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14 August 2014

Mrs Brenda Prentice

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Dear Mrs Prentice

I refer to your recent e-mail correspondence dated 6 August 2014 (request-223671-c9a9b82e); 6 August 2014 (request-213620-59ff873e) and 10 August 2014 (request-217060-06130c15) in relation to the requests for information you have previously raised under the Freedom of Information Act 2000.

As I have said in previous correspondence, it has been at times difficult to distinguish the requests you are making as aspects of them significantly overlap. In your e-mail of 10 August 2014 you indicate *"Please use any of the requests made about this, but answer the question...combine the requests if you wish, but please don't prevaricate"*. I therefore propose to respond to all of the outstanding points in this one letter and trust this will meet with your requirements.

In relation to both complaints and claims and litigation you have asked:

- **"How does the Partnership make sure Trustee Board members know what is going on in the organisation they are responsible for, in a fair and transparent way, not just simply given meaningless statistics"**

In our response to one of your original requests regarding complaints (request-217060-06130c15) we provided you with details of the wide range of reports that are provided both to the Board and to the Council of Governors in respect of complaints, monthly, quarterly and annually.

These are available to the public on the Trust website and Board and Council of Governor meetings are open to the public to attend and observe. The documents can be found via either of the links below:

http://www.sompar.nhs.uk/about_us/publications/board_papers/
<http://www.sompar.nhs.uk/members/>

Chairman: Stephen Ladyman Chief Executive: Edward Colgan



I am therefore applying an exemption under Section 21 (information already reasonably accessible) of the Freedom of Information Act 2000.

As I explained in the original response, complaints are reviewed monthly through the Trust's Clinical Governance Group, which is chaired by the Director of Nursing and Patient Safety and includes the Medical Director, to identify and consider any issues of clinical governance arising from complaints. Non-Executive Directors attend these meetings as observers and copies of the papers are available to all members of the Board. I attach an example of the report that goes to the Clinical Governance Group which includes detail of the issues raised, responses made and actions taken to address concerns.

A report on complaints is also reviewed quarterly by the Trust's Regulation Governance Group, which is chaired by the Director of Governance and Corporate Development and includes the Director of Human Resources & Workforce Development, the Director of Nursing and Patient Safety and the Chief Operating Officer, to consider compliance with standards and regulations arising from complaints. Again, Non-Executive Directors attend these meetings as observers and papers are available to all Board members. I attach an example of the report that goes to the Regulation Governance Group.

The Chief Executive personally signs all complaint responses and therefore has an overview of all issues and concerns raised about Trust services.

As you will see from the above, all members of the Board are provided with information regarding complaints on a regular basis and the opportunity to review this. This includes detail of the complaints raised, responses made and actions taken to improve services.

As also indicated previously, the Trust has been party to a peer review of its handling of complaints, working with the Patients Association, Somerset Clinical Commissioning Group, Taunton and Somerset NHS Foundation Trust and Yeovil District Hospital NHS Foundation Trust.

The Trust has done a great deal of work to improve its complaints handling processes since the appointment of its new Patient Experience Manager in September 2013 and the report of the findings of the Patients Association Peer Review indicate:

"Conclusions

1. *In conclusion, the reviewers identified many examples of good practice with none of the cases reviewed scoring less than satisfactory. In the further three Somerset Partnership complaint cases reviewed the overall scores show that:*
 - *one was deemed good with an overall score of 4.3*
 - *one was deemed satisfactory with an overall score of 3.3*
 - *one deemed satisfactory (nearly good) with an overall score of 3.9*

This represents a big improvement and a major achievement by the trust as these scores compare with scores of 1.0, 1.1 and 2.0 in the first peer review.

2. *The good practice which panellists noted included:*

- *good initial contact with the complainants to agree how the complaint will be handled;*
- *good (new) management plan process for handling complaints;*
- *robust systems to ensure correct time-keeping and adherence to standards;*
- *courteous, well-phrased and comprehensive final response letters from the Chief Executive.*

3. *Reviewers identified the following areas for improvement:*

- *ensure there is full evidence to support the conclusions reached by the Lead Investigator, not just by implication in the response letter;*
- *in clinical cases introduce an objective clinical decision-maker to check the risk assessment and undertake a review of the investigation;*
- *in all cases ensure a robust and thorough investigation, identifying any areas of dispute and taking steps to adjudicate and provide evidence for conclusions reached.*

4. *Overall, the trust has achieved an impressive improvement and appears to have established a strong complaints handling process, which can provide the framework for further development in order to bring all complaints handled to a 'Good' Standard."*

I enclose a copy of the final report which has now been published, since the date of your original request.

With regard to claims and litigation, as indicated in my original response, reports on claims and litigation are considered quarterly at the Trust's Regulation Governance Group which, as indicated above, is chaired by the Director of Governance and Corporate Development and includes the Director of Human Resources and Workforce Development, the Director of Nursing and Patient Safety and the Chief Operating Officer, to consider compliance with standards and regulations arising from complaints. Again, Non-Executive Directors attend these meetings as observers and papers are available to all Board members.

The Regulation Governance Group reports to the Integrated Governance Committee, a sub-committee of the Trust Board comprising of Non-Executive and Executive Directors. The minutes of the Integrated Governance Committee are presented quarterly to the public session of the Board meeting.

On complaints you have also asked:

- **"Minutes of meeting 24 Nov 13, Page 9 - 'It was queried whether Non-Executive Directors could have access to more detailed information for all complaints. The Chairman asked the Executive Team to consider how information can be made available to non-Executive Directors'. I find it difficult to find any reference to more detailed information being given to**

Board members. Please direct me to where I can find it, or if it has not been dealt with please say why”

I believe that you are referring to the meeting held on 24 September 2013. The Action Notes of the meeting, published and discussed in the public meeting held on 26 November 2014, state:

To consider how background information on complaints can be made available to Non-Executive Directors.	Phil Brice	November 2013	Monthly complaints reports will be uploaded onto Accellion.
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Accellion is a document system used to make information viewable to Non-Executive Directors and other staff through tablets and other devices. The information made available monthly is the report made to the Clinical Governance Group, an example of which is enclosed.

The minutes and action notes of the meeting are available on the Trust website at

http://www.sompar.nhs.uk/about_us/publications/board_papers/

Finally, with regard to your request for an internal review of your request 213620-59ff873e@whatdotheyknow.com, you have asked of the investigating officer, Mrs Michele Crumb, Head of Risk:

- **“What correspondence she was given access to”**

As indicated in Mrs Crumb’s response, she considered all correspondence relating this specific request, namely:

- Your request by e-mail of 26 May 2014
- The Trust’s acknowledgement letter of 28 May 2014
- The Trust’s response letter of 5 June 2014
- The evidence folder including the information provided and the links to the Trust website etc. that were identified in the letter
- Your request by e-mail for an internal review dated 19 July 2014

In addition, Mrs Crumb would have had access to the other requests you have made, under the references listed at the top of this letter, which are also available on the whatdotheyknow.com website.

I believe that this letter answers the outstanding issues in respect of all of the applications you have raised with the Trust.

Yours sincerely

A handwritten signature in black ink, appearing to read 'P Brice'.

PHIL BRICE

Director of Governance and Corporate Development

If you are unsatisfied with this response, you can write to the Chief Executive at the address supplied at the top of the letter; please quote the reference number. If you remain dissatisfied with the response you receive from the Trust you retain the right to progress any complaint under section 50 of the Freedom of Information Act 2000 by writing to the Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.