DOH GUIDANCE NOTES
FOR CH8 RETURNS FOR TRUST COMPLAINTS
(with effect from December 2025)

1. INTRODUCTION

1.1 These notes are released to provide guidance on the CH8 codes and for completion of the CH8 Trust Complaints return.

1.2 The purpose of the CH8 return is to record pseudo-anonymised patient level data on complaint issues received by Trusts during the year.

1.3 The CH8 return should be returned quarterly by Trusts in respect of services for which they have responsibility. Deadline for receipt of figures by Public Health Information & Research Branch is not later than 10 working days following a lying month after the end of the quarter to which the return refers. For example, figures for the quarter April – June will be provided not later than 10 working days into August.

2. AMENDMENTS

2.1 An additional column has been added to the CH8 return template to record the time taken to provide a substantive response, for further details see section 5.

2.2 A section on Category and Subcategory has been added, see section 9.

2.3 A list of agreed regional codes has been added, see Appendix 1.

2.4 Some specialties have been added, amended or removed. See full list in Appendix 1.

2.5 A list of treatment setting and stage of complaint has been added. See Appendix 1.

3. COMPLAINT

3.1 For the purposes of the CH8 return, a complaint may be understood as ‘an expression of dissatisfaction requiring a response’.

Communications criticising a service or the quality of care but not adjudged to require a response, should not be included on this form.

Only complaints received from/on behalf of patients/clients or other ‘existing or former users of a Trust’s services and facilities’ should be included. Complaints from staff should not be included.

Complaints should be recorded on this return only if made by those eligible to make complaints under the HSC Complaints Procedure. (This will include certain third parties where eligible under the guidance).

Only complaints about services of the Trust returning the form should be recorded on this CH8 form. Complaints received by a Trust, which properly refer to the services of another Trust/agency, should not be recorded on the return of the Trust of first receipt.

This return should include information on all formal complaints only. Informal HSC complaints and Informal/Problem Solving Children Order complaints should not be included.

A single communication may include more than one issue of complaint. In such cases each separate issue should be recorded separately on the return for POC and Subject.

Where separate communications in respect of a single patient/client refer to one episode, they should be treated as a single complaint for the purposes of this form.

In other words, if two relatives complain about the same subject/episode in respect of the same patient, this should be treated as one complaint only.
However, if two relatives complain about separate subjects/episodes but in the care of the same patient, these should be treated as separate complaints.

Where separate unconnected communications refer to the same episode/issue, they may be treated as separate complaints.

In other words, if separate individuals complain about a matter they have all experienced, this would be treated as separate complaints, e.g. if ten clients complain individually about conditions in a day centre, these should be treated as ten separate complaints.

The logic of the complaints procedure is that it should afford a speedy resolution of cases of individual dissatisfaction of service. This differs from the case of petitions where the concern is primarily the collective representation of views, e.g. if a single complaint is received from a group of users, it should be treated as a single complaint.

Where a complainant is dissatisfied with the Trust's response to his/her complaint and enters into further communications about the same matter/s, this is not a new complaint, rather it will be the same complaint reopened. Such a complaint would only be recorded once in the CH8, i.e. in the quarter it was initially received. However, if this complainant where to then complain about a separate/different matter, this would be a new complaint.

4. DATE OF COMPLAINT

The date of a complaint should be the date on which the communication requiring a response is received. Where consent or authorisation is required from the patient/client, the date of complaint will be the date on which consent or authorisation is received.

A criticism only becomes a complaint when it requires a response. Therefore, if a criticism of services/facilities is made which subsequently develops into a request for a response, the date of the complaint should be taken as the date on which communication requesting response was received (i.e. the date on which the 'criticism' became a 'complaint') and not the date on which the original criticism was made.

If a complaint is made verbally which the client/patient states he/she will place in writing, the date of receipt of the written complaint should be taken as the date of the complaint.

If a complaint is verbally but is put into writing for the complainant, the date of the complaint should be recorded as the date the complainant confirms the details are a correct/true representation of his/her complaint.

If a complaint is initially sent to the wrong party and then transferred to the relevant Trust, for the purposes of this return, the date of the complaint should be recorded as the date on which it was received by the relevant Trust.

