

Instruction, Guidance Notes and FAQs

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

Published June 2017

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:

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 registered data submitters 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. Frequently Asked Questions

5.1 Subject Areas

How do we treat complaints with multiple aspects?

Where a single complaint covers several aspects of care/treatment received, the complaint should be recorded as a single complaint for the number of complaints received. However, within the subject, service and profession areas each individual aspect that the complaint relates to needs to be recorded.

Does each subject area need to have a 'professional area'?

If a complaint covers several subjects/services but just one profession then you only need to enter one figure within the professional area. However if a complaint covers a range of professions then you would enter a complaint into each of the relevant professional fields.

How do you log complaints that don't fit into the prescribed subject areas?

If they don't fit into any of the provided categories then it would need to be included in 'other'. It would also be useful if you could send us details of any categories that don't fit into the current matrix as this could assist us to develop the system in the future and in the short term we can add them into the lookup table for guidance to assist other organisations. Email suggestions can be sent to [Comp Nhs \(NHS DIGITAL\)](#)

If we receive a complaint with three subjects do each of those subjects need to have a service and profession allocated to them even if they are the same?

For example:

Subject Communication Values Other

Service Mental Health Mental Health Mental Health

Profession Scientific, technical and professional

The complaint that covers three subjects doesn't have to have three service or professions (unless it also covered three of these). In the example above the complaint is recorded as three subjects but just one service area and one profession.

5.2 Organisation and Site Codes

Multiple Sites – What is the correct process if a complaint spans 1 organisation spread across 2 sites?

A single complaint cannot be recorded across multiple sites without duplicating it in the count of total complaints (if recorded as a separate complaint against each site). Therefore it should be recorded against the primary site of complaint. Then within this one complaint it can be logged by the various subject/service areas.

Multiple Organisations – What is the correct process if the complaint spans 2 organisations?

This depends on how a complaint is being investigated. Where a complaint spans several organisations and it is being investigated by each of those organisations then they should be recorded as separate complaints by each of the organisations. However, if a complaint applies primarily to one organisation who investigates it then it is only that organisation who should record it.

How do we record data for sites where we don't have an ODS site code?

Data for sites where there is no ODS site code should be recorded in a single total against your main trust code. So for example if a trust had 115 complaints in total and 15 at a site without an ODS site code then the return might read:

Site Code	Site Name	Total Complaints
RZZ01	ANON GENERAL HOSPITAL	50
RZZ02	ANON HEALTHCARE CLINIC	50
RZZ	ANON NHS FOUNDATION TRUST	15

Note that we don't require a Trust total that sums up all the complaints as we will generate this.

In the longer term sites should have an ODS code which can be requested from the ODS service at the NHS Digital. It is the responsibility of the OC1 administrator at each trust to request these. If this person is not known then the ODS team can be contacted for further information and guidance:

[Exeter Helpdesk \(NHS DIGITAL\)](#)

Tel: 0300 303 4034

5.3 Submitting Organisations – who?

As a CCG what data should our return include?

CCG complaints returns should only generally include complaints about commissioning decisions and Out of Hours (either directly employed OOH services or services commissioned from independent providers who are not completing a return). Complaints about services provided by hospitals and other providers should be included on the KO41a of the service provider.

Where do complaints regarding Out of Hours / Walk-in Centres go?

They should be logged as Other Community Healthcare Services [5.31]

Do you expect all of our providers to be submitting the KO41a return when they are not all NHS organisations?

Where a service is commissioned by the NHS from the private sector and that organisation does not have a complaints system the commissioner is responsible for investigating and recording complaints and should provide the information as part of their KO41a return.

If the private sector service does have a complaints procedure the private sector body should provide a KO41a return?

In summary, all complaints need to be captured on the KO41a either on the commissioners or the providers KO41a return.

5.4 Which complaints to record and where to record them

PHM & CHS? What does it stand for?

Public Health Medicine & Community Health Services – and covers the medical aspects of public health practice and population health needs.

Do we record verbal/oral complaints?

A complaint made verbally should be included on the return if it is recorded and investigated and/or a response provided to the complainant.

We record complaints as either ‘formal’ or ‘informal’ – should all data be included or just that for formal complaints?

This collection doesn't use the terms 'formal' and 'informal'. So what could be classed as an informal complaint (e.g. a complaint made verbally) can be included on the return if it is recorded and then investigated and/or a response provided to the complainant. However, if a complaint/comment is recorded for internal purposes (and maybe classed as 'informal') but no further action/investigation is taken then it should not be included. This would be seen more as a comment or suggestion rather than a complaint.

Do we record withdrawn complaints?

