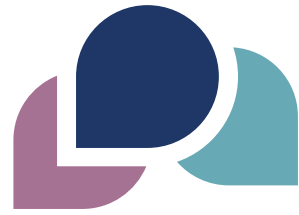


**SCOTTISH  
PUBLIC  
SERVICES  
OMBUDSMAN**

People Centred | Improvement Focused



# Annual Report and Financial Statements

## 2021-22



Facing the  
future together



# Contents

**PERFORMANCE: OVERVIEW .....5**

The year in numbers..... 6

Ombudsman’s introduction ..... 8

SPSO role and function ..... 11

Our vision, values and strategic aims..... 13

Strategic aims ..... 14

Risk..... 20

**PERFORMANCE: ANALYSIS .....22**

First contact ..... 24

Public service complaints overview ..... 27

Public service complaints assessment..... 33

Public service complaints investigation ..... 37

Scottish Welfare Fund ..... 39

Independent National Whistleblowing Officer..... 48

Complaints standards ..... 51

Learning from complaints ..... 55

Stakeholder engagement ..... 64

Customer service ..... 66

Managing the organisation: openness and transparency ..... 69

Managing the organisation: our team ..... 73

Managing the organisation: governance..... 78

Looking forward ..... 88

**ACCOUNTABILITY REPORT & FINANCIAL STATEMENTS ..... 90**

Corporate governance report ..... 91

Remuneration and staff report ..... 97

Independent auditor’s report to the members of the Scottish Public Services Ombudsman, the Auditor General for Scotland and the Scottish Parliament ..... 108

Financial statements ..... 114

Notes to the Financial Statements ..... 118

Direction by the Scottish Ministers.....128



# PERFORMANCE: OVERVIEW

In this section of our report we explain who we are and what we do, highlighting key themes, achievements and risks.

# The year in numbers

We handled **2,907 calls**

First contact: [page 24](#)



We received **3,665** public service complaints and handled **3,492**

Public service complaints overview: [pages 28-29](#)



**3,208** public service complaints were closed after detailed initial consideration and **284** were closed following a full investigation

Public service complaints overview: [page 29](#)



**63%** of investigated cases were upheld

**63%**

Public service complaints investigation: [page 37](#)

We considered **107** whistleblowing enquiries and cases in our first year of service

Independent National Whistleblowing Officer: [page 48](#)



Our Standards team responded to **337** enquiries

Complaints standards: [page 52](#)



There was a **36.7% increase** in Scottish Welfare Fund review applications received from the previous year

Scottish Welfare Fund: [page 42](#)

We delivered **146** training modules

Stakeholder engagement: [page 65](#)



We responded to **214** requests to review our decision on a public service complaint

**214**

Managing the organisation: governance: [page 79](#)



We launched **three** project work streams to review learning and recommend improvements on future working arrangements, casework intelligence and internal communications

Managing the organisation: our team: [page 76](#)

We made **511** recommendations to public bodies, **51%** being about learning and improvement



Learning from complaints: [page 57](#)

We responded to **100% of FOIs and reviews** within the statutory timescale of 20 working days



Managing the organisation: openness and transparency: [page 70](#)



We received funding of **£6,095K**. Our total expenditure was **£6,004K**

Managing the organisation: governance: [page 86](#)



# Ombudsman's introduction



SPSO strive to be open, transparent and honest about all aspects of our performance. I recognise that during 2021-22 we did not achieve everything we set out to, but it is important that the focus of this report is not only on the negative but recognises our very significant positive achievements.

Since I took up office in 2017, my team has, year on year, taken on new functions and duties and had to cope with unprecedented change and challenges. We would have faced many of these irrespective of COVID-19.

Last year, I said:

*I cannot begin to express how grateful I am for the dedication, commitment and adaptability of my team; my leadership team who steered and supported the organisation, managers at all levels who guided and supported colleagues, officers who endeavoured to deliver as close to business as usual as possible, colleagues who developed and delivered new functions, and the small group of*

*volunteers who provided key worker support to the whole office.*

I can't think of a better way of putting it this year. Like public services across Scotland, COVID-19 and other changes have placed my team under huge pressure, pressure we feel all the more acutely because we care and want to deliver a great service. Driven by our values, we have remained committed to delivering the best service we can with the resources we have.

What has changed based on learning since last year, is our resilience and capacity to adapt in a more agile way to change.

We started 2021-22 in the knowledge we had high workloads, faced capacity and resourcing challenges and with uncertainty about lockdown and the ongoing impact of COVID-19. We were, and remain, optimistic. We recognised that the work we had undertaken in the previous year to move us to a more effective digital platform and bed in



service and process improvement, stood us in good stead for the year ahead.

We set ourselves an ambitious business plan, driven by our values and strategic aims. We knew the year would be one of evolution and anticipated that by the fourth quarter, we would realise improvements to performance that would in turn enable us to reduce the number of unallocated cases and the times taken.

- by the start of the year we were able to deliver all services electronically and online. This included reducing our reliance on physical files, greater uptake of our online complaint form and implementation of IT platforms for secure data sharing
- as the year progressed we were able to develop the functionality of and our expertise in using online collaboration tools. This enabled us for example, to actively involve all staff in business planning and setting operational priorities

- we anticipated restoring our staff resources and capacity, not only through recruitment, but also because of less demand on staff time from COVID-19 related matters, such as home schooling
- we continued to learn from and respond to change in a much more agile way than in previous years. This enabled to adapt our services and procedures
- we continued to develop our business, for example how we supported public bodies, who were themselves struggling to deliver a complaint handling service, and through developing our approach to resolving complaints
- we shifted from preparing for the INWO function to delivering it, recognising that the NHS would also need support and guidance
- we kept key elements of our service under constant review and development, for example adapting telephone access to the different



**We recognised that the work we had undertaken in the previous year to move us to a more effective digital platform and bed in service and process improvement, stood us in good stead for the year ahead.**

elements of our service, use of online communication methods and review of public service complaints handling processes

- we build on our people centred approaches to complaint handling, recognising the increasing vulnerability of some service users as lockdown continued. Equally, we recognised that lockdown is not the only factor driving vulnerability and this was, and remains, very important to us

As you will read in the main report (and in the year in numbers on pages 6-7) we were successful in delivering many of the objectives we set ourselves in our business plan. Where we didn't achieve our aims, such as reducing the number of unallocated cases, this was down to not being able to recruit staff as quickly as anticipated and the extended lockdown we, and the public sector more widely, experienced.

### Risk and business development

Our most significant areas of risk were related to

- capacity and resources
- cyber and data security

Having insufficient staff resources is a continuing source of risk, that has been exacerbated by the pandemic, especially in relation to the delivery of Scottish Welfare Fund (SWF) Review service and public service complaints. While we have mitigating measures in place, going forward, we recognise the strategic impact of a changing labour market, post-pandemic.

We are increasingly mindful of cyber threats to data security across all areas of our business, particularly as we have moved to predominantly working on-line. We comment further on this under performance analysis and governance.

### Looking forward

The looking forward section of this report on page 88 gives more detail about the overall approach for 2022-23. Our key themes are:

- Stakeholder engagement. Establishing, or re-establishing active and regular engagement with all our stakeholders as we collectively come out of lockdown. We are keen to listen to and learn from our stakeholders in a more structured, less ad hoc way, than has been the case for the last two years.
- Reducing the number of unallocated public service complaints and the time taken to investigate complaints. This will be supported by additional staff resources, and a focus in 2022-23 on closing our oldest complaints.

- Developing Child Friendly Complaints procedures for organisations within SPSO's jurisdiction, in anticipation of the incorporation of the UNCRC. This in turn will inform other rights based approaches, such as embedding Human Rights into model complaints handling processes.
- Supporting the NHS to raise awareness of the Whistleblowing Standards.



**Rosemary Agnew**  
**Scottish Public Services**  
**Ombudsman**

# SPSO role and function

The Scottish Public Services Ombudsman has a wide remit covering a variety of functions and services. The Ombudsman's powers and duties come from the Scottish Public Services Ombudsman Act 2002, which gives her four distinct statutory functions:

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
2. specific powers and responsibilities to publish complaints handling procedures, and monitor and support best practice in complaints handling
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
4. Independent National Whistleblowing Officer for the NHS in Scotland (INWO); the final stage for complaints about how the NHS considers whistleblowing concerns and the treatment of individuals concerned.

## We now handle four different types of cases

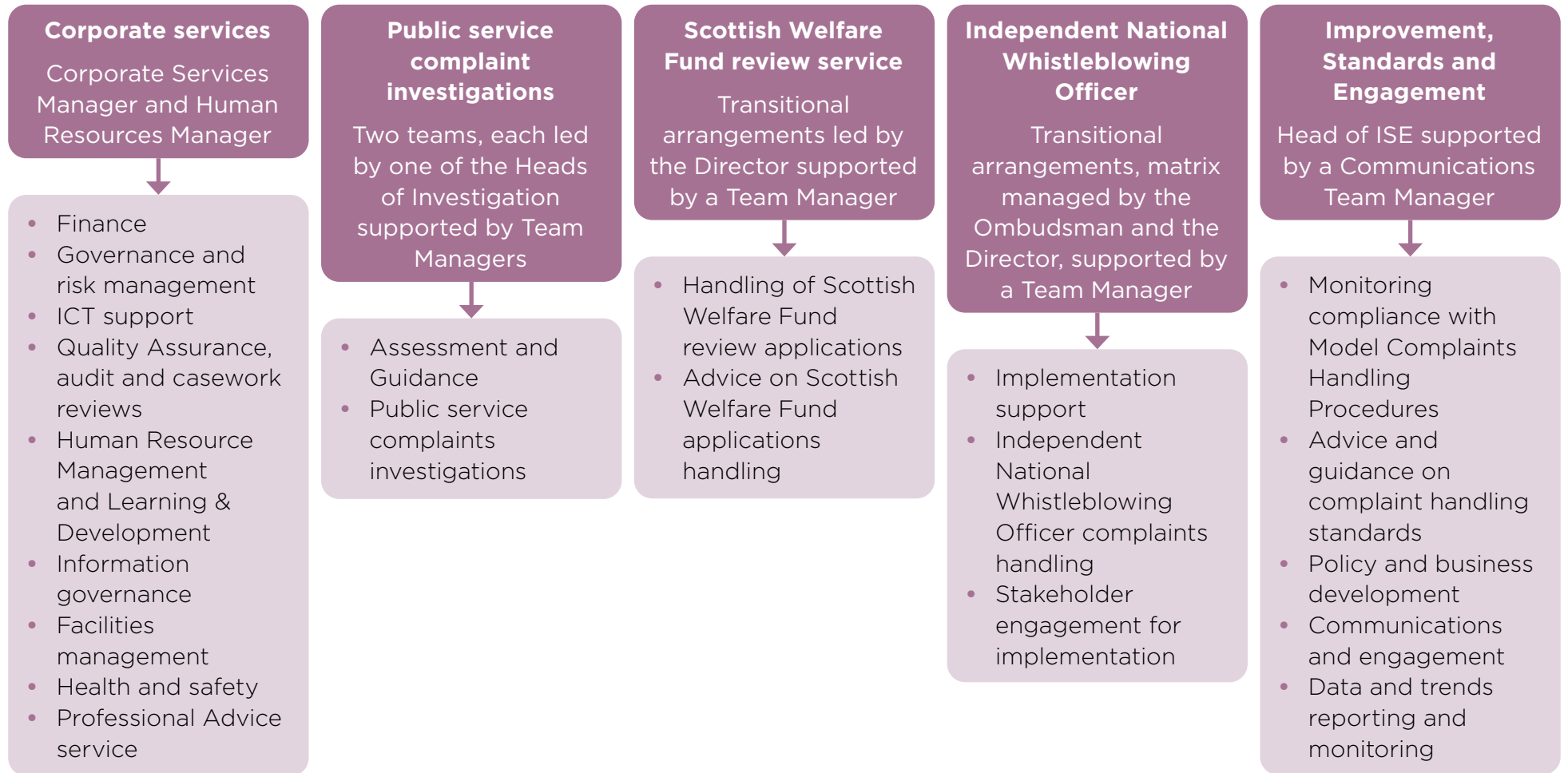
1. **PSCs, complaints about Scottish public service**
2. **INWO, complaints about how the NHS handles whistleblowing concerns**
3. **SWF applications for a review of local authority decisions**
4. **CSC, customer service complaints about our own services**

## Who does what?

### Leadership responsibility

- The Ombudsman has overall responsibility for the organisation, case decisions, actions under complaints handling powers, and is the accountable officer
- Our leadership team consists of the Ombudsman, Director and Head of Improvement, Standards and Engagement. They set the strategic direction of the organisation, and are responsible for governance, considering and approving policies and performance against strategic aims and objectives

**Operational delivery by function**



While the most well-known area of our work is public service complaints handling, we add value to Scottish public services in many ways. We:

- set and monitor public service complaints and whistleblowing standards and performance
- promote the importance of local resolution, consistency of decision-making and the value of good complaint handling
- help people in crisis and need
- encourage learning for improvement to enable more efficient delivery of Scottish public services long-term.

# Our vision, values and strategic aims

## Vision

We contribute actively and positively to high performing Scottish public services. Recognised for our innovative world-leading approach, we put people and learning at the heart of all we do.

## Values

We are committed to living our values to deliver our functions efficiently, effectively and economically. While our remit is wide, and expanding, we aspire to deliver our business coherently and consistently across all functions. We strive to continue to give great service to all who come to us; whether to make a complaint about a public body, seek our advice and support, ask for a review of a Scottish Welfare Fund decision or complain about how the NHS has handled a whistleblowing concern.



# Strategic aims

We live our values through four strategic themes that drive our activity and annual business plans. Our [Strategic Plan 2020-2024](#) defines our strategic themes and objectives as, Accessibility, Access to justice, Capacity and Standards.

We continue to make steady progress against our strategic aims, as the examples below illustrate. The continued impact of lockdown and the pandemic on us, and our stakeholders, meant we did not deliver every item to plan, particularly in relation to stakeholder engagement and capacity building.

## Key

✓ = positive

— = neutral

✗ = negative



## Accessibility

Everybody who uses Scottish public services can access them without barriers, when they need them, in the way they need to. People are always treated with dignity, respect and kindness.

Strategic aim	Progress
<p>1. We will develop and monitor the Model Complaints Handling Procedures and Model National Whistleblowing Standards, to ensure accessibility is integral to public bodies' complaints handling</p>	<ul style="list-style-type: none"> <li>✓ We continued to advise and support public bodies, particularly those struggling to deliver a complaint handling service</li> <li>✓ We reported outcomes and findings of casework regularly, through a variety of media</li> <li>✓ We supported the NHS in the implementation of whistleblowing standards</li> </ul>
<p>2. We will make our own services as accessible as they can be</p>	<ul style="list-style-type: none"> <li>✓ We continued to review and update our website to ensure all stakeholders received timely information about our services during lockdown</li> <li>✓ We made improvements to our phone services, for example introducing recorded options for the Scottish Welfare Fund review service to signpost callers more effectively</li> </ul>
<p>3. We will push for legislative change to enable us to make our services and those of other Scottish public bodies accessible</p>	<ul style="list-style-type: none"> <li>✗ The pressure on resources and the impact on parliamentary business meant we did not publish a report calling for a review and extension to our powers (in particular the ability to take complaints in any format and to conduct investigations under our own initiative without the need for a complaint) as planned. While we raised this verbally when giving evidence to the Local Government, Housing and Planning Committee, we are still to submit a written report</li> <li>✓ We contributed to a range of consultations, for example relating to Human Rights, Patient Safety, incorporation of the UNCRC and implementation of a National Care Service</li> </ul>
<p>4. We will continue to develop relationships with our stakeholders to both learn from and to contribute to fair, accessible Scottish public services</p>	<ul style="list-style-type: none"> <li>✓ We have provided specific support to a number of NHS Boards in relation to early triage and prioritisation of complaints</li> <li>✗ While we recognise the importance of effective stakeholder engagement, our activity in this area was reactive. This reflected the ongoing impact of lockdown and the strain on SPSO capacity</li> </ul>

## Access to justice

People have, and understand how to, access gateways to justice if things go wrong with public services. They receive proper explanations and fair redress, in a way that they feel listened to and supported.

Strategic aim	Progress
<p><b>5.</b> We will deliver our statutory functions in line with legislative requirements and our published customer service standards and performance targets</p>	<ul style="list-style-type: none"> <li>✓ We maintained our full range of services during lockdown</li> <li>✗ We did not meet all of our performance targets for public service complaints and SWF Review service</li> <li>✓ We successfully implemented the INWO function</li> </ul>
<p><b>6.</b> We will contribute to the development of the wider access to justice environment through engagement with relevant groups and stakeholders such as the UK Access to Justice Council, the Open Government Partnership, and other commissioners and ombudsman services</p>	<ul style="list-style-type: none"> <li>✓ We are active members of the Access to Justice Council</li> <li>✓ We had regular stakeholder contact with other Ombudsman services and groups, to identify and share learning and good practice</li> <li>✓ We contributed to the wider Ombudsman community, particularly in the development of complaints resolution</li> </ul>





## Capacity

SPSO and Scottish public services have the capacity to deliver their functions effectively and fairly. They are adequately resourced, and have the necessary enabling infrastructure and well-trained staff who are supported to deliver the service.

Strategic aim	Progress
<p><b>7.</b> We will continue to push for adequate funding for our functions and seek to develop a more sustainable funding model, recognising the annual budget process but challenging, where appropriate, how it is applied</p>	<ul style="list-style-type: none"> <li>✓ We continued to liaise with Scottish Parliamentary Corporate Body about funding. As a result, we secured additional funding for temporary staff to support COVID-19 recovery</li> <li>✗ We did not make the reductions in unallocated cases and complaint handling times anticipated as we did not secure additional resources as soon as expected. We also faced challenges in recruitment, as a result of changes in the wider labour market</li> </ul>
<p><b>8.</b> We will assess and mitigate the impact of the COVID-19 pandemic on our capacity and that of public bodies and other stakeholders to deliver an effective service which meets published standards</p>	<ul style="list-style-type: none"> <li>✓ We actively monitored the impact of COVID-19 through performance and governance systems</li> <li>✓ We completed our IT replacement programme to bring all staff onto the same IT platform</li> </ul>
<p><b>9.</b> We will be acknowledged for having well-trained, properly supported people, who have the tools they need to deliver our services</p>	<ul style="list-style-type: none"> <li>✓ We maintained our IIP Gold status</li> <li>✓ We continued to deliver virtual induction programmes for new staff, building on learning</li> <li>✓ We continued to deliver training for our managers to equip them to support their teams and drive performance improvement</li> </ul>
<p><b>10.</b> We will build or maintain our capacity, financial, human and infrastructure, to implement and deliver our statutory functions</p>	<ul style="list-style-type: none"> <li>✓ We completed delivery of a number of IT projects to enable more efficient and secure electronic data sharing</li> <li>✓ We continued to develop and deliver a range of wellbeing support resources</li> <li>✓ We implemented and continue to develop use of online collaborative tools and platforms</li> </ul>
<p><b>11.</b> We will review and develop the support, guidance and training we offer to public bodies, complainants and whistleblowers to enable them to develop their own capacity, in particular the NHS in developing its capacity in respect of whistleblowing</p>	<ul style="list-style-type: none"> <li>✓ We developed, and delivered web-based complaint handling training</li> <li>✓ We developed and delivered online training modules on the INWO standards</li> <li>✓ We supported the NHS in the implementation of the Whistleblowing Standards from 1 April 2021</li> </ul>

## Standards

Public services are delivered to the standard required and expected. They are supported and enabled by robust governance structures that ensure that public bodies comply with legislation and standards, and learn from experience; theirs and others, good and poor.

Strategic aim	Progress
<p><b>12.</b> We will monitor Scottish public bodies' complaint handling, Scottish Welfare Fund applications and whistleblowing handling, holding them to account for poor performance and giving credit for good performance</p>	<ul style="list-style-type: none"> <li>✓ We communicated with the Scottish Government about changes to SWF guidance, particularly in relation to Self-Isolation Support Grants</li> <li>✓ We maintained our approach of identifying and raising learning for public bodies through recommendations, feedback and our Support and Intervention Policy</li> <li>✓ We communicated directly with Scottish public bodies about their continuing duties to respond to complaints, and provided support and guidance</li> </ul>
<p><b>13.</b> We will develop our capacity to gather and share information to enable us to make informed and beneficial interventions when complaint, whistleblowing and SWF services fall below accepted standards</p>	<ul style="list-style-type: none"> <li>✓ We continued to develop our intelligence gathering from casework across all our functions</li> <li>✓ We are members of the Sharing Intelligence for Health and Care group</li> <li>✓ We commenced a review of our communities of practice and continued to share learning and experience internally</li> </ul>
<p><b>14.</b> We will review the Model Complaints Handling Procedures and National Whistleblowing Standards, to ensure they remain fit for purpose</p>	<ul style="list-style-type: none"> <li>✓ We contributed to early discussions with a variety of stakeholders about complaints from prisoners, and changes and improvements needed. An issue to which we hope to return next year, resources permitting</li> </ul>
<p><b>15.</b> We will contribute to the development and/or review of other standards and guidance to ensure they deliver services to the standards required</p>	<ul style="list-style-type: none"> <li>■ We continued to monitor and report against our own customer service standards. While performance was generally good, complaints about delay caused by the impact of COVID-19 and the ages of unallocated cases, were upheld remained a significant driver of dissatisfaction</li> <li>✓ We contributed to a range of public consultations</li> <li>✓ We contributed and continue to contribute to the Scottish Government's implementation of a Patient Safety Commissioner</li> <li>✓ We contributed to early discussions about the development of Child Friendly Complaints processes, in support of incorporation of the UNCRC in Scotland</li> </ul>

## Business plan

There is a direct link between every part of our business plan and our strategic themes and aims. We knew we had set an ambitious business plan, which was partly predicated on lockdown easing earlier than it did.

Further detail about our performance against our business plan is available on [our website](#).

Of the 257 items in our business plan, we met or exceeded our objectives in 185 of them. Some items were carried forward because we could pursue them under lockdown; some were discontinued because they were not of high enough priority; and some were completed but failed to meet performance targets (recorded as not slippage or missed).

	Complaints and investigations			Corporate Services	Improvement, Standards & Engagement	Total
	Public service complaints	Independent National Whistleblowing Officer	Scottish Welfare Fund			
Discontinued	8			3		<b>11</b>
Not started			3	3		<b>6</b>
Exceeded			3	1		<b>4</b>
<b>Completed</b>	<b>12</b>	<b>7</b>	<b>3</b>	<b>50</b>	<b>5</b>	<b>77</b>
On target	3	10	11	47	33	<b>104</b>
Slippage	1	2	3	7		<b>13</b>
Missed	2					<b>2</b>
Carried forward	3	2		16	19	<b>40</b>
<b>Total</b>	<b>29</b>	<b>21</b>	<b>23</b>	<b>127</b>	<b>57</b>	<b>257</b>
<i>2020-21 totals</i>	<i>28</i>		<i>22</i>	<i>114</i>	<i>47</i>	<i>211</i>
<i>2019-20 totals</i>	<i>18</i>		<i>19</i>	<i>85</i>	<i>31</i>	<i>153</i>
<i>2018-19 totals</i>	<i>20</i>		<i>19</i>	<i>89</i>	<i>50</i>	<i>178</i>

# Risk

Our most significant areas of risk were related to

- capacity and resources
- cyber and data security

The nature of these risks has changed over the period of the report and we see them continuing to change over coming business years. In 2022–23 we will be reviewing our strategic risk register and the impact that has on how we manage risk operationally to mitigate impact and reduce likelihood in an increasingly volatile environment.

## Capacity and resources

Having insufficient staff resources, irrespective of COVID-19 remains a significant source of risk for the SPSO. Two areas of our service have been particularly challenged by this over the year; Scottish Welfare Fund (SWF) Review service and public service complaints.

In relation to SWF, the take up of the Self-Isolation Support Grant was high. As a result, overall, we struggled to deliver the SWF function as we did not have sufficient staffing capacity and insufficient financial resource to recruit additional staff. We mitigated this as far as possible with overtime and bringing in resources from other teams, but the extent to which we

could do this was limited as we had to balance well-being of teams already under pressure and availability of trained staff. I am grateful to the team for working overtime and to other colleagues across the organisation for providing support. For us, it is not simply a matter of delivering the SWF review service to statutory targets, we recognise that applicants are vulnerable and in need and want to support them by handling applications without delay.

The same is true for public service complaints. We recognise that people have often had to wait a long time, especially during COVID-19, to receive a response from a Scottish public body and it saddens us that we are currently adding to that delay for many complainants. We were given additional, temporary funding to support recovery from COVID-19 and reduce the waiting time for allocating some (not all) new complaints. Unfortunately, shifts in the labour market driven by the impact of COVID-19 and the underlying impact of Brexit, meant we were not able to recruit additional investigation staff as quickly as we would have liked.

Steps were taken to mitigate risk as far as possible, such as keeping process and priorities under review, looking for alternative ways to deliver our service and identifying efficiencies, but the position remains that without the staff, we can't deliver the service. This remains a priority for us in the coming year.

