



# **NHS Highland Complaints Annual Report 2022/23**

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## Introduction

NHS Highland Feedback and Complaints Annual Report 2022-2023 is a summary of the feedback received by NHS Highland from 1 April 2022 to 31 March 2023. This includes a description of the lessons learnt and improvements made. A summary of the approaches taken to proactively gather feedback to inform and develop local services is also included in this report.

## Encouraging and Gathering Feedback and Complaints

NHS Highland welcomes and encourages feedback from patients, carers and family members about the services we provide. Information about how to provide feedback is made available to patients, carers and family members via the NHS Highland website [Giving us Feedback \(scot.nhs.uk\)](https://www.scot.nhs.uk/giving-us-feedback/) the Feedback information leaflet for patients, relatives and carers both of which encourage individuals how to provide feedback and make a complaint. Sign posting to the Care Opinion website and complaints leaflets are advertised throughout all of NHS Highland patient areas.

NHS Highland gathers patient feedback in a number of different ways; this includes but is not limited to:

- Patients, carers and family members can provide feedback to any NHS Highland member of staff who will be happy to help them. Correspondence can be received via letter, email, telephone and in person. Alternatively they can contact the Feedback Team as follows:
  - NHS Highland Feedback Team  
PO Box 5713  
Inverness  
IV1 9AQ  
01463 705997  
[Nhshighland.feedback@nhs.scot](mailto:Nhshighland.feedback@nhs.scot)
- Patient feedback provided by other organisations
- Online feedback through Care Opinion [www.careopinion.org.uk](https://www.careopinion.org.uk)
- NHS Highland website [Giving us Feedback \(scot.nhs.uk\)](https://www.scot.nhs.uk/giving-us-feedback/)
- Feedback in the local press
- National patient experience surveys
- Letters and information from elected members of Parliament on behalf of patients and families.

Based on feedback received during 2022/2023 we know that the majority of our patients are happy most of the time with the care and treatment provided by NHS Highland. However, on occasion the care and treatment provided does fall short of the high standards we expect. When this happens it is very important that we hear about it in order that we can learn from mistakes made and improve the way we do things in future.

NHS Highland has a dedicated centrally based Feedback Team which supports patients to provide feedback and make complaints. This provides a single point of contact, offers ease of access and a level of consistency for the patient or member of

public. All NHS Highland staff is also open to providing front line resolution of complaints where applicable.

To support patients to provide feedback the Patient Advice and Support Service (PASS) is delivered by the Citizens Advice Bureaus in:

- Argyll and Bute  
Riverside, Oban Road  
Lochgilphead, Argyll  
PA31 8NG  
Tel: 01546 605 550  
Tel: 01546 605556 (Direct)
- Inverness, Badenoch & Strathspey  
29 Union Street  
IV11LX  
Tel: 01463 237 664
- Ross & Cromarty  
Suie House  
Market Square  
Alness  
IV17 0UD  
Tel: 01349 885937 (Direct)
- Skye and Lochalsh Citizens Advice Bureau  
The Green  
Portree  
IV51 9BT  
01478 612032
- Lochaber Citizens Advice Bureau  
Dudley Road  
Fort William  
PH33 6JB  
Main number: 01397 705 311  
Direct dial: 01397 709 098

At the Clinical Governance Committee complaint reports and SPSO reports are tabled on a quarterly basis. The SPSO report details the outcome of the SPSO investigation and what action the Board has taken.

## Care Opinion Report 1 April 2022 to 31 March 2023

NHS Highland received 90 stories within this timeframe with over 11,831 views. Not all the stories were about NHS Highland but were made by either NHS Highland residents attending NHS Highland or other Boards as well as visitors utilising NHS Highland's services.

Care opinion continues to provide a useful tool for learning and improving our services, however, we are still not fully utilising the service due to ongoing review. The large increase of views to our stories shows the great potential for using Care Opinion as an open forum for sharing information and has possible implications of reducing the number of complaints and enquiries if used to its optimum.

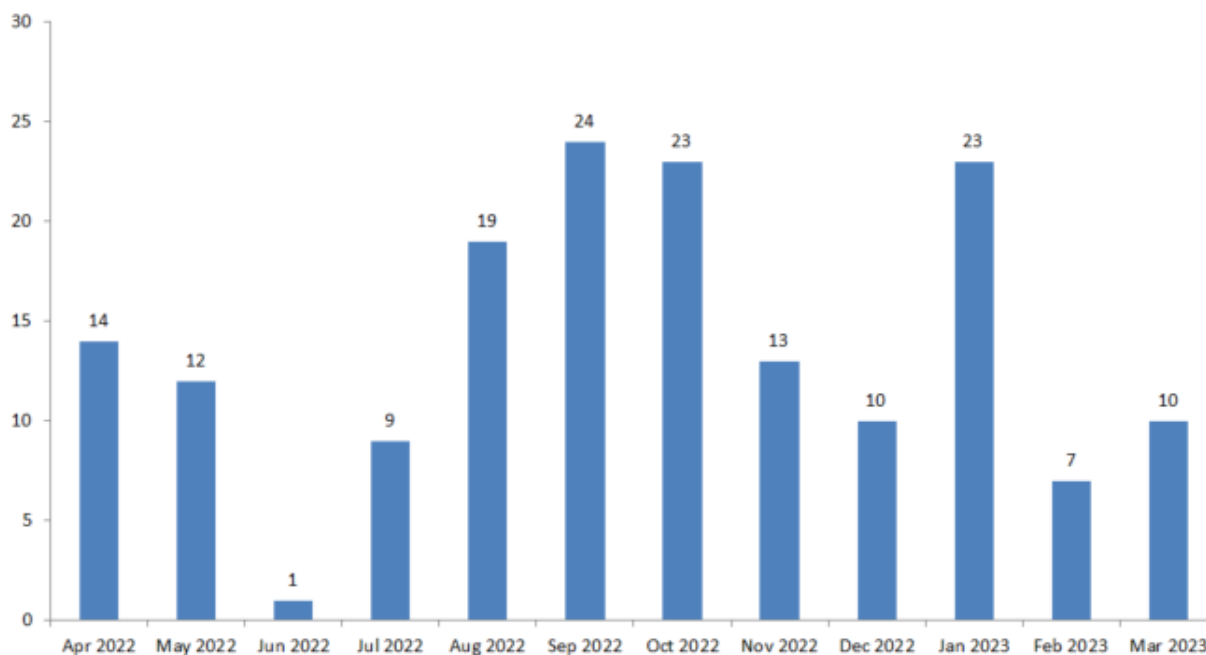
We saw a down turn in our figures from last year as our positive stories dropped from 73% in 2021-2022 to 66% in 2022/2023. These stories are considered positive or minimally critical.

The response rate in 2022/2023 was 50%. NHS Highland is reviewing the way it responds to Care Opinion stories, however, the process is still ongoing with discussions between the Board and Care Opinion as to how we can best utilise the system. NHS Highland continues to look at improving response times to patient stories and how the information is used to improve our services and feedback on the open forum.

The report tells us that NHS Highland's staff and care provision are good but that there is room for improvement with regards communication, staff attitude and treatment.

## Indicator One – Learning from Complaints

### 2022/2023 Compliments Received



During 2022-2023, 165 compliments were logged in Datix, this is 45% increase compared to last year. These compliments were forwarded to the staff involved and the Chief Executive. Examples are used in the Chief Executive's weekly communication with staff.

