

Healthcare Improvement Scotland

Annual Complaints Report

2024-25

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Healthcare Improvement Scotland Complaints Report

At a glance 2024/2025



30 COMPLAINTS ABOUT HIS SERVICES

As an organisation we received 71 enquires about our own or wider Health and Care Services, from internal and external teams and individuals.

The HIS Complaints Handling team have supported signposting of 41 of these to the most appropriate services to achieve best outcome.

30 were handled by HIS as complaints about our work programmes. 27 of these complaints (90%) were related to our Quality Assurance and Regulation functions.

7 COMPLAINTS ABOUT INDEPENDENT HEALTHCARE SERVICES

Our Independent Healthcare Regulation team received 78 enquires relating to complaints about Independent Healthcare provision in Scotland.

45 provided information that we have used as intelligence to inform our wider regulatory work and 22 were signposted to the most appropriate services to achieve best outcome.

7 resulted in complaint investigation and response from our Independent Healthcare Regulation team and were closed within reporting year.

4 complaints remain open.

Executive Summary

Healthcare Improvement Scotland (HIS) remains dedicated to welcoming and valuing all forms of feedback, including complaints, and using them to enhance services. We address complaints in a person-centred manner, upholding the rights of everyone involved. Our responsibility includes routinely collecting and learning from the public and health and social care staff. As a National Board, HIS collaborates with a diverse range of stakeholders, including service users, patients, carers, Health and Social Care Partnerships, NHS Boards, Scottish Social Services Council, Care Inspectorate, Scottish Government, third sector organisations, Independent Healthcare providers and professional regulators.

We are committed to ensuring that people are heard by our organisation. Since adopting the Scottish Public Service Ombudsman's NHS Model Complaints Handling Procedure in 2017 across both our Independent Healthcare Regulation and HIS Complaints work, we have actively listened to our service users and stakeholders, using feedback to improve our services. This approach is integral to Our Strategy for 2023-2028. We aim to resolve issues as close to delivery and as quickly as possible, handling every complaint fairly, without bias, and based on solid evidence. Understanding individual experiences helps us improve and meet our goals.

We continue to strive for better response times to complaints and remain committed to enhancing our efficiency in addressing them. In the past year, we have introduced a revised HIS Complaints Handling Procedure, accessible to both our staff and the public. This initiative was designed to minimise delays while ensuring thorough and prompt independent investigations, managing all forms of feedback, including complaints, using a person-centred, trauma-informed approach. This supports our workforce in resolving issues quickly, thoroughly, and impartially. Our internal review of Independent Healthcare Regulation service provision will benefit over the next year from that review, taking learning into account.

We produce this Complaints Annual Report, as required by the Scottish Government, demonstrating our performance against 9 Key Performance Indicators. This report is a fundamental element of our HIS Complaint Handling Procedure, showcasing our commitment to listening and learning from those who use or are impacted by our services. This year, for the first time, we are also including in the overview section of the report high level data arising from our handling of complaints about Independent Healthcare provision in Scotland.

Mhairi Hastings

Interim Director of Nursing and Systems Improvement

In terms of outcomes, the percentage of complaints about HIS services and upheld has generally decreased over the years, from 34% in 2019-20 to 6% in 2024-25. This suggests an improvement in service delivery and a reduction in the number of substantiated complaints. The proportion of complaints not upheld has increased, reaching 25% in 2024-25, while the percentage of partially upheld complaints has remained relatively stable. These trends underscore our dedication to thorough and impartial investigations, ensuring that all feedback is managed in a person-centred and trauma-informed manner. Importantly however it is also noted that the number of complaints not upheld at Stage 1 in 2024-5 also reflects our commitment to public safety messaging. It is encouraging to note that 85% of Stage 1 complaints were not upheld, as they primarily stemmed from feedback provided by non-regulated healthcare providers. These complaints were in response to our media messaging, which emphasised the importance of seeking out regulated professionals for aesthetic treatments. This outcome underscores our commitment to public safety and the integrity of our messaging. By advocating for the use of regulated, competent professionals, we aim to ensure that individuals receive safe and high-quality care. The fact that these complaints were not upheld reinforces the validity and necessity of our efforts to protect the public and promote best practices within the healthcare sector.

