

Healthcare Improvement Scotland

Annual Complaints Report

2025-26

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Healthcare Improvement Scotland Complaints Annual Report

At a glance 2025-2026



91 Communication Contacts Received

- 81 Signposted (not meeting Healthcare Improvement Scotland Complaint Handling Role or Remit)

10 Complaints about Healthcare Improvement Scotland Services

- 8 Complaints closed in reporting year
- 2 complaints remain open and will be reported in 2026-27

Of the 10 complaints received, nine (90%) related to our Quality Assurance and Regulation Directorate (QARD), with eight specifically concerning Independent Healthcare Regulation.

Of the eight complaints closed in reporting year:

- 1 complaint was Upheld
- 4 complaints were Partially Upheld
- 3 complaints were Not Upheld

Within the eight complaints closed 46 individual complaint points were raised requiring response.

Executive summary

We produce this Complaints Annual Report, as required by the Scottish Government, to demonstrate our performance against the nine Key Performance Indicators and to show how we listen and learn from those who use, work within, or are impacted by our services. Healthcare Improvement Scotland (HIS) remains dedicated to welcoming and valuing all forms of feedback, including complaints, and using this intelligence to improve the quality, safety and effectiveness of our work. We aim to handle complaints in a person-centred and trauma-informed way that upholds the rights of everyone involved, and we routinely gather learning from the public and from health and social care staff to strengthen how we deliver our functions. As a National Board, HIS works with a wide range of stakeholders, including service users, patients, carers, Health and Social Care Partnerships, NHS Boards, the Scottish Social Services Council, the 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 corporate complaints functions, we have continued to listen actively to service users and stakeholders and use feedback to drive improvement. This approach aligns with our strategic ambitions for 2023–2028, including resolving concerns as close to the point of delivery as possible and handling every complaint fairly, without bias and on the basis of robust evidence.

In 2025-26, we received 10 complaints, with the majority relating to our quality assurance and regulation functions; 4 were concluded at Stage 1 - early resolution, and 6 required Stage 2 investigation, reflecting the complexity of the concerns received this year. At the close of the 2025-26 reporting period, 2 of the Stage 2 complaints remain open and therefore will be reported within 2026-27 reporting period.

We continue to strengthen our timeliness, quality and consistency of our complaint handling. During 2025-26 we embedded our refreshed HIS Complaints Handling Procedure, ensuring it is accessible to staff and the public and supporting more consistent, transparent and person-centred handling of concerns. Performance at Stage 1 remained strong, with all Stage 1 complaints closed within the 5-day statutory timescale. At Stage 2, a small proportion of cases were concluded within the standard 20-day timeframe, with several requiring agreed extensions due to the complexity of issue raised, the need for proportionate evidence-gathering, and the involvement of multiple services. This reinforces the importance of robust investigation planning, clear expectations-setting with complainants, and sustained communication throughout the process.

Alongside procedural improvements, we have continued to build organisational capability. SPSO training programmes have strengthened the skills of those directly involved in complaint handling, and in 2026-27 we will extend core complaints training to all staff, recognising that effective complaint handling is a shared organisational responsibility. We will also continue to develop and support our pool of trained complaint investigators, ensuring they are equipped to undertake

independent, unbiased and high-quality Stage 2 investigations, with a consistent focus on evidence-based decision-making, high-quality written responses, and the practical application of reasonable adjustments and trauma-informed practice.

In addition to formal complaints, we received 81 non-complaint contacts in 2025-26. These were triaged in line with the HIS Complaint Handling Procedure and signposted to the most appropriate organisation, most commonly the relevant NHS board providing care. This reflects both strong public engagement with HIS and the wider complexity of routes for feedback and redress across the health and care system. In line with our Digital & Intelligence Strategy, information from these contacts is used as organisational intelligence to support our wider assurance and improvement functions.

Melissa Dowdeswell

Director of Nursing and Integrated Care

Healthcare Improvement Scotland Complaints Systems

Healthcare Improvement Scotland operates two distinct complaint handling processes. The first relates to complaints about Independent Healthcare Services, which are managed by the Independent Healthcare Team under a dedicated regulatory process. The second is the Healthcare Improvement Scotland (HIS) Complaints Handling Procedure, which manages complaints about the organisation's own services and functions. While these processes are separate, they can interrelate in practice. For example, where an individual raises a complaint about an independent healthcare provider and remains dissatisfied with how this has been handled by the Independent Healthcare Team, the matter may be escalated and managed by the HIS Complaints Team under the HIS Complaints Handling procedure. In addition, as Healthcare Improvement Scotland is an NHS body, complainants who remain dissatisfied with the outcome of a complaint about HIS services have the right to refer their complaint to the Scottish Public Services Ombudsman (SPSO) for independent external review.

This report provides for Complaints Received regarding HIS's service provision.

Healthcare Improvement Scotland Complaints Definition

Healthcare Improvement Scotland's definition of a complaint aligns to the Scottish Public Service Ombudsman's definition:

"An expression of dissatisfaction by one or more members of the public about the organisation's action or lack of action, or about the standard of service provided by or on behalf of the organisation".

A complaint may relate to delays, failure to provide a service, inadequate standards, dissatisfaction with policy, staff attitudes, environmental issues, procedural concerns, or difficulty contacting departments. These categories reflect the breadth of HIS's national role and the diverse ways in which our work impacts the public, providers and partners.

Non-Complaint Contacts and System Navigation

In addition to formal complaints accepted and handled in accordance with our Complaint Handling Procedure, HIS received 81 communications in 2025-26 relating to Complaints, Concerns and Feedback about the wider Health and Social Care system. These included:

- Complaints about NHS Boards, GP Practices, or Social Care Provision
- Concerns raised by clinical staff
- Freedom of Information related enquiries
- General enquiries or requests for advice.

All such communications were triaged and signposted to the appropriate organisation, in line with the HIS Complaints Handling Procedure. This reflects strong public engagement with HIS but also highlights the complexity of routes for redress across the health and care system. HIS plays an important role in supporting navigation, ensuring individuals reach the correct organisation quickly and with appropriate information, including Scottish Public Services and Patient Advice and Support guidance.

In line with our Digital and Intelligence Strategy, information from non-complaint contacts is also used as organisational intelligence to support horizon scanning, risk assessment and wider assurance activity.

