

# COMPLAINTS, LITIGATION INCIDENT AND PALS (CLIP) QUARTERLY REPORT

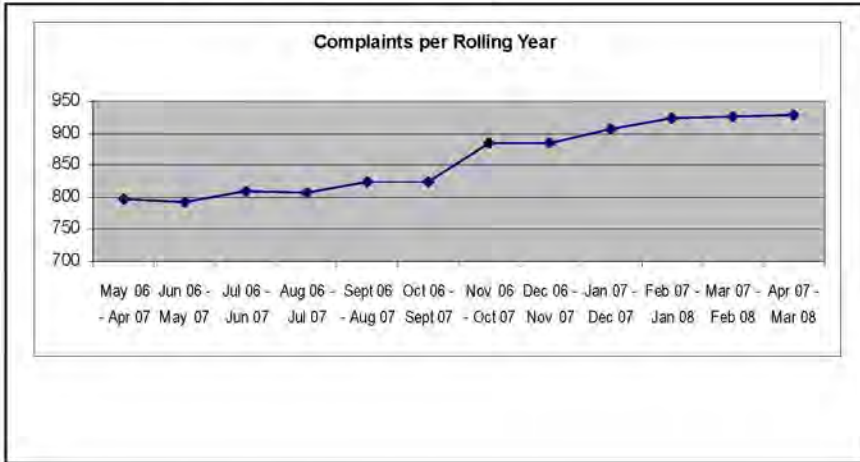
**Code A**

**Head of Risk Management, Complaints &  
Legal Services  
June 2008**

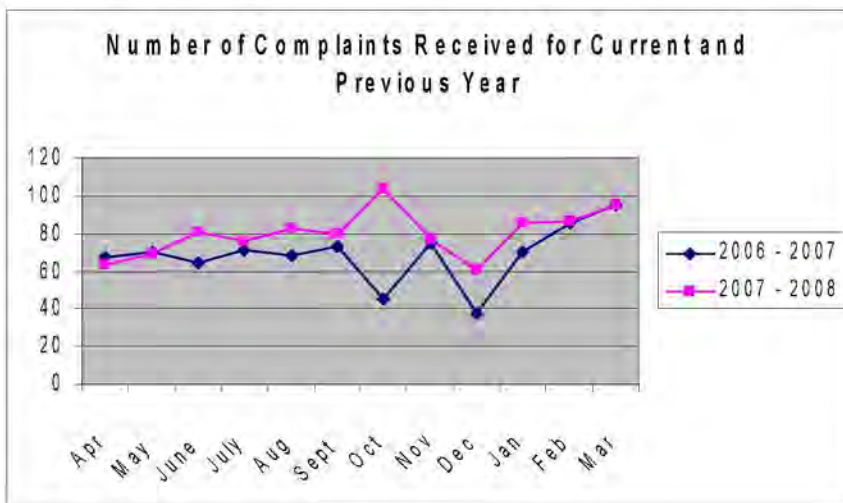
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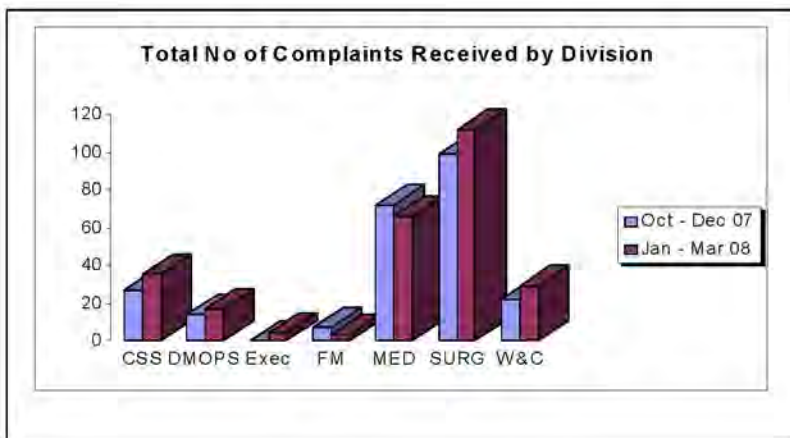
**COMPLAINTS – Aggregated Report**



The number of complaints received per year has increased slightly to 859; previously 824

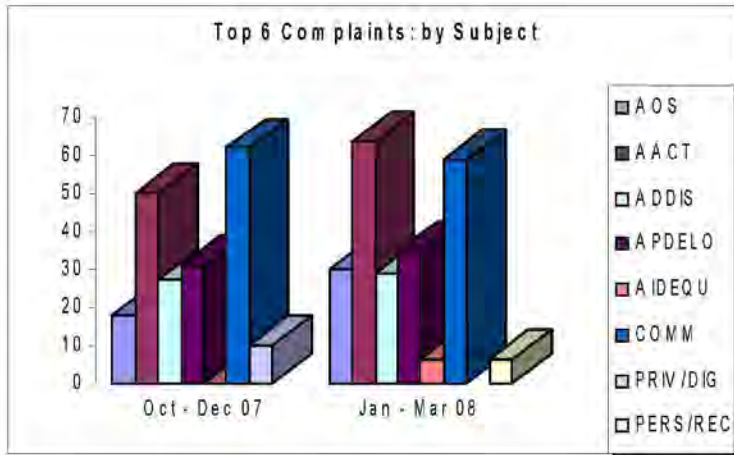


The number of complaints received ranges from 60 per month to 104, with an average of 80 per month for the year 2007 – 2008, compared to 68 per month for the year 2006 - 2007



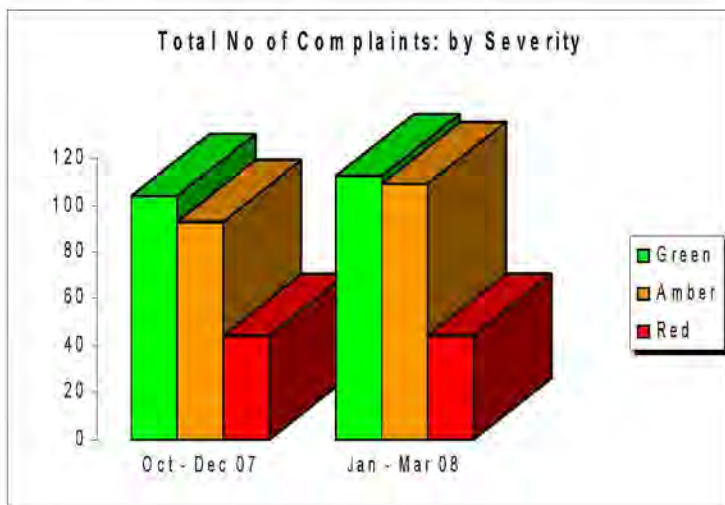
It should be noted that no complaints were received by MOD