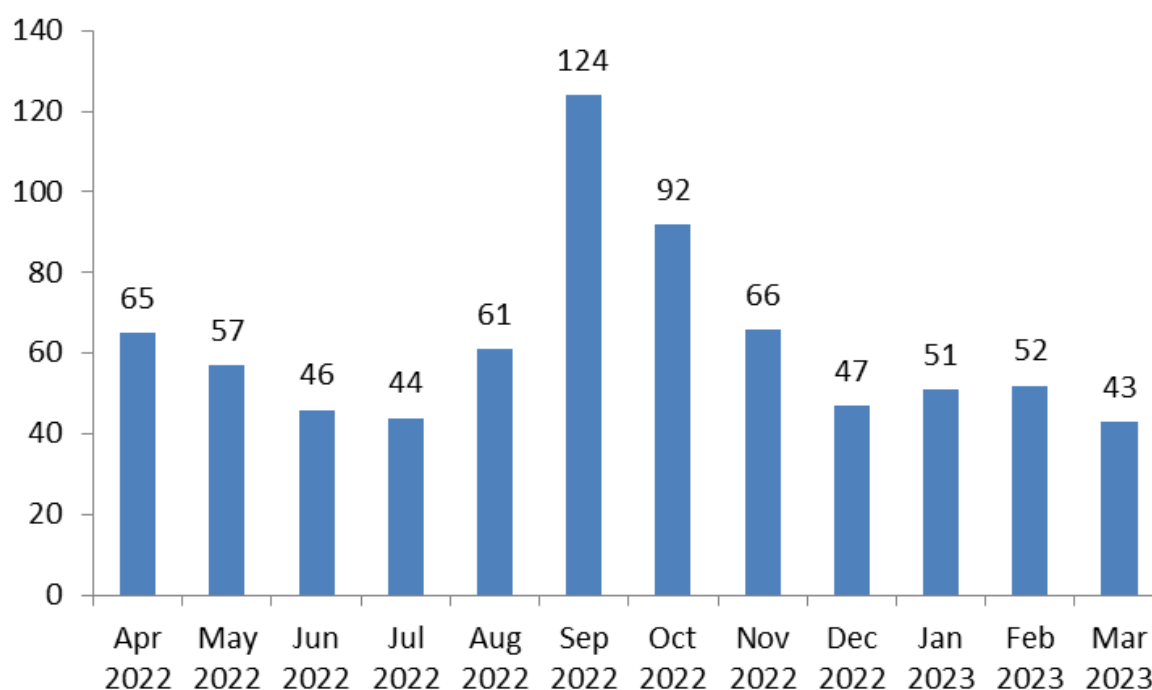
#### Comments

- "From my first consultation with you, and throughout the rest of my treatment, I have felt supporting in many ways. Every stage of my treatment was clearly explained, and I was able to discuss any concerns I had."
- "I just want to convey my thanks and appreciation to Dr X and the wonderful nurse who helped me yesterday at A&E in Caithness Hospital, Wick. They went above and beyond to help me, and they were both the most loveliest people"
- "I was out walking and hurt my ankle. It was swollen so my sister drove me to Broadford A and E. The service I received there was exceptional. The receptionist was extremely pleasant and I was seen by the doctor within a few minutes. He examined my foot, sent me for X-rays and confirmed I had fractured my fibula. At every stage the doctor was patient and explained things carefully. He gave me the special boot and crutches that were needed, along with pain killers and a very useful leaflet explaining the prognosis. The doctor answered all my many questions with great care and understanding"
- "Monday 23rd Jan my annual eye check with my optician in Thurso, showed an anomaly in one eye. She referred me to my GP and the eye clinic in

Raigmore. Amazing treatment from a wonderful team , from start to where we are today.”

- “I wish to thank you for the excellent service I received from Audiology at the end of December. I was given an appointment within 48 hours and the Audiologist I saw quickly and courteously dealt with the problem. The quality of the whole interaction was exactly what I have come to expect of your excellent service.”
- “Thank you for the excellent response when we phoned this morning asking for help with my mother. From the call handler, nurse advice and support and to the GP visiting my family and I are grateful”

In 2022-2023, 748 concerns (categorised as Concern and Covid-19 Concern) were received. Concerns were dealt with by the service in which the concern was raised.



#### Comments

- Concern re use of NHS beds in Abbeyfeild.  
*Passed to district manager to respond.*
- Concern re outside lights on at practice 24 hrs a day.  
*Passed to practice manager and estates.*
- Patient looking for information on how to access details regarding a vaccination.  
*Directed the patient to the Vaccination Hub.*
- Query on patient travel expenses and funding.  
*Passed to Finance and person responsible for Patient Travel Expenses.*

- Booster Programme for Nairn residents - being invited to attend the Eastgate Centre, Inverness.  
*Passed to Vaccination Team to response/manage.*

## Stage 1 complaint Issues

**\*\* The table below is representative of the number of times that an issue has been associated to a complaint, it is not a representation on the volume of overall Stage 1 complaints logged. \*\***

Issue_Category	Issue_Subcategory	Count
Other	Other	48
Waiting Times / Delays	Outpatient	30
Treatment	Problems with medication or prescribing	18
Communication	Patient/carers not given full information	15
Waiting Times / Delays	Referrals Delays within admission/attendance	14
Waiting Times / Delays	Inpatient	13
Staff	Attitude & Behaviour	13
Treatment	Poor Care	8
Treatment	Poor Nursing Care	7
Communication	Patient/carers not fully involved in treatment decisions	7
Physical Environment	Premises	6
Treatment	Delays in Diagnosis/Treatments	4
Communication	Insensitive Information	3
Communication	Poor communication between professionals/staff	3
Staff	Shortage/Availability	3
Adult Social Care	Delays with care assessments	3
Treatment	Delays with investigation/test results	2
Treatment	Poor Co-ordination/Aftercare	2
Discharge Arrangements	Delays with discharge arrangements	2
Procedural Issues	Policy & Commercial Decisions of NHS Board	2
Waiting Times / Delays	Waiting time in clinic/department	1
Physical Environment	Aid/Appliances/Equipment	1
Physical Environment	Cleanliness/Laundry	1
Physical Environment	Hygiene & Infection Control	1
Adult Social Care	Lack of care provision	1
Patient Privacy / Dignity / Respect	Patient Status/Discrimination	1
Complaint Handling	Length of time taken to resolve	1

\*Other – this relates to covid related complaints.

## The issues for Stage 1 Complaints

- The Length of time waiting for wisdom tooth extraction. .  
*Patient contacted and accepted date for extraction surgery.*
- Miss-informed about eligibility for vaccination & Wasted trip to Inverness Eastgate Vaccination Centre.  
*Team Lead spoke with complainant via telephone 08/02/23 and explained eligibility criteria, and apologised for the unnecessary journey to Inverness. Complaint relates to the national helpline re miss-information.*



- Lack of communication from medical staff on the health of husband who is receiving treatment.  
*Apology from service manager for continued lack of communication to complainant about family member. Accepting of apology and that staff will relay back better communication going forward.*
- Patient concerned at being moved from a single room on GA to 5A without GA providing sufficient information regarding her health condition and risks.  
*ADNM spoke with patient and apology offered that it was not made clear she would not have a transfusion yesterday and the stress this caused her. Further apology offered that patient was not advised that it was safe for her to move from a side room to a shared room. ADNM agreed to feedback patient's concerns to the GA SCN.*

## Stage 2 complaint Issues

*\*\* The table below is representative of the number of times that an issue has been associated to a complaint, it is not a representation on the volume of overall Stage 2 complaints logged. \*\**