5. TRUST RESPONSE

This is the date on which the outcome of the complaint following investigation has been communicated to the complainant; referred to as a substantive response. For the purpose of this return, this could be a meeting.

For example, if a meeting has been held with the complainant at which he/she is made clear as to the outcome of the complaint, the date of the meeting may be taken as the date of response. A formal letter should subsequently be issued to round matters off, but in this case it is the date of the meeting rather than the date of the letter that should be regarded as the date of response.

In the case where a Trust provides a response to the greatest majority of the complainant's issues but cannot provide a response to a minor issue at that time, the date of 'Trust Response' will be the date on which the Trust provided a response to the majority of the issues.
For complaints where a substantive response has been communicated to the complainant, the time taken to provide the substantive response should be recorded as the number of working days (excluding holidays) that have elapsed between the date of complaint and the date of the initial substantive response. Holidays to be excluded are as follows: New Year's day; St Patrick's day; Easter Mon and Tues; 2 Bank holidays in May; 12th July holiday; Bank holiday in August; Christmas day and; Boxing day. Note that it is only the initial substantive response time that needs to be recorded and not the times for any additional responses where complaints have been reopened.

6. ISSUE OF COMPLAINT

It is imperative that for every issue of complaint logged, there must be a Programme of Care (POC).

This will also apply if there are 2 issues of complaints in the same communication, e.g. if a patient in hospital complains:

a) that the consultant behaved inappropriately, and
b) that the meals were poor;

this would be logged with 2 identifiable POCs and 2 Subjects but as 1 response. In the example above, the result would therefore be recorded as a single response but:

a) POC = Acute, Subject = Staff Attitude/Behaviour
b) POC = Acute, Subject = Hotel Services.

7. PROGRAMME OF CARE

The criterion here is that the complaint should be logged under the POC to which it refers. If the POC assigned looks inappropriate, this almost certainly means it is inappropriate.

If a patient/client makes a complaint on his/her own behalf the complaint should be logged under the POC of the patient/client unless there are overwhelming reasons to the contrary.

If an individual lodges a complaint on behalf of another party, the complaint should be lodged under the POC for whom the complaint is made.

For example, if someone makes a complaint on behalf of a relative who is being treated under the Mental Health Programme, the complaint should be recorded under the 'Mental Health' POC.

If an individual who is a user of facilities but not a patient/client complains on his/her own behalf, the POC classification of the complaint should be as follows:

- if the complaint specifically refers to a POC it should be logged under that heading; *failing which*
- if the complaint can be meaningfully associated with a POC it should be logged under that heading; *failing which*
- if the complaint cannot be meaningfully associated with any POC, it should be logged under 'No POC Assigned'.

Example:

- A husband visiting his wife in a maternity ward has his car stolen from the main car park. This is not specifically a Maternal and Child Health complaint nor is it meaningfully associated with it in that it could happen to a user in any POC. The complaint should therefore be logged under 'No POC Assigned'.

It should be noted that merely because the Trust is providing an acute service on a site, this does not necessarily mean that all complaints on that site will be recorded in the 'Acute' POC. For example, maternity complaints will be recorded in the 'Maternal and Child Health' POC and not under the 'Acute' POC.

Definitions of POC:

POC 1 Acute Services
Includes all activity by any health professional, relating to an inpatient episode in an acute specialty. It also includes all activity in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

Acute specialties are all hospital specialties with the exception of the following: Obstetrics, Obstetrics Ante Natal, Obstetrics Post Natal, Well Babies Obstetric, Well Babies Paediatric, GP Maternity, mental handicap, mental health specialties.

POC 2 Maternity and Child Health
Includes all activity by any health professional, relating to an inpatient episode in one of the following specialties: Obstetrics, Obstetrics Ante Natal, Obstetrics Post Natal, Well Babies Obstetric, Well Babies Paediatric, GP Maternity.

It also includes all activity in one of the above specialties, in relation to an outpatient episode, day case, regular day admission, regular night admission or day care.

In addition, this programme includes all community contacts by any health professional where the primary reason for the contact was maternity or child health reasons. All community contacts to children under 16 are included, as long as the contact was not in relation to mental health; learning disability; physical and sensory disability; family and childcare.