	Oct – Dec 07	Jan – Mar 08
Medicine	0.17%	0.16%
Surgery	0.13%	0.15%
W&C	0.13%	0.14%



Key	
AOS	Attitude of staff
AACT	All aspects of clinical treatment
ADDIS	Admission / discharge
APDELO	Appt delay / cancellation: o/pt
AIDEQU	Aids and equipment
COMM	Communication
PRIV/DIG	Privacy and Dignity
PERS/REC	Personal Records

For the quarter January to March 2008 the top 6 complaints as a percentage of the total complaints received were as follows: 11% for AOS, 24% for AACT, 11% for ADDIS, 13% for APDELO, 22% for COMM, 2% each for PERS/REC and AIDEQU. The remaining complaints received form the balance of 15%. The subject of the top 3 complaints remains the same.



	Oct - Dec 07	Jan - Mar 08
Green	104	113
Amber	93	109
Red	44	44

**Time taken to close complaints**

	Oct		Nov		Dec		Jan		Feb		Mar	
	No	%	No	%	No	%	No	%	No	%	No	%
Complaints received	104		77		60		85		86		95	
Acknowledged within 2 working days	104	100	77	100	60	100	85	100	86	100	85	100
Total Closed within 25 working days	89	<b>89</b>	69	<b>90</b>	49	<b>82</b>	71	<b>84</b>	64	<b>74</b>	81	<b>85</b>

**Backlog – the current situation**

Days over	Now Closed	Reasons for Delay	Days over	Still Open	Reasons for Delay
1-10	19	9 Late responses 2 Late signing 3 Complex complaints 5 Pressure of work	1-10	4	4 Late responses
11-20	15	12 Late responses 1 Late signing 2 Complex complaints	11-20	2	2 Late responses
21-30	1	1 Late response	21-30	3	3 Late responses
31-40	Nil		31-40	Nil	
41-50	Nil		41-50	Nil	
50+	Nil		50+	Nil	

## Healthcare Commission (HCC) status: 1 July 2004 – present

	1 July 04 – 31 Mar 08
Number of PHT complaints referred to HCC	118
Number of PHT responses sent to HCC	118
Number of PHT outstanding responses to HCC	0
<b>Outcomes</b>	
Number referred back for further local resolution	88
Number requiring no further action by PHT	23
Number for which PHT still awaiting comment from HCC	5
Number rejected by HCC	2

### **Please Note:**

We have been notified that 4 additional complaints have been referred to the HCC in this reporting period.

## LITIGATION Claims Closed

<b>JANUARY</b>					
Date of Incident	Division	Specialty	Synopsis	Outcome	Comments
14/01/1999	W&C	Obs/mat	Alleged that excessive force used by midwife -> Erb's Palsy	Settled for £40,000	Treatment was nine years ago: number of changes for dealing with shoulder dystocia introduced since that time
10/08/2000	W&C	Obs/mat	Alleged failure to identify post-natal MRSA infection	Dropped	Whole episode review: treatment appropriate
01/03/2001	W&C	Obs/mat	Alleged care led to cerebral palsy	Dropped	Whole episode review: treatment appropriate
29/12/2001	W&C	Child	Alleged failure to diagnosis dislocation of hip	Dropped	Whole episode review: treatment appropriate
16/11/2003	Surgical	Ortho	Claimant had fixation of right thumb -> infection -> x2 further procedures	Dropped	No action required: treatment appropriate
18/02/2004	Surgical	Ortho	Alleged negligently performed left bunionectomy (Netcare)	Settled for £8,500	Review of Netcare initiative. Consultants now closely monitored with work integrated into departmental workload + use of own theatre staff
16/02/2005	Surgical	Gen Surg	Alleged failure to carry out regular x-rays while being treated for breast cancer -> failure to diagnosis secondaries	Settled for £25,000	Consultant agreed x-rays should have been undertaken prior to mastectomy
09/05/2005	Medical	Cardio	Claimant seeking reimbursement of private medical treatment	Dropped	No action required: treatment appropriate
07/02/2006	CSS	DiagM	Claimant alleged she was hit over head by scanner, whilst getting onto bed	Dropped	Investigation revealed accident could not have happened as described
<b>FEBRUARY</b>					
07/11/2003	Medical	Emerg	Alleged failure to remove all glass shards from facial wound -> unlikely to regain any further feeling or improvement in symptoms	Settled for £3,500	Whole episode review: treatment appropriate
04/12/2003	Surgical	Ortho	Claimant alleged nerve damage following left hip/pelvis	Dropped	Whole episode review: treatment appropriate
29/07/2004	Surgical	Gen Surg	Muslim family allegedly not aware that when they washed body of deceased (in accordance with tradition) that he was MRSA positive	Dropped	Whole episode review: treatment appropriate
10/05/2004	Surgical	Gen Surg	Alleged development of infection in abdominal ulcer wound -> complication and long recovery	Settled for £10,000	Processes re antibiotics and consent strengthened since incident
12/08/2004	Surgical	Gen Surg	Alleged misdiagnosis of breast cancer and subsequent unnecessary treatment	Dropped	Whole episode review: treatment appropriate
21/10/2004	W&C	Obs/mat	Alleged poor general hygiene standards e.g. whether MRSA should have been detected and treated before discharge	Dropped	Whole episode review: treatment appropriate
01/01/2005	W&C	Gynae	Alleged pain following full hysterectomy	Dropped	Claim never pursued