There was also a knock-on impact on some of our project work, such as developing our training offer for public bodies, greater stakeholder engagement and seeking new powers to undertake investigations under our own initiative. In the long term, these are all areas that would support improvement and greater efficiency across all public services, but we recognised the need to focus on our front-line delivery. Mitigation of the impact of this will inform business activity in the coming years.

## Cyber and data security

We handle both sensitive personal data and confidential data. While we have robust data and information policies and procedures in place to mitigate against data loss, we recognise that lockdown and the increasing reliance on digital ways of working, will impact on data security. We actively monitor this and work with our Data Protection Officer, to identify improvements.

We are increasingly aware of cyber threats to data security; whether that be ransomware, phishing or data theft. We recognise that the threat is one that adapts and changes over time and is something about which we are vigilant. We actively develop and keep updated our cyber security strategy, and provide regular mandatory training and awareness sessions for staff. We also work with our suppliers to ensure they can protect and manage our data effectively. This type of mitigating action will be continuous and staff will be reminded regularly of the importance of working in such a way as to mitigate both risk of data loss, and risk of cyber attack.

Our IT services are provided through the Scottish Government, 'SCOTS' platform. This enables us, as a relatively small organisation, to have in place a level of cyber security measures which we would struggle to put in place for ourselves, and which gives us a reasonable level of reassurance.

# PERFORMANCE: ANALYSIS

In this section of our report we explain our performance in more detail, setting out achievement against key performance indicators for each of our functional areas.

Please note that some percentages in this report are rounded. Therefore, totals may not always equal 100%.

Quarterly figures are provided in some sections to illustrate the fluctuation in figures across the year and to enable broad comparisons with previous years. These figures are taken from management information gathered at the end of each quarter. They represent a snapshot at the time, and therefore will not necessarily add up to the overall annual figure, as annual statistics are gathered and quality assured based on the position at the year-end.




For example, a case may be opened in one quarter, closed as a premature complaint in another quarter and subsequently reopened again. This case would appear as an open case in the annual statistics, but would have been identified as a closed case in the relevant quarter where that activity happened.



# First contact

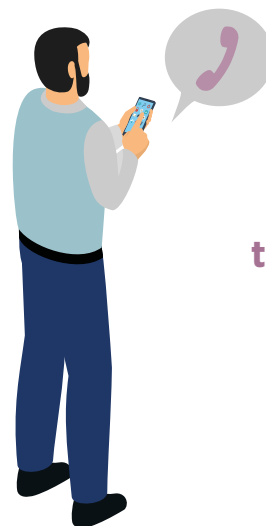
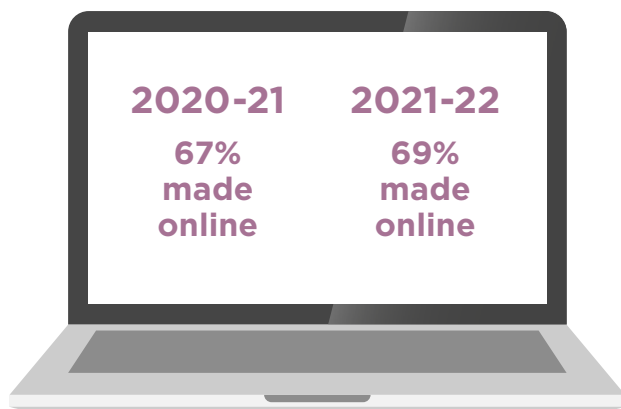
Our first contact service

We receive enquiries and complaints through a variety of channels:

-  0800 Freephone number
-  Email and website forms
-  Post

During 2021-22 our telephone service was open with reduced hours whilst the majority of staff continued to work from home. We offered flexible times for members of the public to contact us Monday to Friday, and we provided advice on 2,907 calls.

Over the last two years, we have seen a year-on-year rise in the percentage of public service complaints being made online:



**We offered flexible times for members of the public to contact us Monday to Friday, and we provided advice on 2,907 calls.**



We have welcomed the channel shift in how members of the public access our office online. Working in a 'paper lite' environment helps us to reduce waste and support our biodiversity goals (see page 82). We have also improved our capacity to process our complaints electronically and have invested in the further development of our online complaint forms.

We appreciate that online communication is not suitable for all of our service users, particularly those making public service complaints from prisons. Frontline staff have continued to process complaints received by post throughout the year. As an organisation we make adjustments to our service to meet individual needs, providing as accessible and responsive service as we can.



## Keeping our values at the heart of front line service delivery



During a second pandemic year our values have been a guiding light for all of us, particularly our dedicated frontline team of six staff who have continued to deliver an accessible and responsive service, whilst working largely at home. The team have designed and delivered reactive processes to meet customers' needs and displayed exceptional resilience in keeping the service running efficiently. They have supported and encouraged each other to continually advance improvements within their area of service delivery.

Our values based culture (see page 13) has driven the delivery of our frontline service. In particular, our **independent** and **people centred** values have motivated the team during challenging times.

### Independent

**Our commitment: We will live this by being open, transparent, acting with integrity and explaining our decisions and actions.**

We have:

- regularly reviewed the expected timescale for allocating public service complaints to the public service complaint investigation teams for detailed consideration and transparently communicated allocation delays on our website, during telephone conversations and when issuing postal public service complaint forms
- acknowledged new public service complaints, clearly communicating the expected month that individual public service complaints will be allocated to a Complaints Reviewer for detailed examination
- reviewed the advice that we offer by email to complainants who have approached us with their public service complaint prior to completing the local public service complaints process of the organisation that they are complaining about. We now refer complainants to a short animation film that we produced in 2021-22 that gives a clear explanation on how to complain to a public service and when the SPSO may be able to consider a public service complaint further
- continued to expand our understanding of other organisations available to signpost complainants to when we are unable to assist or where they require extra support
- worked closely with our investigations colleagues to broaden our understanding of complaint subject areas where our jurisdiction is limited, to enable us to manage complainants' expectations realistically, and as early as possible during first contact conversations.

### People centred

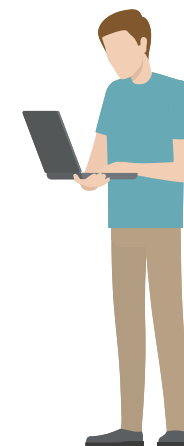
**Our commitment: we will live this by treating people with dignity and respect, making ourselves accessible delivering a compassionate service in line with our service standards and working supportively with each other.**

We have:

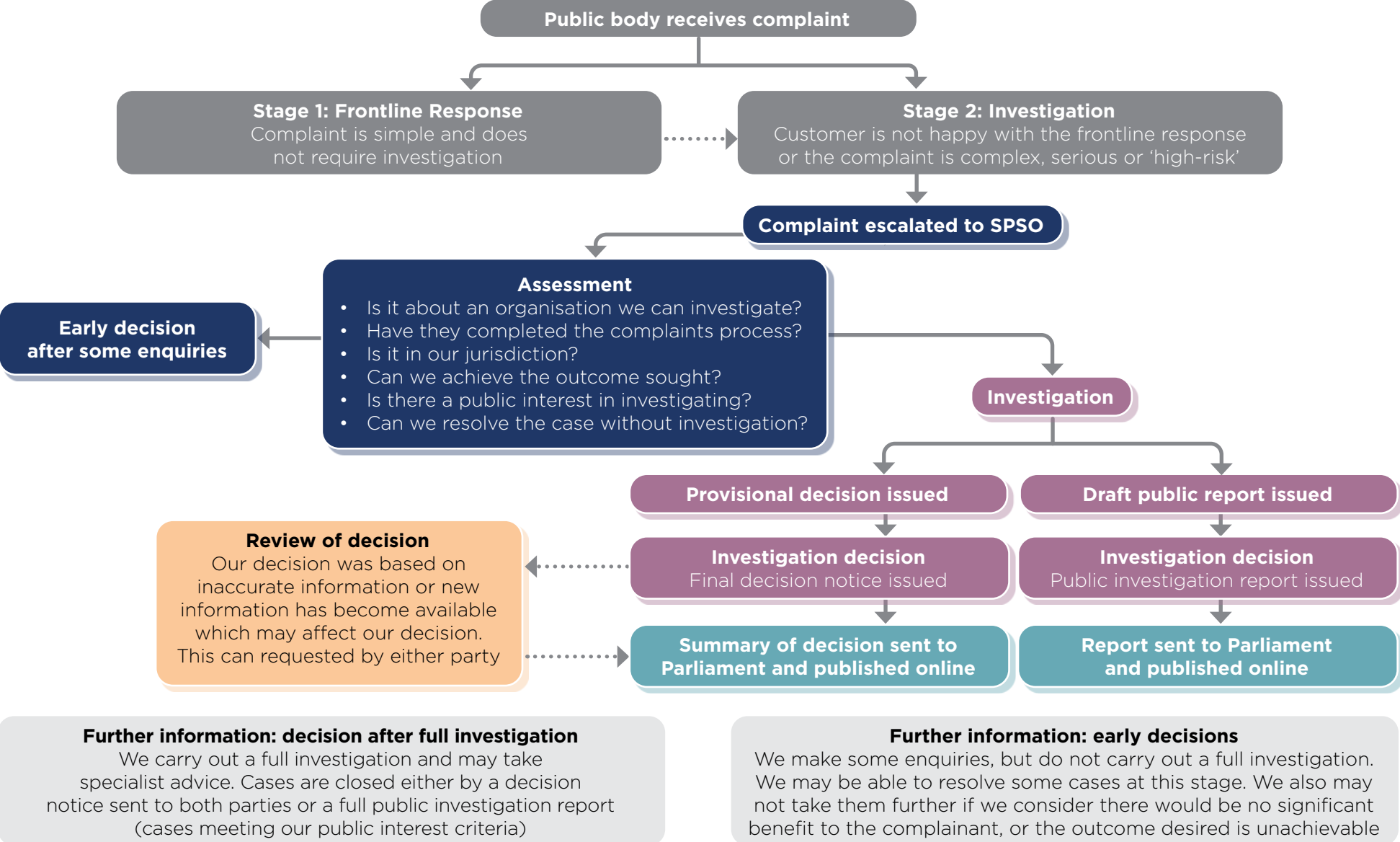
- recognised that the effects of the pandemic have resulted in increased vulnerability of complainants. We have ensured that complaints from vulnerable service users are identified and prioritised for allocation without undue delay
- kept access points to our office (with the exception of office visits) open throughout the pandemic. This has been challenging at times during 2021-22 due to reduced team capacity and resourcing. Frontline staff have been flexible and gone above and beyond to ensure that service users continued to receive a prompt assessment and acknowledgement of their complaint or enquiry
- whilst working from home we have made good use of technology to continue to meet regularly as a team to support each other, ensuring we have felt resilient, knowledgeable and equipped to deliver a compassionate service to increasingly vulnerable service users
- listened to and acted upon our customers' feedback to make improvements to our online forms and the communication of our timescales

- met with the Equality Advice and Support Service, Scottish specialist advice staff to inform them of our role and how the public service complaints process can be accessed. In turn, ensuring that they are appropriately advising members of the public how to complain effectively and how to access our office
- carried out a study into the reduction of prison health care complaints submitted to our office during the year and the high volume of these complaints that are made to us early. We plan to share these findings and recommendations for to share learning and drive improvement with NHS Boards in 2022
- produced an information pack for advocacy agencies who submit complaints to our office at the incorrect time or with incomplete information.

**“I am very vulnerable just now and was nervous about using your form but I felt so supported throughout it - it was clear and answered all my questions as I went along. The word count was really helpful, what a difference to other experiences I have had using other online forms”**

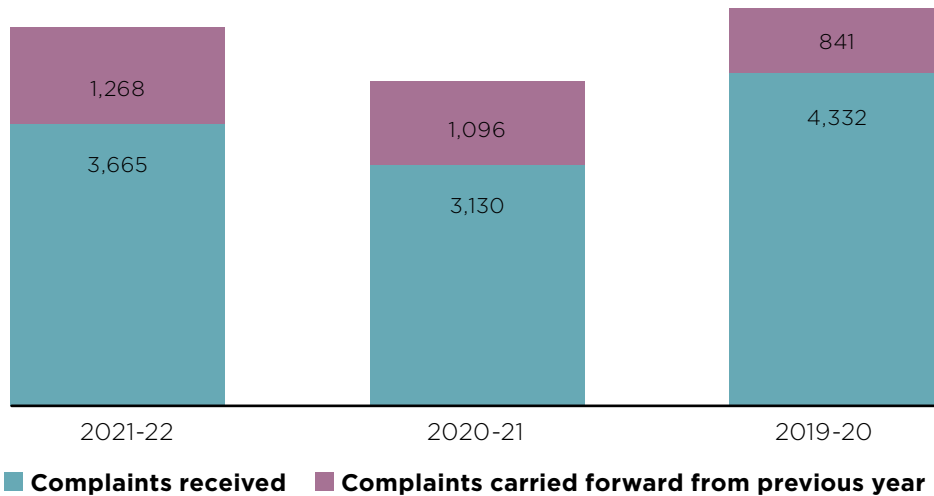


# Public service complaints overview



### Caseload

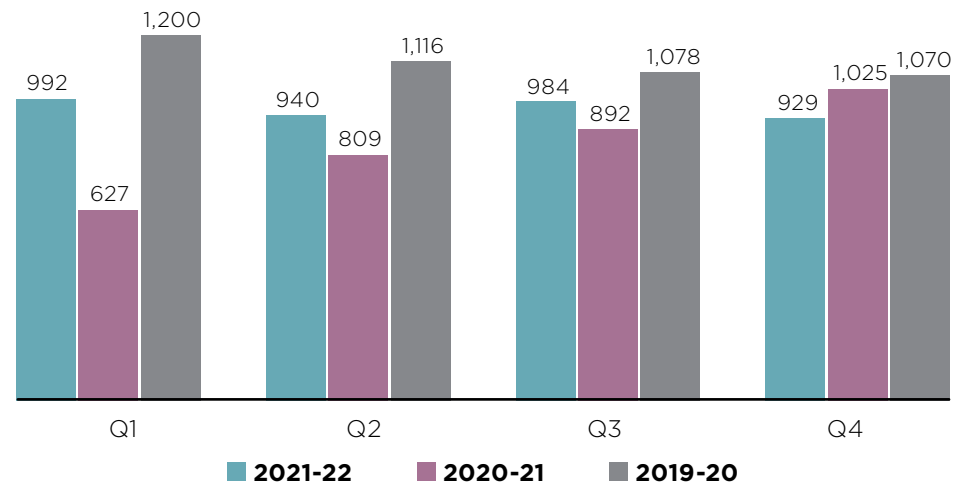
We monitor our casework numbers closely throughout the year to support us with resource planning and performance management, and to monitor our effectiveness. We also publish and share this information with the organisations we work with and other stakeholders to help support and improve complaints handling at a local level, and to reduce the numbers which escalate to us.



### Public service cases received by quarter

Case numbers received in 2021-22 rose in comparison to 2020-2021 and were more consistent across all four quarters. In spite of early indications at the end of 2020-21, total numbers received were slightly below 2019-20 pre lockdown levels.

#### Cases received by quarter



### Public service cases carried forward

The number of cases carried forward as a proportion of the total caseload for the year was higher than normal. This was because

- of starting the year with a higher than usual caseload which requires additional resource to manage
- the ongoing resourcing challenges faced during the year as a result of lockdown and the wider recruitment market.

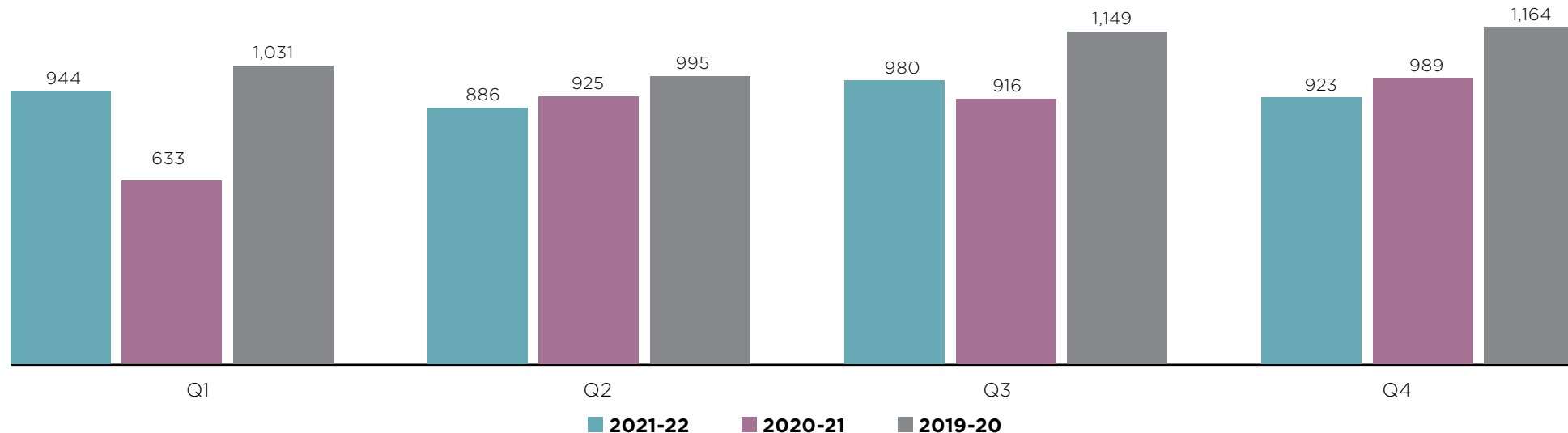
## Public service complaints closed

Type	2021-22	2020-21	% change 2020-21 to 2021-22	2019-20
<b>Total cases closed at assessment</b>	<b>3,208</b>	<b>2,756</b>	<b>+16%</b>	<b>3,511</b>
Out of jurisdiction	198	194	+2%	329
Premature	783	651	+20%	784
Not investigated beyond initial enquires	1,636	1,338	+22%	1,336
Unable to proceed	591	573	+3%	1,062
<b>Total cases closed after investigation</b>	<b>284</b>	<b>420</b>	<b>-32%</b>	<b>588</b>
Upheld in full	102	145	-30%	182
Upheld in part	71	101	-30%	150
Not upheld	100	157	-36%	239
Not duly made, or withdrawn	7	12	-42%	11
Outcome unachievable	1	0	+100%	1
Resolved	3	5	-40%	5
<b>Total number of cases closed (at assessment and after investigation)</b>	<b>3,492</b>	<b>3,176</b>	<b>+10%</b>	<b>4,099</b>

Despite these challenges, cases closed overall rose by 10%. The biggest shift in closure type was the increase in cases closed after initial enquiries because of a greater focus on what more we could realistically achieve for complainants, and achieving resolution of more cases.



Cases closed by quarter



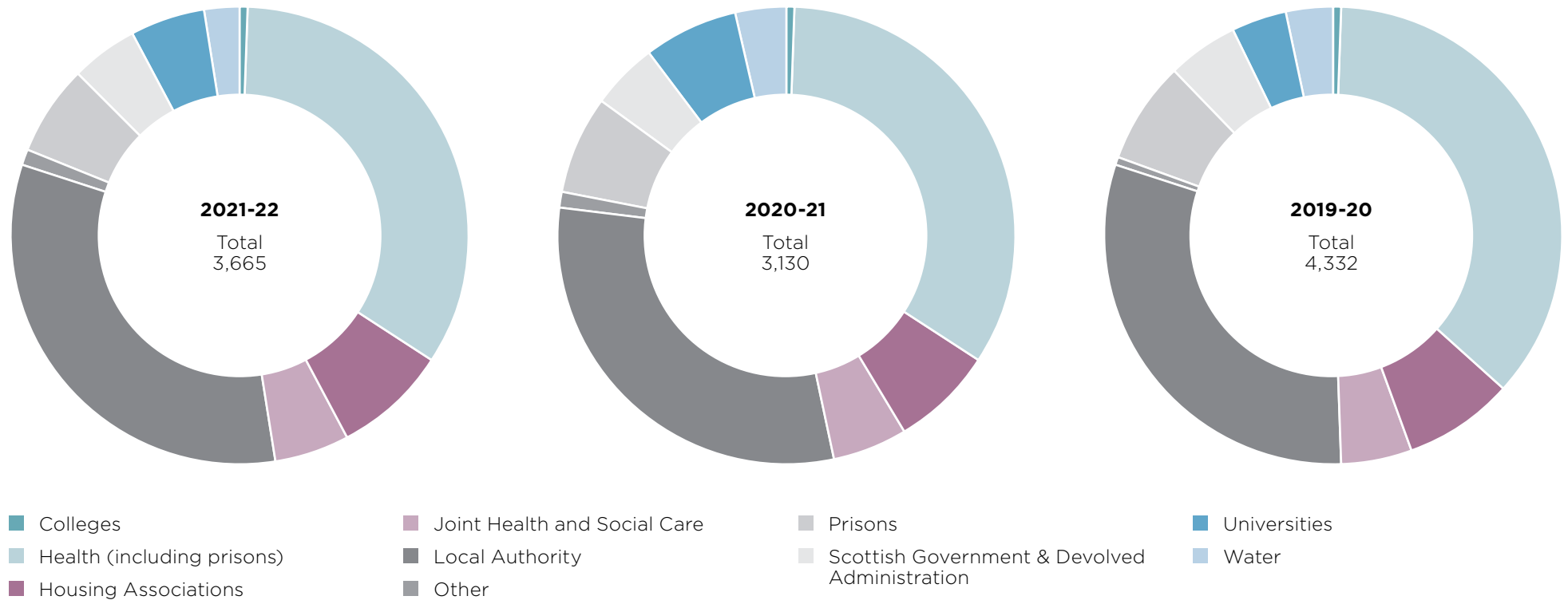
As with cases received, cases closed were more consistent over the four quarters this year reflecting the working processes we had put in place the year before.

Premature public service complaints rate

The number of premature public service complaints received rose by 20%. This meant the rate of premature public service complaints as a proportion of cases received rose from 20% last year to 22% this year. This was against a backdrop of previously good progress over a number of years to reduce

the number of premature complaints. This increase reflects the fact that some public bodies found it challenging to deliver a complaints service that met the timescales set out in the [Model Complaints Handling Procedures](#) during the pandemic. The SPSO has continued to support and advise public bodies during this time as to how they should approach these challenges. While we recognise (and shared) the challenges they faced it was important to ensure public bodies maintained a complaints handling service and continued to communicate well with service users even where they are unable to meet timescales, giving reasons and anticipated timescales.

## Public service complaints received by sector



The breakdown of public service complaints by sector is largely unchanged from last year. Once again, health is the highest subject of complaint.

We did not see the high number of COVID-19 related cases we anticipated, but we monitored this closely. In 2021-22

we received 115 cases which related directly or indirectly to COVID-19. Over half of these were regarding health or health and social care including a small number of cases about acquiring COVID-19 in a healthcare setting. The university sector also saw a number of COVID-19 related complaints concerning the impact of the pandemic on the delivery of education.

### Key Performance Indicators (KPIs)

Responding to public service complaints in a timely manner is one of SPSO’s key **customer service standards**. Case age is monitored regularly and closely throughout the year.

	2021-22	2020-21	2019-20
PI1	98%	91%	100%
PI2	65%	60%	66%
PI3	31%	46%	81%

#### KPIs by quarter

There were different challenges throughout the year impacting on our three performance measures.

- PI1, which measures timescales for providing advice, improved on the previous year and reflects the systems and processes put in place in the second half of 2020-21.

- PI2 and PI3, whilst productivity levels rose compared to 2020-21 (see page 30), PI2 and PI3 continued to be particularly negatively impacted by the challenges presented by the pandemic (to us and public bodies) which resulted in a higher proportion of older cases being closed in 2021-22. The underlying reasons for this were the older cases carried over from 2020-21; the age of cases at the point of allocation; and the longer time taken to investigate because of processing delays (for example, SPSO capacity and delays in obtaining information from public bodies because of the impact of COVID-19 on their capacity).

We expect this to be a trend that continues into 2022-23 as we continue to close older cases.

#### 2021-22 KPI quarterly breakdown

	Q1	Q2	Q3	Q4
PI-1	98%	97%	98%	99%
PI-2	67%	70%	61%	61%
PI-3	34%	34%	32%	22%

**PI-1** – 95% of advice stage complaints handled within 10 working days

**PI-2** – 95% of early resolution public service complaints decided or moved to more complex investigation stage within 70 working days

**PI-3** – 85% of public service complaints investigated and decided within 260 working days



# Public service complaints assessment

## Assessment outcomes

Details of the number of cases we assessed this year and the outcome of those cases, is set out in the tables below.