Issue_Category	Issue_Subcategory	Count
Treatment	Poor Care	176
Communication	Patient/carers not given full information	147
Staff	Attitude & Behaviour	135
Waiting Times / Delays	Referrals Delays within admission/attendance	69
Communication	Patient/carers not fully involved in treatment decisions	60
Treatment	Delays in Diagnosis/Treatments	52
Communication	Poor communication between professionals/staff	46
Waiting Times / Delays	Outpatient	42
Treatment	Poor Nursing Care	39
Complaint Handling	Length of time taken to resolve	36
Treatment	Problems with medication or prescribing	34
Adult Social Care	Lack of care provision	27
Treatment	Treatment/Investigations carried out poorly	24
Communication	Breach of Patient Confidentiality	23
Discharge Arrangements	Delays with discharge arrangements	21
Physical Environment	Aid/Appliances/Equipment	18
Treatment	Poor Co-ordination/Aftercare	16
Staff	Shortage/Availability	16
Treatment	Wrong Diagnosis/Treatment	15
Waiting Times / Delays	Inpatient	15
Procedural Issues	Policy & Commercial Decisions of NHS Board	15
Waiting Times / Delays	Waiting time in clinic/department	14
Communication	Insensitive Information	11
Treatment	Delays with investigation/test results	10
Treatment	Problems with Test Results	6
Complaint Handling	Poor communication about the handling of the complaint	6
Physical Environment	Premises	6
Discharge Arrangements	Problems with transport	6
Treatment	Clinical Records	5
Adult Social Care	Poor care planning	5
Procedural Issues	Patient Property/Expenses	4
Patient Privacy / Dignity / Respect	Patient Privacy & Dignity	4
Complaint Handling	Other	3
Physical Environment	Catering	3
Procedural Issues	Transport	3
Other	Other	3
Treatment	Consent to Treatment	2
Adult Social Care	Delays with care assessments	2
Physical Environment	Bed Shortages	2
Physical Environment	Cleanliness/Laundry	2
Complaint Handling	Acknowledgement not been issued	1
Physical Environment	Hygiene & Infection Control	1
Procedural Issues	NHS Board Purchasing	1
Patient Privacy / Dignity / Respect	Patient Status/Discrimination	1

## The issues for Stage 2 Complaints

- The attitude and behaviour of staff & the care and treatment received from maternity ward staff.  
*Following investigation this matter has been partially upheld. Improvements are now in place for Midwifery Staff regarding Visitors Policy.*
- The treatment that you have received for 10 years has been withdrawn and That you were not provided with any alternatives. That you were referred for private treatment when you should be offered it by the NHS

*Partially upheld - change of plan with service, however, care and treatment given to date has been appropriate - apology for delays and further appointment arranged.*

- The care and treatment your client has received from his GP practice; That your client wishes the practice staff to understand his ASD and change the way they communicate with him.

*Detail given of treatment plan and non-engagement with INR testing, in addition information given regarding staff training relating to autism.*

- The length of time your brother has waited for an assessment. What options are there for your brother to be diagnosed and how long will it be?

*Not Upheld - Detail given of accessing services and generic response as no consent at present.*

- The Care and treatment received from NHS Highland, attitude and behaviour of a consultant, lack of planning for discharge and failure to comply with SAR request.

*Partially upheld - areas of reflection for training and with communication to patients.*

**All actions taken and improvements made as a result of complaints are recorded on Datix. Example of actions taken/improvements made are:**

- Recruitment of additional practice staff.
- A procedure is now in place for the Dental Helpline phone line to be diverted to another number in the event of further technical issues.
- All discharge processes should be standardised and appropriate documentation provided to support this.
- Complaint to be shared with the team to aid learning and development & senior nursing team to share experience and complaint at their team meeting so that there can be shared reflection and learning.
- Training will be offered to mental health staff in Argyll and Bute to help staff approach patients with an open, empathic and understanding stance, alongside education on the impact of early life trauma on personality development.
- Monthly audit of records using NHS Highland 'Mental Health Nursing Record Keeping and Care Planning Audit' tool developed by the Clinical Governance Support Team.
- The ordering team are now required to pro-actively confirm if any additional information is required when ordering a medicine from a specialist supplier for the first time.
- In the future they will transfer any child to the main A&E room, where they can be continuously monitored in an environment which will allow a timely response by staff to any changes and be more supportive for both the child and parents.

- Dr S will ensure a communication reminder about the medical pass procedure is shared with all Consultant and Locum Consultant Colleagues.

The Feedback Team are responsible for ensuring that actions are progressed.

## **Indicator Two - Complaint Process Experience**

The complaint handling experience survey was re-established in 2022 after a dormant period over Covid. The volumes of surveys applicable to be sent out during April to June 2022 was 117. The volumes of returns we have received back was 18.

Themes of response are centred around:

- Questions not being answered in responses
- The time taken to receive response
- Unhelpful tone of response
- Feedback Team polite professional and helpful
- Appreciation of face to face meetings
- Appreciation of contact made by Feedback Team

On reflection we believe that the current process for sending the surveys is not adding value, therefore, we are currently in the process of reviewing this function and how best to achieve the feedback in a real time perspective to add greater value to our service.

## **Indicator Three – Staff Awareness and Training**

Complaints training have been organised monthly throughout 2022-2023 with focus on the Complaint Handling Procedure and the role and responsibilities of the Feedback Team and Operational Units. Support resources have been arranged and communicated to support a quality response.

In addition, specific training sessions have been given to Senior Charge nurses, and this continues into the latter part of 2023.

Future training sessions are planned for Mental Health Services, focusing on quality of investigations and responses.

## **Indicators**

- Indicator four
  - The total number of complaints received
- Indicator five
  - Complaints closed at each stage
- Indicator six
  - Complaints upheld, partially upheld and not upheld
- Indicator seven
  - Working days to respond

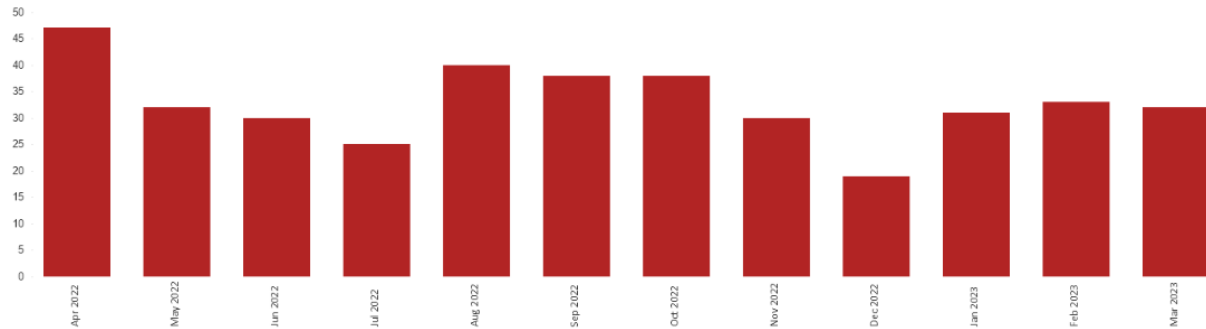
- Indicator eight
  - Complaints closed in full within the timescales
- Indicator nine
  - Number of cases where an extension is authorised

## Indicators

### Indicator four – Number of complaints received

*\*\* MSP Stage 2 is the same as a Stage 2 process, these have been categorised in this way for reporting purposes \*\*\**

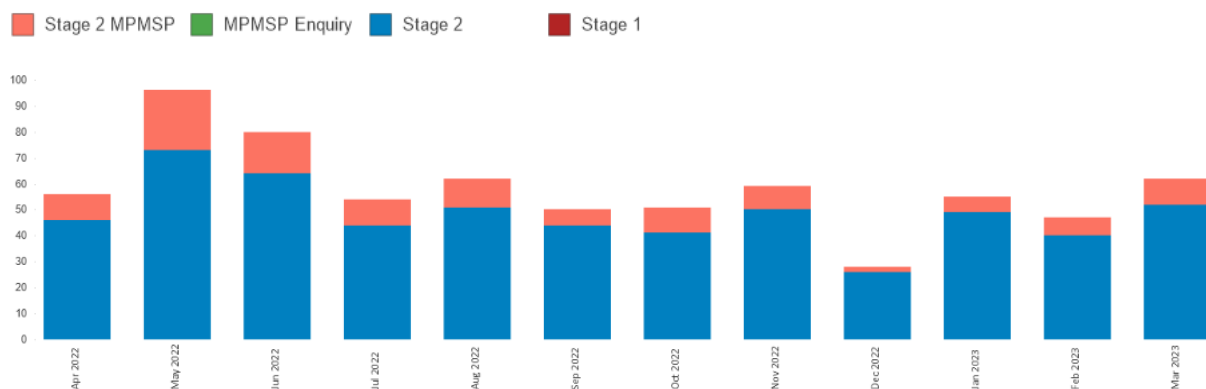
#### Stage 1 only



The number of stage 1 compliant received decrease in the last six months.