05/01/2005	Surgical	Ortho	Alleged increase in pain following total knee replacement (Netcare)	Dropped	Whole episode review: treatment appropriate
20/01/2005	Medical	Emerg	Claimant alleged ultrasound not used prior to cortisone injection	Dropped	Whole episode review: treatment appropriate
27/02/2005	Medical	Emerg	Alleged failure to identify initial fracture of fibula [Previously subject of a complaint]	Dropped	Error discussed with junior doctor for future practice
20/03/2005	W&C	Obs/mat	Alleged failure to identify and remove retained products following a miscarriage [Previously subject of a complaint]	Dropped	Whole episode review: treatment appropriate
12/05/2005	W&C	Gynae	Alleged physical and psychological symptoms following hysterectomy	Dropped	Whole episode review: treatment appropriate
01/11/2005	Surgical	Gastro	Colon perforated during colonoscopy and polypectomy	Dropped	Perforation is recognised risk of this procedure and claimant was warned prior to procedure
26/12/2005	Surgical	Max-fax	Alleged failure to take reasonable care when harvesting bone graft from skull -> haemorrhage and urgent referral to SUT	Dropped	Claimant's skull unusually thin and this could not have been anticipated
13/04/2006	Medicine	Cardio	Alleged negligence when performing angioplasty	Dropped	Whole episode review: treatment appropriate
23/10/2006	Surgical	ENT	Alleged removal of adenoids -> deafness and depression	Dropped	Whole episode review: treatment appropriate
03/10/2007	Surgical	Ortho	Claimant alleges negligence in the performance of an arthroscopic decompression [Previously subject of a complaint]	Settled for £5,000	A number of modifications and improvements made to equipment
<b>MARCH</b>					
30/04/2000	Surgical	Emerg	Alleged failure to diagnose and treat skull fracture -> pneumococcal meningitis	Dropped	Whole episode review: treatment appropriate
09/10/2001	Surgical	Gastro	Alleged failure to treat septicaemia	Dropped	No action possible as relevant section of notes missing
07/08/2003	Surgical	Gen Surg	Alleged failure to provide adequate care whilst an inpatient [Previously subject of a complaint]	Dropped	Whole episode review: treatment appropriate
16/09/2003	W&C	Obs/mat	Claimant alleges medication thinned her blood -> putting baby at risk -> baby died	Dropped	Whole episode review: treatment appropriate
12/11/2003	Surgical	Ortho	Claimant alleged toe surgery not performed correctly (Netcare)	Dropped	Whole episode review: treatment appropriate
22/10/2004	Medical	Emerg	Alleged failure to recognise circulatory problems -> leg amputation	Dropped	Whole episode review: treatment appropriate
06/01/2005	Medical	Cardio	Claimant alleged cardiac valve replacement undertaken at King Edward VII at request of PHT was performed negligently or valve was faulty	Dropped	Claim never pursued
01/02/2005	Surgical	ENT	Alleged failure and treatment for cholesteatoma	Dropped	Delayed diagnosis: clinician aware
13/04/2005	Surgical	Ortho	Alleged requirement to rebuild top of femur following a pelvic operation + alleged delay in providing physiotherapy [Previously subject of a complaint]	Dropped	There was a delay in physiotherapy due to admin but it is not considered that this was a contributory factor to failure of op
22/04/2005	Surgical	Ortho	Alleged complication during reconstruction of cruciate ligament -> further incision + skin and muscle graft	Settled for £125,000	Surgery was sub-standard. Locum surgeon who performed operation has left PHT but a review of 11 cases, 4 of which raised concerns.
01/09/2005	Medical	Gen Med	Alleged failure to diagnose and treat polycythaemia and respond to claimant's and GP's concerns re TIAs [Previously subject of a complaint]	Dropped	Whole episode review: treatment appropriate
25/01/2006	Surgical	Gen Surg	Alleged failure to treat MRSA	Dropped	Whole episode review: treatment appropriate

**Potential Claims** (i.e. request for copy records from solicitors, who are investigating potential claims against the Trust)

Claim Date	Division	Specialty	Synopsis
<b>JANUARY</b>			
11/01/2008	Medical	Cardio	Angiogram/angioplasty delayed due to outbreak of Norovirus. Claimant claiming reimbursement of costs for private treatment
08/01/2008	Surgical	Ortho	Alleged delay in treatment of prolapsed disc and nerve compression
30/01/2008	Surgical	Gen Surg	Alleged failure to take appropriate/adequate steps to prevent infection
24/01/2008	W&C	Obs/maty	Alleged breach of duty following birth of first child
<b>FEBRUARY</b>			
07/02/2008	W&C	Gynae	Claimant alleges surgeon removed polyp without adequate pain relief -> distress/depression
12/02/2008	Surgical	ENT	Alleged paralysis of lower limbs following ENT procedure
27/02/2008	Surgical	Gen Surg	Claimant alleges that difficulty in placing line -> blood infection -> heart valve surgery
28/02/2008	Surgical	Gen Surg	Alleged perforation of ureters during surgery -> patient died [Also subject of an inquest]
11/02/2008	W&C	Obs/maty	Alleged failure to note family history -> complications -> death of mother. Baby also damaged during birth process and is disabled
12/02/2008	W&C	Obs/maty	Alleged mismanagement of labour and delivery
<b>MARCH</b>			
17/03/2008	Medical	Cardio	Underwent an angioplasty but suffered heart attack and died the following day
19/03/2008	Medical	MAU	Alleged poor standard of care -> patient's death
25/03/2008	Surgical	Gen Surg	Alleged failure to diagnose bowel damage/trauma following surgery
25/03/2008	Surgical	Orthos	Alleged failure to diagnose elbow fracture -> further surgery required later in life
26/03/2008	Surgical	Ortho	Alleged failure to diagnose a sarcoma
06/03/2008	W&C	Obs/maty	Alleged negligence during the delivery of twins
19/03/2008	W&C	Obs/maty	Alleged complications during labour

**Total claims received**

	Jan – Mar 07	Jan – Mar 08
Potential clinical negligence	23	17
Employer liability	5	3
Public liability	1	0
<b>TOTAL</b>	<b>29</b>	<b>20</b>

**Inquests**

	Jan – Mar 07	Jan – Mar 08
Coroner request for report	42	23
Staff required to attend inquest	5	25

The number of potential claims has reduced slightly this quarter

There has been a small decrease in the number of requests for the Coroner this quarter. We believe that the drop in numbers may be because the Coroner is currently experiencing staffing problems and the cases are not being processed as quickly as usual. However more staff have been required to attend inquests.

