from Ombudsman activities and engagement. This is a concern for other Ombudsman, and they would like the PHSO to have greater participation in the Ombudsmen sphere in the future. |
| Priority stakeholders | Rating of the PHSO's contact and engagement: 3.63 | Priority stakeholders benefit from a good relationship with Dame Julie. They are often positive about the relationship that she has with them, although some note that it would be beneficial to receive a 'key stakeholder briefing bulletin' via email to keep them informed of the strategic direction of the PHSO. |

ADVOCACY

1. LIKELIHOOD TO SPEAK POSITIVELY ABOUT THE PHSO

Advocacy for the PHSO is largely determined by the contact and engagement stakeholders have had personally with the PHSO. **Beyond priority stakeholders, this contact and engagement tends to be limited, therefore many stakeholders would not be likely to advocate for the PHSO.**

If you said to me, 'have you a sense of the direction of the PHSO?,' the answer would be no.

'Other' stakeholder

However, senior priority stakeholders had positive feedback about the PHSO and their own engagement with it, particularly in working in partnership for specific reports or initiatives. This presents a very different viewpoint to other stakeholders.

So I think what they clearly need to do is continue to foster good relationships and keep talking and then also have a clear view about the transition to a new Ombudsman.

Health priority stakeholders

As a result, if the PHSO is seeking to gain advocates, the first step in doing so is to build a more coherent approach to stakeholder management, with an individual who can then field each query, take ownership of the relationship and signpost them to another named contact in a different department, should the occasion need this. Without doing so, likelihood to advocate for the PHSO is unlikely to improve in the future.

4. PERCEPTIONS OF THE PHSO'S PERFORMANCE



WORDS AND PHRASES ASSOCIATED WITH THE PHSO

Last year, as part of an association exercise respondents were asked to consider a series of words and whether they associate them with PHSO. This year a similar exercise was undertaken using 6 words from last year’s list (independent, objective, authoritative, effective, influential, visible) and respondents were asked which three, if any, they associate most with the PHSO, and the reasons behind this. All stakeholders were given the opportunity to rate the PHSO’s performance on a scale of 1–5, where 1=not at all, and 5=to a great extent. Words were selected by the PHSO to reflect its core attributes and area of focus in the future. Stakeholders were given the opportunity to select words they associate with the PHSO, including the chance to disagree that they associate any words with the PHSO, and were asked to outline their reasons behind their selections.

Of each of the words tested, stakeholders were most likely to say that they associate the word ‘independent’ with the PHSO, followed by ‘objective’. The overall pattern of associations with the PHSO across audiences is similar, with **each audience selecting independent and objective as their top two associations with the PHSO.**

| Sector | Word counts | Analysis |
|-----------------------|---|---|
| Health | Independent 16 Objective 9 Authoritative 5 Influential 5 Effective 2 Visible 2 | Of the 18 Health stakeholders interviewed, independent is associated with the PHSO by 16 out of the 17 who gave a response to this question. Just one Health stakeholder does not associate the PHSO with being independent. |
| UK government bodies | Independent 8 Objective 5 Authoritative 2 Effective 2 Influential 1 Visible 1 | Of the 10 UK government bodies interviewed, all eight of those who responded to this question selected independent as a top association with the PHSO. |
| ‘Other’ | Independent 13 Objective 7 Authoritative 6 Visible 6 Influential 3 Effective 2 | 13 out of 15 ‘Other’ stakeholders interviewed select independent as a top association with the PHSO. ‘Other’ stakeholders are more likely than either Health stakeholders or UK government bodies to select authoritative and with the PHSO. |
| Priority stakeholders | Independent 11 Objective 8 Authoritative 4 Influential 3 Visible 2 Effective 0 | No stakeholders from the 12 priority stakeholders interviewed selected effective as one of their top associations with the PHSO. This is primarily due to a lack of knowledge about whether or not the PHSO operates effectively as stakeholders in this group have low awareness of the entirety of the PHSO’s operations. |

'Independent' was the word associated most with the PHSO in 2014, indicating some consistency in associations with the PHSO over the past year among stakeholders. However, 'objective' does not feature in the list of the top five associated words in 2014, yet is the second most associated word in 2015. While this might indicate a shift in perception, associations with the PHSO would benefit from future tracking to ascertain the extent to which associations have been affected by a change in the methodology.⁵

⁵ In 2014, stakeholders were sent a much longer list of words before the interview, and asked to select their top associations with the PHSO, whereas in 2015, stakeholders were given six words to choose from during the interview. This means that although stakeholders had a limited list of associations to choose from, the way in which they were asked means that there was less time to prepare, and therefore these are more likely to be immediate, front of mind associations.