Healthcare Improvement Scotland Complaints Overview 2025-26

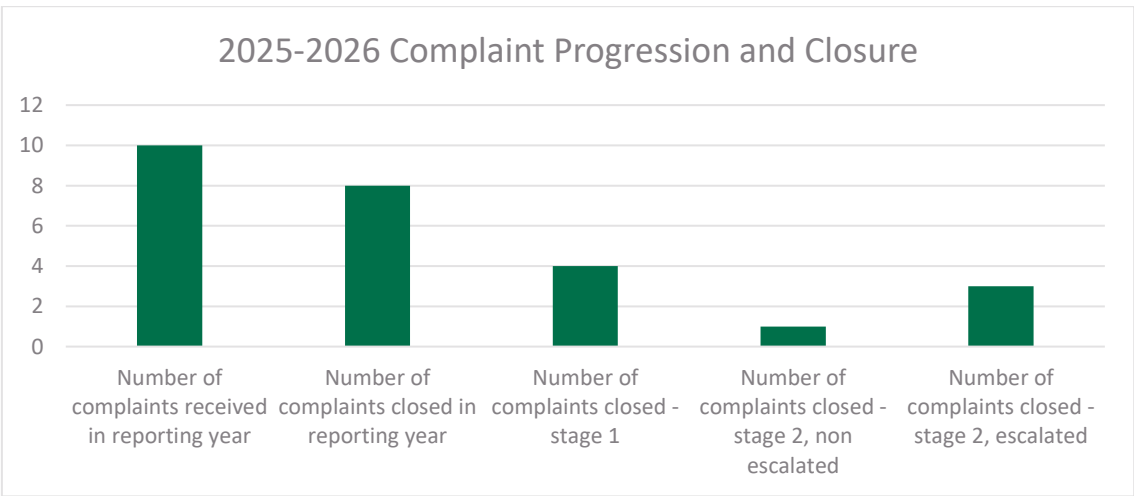
Complaints Progression, Stage and Closure

10 complaints received in 2025-26 were progressed through the complaints process:

- 4 complaints (40%) were resolved at Stage 1
- 6 complaints (60%) required Stage 2 investigation, including:
 - 1 non-escalated
 - 5 escalated by HIS

Of these, 8 complaints were closed within the reporting year and are provided for in this report.

The 2 remaining open complaints will be reported in 2026-27 once concluded.

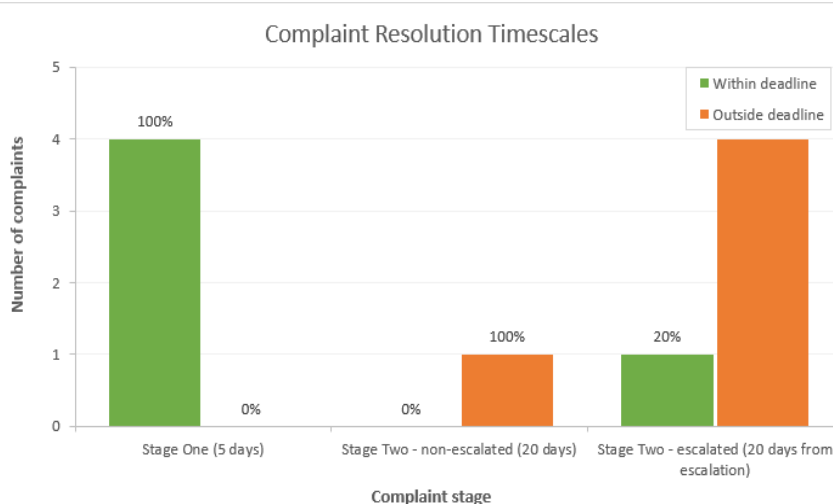


Performance Against Statutory Timescales

Performance in 2025-26 shows a mixed picture, reflecting both strong early-resolution practice and increasing complexity of Stage 2 investigations:

- 100% of Stage 1 (early resolution) complaints were closed within the 5-day statutory timescales
- 1 Stage 2 complaint (10%) was closed within the 20-day timescale
- 3 Stage 2 complaints (50% of Stage 2 cases) were completed with an agreed extension

Figure 1: Complaint Resolution Timescales (2025-26)



Complaint Outcomes

The outcomes of the 8 closed complaints in 2025-26 are summarised below:

Stage 1 (Early Resolution) -4 complaints

- Upheld: 1 (25%)
- Partially upheld: 1 (25%)
- Not upheld: 2 (50%)

Stage 2 (Full Investigation) -4 complaints

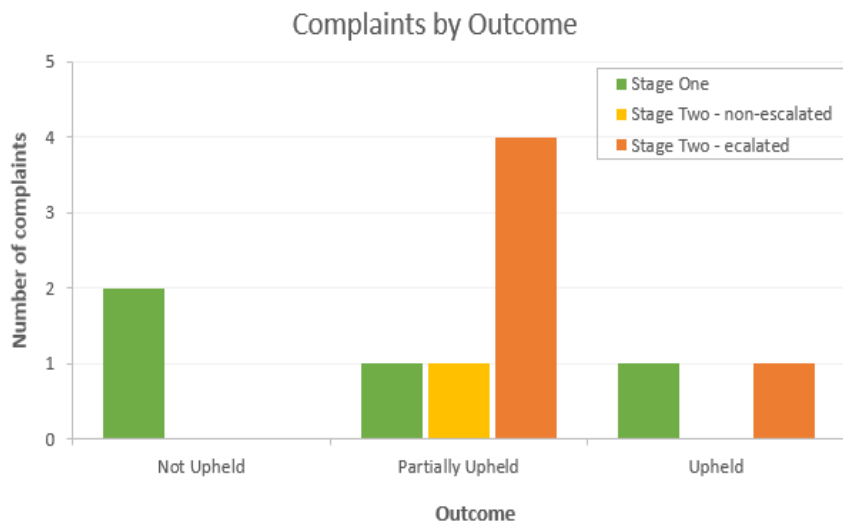
- Upheld: 1 (25%)
- Partially upheld: 3 (75%)
- Not upheld: 0

Overall:

- Upheld 25%
- Partially upheld 50%
- Not upheld 25%

The high proportion of partially upheld outcomes at Stage 2 reflects the complexity of regulatory complaints and the nuanced findings that arise from detailed investigation. Small numbers mean percentages should be interpreted with caution.