If a complaint is withdrawn during the quarter you are completing then you can either remove it or log it as not upheld.

Do we include complaints when we are unable to obtain third party consent?

We only need data recording for complaints that organisations are investigating/responding to. If third party consent is not received and this means a complaint is not investigated, this should not be included.

Various facets of a complaint are upheld/partially upheld/not upheld. How should these be recorded?

Look at the overall complaint and judge whether the majority of it was upheld or partially upheld (or not upheld) and record it accordingly. In an ideal world each subject/service area could have a category of upheld/partially/not upheld. However, when this was developed we were trying to keep the collection form relatively concise although we may need to consider this in the future.

We record complaints as upheld/not upheld/partially upheld. However, we also have other categories like; referred to Safeguarding Investigation, referred to Human Resources or excluded under Regulation 12.

If a referral means that the complaint is transferred outside of your organisation then you can close it and either exclude it from your return if it's within the quarter you are returning for, or if it's already been recorded in a previous quarter then select one of the 3 categories (upheld, partially upheld or not upheld) and mark it as resolved. Comments can always be added for clarification.

For those that are referred within your organisation (e.g. if the HR referral is part of your organisation) then this is technically still under investigation by your organisation so stays there until its resolved one way or the other.

Should Total Carried Forward match Total Brought Forward in the following quarter?

These totals should be equal or close to being equal. However, due to the possibility of complaints being withdrawn between reporting periods it is possible that the Total Brought Forward in a quarter will be slightly lower than the Total Carried Forward from the previous period. At present we cannot record withdrawn complaints as a separately identifiable data item. Because a total carried forward from the previous quarter should be the same/similar to the current brought forward total we have introduced a new validation (from 2017-18 Q1 onwards).

A variation greater than 20 will not invalidate your return but you will be asked to provide a reason for the difference.

We are required to bring forward anything that is open at the start of the period. Does this include any complaints which may have been received as far back as 1-2 years ago which have perhaps re-opened and remain unresolved.

The Total Brought Forward should include any open complaints that are being investigated at the start of the relevant reporting period

When the Total New [2.6] complaints are broken down into the categories in Section 6 and the categories in Section 7 and then added together in field [7.71] Total, this gives the impression that the amount of complaints received is much higher.

A single complaint can have several aspects to it. It may cover several subject areas which can lead to a larger subject total than the number of new complaints. This is fine but we have noticed some potential issues with the subject sections of the return (Section 6 & 7).

It looks as though some organisations have been recording every new complaint in both section 7 (subject non-clinical) and section 6 (subject – clinical) and appear to be doubling their numbers.

As an example, if an organisation has 30 new complaints and then enters 30 complaints in section 7 and 30 in section 6 they will get an overall subject total of 60 complaints in 7.71. Because this is technically possible (a single complaint could have both clinical and non-clinical aspects) it passes validation.

While this may be correct it looks as though they have tried to make every complaint find a home in both section 6 and section 7. While each new complaint must have one or more subject areas recorded it is only necessary to complete sections 6 if the complaint has a clinical aspect otherwise leave this section blank and just enter the relevant subject items within section 7.

5.5 Contact Details

Who do we contact for issues with the Datix system?

Organisations creating the KO41 report in Datix will need to upgrade to Datix version 14.0.4 or greater. Any queries relating to Datix and upgrades should be made to the Datix support team on (020) 8971 1963 or support@datix.co.uk

Who do we contact for issues with the Ulysses system?

Issues around the Ulysses system should be directed to Tel: 02392 440540

Information/Enquiries: info@ulysses.co.uk

Support: support@ulysses.co.uk

NHS Digital contacts

For queries regarding the validation and submission of the return and the SDCS system, please contact: [data.collections](#) (NHS DIGITAL)

Any queries on definitions of Hospital and Community Health Services complaints, or suggestions for further definitions please contact: [Comp Nhs](#) (NHS DIGITAL)

Review

Reviews of this document are carried out by Information Analysts in the NHS Digital Data Collection Team following feedback from registered data submitters from commissioning organisations and in consultation with other NHS Digital internal teams and NHS England

Reviewers

Date	Name	Job Role	Team	Organisation
20/06/2017	Sarah Freeman	Information Analyst	Data Collections Team	NHS Digital

Changes made

Date	Details	Page
20/06/2017	Should Total Carried Forward match Total Brought Forward in the following quarter? Additional note about new validation added in Q1 2017/18	11

Approvers

20/06/2017	Judith Ellison	Higher Information Analyst	Data Collections Team	NHS Digital
20/06/2017	Malcolm Dudlyke	Senior Information Analyst	Workforce & Facilities	NHS Digital