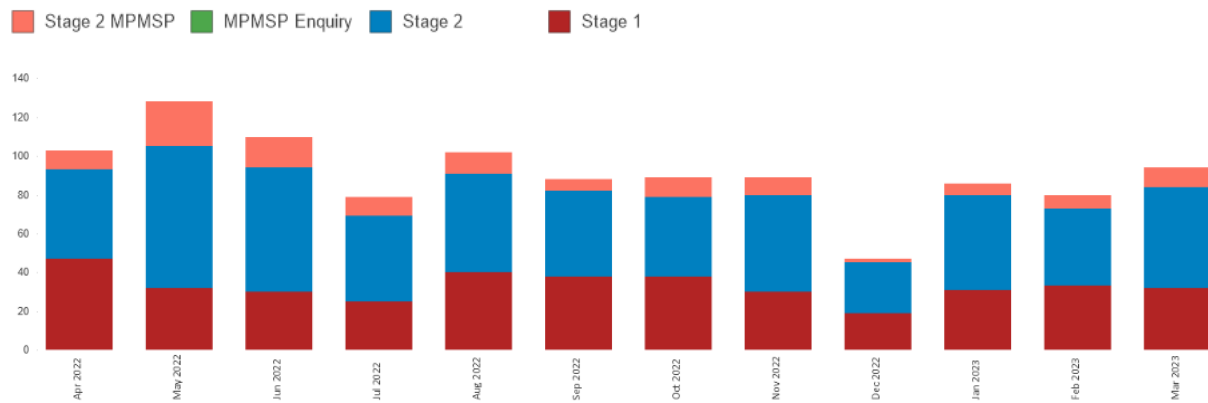
#### Stage 2 only

*\*\* MSP Stage 2 is the same as a Stage 2 process, these have been categorised in this way for reporting purposes \*\*\**



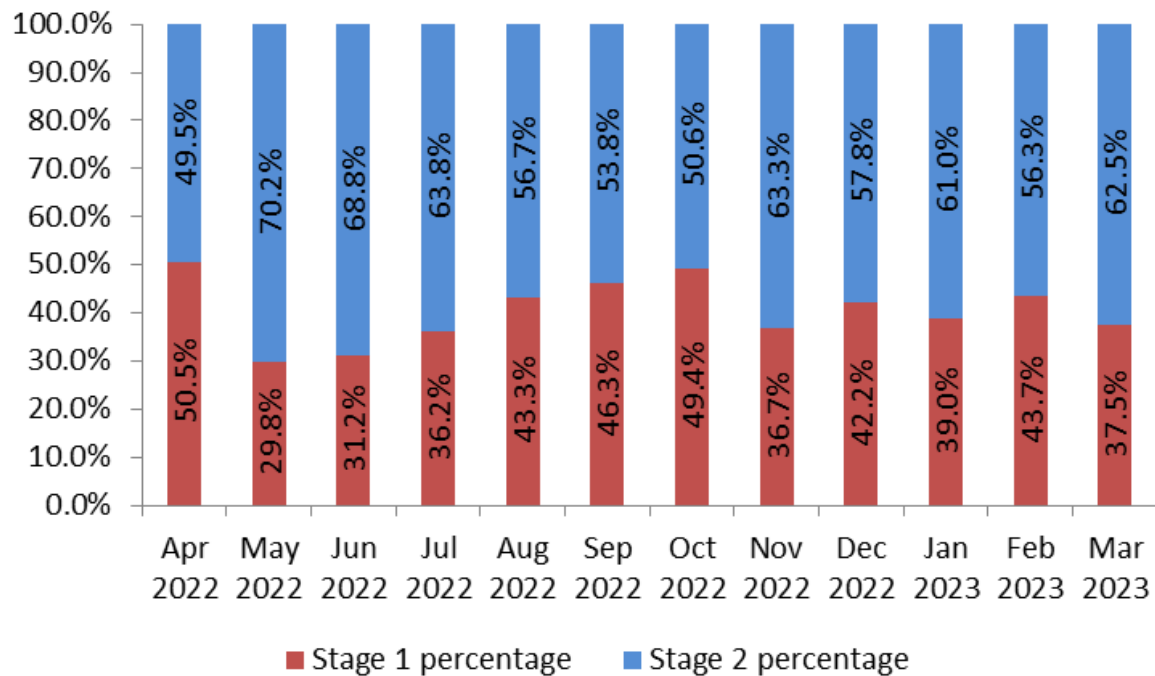
The number of stage 2 complaints received reduced significantly at the beginning of the pandemic and started to increase before reducing again. Stage 2 complaints started to rise again towards the end of the financial year.

## Number of Stage 1 and Stage 2 Complaints Combined

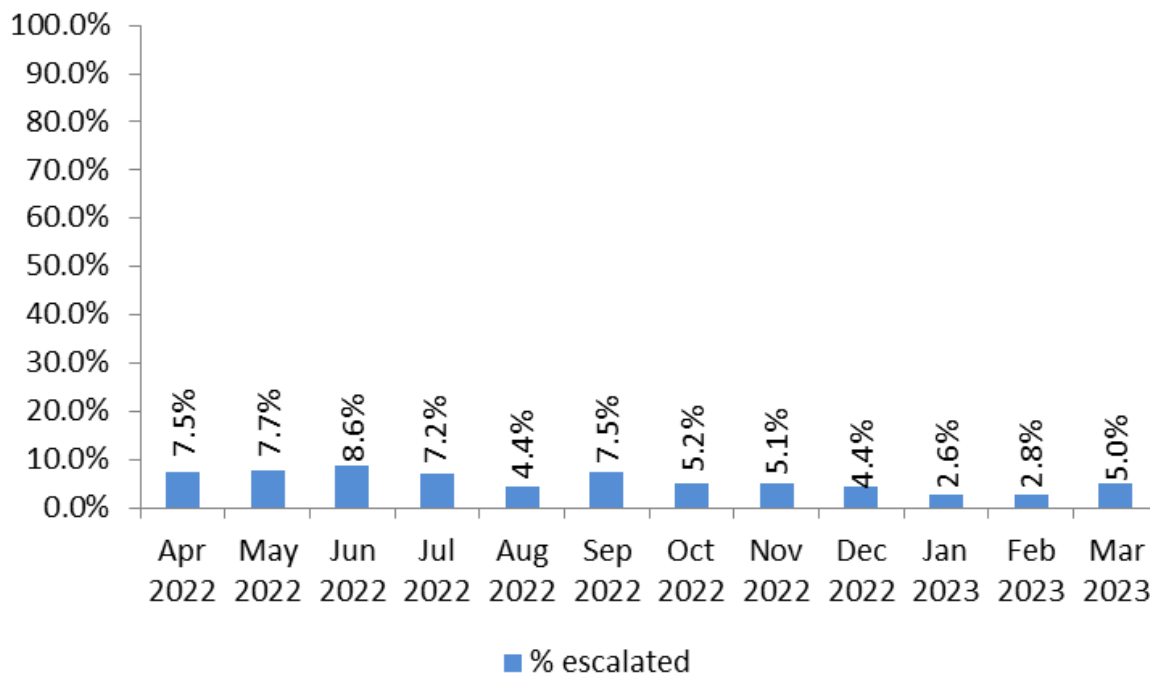


## Indicator five – Complaints closed

The number of complaints closed at stage one and stage two as % of all complaints (closed)



The number of complaints closed at stage two after escalation as % of all complaints (closed)

