

Governance and Risk Management Handbook

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Note: Highlighter is used in this document to indicate **outstanding actions** or where **links** to other documents under review, are required.

Contents

Governance and Risk Overview	3
SPSO Purpose	3
SPSO Statutory framework	3
SPSO Staffing.....	3
Accountable Officer	4
Audit.....	4
Complaints.....	4
Amendment to governance arrangements	5
Scheme of Internal Control	6
Overview.....	6
Monitoring effectiveness	7
Leadership team.....	7
Advisory Audit Board	13
Governance Reporting Arrangements	16
Governance reporting overview.....	16
Report schedule.....	17
Scheme of Delegation	21
Code of Professional Conduct (incorporating the Register of Interests)	22
Introduction	22
Guidance on the Code of Professional Conduct (the Code)	22
Compliance.....	22
General Conduct.....	22
Registration of Interests.....	24
Declaration of Interests.....	26
Annex 1: Key Principles of the Code of Conduct	29
Annex 2: Definitions.....	30
Whistleblowing Policy	32
Introduction	32
Reporting a Concern – Internal Disclosures.....	33
Investigating a Whistleblowing Disclosure.....	34
Reporting a Concern – Regulatory Disclosures	35
Reporting a Concern – Wider Disclosures	35
Annex 1: Public Concern at Work – Contact Details	38

Anti-Fraud Policy	39
Introduction	39
Prevention of Fraud	40
Risk Management and Incident Reporting Policy	45
Scope.....	45
Key Points.....	45
Background.....	45
Risk Management.....	46
Incident Reporting.....	50
Annex 1: Roles and Responsibilities in Managing Risk	52
Annex 2: Timetable for the Management of Risk by the Leadership and Management Teams	53

Governance and Risk Overview

SPSO Purpose

1. This handbook sets out the Scottish Public Services Ombudsman (the Ombudsman)'s governance arrangements. It includes the monitoring and reporting systems in place to ensure, and provide assurance, that she has appropriate and robust monitoring and reporting systems in place.

SPSO Statutory framework

2. The Scottish Public Services Ombudsman (the Ombudsman) is a public official appointed by Her Majesty on the nomination of the Scottish Parliament. Parliament may also nominate, and Her Majesty appoint, up to three deputy Ombudsmen. There are currently no deputy Ombudsmen in post. Section 1 of the Scottish Public Services Ombudsman Act 2002 (the Act) sets this out in greater detail
3. The Ombudsman has a wide remit, covering a variety of functions and services. Her powers and duties come from the Act which gives her three distinct areas of statutory functions:
 - 3.1. 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
 - 3.2. specific powers and responsibilities to publish complaints handling procedures, and monitor support best practice in complaints handling
 - 3.3. Independent Review Service for the Scottish Welfare Fund with the power to overturn and substitute decisions made by councils on Community Care and Crisis Grant applications.
4. The Ombudsman is, in the performance of her duties, to be regarded as juristic person distinct from the natural person holding office. She is not, in the exercise of her functions above, subject to the direction or control of any MSP, MP, MEP, member of the Scottish Government or the SPCB.
5. Any function of the Ombudsman may be exercised on her behalf by any person (whether a deputy Ombudsman or a member of her staff) authorised by her, and to the extent authorised by her as set out in her Scheme of Delegation.

SPSO Staffing

6. The Ombudsman may appoint such staff, on such terms and conditions, as she may determine. This requires Scottish Parliamentary Corporate Body (SPCB) approval.
7. The Ombudsman and her staff are not to be regarded as servants or agents of the Crown, and or as having any status, immunity or privilege of the Crown; and the Ombudsman's property is not to be regarded as property of, or property held on behalf of, the Crown.

8. The Office of the Scottish Public Services Ombudsman (SPSO) is the collective term for all staff working for the Ombudsman and for the organisation itself. The SPSO acts for the Ombudsman, at the instruction of the Ombudsman, under the authority of the Ombudsman and at the responsibility of the Ombudsman.

