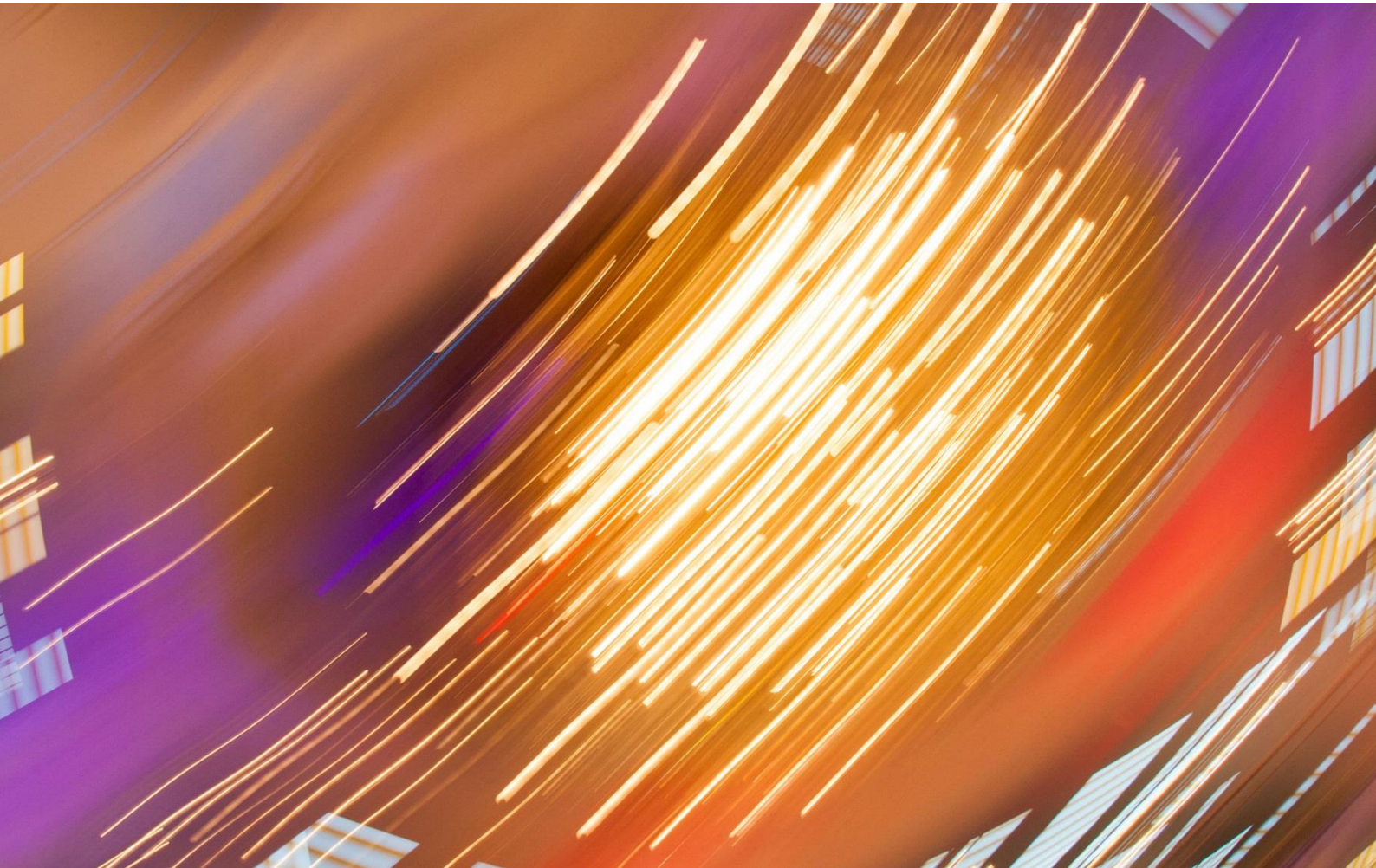


Instruction and Guidance Notes

**KO41a NHS Hospital &
Community Health Services
Written Complaints BAAS R00030**

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**Information and technology
for better health and care**

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1. Background to NHS Hospital & Community Health Services Written Complaints

The information from the KO41a collection monitors written Hospital & Community Health Services Written Complaints (by service area, profession and type) received by the NHS.