## Small Claims

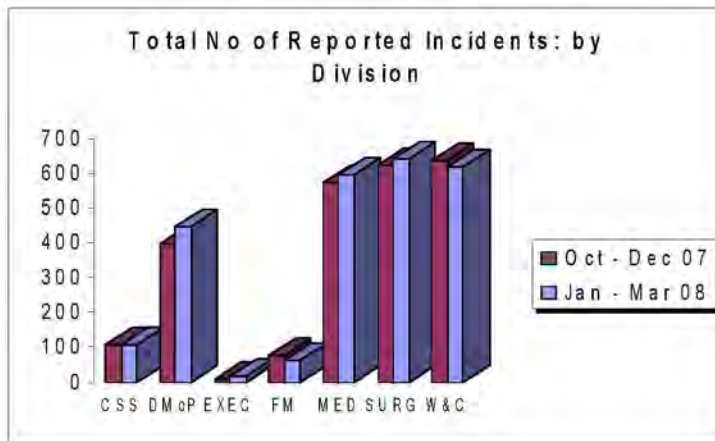
<b>CLAIMS PAID</b>	
<b>January – March 2008</b>	
<b>CLINICAL SUPPORT SERVICES</b>	
Travel (wrong appt and venues given)	109.00
<b>TOTAL</b>	<b>£109.00</b>
<b>MEDICAL</b>	
Clothing	162.00
Dentures	294.00
Glasses	595.50
Personal Alarm	50.00
Money	78.00
<b>TOTAL</b>	<b>£1171.50</b>
<b>SURGICAL</b>	
Dentures and repairs to dentures	340.00
Clothing + 2 walking sticks	50.00
<b>TOTAL</b>	<b>£390.00</b>
<b>WOMEN &amp; CHILDREN</b>	
Clothing	55.00
<b>TOTAL</b>	<b>£55.00</b>

<b>CLAIMS NOT PAID: January – March 2008</b>		
<b>Amount</b>	<b>Items</b>	<b>Reason for non-payment</b>
2.80	Parking	Although delayed, they did receive treatment
2.80	Parking	Although delayed, they did receive treatment
2.80	Parking	Patient had been informed of cancellation
54.00	Keys/New Door Locks	Keys lost but found within 2 days
1,078.00	Hearing Aid	Patient deceased. [NOK threatening to take Trust to small claims court]
33.99	Wash bag and contents	Patient deceased
45.00	Travel	Patient did not fit criteria for NHS transport

Total small claims paid = £ 1725.50  
 Total small claims not paid = £ 1219.39



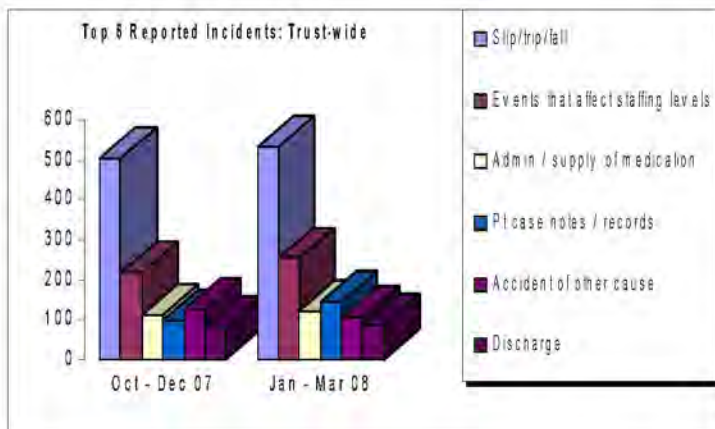
### INCIDENTS – Aggregated Report



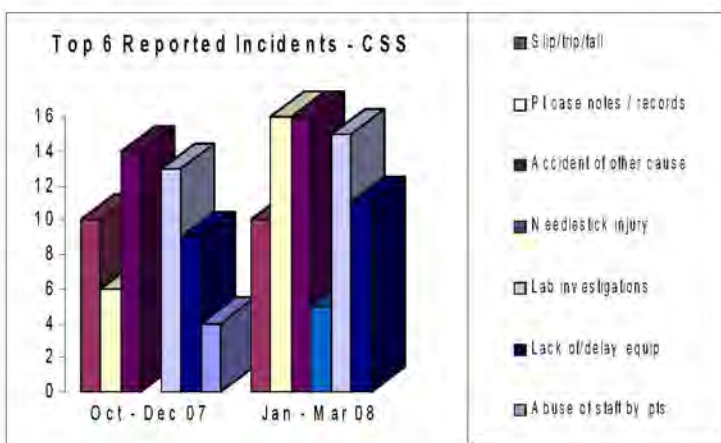
A total of 2494 incidents were reported in the quarter Jan – Mar 08 compared to 2432 in the previous quarter

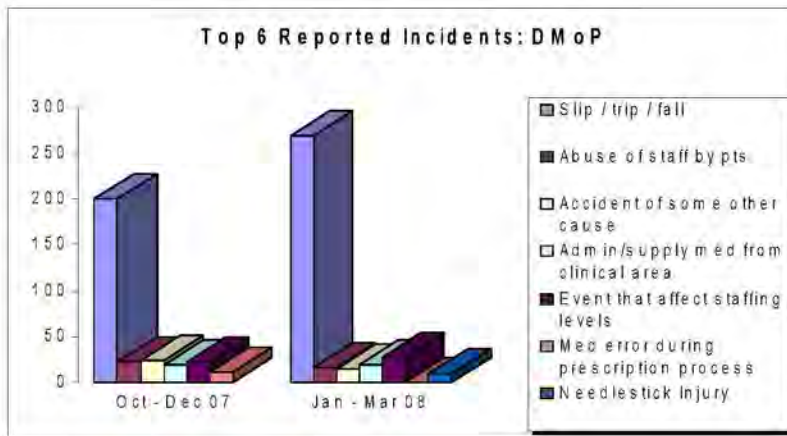
**Reported Incidents as Percentage of Clinical Activity**