Accountable Officer

9. The Ombudsman is the Accountable Officer (AO), designated by, and answerable to, the Scottish Parliamentary Corporate Body (SPCB). The AO's functions are to:
 - 9.1. sign the Ombudsman's accounts of expenditure and receipts
 - 9.2. ensure the Ombudsman's financial propriety and regularity and
 - 9.3. ensure the Ombudsman's resources are used economically, efficiently and effectively.
10. In performing these functions, she must keep and prepare annual accounts in respect of each financial year. This must be in accordance with such directions as given by Scottish Ministers.
11. The Ombudsman must send a copy of the annual accounts to the Auditor General for Scotland for auditing.
12. The further, specific duties of the AO are set out in the *Memorandum to Accountable Officer of the Office of the Scottish Public Services Ombudsman*, from the SPCB.

Full information about the Ombudsman's role and remit is contained in Section 1 and Schedule 1 to [the Act](#).

Audit

External

13. The SPSO's accounts will be audited by an external auditor appointed by the Auditor General for Scotland.

Internal

14. The SPSO will agree an annual programme for internal audit, based on priority areas identified through assessment of risk.
15. Internal audit services will be provided by an external organisation, appointed on the basis of open tender.

Complaints

Customer Service Complaints

16. Complaints about the service provided to complainers, public bodies or other service users will be handled in line with the SPSO [Complaints Handling Guidance](#).

Information requests

17. Complaints about requests for information under Freedom of Information, Environmental Information and Re-use legislation will be handled in line with the review and appeal routes set out in legislation.

Subject Access Requests and data protection complaints

18. Complaints about the handling of Subject Access Requests and processing of personal data will be handled in line with policies and guidance in our [Information Governance](#) handbook.

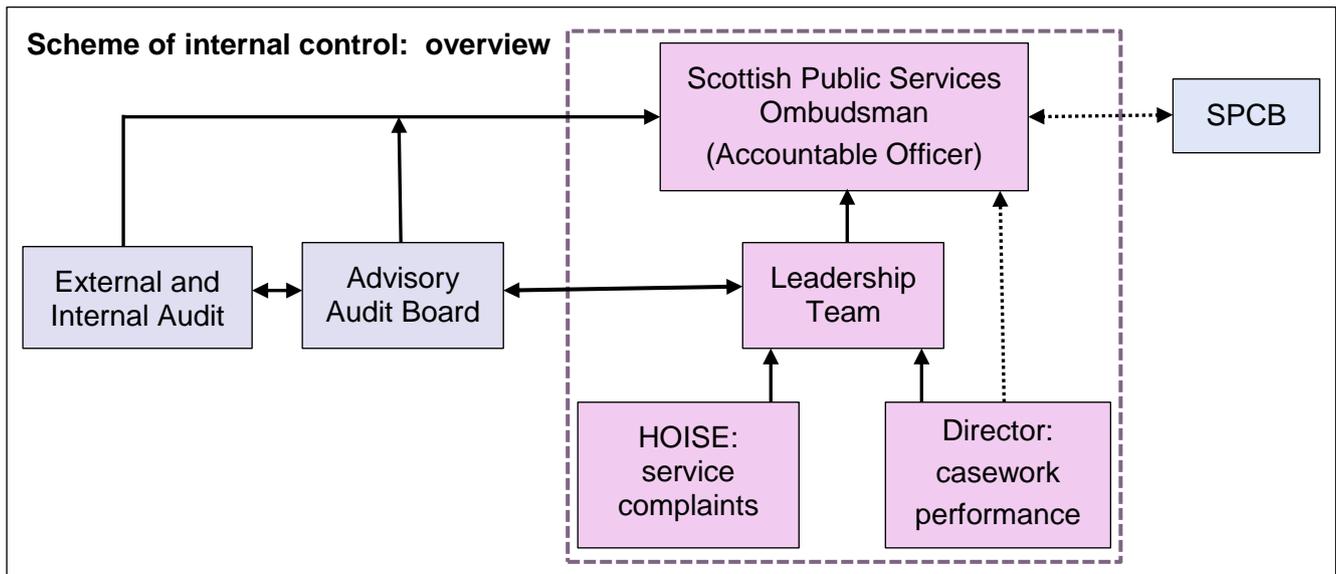
Amendment to governance arrangements

19. These governance arrangements, and governance reporting arrangements, can only be amended with the Ombudsman's approval.
20. The Ombudsman will inform the Advisory Audit Board (AAB) and External Auditors of any amendments.
21. The Ombudsman will review these governance arrangements annually and report the outcome to the AAB.
22. These governance arrangements will be published as part of the SPSO's publication scheme.

