

# Scottish Public Services Ombudsman submission of 3 November 2023

## PE2032/E: Improve the support available to injured soldiers and veterans in Scotland

### About SPSO

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1. The Scottish Public Services Ombudsman has a wide remit, covering a variety of functions and services. The Ombudsman's powers and duties come (predominantly) from the Scottish Public Services Ombudsman Act 2002, which gives her four distinct statutory functions:
  - 1.1. the final stage for complaints about most devolved public services in Scotland including councils, the health service, prisons, water and sewerage providers, Scottish Government, universities and colleges
  - 1.2. specific powers and responsibilities to publish complaints handling procedures, and monitor and support best practice in complaints handling
  - 1.3. independent review service for the Scottish Welfare Fund (SWF) with the power to overturn and substitute decisions made by councils on Community Care and Crisis Grant applications.
  - 1.4. Independent National Whistleblowing Officer for the NHS in Scotland (INWO) – from 1 April 2021 – final stage for complaints about how the NHS considers whistleblowing disclosures and the treatment of individuals concerned.

### SPSO complaints

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2. in 2022—23 the SPSO
  - received 3,527 complaints in total
  - of these 1,193 were about the NHS
    - of those that we investigated we upheld 63%

3. When we are considering health complaints, we can consider clinical judgement as well as any process and procedures followed and it is an area where, as a result, we can have significant impact.
4. While we monitor compliance with NHS Model Complaints Procedures (NHS MCHP), unlike other areas, the SPSO does not have primary authority for setting these. This is a function of the Scottish Government (SG) under the Patients Rights Act 2011. In 2016—17, we worked with SG to produce the first NHS MCHP; this brought the NHS procedure into line with other sectors and was intended to support integration and person-centred complaints handling.
5. Since then, the models which are fully within SPSO control have been updated to include a greater focus on accessibility, resolution and those experiencing vulnerability. While we recognise that the NHS MCHP is very much in need of updating, SG has been unable to commit resources to this work. Within the powers we have, SPSO recently issued guidance to help support NHS staff to make improvements as an interim measure. We also continue to share good practice, either through stakeholder engagement or through recommendations and feedback.
6. The petition asks for a review of the way SPSO responds to complaints from veterans about health services, but there is little detail, and we would welcome comments from the petitioner about any specific issues. SPSO do not require complainants to disclose their veteran status, and this means we would not be aware that a complaint came from a veteran, unless they had chosen to disclose this to us.
7. A search on our system indicates that we have had some complaints where it was disclosed that they were being made from or on behalf of veterans, but these were low in number. The complaints relate to different areas including health, housing or local authority services. However, the numbers are too low from which to draw conclusions or themes in any sector. We have also had some references to veteran status in applications for crisis and community care grants, but again, low numbers.

8. We note the views of the Scottish parliamentary cross-party group that there is unlikely to be a need for veteran-specific procedures and that the focus should be on general improvements. We support that approach as people-centred, rights-based approaches to complaints handling should be sufficiently adaptable to meet individual needs. This approach to keeping the procedure simple does not prevent us from taking into account in individual cases, specific and relevant material, such as the Armed Forces Covenant when assessing whether public bodies have appropriately responded to complaints or are providing services that take into account all their obligations.
9. The SPSO's guidance on vulnerability is one example of an area where we have been actively seeking to improve our service, and it has been updated recently and includes reference to leaving the armed forces as an example of individuals who may be experiencing vulnerability. We continue to work on our approach in this area, passing on what we learn through guidance. As a matter of course, we triage new complaints and will prioritise those where we recognise there is ongoing health treatment needs, a significant public interest or someone is experiencing vulnerability. This means that whether or not we know someone is a veteran, if the circumstances warranted it, we would allocate it to a complaints reviewer as a matter of priority.
10. We note that there is reference in the responses to the petition of the creation of specific pathways for veteran treatment and other improvements. GPs play a critical role in ensuring individuals access the right treatment for them, and in accessing secondary care (such as orthopaedic or mental health services). We would suggest that any improvements to that patient journey include guidance and support for GPs from NHS Boards, e.g., guidance, toolkits or awareness-raising.