	Oct - Dec 07	Jan – Mar 08
Medicine	1.3	1.4
Surgery	0.8	0.8
W&C	3.8	3.0



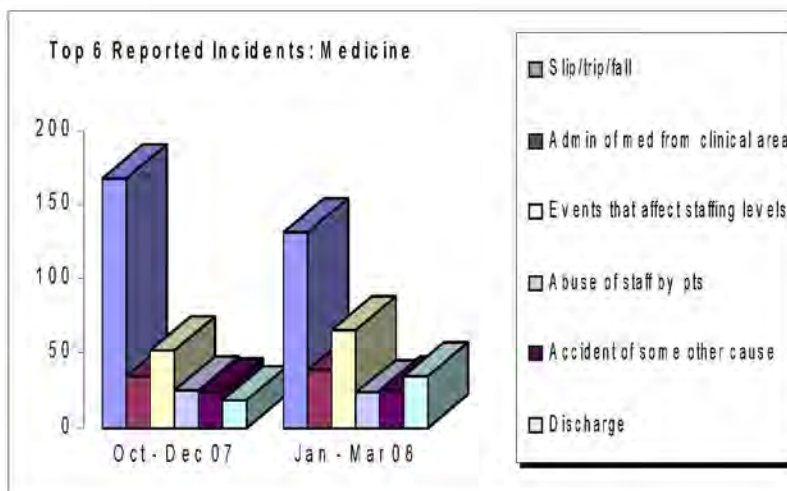
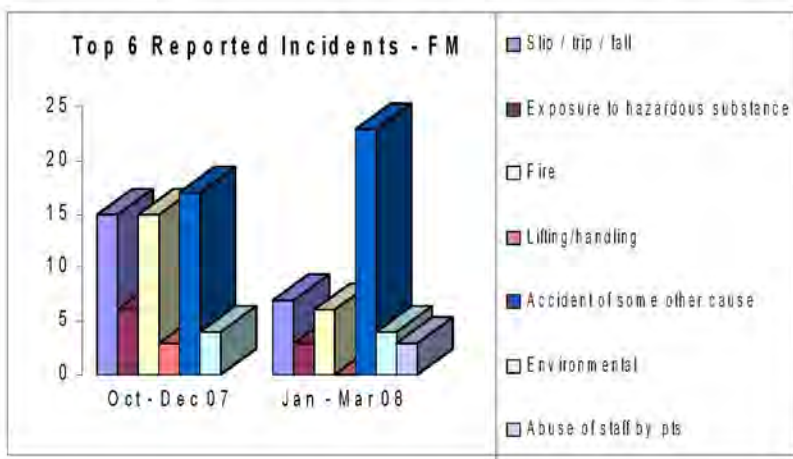
The graph opposite demonstrates that the top 6 reported incidents have remained largely similar over the two quarters.





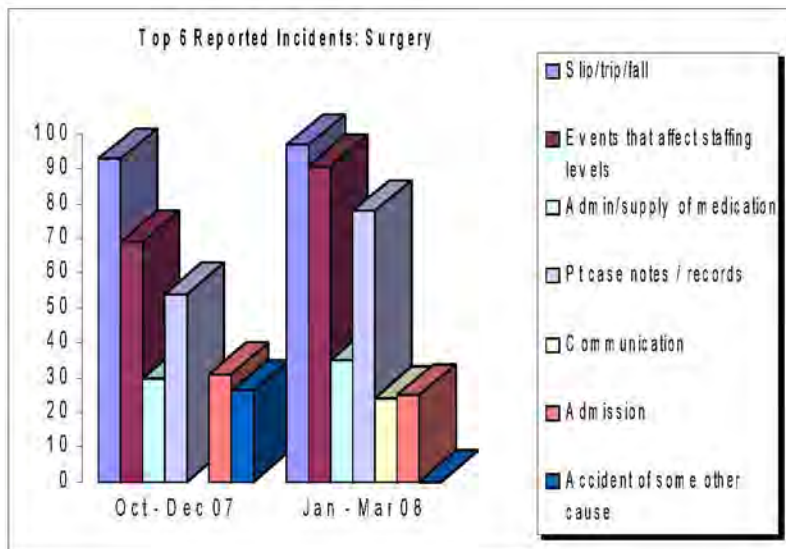
These graphs demonstrate that slips/trips/falls has been the most reported incident in both quarters.

No graph has been produced for the Executive Division, as there were only 13 reported incidents



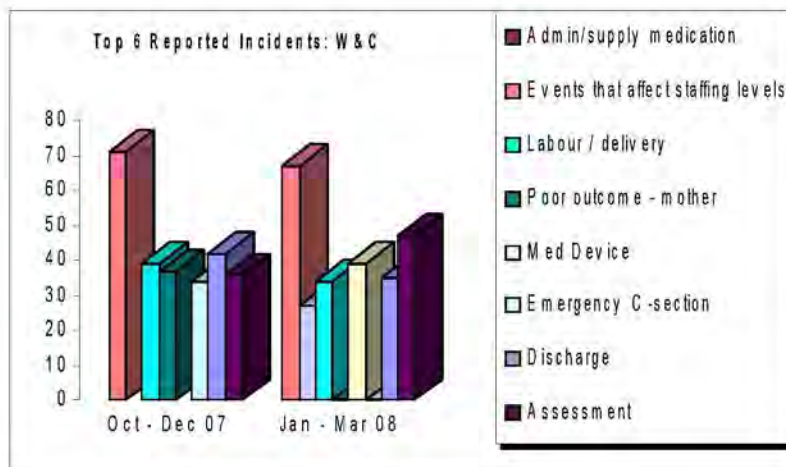
Slips/trips/falls and medication errors remain two of the top three reported incidents and have done so for the past 9 quarters