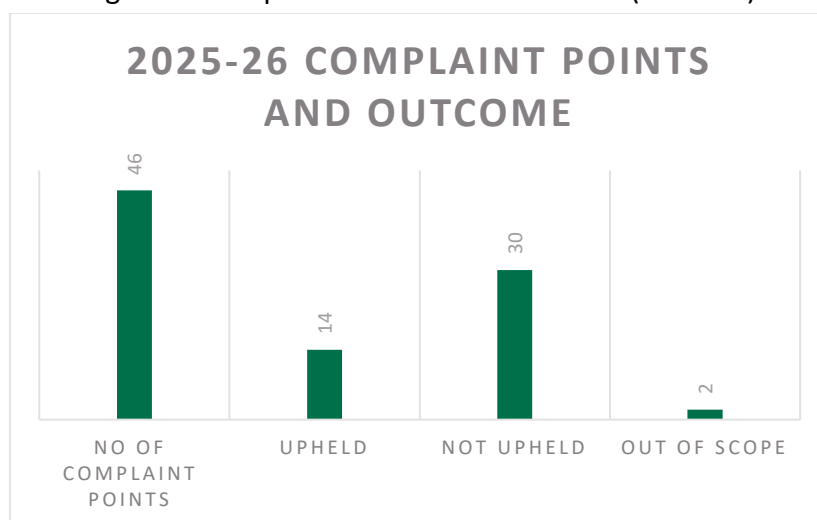
Figure 2: Complaints by Outcome (2025-26)



Within the 8 complaints received and closed in reporting year, 46 complaint points were raised and individually responded to. Review of these 46 complaint points and their outcome is detailed below, and demonstrated in Figure 3.

- Number of Complaints: 8
- Number of Complaint points: 46
- Number of Complaint points Upheld: 14 (31%)
- Number of Complaint Points Out of Scope: 2 (4%)
- Number of Complaint points Not Upheld: 30 (65%)

Figure 3: Complaint Points and Outcomes (2025-26)



Review of these 46 complaint points collectively highlights that concerns were less about isolated service failures and more about how we applied our processes, communicated decisions, and demonstrated sensitivity to individual circumstances. While individual complaint contexts varied

(Independent Healthcare Regulation, Independent Healthcare related complaint handling, Recruitment, and Operational issues) several recurring themes emerge.

Complaints Reviewed by the Scottish Public Services Ombudsman (SPSO)

During the reporting period, the SPSO considered a complaint relating to HIS's handling of a complaint referenced in the previous year's report (2024-25). In line with the NHS Complaints Handling Procedure, individuals who remain dissatisfied following the conclusion of a local investigation have the right to ask the SPSO to undertake an independent review of both the outcome and the process followed. In this case, the complainant raised concerns regarding the breadth and outcome of our investigation into a complaint about an independent healthcare provider.

The SPSO completed its review and did not uphold the complaint, confirming that our investigation and conclusions were reasonable in the circumstances. However, the SPSO provided constructive feedback to support service improvement, particularly in relation to clarity and accuracy of communication with complaints. We have fully considered this feedback and implemented the required actions, including strengthening internal processes and ensuring improved consistency in correspondence. The complainant has been updated on these actions and provided with a further apology and additional information, and assurance has also been provided to the SPSO.

This represents the first instance of the SPSO reviewing a complaint specifically about our handling of complaints. We welcome the opportunity for external scrutiny and remain committed to continuous improvement, openness, and learning.

Complaint Review 2025-26

Why complaints were received

In reviewing all complaints, three principal drivers were identified:

1. Application and boundaries of process

We have found that complaints arose where processes were either not applied correctly, for example progressing a complaint out with timeframes and remit or applied rigidly without sufficient explanation and leading to perceived unfairness. This includes decisions to accept and process complaints that were out with our complaint remit and timeframe - ultimately creating unrealistic expectations, which could not be met within our organisational powers. Similarly, dissatisfaction arose where correct procedural decisions (e.g. inability to investigate during legal proceedings) were not well understood or accepted by the complainant. This informs us that

complaints are not only triggered by what decisions we make, but how clearly, we communicate the limits of our organisational remit at the outset.

2. Communication, clarity and transparency

A consistent factor across complaint review was a perceived lack of clarity in our decision-making and incomplete responses or failure to address all points of complaint raised, alongside perceived delays or lack of responsiveness. For example, we failed to address specific points and incorporate evidence to support our decision making and on one occasion failed to provide clarity and accessible communication, which contributes to escalation of complaints from Independent Health Care Complaint Handling to HIS Complaint Handling Procedure.

These issues have resulted in complainants feeling the process was not open, accountable, or responsive, even where decision themselves were defensible.

3. Quality and consistency of handling experience

Complaint review also points us to consider the tone and approach of our interactions, with a need to further promote trauma-informed practice as we have failed to adapt to individual's needs. Such complaints demonstrate that experience of engaging with HIS- rather than outcome alone- significantly influences whether a complaint is escalated.

Emerging themes 2025-26

Reviewing all complaints that were investigated at Stage 2 (4 Complaints), five overarching themes emerged:

Theme 1: Managing expectations at the outset

Where we accepted or progressed issues outside of our remit or without clear explanation, this led to dissatisfaction when expected outcomes could not be delivered.

Insight and learning: We recognised a need for stronger front-end triage and clearer communication of scope, powers, and limitations to prevent avoidable escalation. We have reviewed and updated our Independent Complaint Handling Procedure and our Healthcare Improvement Scotland Complaint Handling Procedure and are taking a collaborative approach across teams to provide independent triage where necessary. We are also reviewing our Independent Healthcare Service as a whole.

Theme 2: Communication as a core determinant of perceived fairness

Aligning with Theme 1, even when decisions were ultimately upheld, our review of complaints reinforced a lack of clarity, delayed response and perceived assumptions of misrepresentation.

Insight and learning: We understand that perceptions of fairness are strongly influenced by how decisions are communicated, not just about the decisions themselves. Transparent, timely, and

tailored communication is critical. Ongoing training for the workforce is being provided and taken up, including progression of after-action learning reviews.