In contrast 5 complaints (71%) investigated by our Independent Healthcare Team were upheld or partially upheld, with only 2 (29%) not upheld. The complexity of these complaints has been significant often covering multiple services during a care and treatment episode experienced by an individual.

It is recognised that there are a relatively small number of complaints and will therefore be subject to percentage point small number variation.

Looking ahead to 2025-26, we are dedicated to fully implementing and continuously refining our recently refreshed HIS Complaints Handling Procedure and ensuring that learning from this improvement work is spread to handling of complaints about Independent Healthcare providers by the HIS Independent Healthcare Regulation team. This commitment ensures that we better serve our stakeholders and consistently enhance the quality of our services.

From this point this 2024-25 Complaint Annual Report is structured to cover the nine complaints Key Performance Indicators sequentially with regards to complaints made about HIS services only and not providing for complaints made about Independent Healthcare providers. For each indicator, we appraise our performance in year and provide where our focus of attention will be for improvement in 2025-26.

We aim in our 2025-26 Complaint Annual Report to provide further information and analysis relating to complaints made to us about Independent Healthcare provision.

Learning from Complaints

During the year 2024-2025 learning from complaints has been captured, agreed and actioned within directorates and across our organisation. The following paragraphs represent the key learning and actions arising from complaints received and the handling of those complaints during the reporting period, with the main themes arising summarised into three areas: Service Delivery Issues, Regulatory Processes and Communication.

Service Delivery Issues: This encompasses problems experienced by individuals in accessing or receiving services. A key area identified for action within this theme relates to external stakeholders and the wider workforce who support and influence our work. For example, where a complaint made about the Death Certification Review Service (DCRS) highlighted that there was a lack of awareness among Registrars regarding the available processes to support bereaved individuals, as well as a lack of public awareness of the DCRS process, its service and its development to protect the public, we undertook actions to ensure that registrars received additional information for their own use to enable them to support those accessing their service.

Regulatory Processes: In the main this theme focusses on issues related to the regulatory process for independent healthcare providers. It is in this area that we have received most complaints (26) with 4 of these partially upheld and 2 upheld. As the independent healthcare regulator in Scotland, we anticipate and welcome feedback from our regulated providers. This is an increasingly complex area, and providers might feel that regulatory requirements are overly stringent or burdensome, potentially impacting their operational efficiency and financial viability. However, it is imperative that we dispense our duty to protect the public and whilst we understand that the process of compliance can be resource-intensive, with any perceived or actual inconsistencies causing delays in regulatory decisions, we must ensure that we do this based on the risk of harm to the public and in the most proportionate and effective manner. Receiving feedback, comments and complaints that support our balanced and proportionate approach and learning are welcomed. From complaints arising in this area over the last year, we have noted and taken action to address:

- improving the terminology we use in annual return forms, together with reducing duplication of information requested in our forms.
- Inconsistencies in our application of governance and advice to providers. We are working to improve the clarity, accessibility, and communication of advice and resources, as well as assessing the impact of changed guidance on service providers. Specifically, we are working to improve the consistency of advice regarding ventilation in independent clinic settings.

Communication: Communication issues are a consistent theme across the wider complaints learning themes, playing a significant role in all complaints received by us. Miscommunication or lack of clear communication leads to misunderstandings, unmet expectations, and frustration among both healthcare providers and our wider stakeholders. These issues often stem from unclear guidelines, inadequate

information dissemination, or delays in our response. When communication has been ineffective, it has exacerbated the above underlying issues, making them more difficult to resolve. Consequently, we are constantly learning from these failures and working to improve our communication strategies to enhance transparency, build trust, and ensure that our stakeholders and the wider public feel heard and understood. This has been a key focus in our internal streamlining of our complaint handling processes and communications, ensuring that all complaints are recognised through a single point of access.

In addition, we have taken learning from a specific complaint identifying an opportunity to work more collectively with other partners on complaints that cross-cut multiple services, aiming for a single response to the complainant where possible. To address this, we have developed internal processes in support of our updated Complaint Handling Procedure to ensure opportunities are taken where appropriate to liaise with other agencies and agree on a lead/response approach.