This information is published by NHS Digital on an annual basis up to 2014-15 (and quarterly for 2015-16 onwards):

The latest available data is published here: <http://digital.nhs.uk/KO41a/publications>

The KO41a - Hospital & Community Health Services Written Complaints Quarterly data collection has been assessed by the Burden Advice and Assessment Service (BAAS) formerly Review of Central Returns – ROCR and is now mandatory.

The BAAS team are keen to receive feedback on central data collections from the colleagues who complete/submit returns. In particular, around the length of time data collections take to complete and any issues, suggested improvements or duplication of data collections. Feedback can be submitted to BAAS using the Data Collection Burden Reduction Service referral form.

Further information on the current NHS complaints procedures can be obtained from <http://www.legislation.gov.uk/ukxi/2009/309/contents/made>

1.1 Who should complete the data collection?

- NHS organisations
- Organisations commissioned to provide NHS services
- Organisations providing services to NHS patients
- CCGs or organisations involved in the commissioning of NHS services

1.2 How will the data be collected?

The data will be collected using a secure online data collection system called the Strategic Data Collection System (SDCS), developed by NHS Digital.

For organisations using systems provided by Datix or Ulysses a spreadsheet file will be created automatically which can then be uploaded directly into the SDCS.

Alternatively data can be submitted via a manually populated Excel spreadsheet. This template is available on the NHS Digital website:

<http://digital.nhs.uk/datacollections/KO41a>

1.3 How often will the data be collected?

From 2015-16 onwards data will be collected on a Quarterly basis.

Q1 1st April – 30th June

Q2 1st July – 30th September

Q3 1st October – 31st December

Q4 1st January – 31st March

A data request email will be sent to all confirmed contacts at the end of each quarter. This will include a link to the data collection system along with guidance and support.

Operational guidance for using the SDCS is available on the NHS Digital website:

<http://digital.nhs.uk/datacollections/KO41a>

1.4 Complaints categories

New complaints are broken down into eight sections:

- Section 1: Organisation Details and Organisation Site Details
- Section 2: Summary of overall numbers of complaints
- Section 3: Age of patient
- Section 4: Status of complainant
- Section 5: Service area
- Section 6: Subject area of clinical treatment with sub-categories
- Section 7: Subject area
- Section 8: Profession

One complaint can be recorded within one or more of these areas

2. Submitting Data

2.1 System requirements

In order to access the online SDCS, users will need to use Internet Explorer version 7 (or higher) or a recent version of the Firefox or Chrome browsers.

If at any time the system freezes or stops responding, pressing the CTRL and F5 keys at the same time should resolve the problem. If it does not resolve the problem please contact the collections team at the following email address:

data.collections@nhs.net

2.2 Single-sign-on account

In order to access SDCS users will need an NHS Digital single-sign-on account. If users do not currently have an NHS Digital single-sign-on account, details on how to obtain one are included in the SDCS user guidance:

<http://digital.nhs.uk/datacollections/KO41a>

3. Guidelines

3.1 General

1. The KO41a should be completed with information on written complaints received about Hospital and Community Health Services made by, or on behalf of, patients in the relevant quarterly reporting period.
2. A written complaint is one that is made in writing to any member of staff, or is originally made orally and subsequently recorded in writing. Once it is so recorded, it should be treated as though it was made in writing from the outset.
3. Complaints and comments/suggestions that **do not** require investigation should not be included.
4. The detailed information regarding a complaint, including age and status of the complainant, and the service, subject and professional area of the complaint, only need recording for new complaints received in the relevant quarterly reporting period.
5. Where a new complaint covers several aspects of care/treatment, the complaint should be recorded against each relevant item within the service, subject and profession areas (sections 5, 7 and 8). Totals for these areas can be greater than the number of new complaints.
6. Clinical area (section 6): This section is just a single subject area item that has been broken down into more detail. Only complete section 6 if the complaint has a clinical aspect to it, otherwise leave it blank.
7. If the complaint is transferred to another organisation, the organisation that deals with it should record it and provide details on their own return.
8. **DO NOT INCLUDE** complaints transferred to the Parliamentary and Health Service Ombudsman.
9. If an organisation investigates a complaint made about another organisation, the complaint should be recorded against the organisation being complained about and not the organisation conducting the investigation.
10. **DO NOT INCLUDE** investigations instigated by outside agencies, for example the Police or Coroners Court.
11. Brought forward/Carried forward
12. Numbers brought forward within a particular quarter should be the same or similar to those carried forward in the previous quarter