PERCEIVED PERFORMANCE IN AREAS OF WORK

1. LEARNING AND IMPROVING SERVICES

Most stakeholders say that the PHSO performs well at making recommendations for an organisation to learn and improve its service. Although many note that the recommendations in the reports they receive from the PHSO have improved in terms of the realistic nature of the recommendations and concision, there is noted to be a gap in the follow up procedures by the PHSO after a report has been delivered. Stakeholders would like to see the PHSO doing more to follow-up after the report, providing advice at the implementation stage of the report recommendations. There are some queries as to the value of writing recommendations for organisations the PHSO investigates but not following up to see if they have been implemented, and how.

Following up on recommendations is seen to be valuable in two ways:

- To ensure that recommendations are taken on board by each organisation the PHSO is investigating, and that there is organisational change implanted as a result;
- To ensure that the recommendations the PHSO make are realistic and practical, so that the organisation the PHSO is investigating is able to implement them.

If recommendations have been made, I feel it should be the person who's made those recommendations, or the organisation, has very clear responsibility to follow them up.

Heath stakeholder

Health stakeholders in particular say that there has been improvement in how the PHSO makes recommendations for organisations to learn and improve their services over the last few years, specifically in terms of tailored recommendations, and there is a move towards providing recommendations based on a number of cases, rather than one specific case.

Yes, I think when they publish outcomes of their complaints in the published reports, what I do like is that there isn't just this focus that a lot of organisations have, you know, 'This is how much money we have for the individual,' things like that. There is a real focus on how that one person's case could be learned from to improve things for many others. So I think their systemic recommendation, to me, feels absolutely the right thing for them to be doing, and I think actually under Julie Mellor they've been doing that more and more and that's got to be welcomed.

'Other' priority stakeholder

Although improvements cited tend to be around the action plan being produced, stakeholders would like to see the PHSO following up on recommendations to ensure they are realistic to implement. In addition, stakeholders would like to see the PHSO building a more positive investigation environment to

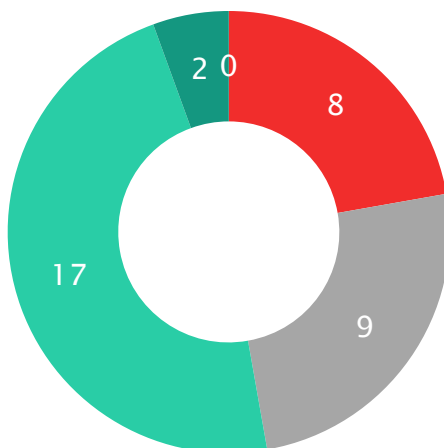
ensure that the recommendations **reflect the environment in which each organisation operates**, and are realistic to implement. Some stakeholders highlight that they have limited exposure to the work of the PHSO on this metric, and therefore have rated the PHSO's performance in this area according to their own experience. This is because many stakeholders are senior-level contacts who are not operational contacts of the PHSO's.

I think that some of their recent reports, where they talked about how things are not investigated properly, how people struggle at times to hear a proper resolution to their problems, I think that's a very salient commentary on what people do. Their recent stuff on dying without dignity I thought was an excellent commentary. Then, from time to time, they produce reports where they've done a kind of synopsis of selected case studies and I think all of the health board and others would do well to read those reports and learn the lessons from them.

Health stakeholder

Figure 3: Perceptions of how well or badly the PHSO makes recommendations for an organisation to learn and improve its service, where 1 = very poor and 5 = very well

■ 1 – very poor ■ 2 ■ 3 ■ 4 ■ 5 – very good



Base: stakeholders who gave a response to this question in 2015 (n=36). Please note figures are **absolute**s, not percentages.

The above chart highlights that approximately half of stakeholders say that the PHSO performs well at making recommendations for an organisation to learn and improve its service, however there is room for the PHSO to improve on this metric.