Scheme of Internal Control

Overview

1. The Scheme of Internal Control (the Scheme), is a series of protocols and policies through which the Ombudsman demonstrates that she is meeting her responsibilities as the Ombudsman and as the Accountable Officer. It also demonstrates the assurances she receives and the external scrutiny to which she is subject.



2. The Scheme is supported by a risk management policy, strategic risk register and operational risk register. These define how the SPSO monitors and manages risk in respect of:
 - 2.1. achievement of, and compliance with, statutory obligations
 - 2.2. achievement of strategic and operational objectives
 - 2.3. establishment of, and compliance with, effective financial controls
 - 2.4. achievement of, and reporting on, efficient and effective operational performance against stated standards of service and quality
 - 2.5. effective asset management, and
 - 2.6. safeguarding and development of the SPSO's reputation.
3. The key features of the Scheme are:
 - 3.1. The Ombudsman holds the role of Accountable Officer.
 - 3.2. The Ombudsman sets the strategic direction and priorities for the SPSO, supported by the Leadership Team (LT).
 - 3.3. The Ombudsman chairs the LT which has overall responsibility for the development and operation of the SPSO.

- 3.4. The Director is responsible for the monitoring and reporting of Casework Performance.
- 3.5. The Head of Information Standards and Engagement (HOISE) is responsible for the monitoring and reporting on Customer Service Complaints.
- 3.6. Day-to-day operational management is the responsibility of individual members of the LT, their deputies and staff. The managers (at all levels) are responsible for delivering the business of the office as set out in Strategic and Business Plans. They report in operational performance and issues to the LT.
- 3.7. All decisions must be authorised and taken in line with the Scheme of Delegation and approved policies and procedures.
- 3.8. External scrutiny, and where appropriate advice, is provided by external auditors appointed by the Auditor General for Scotland, the Ombudsman's AAB, internal auditors appointed by the LT, and on an ad hoc basis by the SPCB (and Parliamentary Committees) for those areas about which it is able to give direction or hold the Ombudsman accountable.

Monitoring effectiveness

4. The effectiveness of the scheme, and the robustness of the assurances it provides, will be monitored and managed through:
 - 4.1. periodic review of the definition, relevance, and accuracy of the measures, policies and protocols in place
 - 4.2. statements of assurance from delegated officers
 - 4.3. implementation of appropriate and proportionate sanctions, which are set out clearly in policies, procedures and protocols, and brought to the attention of all staff as required
 - 4.4. checking progress through reporting on achievement against strategic and business plans, individual projects and ad hoc work programmes, and
 - 4.5. statements of assurance from external bodies such as the AAB, internal audit and external audit.

Leadership team

Membership

5. The leadership team (LT) is:
 - 5.1. The Ombudsman, the Chair
 - 5.2. The Director
 - 5.3. Head of Information, Standards and Engagement (HOISE).

Purpose

6. The LT is responsible for:
 - 6.1. supporting the Ombudsman in setting the strategic direction of the SPSO.
 - 6.2. supporting the Ombudsman in the exercise of her duties and responsibilities by developing and delivering the annual business plan to deliver the SPSO strategic plan.
 - 6.3. giving strategic and operational leadership to the organisation at all levels.
 - 6.4. holding the organisation accountable for performance.
7. The LT is authorised to consider any matter connected with the SPSO's functions and to make decisions in line with the Ombudsman's [Scheme of Delegation](#) which is available on our website.

Governance meetings

GM Purpose

8. The quarterly governance meeting is to consider and sign-off corporate governance and strategic issues, and to provide the Ombudsman with assurance that Scheme of Control protocols are being implemented effectively.

GM Frequency

9. The LT will hold a governance meeting quarterly, as far as practicable in the second half of the month following the end of each quarter. There must not be a gap of more than four months between meetings.
10. Governance decisions may be taken between these meetings at operational meetings, but a record must be kept each quarter of governance decisions taken and confirmed at the next governance meeting.
11. Ad hoc meetings may be called to address specific issues, if the need arises.

GM Attendance

12. Meetings will be attended by the LT.
13. The secretariat will be provided by the Corporate Services Manager or in their absence another officer appointed by the LT.
14. In the Ombudsman's absence, the Director will chair the meeting.
15. LT members are expected to attend meetings. They may, in exceptional circumstances and with the Chair's permission, appoint a deputy. The LT may, at their discretion, discuss items in private without the appointed deputy or secretariat.
16. If an officer is covering an LT role formally because of long-term absence or a vacancy, they will attend as if a permanent member of the LT.