3.2 Upheld Complaints

13. If a complaint is received which relates to one specific issue, and substantive evidence is found to support the complaint, then the complaint should be recorded as **upheld**.
14. Where there is no evidence to support any aspects of a complaint made, the complaint should be recorded as **not upheld**.
15. If a complaint is made regarding more than one issue, and one or more of these issues (but not all) are upheld, the complaint should be recorded as **partially upheld**.

3.3 Site level

16. Complaints should be recorded against the relevant site/hospital to which the complaint relates.
17. Site level data must be provided for sites with valid Organisation Data Service (ODS) codes. Details on how to obtain these codes are included in section 5. Data should be displayed using one line of data for every site that has received a complaint. Sites that have not received a complaint do not need to be included.

3.4 Specific guidelines for CCGs

18. Clinical Commissioning Groups (CCGs) should complete the KO41a return as complaints may be made to them about commissioning issues and any other services they directly provide.
19. CCGs should not record complaints regarding services provided by NHS Trusts even where they conduct the investigation. These complaints should be recorded on the return of the NHS Trust concerned.
20. **Complaints regarding GP Out-of-Hours Services (OOH)**
 - i. Where CCGs directly employ doctors (or others) to provide OOH then these complaints should be recorded by the CCG on the KO41a under the service type 'Other community healthcare services' in Section 5.31
 - ii. Where CCGs commission the OOH from an independent provider to provide OOHs then these complaints should be recorded on the return of the provider. If the provider does not have a valid ODS code or is otherwise unable to make a return then these complaints should be recorded by the CCG.
21. CCG reporting in Sections 6 - CCGs are not expected to include any of their complaints in Section 6 Subject Area of Clinical Treatment. Only complete section 6 if the complaint has a clinical aspect to it, otherwise leave this section blank
22. Where complaints regarding CHC (Continuing Health Care) or IFR (Individual Funding Request) do not fit easily into the available categories for Section 7 then they can be included in [7.69] Other.

4. Support and Further Guidance

For queries regarding the validation and submission of the return, please contact: data.collections@nhs.net

For queries on definitions of Hospital and Community Health Services complaints, please contact: nhs.comp@nhs.net

The following further guidance documents can be found online at <http://digital.nhs.uk/datacollections/KO41a>

- i. Data return validations summary
- ii. KO41a blank return template
- iii. Data items list (detailed lookup guide showing a list of items for each subject and professional area)
- iv. Frequently Asked Questions

Detailed definitions of each data items required on the KO41a follow in section 5 of this guidance document.

5. Data Items

Question	Guidance notes / definitions	Validations
Section 1: ORGANISATION DETAILS		
[1.1] Org Code	<p>National Organisation Data Service (ODS) code for overall responsible organisation</p> <p>The organisation code will usually be a 3 character Trust or CCG code. Some Independent/Private/Voluntary sector organisations may have a 5 or 6 digit code. All organisations must have a nationally recognised code generated by ODS.</p> <p>ODS search facility: http://odsportal.hscic.gov.uk/</p> <p>If organisations do not have one then contact ODS by emailing exeter.helpdesk@nhs.net</p>	<p>Mandatory</p> <p>Organisation code must match Org_Code in the Org_Daily reference data</p>
[1.2] Org Name	Name of overall responsible organisation	If applicable
Section 1: SITE DETAILS		
[1.3] Site Code	<p>National ODS site code against which data are being submitted</p> <p>The site code will usually be the 3 digit organisation code followed by a unique reference code specific to that site. For example the first 3 characters will be the organisation code entered in [1.1] followed by the site/hospital code. E.g. RT403</p> <p>Site codes can be found on the ODS web site which can be searched on name, address and post code http://odsportal.hscic.gov.uk/</p>	<p>Mandatory</p> <p>Site code must match Site_Code in the Org_Daily reference data</p>
[1.4] Site Name	Name of site	If applicable
Section 2: SUMMARY OF OVERALL NUMBERS OF COMPLAINTS		
[2.5] Total Brought Forward	<p>Number of complaints carried forward from last submission period.</p> <p>This should be equal to the Total Carried Forward [2.11] for the previous reporting period. However, due to the possibility of complaints being withdrawn between reporting</p>	<p>Mandatory</p> <p>≥ 0, no decimals.</p> <p>Mandatory</p> <p>$2.5 \leq 2.11$ (previous quarter)</p>