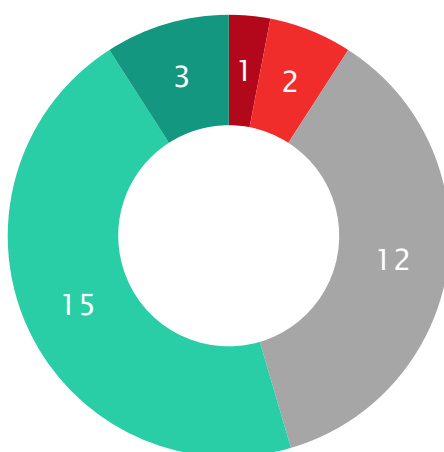
2. PUTTING THINGS RIGHT FOR INDIVIDUALS

Stakeholders say that they have limited knowledge about how the PHSO helps organisations to put things right for individuals. As organisational stakeholders, the focus tends to be more on the investigations and organisational change required as a result, rather than the complainant outcome. However, despite lack of clear evidence, many stakeholders assume the best in terms of the PHSO’s work in this area, because this is part of the core remit of the PHSO.

The PHSO’s work in conjunction with other organisations, bringing patient or citizen’s experiences together and working cross-organisationally to develop thought leadership reports is seen to be a further way in which the PHSO has been influential. Using the breadth of knowledge about complaints that the PHSO gathers, and making recommendations for the Parliamentary and Health sectors as a whole is likely to be beneficial for the PHSO in improving its reputation for how it puts things right for individuals.

Figure 4: Perceptions of how well or badly the PHSO puts things right for individuals, where 1 = very poor and 5=very well

■ 1 – very poor ■ 2 ■ 3 ■ 4 ■ 5 – very good



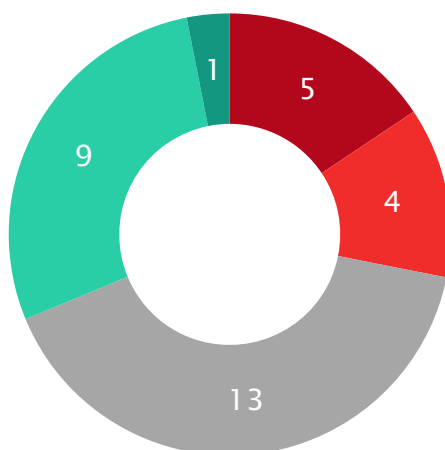
Base: stakeholders who gave a response to this question in 2015 (n=33). Please note these figures are absolutes, not percentages.

The chart above shows that just over half of stakeholders interviewed said that the PHSO performs well at putting things right for individuals, however many stakeholders either said that they do not have enough information to be able to give a score to the PHSO on this metric, and 12 of those who did give an answer select '3 out of 5' – the middle ground. This indicates the PHSO could do more to inform stakeholders of its work in this area.

3. SHARING UNIQUE INSIGHT

Figure 5: Perceptions of how well or badly the PHSO shares the unique insight from its casework with public organisations and regulators to help to improve public services

■ 1 – very poor ■ 2 ■ 3 ■ 4 ■ 5 – very good



Base: stakeholders who responded to this question in 2015 (n=33). Please note figures are absolutes, not percentages.

The chart above shows that there is considerable scope for the PHSO to improve its work in sharing the unique insight from its casework with public organisations and regulators to help improve public services, as nine stakeholders rate the PHSO's performance on this metric as 'poor' or 'very poor'.

Stakeholders would like to see the PHSO doing more to share the unique insight from its casework with public organisations and regulators to help improve public services. Rather than extrapolating too much from individual cases, the PHSO is seen as benefitting from having a top level view of the Health and Parliamentary sectors, and stakeholders feel that they could do more to promote best practice among organisations the PHSO investigates.

I don't think I've ever heard the Ombudsman come out with, 'Organisations are actually doing better in this area,' or, 'The year has seen good practice in terms of complaint handling.' Maybe I haven't followed their output enough. Simply saying, 'Look at all these terrible cases,' it does get you a few headlines but I think it's got to present a balanced picture and it's very difficult.