17. The LT may also, by mutual agreement, invite relevant staff and/ or external advisors, for specific agenda items.

GM Quorum

18. The meeting must be attended by the Chair and one member of the LT to be quorate. The expectation is that all three members will be present if at all possible, and dates will be arranged to facilitate this.
19. No decisions may be taken unless the meeting is quorate.

GM Agenda

20. The agenda, venue and time of meeting must be published by the secretariat no later than five working days before the meeting. Supporting papers must be issued at the same time. Papers must be accompanied by an properly completed 'cover sheet' (if papers are very short, then they and the cover sheet may be combined into one document for ease)
21. The LT will follow a standard agenda, based on the annual work programme, with additional items proposed by the LT. This is set out in the section on [Governance reporting Arrangements](#).
22. Papers can only be submitted late in exceptional circumstances, with the Chair's permission.

GM Minutes

23. Draft minutes will be circulated by the secretariat within seven working days of the meeting. They will be agreed at the next governance meeting, an operational meeting, or by email as required. The method of sign-off shall be agreed at the end of each meeting.
24. Minutes will be drafted in such a way as to minimise inclusion of personal data.
25. The Chair will add their signature (which can be electronic) as confirmation that the minutes are a permanent record of the meeting.
26. The secretariat will arrange publication of the signed minutes on the SPSO's web site, appropriately redacted to protect personal data or in line with exemptions that would apply to the information under Freedom of Information legislation. Where information is redacted, the reference to relevant sections of legislation should be included.
27. The action points from the GM will be added to the operational meeting minutes so they are tracked and chased between meetings.

Operational management meetings

OM Purpose

28. Operational management meetings are to consider:
 - 28.1. real-time operational issues
 - 28.2. keep each other updated of significant operational issues

- 28.3. make operational and performance related decisions, including commissioning work from other staff
- 28.4. sign-off corporate governance and strategic issues that cannot wait until the next governance meeting
- 28.5. provide feedback to all staff on management decisions.
- 28.6. once a month review the operational risk register, and
- 28.7. to provide the Ombudsman with assurance that Scheme of Control protocols are being implemented effectively.

OM Frequency

- 29. The LT will meet weekly, as far as possible or practicable, to discuss operational issues, and make governance decisions that cannot wait until the next governance meeting.
- 30. There must be a minimum of 15 operational meetings each financial year.
- 31. If a matter is urgent, it may be considered by email, but must be confirmed at the next meeting and recorded in the minutes.

OM Attendance

- 32. Meetings will be attended by the LT.
- 33. In the Ombudsman's absence, the Director will chair the meeting.
- 34. LT members may not send a substitute or deputy except where an officer is covering an LT role formally because of long-term absence or a vacancy. In these circumstances the deputy will attend as if a permanent member of the LT.
- 35. The LT may also, by mutual agreement, invite relevant staff and/ or external advisors, for specific agenda items (this is encouraged).
- 36. The LT will be its own secretariat, with individuals responsible for adding agenda items, sending links to papers and keeping minutes.

OM Quorum

- 37. The meeting must be attended by the Chair and one member of the LT to be quorate. The expectation is that all three members will be present if at all possible, and dates will be arranged to facilitate this.
- 38. No decisions may be taken unless the meeting is quorate.

OM Agenda

- 39. The agenda will be set by the LT themselves. Operational meetings are fluid and informal in nature. The overall requirement is that, however business is discussed and progressed, the minutes of the operational LT meeting must record all decisions and actions.

40. Any member of the LT may add an agenda item. Any member of staff may add an agenda item through the appropriate LT member (usually their LT line manager). The agenda will contain links to supporting papers which must be accompanied by a properly completed 'cover sheet' (if papers are very short, then they and the cover sheet may be combined into one document for ease).
41. Each agenda item must be prioritised high, medium or low. If there is insufficient time to consider all agenda items, the LT may defer items to a future meeting, agree to email sign-off, delegate to a specific LT member or agree disposal by another suitable means, depending on urgency and sensitivity.
42. All decisions taken outside the meeting must be recorded in the minutes of the next appropriate meeting.