Theme 3: Person-centred and inclusive practice

Complaints have demonstrated gaps in our application of Trauma-informed, person-centred approaches, those required to meet individual's needs.

Insight and learning: We know that regulatory and complaints processes should be person-centred, inclusive, and adaptable, particularly for vulnerable individuals. We are continuing to provide and promote our Trauma-informed training sessions and practices across our workforce and will continue to monitor this theme closely for improvement or need for further improvement actions.

Theme 4: Consistency and rigour in process application

Issues such as acting out with procedure, gaps in clinical input, delays in invoicing and missed opportunities to direct requests appropriately indicate variability in how our widest processes are applied.

Insight and learning: Consistency in applying processes - and ensuring our workforce understand when and how to apply different frameworks (Complaints, Freedom of Information, Subject Access Requests) is an area for improvement which will be addressed through provision of training in these areas and ongoing discussion in team meetings. We will continue to monitor this theme for improvement.

Theme 5: Complexity of regulatory role and public understanding

Complaints received in 2025-26 demonstrate that, even where actions are appropriate and within remit, regulatory decision can still be perceived as disproportionate, lacking transparency and unfair.

Insight and learning: There is an inherent challenge in explaining regulatory judgements and risk-based decision making in a way that is accessible and trusted by stakeholders. However, we continue to review our public facing information and will continue to work with providers to ensure that the regulatory standards they are required to meet are clear.

Taken together, our review of the eight complaint and 46 complaint points received in 2025-26 suggest that:

- Most dissatisfaction does not stem from deliberate failings, but from gaps in process clarity, communication, and consistency.
- There is a need for strong early decision-making and expectation setting to avoid complaints progressing unnecessarily and causing ongoing anxiety and stress for individuals.

- We must continue to evolve towards a more person-centred, trauma informed, and inclusive practice, especially when dealing with vulnerable individuals.
- Communication is a critical organisational capability, influencing trust, perceived fairness, and ultimately complaint escalation.
- There is an opportunity to improve how we explain our regulatory role and limitations, particularly in complex or sensitive cases.

There are also areas of strength and positive performance:

- Through this review we have maintained a strong focus on patient safety within our regulatory decision-making. We continue to demonstrate a clear commitment to prioritising patient safety, with regulatory actions (including escalation and publication decision) found to be proportionate, evidence-based, and fully within remit, despite challenge from providers.
- There is evidence of robust and defensible regulatory processes. Investigations into complaints about inspection and enforcement activity confirm that processes were followed correctly, consistently, and transparently, reinforcing the integrity of our regulatory functions.
- Across multiple compliant points, we are able to clearly evidence decision-making and refute serious allegations, including claims of bias, inconsistency, and lack of transparency.
- There remains to be clear adherence to statutory and procedural boundaries. In several cases, complaint points were not upheld where we acted appropriately within our Complaints Handling Procedure or regulatory remit, including decisions relating to: legal constraints on investigations, scope of regulatory oversight, validation of provider compliance with standards.
- We have confirmed that our core governance processes have been applied fairly, consistently, and transparently, even where some service improvements and learning were identified.
- Our review findings show that we have maintained independent, evidence-based assessments, particularly in cases where providers disputed inspection findings, ensuring decisions remained focused on quality and safety rather than external pressure.
- Despite the complexity of complaints, we have demonstrated our ability to systematically assess and respond to each complaint point, demonstrating resilience and structure in handling detailed and challenging contexts.

Overall, our review of complaints received in 2025-26 reflect a balanced picture of a regulatory system that remains robust in protecting patient safety and applying our statutory remit with consistency and integrity, even when subject to challenge. At the same time, the complaints highlight important areas for improvement, particularly in relation to clear boundary-setting, communication and delivering a more person-centred, trauma-informed approach. Collectively, this provides valuable insight that, while core regulatory functions are strong and defensible, continued focus on consistency of process and quality of engagement will further strengthen trust, experience, and outcomes for those who interact with us.

How learning is used beyond individual complaints

A key development in 2025-26 was the integration of complaint learning into HIS's wider organisational intelligence. Information from both complaints and non-complaint contacts now contributes to:

- Horizon scanning
- Risk assessment
- Regulatory prioritisation
- The development of the Digital and Intelligence Strategy
- Cross directorate learning and improvement

This reflects a shift toward a more intelligence-led approach, where learning from complaints informs not only how HIS handles concerns, but also how we support improvement and public protection across the wider health and care system.

Complaint process experience

In 2024-25 HIS introduced a semi-structured interview process, led by our colleagues in the Community Engagement and Change Team, to strengthen how we gather learning about people's experience of our complaints process. Following the closure of a complaint, individuals are invited to participate in a reflective conversation about how their complaint was handled, how they felt throughout the process, and any suggestions they wish to offer for improvement. Participation is voluntary and requires explicit consent.

During 2025-26, no complainants chose to take up this offer. While numbers remain small, this lack of participation provides important learning itself. Feedback from staff and complainants suggest that individuals may feel they have already invested significant emotional and practical effort in the complaint process and may not wish to revisit the experience once a decision has been issued. This is particularly relevant in the context of complex regulatory complaints, where investigations can be lengthy and sensitive.

In 2026-27, HIS will strengthen this by exploring alternative approaches to gathering user experience, including more flexible timing, clearer communication about the purpose of the interview and the option of providing feedback through written or digital formats – those we had moved away from. This work will be supported by the Community Engagement and Change team and is aligned with our broader organisational commitment to person-centred and trauma-informed practice.

A significant development in 2024-25 was the inclusion of SPSO guidance on Child-Friendly Complaints Handling within the refreshed HIS Complaints Handling Procedure. This ensures that

our processes support the implementation of the United Nations Convention on Rights of a Child (UNCRC) Incorporation (Scotland) Act 2024, including 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 apply to all public service decisions and actions concerning children, including complaints, and HIS will continue to embed them across our work in 2026-27.

Together, these developments reflect our maturing approach to understanding the lived experience of complainants. While participation in formal feedback interviews has not been achieved, HIS continues to gather learning through complaint themes, upheld findings, non-complaint intelligence and staff reflection. This ensures that the voices of people who raise concerns continue to shape how we improve our processes, strengthen our communication and enhance the quality and consistency of our complaint handling.