Complaint Process Experience

In 2023-4 we reported that we had developed a semi-structured interview process to be led by our Community Engagement and Change Team experts. Following complaint closure, we offer complainants the opportunity to discuss complaint handling with them. Those agreeable and giving consent to participate would meet with the team with the aim and intention of our gaining learning about their experience of the complaints process; how they feel about how we handled their complaint and any other matters relating to their experience they wish to raise. Unfortunately, over the course of this year, we have not had any complainant take up this offer and so in 2025-6 we will aim to strengthen this opportunity and offer, with further encouragement to complainants to participate.

It is also notable that in updating and refreshing our HIS Complaints Handling Procedure in 2024-5 we have included the SPSO guidance on Child Friendly Complaints Handling principles. This supports enactment of the UNCRC Incorporation (Scotland) Act 2024 and its four guiding principles: non-discrimination, the best interest of the child, the right to life, survival and development, and the right to be heard. These principles are interconnected and apply to all public service decisions and actions concerning children, including complaints.

Staff Awareness and Training

Our commitment to effective complaints handling is underpinned by ensuring that our **staff are fully aware of and trained in the principles and procedures outlined in our Complaints Handling Procedure (CHP)**. Recognising the importance of a consistent and person-centred approach, we have **widely engaged staff in the development of our CHP**, fostering a shared understanding of its aims and requirements. As we look ahead to 2025-2026, a key focus will be on the **comprehensive roll-out and implementation of this CHP across the organisation**, supported by targeted training initiatives. We are particularly committed to enhancing our capacity for Stage 2 investigations and

have been **actively ensuring that a greater number of staff are trained and available to undertake independent, unbiased, and robust investigations** when more complex issues arise. This investment in our staff will ensure that we can effectively address complaints, learn from feedback, and continuously improve the services we provide.

Complaints Review

This section of our Complaints Annual Report provides information on all complaints received by Healthcare Improvement Scotland in 2024/2025. This report focusses solely on complaints about Healthcare Improvement Scotland.

Complaints Received

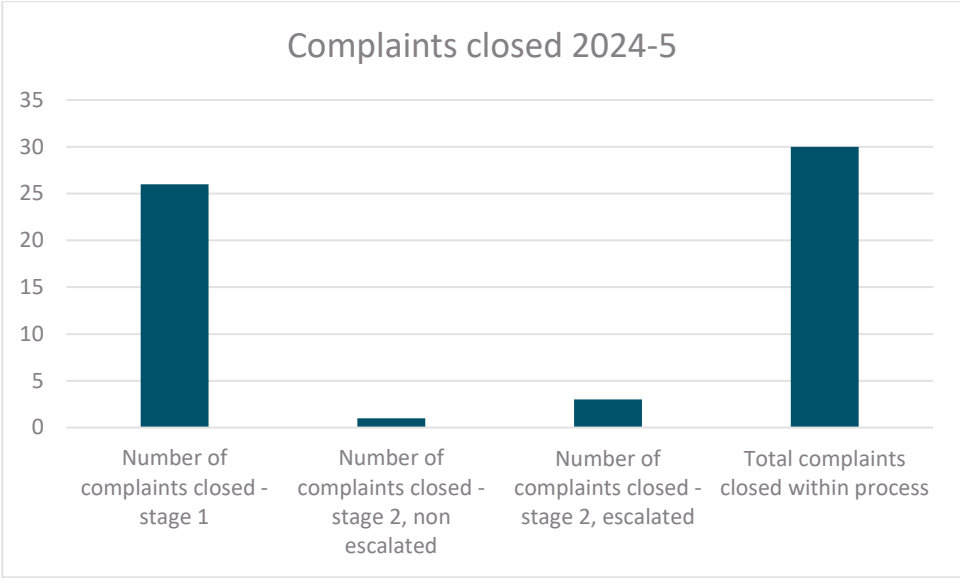
Within the financial year 2024/2025 71 contacts were managed by the HIS Complaints Handling Team. 41 of these fell out with the remit of our Complaints Handling Procedure. These individual contacts were signposted or directly referred to the most appropriate internal or external service to handle and respond to the questions, queries, Freedom of Information (FOI) requests, concerns (including Responding to Concerns relating to Public Interest Disclosure Act) or complaints raised (Individual NHS Boards or General Practice).