OM Minutes

43. Draft minutes will be circulated by the agreed LT minute taker as soon as practicable after the meeting. They will be agreed at either the next operational meeting, the next governance meeting, or by email as required. The method of sign-off shall be agreed at the end of each meeting.
44. As operational matters often involve issues such as HR, they will be drafted and kept in a restricted area of SharePoint.
45. Minutes will be drafted in such a way as to minimise inclusion of personal data.
46. The LT minute taker will update the record of decisions for ratification at governance meetings. They will also save a copy of agreed minutes in an accessible folder, appropriately redacted to protect personal data. They will send an update email to all staff, alerting them to the minutes, and highlighting important points from both the minutes and the most recent meeting. This must be done as soon as practicable after the meeting.

Monthly casework performance meeting

MCP Purpose

47. The monthly casework performance meeting purpose is to focus on operational performance:
 - 47.1. review of, and accountability for progress against KPIs and other case work targets
 - 47.2. focus in on casework NOT on project work
 - 47.3. to identify strategic issues
 - 47.4. update and discuss areas of interest, matters which might affect case work and trends
 - 47.5. reflect on and learn from casework
 - 47.6. identify and implement immediate operational changes taking into account: risk, resources, equalities, values and well-being
 - 47.7. identify policy and procedural changes, and strategic issues for LT:

47.7.1. discussion and steer

47.7.2. approval taking into account: risk, resources, equalities, values and well-being, or

47.7.3. for noting as having been approved by the MCP, taking into account: risk, resources, equalities, values and well-being.

47.8. Make recommendations to LT about changes/ additions/ amendments to the Business Plan.

MCP Frequency

48. Meetings should be held monthly.

49. There must be a minimum of eight meetings per year.

50. Any items which are urgent and require a decision should be discussed with the operational managers, LT or Ombudsman as required.

MCP Attendance

51. The Director will chair the meeting and appoint a secretariat.

52. If on short-term absence, the Director may nominate another member of the LT or an operational manager to chair.

53. If the Director is on long-term absence or the post is vacant, another member of the LT will chair the meeting.

54. Required attendees include:

54.1. SWF manager

54.2. Investigations team managers and deputies

54.3. Advice team manager

54.4. SIG representative

54.5. An Executive Case officer (reviews)

54.6. An Executive Case officer (QA)

55. The Ombudsman will be invited but attendance is not required.

56. Other attendees and deputies are at the Director's discretion.

MCP Quorum

57. The Director or other member of the LT as agreed, and a minimum of three operational managers (or nominated deputies) must be present to make the meeting quorate.

58. No decisions may be taken unless the meeting is quorate.

MCP Agenda

59. The agenda, venue and time of meeting must be published by the secretariat no later than five working days before the meeting. Supporting papers must be issued at the same time. Papers must be accompanied by a properly completed 'cover sheet' (if papers are very short, then they and the cover sheet may be combined into one document for ease)
60. Papers can only be submitted late in exceptional circumstances, with the Chair's permission.
61. The meetings will follow a standard agenda, covering all operational areas of casework, set by the Director. This may be changed and the reasons and new agenda recorded in minutes. The LT should be informed.
62. The Chair may vary the agenda on a meeting-by-meeting basis to meet particular needs.

MCP Minutes

63. Draft minutes will be circulated by the secretariat within seven working days of the meeting. They will be agreed either at the next MCP meeting, or by email as required. The method of sign-off shall be agreed at the end of each meeting.
64. Minutes will be drafted in such a way as to minimise inclusion of personal data.
65. The secretariat will save a copy of agreed minutes in an accessible folder, appropriately redacted to protect personal data.
66. The Director (or nominated representative) will send an update email to all staff, alerting them to the minutes, and highlighting important points from both the minutes and the most recent meeting. This must be done as soon as practicable after the meeting agreeing the minutes.

Management and team meetings

67. It is for each LT member and manager to hold team meetings as needed and to ensure that important messages are shared and discussed, so that all views are heard and listened to. Notes of meetings are not required, but are encouraged as good practice so that decisions, ideas and actions are captured.
68. Ideally notes of meetings should be written with the minimum of personal data, but it is accepted this is likely to be difficult to achieve at a very operational level. Notes will not be published, and it is at the teams' discretion about whether and how they are shared internally.