Assessment outcomes	Number of cases	Description
Cases we legally can't investigate	130	These are cases where someone brings us a complaint the law says we can't investigate. In 2021-22 these were largely because the subject matter (83) was not in jurisdiction
Cases where a legal test says we can't investigate unless we identify reasons to disapply the test	68	These are cases where the law says we shouldn't investigate unless we identify good reasons why the test shouldn't apply, for example, 54 were out of time.
Cases closed before detailed investigation	1,636	These are cases which met the statutory tests but there were good reasons not to investigate. We explain these in more detail on page 35. Our aim is to provide a realistic and efficient service that focuses on public interest and, in particular, what can be achieved for the complainant.
Premature	783	Premature complaints are cases that have not completed the public body's complaints process. It is important that authorities are given the opportunity to address complaints first as it is to the complainant's advantage, and provides an opportunity for learning.
Unable to proceed	591	These are cases where we had a contact from someone but then couldn't proceed. This was usually because we asked for more information but the person did not respond.
<b>Total</b>	<b>3,208</b>	

### Progressing cases

It remains important to us that we tell people as soon as we can what action we can and will take on a complaint. Complainants may already have spent time waiting for their case to go through a public body's internal processes. We therefore focus on assessing all new complaints as soon as they arrive.

We recognise that not all cases can be prioritised or determined quickly, and these cases are held until they can be allocated. Due to a rising caseload in 2021-22, the time taken to allocate cases rose from eight months to 11 months. We have been open and honest with complainants about our delays and waiting times, and we encouraged them to tell us if they think their complaints should be given priority or their circumstances change.

Despite our best efforts during the year, we have ended the year with a higher number of cases awaiting allocation (677 against 403 at the start of 2020-21). Reducing our waiting times is priority for 2022-23. This is being addressed in a number

of ways including recruiting additional team members, and constantly seeking to identify efficiencies in our processes and procedures.

### Prioritising cases

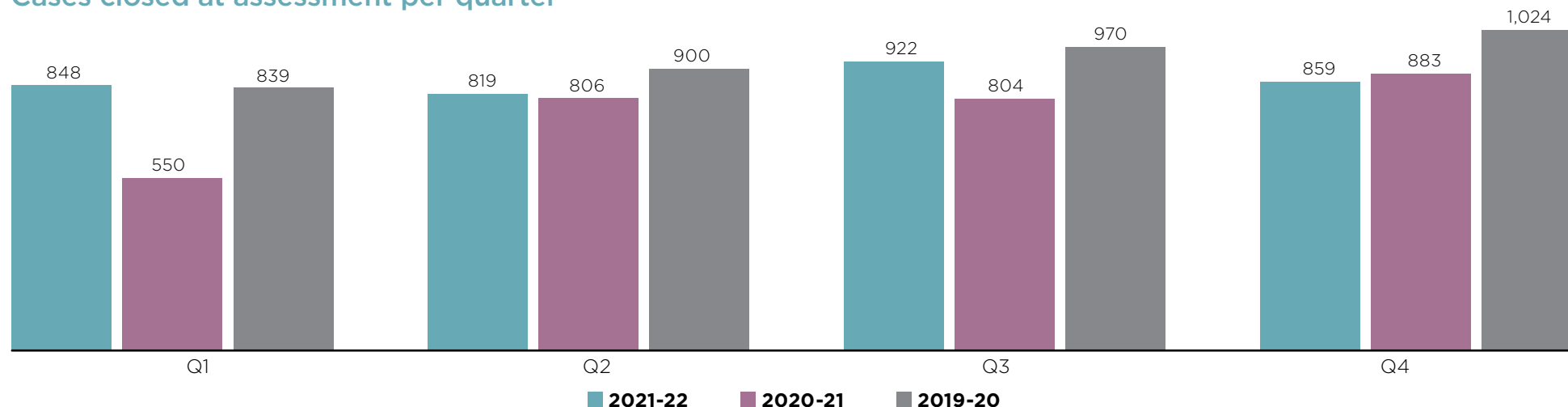
Driven by our values, particularly being people centred, we continue to identify priority cases on receipt, to ensure the most vulnerable complainants and high-risk, time critical public service complaints are progressed with urgency.

## Breakdown of cases closed before detailed investigation

Reason we did not investigate	Number of cases	Description
Referred back to the organisation	130	Cases where the complaint handling had been poor and we asked the organisation to take steps to remedy this
SPSO proposed alternative action	30	Cases where we considered there was action the organisation should take and asked them to do this. If they comply, these cases don't go to investigation
Resolved	44	Cases where SPSO have sought a resolution that has been accepted by the complainant and the public body
Alternative route used or available	35	Cases where there is another organisation who already has or could investigate
Good local complaint handling	1,103	Cases where a reasonable investigation has already been completed by the organisation against the complaints handling standards or where the organisation has accepted a failing and taken steps to address the failing in line with the recommendations SPSO would make following further investigation
Limited further benefit could be achieved by an investigation	294	Cases where we considered we could not achieve more by considering further
<b>TOTAL</b>	<b>1,636</b>	



### Cases closed at assessment per quarter



### Focus on resolution and alternative action

When assessing public service complaints, we consider among other things whether the case can be resolved or SPSO considers an alternative action would provide a remedy, if it is something that we can legally look into, or whether an SPSO investigation is likely to be beneficial to the complainant (or the public interest). We built off the work we did in 2020-21 to identify and categorise cases for resolution or alternative remedy. This has enabled us to be more transparent and realistic about the level of investigation required for each case, particularly when we know complainants feel strongly about the matters they bring to us. We have also improved the way we record resolution of complaints.

We have focussed on actively seeking opportunities to resolve complaints early because we know that where this is possible it improves customer experience and journey times by providing

redress more quickly. We are mindful that we should still identify opportunities for learning for public bodies, encouraging them to be more agile and flexible in their approach to supporting and rebuilding relationships, as well as using resources effectively and proportionately.

Our teams are encouraged to seek opportunities for resolution. We have supported them in this through training, updated guidance and sharing of best practice and a focus on understanding complainants sought outcomes. We have worked with public bodies to highlight this focus on resolution, sharing our own approach with them and providing support to develop their own approach.

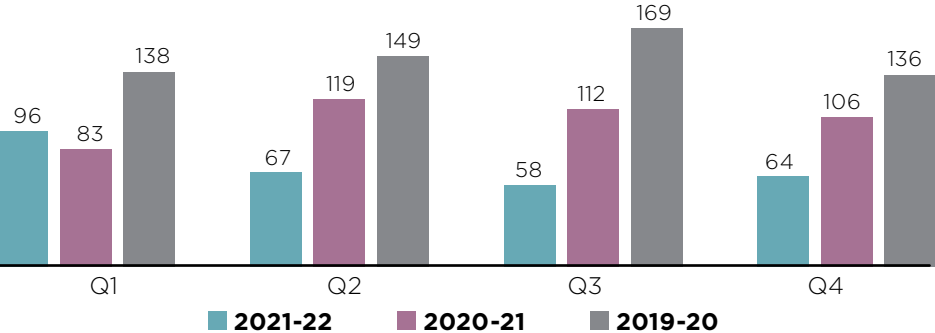
We will continue to develop this important aspect of our work in the coming year.

# Public service complaints investigation

## Investigations completed

In 2021-22, investigation case closures were lower for the year as a whole. While in part this was due to the continued impact of lockdown, it also reflects our focus on ensuring we take a more considered approach to our investigations; attempting to resolve cases where possible or not progressing complaints beyond initial enquiries. We do not believe it is fair to complainants or public bodies to carry out in depth investigations when it is clear from our initial enquiries that the public body has already carried out a thorough investigation and/ or taken appropriate action in response to the complaint or when it may be possible to resolve the complaint. The impact of this is fewer cases progress to detailed investigation.

## Cases closed at investigation



## Public reports

In 2021-22, we published seven public reports, which is the same number as last year. These are cases where we have decided to publish the investigation in full because we consider there is

evidence of significant personal injustice or hardship, systemic failure, significant complaints handling failures or it is a test/ precedent case. In all these cases, we also considered that there may be learning for other public bodies by reading the full investigation report.

Cases that are not published in full as public investigation reports are usually published as decision summaries. Public reports and decision summaries can be found in the ‘Our findings’ section of our website.

## Uphold rate<sup>1</sup>

2021-22	2020-21	2019-20	2018-19
63%	61%	58%	58%

Our uphold rate remained similar to the previous year. As noted above, we often make initial enquiries before carrying out a more detailed investigation to ensure we are supporting complainants and using our limited resources effectively. We have also continued to develop a resolutions based approach to our work to ensure that, where possible, we attempt to resolve a public service complaint at an earlier stage where possible. While this has meant we have carried out fewer investigations, our uphold rate remained stable, reflecting our focus on ensuring our investigations are thorough and failings are appropriately identified.

<sup>1</sup> Withdrawn and resolved complaints are not included in the uphold rate calculation.

## Independent expert advice<sup>2</sup>

### Number of advice requests completed

Type	2021-22	2020-21	2019-20	2018-19	2017-18
Clinical	595	524	821	935	1,002
Social work	110	66	69	120	34
Other	57	41	91	109	133
<b>Total</b>	<b>762</b>	<b>631</b>	<b>981</b>	<b>1,164</b>	<b>1,169</b>

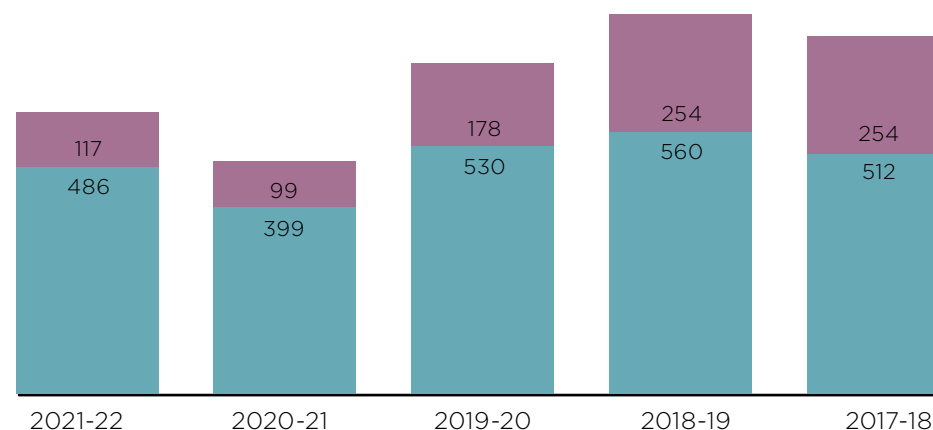
- The number of advice requests increased by 20.8% on the previous year.
- We are still below the pre-pandemic levels with a 22.3% decrease in volume compared to the 2019-20 figures.
- There was a 66.7% increase in the number of social work advice requests. In view of this, we have recruited six additional social work advisers.

A number of our clinical advisers have retired, resigned or have been unavailable during the year for a number of reasons. This is not unexpected given the significant pressure that clinical staff have been under during the last two years due to COVID-19. However, we have managed to successfully recruit eight clinical advisers during the year.

<sup>2</sup> Expert, independent advice SPSO takes to inform decisions.

We encourage public bodies to send us information electronically rather than as physical files. This means that we can share the evidence with advisers faster and more securely through a secure file-sharing platform. We can also share information with more than one adviser at a time. We first started to use this secure file sharing platform in August 2020. 56.3% of the advice requests we sent to advisers that were completed this year were made through the platform. This is helping to reduce the overall turnaround times for advice requests, as we are able to transfer evidence to advisers more quickly.

### Closed cases requiring multiple independent advice



■ 1 request for advice  
 ■ 2 or more requests for advice (number of advice requests in total)

**Many of our cases require multiple pieces of advice. In 2021-22, one case required seven separate pieces of advice.**

# Scottish Welfare Fund

## Contacts

We received 2,343 signposting enquiries and handled 2,311. This represented a 78.6% increase in new enquiries from the previous year.

The reasons for the significant increase are difficult to pinpoint but are likely to be in part due to an overall increase in demand for SWF. It also appeared that there was an increase in applicants who had never applied to SWF previously, particularly in relation to Self-Isolation Support Grant (SISG) applications. As such, they were often unsure which organisation to contact to make an application.

	2021-22	2020-21	2019-20	2018-19	2017-18
Signposting received	2,343	1,312	821	762	424

We are also aware that SPSO's contact number regularly appears prominently in internet searches for 'SWF' which may lead applicants to contact us instead of their local authority. We introduced Interactive Voice Response telephone options in February 2022 to help signpost applicants more effectively to the right place.

## Signposting enquires

**76%**

the majority of applicants contacted us in error instead of their local authority

**128**

applicants told us they were contacting us as they had no credit to call their local council who did not have a Freephone number

**103**

applicants told us about additional accessibility problems including not being able to get through to their council on the phone and issues relating to local authorities' opening hours or their online forms

**91**

calls from local authorities seeking advice. The remainder of applicants were contacting us too early in the process for us to accept an independent review and were signposted to their local authority

## Reviews received and handled

### 2021-22 quarterly comparison

	Q1		Q2		Q3		Q4	
	Received	Handled	Received	Handled	Received	Handled	Received	Handled
Crisis Grant (CG)	176	173	136	138	180	175	249	238
Self-Isolation Support Grant (SISG)	27	29	80	77	132	126	301	226
<b>TOTAL (CG + SISG)</b>	<b>203</b>	<b>202</b>	<b>216</b>	<b>215</b>	<b>312</b>	<b>301</b>	<b>550</b>	<b>464</b>
Community Care Grant (CCG)	50	59	54	40	61	65	50	46
<b>TOTAL</b>	<b>253</b>	<b>261</b>	<b>270</b>	<b>255</b>	<b>373</b>	<b>366</b>	<b>600</b>	<b>510</b>

### Closed at review and decision

Grant type	Cases determined
Crisis Grant (CG)	589
Community Care Grant (CCG)	149
Self-Isolation Support Grant (SISG)	356
<b>Total</b>	<b>1,094</b>

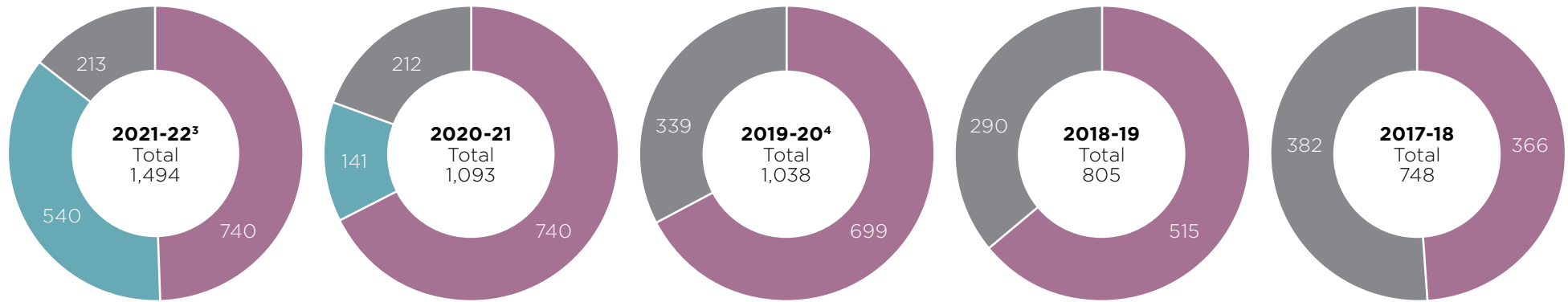
Applications received increased each quarter although demand for each type of grant varied.

- CCG reviews, volumes received remained relatively steady each quarter, with a small peak in Q3.

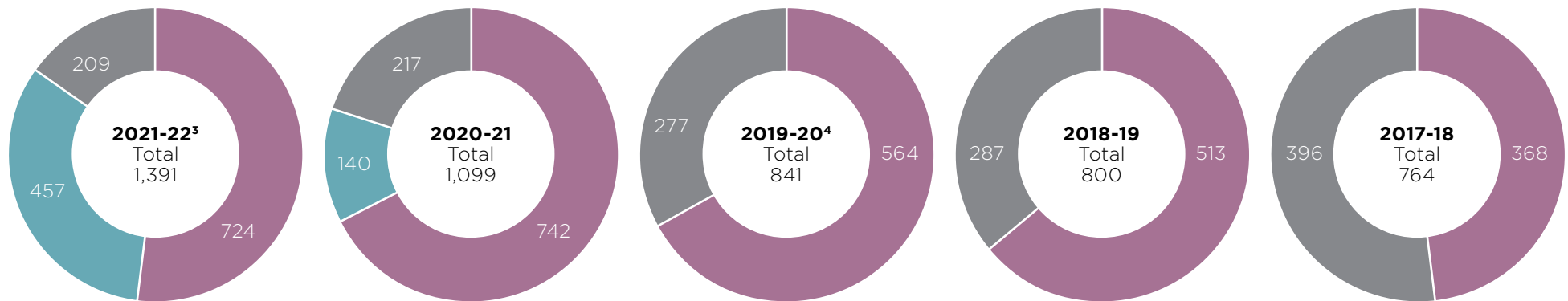
- CG reviews were fairly consistent in Q1 and Q3 with lower demand being observed in Q2. The significant increase in review requests in Q4, seems to be linked to the cost of living crisis. Many applicants told us that they can no longer afford their utility and food costs. Some applicants also reported that the removal of the £20 per week COVID-19 uplift to Universal Credit in October 2021 caused financial difficulty.
- SISG reviews increased quarter by quarter with a period of low demand in Q1 starkly contrasted by a period of exceptional demand in Q4. This appears to have been linked to the emergence of the COVID-19 Omicron variant in late 2021 and high infection rates in the months that followed. As a result, greater numbers of people were self-isolating which in turn, led to increased numbers of applicants seeking support.



### Review applications received yearly comparison



### Review applications handled yearly comparison



■ Crisis grants   ■ SIS   ■ Community Care Grants

<sup>3</sup> One applicant, who reached us too early in the process, did not specify the type of grant they wished to apply for. They were referred back to the council to make their application. Therefore, this application was recorded as 'unclear' and is only reflected in the total figures for 2021-22

<sup>4</sup> SISGs were introduced in October 2020 so there is no data prior to this

We encountered a 36.7% increase in new cases received between 2020-21 to 2021-22.

**While we received almost identical numbers of CGs and CCGs as the previous year, the number of SISG reviews increased by 283%.**

We did not have sufficient resources to manage this increase in demand and raised our concerns regarding this with the Scottish Government.



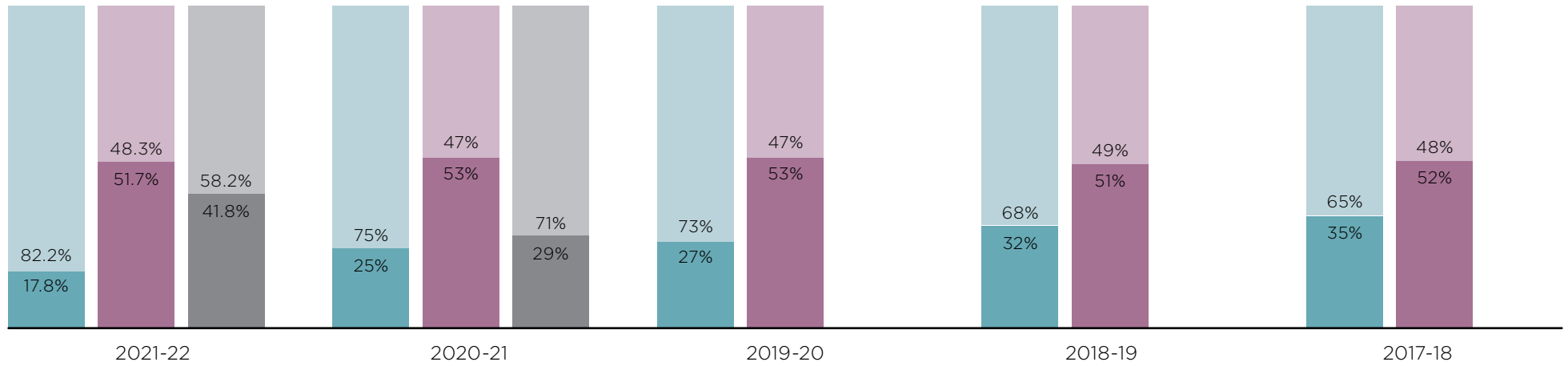
**In spite of these challenges, our dedicated SWF team handled 26.6% more cases than the previous year. They achieved this with some support from management and SPSO staff from other parts of the organisation.**

It is also worth noting that while CG numbers are highly comparable to the previous year, demand increased substantially in the final two quarters. Given that the cost of living crisis affects those on a low income most severely and is showing no signs of easing, there is risk that this level of demand will be sustained. We have also highlighted our concerns regarding this to the Scottish Government. We appreciate that there is an SWF review ongoing, which may result in the Scottish Government making changes to the fund in future years. However, it is vital that we have the resources to meet the current demand.

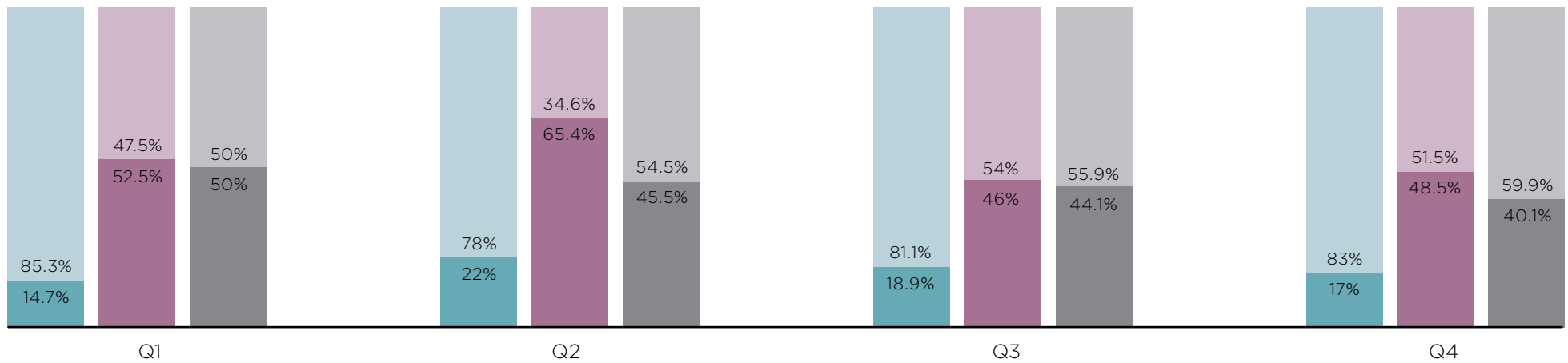


## Review application outcomes

### 5-year comparison



### Quarterly comparison



**Upheld:**      ■ Crisis Grant (CG)      ■ Community Care Grant (CCG)      ■ Self-Isolation Support Grant (SISG)  
**Not upheld:**      ■ Crisis Grant (CG)      ■ Community Care Grant (CCG)      ■ Self-Isolation Support Grant (SISG)

### **Crisis Grant (CG)**

Our uphold rate for CGs has fallen each year since 2017-18. We believe this is largely linked to the number of applicants approaching the fund for further assistance after already receiving three awards in a 12-month period. For such applications to be successful, the circumstances need to be exceptional. However, in many cases, applicants are applying for similar reasons to previous applications. As a result, we often assess that the eligibility criteria is not met in line with local authorities' assessments. In the latter part of the year, we saw increases in the number of applicants applying for assistance after spending their income on increased energy and food costs.

### **Community Care Grant (CCG)**

We continue to change the local authority's decision in over half of CCG applications we review. It should be noted that we review small numbers of applications in comparison with overall SWF applications. As such, our review outcomes are not representative of SWF applications as a whole but are one indicator of the quality of decision-making.

The most common reason for upholding applicants' review requests for CCGs was because we determined that local authorities should have made further enquiries to arrive at robust decisions. In most cases, this occurred at the qualifying stage of the decision making process. We also upheld a high proportion of cases because we assessed that local authorities had incorrectly interpreted the information that was available to them. It was also common for us to change the local authority's decision due to new information that was not available when they considered the application.

### **Self-Isolation Support Grant (SISG)**

We upheld applicants' review requests in 41.8% of cases during 2021-22. This is a notable increase from the previous year when we upheld 29%. The increase is largely due to us being able to gather information that was not available to the local authority via Test and Protect as a result of consent and data sharing issues. These problems created frustration for applicants and local authorities. Applicants had legitimately been asked to self-isolate by Test and Protect but local authorities were unable to verify this. We also referred a number of cases back to the local authority to reconsider their decision based on the information we had gathered from Test and Protect. Aside from these cases, it was most common for us to uphold applicants' review request based on local authorities' assessment of low income.

There were a number of guidance changes throughout the year as self-isolation policy changed. This created challenges for decision makers in local authorities responding to these changes, which appeared to be compounded by resourcing issues.

Many applicants told us that they felt the low income criteria was too restrictive or the information they received about self-isolation or testing was unclear. Others reported that they felt it was unfair that they met the criteria for an award but were not eligible because they had applied outwith time. In these instances, we often did not uphold applicants' review requests as we assessed that the local authority had followed the guidance. Where applicants remained dissatisfied, we signposted them to make a public sector complaint to the relevant organisations concerned as we had limited discretion around the eligibility criteria and policy.