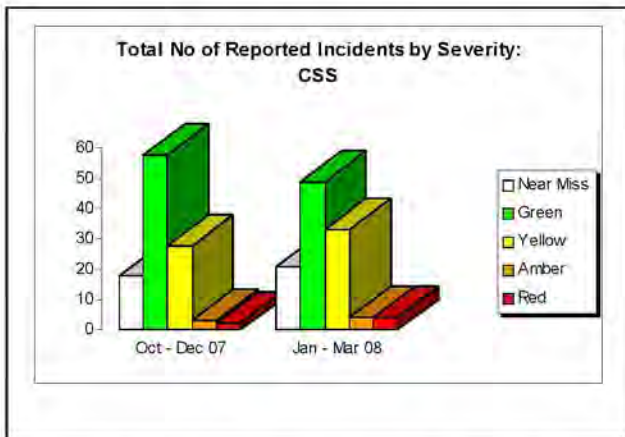
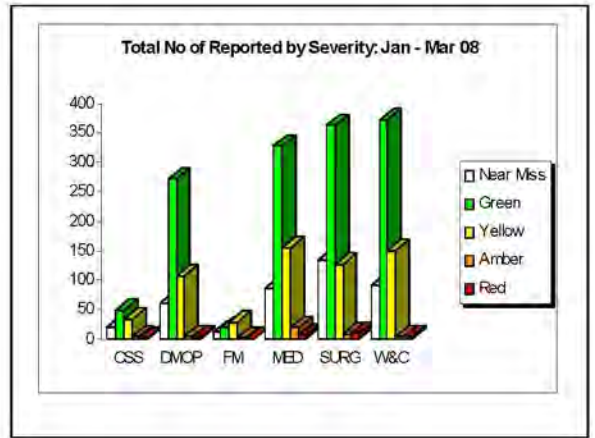
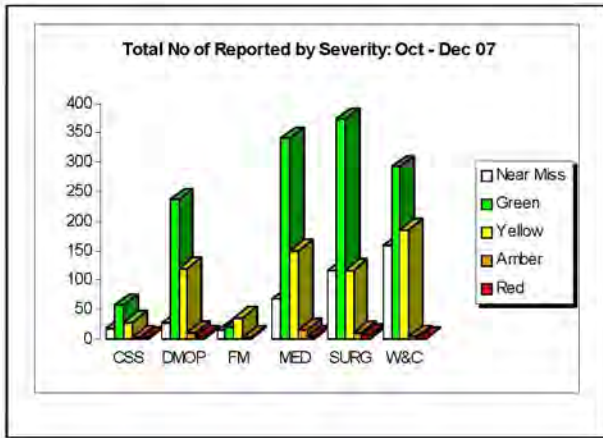
However, it is interesting to note that in this quarter there has been an increase in the events that affect staffing levels



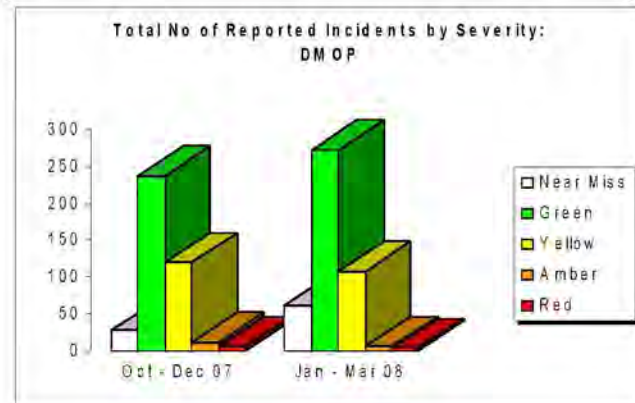
Slips/trips/falls remain the top reported incidents in both quarters and have been so in the last 9 quarters

However, it is interesting to note that issues concerning the availability of patient case notes have risen significantly in this quarter

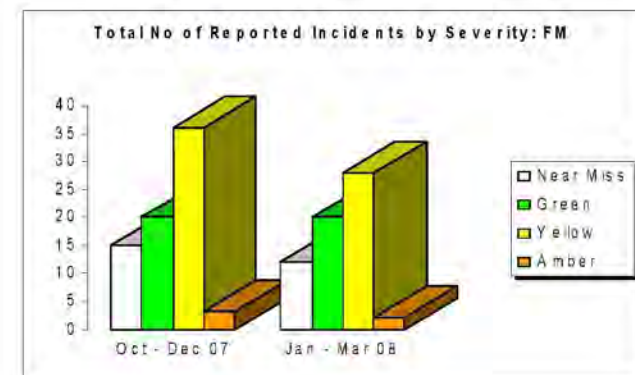




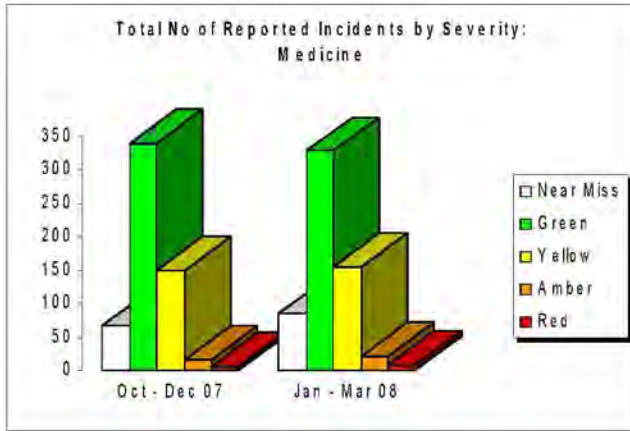
	Oct - Dec 07	Jan - Mar 08
Total reported incidents	109	111
Red	2	4
Amber	3	4
Yellow	28	33
Green	58	49
Near Misses	18	21



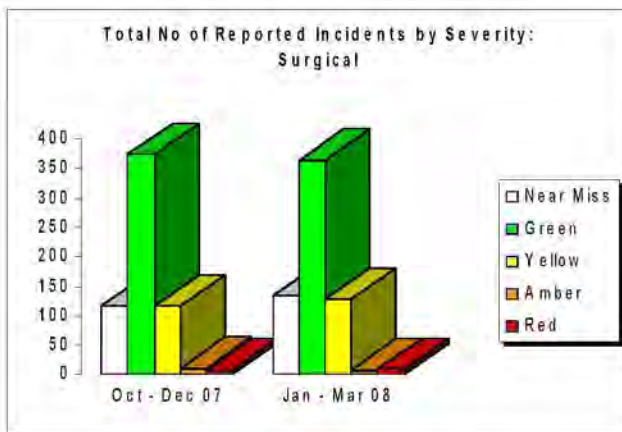
	Oct - Dec 07	Jan - Mar 08
Total reported incidents	399	448
Red	5	3
Amber	11	5
Yellow	119	107
Green	237	272
Near Misses	27	76



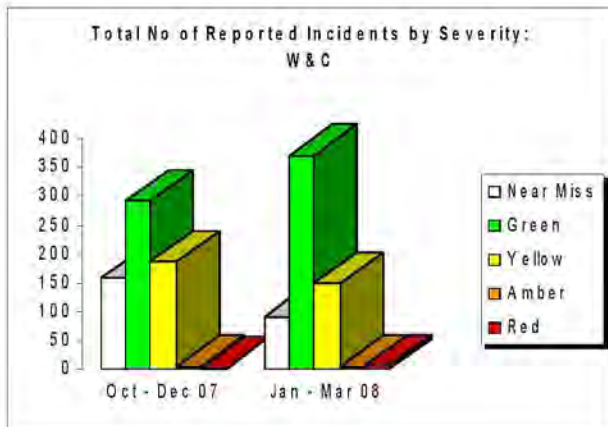
	Oct - Dec 07	Jan - Mar 08
Total reported incidents	74	62
Red	0	0
Amber	3	2
Yellow	36	28
Green	20	20
Near Misses	15	12