Staff awareness and training

Our commitment to effective complaints handling is underpinned by ensuring staff are aware of, confident in and consistently apply the principles and procedures set out in our Complaints Handling Procedures (CHPs). We have engaged widely with staff in the development and refresh of the CHPs to foster a shared understanding of its purpose, expectations and the importance of a person-centred, trauma-informed approach.

Building on this, our corporate and Independent Healthcare complaint functions has been further strengthened through participation in SPSO training programmes, helping to embed good practice and reinforce consistent application of national guidance.

Looking ahead to 2026-27, our focus will be on sustained implementation of the CHPs across the organisation, supported by a structured programme of complaints handling training for all staff, recognising that creating a positive complaints culture is everyone's responsibility. In parallel, we will continue to embed after-action reviews into practice and enhance our capacity for Stage 2 investigations by expanding and supporting our pool of trained complaint investigators. This will ensure we have a workforce available and equipped to undertake timeous, independent, proportionate and evidence-based investigations. This investment in capability and consistency will strengthen our ability to respond effectively to complaints, learn from feedback, and drive continuous improvement in the services we provide.

Healthcare Improvement Scotland Complaint Trends

Over the past seven years, Healthcare Improvement Scotland (HIS) has experienced a fluctuating but overall upward trend in complaints, rising from five in 2018-19 to a peak of 30 in 2024-25, before reducing to 10 complaints received in 2025-26.

Understanding the data: Changes in reporting practice

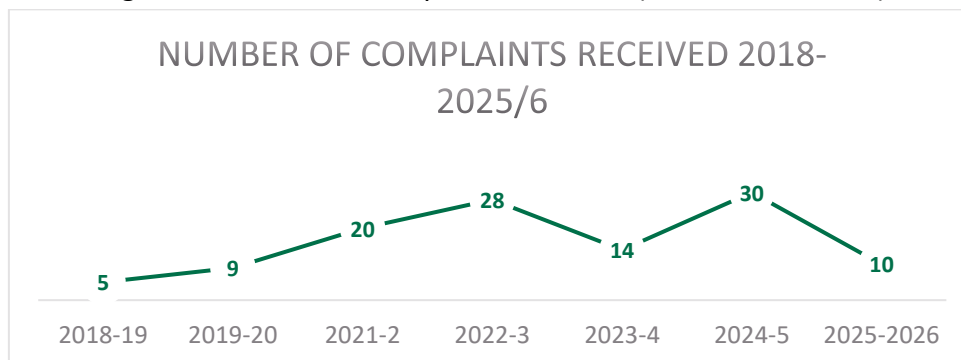
It is important to note that complaint data prior to 2024-25 included all concerns received, including those that, after triage, were signposted to the most appropriate organisation because they fell out with the remit of the HIS Complaints Handling Procedure.

From 2024/25 onwards, HIS introduced a clearer distinction between:

- Complaints (matter investigated under the HIS Complaints Handling Procedure)
- Non-complaints (concerns signposted elsewhere)

This change in reporting practice means that complaint figures from 2017-18 to 2023-24 are not directly comparable with those from 2024-25 onwards, as earlier years included a broader range of contacts.

Figure 4: Number of complaints received (2018-19 -2025-26)



This chart illustrates the fluctuating trend in complaints received over the past seven years, including the non-complaints, the peak in 2024-25 and the subsequent reduction in 2025-26.

The 2024-25 Spike: Safety-critical public messaging

The increase to 30 complaints in 2024-25 was significantly influenced by a single-month spike in March 2025, when 17 complaints were received in response to HIS's public safety messaging on a critical Independent Healthcare issue.

As reported in the 2024-25 Annual Complaints report none of these 17 complaints were upheld, because the messaging was found to be accurate, proportionate, and necessary for public protection, and aligned with HIS's statutory responsibilities as a national regulator.

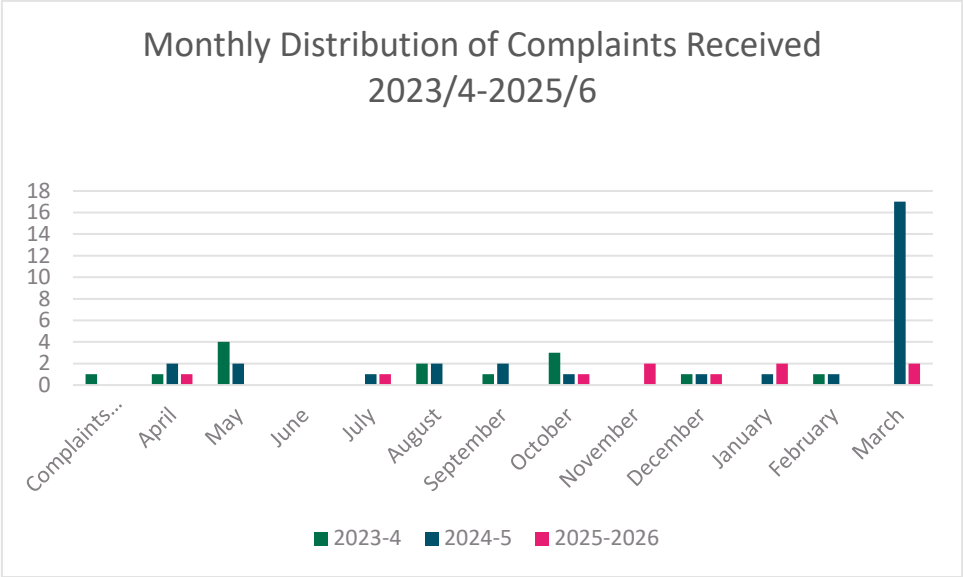
This context is essential in interpreting the 2024-25 data, as the spike does not reflect a systemic issue with HIS service delivery, but rather the response to a high-profile safety intervention.

Interpreting the reduction in 2025-26

The reduction to 10 complaints in 2025-26 should be interpreted with caution. It may reflect actions taken to improve clarity in regulatory messaging, strengthened early resolution and expectations-setting, and increased understanding of HIS's statutory remit. It may also be

influence by the removal of signposted concerns from complaints totals and the absence of any comparable safety-critical public messaging events.