## KPIs

	Q1	Q2	Q3	Q4	Total for year 2021-22
% PI-1 Met CG	100%	100%	98.6%	94.1%	<b>94.7%</b>
% PI-2 Met CCG	97.5%	91.7%	84%	97.0%	<b>93.3%</b>
% PI-3 Met SISG	95.5%	98.5%	96.1%	89.2%	<b>90.4%</b>
% PI-4 Met Recon	100%	100%	100%	100%	<b>100%</b>

**PI-1** – 95% of Crisis Grants determined within one working day

**PI-2** – 95% of Community Care Grants review applications determined within 21 working days

**PI-3** - 95% of Self-Isolation Support Grants determined within one working day

**PI-4** – 95% of reconsiderations (internal review of our decisions) – decision is correct.

Decision timescales are from the point at which we have the information we need to make our decision.

 KPI was met

## Average case handling time<sup>5</sup>

	Q1	Q2	Q3	Q4
CG	2.7	2.7	2.7	3.1
SISG	2.8	3.5	3.8	8
CCG	19.8	20.1	21.7	22.9

We exceeded our KPIs for CG and SISG in Q1 and Q2. This was during a period when we were resourced to meet the demand we faced. From Q4, we were unable to meet the demand within our existing compliment of Case Reviewers and this is reflected in our KPI results. We took the decision to prioritise CG

<sup>5</sup> All calculated in business days including the time taken for local authorities to send us their files and any investigation time

applications due to the urgency and potential risk to wellbeing and achieved our case handling target for these reviews for the year.

From Q3 onwards, we progressed SISGs as quickly as possible once they were allocated to Case Reviewers. However, as we had insufficient Case Reviewers to meet the demand of new cases, this caused delays in allocating cases. As a result, the overall case handling time increased significantly in Q3 and Q4. We also fell slightly short of our case handling target for CCGs. This is regrettable as we aim to provide as responsive a service as possible. In previous years we have managed to do so by consistently meeting or exceeding our case handling targets. We apologised to applicants for the delays caused and explained the reasons for the delays.

National context<sup>6</sup>

	2021-22			2020-21			2019-20		2018-19	
	CCG	CG	SIS	CCG	CG	SIS (Oct to March only)	CCG	CG	CCG	CG
Initial applications all Scotland	87,900	268,265	213,377	84,325	271,295	24,562	76,715	220,150	71,035	193,305
Award rates all of Scotland	55%	66%	52%	57%	69%	36%	55%	64%	58%	65%
First tier reviews all of Scotland	2,680	7,435	Not available	2,570	7,535	Not available	3,570	6,200	3,210	4,820
Original decision revised whole of Scotland	47%	39%	Not available	50%	46%	Not available	45%	43%	48%	43%

In comparison to the previous year:

- Crisis Grants - local authorities received 268,265 applications for Crisis Grants (1% fewer than 2020-21)
- Community Care Grants - local authorities received 87,900 applications for Community Care Grants (4% more than 2020-21)

Initial award rates and the numbers of decisions revised at first tier review decreased slightly for both CGs and CCGs although this does not appear to have had an impact on the volume of independent

review requests which were almost identical to the previous year.

It is noted that 80% of CG applications were repeats, which is 10 percentage points higher than 2020-21 and the highest proportion since the start of the fund. This reflects the pattern we highlighted in respect of our own casework, where growing numbers of applicants were applying for further assistance after already receiving the maximum normal level of assistance in the previous 12 month period.

115% of the £47 million budget was spent, which included an underspend carried over from the previous year. This is an indicator of the level of demand versus resources available for the fund, which has been apparent to us in our casework and from our discussions with local authorities.

<sup>6</sup> Taken from <https://www.gov.scot/publications/scottish-welfare-fund-statistics-annual-update-2021-22/documents/> and <https://www.gov.scot/publications/swf-monthly-management-information/>.

## Development

Due to the resourcing issues mentioned above, the extent to which we were able to carry out any outreach or development work was limited as we needed to prioritise casework. We continued to offer advice to local authorities throughout the year on applications and held our Local Authority Sounding Board in January 2022.

In the coming year, the initial months are likely to remain challenging as the SISG winds down. We will therefore be focusing on progressing the remaining SISG reviews in our caseload, which can take several weeks after initial application before they reach independent review stage.

Our team are keen to support local authorities with learning in the latter part of the year and to carry out internal development activities within our own service.

As a key stakeholder in the ongoing review of SWF, we look forward to contributing to this piece of work. This will help ensure that the fund is effective in supporting some of the most vulnerable people across Scotland.



# Independent National Whistleblowing Officer

## Our service

The Independent National Whistleblowing Officer (INWO) service started operating under the new powers set out in legislation<sup>7</sup> on 1 April 2021. We started to receive enquiries and provide advice on the implementation of the National Whistleblowing Standards (the Standards), and to take complaints from whistleblowers.

Our powers allow us to investigate cases that have been through the two-stage local process within the health service. We can investigate:

- the risk or issue of concern
- how the concern has been handled by the authority
- the treatment of anyone involved in the local process
- the culture for raising concerns within the health service

## Cases closed in 2021-22

**92**

advice and information provided about whistleblowing and other options

**9**

assessed for readiness for the INWO

**6**

given assistance to access local process due to challenges with direct access

Our case numbers over the first year have been lower than anticipated, and it has become clear that it will take time for the new procedure to bed in within NHS boards and other health service providers. It has also taken time for cases to progress through the local process, and then come on to the INWO. Over the year, we received three cases which were appropriate for us to investigate, but none of these were ready to report on within the year. Our investigation process has, however, been effective, and at the end of the year we were close to closing our first case.

While the procedures are in place in NHS boards, and systems have been set up to record and report on cases coming forward, there are clear indications that staff are not fully aware of the new process and the protections they provide. There is significant lack of trust from some staff in raising concerns, and a need to build up awareness and trust in the process. We also do not know what the impact of COVID-19 has been as there is no comparative data.

<sup>7</sup> The Public Services Reform (The Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020



We believe this is what is driving the patterns in casework which we are experiencing. This includes:

- a high rate of premature cases, with 60% of advice and initial assessment cases closed as premature (64 out of a total of 107)
- many of these cases we signpost back to the local process, because people are not aware of, or had difficulty accessing, the process (31%)
- cases where the person was unwilling to share their identity or the identity of the health service (29%)
- feedback we have had from contacts to our service and through our engagement work which indicates significant lack of awareness among staff.

The calls to our advice line show the wide range of issues which are raised by staff, some of which are complex and raise significant risks. We work with callers to establish the levels of risks involved, and to ensure information is shared so action can be taken, where appropriate. At times this means sharing details of a concern with other regulators. To facilitate this, we have established good working relations with other regulators, including Healthcare Improvement Scotland, the Mental Welfare Commission for Scotland and the Care Inspectorate. This ensures we can signpost effectively and share information to support whistleblowers and public safety.

Many of the enquiries we get include workplace relations, with workplace stress reportedly impacting significantly on how staff work together and treat each other. Sometimes these are specific to the individual involved, and are best addressed through Human Resource (HR) processes; 21% of our advice cases have related specifically to HR issues alone. However, a high proportion of other enquiries include significant concerns about staff treatment, either as a result of raising concerns informally or which are leading to unsafe working practices.

It is clear to us that, while whistleblowing processes are effectively in place, it will take significant work and commitment from health service providers to establish trust in these processes. Without this trust, the process will not be fully effective.



As a result, we are committing resources over the coming year to raising awareness of the new responsibilities on health services and the protections created by the Standards. We are keen to work with all NHS boards to promote their speak up culture and to support the staff that are implementing the Standards. We will build on existing engagement work we have done over the past year, including:

- providing online training programmes for all health service workers
- meeting with seven NHS boards to support their work
- delivering four webinars aimed at different groups, to improve understanding of individual roles
- regular engagement with Whistleblowing Champions to support their assurance role.

Over the coming year, the INWO team's ongoing investigations will seek to provide feedback on how whistleblowing processes can be improved, as well as delivering a final decision to those who are not satisfied with the outcome of the local process. Our independent decisions will further support our overall ambition of improving trust in the whole process.

We will also work closely with the SPSO's Improvement, Standards and Engagement (ISE), to support the sector in developing local expertise in handling concerns under the Standards.

We anticipate that the promotion of the Standards across the NHS in Scotland will lead to an increase in whistleblowing both at the local level, and to the INWO team. Building trust in the process is likely to be ongoing for some time to come, alongside increased confidence in using the whistleblowing process to speak up when risks require it.



# Complaints standards

Our complaints standards role monitors public body practice, supports and promotes good practice in complaints handling, and encourages co-operation and the sharing of good practice among organisations. It also provides internal expert advice to SPSO's complaint handling colleagues

While there is a high degree of constancy in complaints procedures, there are some differences between sectors, because of other legislation.

- The updated Model Complaints Handling Procedure (MCHP) for most organisations within SPSO's jurisdiction was implemented on 1 April 2021.
- National Health Service (NHS) Complaints Handling Procedure is a separate but similar procedure which was implemented on 1 April 2017.
- Complaints from prisoners about the Scottish Prison Service (SPS) are handled under Part 12 of The Prisons and Young Offenders Institutions (Scotland) Rules 2011 and associated Directions, and the SPS Staff Guidance on Prisoner Complaints and Disciplinary Appeals under the 2011 Rules.
- Complaints about water and sewerage providers are handled under their own complaints handling procedures, but may adopt the MCHP.

## Monitoring complaints

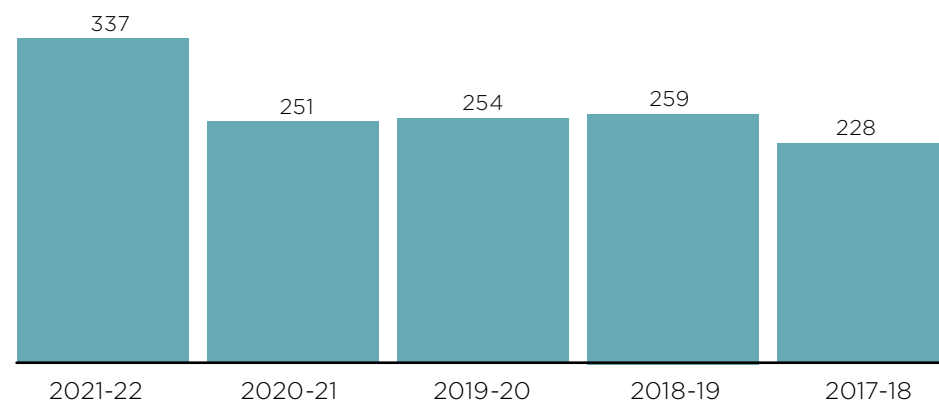
We monitor in various ways, for example through conducting compliance assessments of organisations' complaints handling procedures, following up issues identified from the complaints made to SPSO, acting on what we learn from complaints, and working directly with individual organisations to share and support good practice in complaints handling.

## Advice to organisations

Advice and guidance provided by SPSO for organisations includes:

- sharing tools and guidance for effective complaints handling
- reviewing and providing feedback about draft complaints handling procedures
- contributing to regular complaints handlers' network meetings
- providing clarification to individual organisations on how to apply the MCHP to real-life (non-case specific) situations
- delivering presentations and workshops on good complaints handling to individual organisations and wider stakeholder groups.

### Requests for advice or support



### Types of advice requests

	2021-22	2020-21	2019-20	2018-19	2017-18
Request for advice	177	153	158	156	125
General enquiries	79	46	31	59	45
Request for comment / input	38	7	7	21	13
Request for tools & guidance	20	11	20	18	33
MCHP compliance	23	34	38	5	12

This year saw an increase in requests for advice or support as well as a change in the nature of requests we received. There was:

- an increase in requests for advice, where organisations asked us to provide clarification on how to apply the MCHP to real-life (non-case specific) situations
- an increase in general enquiries. This relates to requests for information around MCHP implementation e.g. reporting requirements and the key performance indicators for complaints handling, as well as enquiries about adopting the procedure in different contexts
- an increase in requests for comment on or input to organisations’ policies relating to complaint handling, and relating to the complaints handling procedures of third-sector organisations as a result of an increased interest in our work
- an increase in requests for tools and guidance, largely tied to targeted engagement with the housing sector on resolution of complaints, and the launch of our [Engagement Policy](#) in October 2021
- a decrease in requests relating to MCHP compliance, as much of the work in this area was done with organisations in the lead up to the MCHP implementation date of 1 April 2021.

## Advice requests by sector

	2021-22	2020-21	2019-20	2018-19	2017-18
Local authority	74	76	58	73	56
Health	45	33	65	61	70
Housing	58	50	53	40	28
Scottish Government & Devolved Administration	82	51	37	30	21
Further and higher education	33	19	19	20	21
Water	2	4	4	4	2
Other	43	18	18	31	30

The main changes from last year in where requests came from were:

- an increase in the volume of contacts received from the health sector when compared to the previous year (although less than 2019-20 and before, likely due to pressures on the NHS)
- a significant increase in contacts from the Scottish Government and devolved administration sector, largely as a result of the permeation of the MCHP through the various parts of central government and relation functions, as well as an increase in complaints directed towards that sector over the pandemic

- an increase in contact from the further and higher education sectors due to the increase in complaints directed towards those sectors over the pandemic
- a significant increase in contacts classed as other, due to the increased interest in our work from third-sector organisations, and an increase in internal queries from SPSO staff.

## Supporting the complaint handling community

We participate in complaints handlers' networks meetings for local authorities, the NHS, housing, further education and higher education. In housing, we were part of a group that developed guidance on resolving complaints, following on from the increased focus on resolution in the updated MCHP (the MCHP now defines a resolved complaint, and it is a reportable outcome alongside upheld, partly upheld and not upheld). We also started work with three health boards on triaging incoming complaints and we hope to work with other NHS service providers on this over the coming year.

In addition to supporting organisations within our jurisdiction, we also engaged with a variety of organisations, in particular from the third sector, looking to find out more about the MCHP and our approach to complaints handling. We are always pleased to share what we have learned over the years and to share the good practice that we see. This year we provided information about the history and the work of our Complaints Standards function to other Ombudsman offices around the UK, and we continue to meet regularly with complaints standards staff across the UK and Ireland.

### KPIs

Part 4 of the MCHP covers complaint handling governance matters. In it we emphasise the importance for organisations of recording, reporting on, learning from and publicising complaints. The MCHP states that organisations must report on performance statistics that we set. Following feedback from across the sectors covered by the MCHP, we refreshed and focused the suite of key performance indicators for organisations, and published them on our website. Although the focus is on qualitative data about how many complaints organisations received, the time taken to respond to them and the outcomes reached, we re-emphasised the importance for organisations of capturing qualitative information on learning from complaints and how that informed improvement. For example, the MCHP states that organisations will publish, on a quarterly basis, information on complaints outcomes and actions taken to improve services, such as 'you said, we did' bulletins.

### Supporting INWO implementation

Within the Complaints Standards function, since 1 April 2021 we now also provide advice and support to whistleblowing practitioners delivering NHS services in Scotland. We do this by giving general advice about the application of the Standards in a specific context. We provide this advice so that INWO staff can avoid any conflicts of interest in relation to decision-making on a complaint that may later be made to the INWO. This year, we handled 26 such enquiries. In addition, we started and are currently facilitating a forum for whistleblowing practitioners in NHS Boards, similar to the complaints handlers networks for organisations that must comply with the MCHP.



# Learning from complaints

## Premature complaints by sector

Sector	Total 2021-22	As % of total cases closed per sector	Total 2020-21	As % of total cases closed per sector	Difference in % points 2021-22 to 2020-21	As % of total cases closed 2019-20	As % of total cases closed 2018-19	As % of total cases closed 2017-18
Colleges	1	5%	5	24%	-19	3%	9%	13%
Health	206	18%	168	16%	+2	17%	17%	22%
Housing associations	89	32%	50	22%	+10	17%	22%	31%
Joint Health & Social care	25	14%	16	10%	+4	12%	16%	14%
Local Authorities	302	27%	255	27%	0	20%	24%	28%
Other (incl. out of jurisdiction)	11	26%	2	6%	+20	14%	6%	-
Scottish Prison Service	44	19%	60	27%	-8	20%	21%	21%
Scottish Government and Devolved Administration	36	22%	27	18%	+4	18%	15%	17%
Universities	22	12%	25	12%	0	9%	16%	11%
Water	47	48%	43	39%	+9	38%	37%	39%
<b>Total</b>	<b>783</b>	<b>22%</b>	<b>651</b>	<b>21%</b>	<b>+1</b>	<b>18%</b>	<b>20%</b>	<b>24%</b>

### SPSO uphold rates by sector

Uphold rates by sector	2021-22	2020-21	Difference in % points 2021-22 to 2020-21	2019-20	2018-19	2017-18
Colleges	0%	100%	-100	0%	100%	58%
Health	62%	60%	+2	55%	59%	60%
Housing Associations	20%	50%	-30	60%	50%	57%
Joint Health & Social Care	63%	42%	+21	55%	55%	50%
Local authorities	71%	65%	+6	64%	59%	58%
Scottish Prison Service	75%	100%	-25	92%	73%	33%
Scottish Government and Devolved Administration	100%	71%	+29	67%	67%	65%
Universities	100%	90%	+10	64%	33%	45%
Water	80%	71%	+9	71%	55%	73%

We work continuously with all stakeholders to promote learning, share good practice and drive improvements ensuring that complainants have their rights respected. Integral to this is the making of recommendations to limit repeated dissatisfaction for customers.

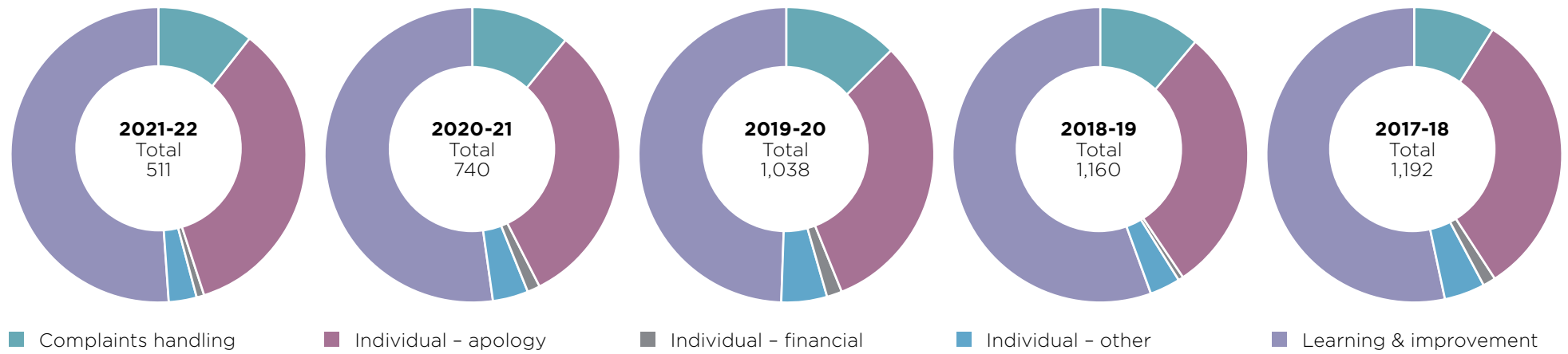
The most significant changes were in relation to uphold rates for cases within housing associations as well as further education. Such significant changes can be attributed to the low number of cases that proceed to investigation. For example, in the further education sector the uphold rate in 2020-21 was 100% based on two cases investigated, whilst in 2021-22 no further education cases progressed to investigation.

### Overview of SPSO recommendations

We are most likely to ask for a specific action to be taken in relation to individual remedies. With complaint handling, and learning and improvement we take a slightly different approach and focus on the outcomes we require and the evidence that they have been achieved. This, we believe, promotes more sustainable and embedded learning and improvement.



## Recommendations made in 2021-22



Although the absolute number of recommendations issued was lower in 2021-22, the relative proportions of types of recommendations remained in line with the profile of the SPSO's workload in previous years.

**Nearly 40% of recommendations relate to changing something for an individual, whilst just over half of recommendations relate to learning and improvement for the organisation.**

Recommendations in 2021-22 by sector

Sector	Complaints handling remedy	Individual remedy - apology	Individual remedy - financial payment	Individual remedy - other	Learning and Improvement remedy	Sector total	% of total
Colleges	0	0	0	0	0	0	0%
Health	35	130	1	4	203	373	73%
Housing Associations	0	0	0	0	0	0	0%
Joint Health & Social Care	5	12	0	2	17	36	7%
Local Authorities	9	22	2	7	29	69	13.5%
Scottish Government & Devolved Administration	2	3	0	1	3	9	1.8%
Scottish Prison Service	1	3	0	2	2	8	1.6%
Universities	0	1	0	0	0	1	0.2%
Water	3	5	1	0	6	15	2.9%
<b>Total</b>	<b>55</b>	<b>176</b>	<b>4</b>	<b>16</b>	<b>260</b>	<b>511</b>	
<b>Proportion of total recommendations issued</b>	<b>10.8%</b>	<b>34.4%</b>	<b>0.8%</b>	<b>3.1%</b>	<b>50.9%</b>	<b>100%</b>	

## Feedback to organisations – 2021-22 by sector

Sector	Total no. of feedback 2021-22 by sector	Complaints handling	Points to note	Response to SPSO investigation
Colleges	0	0	0	0
Health	156	41	102	13
Housing Associations	7	4	3	0
Joint Health & Social Care	14	2	12	0
Local Authorities	42	18	22	2
Scottish Government & Devolved Administration	2	0	1	1
Scottish Prison Service	8	2	6	0
Universities	5	2	3	0
Water	0	0	0	0
<b>Total</b>	<b>234</b>	<b>69</b>	<b>149</b>	<b>16</b>

In many cases, we will give feedback to organisations. This ranges from positive feedback on examples of good practice or good service, to feedback about issues where we have identified potential learning.

In 2021-22, some examples of feedback issued to organisations about how they might learn from the complaints we considered includes:

- suggesting to local authorities that they add explanatory information to policies or extra information in leaflets to ensure their processes can be fully understood
- asking health boards to ensure only relevant medical information is shared with our organisation
- general guidance about adhering to elements of the MCHP, including keeping complainants informed, recording outcomes for learning and improvement, and ensuring responses to complaints address all issues raised.

## Compliance with recommendations

We set a deadline for implementation of recommendations and follow them all up until we are satisfied that they have been implemented. We have the powers to report failure to comply with recommendations to the Scottish Parliament, but it is notable that as in previous years, we have not had any need to apply them.

### Timescales for compliance with SPSO recommendations (recommendations signed off as completed in 2021-22)

Sector	Total closed	Within target	% closed within target	Completed over target but under 1 month	% closed within target or within 1 month of target	Completed over Target but under 3 months	% closed within target or within 3 months of target
Colleges	1	1	100%	0	100%	0	100%
Health	429	211	49.2%	144	82.8%	181	91.4%
Housing Associations	0	0	0%	0	0%	0	0%
Joint Health & Social Care	40	9	22.5%	18	67.5%	27	90%
Local Authority	55	20	36.4%	18	69.1%	29	89.1%
Scottish Government & Devolved Admin	2	2	100%	0	100%	0	100%
Scottish Prison Service	13	8	61.5%	5	100%	5	100%
Universities	11	4	36.4%	0	36.4%	0	36.4%
Water	1	1	100%	0	100%	0	100%
<b>Total</b>	<b>552</b>	<b>256</b>	<b>46.4%</b>	<b>185</b>	<b>79.9%</b>	<b>242</b>	<b>90.2%</b>

2021-22 performance in this area remained broadly similar in the percentage of cases closed within target in comparison to previous years.

- 46.4% of cases closed within the target set, which is in line with previous years; 51% in 2020-21 and 52% in 2019-20.
- 90.2% of recommendations closed in 2021-22 were closed within three months of the target date, similar to the previous two years, 88% in 2020-21 and 92% in 2019-20.

- 79.9% of recommendations were implemented within the target or within 1 month of target, compared to 78% in 2020-2021.

There were extensions granted to organisations in specific circumstances where they could evidence that they needed a longer timeframe to fulfil recommendations within the particular constraints at the time. Reasons for extending were often related to the capacity of the organisation to take the actions we recommended.

### 2021-22 recommendation compliance by recommendation type

Type	Total closed	Within target	% closed within target	Completed over target but under 1 month	% closed within target or within 1 month of target	Completed over Target but under 3 months	% closed within target or within 3 months of target
Individual remedy: apology	178	97	54.5%	60	88.2%	74	96.1%
Individual remedy: financial	3	2	66.7%	1	100%	1	100%
Individual remedy: other	16	5	31.3%	4	56.3%	8	81.3%
Learning and improvement	300	129	43%	102	77%	133	87.3%
Complaints Handling	55	23	41.8%	18	74.5%	26	89.1%
<b>Total</b>	<b>552</b>	<b>256</b>	<b>46.4%</b>	<b>185</b>	<b>79.9%</b>	<b>242</b>	<b>90.2%</b>

### Support and Intervention Policy

2021-22 was the third year of the Support and Intervention Policy (S&IP) in operation. This policy enables us to offer support to organisations and to intervene directly when required. Driven by our learning and improvement value, it helps us to focus our resources on public bodies who require support in order to help them improve their complaint handling practice or address poor performance.