	Oct - Dec 07	Jan - Mar 08
Total reported incidents	577	596
Red	5	7
Amber	16	20
Yellow	149	155
Green	340	328
Near Misses	67	86



	Oct - Dec 07	Jan - Mar 08
Total reported incidents	625	642
Red	8	10
Amber	11	8
Yellow	117	127
Green	373	363
Near Misses	116	134



	Oct - Dec 07	Jan - Mar 08
Total reported incidents	640	620
Red	1	5
Amber	4	4
Yellow	185	149
Green	292	371
Near Misses	158	91

## SERIOUS ADVERSE EVENT SUMMARY

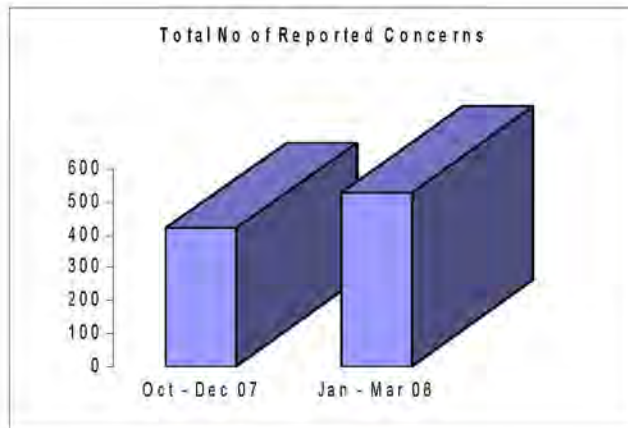
A Serious Adverse Event is one which, for whatever reason, is classified as major or catastrophic: commonly known as a 'red' incident. They are classified as major/catastrophic according to outcome, number of patients involved, effect upon Trust services or litigation costs.

All Serious Adverse Events, or potential Serious Adverse Events, are investigated in line with Trust protocol

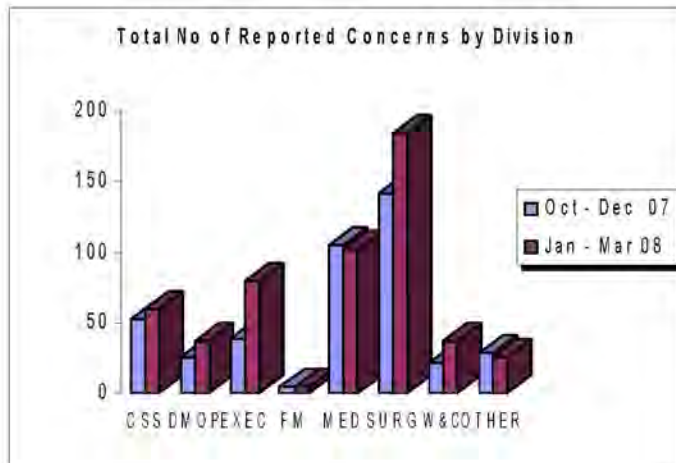
October - December 07		January - March 08	
Division	Brief Summary	Division	Brief Summary
CSS	1 x MRSA	CSS	1 x MRSA (Ultrasound staff not told of pt's status)
CSS	Serious staff misconduct	CSS	Child underwent CT examination of inner ear, intended for another pt
DMOPS	5 x MRSA	CSS	Radiation dose greater than intended delivered to thoracic spine
Medical	3 x MRSA	CSS	Unintended radiation delivered to lumbar instead of thoracic spine
Medical	Delay in ECG: pt died, not directly linked to lack of ECG	DMOPS	1 x MRSA 2 x C Difficile
Medical	Delay in admission to Respiratory High Care: pt died	Medical	3 x MRSA 2 x C Difficile
Surgical	5 x MRSA	Medical	Whilst performing CPR nurse received shock from pt's internal defibrillator -> loss of sensation and function in left hand
Surgical	Inappropriate outlier to DSU: lack of equipment and patient's condition deteriorated. Stabilised and transferred to RHCU	Medical	Pt complained to local press that she had been left on a trolley in MAU for 3 days
Surgical	Missed long-term steroids: peri-arrest but recovered	Surgical	4 x MRSA
Surgical	Stolen lap-top	Surgical	Pt underwent lap choley -> clips fell off -> haemorrhage. Pt recovered well and discharged
		Surgical	Pt drank chlorhexidine solution left by bed for routine use in MRSA avoidance programme. Transferred to DCCQ until stabilised and returned to TAB. Pt identified as having alcohol dependency.
		Surgical	Pt suffered aortic bleed following donor nephrectomy. Pt recovered and discharged
		Surgical	Following ear surgery pt outlied to DSU. Pressure bandage slipped but went unnoticed. Possible long-term hearing problems.
		Surgical	Pt discharged from HNU following medical review. Returned to ED 10 hours later in cardiac arrest. Resus unsuccessful. Pt had cardiac history and was an unstable diabetic
		Surgical	Pt underwent eye surgery with post-op follow up changed from 3 weeks to 5 days. Given appt for 3 weeks -> complication -> ? affected eye sight long-term
		Surgical	Wandering pt had been assisted back to bed. Later found on floor -> CT scan -> sub-dural haematoma. Pt had required specialising but not possible due to staffing levels
		W&C	2 x MRSA
		W&C	Infant admitted with bronchilitis -> deteriorated and required stabilisation and transfer to PICU. CT scan revealed a cerebral air embolism, following which treatment withdrawn and infant died. Uncertain whether embolism occurred whilst in the care of PHT or SUT
		W&C	Pt had (+) pregnancy test -> vaginal bleeding. GP diagnosed miscarriage, deputy GP diagnosed endometritis; SCAST felt unnecessary to take pt to ED. Finally diagnosed in ED with ruptured ectopic -> removal of 1 tube
		W&C	Pt suffered burns during an HTA procedure