Health stakeholder

In addition to being beneficial to promote best practice, many stakeholders are facing further cuts to government funding, resulting in less resource. Promoting more sector-wide learnings would help to demonstrate that the PSHO understands what it is like to operate with limited resources, as well as boost cross-organisational working.

Some stakeholders say that the PHSO needs to reassess what good practice is in the context of sharing unique insight, noting that organisations the PHSO investigates may be unable to undertake as many investigations as they have been in the past, because limited financial resources means that they will have to prioritise. With this in mind, preventing complaints is of paramount importance, and therefore the PHSO could work to disseminate the difference between good and poor practice more effectively to help organisations the PHSO investigates prevent future complaints.

MORE INVESTIGATIONS FOR MORE PEOPLE

There is mixed awareness of the PHSO's changes to ensure more investigations for more people. Priority stakeholders are less likely than stakeholders overall to say that this is something they are aware of. This is likely to be because they are more senior, and have less of a detailed knowledge of the PHSO's operational work. However, **there are questions among stakeholders about what this move means** – whether the PHSO has 'lowered the threshold' for investigations, or whether it has changed the criteria for selection of cases it investigates. Stakeholders highlighted concerns that this could mean that the internal processes of the PHSO, such as reporting, could become slower than they are already perceived to be.

The aforementioned lack of transparency with which the PHSO operates in terms of its investigations can lead to concerns among stakeholders about the impact of this change. These include:

- The **length of time** it takes for the PHSO to complete investigations is already lengthy, if more investigations are being undertaken, this could make the investigations process longer;

The impact appears to have been that they've got too much work and they're not doing it as carefully and thoroughly as they should be doing it. So things are taking far longer than they should, and certainly not being investigated in the depth that they used to be. So it's taking too much on.

Health stakeholder

- Rather than **being seen as an independent** Ombudsman, this could cause the PHSO to position itself more as a litigation organisation, rather than a last resort adjudicator;

It feels like they have positioned themselves too far to one side. It feels like, and as I say this is an external perspective, that perhaps they have neglected the effectiveness of their investigations at the expense of trying to have this higher public profile. Certainly shared stakeholders that I speak to often comment that at times it can feel kind of style over substance.

'Other' priority stakeholder

- What this means in terms of the selection criteria for complainants, and what **internal processes** the PHSO has put in place to ensure that investigations are completed effectively.

I think that we would be keen for clarity as to how the Ombudsman will approach situations, so a clear framework as to when it's going to be taking cases. Especially what the criteria are if it's going to diverge from the normal rules, for instance in the case I just mentioned about doing investigations before we've actually had a chance to try and put it right ourselves. Clarity in the framework as to why those are exceptional and what the criteria are for those exceptional decisions, clarity as to why they might be doing things slightly different in some cases, I think basically knowing what to expect really.

UK government body priority stakeholder

Stakeholders would appreciate greater clarity around key decisions that affect the PHSO's core operations, such as making more investigations for more people, to address these concerns. Although in some areas of communications and engagement, such as in making recommendations for an organisation to learn and improve its service, the PHSO is perceived to be performing well with some stakeholders noticing recent improvement, there is some way to go for the PHSO. Ensuring that the PHSO is informing stakeholders of the breadth of its work is important to the PHSO's overall reputation, and using its unique position to make recommendations based on best practice is key,

APPENDIX A: ADDITIONAL RESEARCH FINDINGS



1. ASSOCIATIONS IN DETAIL

In 2015, stakeholders were asked to explain in detail why they did or did not select each word listed as a top association with the PHSO.

INDEPENDENT

Stakeholders say that if the PHSO was not independent, it would not be fulfilling part of its core remit. **Being independent is seen to be necessary** for an organisation such as the PHSO, rather than an overtly positive association

The **positive aspect** of this is that the PHSO is seen to be separate from both the health sector and government. Independence in this sense pertains to the **PHSO as a separate entity** to organisations the PHSO investigates.

However, there are some **negative connotations** to being independent. Some organisations the PHSO investigates report that the PHSO style of investigations can be combative; **in its endeavours to be an entirely independent entity, the PHSO can be perceived to lack transparency about the processes of investigations** among organisations the PHSO investigates, meaning that these stakeholders feel that they are unable to support the PHSO in the investigations procedures. In addition to this, some stakeholders more broadly say that its independence is reflected in its communications in a negative sense; being independent from other organisations means that communications from the PHSO can be lacking.