There was a revision put in place in April 2021 which has added an additional layer of intervention, this has helped us to focus on early resolution. It also promotes system-wide improvement as good local investigations mean SPSO in turn do not always need to investigate a case beyond initial enquiries, leading to faster outcomes and resolution for complainants.

We use the information and intelligence we gather to build full and accurate pictures of organisations, in turn enabling us to target and build support around themes and trends as well as individual concerns.

There are six levels of intervention, level one being the most informal, and level six being the application of legal powers. There is more information about this on our website: [Support and Intervention Policy | SPSO](#)

S&IP interactions can range from further contact from one of our Complaints Reviewers enquiring about overdue information, engagement from ISE team members to support learning and improvement or, in situations of continued non-compliance or repeated difficulties, the Ombudsman may ultimately decide to issue a report to Parliament drawing their attention to the problem.



## Support and intervention actions (management level)

Closed at level	No. of Support and Intervention actions 2021-22
3 - Head of Service	5
4 - Leadership Team	2
5 - Ombudsman direct contact	0
6 - Report to Scottish Parliament	0

- Greater Glasgow & Clyde Acute Services Division (Level 4 - delay in responding to SPSO Learning & Improvement Remedy)
- East Dunbartonshire Council (Level 4 - failure to respond to SPSO enquiry)
- Greater Glasgow & Clyde Acute Services Division (Level 3 - delay in responding to SPSO Learning & Improvement Remedy)
- Greater Glasgow & Clyde Acute Services Division (Level 3 - delay in responding to SPSO Learning & Improvement Remedy)
- Glasgow City Health & Social Care Partnership (Level 3 - delay in responding to SPSO Learning & Improvement Remedy)
- University of St Andrews (Level 3 - poor complaints handling)
- Stirling Council (Level 3 - delay in responding to SPSO Learning & Improvement Remedy)



We are pleased to report that our interventions have been successful resulting in positive outcomes and promoting further and more meaningful engagement with organisations. We have been encouraged by the open and cooperative reaction by public bodies.

## Sharing learning from complaint outcomes

In 2021-22, we shared our findings and learning with organisations and the wider public through:

- summaries of all our decisions are published on our website
- engagement at network meetings
- a monthly e-newsletter which signposts to our decision summaries and highlights trends and learning
- working with a variety of stakeholders such as Healthcare Improvement Scotland, sharing anonymised data to inform a wider view of public service delivery across Scotland
- publication of SWF case studies on our website.



# Stakeholder engagement

We value active engagement with all external stakeholders. The COVID-19 pandemic has impacted our ability to participate thoroughly with all stakeholders. This will be a key focus of our business plan in 2022-23.

The ISE team, will continue to engage with a range of stakeholders and organisations to provide support and advice, drive improvements in standards of complaints handling and contribute to public sector improvement.

## Meetings

Continued COVID-19 pandemic restrictions meant the team did not attend any meetings in person during 2021-22. However, the team's development and focus remained on engagement virtually. Wider engagement through virtual platforms meant that we continued to support bodies under jurisdiction and developed new networks and links that supported functions that were primarily face-to-face interactions pre COVID-19 restrictions.

Engagements included:

- a wide range of complaints handlers' network groups including INWO & whistleblowing related groups
- meetings with organisations across all sectors to provide support with the MCHP and refreshed KPIs
- sharing our experience with other Ombudsman offices and regulatory bodies around the UK of standardising and simplifying complaints handling procedures
- general complaints handling support across all sectors e.g. dealing with challenging behaviour, recording and reporting complaints etc.
- direct contact with NHS boards to discuss local complaints handling arrangements.

We engaged with the Scottish Government colleagues about the future implementation of Child Friendly Complaints procedures in line with United Nations Conference on the Rights of the Child (the UNCRC) developments. As a result, we will be taking forward a project to deliver child friendly complaint procedures for bodies under our jurisdiction, which in turn will inform wider implementation in the future.



## Training



**Throughout 2021-22 we continued to deliver online training. The uptake and demand for these online courses continued to be very strong and we received positive feedback following delivery.**



**“I’ve completed our own internal feedback & noted this course delivered by SPSO is excellent & a must for all Front Line & Senior Managers. Many thanks for a great learning experience.”**



**“I really enjoyed the training, it was really informative and has really helped me to understand the process not just with our complaints but also understanding what the SPSO is all about.”**



**“I really just wanted to say thank you for the training. As someone who has been involved in complaints for years, it has definitely improved my understanding of how the SPSO would look at complaints and identified some improvements that we can make to ensure that all of our interactions with the SPSO are positive ones.”**

We delivered the following number of courses:

- 20 Good Complaints Handling (GCH), 20 modules
- 42 Complaints Investigation Skills (CIS), 126 modules

## Consultation and engagement

In 2021—22 we continued to share the learning from our investigations and complaint handling monitoring through our responses to inquiries and consultations undertaken by the Scottish Parliament, Scottish Government and others.

We responded to a number of consultations, including:

- Scottish Government: Patient Safety Commissioner role for Scotland
- UK Government: Regulating Healthcare professionals
- Scottish Government: A national care service for Scotland
- Northern Ireland Public Services Ombudsman: Consultation on proposed complaints handling principles and procedures
- Ethical Standards Commissioner: Consultation paper for code of practice for ministerial appointments to public bodies in Scotland
- Scottish Government: Review of the Social Housing Charter
- Ethical Standards Commissioner: Draft Strategic plan
- Scottish Government: Consumer duty for public bodies
- Scottish Government: Education Scotland and the Scottish Qualifications Authority: consultation
- Scottish Government: Legal services regulation reform in Scotland
- Mental Welfare Commission: Investigating deaths during compulsory care and treatment under mental health laws in Scotland

This year we returned to in-person attendance at the accountability hearing before the Local Government and Communities Committee. The Ombudsman, Director and Head of ISE attended and gave evidence. This can be viewed on the [Scottish Parliament website](#).

# Customer service

We remain committed to providing high-quality services that meet or exceed our customer service standards. We review feedback we receive continually; this includes information from user satisfaction survey responses, customer service complaints, compliments and unsolicited feedback.

## Customer service complaints

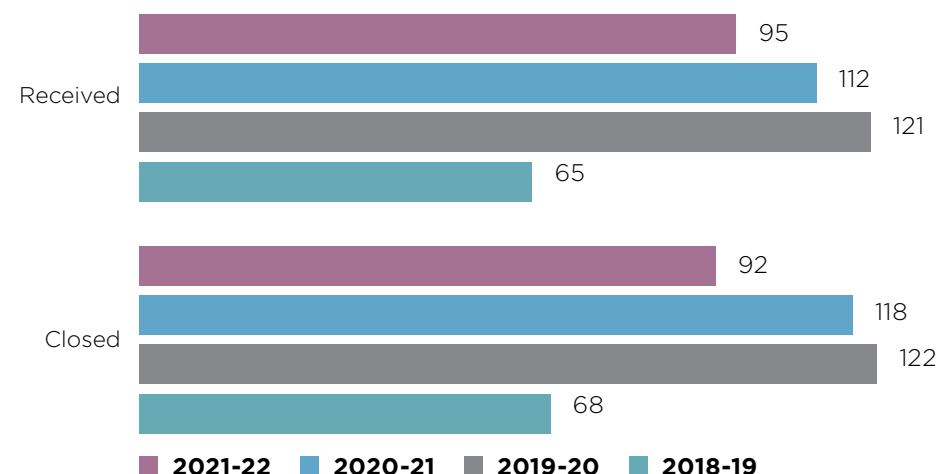
We hold ourselves to the same high standards as we hold public bodies. Our customer service complaints (CSC) process is the same as the MCHP, except instead of signposting to the Ombudsman, we have a contract in place with an Independent Customer Service Complaints Reviewer (ICSCR) to whom we signpost complainants.

The ICSCR reviews and investigates complaints similarly to our public service complaints process, about SPSO’s internal complaints handling. The ICSCR process is completely independent and will provide full responses to complaints.

We collect, identify and use data about our customer service to drive improvements. We are committed to continuous learning for better customer service and see this data as a key to driving up standards.

## Annual statistics for customer service complaints 2021-22

### Total (all stages) yearly comparison



### Quarterly breakdown 2021-22

	Q1	Q2	Q3	Q4
Customer service complaints received	28	19	25	23
Customer service complaints closed	26	23	21	22

## 2021-22 breakdown

Stage	Received	Closed
Stage 1 - Frontline resolution	55	45
Stage 2 - Investigation & escalated complaints	30	35
<b>Total</b>	<b>85</b>	<b>80</b>

We encourage our staff to seek early resolution and have ensured all staff are using the same language and processes to help customers to either obtain early satisfaction or to escalate if needed to a customer service complaint. We also empowered our staff to handle and work to resolve these complaints as close to the point of service delivery as possible. We consider this to be a continued positive outcome in response to increasing awareness, demonstrating that we value complaints and holding ourselves to high customer service standards.

As the impact of COVID-19 lessens, we are working hard to reduce waiting times and delays for responding to public service complaints, which remain a common driver for customer service complaints, in addition to effective communication to complainants. These will continue to be a focus of our improvement work.

## Timescales

We aim to respond to complaints in line with the timescales set out in the MCHP. The timescales to close complaints are:

- 5 working days at stage 1
- 20 working days at stage 2
- 20 working days for 'escalated' complaints (complaints that bypass stage 1 because they require a detailed investigation at stage 2)

## Customer service complaints outcomes during the year 2021-22

Stage	Upheld	Not Upheld	Total	% upheld	% upheld 2020-21	% upheld 2019-20	% upheld 2018-19
Stage 1 - Frontline resolution	24	17	41	59%	54%	44%	29%
Stage 2 - Investigation & escalated complaints	16	19	35	46%	41%	27%	19%
<b>Total</b>	<b>40</b>	<b>36</b>	<b>76</b>	<b>53%</b>	<b>n/a</b>	<b>n/a</b>	<b>n/a</b>

*Numbers do not total the closed figures as withdrawn and resolved complaints are not included in the uphold rate calculation*

**Performance against the timescales in 2021-22**

Stage	Met timescale (no. of cases)	Did not meet timescale (no. of cases)	Total number of working days	Average time in working days to close
Stage 1 - Frontline resolution	38	11	238	4.9
Stage 2 - Investigation & escalated complaints	29	7	772	21.4

**Independent Customer Service Complaints Reviewer**

Part of the ICSCR’s role is to provide assurance that the SPSO have robust arrangements for handling customer service complaints in line with their policy and procedures, and that complainants have the opportunity for review by someone outside of the organisation.

The SPSO sets out three broad customer service commitments:

- effective communication
- working in an open and fair way, and
- carrying out their duties competently and responsibly

Matters relating to the substance of the SPSO’s decisions on complaints about public bodies are not within the ICSCR’s remit.

Where a customer remains unhappy with either the decision we make on their CSC or the way we handled it, they can ask the ICSCR to review our handling of the complaint and the decision(s) we made.

In January 2022 we appointed a new ICSCR, within the first four months of the year the ICSCR has dealt with four cases.

- the ICSCR has acknowledged all cases within the three-day target
- the average time to reach a provisional decision was 13 days
- the average time to reach a final decision from receipt was 23 days.

Of the four matters referred to ICSCR there was no evidence of a service failure or maladministration by SPSO, or a failure by SPSO to effectively handle a service complaint against its customer service standards.

The ICSCR will undertake a random review of customer service complaint files during this year. The review will sample cases, allow the ICSCR to identify learning opportunities and suggest recommendations to help drive service improvement.

# Managing the organisation: openness and transparency

## Freedom of information (FOI) and environmental information (EIR) requests

	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
Information requests received	59	91	148	169	127	119
Information requests handled	66	92	151	164	131	116
Review requests received	4	3	11	6	16	16
Review requests handled	4	3	12	6	18	7
Appeals to Scottish Information Commissioner	1	1	3	0	1	2

## Quarterly breakdown

FOI/EIR	2021-22				2020-21				2019-20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Information requests received	24	15	12	8	14	27	23	27	38	42	40	28
Information requests handled	28	16	12	10	14	28	19	31	37	46	38	30
Review requests received	2	2	0	0	1	0	2	0	3	4	1	3
Review requests handled	2	2	0	0	1	0	2	0	4	3	1	4
Appeals to Scottish Information Commissioner	0	1	0	0	0	0	0	1	2	1	0	0

### Requests

- We continued to see a significant reduction in Freedom of Information (FOI) request numbers this year.
- The Scottish Information Commissioner's published statistics show that for each quarter of 2021-22 our received FOI figures are within the top fourteen out of around 100 Scottish authorities listed in the same sector as the SPSO.
  - Q1 5<sup>th</sup> highest received figure
  - Q2 7<sup>th</sup> highest received figure
  - Q3 7<sup>th</sup> highest received figure
  - Q4 14<sup>th</sup> highest received figure

### Outcomes

- We carried out four FOI reviews this year, where we wholly/partially upheld our original decision.
- We were notified of one request for a decision from the Scottish Information Commissioner, where the applicant believed we held information that had not been disclosed. The Commissioner was satisfied that we had disclosed the information we held which fell within the scope of the request.
- We responded to 100% of FOIs and reviews within the statutory timescale of 20 working days.

### Publication Scheme

- We continue to adopt the Scottish Information Commissioner's Model Publication Scheme and publish a guide on our website to the information that we make available, which is regularly reviewed.

### Data Protection

- We continually review our policies and procedures in all areas of data protection, records management and information security, and provide regular training to our staff to ensure these are put into practice.
- We respect individuals' privacy and are open about what we do with their information. We continue to ensure privacy information is updated and reviewed on a regular basis.
- We know that a personal data breach can have significant effects on individuals, and we have robust procedures in place to manage any incidents. There were no breaches that required notification to the UK Information Commissioner's Office (ICO) this year.
- DPO annual assurance statement: "I can confirm that during the period covered by this report the SPSO has provided me with sufficient information and opportunity to fully carry out my role as Data Protection Officer."
- Good records management supports good information governance and data protection. Following a self-assessment of our Records Management Plan (RMP), the [Public Records \(Scotland\) Act Assessment Team's Progress Update Review \(PUR\) report](#) found that we continue to take our statutory obligations seriously and are working hard to maintain all elements of our RMP in full compliance with the Public Records (Scotland) Act 2011.

## Subject Access Requests (SARs)

Type	2021-22	2020-21	2019-20	2018-19	2017-18	2016-17
SARs received	70	91	104	102	75	56
SARs handled	86	80	107	100	72	57
SAR review requests received	3	3	5	8	4	3
SAR review requests handled	5	5	3	8	4	3
Appeals to UK Information Commissioner	1	1	0	1	0	1

## Quarterly breakdown

Type	2021-22				2020-21				2019-20			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
SARs received	22	15	12	8	10	31	28	22	25	23	34	22
SARs handled	28	21	13	24	3	21	22	34	25	26	24	32
SAR review requests received	3	0	0	0	0	2	1	0	1	1	1	2
SAR review requests handled	2	3	0	0	2	1	1	1	0	1	2	0
Appeals to UK Information Commissioner (ICO)	1	0	0	0	0	0	0	1	0	0	0	0

### Requests

- We continued to see a reduction in SAR numbers this year.
- The Scottish Information Commissioner's published statistics show that for each quarter of 2021-22 our received SARs figures are consistently within the top five out of around 100 Scottish authorities listed in the same sector as the SPSO.
  - Q1 3<sup>rd</sup> highest received figure
  - Q2 5<sup>th</sup> highest received figure
  - Q3 3<sup>rd</sup> highest received figure
  - Q4 3<sup>rd</sup> highest received figure

### Outcomes

- We carried out four SAR reviews this year, where we wholly/partially upheld our original decision. A further SAR review was withdrawn/invalid.
- We were notified of one appeal to the ICO about a delay responding to a SAR. By the time we were contacted by the ICO we had responded to the SAR. The ICO acknowledged that an increase in staff resources and new processes had been put in place to ensure that similar delays do not occur in future. They also acknowledged that the delay in this case had been compounded by the pandemic.
- We responded to 94% of SARs within the statutory timescale of one month. The five SARs that went over the timescale included completion of all the delayed SARs that had been impacted by availability and resourcing challenges during the pandemic.





# Managing the organisation: our team

## Overview

Our objective is to be acknowledged for having well trained, properly supported people, who have the tools they need to deliver our services. We strive to have the capacity, financial, human and infrastructure, to implement and deliver our statutory functions. In 2021-22 we



Maintained Living Wage Employer accreditation



Joined the Employer's Network for Equalities and Inclusion



Developed and delivered a programme of learning and development activities to encourage and support our colleagues' skills and knowledge



Consulted with colleagues across the organisation to develop a plan and approach to flexible future working arrangements post-pandemic



Supported the Scottish Biometrics Commissioner to establish a new office and team



Continued to support colleagues to work flexibly so they can balance their working lives with their other responsibilities



Continued to deliver a broad range of activities to support staff to achieve a balance of work and life and positive health and wellbeing



Maintained our Investors in People Gold status.

### Our people; staff numbers

Our workforce was an average of 76 Full-time Equivalent (FTE) for 2021-22 (71 FTE 2020-21). We have grown with each new jurisdiction added to the Ombudsman's statutory responsibilities.

A focus in the past year was on recruitment of Complaints Reviewers and SWF Case Reviewers. We continue to monitor our approach to recruitment so that it follows good practice across all diversity and equality strands.

On 31 March 2022, 73% of employees in the organisation were female and 27% were male (not including seconded and temporary staff) (76:24 in 2020-21). Two of the three members of our leadership team and 78% of our management team are female (82% in 2020-21).

### COVID-19 management update

This year we continued to prioritise the health, safety and wellbeing of our people and the public. We have worked hard to keep people connected and supported during the pandemic with a focus on health and wellbeing and this included:

- continued temporary relaxed HR policy to allow more flexibility in working arrangements
- delivering a range of sessions on health and wellbeing, and resilience
- continued regular organisation-wide meetings
- ongoing virtual coffee mornings to improve social connections through work

- communities of practice continuing to deliver virtual meetings to enable knowledge-sharing and social connections
- adopting online collaborative tools and resources to enable virtual communication and working

We followed Scottish Government guidance and continued to keep our Bridgeside House offices closed to visitors and all but key worker staff for most of the year. In February as the restrictions on workplaces eased, we opened the offices for staff to return to the workplace on a voluntary basis.

In 2021–22 we reviewed and consulted our colleagues on future working models. We recognise that there are benefits to having more flexibility and self-determination about where and when we work. Equally, we recognise and respect that our colleagues and service users have needs which need to be balanced with individual choice. Our review of future working arrangements concluded that a 12-month trial of hybrid working arrangements will help us to meet everyone's needs. We have not changed our flexible working policies but we will use this trial period to take an agile approach to developing policy in light of learning from our experiences.

**We have developed Hybrid Working Principles which will guide managers and our people through the trial period which will be launched in the summer of 2022.**

## Training and development

We continued to meet the people development needs of the organisation through a range of activities. Learning and development activities were delivered around key areas including:

- mandatory training (e.g. Health and Safety, GDPR, Cyber security, Equalities)
- specific subject matter learning events (e.g. Intelligent Kindness, SPSO's Engagement Policy, Resolutions Approach, Initial Advice, Neurodiversity in the Workplace, MS Excel, Project Management)
- COVID-19 related wellbeing support to staff (e.g. Resilience training and a programme of activities during mental health awareness week)
- COVID-19 impacts on the public sector (e.g. Casework Matters featuring talks from a nurse, GP, a dentist practitioner's experiences during the pandemic, capacity and Kinship Care)
- a range of skills development learning opportunities in response to the development needs identified as part of individual personal development plans (e.g. Project Management Training, Excel training)
- a quarterly programme of leadership development activities to our management community (e.g. Performance, Capability, Reasonable Adjustments, Absence Management and Wellbeing, Leading Hybrid Teams, Influence and Negotiation)

## Investors in People

SPSO achieved Investors in People (IIP) accreditation recognition in 2011 and has maintained a gold accreditation status since February 2017. Accreditation status is reviewed on a three-year basis, with a formal activity undertaken on an annual basis. SPSO's formal reaccreditation took place in March 2020 and in November 2021 a mid-cycle review was carried out.

Feedback at the interim stage found that SPSO continues to foster an environment in which people feel supported and valued by line managers and leadership. Our people are proud of the work they do and they have a clear and consistent understanding of the SPSO vision, values, aims and objectives. This is developed through the involvement of all in the business planning activities and the introduction of Communities of Practice (COP) groups providing people with an additional opportunity to make a positive contribution to the SPSO aims, objectives and long-term sustainability.

The interim report also acknowledged the stretch and pressure that our people are facing in roles across the organisation as we have delivered our service to the public through the pandemic and with the challenges of workload that we face as we emerge from the pandemic. Alongside this was a recognition of the approach by managers and leaders to put our people first, ensuring that, as far as possible while working at home, there are boundaries and support for people to achieve a good work-life balance.

### Staff survey

The SPSO conducts an annual staff survey and the summary reports are published on our website.

#### 2021-22 highlights:

- 77% response rate
- 82% of questions scored above 70% positive with 16% scoring above 90% positive
- scores improved in 26 out of 88 questions compared to the last survey
- the most improved scores were under the theme of learning and development (improved by 2% on average)
- management was the highest scoring theme (84% on average).

Each year the staff survey results, along with our IIP assessment findings, are combined to create an annual action plan to ensure we maintain our focus on commitment to building a people-centred organisation.

### Communities of Practice (COP), working groups, work streams

A number of staff-led, cross-team working groups continued over the last year to promote and support interaction, cooperation and knowledge sharing across the organisation. The groups established include COPs, Health and Wellbeing and Climate Change groups. Last year we developed a new group for Corporate Social Responsibility that incorporated our charity work and other social and community collaborations.

As a result of feedback on wellbeing and lockdown working over the last year, we launched three project work streams to review our learning and to recommend improvements. These working groups have delivered research, consultation and recommendations on future working arrangements, casework intelligence and internal communications.

### Community, social and human rights

Many of our staff are involved in community and social rights engagement activities outside of work, including, for instance, volunteering for:

- the Children's Panel
- the Law Society of Scotland's Regulatory committee
- Fresh Start, a charity helping previously homeless people who have been offered a tenancy assistance to move into their new home
- Ochil Youth Community Improvement, a local youth led charity
- Membership of the Administrative Justice Council.

In 2021-22 we observed mental health awareness week with daily informative communications and resources, and a range of activities for staff to participate in, including:

- all staff meeting with talks from the wellbeing group and a coffee breakout
- a talk and virtual fitness session with a qualified personal trainer
- a talk from a clinical psychologist on sleep and wellbeing
- lunchtime catch up for colleagues to share craft projects using natural materials
- a nature themed photo competition.

We also observed Scotland's Climate Week from 13 to 19 September 2021. This was introduced by daily email communication with a range of themes, activities, webinars and resources with hints and tips to reduce personal carbon footprint both at home and work. This involved

- greener eating ideas with a picture challenge on meatless and vegan meals
- encouraging active travel with a week-long team race challenge
- personal climate pledges to benefit the environment and reduce carbon
- home energy solutions with resources, hints and tips to encourage renewable energy and home installations, save energy and reduce emissions
- webinars provided by Zero Waste Scotland and Sustainable Scotland Network on topics such as sustainable shopping, reduce food waste, e-bikes and electric cars and how to reduce, reuse and recycle household products
- resources and tips for shopping locally, eco-friendly products, bespoke SPSO calendar of climate events and activities for staff involvement during the year
- tools for calculating a personal carbon footprint and a carbon footprint quiz.



# Managing the organisation: governance

## Governance and risk

As Accountable Officer, the Ombudsman has responsibility for maintaining a sound system of governance and internal control that supports the achievement of organisational policies, aims, and objectives, whilst safeguarding public funds and the organisation's assets for which she is responsible. The Scheme of Control outlines the arrangements in place to assure good governance practices are followed. This is published in our [finance handbook](#).

The Ombudsman is supported by the [Advisory Audit Board \(AAB\)](#), which provides advice about risk, assurance, audit quality and governance. The committee receives internal and external audit reports and the annual accounts. Our external auditors are appointed by Audit Scotland.

Risk is managed actively through a risk management policy that sets out the approach to risk management for the delivery of strategic aims. The most significant strategic risk to the organisation in 2021-22 remained the adequacy of resources to provide a quality service that delivers our statutory functions, in particular our public service complaint handling and SWF review services, within an acceptable timescale. The majority of the SPSO's workload is demand-led. Consequently, the number and complexity of complaints, enquiries, and SWF review applications received is outside our control and fluctuates. In addition, the impact of the COVID-19 pandemic from 2020-

2022 on staff resources has been considerable. The leadership team monitor this closely and focus carefully on **financial and workforce planning**.

Further details on the SPSO governance arrangements can be read in our **full accountability report**.

## Quality Assurance

The SPSO operates a Quality Assurance (QA) programme designed to meet our commitment to improve quality and consistency, and to ensure that all SPSO casework is handled in accordance with our procedures as written in the SPSO guidance.

The QA programme is set out on an annual basis using standardised and risk-based assessments carried out independently of the decision makers.

This year due to resourcing in the second year of the pandemic, our QA programme focussed on the following key areas

- a general assessment of public service complaint decisions
- a general assessment of Scottish Welfare Fund decisions
- an assessment of social work decisions on public service complaints.