	periods the Total Brought Forward [2.5] in a quarter may be slightly lower than the Total Carried Forward from the previous period.	
[2.6] Total New	Number of new complaints received during the quarter Detailed breakdown of complaints are for new complaints – so the totals in [3.20], and [4.26] must equal [2.6]. The totals in [5.36], [7.71] and [8.82] must equal or be greater than [2.6].	Mandatory 3.20=2.6 4.26=2.6 5.36>=2.6 7.71>=2.6 8.82>=2.6
[2.7] Total Resolved	Number of complaints resolved during reporting period. This should equal the sum of the Number Upheld [2.8] + Number Partially Upheld [2.9] + Number Not Upheld [2.10]	Mandatory 2.7=2.8+2.9+2.10
[2.8] Number Upheld	Of the Total Resolved [2.7] the number that were fully upheld	Mandatory
[2.9] Number Partially Upheld	Of the Total Resolved [2.7] the number that were partially upheld	Mandatory
[2.10] Number Not Upheld	Of the Total Resolved [2.7] the number that were fully not upheld	Mandatory
[2.11] Total Carried Forward	Number of unresolved complaints carried forward to next period. This should equal the Total Brought Forward [2.5] + Total New [2.6] less the Total Resolved [2.7]	Mandatory 2.11=(2.5+2.6)-2.7
Section 3: AGE OF PATIENT For the number of NEW complaints during the reporting period; breakdown by age of patient.		If applicable >=0, no decimals and if null display as 0
[3.12] Age 0-5		
[3.13] Age 6-17		
[3.14] Age 18-25		
[3.15] Age 26-55		
[3.16] Age 56-64		
[3.17] Age 65-74		
[3.18] Age 75 and over		

[3.19] Age Unknown		
[3.20] Total all ages	The Total all ages [3.20] must equal [2.6] Total New and must equal the sum of all the individual ages [3.12] to [3.19]	3.20 = 2.6 and 3.20 = sum (3.12 to 3.19)
Section 4: STATUS OF COMPLAINANT For the number of NEW complaints during the reporting period; breakdown by complainant status		If applicable >=0, no decimals and if null display as 0
[4.21] Patient		
[4.22] Parent		
[4.23] Guardian		
[4.24] Carer		
[4.25] Other		
[4.26] Total	The Total [4.26] of the status of complainant must equal [2.6] Total New and must equal the sum of all status of complainants [4.21] to [4.25]	4.26 = 2.6 and 4.26 = sum (4.21 to 4.25)
Section 5: SERVICE AREA For the number of NEW complaints received during the period; a breakdown of all the Service Areas. Note: There can be more Service Areas than number of new complaints		If applicable >=0, no decimals and if null display as 0
[5.27] Ambulance services	Hospital provided transport services staffed by trained ambulance staff	
[5.28] Inpatient services	Admitted specialist management/patient care provided by a consultant, midwife or nurse	
[5.29] Outpatient services	Attendance at a clinic session provided by a consultant or their team	
[5.30] Emergency services (including Minor Injuries Units, hospital-based Urgent Care Centres)	Consultant-led activity with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients	
[5.31] Other community healthcare services	Care provided in a community setting, which may not include accident and emergency facilities	