## PATIENT ADVICE AND LIAISON SERVICE

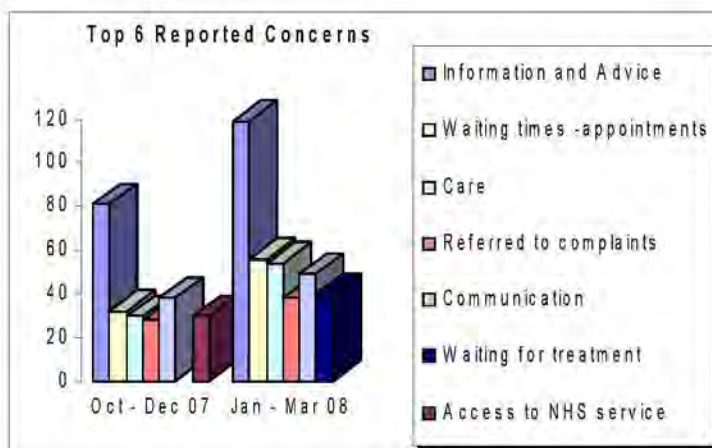
PALS continues to play a significant role in the patient and relative experience within the Trust, with 418 concerns being reported this quarter, against 362 the previous quarter, demonstrating an increase of 15%



This figure represents a 26% increase on the previous quarter



Of the Reported concerns	Oct - Dec 07	Jan - Mar 08
CSS	53	59
DMoP	26	37
Executive	39	79
FM	4	4
Medical	105	102
Surgical	142	185
W & C	21	37



Top 6 Reported Concerns:	Oct - Dec 07	Jan - Mar 08
Care	30	54
Communication	38	49
Referred to Complaints	28	38
Information & Advice	81	119
Waiting Times	32	56
Access NHS Service	30	
Waiting for treatment		40

PALS have dealt with many varied calls and emails from patients, carers, relatives and members of the public, requesting information and advice. Examples are as follows:

- ∞ Enquiry as to how to make a private donation to the Trust
- ∞ Advice on how to obtain copies of health records
- ∞ Staff requested information and advice regarding Power of Attorney
- ∞ Information about Clostridium Difficile
- ∞ Information on how to develop a patient survey/comment card

## Health Information Centre

Information was not available for the complete quarter October to December 2007, due to the Health Information Centre remaining closed until 22 October 2007. Therefore, a true comparison against this reporting quarter is not possible



## PLAUDITS

The recording of plaudits continues to provide the Board with a more balanced representation of patient opinion on the services provided and it is unfortunate that not all specialties have the resources to capture the number of plaudits received – as positive gestures clearly continue to be far greater than the number of complaints received.

Ward/Dept	No	Ward/Dept	No
Child Health	19	MAU	43
DCCQ	17	Max-Fax	4
Dermatology	35	Maternity/Labour Ward	325
DMOPs	247	Macmillan Centre	36
D Wards	125	NICU	39
ED	40	Oncology	258
F Wards	248	Orthopaedics	6
G4	14	Radiotherapy	170
General Surgery + SAU	166	Renal	45
GU Med	22	Respiratory High Care	10
Gynaecology	20		
Haematology	49		
<b>TOTAL</b>	<b>1,938</b>		

Even this snapshot demonstrates that the Trust received far more plaudits than complaints in this quarter 266 complaints compared to 1938 plaudits.

### In addition

- ∞ The Urology Department received a cheque for £402.00 for the research fund
- ∞ The Rheumatology Department received:
  - Two feedback forms with positive comments regarding the joint injection clinic.
  - A positive response to the survey on departmental cleanliness and tidiness
  - A thank you for the Matron for support at the ACQA in March
  - A thank you letter from the Mayor of Portsmouth who attended the Living Well and Anti-TNFa therapy day during February



## ORGANISATIONAL LEARNING

Changes made or to be made in the light of complaints, incidents and PALS include:

- ∞ The introduction of a 'Welcome to Solent Urology Ward' leaflet, which provides patients with comprehensive information about their admission
- ∞ A change to the visiting times in General Surgery, to include a 'quiet time' between 4pm and 6pm
- ∞ Improvements to ensure toilet facilities are regularly checked to enable the effective collection of specimens provided by patients
- ∞ A nurse-led discharge process has been implemented in the Head and Neck Unit to implement early morning discharges, thus reducing delays for patients
- ∞ Change to criteria for patients placed in Observation Ward in the Emergency Department
- ∞ Adverse Event Forms completed for all 'absconders' from the Emergency Department with police and security being informed each time.
- ∞ For burns which may occur during an HTA, advice on immediate treatment and contact numbers for burns unit at Salisbury now readily available to staff

## RECENT AND FUTURE DEVELOPMENTS

- ∞ PALS have been raising their profile by: giving talks on PALS to the nurses within the Trust; and attending day centres in the wider community for some of the harder to reach groups.
- ∞ One of the PALS coordinators has recently returned to clinical practice. This report notes all the good work that this coordinator has carried out in recent years.
- ∞ The Health Information Centre is now fully operational with two part-time staff. The Centre is also supported by PALS, who endeavour to be present at least 2 days a week to greet patients and relatives face-to-face to resolve their concerns.
- ∞ The Health Information Centre hosted 3 awareness days in March: Stop Smoking; Prostate Awareness; and TB Awareness
- ∞ In order to strengthen the involvement of Divisional Management Teams in the Inquest process, DCDs, DGMs, DSNs and CDs are now informed of all inquest cases involving their division or specialty. This ensures that the Divisional Management Teams review the progress of an investigation and are able to offer appropriate guidance and support to staff
- ∞ As a result of the proposed changes to the national complaints handling regulations, the Trust has been selected to participate in the 'Early Adopter' programme. This is a nation-wide six-month trial prior to the formal introduction of the regulations in April 2009. The 'Early Adopter' programme has two major aims: to assist in developing arrangements for more effective local resolution; and identifying and resolving issues linked to transferring to a two-stage complaints framework. The Department of Health believes that this reformed complaints process will improve and enhance local resolution and better support ongoing improvements in service delivery.
- ∞ Two Complaints Officers have volunteered to align themselves with the three divisions not covered by the Risk/Complaints Coordinator roles. These will allow Clinical Support Services, Division of Medicine for Older People and Women & Children to have a 'dedicated' Complaints Officer to support divisional staff through the complaints handling process.
- ∞ The Trust has been successful in achieving compliance with Level 1 of the new National Health Service Litigation Authority (NHSLA) Risk Management Standards.
- ∞ Two members of the risk management team have successfully completed an NVQ in customer care