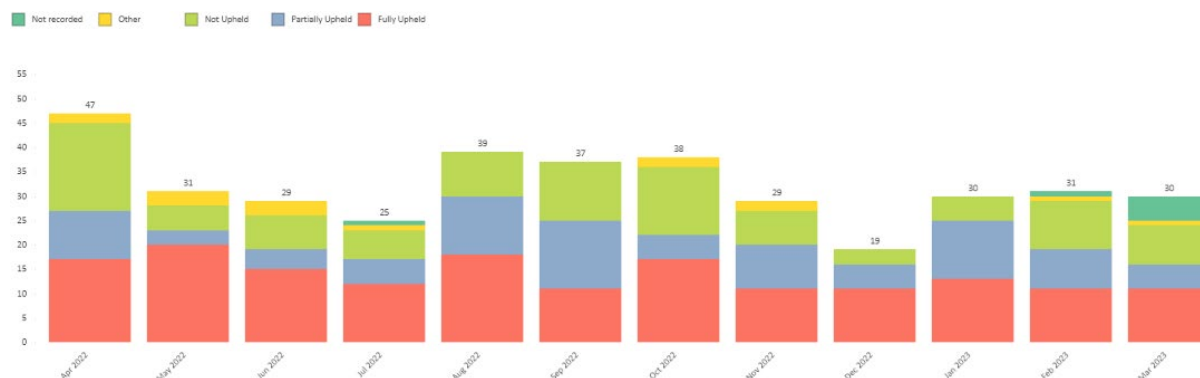


The empty months represent no escalated stage 1 complaints in that month.

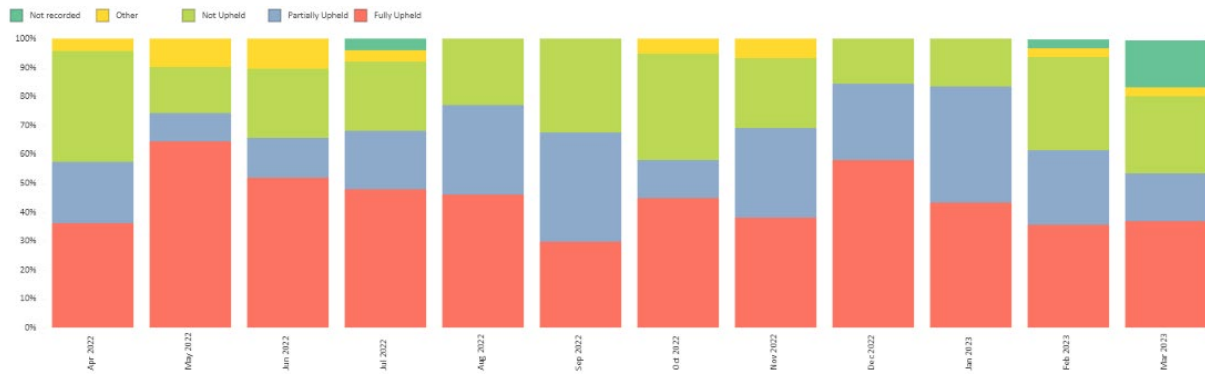
Some stage 1 complaints are escalated and they are not resolved. This graph shows the percentage of stage 1 complaints escalated as a % of all complaints, which is, therefore small.

### Indicator six – Complaints outcome

The number of stage 1 complaints not upheld, partially upheld and fully upheld. An assessment is made of the complaint outcome.

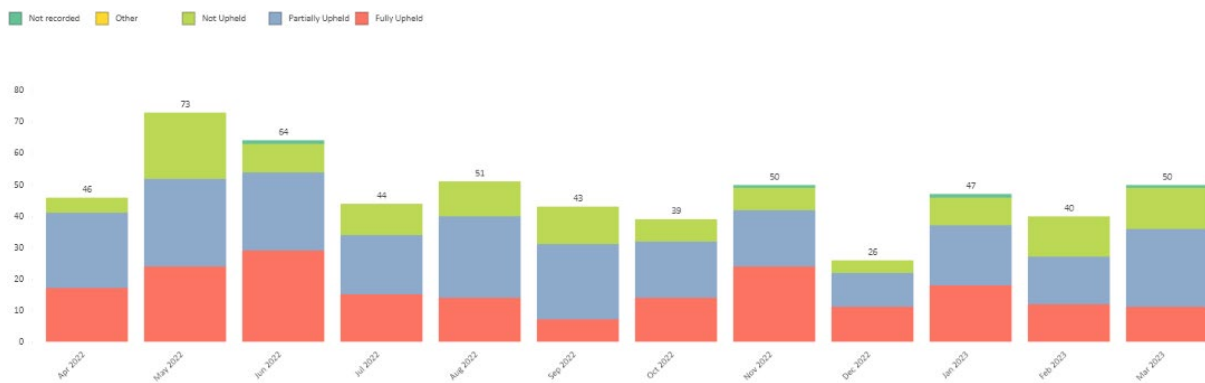


## Stage 1 complaints not upheld, partially upheld and fully upheld as a % of all closed stage 1 complaints

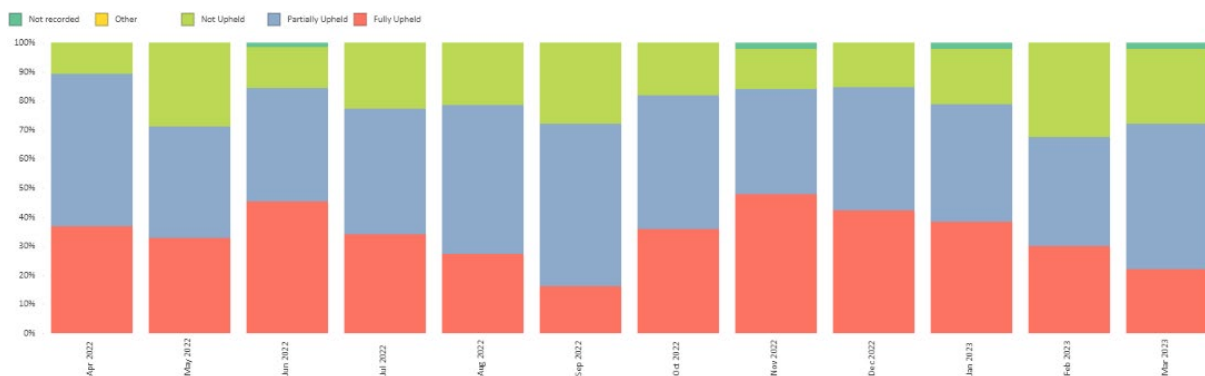


'Other' represents the grouping of other codes selected in the outcome field. These include 'transferred to another unit', 'irresolvable', 'unreasonable complaint', 'conciliation', 'complaint withdrawn'. In most cases this is irresolvable and they are escalated to be dealt with as a stage 2 complaint.