I think there is a bit of a problem with one or two of their individual investigators, who I think can sometimes overstep, or step outside their remit, and do that in quite a pushy way, and I think that that can cause frustration with my team.

UK government body

OBJECTIVE

Similarly to independence, being objective is seen to be a **core function of an organisation such as the PHSO**, and therefore is a key attribute.

Positively, stakeholders say that the PHSO not being party political or close to government is a strong indicator of its objectivity, and this is appreciated by these organisations. The fact that the PHSO is not seeking to impose particular policies helps with perceptions of objectivity, a factor for the PHSO to be aware of in its policy work over the coming years.

I think objective [is a word I would associate with the PHSO]. Trying to take an objective appraisal, a completely independent perspective, and where there are issues, even though they may be uncomfortable, being prepared to call it straight. Equally, going back to the complainant and being prepared to say, 'Look, yes, clearly some things are not as they should have been but overall we think your issue was handled appropriately.'

Health stakeholder

Rather than seeking to influence complaints policy, stakeholders say that they would prefer to see the PHSO step up to be a thought leader in the complaints space. In this sense, a 'thought leader' is seen to be an organisation bringing together learnings from across the cases it investigates to promote best practice. The strength of the PHSO is seen to be its overarching view of the complaints sector, therefore it can maximise its impact in bringing together findings from across the sectors in which it works so that organisations can learn from the mistakes and successes of others in dealing with complaints.

One aspect that can be seen to work against the PHSO in terms of its perceived objectivity is its handling of media stories. On occasion, stakeholders who are from organisations the PHSO investigates say that they think the **findings of their cases may have not been fairly represented**, creating a good media story rather than a press release of the balanced findings of the report.

AUTHORITATIVE

The statement 'authoritative' was **met with some queries from stakeholders**, as it is not clear to all in what way the PHSO would seek to be authoritative, **beyond its core remit of being the final adjudicator** and having authority in the final results of complaints. In this sense, as the final adjudicator, the PHSO is seen to be authoritative.

The PHSO's authority **can be negatively perceived in terms of investigations**. Organisations the PHSO investigates want to have closer engagement with the PHSO during the investigation process, demonstrating a shared goal of resolving complaints. However, striking the balance between the PHSO being an independent authority as a separate entity to the organisation the PHSO is investigating, and maintaining transparency is a key problem for stakeholders. **At present, investigators can be seen as too 'authoritative' at times, blocking opportunities for stakeholders to understand more about the investigations process, or helping to facilitate investigations in their organisation.**

*[Justification for not choosing authoritative as a word associated with the PHSO]
I think the term authoritative suggests that it's less of a partnership and more being told what to do, whereas paradoxically the PHSO would have more authority by being less authoritative.*

Health, priority stakeholder

EFFECTIVE

Overall, **effective falls within the bottom three words** associated with the PHSO for each stakeholder group. **A key barrier** to the PHSO not being perceived more routinely as effective **is communication**. There is work to be done to communicate more effectively what the PHSO does as a whole, and specifically the investigations process. Further details about this can be found later in this report.

Clarifying what the PHSO does, specifically in terms of investigations as outlined in the 'role and remit' section of this report is likely to help stakeholders understand a more complete picture of the PHSO's work. Stakeholders note that with the **current lack of transparency around the PHSO's work**, it is difficult to judge how effective or ineffective it is as an organisation. In part, this is compounded by stakeholders only being aware of the part of the PHSO's work that affects the sector to which each organisation belongs, thus meaning it is rare for stakeholders to know about the whole of the PHSO's work and therefore be able to make a judgement about its effectiveness.

I think that, in terms of effectiveness, their performance figures show that they doubled their output in terms of investigations. That doesn't necessarily mean that the previous ombudsman was half as efficient as the current one, I think it's partly to do with recognising what they do as investigations.

UK government body, priority stakeholder

INFLUENTIAL

The PHSO **is seen to be influential to some extent**. Similar to objectivity in terms of thought leadership and media coverage, there is a divide perceived by stakeholders between the media stories *"that get themselves into the Daily Mail"*, compared to promoting thought leadership in the complaints space. Stakeholders say that it has **untapped potential in this area** if it alters its focus away from media headlines, and instead promotes thought leadership and partnership working. **Specific reports, such as 'My Expectations' have been cited as an indication that the PHSO is becoming more influential**. Positively for the PHSO, this is seen to be an area in which it can build upon and improve in the coming years.