Figure 5: Monthly Distribution of Complaints Received (2023-24-2025-26)



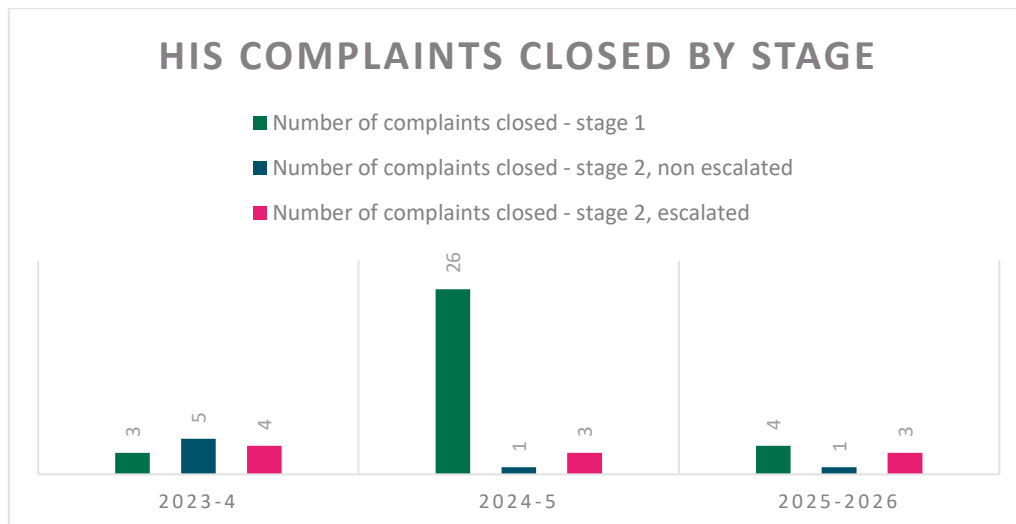
This chart illustrates the monthly pattern of complaints received across three reporting years. The significant spike in March 2024-25 reflects the complaints received relating to HIS’s public safety messaging on Independent Healthcare, as detailed in the 2024-25 Annual Complaints Report. Figures for 2024-25 and 2025-26 exclude signposted non-complaints, following the introduction of revised reporting arrangements.

Complaints closed by stage

The pattern of complaints closed at each stage over the past three years is illustrated in Figure 6.

This distribution demonstrates continued use of early resolution where appropriate, while ensuring that more complex concerns receive full, proportionate investigation.

Figure 6: Complaints Closed by Stage (2023-24 to 2025-26)



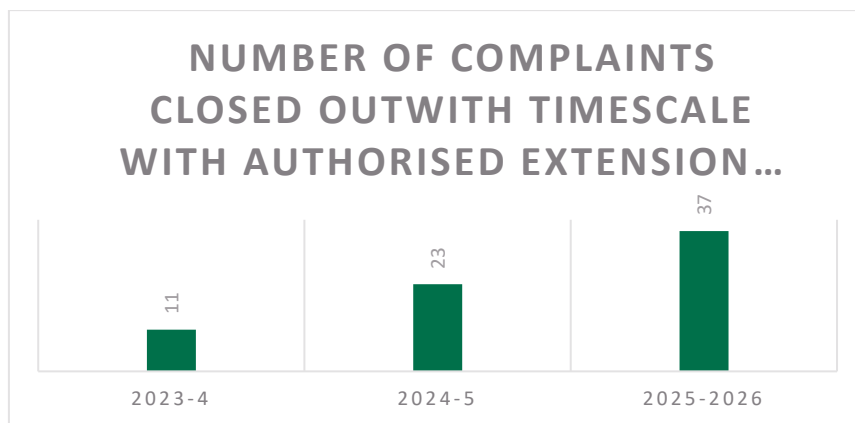
This figure shows the distribution of complaints closed at Stage 1 and Stage 2 over the past three reporting years. The marked increase in Stage 1 closures in 2024-25 again reflects the unique volume of complaints received in March 2025 following HIS's public Safety messaging. In contrast, 2025-26 shows a return to a more typical profile, with an even balance between Stage 1 and Stage 2 closures, reflecting the complexity of concerns investigated during the year.

Performance against statutory timescales

Whilst we have reported that performance in 2025-26 shows a mixed picture, the pattern emerging over time reflects the increasing complexity of Stage 2 investigations, which often involve multiple services, multiple complaint points (min 3, max 21) and as such the need for extensive evidence-gathering and clearer, trauma-informed communications with complainants.

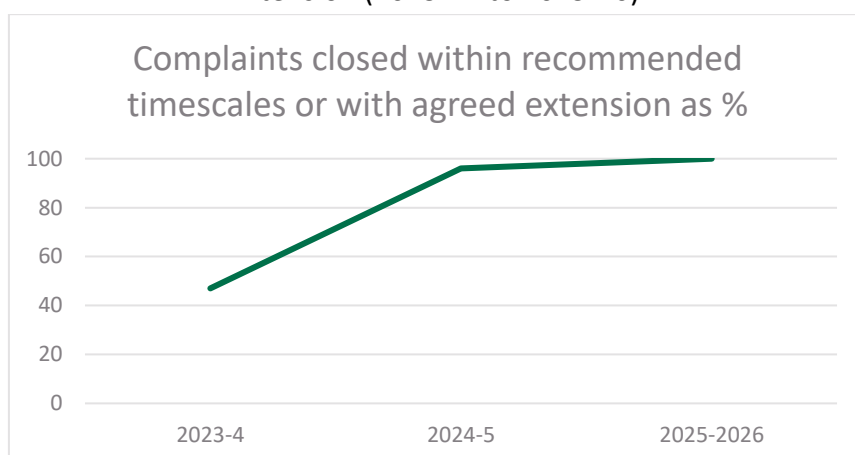
Together, Figures 7 and 8 below demonstrate that HIS is increasingly confident in using extensions, but only where necessary, and in line with SPSO guidance to ensure that investigations are not rushed and that complainants remain informed and involved throughout. This reflects a shift toward a more mature, person-centred and transparent complaints culture, where quality of investigation is prioritised alongside timeliness. Reducing the need for extensions is an area of focus for 2026-27, with actions being taken to increase our pool of investigators.

Figure 7: Percentage of Complaints Closed Out with Timescale with an Authorised Extension (2023-24 to 2025-26).