## The number of stage 2 complaints not upheld, partially upheld and fully upheld

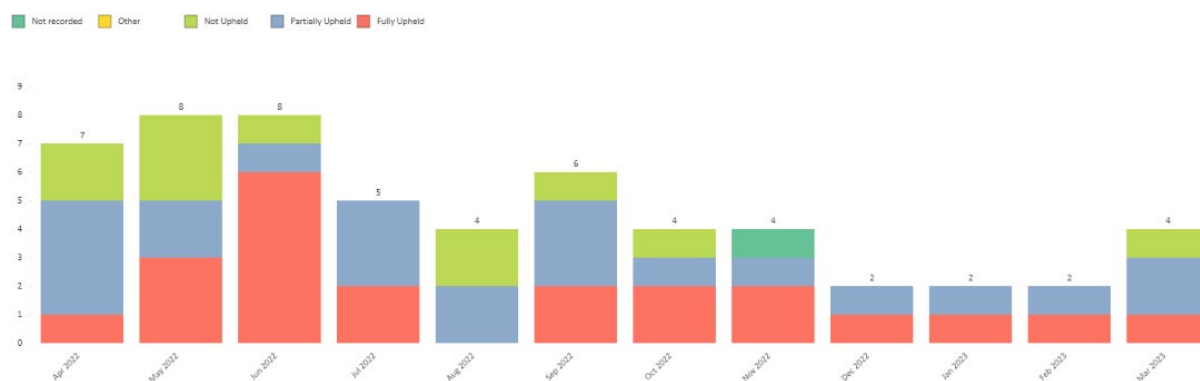


## Stage 2 complaints not upheld, partially upheld and fully upheld as a % of all closed stage 2 complaints

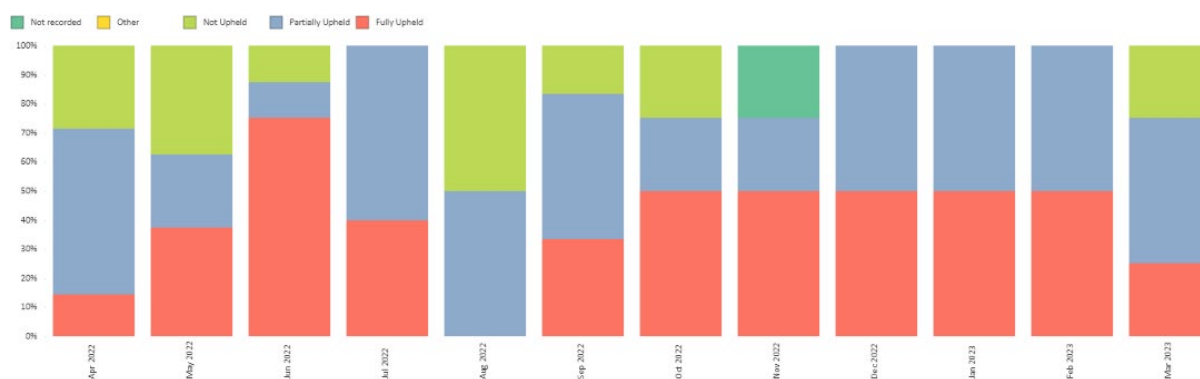




The number of escalated complaints not upheld, partially upheld and fully upheld. This represents the number of stage 1 complaints that have been escalated.



Escalated complaints not upheld, partially upheld and fully upheld as a % of all closed escalated complaints



### Indicator seven - Average time in working days to respond (closed only)

Below tables do not include re-calculation of cases that were re-opened. The first open to close working day calculation is taken for these re-opened cases

Average time in working days to respond to complaints at stage 1. Stage 1 complaints should be responded to within 5 working days (extended to 10 working days)

Month_Year	Average (working days)
Apr 2022	19
May 2022	14
Jun 2022	9
Jul 2022	8
Aug 2022	7
Sep 2022	8
Oct 2022	20
Nov 2022	7
Dec 2022	14
Jan 2023	7
Feb 2023	23
Mar 2023	9

Average time in working days to respond to complaints at stage 2. Stage 2 complaints should be responded to within 20 working days.

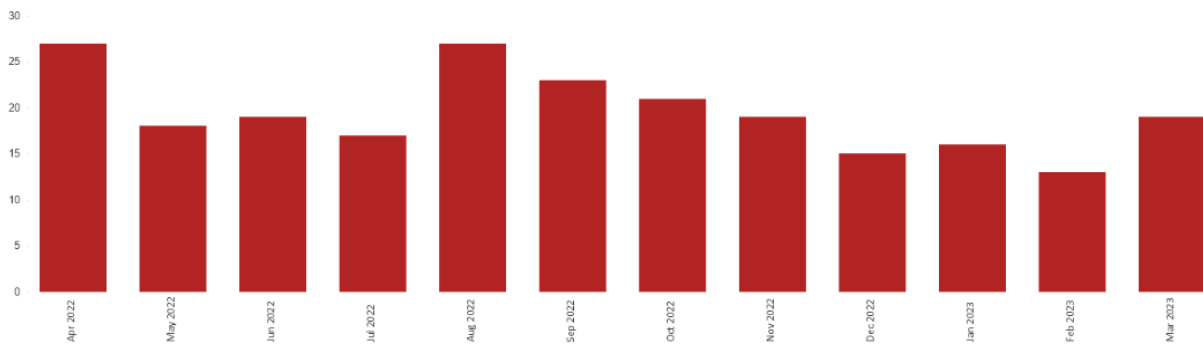
Month_Year	Average (working days)
Apr 2022	36
May 2022	39
Jun 2022	31
Jul 2022	22
Aug 2022	29
Sep 2022	36
Oct 2022	31
Nov 2022	31
Dec 2022	49
Jan 2023	31
Feb 2023	37
Mar 2023	30

Average time in working days to respond to escalated complaints (only)

Month_Year	Average (working days)
Apr 2022	21
May 2022	36
Jun 2022	25
Jul 2022	28
Aug 2022	20
Sep 2022	13
Oct 2022	29
Nov 2022	40
Dec 2022	104
Jan 2023	23
Feb 2023	24
Mar 2023	32

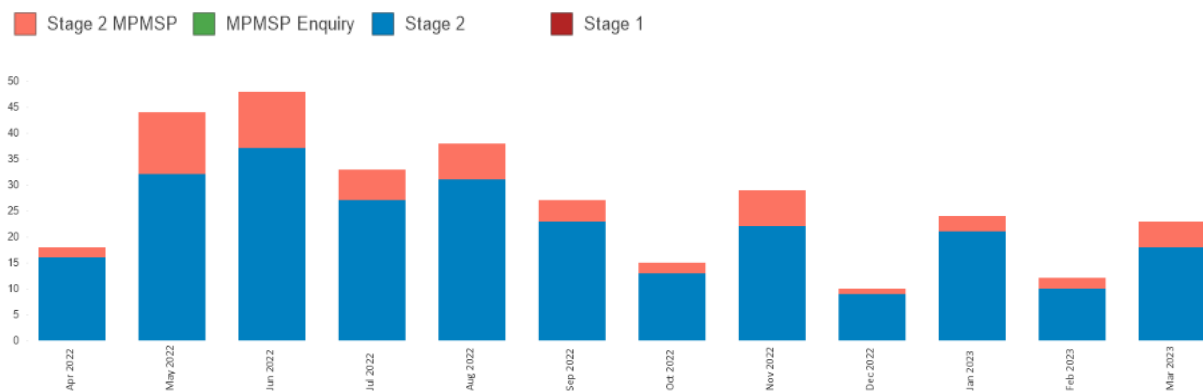
## Indicator eight - Complaints closed in full within the timescales

The number of stage 1 complaints closed within 5 working days. The number of complaints closed in desired timescale decreased after August 2020.

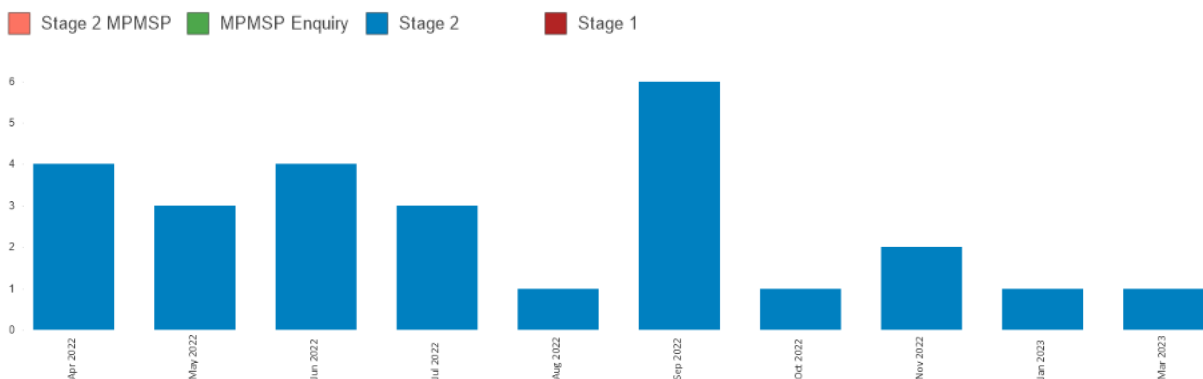


The number of stage 2 complaints closed within 20 working days. The number of complaints closed in desired timescale decreased after October 2020, this was a result of the pandemic across divisions.