The public service complaint general QA was conducted early in the year. COVID-19 had an impact on the management of complaints during this time. Despite this there were a significant number of cases where we managed to provide a virtually uninterrupted service. Only one case was re-opened. This was on the basis it had been closed because we could not achieve the outcome the complainant was seeking, before checking to see if there were any other outcomes the complainant was looking for.

It was clear from the Scottish Welfare Fund QA that there was a high standard of investigation, decision-making and communication; no cases were amended as a result of the QA.

In relation to the social work decisions on public service complaints, no cases were amended as a result of the QA. In relation to cases that were investigated there was clear decision making and communication. We found that in relation to our proportionality closures there were some inconsistencies in communication. The Leadership team and wider management have taken steps to review the template on how we communicate these decisions.

The findings of the QAs were discussed in a reflective way with the individuals involved and shared with managers. The findings, including any recommendations for improvement (such as guidance changes or training requirements), were reported to the SPSO Leadership Team to inform wider learning.

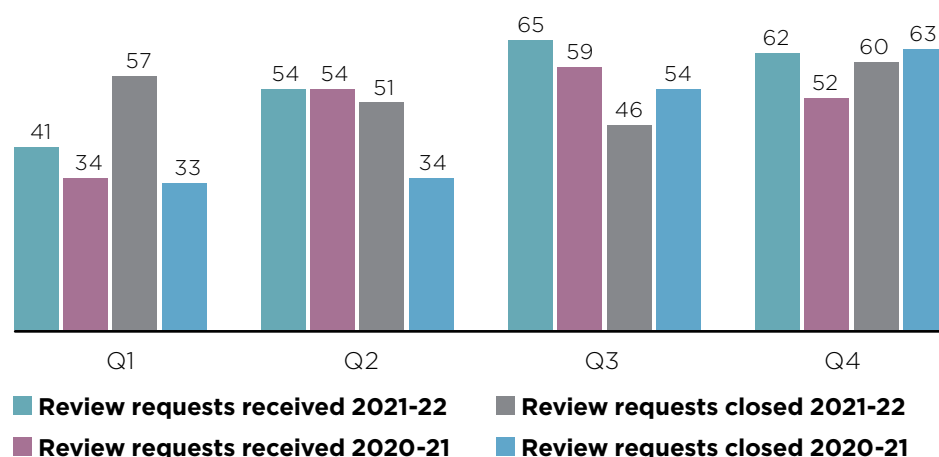
## Public service complaint reviews

We have a non-statutory review process where the complainant or public body can ask the Ombudsman for a review of a complaint decision (a different process applies to public reports). Reviews are considered and responded to personally by the Ombudsman, with support from Executive Casework Officers.

In 2021-22, we received 222 requests for review. This represents 6% of all decisions made this year. The Ombudsman responded to 214 of these requests in 2021-22.

Comparatively we received more requests for reviews on cases that were investigated beyond initial enquiries, than those that were determined in the earlier stages.

### 2021-22 quarterly breakdown



**Review outcomes**

Outcome	Number
Decision unchanged	173
Re-opened for further investigation	6
Outcome changed	6
Outcome unchanged but we either amended the decision to give more robust or clearer explanations, or to add or amend recommendations or feedback	24
Ineligible or withdrawn	5
<b>Total</b>	<b>214</b>

**Reasons for revised decisions**

*New Information*

Six cases were re-opened for *further investigation* this year. All of these cases had originally been closed in the early stages. In four of these cases we received new information at the review stage which led to the cases being re-opened.

We also *changed the outcome* at review stage on six cases. Four of these outcomes were changed due to new information being provided.

This demonstrates confidence in our early-stage decision making. It also reflects our willingness to invite complainants to provide us with new information which they consider may impact on the decision making process.

*Mistake or factual inaccuracy*

Overall, there were only four cases in which the outcome was changed or further investigation was required due to a mistake being made or factual inaccuracy relied upon in the original decision. This represents 1.87% of all complaint reviews determined and just represents 0.1% of all complaints determined by the office.

**Performance against KPIs**

We implemented updated timescales in which we aim to respond to review requests. We were conscious that because of the understanding that we were unlikely to have the capacity to meet them, but felt it important to report against them so we could assess recovery from the impact of COVID-19. We focussed on reviewing older cases. As a result, we met the 90-day target in 98% of cases.

KPI	Actual achieved
Respond to 40% of reviews in 50 days	13%
Respond to 95% of reviews in 90 days	98%



## Bridgeside House accommodation

Our move to Bridgeside House accommodation in December 2018 enabled a co-location arrangement with the Scottish Human Rights Commission (SHRC) and the Children and Young People Commissioner Scotland (CYPCS). This colocation provided the opportunity to share common services such as facilities, health, safety and security management, postal services, and shared areas such as the boardroom and training facilities.

In 2021-22 we welcomed the new Scottish Biometrics Commissioner (SBC) into Bridgeside House to share these services.

## Remote working

Bridgeside House was closed on 23 March 2020 to everyone except a very small team of nominated key workers following Scottish Government guidance. From this date, the Building Coordinator continued as the Display Screen Equipment (DSE) Assessor, supporting staff with home-working advice and guidance, self-assessments, sourcing equipment, completing virtual online Home Working Assessments. We look forward to a return to the office in 2022.

## Environmental and sustainable development

The Climate Change (Duties of Public Bodies: Reporting Requirements) (Scotland) Amendment Order 2020 places a statutory duty on all public sector bodies in Scotland to report their carbon emissions. We strive to continue to reduce our level of carbon emissions year-on-year.

Under the Bridgeside House shared accommodation arrangement, SPSO have responsibility for reporting on the waste and energy carbon emissions for all four organisations. We also report the emissions from business travel for SPSO. Our carbon emissions figures were not available at the time of publication of this report due to a delay in receiving our Bridgeside House utilities figures for 2021-22. These will be provided in our **Environment, Sustainability and Biodiversity report and Climate Change Duties Reports**, due to be published on our website in December 2022.

In 2021-22, the SPSO continued to implement the actions generated from the completion of Resource Efficient Scotland's Climate Change Assessment Tool to further reduce emissions and embed awareness of climate change within the organisation with the aim to be NET ZERO by 2030. Further details of carbon emission reductions are in our **Climate Change Duties Reports** on our website.

## Biodiversity

The Nature Conservation (Scotland) Act 2004 places a statutory duty on all public sector bodies in Scotland to further the conservation of biodiversity and the Wildlife and Natural Environment (Scotland) Act 2011) by introducing a requirement for all public bodies to make a report publicly available on their compliance with biodiversity duty. Biodiversity duty reports are required every three years. We report on biodiversity annually. SPSO does not own or manage land and therefore has limited opportunity to carry out activities for biodiversity. We support biodiversity through:

- reducing our carbon footprint
- minimising waste and reducing waste to landfill through recycling
- reducing the total kilometres we travel on business and choosing more sustainable travel options
- raising awareness of biodiversity and sustainability issues, and
- using local suppliers where possible.

Further details are in our [Environment, Sustainability and Biodiversity report](#) on our website.



## ICT and Cyber Security

Digital technologies are an important tool underpinning our service, and we manage these closely to protect the sensitive personal data and confidential data we hold and use, and ensure our systems are robust and resilient. Continued cyber-attacks on organisations have highlighted the importance of, and reliance on, digital systems. Digital technology offers transformational opportunities, but also increases dependence on digital services for the delivery of our work.

The importance of cyber resilience has never been greater, and in 2021-22, we continued implementing the Cyber Resilience Public Sector Action Plan, renewing Cyber Essentials accreditation in December 2021. SPSO utilise SCOTS Connect to host our network services to provide a safe and secure digital environment. SCOTS is the name for the Scottish Government's range of managed IT services and products that hold Cyber Essentials Plus accreditation. Our emails are sent over the secure Public Services Network (PSN) and all traffic is scanned for inappropriate or harmful content, which protects our systems, people and data.

In 2021-22, SPSO began to implement a hybrid working environment, with staff working from the office and from home. This encouraged the adoption of further projects to support electronic working to ensure we continued to provide our service in an efficient and secure IT environment. These included:

- developing our secure file sharing platform to integrate with our casework management system (CMS) to improve efficiency and data security
- implementing a PDF editing software to support electronic working
- making developments to video conferencing and collaboration platforms such as Microsoft Teams to support hybrid working
- installing video conferencing software in Bridgeside House meeting rooms to enable hybrid meetings.

## Equalities

When people make complaints, ask us to review a welfare fund decision, or raise a whistleblowing concern we ask them to provide information that helps us understand if there are groups of people who are under-represented among our users.

Not everyone chooses to respond and, of those who do respond, they do not all answer every question. This means we can't say with complete confidence that the data truly reflects users but we track over time and against publicly available national demographic data and this helps give us a reasonable picture of who is and who is not using our service. This data is anonymised and held separately from our casework data. It helps inform any equality impact assessments we undertake and the work we do on ensuring our service is accessible.

This year, we undertook a review of the questions we ask people and there will be some significant changes in the forms for 2022-23. We undertook this work to align with Scotland's

Census 2022 which means that, next year, we will be able to align our analysis with the most up-to-date data. To date we have not undertaken intersectional analysis of the data we hold but we are keen to develop our expertise in that area and are interested in improving our understanding of best practice in the analysis of the data we hold about our users.

Turning to the detail of the 2021-22 data, we report here where we differ significantly from the comparative population data or where there have been changes in our own data compared to previous years.

We have reported for some time that our age profile is older because children and young people do not tend to access our service direct. As will be seen elsewhere in this report, we will be looking more closely at improving access to complaints processes for younger people and children. There are significant differences between the ages of people who complain and people who request reviews of SWF decisions. Those who complain tend to be older with around a quarter in the 50-60 age group. By contrast, SWF applicants are more likely to be young and there is a concentration in the under 40s.

Last year saw the first decline in percentage points for people declaring they had a disability to 37% and we undertook additional analysis. This year, the figure has returned to 41% which is consistent with pre-COVID-19 data and does suggest last year's figure was an outlier. Analysis does show that the reduction in disabled applicants has continued for SWF users which is down from 56% pre-COVID-19 to 48%. This is likely related to the use of the welfare fund for SISG and also the reduction in CCG. We will look at these figures alongside the

full-year reporting for the welfare fund applications at local authority figures when these become available to see if we can identify differences between those applying and those seeking review of decisions.

While we cannot determine whether or not an individual's rights under equalities legislation have been formally breached, we can comment on the appropriate consideration of such rights if we find failures while investigating public service complaints. Two examples of this work, which we publicly reported on in 2021, again demonstrate the need for public organisations to proactively offer adjustments and ensure that they implement adjustments properly when they agree these are needed. These are themes we have highlighted in previous annual reports.

- [Decision Report 201808623 | SPSO](#)
- [Decision Report 201904485 | SPSO](#)

### Accessible Service

Accessibility is at the heart of SPSO's values and this is evident in the organisation, vision, strategic themes and customer service standards.

Our **vision** states that we *put people and learning at the heart of all that we do*.

We have a specific accessibility **strategic theme**: *everybody who uses Scottish public services can access them without barriers, when they need them, in the way they need to. People are always treated with dignity, respect and kindness.*

We also have **customer service standards** specifically relating to accessibility:

- *Our service will be easily available and accessible to you.*
- *We will work with you to meet your individual needs, including working with representatives to support you through our service.*

### Inclusion Diversity Equality Accessibility collaborative

SPSO have an Inclusion Diversity Equality and Accessibility staff interest group (IDEA collaborative) comprising staff membership from across the organisation. The IDEA group are interested in a wide spectrum of issues where questions of inclusion might arise, ensuring SPSO's service is accessible to a diverse range of service users. The group consider how communications can be made easy to read and/or understand and look at diversity within SPSO itself and how this might be encouraged/improved.

The group was established in 2019 and have been key in leading and developing guidance and support for staff to ensure our service has remained accessible and adaptable during the challenges of the pandemic. The group developed vulnerability guidance which was successfully embedded into all areas of our service delivery during 2020 and during 2021 conducted a review of staff's awareness and understanding of this guidance. The group have also improved how adjustments to our service are recorded on our customer record management system, ensuring that adjustments are consistently applied when agreed with individuals.

## **Adapting our service during our customers' journey**

When customers first contact our office we ask how we can best communicate with them and if they require any reasonable adjustments to be made. We recognise that individuals needs and circumstances may change throughout the time that they are engaging with us. Our complaint handling staff maintain an awareness of our vulnerabilities guidance and throughout our handling of a complaint we are mindful of any reasonable adjustments required and will check-in with complainants to ensure our approach is meeting their needs. In some situations we will adapt our approach to adjust to a complainant's personal circumstance. This could be a change in the way we interact, or an adjustment to the level and frequency of our communication. We take into account the practical impact of how we communicate and the decisions we make, as well as, the emotional impact. A substantial number of complaints we consider are about events that have gone wrong, sometimes with a serious outcome. We recognise that these complaints are difficult and can have a significant effect on those involved. We strive to deliver fair decision-making and handle complaints with sensitivity and kindness in line with our vision to put people and learning at the heart of all we do.

## **Developing our knowledge and understanding**

We held meetings and staff training and awareness sessions to assist us in continually improving our understanding and knowledge around equality and accessibility. These were with:

- The Equality Advice and Support Service
- The Donaldson Trust
- Burness Paul

As organisations return to office working during 2022-23, we hope to plan a series of learning sessions for our staff to continue to develop our expertise in meeting the broad range of needs of our customers.

## **Prisoners access to our service**

Prisoners' access to our office is more limited due a variety of factors – the nature of their environment, limited ability to contact us by phone and only being able to write to us via post. Literacy levels within the prison population is also low.

We have been particularly concerned by the drop in prison health care complaints that we have received during 2021-22. Of the low number of complaints that we have received a high volume have been premature. This suggest a lack of understanding of the NHS complaints process by prisoners and/or accessibility issues.

We have conducted a study of these premature complaints and have suggestions for improvement that we plan to share with NHS Boards across Scotland who have HMP establishments within their geographical area. We will host a meeting of these NHS Boards in 2022.

We also plan to broaden our knowledge of support services available across prison estates to effectively signpost prisoners who we recognise would benefit from support in progressing their complaint through internal complaint procedures and/or to the SPSO.



## Financial position

We are required to produce annual accounts detailing the resources acquired, held or disposed of during the financial year and the way in which they were used. The SPSO has been appointed as Accountable Officer and is responsible for the preparation of these accounts. For information about how we managed our finances, please see our full financial statements on our website here: <https://www.spsso.org.uk/finance>

Our finance processes and procedures are published on our website here: [SPSO Policies | SPSO](#)

## Sources of funding

Total funding received was £6,095K. This included:

Value	Source
£5,422K	Scottish Parliament SPSO budget
£49K	Scottish Parliament contingency funding for additional SWF Reviewer
£624K	Scottish Parliament Bridgeside House shared accommodation budget managed for CYPCS, SBC, SHRC and SPSO

## Expenditure

Total expenditure was £6,004K. This included:

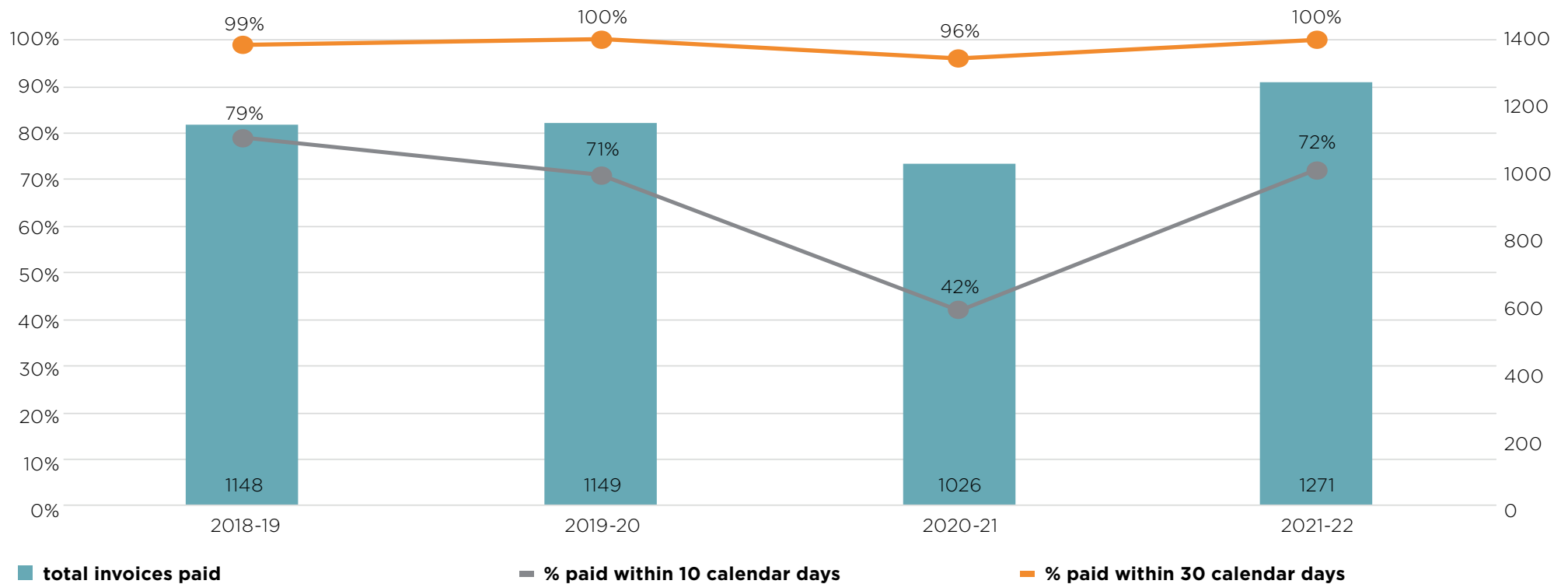
Value	Area
£4,914K	Expenditure on staff costs
£227K	Fees and expense paid to firms
£339K	Other SPSO operating expenditure
£524K	Bridgeside House shared accommodation expenditure managed for CYPCS, SBC, SHRC and SPSO

## Payment performance

We operate a prompt payment policy in line with our values of being fair and acting with integrity. We track our payment performance against the 10 and 30 calendar-day targets. Only two payments were over 30 days in the financial year, due to being new payees which are only added to the bank account from within the office to maintain good financial controls.

Payments slowed at the beginning of 2020-21 due to the impact of the COVID-19 pandemic lockdown, but have continued to improve during 2021-22. Good financial governance and processing, including appropriate controls and separation of duties were maintained.

## Pay performance



## Resources required for 2022-23

The 2022-23 budget was approved by the Scottish Parliament with revenue resources totalling £6,301K.

Value	Area
£5,663K	Scottish Parliament SPSO budget
£638K	Scottish Parliament Bridgeside House shared accommodation budget managed for CYPCS, SBC, SHRC and SPSO

# Looking forward

We go into 2022-23 with an ambitious business plan recognising that like last year, our priorities may change because of the uncertainty of COVID-19 and recovery from it.

We recognise the continued need to balance:

## Ongoing commitments

- supporting staff wellbeing
- improving accessibility of our services
- delivering statutory functions as usual
- business development drawing on what we learn from business as usual across all functions
- implementing and delivering new functions
- implementing new ways of working

with

## COVID-19 recovery

- recovering from the enduring impact of COVID-19
- business development based on learning from COVID-19

## Ongoing commitments

We will:

- ✓ focus on renewing and refreshing stakeholder engagement as we all emerge from lockdown, particularly in relation to supporting good complaint handling
- ✓ review our approach to risk management, particularly risk appetite given our wide range of functions
- ✓ maintain our excellent performance in delivery of the SWF review service
- ✓ deliver our public service complaints service, endeavouring to meet our customer service standards and performance targets, while achieving good outcomes for complainants and driving public service improvement. This will focus on reducing the number unallocated complaints and reducing the time taken to decide complaints
- ✓ maintain and develop how we manage, motivate and support the team, building on the wellbeing and training resources we developed during lockdown
- ✓ drive more efficient ways of working, learning from quality assurance, internal audit, customer service complaints and feedback



- ✓ continue to provide support and advice to members of the public and public bodies alike through advice lines and training
- ✓ continue to look for opportunities to develop shared services
- ✓ support the NHS in raising awareness of Whistleblowing and responding to concerns about patient safety
- ✓ review our approach to work force planning
- ✓ support the implementation of child friendly complaints procedures in line with United Nations Conference on the Rights of the Child (the UNCRC) developments. At the start of 2022-23 we appointed a Child Friendly Reviewing Officer to lead a project to develop Child Friendly Complaints processes for organisations within our jurisdiction, which in turn will support wider implementation in the future.

This project is required in order to:

- ensure the principles and rights of the UNCRC are at the heart of complaints handling across the Scottish public sector
- meet our strategic themes of accessibility and access to justice by giving a greater voice to children and young people, enabling them to exercise their rights under the UNCRC
- ensure complaints involving children are handled in a way that meets our values of being people centred and fair.

## COVID-19

- ✓ we continue to work collaboratively across the office to drive improvement and efficiency, based on learning from COVID-19. A significant element of this is the move to hybrid working, where we are partly office and partly home based. Building on our experience during lockdown, particularly working electronically, we will trial hybrid working from 1 July 2022 for twelve months to inform policy and practice in future years.
- ✗ the most significant issue for us, and the area of greatest risk, is the enduring impact of COVID-19, in particular the combined impact of reduced capacity – ours and public bodies.

## Shared services

- ✓ From 1 April 2022, we are delighted to be providing corporate services to the Scottish Biometrics Commissioner (SBC). This will include, for example, Human Resources support, finance processing and health and safety advice. We are pleased to be working collaboratively with a fellow Parliamentary Office Holder and recognise the value this contributes to the public purse and best value. The arrangements we have in place are focused on providing administrative support, which ensures that the SBC maintains independence and responsibility for his statutory duties.

# ACCOUNTABILITY REPORT & FINANCIAL STATEMENTS

This section of our report sets out:

- Our corporate governance report, including the:
  - Statement of Accountable Officer's responsibilities
  - Governance statement
  - Governance framework
  - Remuneration and staff report
  - Summary of Resource Outturn
  - Independent auditor's report

and

- Our financial statements

# Corporate governance report

## 1. Ombudsman's report

### Background

These accounts for the financial year ended 31 March 2022 are presented in accordance with the Accounts Direction given by the Scottish Ministers, in pursuance of paragraph 15 (1) of schedule 1 of the Scottish Public Services Ombudsman Act 2002.

### Leadership team

- Ombudsman
- Director
- Head of Improvement, Standards and Engagement

### Register of interests

The Ombudsman, Director, and Advisory Audit Board (AAB) members publish declarations of interest on the SPSO website with their biographies. Declarations of interest of other staff are held on the relevant case where required in accordance with the SPSO Code of Professional Conduct.<sup>1</sup>

<sup>1</sup> Our declarations of interest are published here: <https://www.spsso.org.uk/senior-management>  
<https://www.spsso.org.uk/advisory-audit-board>

### System of internal control

A Scheme of Control<sup>2</sup> and Scheme of Delegation are in place and are periodically reviewed, as required by the Scheme of Control, and amended as necessary to ensure principal risks to the achievement of the organisation's objectives are managed efficiently, effectively and economically. An Annual Report disclosure guide and statutory accounts checklist have been completed for 2021-22 to inform the assessment of the Ombudsman's governance arrangements, from the assurance framework established with the Scottish Public Finance Manual (SPFM).

### Provision of information to employees

We have adopted the principles of openness, transparency and active participation and place a high level of importance on informing, listening to, and consulting with staff. We do so by providing access to management papers and meeting notes, through oral and written briefings, by regular staff meetings and events. Information is only withheld where this can be shown to be justified or where a duty of confidence is owed to a third party.

### Data protection

There were no personal data breaches that required notification to the UK Information Commissioner's Office in 2021-22 (two were reported in 2020-21, one in 2019-20, two in 2018-19).

<sup>2</sup> Our Scheme of Control can be found in the Governance and Risk handbook here: <http://www.spsso.org.uk/spsso-policies>

We have clear guidelines governing how we handle data. There is an established process for recording and investigating potential breaches in data security<sup>3</sup>, and all staff complete compulsory training.

Our Data Protection Officer's annual assurance statement noted that 'during the year 2021-2022 the SPSO continued to operate robust data protection compliance measures in line with the requirements under the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018.'

## Internal audit and risk management

The AAB supports and advises the Ombudsman in relation to responsibilities for risk, internal control, and governance. The Board met three times in 2021-22 and considered each of the internal audit reports. Our internal auditors, Wylie and Bisset, evaluated the areas of Accounting, Budgeting and Monitoring; Performance Management; and Health and Safety, and reviewed the recommendations made in activities from the prior year's internal audits. The internal audit annual report concluded SPSO had adequate and effective risk management, control and governance processes to manage the achievement of SPSO's objectives, and proper arrangements to promote and secure value for money.