Advisory Audit Board

AAB Purpose

69. The Ombudsman has established an AAB to perform a function similar to that of an Audit Committee. The main purpose of the AAB is to provide advice to the Ombudsman (and LT) on the SPSO's standard of corporate governance and internal control.
70. The AAB considers matters of governance, audit and internal control for the SPSO. In particular, the AAB provides confirmation for the Ombudsman on whether the necessary

assurances required for the signing of the Governance Statement contained within the annual accounts have been provided.

71. The AAB specifically considers and advises on:
 - 71.1. the adequacy of the arrangements for ensuring sound governance and internal control
 - 71.2. the assessment and management of business risk
 - 71.3. the planned activity of Internal Audit and results of its work
 - 71.4. the planned activity of the External Auditor and results of its work, particularly in relation to the SPSO's Annual Report and Accounts
 - 71.5. the adequacy of management responses to issues identified by audit activity and the arrangements for monitoring the implementation of agreed recommendations, and
 - 71.6. other sources of assurance relating to the corporate governance requirements of the Parliament such as value for money.
72. The AAB reports to the Ombudsman annually and other such times as it considers necessary.
73. The AAB also advises the Ombudsman and LT on significant matters as they arise.

AAB Frequency

74. The AAB will meet a minimum of twice a year, more often at the discretion of the Chair and in consultation with the Ombudsman.

AAB membership

75. The AAB will have up to four members, appointed by the Ombudsman based on their expertise and experience in governance, audit and public services. The current membership is:
 - 75.1. Jean Couper CBE (Chair)
 - 75.2. Jim McCormick
 - 75.3. TBC
 - 75.4. currently vacant
76. AAB meetings are normally attended by the LT, the External Auditor (as appointed by the Auditor General for Scotland) and the Internal Auditor. Other members of the SPSO may attend from time to time to assist the AAB in its considerations.

AAB Quorum

77. Two members of the AAB must be present to be quorate.
78. Meetings will normally be chaired by the AAB Chair. If the Chair is unavailable meetings will always be chaired by a member of the AAB at the request of the Chair.

AAB Agenda

79. The AAB will follow a set agenda, based on the duties at paragraph 71 above.
80. The agenda, venue and time of meeting must be published by the secretariat no later than seven working days before the meeting. Supporting papers will normally be issued at the same time. Papers can only be submitted late with the Chair's permission.
81. This may be changed and the reasons and new agenda recorded in minutes.
82. The Chair may vary the agenda on a meeting-by-meeting basis to meet particular needs.

AAB Minutes

83. Draft minutes will be circulated by the secretariat within seven working days of the meeting. They will be agreed at either the next AAB meeting, an operational meeting, or by email as required. The method of sign-off shall be agreed at the end of each meeting.
84. Minutes will be drafted in such a way as to minimise inclusion of personal data.
85. The secretariat will arrange publication of the signed minutes on the SPSO's web-site, appropriately redacted to protect personal data or in line with exemptions that would apply to the information under freedom information legislation. Where information is redacted, the reference to relevant sections of legislation should be included.

Governance Reporting Arrangements

Governance reporting overview

Introduction

1. The SPSO's Governance arrangements are set out in the previous sections:
 - 1.1. [Governance and Risk Overview](#)
 - 1.2. [Scheme of Control](#)
2. This section sets out:
 - 2.1. the schedule of reports that will be provided to the Ombudsman and leadership Team (LT) as part of the governance arrangements
 - 2.2. the standing agendas for quarterly governance meetings.
3. The Designated LT member is responsible for ensuring reports are produced, accurate and presented to the LT with a covering sheet (where the report is short, it may be combined with the covering sheet). The general structure content of each report will be agreed with the Ombudsman and designated LT member.
4. Designated LT members are also responsible for ensuring that the activities that contribute to the reports are reflected in Business Plans.
5. Each LT member is accountable to the Ombudsman for those reports and activities covered by their area of responsibility.
6. Where a report or meeting refers to a 'quarter', that is taken to mean the period and activity up to the end of the last complete quarter. For example, a meeting that considers activity in Q1, would report on activity from April to June (inclusive), even if held in July or August.