[5.32] Commissioning	Purchasing of services on a contract for patients in an area covered by a particular Clinical Commissioning Group	
[5.33] Mental Health	Care of the mentally ill (by a psychiatric specialist or their team)	
[5.34] Maternity	Care of patients during pregnancy including provision of antenatal and post-natal services, as well as care following miscarriage	
[5.35] Other	Any other that does not fit into one of the categories above	
[5.36] Total	The Total [5.36] of the Service Areas must equal or be greater than [2.6] Total New and must equal the sum of all Service Areas [5.27] to [5.35]	5.36 >= 2.6 and 5.36 = sum (5.27 to 5.35)
Section 6: SUBJECT AREA OF CLINICAL TREATMENT Of those NEW complaints with a Subject Area: Clinical Treatment - Breakdown by Clinical Group		If applicable >=0, no decimals and if null display as 0
[6.37] Accident & emergency		
[6.38] Anaesthetics		
[6.39] Clinical oncology		
[6.40] Dental group		
[6.41] General medicine group		
[6.42] Obstetrics & gynaecology		
[6.43] Paediatric group		
[6.44] Pathology group		
[6.45] PHM & CHS group		
[6.46] Psychiatry group		
[6.47] Radiology group		
[6.48] Surgical group		
[6.49] Total	The Total of [6.49] Subject Area of Clinical Treatment must equal the sum of all Clinical Groups [6.37] to [6.48] This total does not need to equal the sum all [2.6] Total New complaints	6.49 = sum (6.37 to 6.48)

Section 7: SUBJECT AREA

For the number of **NEW** complaints received during the quarter, a breakdown of all Subject Areas.

Notes:

i) There can be more Subject Areas than the number of new complaints

ii) Complaints received regarding Clinical Treatment should be included in the relevant Clinical Group in section 6 and in the Total [7.71] in this section.

If applicable

>=0, no decimals and
if null display as 0

[7.50] Access to treatment or drugs (including decisions made by Commissioners)		
[7.51] Admissions, discharge and transfers excluding delayed discharge due to absence of care		
[7.52] Appointments including delays and cancellations		
[7.53] Commissioning Services		
[7.54] Communications		
[7.55] Consent to Treatment		
[7.56] End of Life Care		
[7.57] Facilities Services (Inc. access for people with disability, cleanliness, food, maintenance, parking, portering)		
[7.58] Integrated Care		
[7.59] Patient Care including Nutrition / Hydration		
[7.60] Mortuary and post-mortem arrangements		
[7.61] Prescribing errors		
[7.62] Privacy, dignity and wellbeing (including care with		

compassion, respect, diversity, patients' property and expenses)		
[7.63] Restraint		
[7.64] Staffing numbers		
[7.65] Transport (Ambulances only)		
[7.66] Trust Administration		
[7.67] Values & Behaviours (Staff)		
[7.68] Waiting Times		
[7.69] Other		
[7.70] Sub total	The Sub total of the Subject Area [7.70] must equal the sum of all Subject Areas [7.50] to [7.69]	$7.70 = \text{sum (7.50 to 7.69)}$
[7.71] Total (including clinical treatment [6.49])	The Total (including clinical treatment [6.49]) must equal or be greater than [2.6] Total New and must be equal to the sum of [7.70] Sub total + [6.49] Total Subject Area of Clinical Treatment	$7.71 \geq 2.6$ and $7.71 = 7.70 + 6.49$
Section 8: PROFESSIONAL AREAS For the number of NEW complaints received during the quarter, a breakdown of all Professional Areas. Note: There can be more Professional Areas than the number of new complaints		If applicable ≥ 0 , no decimals and if null display as 0
[8.72] Medical	Medical specialities (including surgical sub-specialities)	
[8.73] Dental	Dental specialities (including surgical sub-specialities)	
[8.74] Nursing	Care provided by nurses	
[8.75] Midwifery	Care provided by midwives	
[8.76] Health Visiting staff	Care provided by health visitors	
[8.77] Scientific, Therapeutic and Technical	Services provided by scientists, technicians and professional advisors and support staff	

[8.78] Ambulance	Services provided by ambulance crews (including trained paramedics)	
[8.79] Support to Clinical Staff	Workmen, cleaners, porters, catering staff	
[8.80] NHS Infrastructure Support	Hospital trust staff or Clinical Commissioning Group employed staff (not general practice based staff)	
[8.81] Other/No staff involved	e.g. where a complaint is about a Board decision, the decision of a Panel (e.g. CCG) another patient, visitor or non-Trust staff such as a volunteer	
[8.82] Total	The Total of Professional Areas must equal or be greater than [2.6] Total New and must equal the sum of [8.72] to [8.81]	8.82 >= 2.6 and 8.82 = sum (8.72 to