I think possibly trying to take some leadership in the space and learning from the cases that they do. Do they produce an annual review of complaints? I would certainly think it would be a really good idea to have a 'here's the story of how the system as a service is handling complaints in the last year, or the year past, as it were. [Additionally], what the things dealt with by the Ombudsman have shown about how the system handles complaints. Thirdly, within those complaints, these are the main issues that have been thrown up, whether it's poor communication or incompetence by a professional or most of them are actually systems not individuals, or whatever else it is.' Producing this equivalent of an annual, 'state of the nation' might get more attention in this world where everybody is clamoring for attention.

Health stakeholder

VISIBLE

Stakeholders query the extent to which the PHSO should be visible, and among which audiences. However, stakeholders note that it is **not necessarily part of the PHSO's core remit to be self-promoting**. The PHSO is believed to have a key role in the complaints space, and therefore **its visibility in the sector is not problematic**.

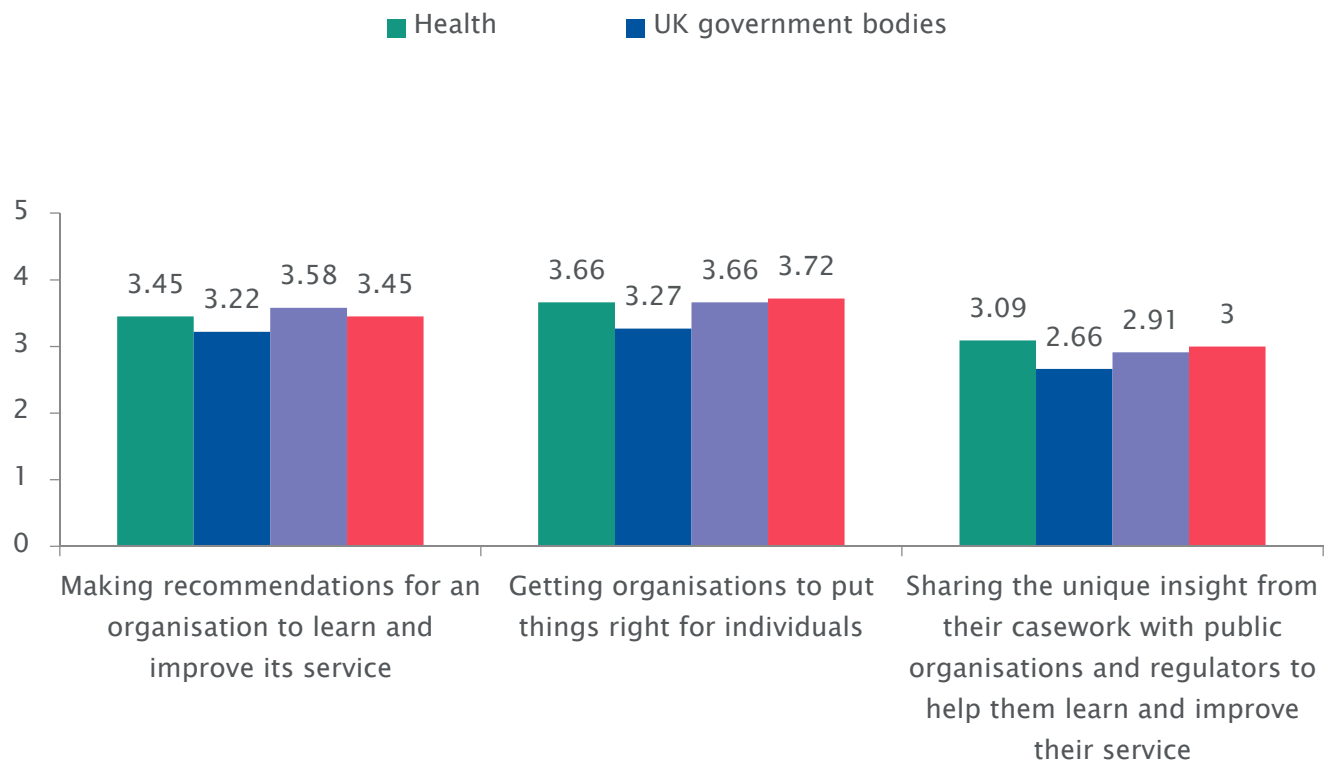
However, in terms of visibility among the public, **stakeholders do not think that promoting this should necessarily be a high priority**, as those looking for the PHSO will easily come across it either via recommendation or through searching the internet. Priority stakeholders in particular indicate that the PHSO becoming more visible to the public could be problematic for stakeholders.