This figure illustrates the increasing use of authorised extensions over the past three years. This reflects the growing complexity of Stage 2 complaints and HIS’s maturing practice in agreeing extensions transparently and proactively with complainants, ensuring investigations remain robust, fair and proportionate.

Figure 8: Percentage of Complaints Closed within Recommended Timescales or With an Agreed Extension (2023-24 to 2025-26).



This figure shows a steady improvement in the proportion of complaints closed either within statutory timescales or within an authorised extension. The upward trend demonstrates HIS’s strengthened approach to planning, managing and communicating investigation timelines, ensuring that extensions are used appropriately to support thorough, person-centred and evidence-based investigations.

Complaint outcomes

The outcomes of the 8 closed complaints in 2025-26 are summarised earlier in this report. Figures 9,10 and 11 show Stage 1 and Stage 2 outcomes over the past three reporting years. Taken together, the three-year trend highlights the influence of both external events and internal process improvements on complaint outcomes. The 2024-25 spike in not upheld outcomes being driven by a single safety-critical public message. The increasing ‘partially upheld’ findings align with the data and narrative provided in this report regarding the number of complaint points for investigation received within complaints. This also aligns with our learning themes, demonstrating that HIS is identifying specific areas for improvement while maintaining robust, evidence-based decision-making to protect the public and improve the quality and safety of healthcare across the sectors it regulates and assures.

Figure 9: Overall Complaint Outcomes (Stage 1 &2 Combined), 2023-24 to 2025-26

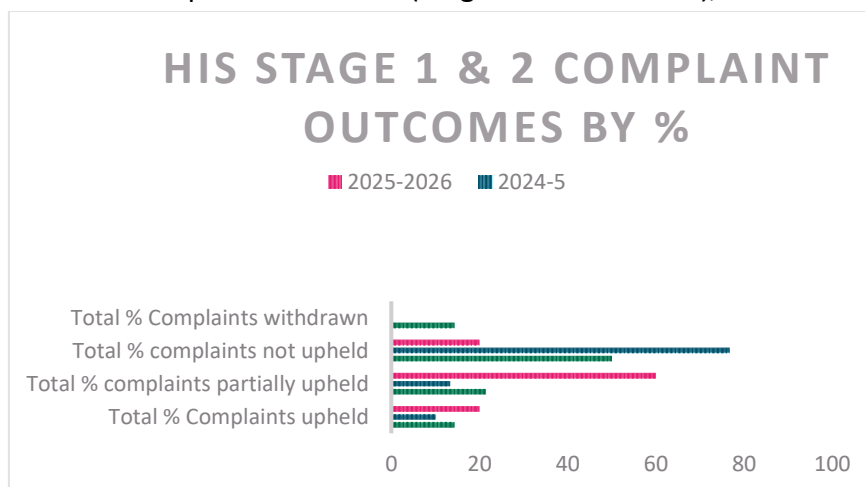
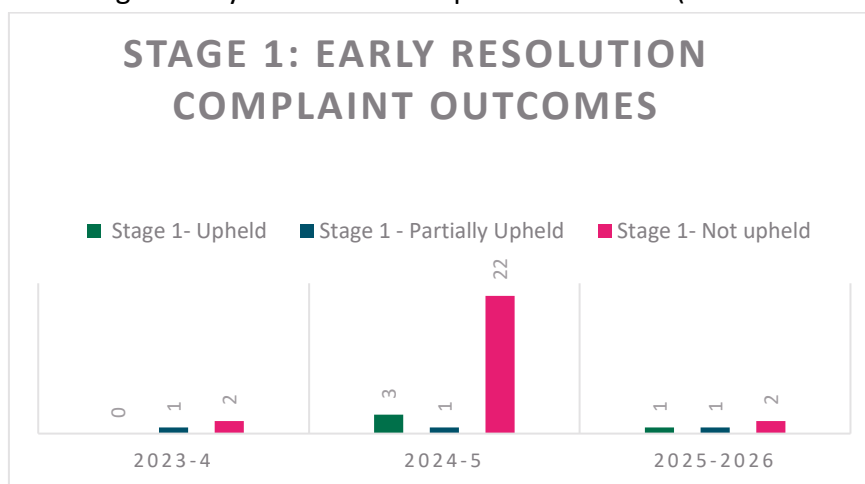
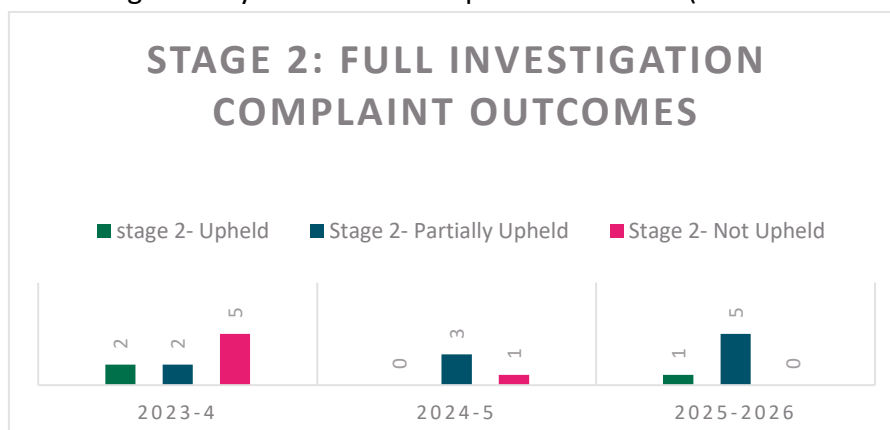


Figure 10: Stage 1 Early Resolution Complaint Outcomes (2023-24 to 2025-26)



This figure shows the distribution of Stage 1 outcomes over the past three years. The spike in “not upheld” outcomes in 2024-25 reflects the March 2025 increase relating to public safety messaging. The 2025-26 profile shows a return to a more typical pattern, with a balanced distribution of upheld, partially upheld and not upheld outcomes.