30 of these contacts resulted in initiating complaints handling procedures informed, supported or managed by the HIS Complaints Handling Team. No complaints were withdrawn within 2024-2025.

Complaints Closed at Each Stage

Of the 30 complaints closed in 2024/2025:

- 26 were closed at stage one
- 3 complaints were escalated from stage one and investigated at stage two as early local resolution was not achieved in these cases.
- 1 complaint progressed straight to stage two, as it was felt that local resolution was not achievable due to the complexity of the complaint.



During the reporting period, we received and investigated a total of 30 complaints. A significant majority, 27 complaints, were associated with the services provided by the Quality Assurance and Regulation Directorates, 26 of these specifically relating to Independent Healthcare. As noted previously in this report, given the intricate nature of their operations, complaints concerning the Independent Healthcare teams work were expected.

We continue to monitor and analyse year-on-year data regarding any trends in the volume of complaints related to these services. Whilst last year we reported a downward trend, we forecast a likelihood of increasing numbers in this area over coming years. This increase forecast was based upon the aforementioned persistent complexity, as well as expected increase in the number of regulated services in line with additional, new and evolving legislation. This year we are reporting that significant increase, from 8 in 2023-4 to 26 in this current reporting period. However, whilst learning has been gained (provided in Section 1. Learning from Complaints) and is being actioned, we are also satisfied that we are evidencing meeting our duty to protect the public.

In March 2025 we took the opportunity, based upon intelligence and evidence available, to release supportive statements via the media and directed toward the public to ensure that when seeking out aesthetic or weight management treatment they look to regulated independent services. This resulted in 16 of the 26 complaints received, all were handled as Stage 1 Complaints, responded to within 5 days.

improvement remains unwavering, and we will persist in incorporating the lessons learned into our operational framework to better serve our stakeholders and the public.

Complaints Closed within Guidance

The SPSO Model Complaints Procedure establishes clear expectations for complaint resolution timelines: 5 working days for a stage one complaint and 20 working days for a stage two complaint.

For 2024-25 year, we report the following:

- Stage one: 21 were resolved within the 5-day target
- Stage Two: Escalated complaints: 1 were resolved within the 20-day target
- 5 complaints closed at Stage one with an authorised extension
- 2 complaints closed at Stage two where an extension was authorised

This performance indicates that 73% (22) of complaints were concluded within the prescribed best practice timeframe, with a further 23% (7) closed with an agreed extension. 1 complaint did not meet the timeframe, and an extension was not discussed or agreed with either the individual or within the organisation. This is an increase of almost 30% compliance with timeframes from 2023-4. We remain committed to improve this adherence to recommended timelines but continue to be concerned that the increasing complexity of our complaints work could impact any improvement. Those that have complained to us this year have been content to work with an extended timeline, with regular update and progress meetings during the investigation and review process. This has supported an open, honest and transparent dialogue with complainants which in turn has led to robust, independent and thorough investigation.

Conclusion

[illegible]

Despite this increase, we remain steadfast in our commitment to **welcoming and valuing all feedback** and using it as an opportunity for enhancement. The learning captured from these complaints has been crucial, highlighting key themes in **Service Delivery Issues, Regulatory**

Processes, and Communication, leading to specific actions aimed at improving our services and stakeholder engagement. Our focus on improving the clarity of information, consistency of advice, and effectiveness of communication remains central to our improvement efforts.

We have continued to strive for better response times and have seen an improvement in the percentage of complaints closed within guidance timescales, reaching **73% in 2024-25**. The introduction of a revised Complaints Handling Procedure (CHP) demonstrates our ongoing commitment to efficient, thorough, and person-centred complaint handling. Looking ahead to 2025-6, a key priority will be the **full implementation and continuous refinement of this refreshed CHP**, supported by targeted staff training to ensure a consistent and effective approach across the organisation, particularly in our capacity for **robust Stage 2 investigations**.

While the percentage of complaints upheld has decreased to 6%, the insights gained from all feedback, whether upheld, partially upheld, or not upheld, are invaluable in our drive for continuous improvement. We are dedicated to learning from each interaction, fostering a culture of transparency, and ensuring that the experiences of those who engage with our services inform and enhance the quality of healthcare in Scotland. This report underscores our commitment to listening, learning, and acting upon feedback to better serve our stakeholders and protect the public.

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