Reporting and meeting principles

7. Reports will contain standard statistical and numerical information. Where the SPSO has a requirement to send data to an external body, or to publish it, the data should be the same as we are required to submit/ publish.
8. Reporting against existing plans should be by exception.
9. Reports should be accompanied by a meetings cover sheet which set out clearly what the LT is required to do, for example:
 - 9.1. Note
 - 9.2. Provide a steer or guidance on particular issues
 - 9.3. Consider a recommendation

10. Where a paper is effectively simply an update for assurance, then LT should simply be asked to note it.
11. Papers should be written in such a way that they do not name or, as far as possible, identify individuals.
12. It is assumed that papers will be read in advance. The presentation of papers should focus on items where discussion is required, the author/ LT member considers it would be helpful to give additional context, or there are questions/ queries.

Report schedule

Quarterly governance meeting agendas

Quarterly standing items

	Item	Broad content	Designated LT member
1.	Minutes, action point updates and matters outstanding		Omb
2.	Confirmation of governance decisions taken at LT operational meetings		Omb
3.	Financial report		Dir
4.	Risk and incident report	(i) Strategic risk register (ii) Heat maps (iii) Changes to operational risk register	Dir
5.	Business plan	Review and sign-off update for publication	All
6.	Corporate Services Report	(i) Invoice payment performance (ii) Health and safety (iii) Advisor service update (iv) ICT and cyber resilience (v) Policy changes or updates for discussion and/ or approval	Dir
7.	Freedom of Information and Data Protection	(i) FOI and EIR request data for submission to Scottish Information Commissioner (ii) SAR data (iii) Performance against statutory timescales (iv) Trends	Dir

	Item	Broad content	Designated LT member
		(v) Service improvements made or recommended (vi) Other I issues and recommendations	
8.	Customer Service Complaints	(i) Statistics, findings and performance (ii) Complaints to ICCR (iii) Trends (iv) Learning, changes and recommendations	HOISE
9.	Any other business		All

Annual, six-monthly or quarter specific items

Item	Broad content	Designated LT member, to be included on agenda for meeting held in			
		Q1 Apr	Q2 Aug	Q3 Oct	Q4 Jan
Annual casework statistics	Sign-off for publication	Dir			
Annual contract reporting	(i) Sign-off for publication (ii) Upcoming procurement		Dir		
Annual Report and Accounts	Sign-off		Dir and HOISE		
Annual report on Information and records management	(i) Summary of activity (ii) Assurance about robustness of systems (iii) Issues and recommendations			Dir	
Annual Statement on Sustainability	(i) Issues for discussion and/ or steer (ii) Sign-off for publication and submission		Dir		
Appraisal and performance management	(i) Assurance that all appraisals are complete (or if not, verbal explanation about issues) (ii) Assurance that annual training and development plan is complete and funded				Dir
Business Plan	Sign-off				All
Communication Strategy	(i) Performance/ activity against last year (ii) Sign-off of next year's plan				HOISE
Compliance with governance reporting arrangements	Review of how effectively arrangements worked and were complied with				Dir
Human Resources	(i) Sickness absence levels, trends and issues	Dir		Dir	

Item	Broad content	Designated LT member, to be included on agenda for meeting held in			
		Q1 Apr	Q2 Aug	Q3 Oct	Q4 Jan
	(ii) Summary of recruitment activity and staffing levels (iii) Training and development update (against plan) (iv) Well-being (v) Assurance about competence of policies and update				
Service standards	(i) Annual report of performance against service standards (ii) Approval for publication		Dir		
Service-user Equalities Monitoring	(i) Statistics, analysis and trends (ii) Benchmarking (where relevant) (iii) Recommendations and issues for discussion	Dir			
Staff Equalities Monitoring	(i) Statistics, analysis and trends (ii) Benchmarking (where relevant) (iii) Recommendations and issues for discussion			Dir	
Statement of expenditure under the PSR Act for publication	Sign-off for publication		Dir		
Strategic Plan	Sign-off after minor, or major review			Omb	
The Trade Union (Facility Time Publication Requirements) Regulations 2017 return	Sign-off for submission		Dir		

Scheme of Delegation

Link to [Scheme of Delegation](#) document on our website

Code of Professional Conduct (incorporating the Register of Interests)

Introduction

1. The Scottish Public Services Ombudsman is accountable to the Scottish public for all actions and decisions taken. To meet the high expectation the Public have of us, you must ensure that your conduct is above reproach.
2. The Ethical Standards in Public Life etc. (Scotland) Act 2000 provides for new Codes of Conduct for local authority councillors and members of relevant public bodies.
3. While The Ethical Standards in Public Life etc. (Scotland) Act 2000 does not apply directly to the SPSO, we are a public authority and have adopted the principles of the Act. It is your responsibility to make sure that you are familiar with, and that your actions comply with, the provisions of the SPSO Code of Conduct.