## Audit

The SPSO's accounts are audited by auditors appointed by the Auditor General for Scotland in accordance with paragraph 15 (2) of schedule 1 of the Scottish Public Services Ombudsman Act 2002. The Auditor General appointed Deloitte as the Ombudsman's auditors an initial five-year period from 2016-17 to 2020-21 followed by an extension of one year for 2021-22. This will be followed by Audit Scotland for audits of financial years 2022-23 to 2026-27.

## Disclosure of information to auditors

As Accountable Officer, I am aware of no relevant audit information of which our auditors are unaware. I have taken all necessary steps to ensure that I am aware of any relevant audit information, and to establish that the auditors are also made aware of this information.

As Accountable Officer, I authorised these financial statements for issue on **4 November 2022**.

<sup>3</sup> Our Information Governance handbook can be found at <http://www.spsso.org.uk/spsso-policies>

## 2. Statement of Accountable Officer's responsibilities

Under paragraph 15 (1) of schedule 1 of the Scottish Public Services Ombudsman Act 2002, the Ombudsman is required to prepare a statement of accounts for each financial year in the form as directed by Scottish Ministers. The accounts are prepared on an accruals basis and must give a true and fair view of the Ombudsman's affairs at the year-end, and of its net resource outturn, application of resources, changes in taxpayers' equity and cash flows for the financial year.

In preparing the accounts, the Ombudsman is required to:

- observe the Accounts Direction issued by Scottish Ministers, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards have been followed, and disclose and explain any material departures in the financial statements, and
- prepare the financial statements on a 'going concern' basis, unless it is inappropriate to presume that the Ombudsman will continue in operation.

The Scottish Parliamentary Corporate Body (SPCB) designated the Ombudsman as the Accountable Officer for the SPSO. The relevant responsibilities as Accountable Officer are set out in the Memorandum to Accountable Officers of Other Public Bodies issued by the Scottish Government and published in the Scottish Public Finance Manual. These include the propriety and regularity of the public finances for which the Accountable Officer is accountable, the keeping of proper records, and safeguarding the SPSO's assets.

As Accountable Officer for the SPSO, I can confirm that:

- I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the auditors are aware of that information.
- the Annual Report and Accounts as a whole is fair, balanced and understandable.
- I take personal responsibility for the Annual Report and Accounts and the judgements required for determining that they are fair, balanced, and understandable.
- So far as I am aware, there is no relevant audit information of which the auditors are unaware.

### 3. Governance statement

I took up the post of Scottish Public Services Ombudsman and Accountable Officer on 1 May 2017 for an eight-year appointment. As Accountable Officer, the Ombudsman has responsibility for maintaining a sound system of governance and internal control that supports the achievement of organisational policies, aims, and objectives, whilst safeguarding the public funds and the organisation's assets for which I am responsible.

I have in place a scheme of control, the key features of which are:

- the Ombudsman is the Accountable Officer.
- the Ombudsman is supported by the Leadership Team (LT), which comprises the Ombudsman, the Director, and the Head of Improvement, Standards and Engagement. Individual members of the LT have delegated authority to make decisions as set out in the Ombudsman's Scheme of Delegation.
- the Ombudsman chairs formal governance meetings of the LT to consider finance and audit matters, the annual business plan, the risk register, and the strategic direction of the organisation every quarter.
- the LT also meets, usually weekly, to oversee the day-to-day running of the operation.
- the Ombudsman is supported by the AAB, which provides assurance and advice about governance, including

management of risk and internal control. The AAB meets at least twice a year to consider audit matters and the SPSO's approach to management of risks to the business in relation to strategic direction of the organisation. The AAB supports and advises the Ombudsman in relation to responsibilities for risk, internal control, and governance. Each year the chair of the AAB produces an annual report on behalf of the Board. The purpose of the report is to summarise the Board's work over the previous financial year and provide the Board's opinion in relation to our governance. Andy Shaw, chair of the AAB, provided their detailed report, which is published on our website<sup>4</sup>.

- independent scrutiny is provided by an internal audit function. In 2021-22 this was provided by Wylie and Bisset. There is a rolling three-year internal audit programme in place, of which 2021-22 was the final year of the three-year plan for 2020 to 2022.
- risk is managed actively through a risk management policy that sets out the approach to risk management for the delivery of strategic aims. The risk register identifies the key risks facing the organisation and is reviewed and updated with the business plan on an annual basis with input from all staff. It is also reviewed by the LT each quarter and the AAB at each meeting.

The most significant strategic risks to the organisation in 2021-22 was the impact on resources and capacity of the COVID-19 pandemic and the resulting Government lockdown. COVID-19 exacerbated the existing risk of adequacy of resources to

<sup>4</sup> Our Advisory Audit Board annual reports can be found at <https://www.spsso.org.uk/advisory-audit-board>

deliver our statutory functions, in particular our public service complaint handling and Scottish Welfare Fund review services, within an acceptable timescale and quality of service. The majority of the SPSO's workload is demand-led. Consequently, the number and complexity of complaints, enquiries, and Scottish Welfare Fund review applications received are outside our control and fluctuates. The LT monitors this closely.

- the system of internal financial control is based on agreed administrative procedures and the system of delegation and accountability.
- compliance with generally accepted best practice principles and relevant guidance on corporate governance has been assessed using an internal control checklist. The checklist is based on that provided within the Scottish Public Finance Manual (SPFM) and a proportionate approach has been adopted, reflecting the relatively small size and simple structure of the SPSO whilst recognising the wider impact of its duties.

### **3.1 Fraud, corruption and bribery**

Our policies and procedures on fraud, corruption, and bribery include the anti-fraud policy, Codes of Professional Conduct, the terms and conditions for the supply of goods and services, and the broader financial governance arrangements.

We maintain a hospitality and gifts register, which is updated regularly.

We declare any fraud, whistleblowing or control failure incidents to the AAB and this forms part of the annual assurance process. In 2021-22, there were no instances of fraud or bribery identified or detected in the SPSO.

### **3.2 Review of effectiveness of internal control and risk management**

I am satisfied that the current Scheme of Control provides a robust and appropriate framework for good governance and internal control. My office formally complies with the principles of the Scottish Public Finance Manual (SPFM) in line with the Financial Memorandum agreed with the SPCB.

I am assured that throughout 2021-22 the LT have ensured consistent adherence to procedures for internal control, especially in the key business areas of financial management, operational and employee data management and risk management. The system of internal control is designed to manage rather than eliminate the risk of failure to achieve policies, aims, and objectives; therefore, it can only provide reasonable and not absolute assurance of effectiveness. The system of internal control will continue to evolve to identify the principal risks to the achievement of the organisation's policies, aims, and objectives, to evaluate the nature and extent of those risks and to manage them efficiently, effectively and economically.

The preparation of the annual business plan takes account of the Public Service Improvement Framework, Audit Scotland reports, and Best Value in Public Services characteristics.

The SPSO strategic risk register covers the years of the Strategic Plan and addressing the areas of reputation, communication, governance, resources, business continuity, and withdrawal of the UK from the European Union. This register is reviewed quarterly and published on our website<sup>5</sup>.

The overall operational risk profile for 2021-22 remained low to moderate with one high risk. This significant risk related to the number of unallocated cases exceeding four-months due to limited casework capacity because of the impact of the COVID-19 pandemic on the recovery plan to reduce the number of unallocated cases. Mitigating actions for this risk include a successful business case to recruit for additional casework staff for a 12-month period, the establishment of a pool of contract casework staff, an allocations policy to ensure allocation of priority cases was not avoidably delayed, and a project to identify further strategies to reduce the waiting times.

Other moderate risks relate to the ability and capacity to engage with stakeholder, particularly in relation to sharing good practice in complaints handling and implementation of the Whistleblowing Standards because of the impact of COVID-19; and the increased threat of cyber-attacks.

We have clear guidelines that govern how we handle data. There is an established process for recording and investigation of any potential breaches in data security and the processing of personal data. All incidents must be logged using an incident recording system and, following an investigation, any identified risks mitigated as appropriate and practicable. There were no known or reported serious breaches of data security in the year.



**Rosemary Agnew**  
**Scottish Public Services Ombudsman**  
**4 November 2022**

<sup>5</sup> Our Strategic Risk Register can be found at <https://www.spsso.org.uk/corporate-planning>



# Remuneration and staff report

## 4. Remuneration report

The information disclosed in the tables which is subject to external audit, includes total remuneration, pension tables, fair pay disclosures and analysis of staff numbers and costs. The other sections in the Remuneration and Staff Report are reviewed by the external auditors to ensure they are consistent with the financial statements.

### 4.1 Advisory Audit Board

The AAB has three independent members including the Chair. The independent members of the AAB, which is set by the Ombudsman, are remunerated by the Scottish Parliamentary Corporate Body (SPCB) as part of a shared service agreement. All independent committee member appointments are part-time and are non-pensionable.

### 4.2 Leadership Team

Set out in the table are the salaries (including overtime, but excluding employer's superannuation and national insurance contributions), benefits in kind, and pension entitlements of the three members of the Leadership Team. Information is presented for the whole year to 31 March 2022. Due to a change of personnel across year-end, neither Head of Improvement, Standards and Engagement undertook a full year.

Remuneration	2021-22 £'000	2020-21 £'000
<b>Ombudsman – Rosemary Agnew</b>		
Salary	90-95	85-90
Benefits in kind	-	-
Pension benefits (i)	37	34
<b>Total</b>	<b>130-135</b>	<b>120-125</b>
<b>Director – Niki Maclean</b>		
Salary (FTE)	90-95	85-90
Salary (actual)	70-75	70-75
Benefits in kind	-	-
Pension benefits (i)	14	14
<b>Total (actual)</b>	<b>85-90</b>	<b>85-90</b>
<b>Head of Improvement, Standards and Engagement Andrew Sheridan John Stevenson</b>		
Salary (FTE)	65-70	
Benefits in kind	-	
Pension benefits (i)	23	
Salary (FTE)		65-70
Benefits in kind		-
Pension benefits (i)		18
<b>Total</b>	<b>85-90</b>	<b>85-90</b>

Pension benefits	Accrued pension at pension age as at 31 March 2022 and related lump sum	Real increase in pension and related lump sum at pension age	CETV at 31 March 2022	CETV at 31 March 2021	Real increase in CETV funded by the employer	Employer contribution to private pension account
	£'000	£'000	£'000	£'000	£'000	£'000
Ombudsman	20-25	0-2.5	302	263	24	-
Director (ii)	-	-	-	-	-	14
Head of Improvement, Standards and Engagement	0-5	0-2.5	13	0	8	-

**Notes:**

(i) The value of pension benefits accrued during the year is calculated as the real increase in pension multiplied by 20, plus the real increase in any lump sum less the contributions made by the individual. The real increases exclude increases due to inflation or any increase or decreases due to a transfer of pension rights.

In 2015, the Government introduced reforms to public sector pensions, meaning most public sector workers were moved into new pension schemes in 2015. In December 2018, the Court of Appeal ruled that the 'transitional protection' offered to some members of the judges and firefighters schemes, as part of the reforms, amounted to unlawful discrimination. On 15 July 2019 the Government issued a written ministerial statement and confirmed that as 'transitional protection' was offered to members of all the main public service pension schemes, the difference in treatment will need to be remedied across all those schemes,

including the civil service pension schemes. Civil Service Pensions are still assessing the impact of the McCloud judgement in relation to changes to benefits in 2015. The benefits and related CETVs disclosed do not allow for any potential future adjustments that may arise from this judgement.

(ii) The Director's pension is a private defined contribution scheme and is recognised in the Ombudsman's accounts on a cash basis.

**4.3 The cash equivalent transfer value (CETV)**

A cash equivalent transfer value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement

when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The figures include the value of any pension benefit in another scheme or arrangement that the member has transferred to the civil service pension arrangements. They also include any additional pension benefit accrued to the member as a result of their buying additional pension benefits at their own cost. CETVs are worked out in accordance with The Occupational Pension Schemes (Transfer Values) (Amendment) Regulations 2008 and do not take account of any actual or potential reduction to benefits resulting from Lifetime Allowance Tax which may be due when pension benefits are taken.

#### **4.4 The real increase in the value of the CETV**

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the member (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

#### **4.5 Service contracts**

The SPCB sets the Ombudsman's remuneration. Her Majesty the Queen appoints the Ombudsman following nomination by the Scottish Parliament.

The Director and Head of Improvement, Standards and Engagement hold appointments that are open-ended until retirement. The terms of employment are set by the Ombudsman and approved by the SPCB, in line with the SPSO Act (2002).

#### **4.6 Severance payments**

No severance payments were made during the year 2021-22 (none in 2020-21).

#### **4.7 Fair pay disclosure**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce. Total remuneration includes salary, non-consolidated performance-related pay, and benefits-in-kind of employees. It does not include severance payments, employer pension contributions and the cash equivalent transfer value of pensions. These figures include secondees, temporary staff and contractors.

	2021-22	2020-21
Staff remuneration	£24,011 - £91,601	£16,926 - £89,804
Ombudsman remuneration	£90,000- £95,000	£85,000- £90,000
25th percentile remuneration	£35,695	£34,995
25th percentile pay ratio	2.6:1	2.5:1
Median remuneration	£51,314	£51,314
Median pay ratio	1.8:1	1.7:1
75th percentile remuneration	£52,341	£51,314
75th percentile pay ratio	1.8:1	1.7:1
Average Ombudsman remuneration	£92,500	£87,500
% difference in average Ombudsman remuneration	6%	
Average staff remuneration	£45,942.60	£45,254.83
% difference in average staff remuneration	2%	

The change in ratio between Ombudsman and staff remuneration and the percentage increase in Ombudsman and staff remuneration is due to applying a cost of living increase to all pay bands.

During the 2021-22 accounting period, the SPSO maintained the Living Wage Accreditation status.

## 5. Staff report (excluding the Ombudsman<sup>6</sup>)

### 5.1 Staff numbers – total number of people employed

	2021-2					2020-21				
	Male	%	Female	%	Total	Male	%	Female	%	Total
Full-time	22	22.0%	45	45.0%	67	18	20.2%	41	46.1%	59
Part-time	1	1.0%	22	22.0%	23	4	4.5%	22	24.7%	26
Other	2	2.0%	8	8.0%	10	1	1.1%	3	3.4%	4
<b>Total</b>	<b>25</b>	<b>25.0%</b>	<b>75</b>	<b>75.0%</b>	<b>100</b>	<b>23</b>	<b>25.8%</b>	<b>66</b>	<b>74.2%</b>	<b>89</b>
Permanent FTE <sup>7</sup>	22.12	28.54%	53.61	69.16%	75.73	17.5	24.4%	53.1	74.0%	70.6
Other FTE	0.79	1.03%	0.99	1.27%	1.78	0.6	0.8%	0.6	0.8%	1.2
<b>Total FTE</b>	<b>22.92</b>	<b>29.57%</b>	<b>54.59</b>	<b>70.43%</b>	<b>77.51</b>	<b>18.1</b>	<b>25.2%</b>	<b>53.7</b>	<b>74.8%</b>	<b>71.8</b>

### 5.2 Staff numbers – average number of people employed (full-time equivalent)

The average number of full-time equivalent (FTE) persons employed by the SPSO during the period was as follows:

	2021-22 FTE	2020-21 FTE
Staff	75.73	70.6
Other	1.78	1.2
Total	77.51	71.8

The increase in staff numbers reflected the recruitment of additional Complaint Reviewer staff and for maternity leave cover in teams across the organisation, as well as an additional member of staff to meet increased caseloads in the Scottish Welfare Fund review team.

<sup>6</sup> The Ombudsman is appointed by the Scottish Parliament, therefore, not a member of the SPSO staff.

<sup>7</sup> The average number of full-time equivalent (FTE) persons employed by the SPSO during the period.

### 5.3 Staff numbers by pay band

Note: these figures do include secondees, temporary staff or contractors

Pay band <sup>8</sup>	2021-22					2020-21				
	Male	%	Female	%	Total	Male	%	Female	%	Total
1	-	-%	8	8%	8	-	-%	6	7%	6
2	2	2%	11	11%	13	2	2%	13	15%	15
3	18	18%	40	40%	58	16	19%	35	41%	51
4	2	2%	5	5%	7	2	2%	5	6%	7
5	1	1%	2	2%	3	1	1%	2	2%	3
6	-	-	1	1%	1	-	-	1	1%	1
Other	2	2%	8	8%	10					
Living wage (internships)	-	-	-	-	-	1	1%	1	1%	2
<b>Total</b>	<b>25</b>	<b>23%</b>	<b>75</b>	<b>75%</b>	<b>100</b>	<b>22</b>	<b>26%</b>	<b>63</b>	<b>74%</b>	<b>85</b>

### 5.4 Total staff costs

	2021-22			2020-21		
	£'000			£'000		
	Permanent	Other	Total	Permanent	Other	Total
Salaries / wages	3,406	95	3,502	3,361	61	3,422
Social security costs	361	-	361	348	-	348
Pension costs	917	-	917	866	-	866
<b>Total</b>	<b>4,684</b>	<b>95</b>	<b>4,780</b>	<b>4,575</b>	<b>61</b>	<b>4636</b>

We estimate around £970,000 in pension costs for the next financial year 2022-23. This is due to cost of living increases applied to all pay bands.

<sup>8</sup> We publish our pay bands here: <https://www.spsa.org.uk/class-5-how-we-manage-our-human-physical-and-information-resources>

## 5.5 Staff composition

	2021-22					2020-21				
	Male	%	Female	%	Total	Male	%	Female	%	Total
Director	-	-	1	100%	1	-	-	1	100%	1
Employees	23	23%	66	66%	89	22	24.7%	62	69.7%	84
Other	2	2%	8	8%	10	1	1.1%	3	3%	4
<b>Total</b>	<b>25</b>	<b>25%</b>	<b>75</b>	<b>75%</b>	<b>100</b>	<b>23</b>	<b>25.8%</b>	<b>66</b>	<b>74.2%</b>	<b>89</b>

## 5.6 Employee sickness absence

*Note: these figures do not include secondees, temporary staff or contractors*

Absence is monitored and reported to management on a monthly, quarterly, and annual basis.

	31 March 2022	31 March 2021
Total members of staff for the full year	90	85
Absence for year	1,100	525.5
Average days per employee	12.2	6.18
Absence excluding long-term absence <sup>9</sup>	273	161.5
Average days per employee excluding long-term absence	3.03	1.9
% staff with a period of absence	62%	49%

The overall figure of 12.2 days per employee (including long-term absence) is above the pre-pandemic average figure of eight days reported for public sector employees in 2020 (*'Chartered Institute of Personnel Health and Wellbeing at Work 2020: Public Sector Summary'*. Published March 2020).

<sup>9</sup> Sickness absence is divided into short and long term; long-term absence is defined as any period of or over 10 consecutive days.

### 5.7 Employee turnover and staffing changes

In 2021-22, 11 members of staff retired or resigned. We had six members of staff on parental leave during 2021-22 and another member of staff was seconded to another public sector organisation. Five additional public service complaints posts were created and one additional Scottish Welfare Fund post to review cases relating to the new Self-Isolation Support Grant. We responded to these staffing changes by recruiting for and filling 24 vacancies.

The turnover rate of staff employed by SPSO (i.e. not including temps, secondees or contractors) was 13.8%. This rate has been calculated according to Cabinet Office Guidance<sup>10</sup>.

### 5.8 Succession planning

As part of our quarterly Corporate Assurance Meetings, HR statistics are produced and include a report on employment changes and the workforce age profile. This, alongside regular reviews of organisational resources and monthly budget planning by the Director identifies any areas for succession planning.

### 5.9 Staff engagement

Percentage average scores from the annual staff survey for 2021-22, where the higher the score, the more positive the result. (Note that we did not carry out an annual survey in 2019–20 because we focused our surveying on staff wellbeing and lockdown working arrangements in response to the COVID-19 pandemic.)

	<b>2021 -22</b>	<b>2020 -21</b>	<b>2018 -19</b>	<b>2017 -18</b>
Your Job	79%	81%	75%	81%
Internal Relations	80%	82%	72%	79%
External Customers	72%	75%	74%	87%
Management	84%	86%	86%	84%
Leadership	77%	84%	54%	77%
Learning and Development	77%	75%	75%	81%
Equal Opportunities and Diversity	80%	79%	80%	88%
Perceptions of SPSO	77%	79%	70%	78%
Corporate Social Responsibility	69%	69%	76%	N/A
Health and Wellbeing	83%	89%	76%	N/A

<sup>10</sup> [Annex\\_A\\_-\\_Turnover\\_Definition\\_\\_1\\_\\_\\_2\\_.pdf \(publishing.service.gov.uk\)](#)



## 5.10 Staff policies for disabled persons

The SPSO is committed to providing a fair and inclusive workplace free from discrimination, which promotes equality of opportunity for all. As part of standard recruitment practice, applications are encouraged from those with disabilities who meet the essential selection criteria.

The SPSO is committed to recognising and valuing what everyone has to offer. This includes a commitment to improving our policies and practices on disability. We are aware of our equality duties under the Equality Act 2010. In our policy development and our decision-making, we consider the implications for staff who are protected under the Equality Act. Staff with management responsibilities receive training, and HR advice and support in relation to working with individual team members to ensure all staff are well supported in their roles; adjustments are made and monitored as individual circumstances change over time and in line with the relevant HR policies.

This year we continued with our focus on health and wellbeing, with particular focus on support to staff during the pandemic and while working from home, isolated. We continued with the relaxation of our enhanced flexible working policies and time-bands to support home-working arrangements, including where required to support a disability, or caring responsibilities.

Our internal working group 'IDEA' (Inclusion, Diversity, Equalities and Accessibility) are interested in a broad range of issues where questions of inclusion might arise including looking at diversity within the SPSO itself and how this might be encouraged.

In terms of workforce diversity and taking direct action to support people with disabilities, we were proud to work with Inclusion Scotland to recruit two interns to work with us and since the end of their contracts, we believe both have since been successful in gaining longer term employment.

## 6. Other employee matters

### 6.1 Equality and diversity

The Ombudsman supports the principle of equal opportunities in carrying out operational functions and employment practices. The SPSO is committed to pursuing positive action through the organisation's policies and practices to ensure that no individual is discriminated against, either directly or indirectly, unlawfully or unjustifiably because of their personal status in relation to race, ethnic or national origin, religion, age, gender, disability, and sexual or marital status.

### 6.2 Employee participation

The SPSO achieved gold accreditation in Investors in People, valid from 2017 to 2023. Investors in People (IIP) carried out its annual review in March 2020, the outcome being the SPSO maintaining their accreditation. A mid-cycle review took place in November 2021.

This level of accreditation recognises organisations which strive for the best possible standards in people and management, the nurturing of talent, and which encourage personal development. IIP is an internationally recognised accreditation held by 14,000 organisations across the world, and gold accreditation is only awarded to the top 2% of organisations assessed.

We survey our staff regularly to measure job satisfaction, engagement and dedication. The results inform our annual learning and development programme, alongside the outcomes from the IIP assessment. Our survey reports are published

annually on our website and our most recent survey in 2021 indicates a strong sense of commitment to the organisation, a culture that supports people in their health and wellbeing with strong management and leadership practices and communications, despite the challenges of demanding workloads and working through the pandemic<sup>11</sup>.

### 6.3 Learning and development

The SPSO runs a comprehensive annual performance review process, where individuals are encouraged and supported to plan for their own development needs and career plans. In addition, we review our organisation-wide learning and development requirements and deliver training programmes and development opportunities on a rolling basis. A mix of internal and external experts deliver group training and development sessions.

In 2020-21 we developed and implemented a virtual induction programme which included sessions to help introduce colleagues new to the organisation to our teams and functions, processes, policies and communities of practice. In 2021-22 we continued to develop and deliver a range of online wellbeing and management development resources.

### 6.4 Health, safety and wellbeing

The SPSO is committed to promoting the health, safety and wellbeing of all staff, and to ensuring that our working environment supports this. Our systematic approach to health and safety ensures we comply with all legislative obligations.

<sup>11</sup> <https://www.spsso.org.uk/staff-views>

It also ensures we all know what is expected of us and what we can expect of colleagues, by setting out the correct way of carrying out our duties. Importantly, it provides a foundation for continually improving health and safety management within the SPSO. Health and safety continues to be an integral part of the overall leadership culture and we seek to develop a positive attitude to health and safety amongst staff.

Further detail on our approach to health and safety is published on our website.<sup>12</sup> In addition to our qualified first aiders and mental health first aiders, in 2017 the SPSO established a Staff Wellbeing Group, consisting of staff members with an interest and training in mental health first aid. This group was particularly valuable in contributing to the SPSO's support of colleagues during lockdown.

## 6.5 Trade union relations

We recognise the value and importance of good industrial relations, and effective communication with our staff. In addition to the activities related to staff consultation and participation described above, the management team meet regularly with staff representatives of the Public and Commercial Services Union (PCS) about pay and other related matters. We have published our facility time statement of support on our website.