POC 3 Family and Child Care

This programme is mainly concerned with the activity and resources relating to the provision of social services support for families and/or children. This included Looked After Children; Child Protection; Child Abuse; Adoption; Fostering; Day Care; Women's Hostels/Shelter and Family Centres. This is not a definitive list of the type of support that may be offered under this programme.

This programme includes community contacts by any health professional where the primary reason for the contact is because of family or child care issues.

This Progamme of Care is subdivided into two categories:

(i) Complaints under Children Order and
(ii) Complaints other than under Children Order

POC 4 Elderly Care

This programme covers all activity by any health professional, including all community contacts with those aged 65 and over, except where the contact was in an acute specialty or because of mental illness or learning disability.

All community contacts where the reason for the contact was dementia should also be included, regardless of the patient's age. However, Down Syndrome patients who develop dementia should remain in the Learning Disability POC for any dementia related care or treatment. All physically and/or sensory impaired patients aged 65 and over should be included, as well as work relating to homes for the elderly, including those for the Elderly Mentally Infirm.
Age alone is not the determining factor in allocating patients and clients to the Elderly Care POC – community contacts are allocated by the primary reason for the contact which could result in a person aged 65 or over being allocated to the Mental Health POC if the reason for the contact was because of mental illness.

Any activity by any health professional relating to an inpatient episode in the Geriatric Medicine specialty should be included in this POC, except where the contact was in an acute specialty.

POC 5 Mental Health

This programme covers all activity by any health professional, including all community contacts where the primary reason for the contact was due to mental health. If the reason for contact is that the patient has dementia, the activity should be allocated to the Elderly Care POC. However, Down Syndrome patients who develop dementia should remain in the Learning Disability Programme of Care. All work and resources relating to residential accommodation for the Elderly Mentally Infirm should be excluded; this is included in the Elderly Care POC.

POC 6 Learning Disability

This programme covers all activity by any health professional, including all community contacts where the primary reason for the contact was learning disability, regardless of age. All community contacts with Down Syndrome patients who develop dementia should be included for any dementia related care or treatment. All contacts in learning disability homes and units should also be included.

POC 7 Physical & Sensory Disability

This programme includes all community contacts by any health professional where the primary reason for the contact is physical and/or sensory disability. All patients and clients aged 65 or over are excluded. These contacts should be allocated to the Elderly Care programme.

OC 8 Health Promotion and Disease Prevention

This programme includes all community and GP based activity relating to health promotion and disease prevention. This includes all screening, well women/men clinics, child health surveillance, school health clinics, family planning clinics, health education and promotion clinics, vaccination and immunisation and community dental screening and prevention work.

POC 9 Primary Health and Adult Community

This programme includes all work, except screening, carried out by General Medical Practitioners, General Dental Practitioners, General Ophthalmic Practitioners and Pharmacists. It includes contacts by any health professional with community patients aged between 16 and 64, for whom the primary reason for the contact is other than mental illness, learning disability or physical and sensory disability.

POC 10 No POC Assigned

This is a residual heading for any complaints, which do not fall into any categories listed above.

POC 11 Prison Healthcare

This programme includes all activity relating to health and social care services for prisoners.
This relates to the South Eastern HSC Trust only, which has responsibility for securing the provision of health and social care services for prisoners.

8. SPECIALTY

The criterion here is that the complaint should be logged under the specialty to which it refers.

If a patient/client makes a complaint on his/her own behalf the complaint should be logged under the specialty of the patient/client unless there are overwhelming reasons to the contrary.

If an individual lodges a complaint on behalf of another party, the complaint should be lodged under the specialty for whom the complaint is made.

For example, if someone makes a complaint on behalf of a relative who is receiving treatment within the 'Dermatology' specialty the complaint should be recorded under the 'Dermatology' specialty.

If an individual who is a user of facilities but not a patient/client complains on his/her own behalf, the specialty of the complaint should be as follows:

- if the complaint specifically refers to a specialty it should be logged under that heading. If the specialty referred to is not on the list of agreed regional codes (see Appendix 1) it should be logged under 'Other' *failing which*
- if the complaint can be meaningfully associated with a specialty it should be logged under that heading. If the specialty meaningfully associated with the complaint is not on the list of agreed regional codes (see Appendix 1) it should be logged under 'Other' *failing which*
- if it is not possible to determine or meaningfully associate the complaint with any specialty it should be logged under 'Unknown'.