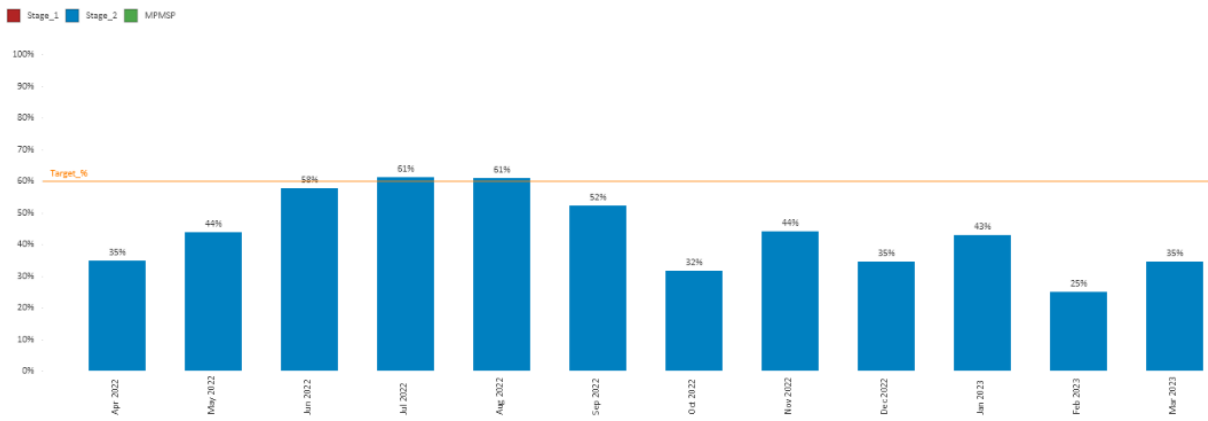
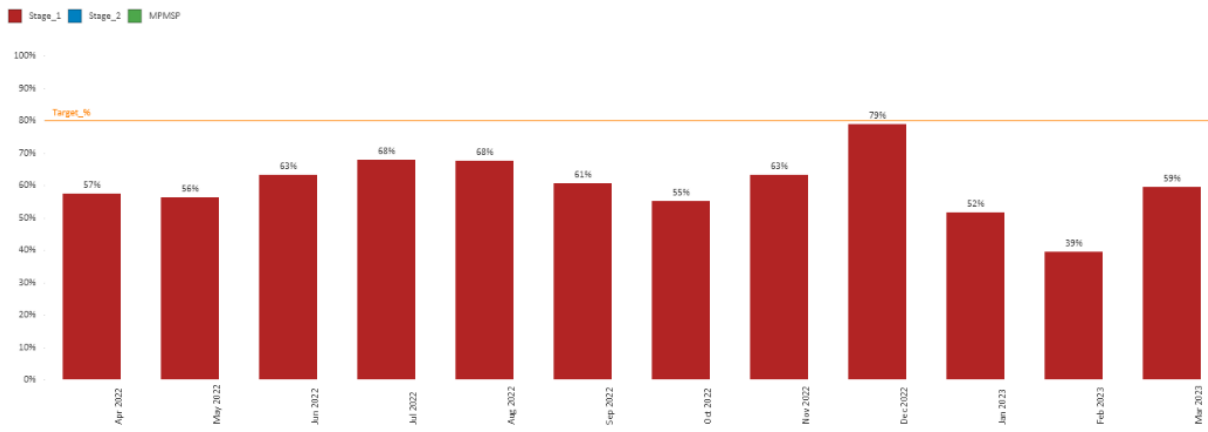
*\*\* MSP Stage 2 is the same as a Stage 2 process, these have been categorised in this way for reporting purposes \*\*\**



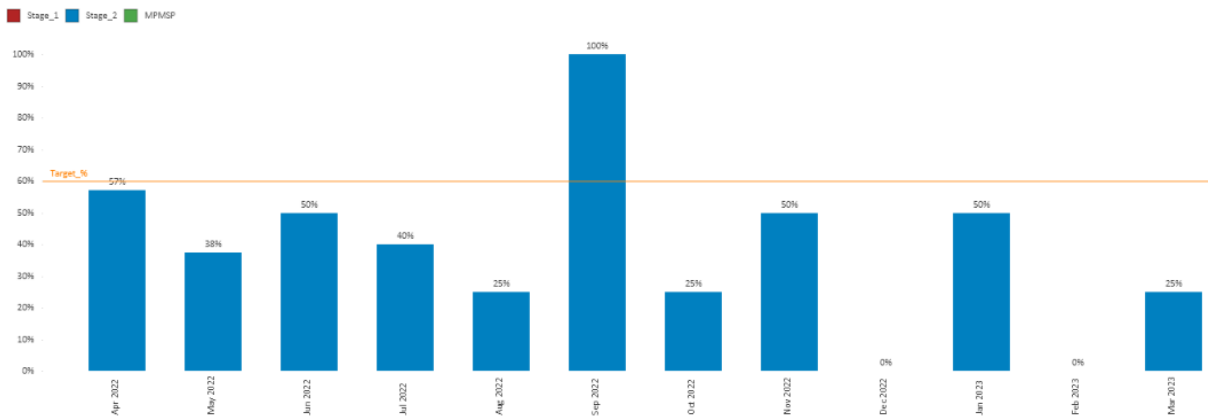
The number of escalated complaints closed within 20 working days



% of complaints closed within working days target (stage 1 and stage 2)



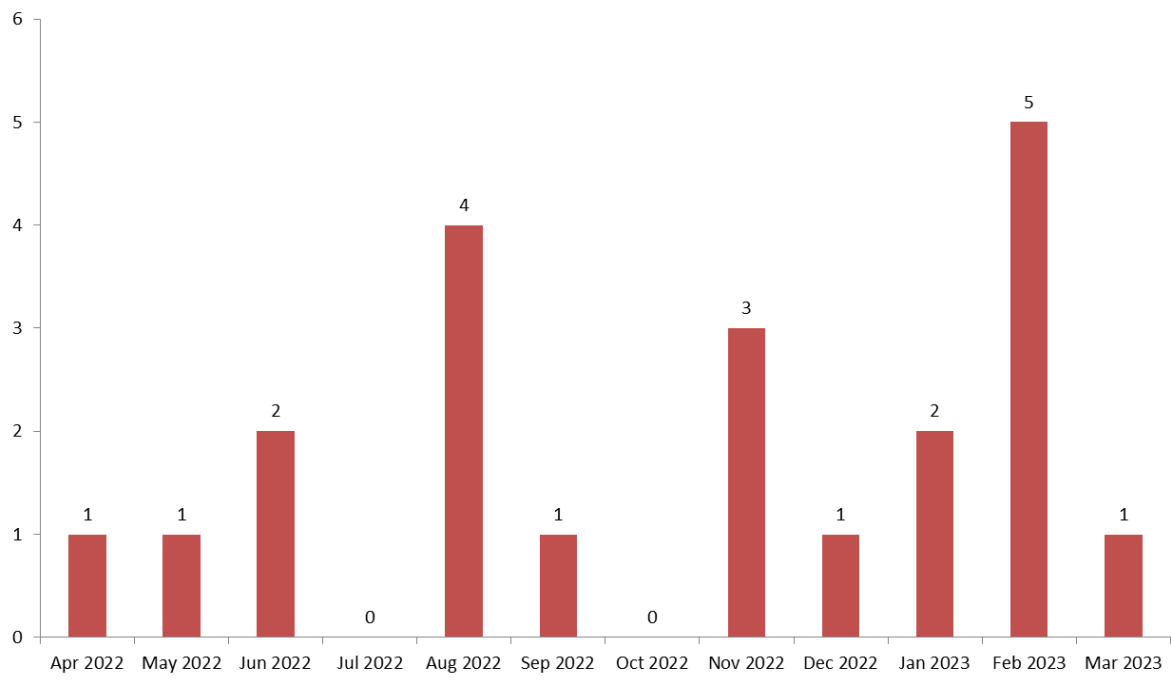
**% of complaints closed within working days target (escalated)**