### Relevant Union Officials

Number of employees who were relevant union officials during the period 1 April 2021 to 31 March 2022	Full-time equivalent employee number
4	3.75

Percentage of time spent on facility time	Number of representatives
0% of working hours:	1
1 - 50% of working hours:	3

Percentage of pay bill spent on facility time ('000)	
Total cost of facility time	22
Total pay bill	4,914
Percentage of the total pay bill spent on facility time	<b>0.45%</b>

Paid trade union activities	
Time spent on paid trade union activities as a percentage of total paid facility time hours	25%



**Rosemary Agnew**  
**Scottish Public Services Ombudsman**  
**4 November 2022**

<sup>12</sup> <https://www.spsso.org.uk/spsso-policies>

# Independent auditor's report to the members of Scottish Public Services Ombudsman, the Auditor General for Scotland and the Scottish Parliament

## Reporting on the audit of the financial statements

### Opinion on financial statements

We have audited the financial statements in the annual report and accounts of Scottish Public Services Ombudsman for the year ended 31 March 2022 under the Scottish Public Services Ombudsman Act 2002. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Government Financial Reporting Manual (the 2021/22 FReM).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with the Scottish Public Services Ombudsman Act 2002 and directions made thereunder by the Scottish Ministers of the state of the body's affairs as at 31 March 2022 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 FReM; and
- have been prepared in accordance with the requirements of the Scottish Public Services Ombudsman Act 2002 and directions made thereunder by the Scottish Ministers.

## Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the **Code of Audit Practice** approved by the Auditor General for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Auditor General on 31 May 2016. The period of total uninterrupted appointment is 6 years. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

## Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, we report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the **Audit Scotland website**.

## Risks of material misstatement

We report in our separate Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

## Responsibilities of the Accountable Officer for the financial statements

As explained more fully in the Statement of Accountable Officer's Responsibilities, the Accountable Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Accountable Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Accountable Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

## Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

## Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- considering the nature of the body's control environment and reviewing the body's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired with management, internal

audit and those charged with governance about their own identification and assessment of the risks of irregularities;

- obtaining an understanding of the applicable legal and regulatory framework and how the body is complying with that framework;
- identifying which laws and regulations are significant in the context of the body;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and
- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the body operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the Scottish Public Services Ombudsman Act 2002.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the body's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of the performing the above, we identified the greatest potential for fraud was in relation to the requirement to operate within the expenditure resource limits set by the Scottish Government. The risk is that the expenditure in relation to year-end transactions may be subject to potential manipulation in an attempt to align with its tolerance target or achieve a breakeven position. In response to this risk, we obtained independent confirmation of the resource limits allocated by the Scottish Government and, tested a sample of accruals, prepayments and invoices received around the year-end to assess whether they have been recorded in the correct period.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and external legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the body's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

## Reporting on regularity of expenditure and income

### Opinion on regularity

In our opinion in all material respects the expenditure and income in the financial statements were incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers.

### Responsibilities for regularity

The Accountable Officer is responsible for ensuring the regularity of expenditure and income. In addition to our responsibilities in respect of irregularities explained in the audit of the financial statements section of our report, we are responsible for expressing an opinion on the regularity of expenditure and income in accordance with the Public Finance and Accountability (Scotland) Act 2000.

## Reporting on other requirements

### Opinion prescribed by the Auditor General for Scotland on audited part of the Remuneration and Staff Report

We have audited the parts of the Remuneration and Staff Report described as audited. In our opinion, the audited part of the Remuneration and Staff Report has been properly prepared in accordance with the Scottish Public Services Ombudsman Act 2002 and directions made thereunder by the Scottish Ministers.

## Other information

The Accountable Officer is responsible for the other information in the annual report and accounts. The other information comprises the Performance Report and the Accountability Report excluding the audited part of the Remuneration and Staff Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Performance Report and Governance Statement to the extent explicitly stated in the following opinions prescribed by the Auditor General for Scotland.

### Opinions prescribed by the Auditor General for Scotland on Performance Report and Governance Statement

In our opinion, based on the work undertaken in the course of the audit:



- the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Scottish Public Services Ombudsman Act 2002 and directions made thereunder by the Scottish Ministers; and
- the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Scottish Public Services Ombudsman Act 2002 and directions made thereunder by the Scottish Ministers.

### Matters on which we are required to report by exception

We are required by the Auditor General for Scotland to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration and Staff Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.

We have nothing to report in respect of these matters.

### Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual report and accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice are set out in our Annual Audit Report.

### Use of our report

This report is made solely to the parties to whom it is addressed in accordance with the Public Finance and Accountability (Scotland) Act 2000 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.



**Pat Kenny, CPFA**  
**(for and on behalf of Deloitte LLP)**

110 Queen Street, Glasgow G1 3BX United Kingdom

**4 November 2022**

# Financial statements

## Statement of comprehensive net expenditure for the year ended 31 March 2022

		2021-22	2020-21
	Notes	£'000	£'000
<b>Administrative costs</b>			
Staff and pension costs	4,5	4,914	4,760
Other administrative costs	6	1,090	1,122
Depreciation	7	206	199
Income from all sources	3	(46)	(6)
<b>Net administration costs</b>		<b>6,164</b>	<b>6,075</b>
<b>Net operating costs and total comprehensive net expenditure for the year</b>		<b>6,164</b>	<b>6,075</b>

All amounts relate to continuing activities. There have been no gains or losses.

The accompanying notes on pages 118 to 127 form an integral part of these financial statements.

## Statement of financial position as at 31 March 2022

	Notes	2021-22 £'000	2020-21 £'000
<b>Non-current assets</b>			
Property, plant and equipment	7	965	1,140
<b>Total non-current assets</b>		<b>965</b>	<b>1,140</b>
<b>Current assets</b>			
Trade receivables and other current assets	9	195	142
Cash and cash equivalents	10	113	127
<b>Total current assets</b>		<b>308</b>	<b>269</b>
<b>Total assets</b>		<b>1,273</b>	<b>1,409</b>
<b>Current liabilities</b>			
Trade payables and other current liabilities	11	(551)	(606)
Provisions	12	(1)	(13)
<b>Total current liabilities</b>		<b>(552)</b>	<b>(619)</b>
<b>Total assets less current liabilities</b>		<b>721</b>	<b>790</b>
<b>Non-current liabilities</b>			
		-	-
<b>Assets less liabilities</b>		<b>721</b>	<b>790</b>
<b>Taxpayers' equity</b>			
General fund		721	790
<b>Total taxpayers' equity</b>		<b>721</b>	<b>790</b>

The accompanying notes on pages 118 to 127 form an integral part of these financial statements.



**Rosemary Agnew, Scottish Public Services Ombudsman**  
4 November 2022

**Statement of cash flows for year ended 31 March 2022**

	Notes	2021-22	2020-21
		£'000	£'000
<b>Cash flows used in operating activities</b>			
Net operating cost		(6,164)	(6,075)
Adjustment for non-cash transactions			
Depreciation		206	199
Movements in working capital			
Increase in trade and other receivables		(53)	3
Increase in trade and other payables		(55)	65
Increase in provisions		(12)	13
<b>Net cash outflow used in operating activities</b>		<b>(6,078)</b>	<b>(5,795)</b>
<b>Cash flows used in investing activities</b>			
Purchase of property, plant and equipment		(31)	(57)
<b>Net cash outflow used in investing activities</b>		<b>(31)</b>	<b>(57)</b>
<b>Cash flows generated from financing activities</b>			
Financing from the Scottish Parliamentary Corporate Body (SPCB)	2	6,095	5,971
<b>Net cash inflow from financing activities</b>		<b>6,095</b>	<b>5,971</b>
<b>Net decrease in cash and cash equivalents</b>			
Cash and cash equivalents at the beginning of the year		127	8
Cash flow in year		(14)	119
Cash and cash equivalents at the end of the period		113	127

## Statement of changes in taxpayers' equity for year ended 31 March 2022

	Notes	2021-22	2020-21
		£'000	£'000
<b>Balance at 31 March 2021</b>		<b>790</b>	<b>894</b>
Net operating costs and total comprehensive net expenditure for the year		(6,164)	(6,075)
General funding from SPCB	2	6,095	5,971
<b>Balance at 31 March 2022</b>		<b>721</b>	<b>790</b>

# Notes to the Financial Statements

## 1. Accounting policies

These financial statements have been prepared in accordance with the Government Financial Reporting Manual (FReM) in compliance with the accounts direction issued by Scottish Ministers. The accounting policies contained in the FReM apply International Financial Reporting Standards (IFRS) as adapted or interpreted for the public sector context. Where the FReM permits a choice of accounting policy, the accounting policy which is judged to be most appropriate to the particular circumstances of the Ombudsman for the purpose of giving a true and fair view has been selected. The particular policies adopted by the Ombudsman are described below. They have been applied consistently in dealing with items that are considered material to the accounts..

### 1.1 Accounting convention

These financial statements have been prepared under the historical cost convention.

### 1.2 Property, plant and equipment

#### 1.2.1 Capitalisation

All Property, plant, and equipment assets are accounted for as non-current assets unless they are deemed to be held for sale. Enhancements to occupied space relating to a property interest held under an

operating lease, such as interior fit-out costs, and including related professional fees, are capitalised. The minimum level of capitalisation of a property asset is £10,000 and for individual items of equipment is £500. Costs relating to information technology hardware and systems are capitalised where the grouped value exceeds £500. All values include irrecoverable VAT.

#### 1.2.2 Valuation

As appropriate, non-current assets are valued at their value to the organisation by reference to current costs.

#### 1.2.3 Depreciation

Depreciation is provided on all non-current assets at rates calculated to write off the cost or valuation in equal instalments over the remaining estimated useful life of the asset. These are as follows:

Leasehold improvements	10 years over the period of the lease
Equipment	5 years
Furniture, fixtures and fittings	5 years
IT hardware and systems	2 or 3 years

#### 1.2.4 There are no assets held for resale.

### 1.3 Funding receivable

Funding received through the Scottish Parliamentary Corporate Body (SPCB) is credited directly to the General Fund in the period to which it relates.

### 1.4 Operating income

Operating income relates directly to the activities of the office of the Ombudsman. It comprises fees for training events charged on a cost recovery basis, and leasing surplus office car park spaces. Income is credited to the statement of comprehensive net expenditure in the year to which they relate.

### 1.5 Leases

The Ombudsman holds no finance leases. Costs in respect of operating leases are charged to the income and expenditure account as they fall due.

### 1.6 Pension costs

The Ombudsman and office staff are members of the Principal Civil Service Pension Scheme (PCSPS). The PCSPS is an unfunded multi-employer defined benefit scheme with benefits underwritten by the government. As a result, the office of the Ombudsman is unable to identify its share of the underlying assets and liabilities and, therefore, it is accounted for as a defined contribution scheme and no liability is shown in the statement of financial position. The PCSPS is financed by payments from the employer and from those current employees who are members of the PCSPS, who pay contributions at

different rates which depend on their salaries and the section of the pension scheme of which they are a member. The rate of employer contributions is typically set following an actuarial valuation. Government Actuary's Department has been appointed as the PCSPS actuary.

The scheme underwent a valuation designed to set employer contribution rates from 1 April 2019. HM Treasury have directed that part of the valuation process ("the cost control mechanism") should be paused but have confirmed that the valuation will be used to set employer contribution rates. To provide certainty, PCSPS set employer contributions for 2019-20 on the basis of the draft valuation results. Once the valuation has been completed it will be used to set employer rates from 1 April 2020 for the remaining three years of the valuation period. In line with this, the 2021-22 employer contribution rate of 26.6-30.3% of pensionable pay was applied, according to the relevant pay band.

Further details can be found in the separate scheme statement of the PCSPS.<sup>1</sup>

### 1.7 Value added tax (VAT)

The office of the Ombudsman is not registered for VAT, as such all amounts are recorded inclusive of VAT.

<sup>1</sup> <https://www.civilservicepensionscheme.org.uk/employers/employer-pension-notice/epn567-employer-contribution-rates-and-administration-charges/>

## 1.8 Financial instruments

Financial instruments are classified and accounted for, according to the substance of the contractual agreement, as either financial assets or financial liabilities.

The office of the Ombudsman has classified its financial instruments as follows:

### Financial assets

Cash and cash equivalents, trade debtors, accrued income and amounts receivable are reported in the 'current assets' category.

### Financial liabilities

Trade payables, accruals, and creditors are classified as 'current liabilities'.

## 1.9 Critical judgements in applying accounting policies

In applying the accounting policies set out in these Notes, the Ombudsman has had to make judgements about financial transactions or those involving uncertainty about future events. The critical judgement made in the financial statements is that the organisation will continue as a going concern. This is based on the assumption of continuation of service and appropriate funding from the SPCB.

## 1.10 Critical accounting estimates

The financial statements contain estimated figures that are based on assumptions about the future or that are otherwise uncertain. These estimates relate to the value of tangible and intangible assets. Estimates of useful life are made taking account of historical experience, current trends, and other relevant factors but cannot be determined with certainty. Actual results could be different from the assumptions and estimates, but are unlikely to be material. See note 1.2 for details.

Pension benefits are provided through the civil service pension arrangements. The civil service pension arrangements are unfunded multi-employer defined benefit schemes in which the Ombudsman's office is unable to identify its share of the underlying assets and liabilities. See note 1.6 for details.

Legal costs. Provision has been made based on the estimated likely outcome of claims not yet resolved brought against the SPSO. See note 12 for details.

## 1.11 Standards issued

### 1.11.1 Standards, amendments and interpretations effective in the current year

In the current year, the Ombudsman has applied a number of amendments to IFRS Standards and Interpretations that are effective for an annual period that begins on or after 1 January 2021. Their adoption has not had any material impact on the disclosures or on the amounts reported in these financial statements:



- Amendments to IAS 39, IFRS 4, IFRS 7 and IFRS 9: Interest Rate Benchmark Reform (Phase 2)
- Amendments to IFRS 4: Insurance contracts – deferral of IFRS 9
- Covid-19 Related Rent Concessions beyond 30 June 2021: (Amendment to IFRS 16)

### **1.11.2 Standards, amendments and interpretations early adopted this year**

There are no new standards, amendments or interpretations early adopted this year.

### **1.11.3 Standards, amendments and interpretations issued not adopted this year**

At the date of authorisation of these financial statements, the Ombudsman has not applied the following new and revised IFRS Standards that have been issued but are not yet effective:

- IFRS 16: Leases. HM Treasury have agreed to defer implementation until 1 April 2022
- IFRS 17: Insurance Contracts. Applicable for periods beginning on or after 1 January 2023

- Amendment to IAS 1: Classification of Liabilities as Current or Non-Current. Applicable for periods beginning on or after 1 January 2023
- Amendment to IAS 1: Disclosure of Accounting Policies. Applicable for periods beginning on or after 1 January 2023
- Amendment to IAS 8: Definition of Accounting Estimates. Applicable for periods beginning on or after 1 January 2023
- Amendments to IAS 16: Property, Plant and Equipment proceeds before intended use. Applicable for periods beginning on or after 1 January 2022
- Amendments to IAS 37: Onerous Contracts, cost of fulfilling a contract. Applicable for periods beginning on or after 1 January 2022
- Annual Improvements to IFRS Standards 2018-2020 Cycle. Applicable for periods beginning on or after 1 January 2022

The Ombudsman does not expect that the adoption of the Standards listed above will have a material impact on the financial statements in future periods, except as noted below.

IFRS 16 Leases supersedes IAS 17 Leases and is being applied by HM Treasury in the Government Financial Reporting Manual (FReM) from 1 April 2022. IFRS 16 introduces a single lessee accounting model that results in a more faithful representation of a lessee's assets and liabilities, and provides enhanced disclosures to improve transparency of reporting on capital employed.

Under IFRS 16, lessees are required to recognise assets and liabilities for leases with a term of more than 12 months, unless the underlying asset is of low value. While no standard definition of 'low value' has been mandated, the Ombudsman has elected to utilise the capitalisation threshold of £10,000 to determine the assets to be disclosed. The Ombudsman expects that its existing finance leases will continue to be classified as leases. All existing operating leases will fall within the scope of IFRS 16 under the 'grandfathering' rules mandated in the FReM for the initial transition to IFRS 16. In future years new contracts and contract renegotiations will be reviewed for consideration under IFRS 16 as implicitly identified right-of-use assets. Assets recognised under IFRS 16 will be held on the Statement of Financial Position as (i) right of-use assets which represent the Ombudsman's right to use the underlying leased assets; and (ii) lease liabilities which represent the obligation to make lease payments.

The bringing of leased assets onto the Statement of Financial Position will require depreciation and interest to be charged on the right-of-use asset and lease liability, respectively. Cash repayments will also be recognised in the Statement of Cash Flows, as required by IAS 7.

The Ombudsman has assessed the likely impact to i) comprehensive net expenditure and ii) the Statement of Financial Position of applying IFRS 16 and does not expect the implementation of this standard to have a material impact on the financial statements.

## 2. Financing from the Scottish Parliamentary Corporate Body (SPCB)

	2021-22	2020-21
	£'000	£'000
General funding from SPCB	6,095	5,971
<b>Total funding from SPCB</b>	<b>6,095</b>	<b>5,971</b>

An increase in general funding in 2021-22 was mainly due the increase in staff costs as was the increase in general funding in 2020-21.

### 3. Income from all sources

	2021-22	2020-21
	£'000	£'000
Gross income from training	46	6
<b>Total</b>	<b>46</b>	<b>6</b>

### 4. Staff costs (including the Ombudsman)

#### 4.1 Average staff employed (full-time equivalent)

The average number of full-time equivalent (FTE) persons employed in the office of the Ombudsman during the period was as follows:

	2021-22	2020-21
	FTE	FTE
Ombudsman	1	1
Staff	76	71
<b>Total</b>	<b>77</b>	<b>72</b>

#### 4.2 Breakdown of staff costs

	Ombudsman	Staff	Total
	£'000	£'000	£'000
Salaries / wages	94	3,502	3,596
Social security costs	12	361	373
Pension costs	28	917	945
	<b>134</b>	<b>4,780</b>	<b>4,914</b>
<b>Comparative for year ended 31 March 2021</b>			
Salaries / wages	87	3,422	3,509
Social security costs	11	348	359
Pension costs	26	866	892
	<b>124</b>	<b>4,636</b>	<b>4,760</b>

Staff costs rose in 2021-22 due to, annual cost of living increases and increments in pay progression.

## 5. Pension costs

For 2021-22, employer's contributions of £882,365 were payable to the Principal Civil Service Pension Scheme at one of four rates in the range 26.6-30.3% of pensionable pay, based on salary bands. The contribution rates reflect benefits as they are accrued, not when the costs are actually incurred, and reflect past experience of the scheme. There were no outstanding scheme contributions at 31 March 2022 (2021 £0). The expected employer contributions rates for 2022-23 are 26.6% to 30.3% of pensionable pay, based on salary bands.

On death, pensions are payable to the surviving spouse at the rate of half of the member's pension. On death in service, the scheme pays a lump sum benefit of at least twice pensionable pay, depending on the scheme joined within PCSPS, and also provides a service enhancement on computing the spouse's pension. The enhancement depends on the length of service and cannot exceed ten years. Medical retirement is possible in the event of serious ill health. In this case, pensions are brought into payment immediately without actuarial reduction and with service enhanced as for widow(er) pensions.

Six employees opted for a partnership pension account with a private sector pension scheme into which the office of the Ombudsman made an employer contribution to the value of £34,570 in 2021-22. Employer contributions include a matching contribution up to 3% and are age-related and ranging from 8% to 14.75% of pensionable pay.

## 6. Other administrative costs

	2021-22	2020-21
	£'000	£'000
Property costs	499	569
Professional advisors	168	155
Professional services	59	75
General office running costs	298	246
Staff training	15	28
Travel and expenses	(1)	-
Printing and publications	15	17
Telephones and postage	25	24
External communications and training unit costs	12	8
	<b>1,090</b>	<b>1,122</b>

The above total includes £18,912 (2020-21 £18,546) for external auditor's remuneration. The external auditor received no fees in relation to non-audit work.

The reduction in property costs was mainly due to service charge refund adjustment and low occupancy of Bridgeside House during the pandemic. The general office running costs include the costs for franked postage and telephone system maintenance for the four Parliamentary Office Holder organisations (SPSO, SBC, SHRC and CYPSCS).

Running costs include £nil (2021-22 £nil) of equipment rental costs in association with operating leases.

## 7. Property, plant and equipment

	Leasehold improvements	Equipment	Furniture fixtures & fittings	IT hardware & systems	Total
	£'000	£'000	£'000	£'000	£'000
<b>Cost</b>					
At 1 April 2021	1,286	3	365	123	1,777
Disposals	-	-	(5)	-	(5)
Additions	-	-	19	12	31
At 31 March 2022	1,286	3	379	135	1,803
<b>Depreciation</b>					
At 1 April 2021	338	2	230	67	637
Disposals	-	-	(5)	-	(5)
Charge for year	129	-	52	25	206
At 31 March 2022	467	2	277	92	838
<b>Net book value at</b>					
31 March 2022	<b>819</b>	<b>1</b>	<b>102</b>	<b>43</b>	<b>965</b>
31 March 2021	<b>948</b>	<b>1</b>	<b>135</b>	<b>56</b>	<b>1,140</b>

## 8. Intangible assets

There are no intangible assets, as licences are now all annual, therefore, not capitalised.

## 9. Trade receivables and other current assets

	2021-22	2020-21
	£'000	£'000
Prepayments	184	139
Other debtors	11	3
	<b>195</b>	<b>142</b>

## 10. Cash and cash equivalents

	2021-22	2020-21
	£'000	£'000
Balance at 1 April	127	8
Net change in cash and cash equivalents	(14)	119
<b>Balance at 31 March</b>	<b>113</b>	<b>127</b>
<b>Cash held at commercial banks</b>	<b>113</b>	<b>127</b>

## 11. Trade payables and other current liabilities (amounts falling due within one year)

	2021-22	2020-21
	£'000	£'000
Trade payables	35	24
Accruals - HMRC	95	93
Accruals - non-government bodies	421	489
	<b>551</b>	<b>606</b>

## 12. Provisions

	2021-22	2020-21
	£'000	£'000
Balance at 1 April	13	-
Released in Year	(12)	-
Provided in year	-	13
<b>Balance at 31 March</b>	<b>1</b>	<b>13</b>

This provision relates to legal costs for claims brought against the SPSO in 2020. The majority of the claim was settled in 2020-21, and the remaining balance relates to additional support that may be sought by the claimant, for which no time limit has been set. The maximum amount that may be claimed is £1,440 and will be paid on receipt of valid invoices.

### 13. Operating leases

	Buildings	Totals
The total of future minimum lease payments under non-cancellable operating leases for each of the following periods:	£'000	£'000
Within one year of the balance sheet date	278	278
Within one to two years of the balance sheet dates	278	278
Within two to five years of the balance sheet date	835	835
Over five years of the balance sheet date	383	383
	<b>1,774</b>	<b>1,774</b>
<b>Comparative for year ended 31 March 2021</b>		
Within one year of the balance sheet date	278	278
Within one to two years of the balance sheet dates	278	278
Within two to five years of the balance sheet date	835	835
Over five years of the balance sheet date	661	661
	<b>2,052</b>	<b>2,052</b>

### 14. Related party transactions

The Scottish Public Services Ombudsman was constituted by the Scottish Parliament, which provides funding for the Ombudsman. The SPCB is regarded as a related body. Neither the Ombudsman nor the Ombudsman's staff have undertaken material transactions with the SPCB nor with the Ombudsman's office during the year.

### 15. Post-balance sheet events

No event has occurred since the date of the balance sheet that materially affects the financial statements.

### 16. Financial instruments

Financial assets are carried in the balance sheet at amortised cost. Their fair value can be assessed by calculating the present value of the cash flows that will take place over the remaining period of the instrument, using the assumption that the fair value of trade and other receivables is taken to be the invoiced or billed amount.

*Credit risk* - The Ombudsman receives funding on a monthly basis and restricts cash holdings to a minimum.

*Liquidity risk* - The Ombudsman does not have any external borrowings.

*Market risk* - Changes in market interest rates influence the interest on borrowings and on interest receivable on surplus funds invested. The Ombudsman does not rely on interest receivable as its key source of income.

# Direction by the Scottish Ministers



## SCOTTISH PUBLIC SERVICES OMBUDSMAN DIRECTION BY THE SCOTTISH MINISTERS

The Scottish Ministers, in pursuance of paragraph 15 (1) of Schedule 1 of the Scottish Public Services Ombudsman Act 2002, hereby give the following direction.

The statement of accounts for the financial year ended 31 March 2006, and subsequent years, shall comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared.

The accounts shall be prepared so as to give a true and fair view of the income and expenditure and cash flows for the financial year, and of the state of affairs as at the end of the financial year.

This direction shall be reproduced as an appendix to the statement of accounts. The direction given on 1 December 2004 is hereby revoked.



**Signed by the authority of the Scottish Ministers  
Dated 6 November 2006**



**SCOTTISH  
PUBLIC  
SERVICES  
OMBUDSMAN**



**People Centred | Improvement Focused**

**Scottish Public Services Ombudsman  
Bridgeside House  
99 McDonald Road  
Edinburgh  
EH7 4NS**

**Tel 0800 377 7330  
Web [www.spsso.org.uk](http://www.spsso.org.uk)**

Laid before the Scottish Parliament by the Scottish Public Services Ombudsman in October 2022  
in pursuance of section 17(1) and (3) of the Scottish Public Services Ombudsman Act 2002.