Note that a number from 1st April 2023, complaints relating to contracted services should be recorded under one of the following new Specialty Codes:

- Children and Young People Services – Contracted;
- Contracted Independent Hospital Services;
- Domiciliary Services – Contracted;
- Nursing Home Care – Contracted;
- Residential Care – Contracted; or,
- Other_Contracted

9. Category/Sub-Category of Complaint

This part deals with the category and sub-categry of complaint. The category and sub-categry of complaint is to be assigned on the basis of the category and sub-categry that best describes the nature of the patient / client's concern.

Example:

- A patient complains about being in a mixed ward. Is this a complaint about a policy decision or about privacy/dignity? If the dominant concern as assessed from the patient is privacy/dignity, the complaint should be logged under this heading.

Categories:

1. Quality
2. Safety
3. Environment
4. Institutional
5. Communication
6. Administration
7. Listening
8. Rights

APPENDIX 1

AGREED REGIONAL CODES FOR RECORDING COMPLAINTS (December 2025)

METHOD OF COMPLAINT

	CODE	FULL NAME
1	COMFOR	Complaints / Feedback Form
2	COLEAF	Children Order Leaflet / Card
3	PHONE	Telephone
4	EMAIL	Email
5	LETTER	Letter
6	FAX	Fax
7	PERSON	In Person
8	PRISON	Prison Healthcare Form
9	TEXT	Text (SMS Message)
10	CAREOP	Care Opinion

TYPE OF COMPLAINT

	CODE	FULL NAME
1	COPROB	Children Order Problem Solving
2	COST1	Children Order Stage 1
3	COST2	Children Order Stage 2
4	FORMAL	Formal HSC Complaint
5	INFORM	Informal HSC Complaint

GENDER OF COMPLAINANT

Note that gender of patient should be known and therefore the 'Unknown' option should not be listed as an option for the patient's gender.

	CODE	FULL NAME
1	M	Male
2	F	Female
3	UNK	Unknown

RELATIONSHIP

	CODE	FULL NAME
1		Parent
2		Sibling
3		Spouse_Partner
4		Other_Relative
5		Friend
6		GP
7		Legal_Representative
8		Elected_Representative
9		Carer
10		Patient_Client_Council
11		Guardian
12		Advocate(NON_Patient _Client_Council)
13		Child
14		Religious_Representive
15		No Service User

PROGRAMME OF CARE

	CODE	FULL NAME
1	ACUTE	Acute
2	MATCHL	Maternal & Child Health
3A	FAMCC1	(i) Complaints under Children Order
3B	FAMCC2	(ii) Complaints other than under Children Order
4	ELD	Elderly Services
5	MH	Mental Health
6	LD	Learning Disability
7	SENS	Sensory Impairment and Physical Disability
8	PROM	Health Promotion and Disease Prevention
9	PRIM	Primary Health & Adult Community
10	NONE	None (No POC assigned)
11	PRISON	Prison Healthcare

SPECIALTY OF COMPLAINT

	CODE	FULL NAME
1		Accident & Emergency
2		Anaesthetics
3		Blood Transfusion Service
4		Breast Surgery
5		Burns and Plastic
6		Cancer Services

7		Cardiology
8		Cardiothoracic Surgery (including Cardiac Surgery)
9		Child Speciality Health and Disability (inc Community Paediatrics)
10		Children and Young People Services – Contracted
11		Children and Young People Services - Statutory
12		Clinical Neuro-physiology
13		Corporate Parenting
14		Corporate Support Services (including Car Parking / Catering / Security)
15		Cystic Fibrosis
16		Dentistry
17		Dermatology
18		Dementia
19		Dietetics
20		District Nursing

21		Domiciliary Services - Contracted
22		Domiciliary Services - Statutory
23		Endocrinology (includes Diabetology)
24		ENT
25		Estate Services (grounds / building / maintenance)
26		Family Support / Safeguarding
27		Gastroenterology
28		General Medicine
29		General Practice
30		General Surgery
31		Genito-Urinary Medicine
32		Geriatric Medicine
33		Gynaecology
34		Haematology (Clinical)
35		Health Visiting
36		Hepatology
37		Immunology
38		Infectious Diseases
39		Laboratory Services (Includes Pathology)