The empty months represent no stage 1 complaints were escalated for the month that had escalated complaints

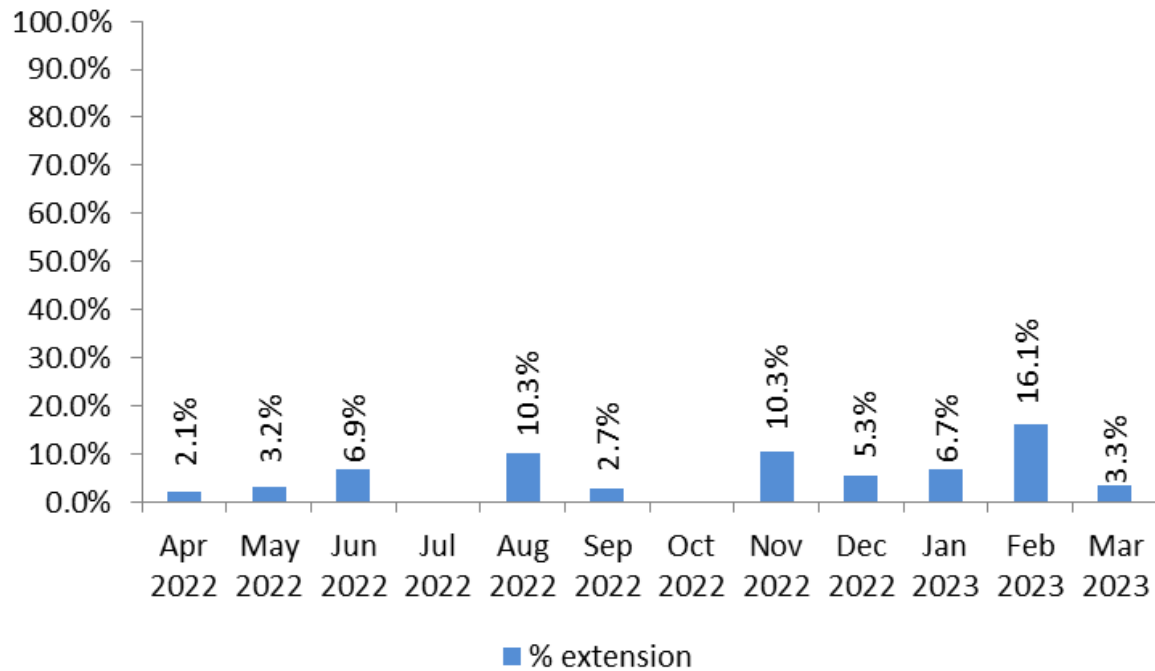
**Indicator nine – Authorised extensions**

Number of complaints closed at stage 1 where extension was authorised



Complaints response timescale can be extended to 10 working days with approval

Closed stage 1 complaints where extension was authorised as a % of all complaints at stage 1



### Complaint Improvement Activity

As part of the Board wide improvement plan introduced in May 2021 which continued throughout 2022 & 2023, additional actions included:

1. Focus meetings with the Feedback Team and Operational Units to drive performance
2. A training programme to include training for complaints investigators, feedback team, executive team and operational unit management team
3. A weekly report to identify open complaints in a RAG status format, along with a breakdown in themes and awareness of complaint's raised as High Level
4. Updated Website and Intranet pages
5. Increased collaborative working to resolve complex cases

**NHS Highland**

**Annual Report on Feedback and Complaints**

**Performance Indicator Data collection**

**2022/2023**

**Performance Indicator Four:**

**Summary of total number of complaints received in the reporting year (Stage 1 and Stage 2)**

**\*Does not include complaints with a withdrawn, SPSO or further correspondence status/stage**

Number of complaints received by the NHS Territorial Board or NHS Special Board Complaints and Feedback Team	<b>975</b>
Number of complaints received by NHS Contractors ( <i>Territorial Boards only</i> )	<b>n/a</b>
<b>Total number of complaints received in NHS Board area</b>	<b>975</b>

**NHS Board - sub-groups of complaints received**

<b>Prisons</b>	<b>38</b>
<b>NHS Board Managed Primary Care services:</b>	
GP	<b>44</b>
Dental	<b>12</b>
Ophthalmic	<b>n/a</b>
Pharmacy	<b>3</b>

**No complaints relating to primary care managed opticians**

## NHS Contractors – complaints received

GP	n/a
Dental	n/a
Ophthalmic	n/a
Pharmacy	n/a
<b>Total</b>	<b>n/a</b>

### Performance Indicator Five

The total number of complaints closed by NHS Boards in the reporting year (*do not include contractor data, withdrawn cases or cases where consent not received*).

Number of complaints closed by the NHS Board	Number	As a % of all NHS Board complaints closed (not contractors)
Stage one	385	40%
Stage two	517	54%
Stage two - Number of escalated complaints	56	6%
<b>Total complaints closed by NHS Board</b>	<b>958</b>	

### Performance Indicator Six

Complaints upheld, partially upheld and not upheld

Stage one complaints

	Number	As a % of all complaints closed by NHS Board at stage one
Number of complaints upheld at stage one	170	44%
Number of complaints not upheld at stage one	112	30%
Number of complaints partially upheld at stage one	103	26%
<b>Total stage one closed complaints</b>	<b>385</b>	



## Stage two complaints

	Number	As a % of all complaints closed by NHS Boards at stage two
Number of complaints upheld at stage two	174	34%
Number of complaints not upheld at stage two	110	21%
Number of complaints partially upheld at stage two	233	45%
<b>Total stage two closed complaints</b>	<b>517</b>	

## Stage two escalated complaints

	Number	As a % of all escalated complaints closed by NHS Boards at stage two
<b>Escalated stage 2 closed complaints only</b>		
Number of escalated complaints upheld at stage two	22	40%
Number of escalated complaints not upheld at stage two	11	20%
Number of escalated complaints partially upheld at stage two	23	40%
<b>Total stage two closed escalated complaints</b>	<b>56</b>	

## Performance Indicator Eight

### Complaints closed in full within the timescales

This indicator measures complaints closed within 5 working days at stage one and 20 working days at stage two.

	Number	As a % of complaints closed by NHS Boards at each stage
Number of complaints closed at stage one within 5 working days.	234	61%
Number of complaints closed at stage two within 20 working days	234	45%
Number of escalated complaints closed at stage two within 20 working days	25	45%
<b>Total number of complaints closed within timescales</b>	<b>493</b>	

\*% scores are based upon the total number of complaints closed at that stage. These can be found in Performance Indicator Five

## Performance Indicator Nine

### Number of cases where an extension is authorised

This indicator measures the number of complaints not closed within the CHP timescale, where an extension was authorised.\*

	Number	As a % of complaints closed by NHS Boards at each stage
Number of complaints closed at stage one where extension was authorised	21	5%
Number of complaints closed at stage two where extension was authorised	n/a	n/a
<b>Total number of extensions authorised</b>	21	

\*% scores are based upon the total number of complaints closed at that stage. These can be found in Performance Indicator Five

**\*Note:** The SPSO confirm that there is no prescriptive approach about who exactly should authorise an extension – only that the organisation takes a proportionate approach to determining an appropriate senior person – and this is something that NHS Boards should develop a process for internally. This indicator aims to manage the risk of cases being extended beyond the CHP timescale without any senior officer approval.

### Completed by:

<b>Name:</b>	<b>Position:</b>
<b>Tel:</b>	<b>E-mail:</b>
<b>Date:</b>	