

# WHERE CAN PPO ADD MOST VALUE?

- Don't always look at intent/motivation
- We don't celebrate good practice – PPO could emphasise positive work. Is that our role? Are we clear enough about what our role is?
- Could the PPO organise a round table discussion with key players re property complaints?
- Natural causes death: carry out the clinical review, then decide if the case merits a full investigation
- Separate reports for prison and healthcare?
- PPO should not use IMB for monitoring the implementation of recs
- Recs should be more specific, more bespoke
- Triage cases better
- Tailor the report to concentrate on the most important recommendations rather than a blizzard of minor points
- Concentrate on self-inflicted rather than foreseeable natural causes
- Highlight the good
- Bring cumulative knowledge to policy makers
- Keep doing these types of events.
- Repeated recommendations require a different system of escalation – e.g. to the CEO. PPO should have regular regional/group contact
- Influence improvements to healthcare provision through our recommendations
- Ascertain at FAC stage whether recs are achievable/realistic.
- Post publication of final report, PPO could then go back to the Governor as part of a direct conversation to discuss recs
- Are the PPO focussing too much on the micro and not the macro? Not addressing wider issues in the prison: staffing/resources/context
- Use thematics to highlight poor HMPPS policy, not just poor application, and try to link these with central policy review
- Are we investigating the wrong thing? Why do we investigate some natural causes deaths?
- We need to enhance our impact at HQ – PPO undervalued there. PPO reports should be one of the sources for policy change
- Formalise any early learning to Governors from investigations – inside the 26 week timeline for investigations (i.e. Provisional Early Recs)
- Connectivity between organisations is key. Early engagement post-incident