They're visible to me because I see them all the time, but I don't think they're particularly visible to members of the public... You know, they don't immediately think, 'Ah, I must go to the ombudsman.'

UK government body, priority stakeholder

2. DIFFERENCES IN PERCEPTIONS OF PERFORMANCE BY AUDIENCE

Figure 6: Perceptions of how well or badly the PHSO performs: by audience



Base: All respondents who answered each question. Variable base (n=33 to n=36). Mean scores out of 5

| Sector | Mean scores (/5) | Analysis |
|-----------------------|--|--|
| Health | <p>Making recommendations for an organisation to learn and improve its service: 3.45</p> <p>Getting organisations to put things right for individuals: 3.66</p> <p>Sharing the unique insight from their casework with public organisations and regulators to help them learn and improve their service: 3.09</p> | <p>Health stakeholders are more likely than either UK government bodies or ‘Other’ stakeholders to say that the PHSO performs well on each of the metrics tested, in that each mean score is greater than 3. This indicates that Health stakeholders have a more consistent view of the PHSO’s work in each of the areas of its work.</p> |
| UK government bodies | <p>Making recommendations for an organisation to learn and improve its service: 3.22</p> <p>Getting organisations to put things right for individuals: 3.27</p> <p>Sharing the unique insight from their casework with public organisations and regulators to help them learn and improve their service: 2.66</p> | <p>UK government bodies have the lowest mean scores for each of the metrics tested, of any stakeholder group. Despite the positivity around the CGCF, UK government bodies would like a more transparent working relationship with the PHSO in terms of investigations.</p> |
| ‘Other’ | <p>Making recommendations for an organisation to learn and improve its service: 3.58</p> <p>Getting organisations to put things right for individuals: 3.66</p> <p>Sharing the unique insight from their casework with public organisations and regulators to help them learn and improve their service: 2.91</p> | <p>‘Other’ stakeholders give the PHSO a high mean score on making recommendations for an organisation to learn and improve its service, and for getting organisations to put things right for individuals. However, this group would like to see the PHSO become more of a thought leader in the space, hence the lower mean score for sharing unique insight.</p> |
| Priority stakeholders | <p>Making recommendations for an organisation to learn and improve its service: 3.45</p> <p>Getting organisations to put things right for individuals: 3.72</p> <p>Sharing the unique insight from their casework with public organisations and regulators to help them learn and improve their service: 3.00</p> | <p>Priority stakeholders tend to be more positive overall about the PHSO’s work. This often stems from having a more holistic view of the work of the PHSO, with some stakeholders having held numerous roles with contact with the PHSO throughout their professional careers. This leads them to have a more defined view of the PHSO’s work, and therefore higher mean scores. In part, this is because these priority stakeholder contacts are not dealing with complaints day-to-day, and therefore have a more strategic rather than granular view of activities. This finding was additionally seen in 2014.</p> |

APPENDIX B: ATTRIBUTIONS



ATTRIBUTIONS

We would like to thank the following stakeholders for their time participating in the research for the PHSO in 2015:

The Adjudicator's Office
Royal College of Nursing
Department for Transport
Sepsis Trust
Macmillan Cancer Support
CQC
NI Ombudsman
Monitor
NICE
NCPC
Student Loans Company
Kings Fund
National Offender Management Service
HMRC
Royal College of Midwives
NHS Confederation
BMA
Department for Work and Pensions
FCO
Healthwatch
Independent Complaint Resolution Service

LGO
Medical Defence Union
Royal College of Physicians
SEAP
UKVI
VCSE

...

Eight stakeholders who are confirming their attribution levels at present

...

Plus eight stakeholders who wished to remain anonymous.





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