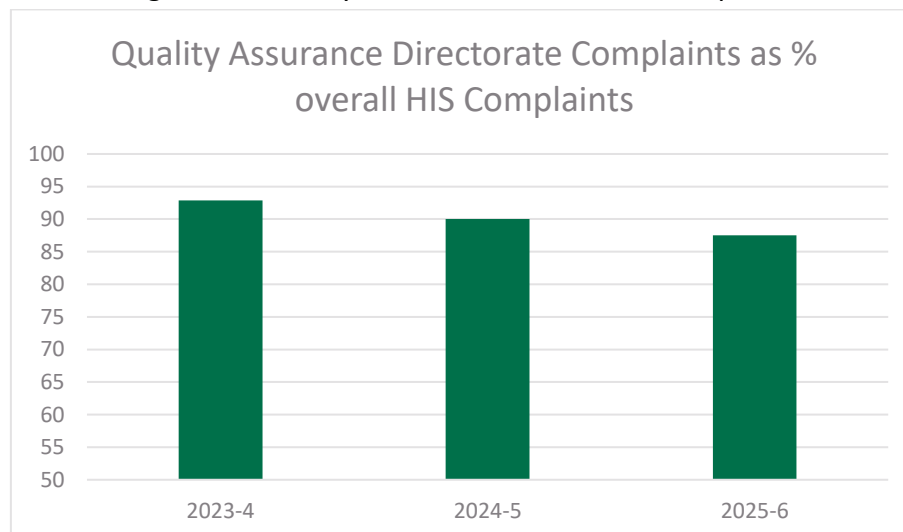
Figure 11: Stage 1 Early Resolution Complaint Outcomes (2023-24 to 2025-26)



This figure illustrates Stage 2 outcomes across three reporting years. The predominance of partially upheld outcomes in 2025-26 reflects again the complexity of Independent Healthcare Regulatory complaints, where investigations often identify some areas for improvement without substantiating all elements of the complaint. The absence of “not upheld” outcomes in 2025-26 also reflects the detailed, evidence-based nature of Stage 2 investigations undertaken during the year.

Together, Figures 9, 10 and 11 demonstrate that HIS continues to apply a robust, proportionate and evidence-based approach to complaint investigation, with outcomes reflecting the complexity of the issues raised and the organisation’s commitment to transparency, fairness and learning.

Figure 12: Quality Assurance Directorate Complaints



It is notable throughout this report that the majority of complaints received by HIS over the past three years relate to the work of the Quality Assurance and Regulation Directorate (QARD), although the proportion has decreased slightly from 93% in 2023-24 to 87% in 2025-26. This is demonstrated in Figure 12 above. This is due to the nature of HIS’s statutory functions - QARD lead on Independent Healthcare Regulation and national quality assurance activity, both of which involve complex, strategic decision-making and therefore attract a higher volume of complaints than other areas of the organisation. As detailed earlier in this report, it is useful to remind that the next stage for individuals who remain dissatisfied with complaints made about Independent Healthcare Providers is to escalate their complaints to the HIS Complaint Handling Procedure, and not the SPSO.

The gradual reduction in the proportion of QARD-related complaints should be interpreted with caution due to small numbers, but may reflect improved clarity in regulatory messaging, learning arising from internal review of the Independent Regulation team function, strengthened expectations-setting, and the impact of the divisions refreshed Complaints Handling Procedure. It

also aligns with the broader trend described previously, where overall complaint numbers have reduced following the exceptional spike in 2024-25.

Themes and learning

While complaint volumes remain low, the themes emerged in 2025-26 are consistent with those identified in previous years and reflect the nature of HIS's regulatory and assurance work. Analysis of Stage 1 and Stage 2 outcomes (Figures 10 and 11) show that learning continues to cluster around five areas:

- **Communication and expectations management**- ensuring clarity about HIS's remit, regulatory powers and investigation processes, particularly in Independent Healthcare.
- **Clarity of regulatory scope and process** -early conversations with complainants remain critical in preventing misunderstanding and supporting proportionate investigation.
- **Adherence to procedure**- including consistent application of the Complaints Handling Procedures, time limits and decision-making frameworks.
- **Reasonable adjustments and trauma-informed practice**- ensuring communication is accessible, sensitive and tailored to individual needs.

These themes continue to inform organisational learning and capability building. They have directly shaped improvements such as the refreshed HIS Complaints Handling Procedures, strengthened oversight arrangements, enhanced SPSO-aligned training, and the shift to collaborative working and shared communication systems.

Importantly, these themes also align with intelligence emerging from non-complaint contacts, reinforcing the value of HIS's triage and signposting function as a source of wider organisational insight.

Conclusion

Overall, 2025-26 was characterised by a lower volume of complaints (10) than the previous reporting year, with 10 complaints received and eight closed, in line with guidance. As shown throughout this report, the majority of complaints continued to relate to quality assurance and regulatory activity, reflecting the complexity, scrutiny and public protection focus of this work. The profile of complaints remains consistent with previous years, with Independent Healthcare Regulation accounting for the largest share.

Early resolution remained effective, with 100% of Stage 1 complaints closed within the 5-day statutory timescale. However, a greater proportion of concerns required full investigation, with 50% of closed complaints being managed at Stage 2. This shift reflects the increasing complexity of

issues raised, the need for proportionate evidence-gathering, and the importance of ensuring that complainants receive a thorough and fair investigation where concerns span multiple services or involve regulatory decision-making.

Performance against statutory timescales at Stage 2 was mixed, with one complaint concluded within 20 working days and three concluded with an agreed extension. As illustrated in the data provided HIS is maturing in its approach to agreeing extensions transparently and appropriately, ensuring that investigations are not rushed and that complainants remain informed throughout. This approach supports our focus on robust, independent and trauma-informed investigations, particularly where issues are complex or require multi-agency input.

Complaint outcomes also reflected this complexity. Stage 2 findings were predominantly partially upheld, demonstrating that investigations frequently identified areas for improvement whilst not substantiating all elements of the concerns raised. This aligns with the broader learning themes identified across the year. These themes have informed updates to the HIS Complaints Handling Procedures, improvements in communication systems, and strengthened expectations for consistent, evidence-based decision-making.

Looking ahead, HIS will focus on embedding consistent practice across the organisation, strengthening capacity and capability for timely and high-quality Stage 2 investigations, and ensuring that learning from complaints is systematically translated into service and process improvements. This includes integrating complaint intelligence into our Digital and Intelligence Strategy work, enhancing cross-directorate learning, and continuing to build a culture where feedback- whether complaint or non-complaint- is valued as a critical source of organisational insight and system-wide improvement.

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