40		Learning Disability
41		Mental Health (Acute)
42		Mental Health (Community)
43		Neonatology
44		Nephrology
45		Neurology
46		Neurosurgery
47		Nuclear Medicine
48		Nursing Home Care - Contracted
49		Nursing Home Care - Statutory
50		Obstetrics
51		Occupational Health Medicine
52		Occupational Therapy
53		Oncology
54		Ophthalmology (includes Orthoptics)
55		Oral Surgery (includes Oral Maxillary Facial)
56		Orthodontics
57		Other Contracted
58		Out of Hours Service
59		Acute Paediatrics
60		Pain Management
61		Palliative Care / Medicine
62		Pharmacology

63		Physiotherapy
64		Podiatry
65		Psychology
66		Radiology
67		Radiotherapy
68		Rehabilitation
69		Renal
70		Residential Care - Contracted
71		Residential Care - Statutory
72		Respiratory
73		Rheumatology
74		Speech & Language Therapy
75		Stroke
76		Thoracic Medicine
77		Trauma & Orthopaedics
78		Urology
79		Vascular
80		NIAS EOC (Emergency Operations Centre)
81		NIAS NEAOC (Non-Emergency Ambulance Operation Centre)
82		NIAS Scheduled Care Services
83		NIAS Emergency Care Services
84		Other

Category OF COMPLAINT

	CODE	FULL NAME
1	ACCTP	Quality
2	AAA	Safety
3	CO	Environment
4	CLDIAG	Institutional
5	COMINF	Communication
6	COMPLT	Administration
7	CONFID	Listening
8	CONSNT	Rights

Sub-Category OF COMPLAINT- Quality

	CODE	FULL NAME
1		Neglect hygiene and personal care
2		Neglect nourishment and hydration
3		Neglect general
4		Rough handling
5		Examination and monitoring
6		Making and following care plan

Sub-Category OF COMPLAINT- Safety

	CODE	FULL NAME
1		Error diagnosis
2		Error medication
3		Error general
4		Failure to respond
5		Clinician / Professional skills
6		Teamwork
7		Infection Control

Sub-Category OF COMPLAINT- Enviornment

	CODE	FULL NAME
1		Accommodation
2		Preparedness
3		Cleanliness
4		Equipment
5		Staffing
6		Security (Staff / Service User / Organisation)
7		Transport

Sub-Category OF COMPLAINT- Institutional

	CODE	FULL NAME
1		Delayed admission from ED
2		Delay access
3		Delay diagnosis
4		Delay procedure
5		Delayed / Planned Discharge
6		Delayed / Cancelled Appointment
7		Delay general
8		Bureaucracy
9		Visiting

Sub-Category OF COMPLAINT- Communication

	CODE	FULL NAME
1		Delayed communication
2		Incorrect communication
3		Absent communication
4		Access to Contact Points / Web

Sub-Category OF COMPLAINT- Administration

	CODE	FULL NAME
1		Record Keeping
2		Data Breach
3		Documentation

Sub-Category OF COMPLAINT- Listening

	CODE	FULL NAME
1		Ignored
2		Dismissive
3		Token listening

Sub-Category OF COMPLAINT- Rights

	CODE	FULL NAME
1		Disrespect
2		Violence / Aggression
3		Confidentiality
4		Statutory Rights (Includes Discrimination)
5		Consent
6		Privacy

Regional Focus

	CODE	FULL NAME
1		Suicide (Inc suspected Suicide)
2		Self-harm
3		Falls
4		Sepsis
5		Pressure Ulcer
6		Unexpected Death (Not Suicide)
7		Choking
8		Venous Thromboembolism
9		Capacity / Waiting List
10		Safeguarding
11		Criminal activity
12		Staff Attitude / Behaviour
13		Complaints / Incident Handling
14		Avoidable harm to patient / SU
15		Theft/Fraud/Damage – Property/finances
16		Professional Assessment of Need
17		Not relevant

Treatment Setting

	CODE	FULL NAME
1		Inpatient
2		Outpatient
3		Community
4		Non-Clinical Area

Stage of Complaint

	CODE	FULL NAME
1		Stage one
2		Stage two

Last Updated 01/04/2026