Guidance on the Code of Professional Conduct (the Code)

4. You must observe the rules of conduct contained in this Code. It is your personal responsibility to comply with these and review regularly, and at least annually, your personal circumstances with this in mind, particularly when your circumstances change. You must not at any time advocate or encourage any action contrary to the Code.
5. The Code has been developed in line with the key principles listed in Annex A and provides additional information on how the principles should be interpreted and applied in practice. No Code can provide for all circumstances and if you are uncertain about how the rules apply, you should seek advice from the Leadership Team (LT). You may also choose to consult your own legal advisers and, on detailed financial and commercial matters, seek advice from other relevant professionals.

Compliance

6. Breaches of the code by staff members will be considered as a disciplinary matter under the SPSO Disciplinary Procedures.
7. The LT is responsible for monitoring, evaluating and ensuring compliance with the Code, seeking advice and assurance from the AAB as needed.

General Conduct

Allowances

8. You must comply with any rules of the SPSO regarding remuneration, allowances and expenses.

Gifts and Hospitality

9. The SPSO's policy is that you should not canvass or accept gifts or hospitality for personal benefit as a consequence of your position. It is your responsibility to ensure that your actions do not give rise to, or foster, suspicion or perception that outside individuals or organisations have gained favour or advantage through the offer or acceptance of any gifts or hospitality.
10. You must not accept any offer of a gift or hospitality from any individual or organisation which stands to gain or benefit from a decision the Ombudsman's Office may be involved in determining, or who is seeking to do business with the SPSO, and which a person might reasonably consider could have a bearing on your judgement. If you are making a visits on behalf of the SPSO, then as a general rule you should ensure that the SPSO pays for the costs of these visits.
11. Additionally, you must not offer, promise or give a gift, hospitality or other benefit to a third party which may be perceived as inducing that person or organisation to perform a relevant function or activity improperly.
12. You are responsible for your decisions connected with the offer or acceptance of gifts or hospitality and for avoiding the risk of damage to public confidence in the SPSO. As a general guide, it is usually appropriate to refuse offers except:
 - 12.1. isolated gifts of a trivial character or inexpensive seasonal gifts such as a calendar or diary, or other simple items of office equipment of modest value,
 - 12.2. normal hospitality associated with your duties and which would reasonably be regarded as inappropriate to refuse, or
 - 12.3. gifts received on behalf of the SPSO.
13. You should also consider whether there may be any reasonable perception that any gift received by your spouse or co-habitee or by any company in which you have a controlling interest, or by a partnership of which you are a partner, can or would influence your judgement. The term 'gift' includes benefits such as relief from indebtedness, loan concessions, or provision of services at a cost below that generally charged to members of the public.
14. You must not accept repeated hospitality from the same source. You must record details of any gifts and hospitality received with the Corporate Services Manager. This record will be made available for public inspection.

Confidentiality Requirements

15. You are bound by the terms of The Scottish Public Services Ombudsman Act 2002 Section 19.

Use of the Ombudsman's Office Facilities

16. You must not misuse facilities, equipment, stationery, telephony and services, or use them for party political or campaigning activities. Use of such equipment and services, etc must be in accordance with the SPSO policy and rules on their usage.

Appointment to Partner Organisations

17. You may be appointed, or nominated by the SPSO, as a member of another body or organisation. If so, you are also bound by the rules of conduct of these organisations and should observe the rules of this Code in carrying out the duties of that body.

Registration of Interests

18. You must declare and record any personal interest that might influence, or be seen by others to influence, their impartiality in arriving at a decision. Those who have business or personal relationships with, or friends/relatives employed by, outside organisations bidding for SPSO contracts must inform their line manager and Human Resources at the outset.
19. The following paragraphs set out the categories of interests, financial and otherwise, which you have to register. These are 'Registerable Interests', and you must ensure that they are registered. The register is maintained by the Corporate Services Manager.
20. It is your personal responsibility to comply with these regulations and you should review regularly and at least once a year your personal circumstances. Annex B contains key definitions and explanatory notes to help you decide what is required when registering your interests under any particular category. The interests which require to be registered are those set out in the following paragraphs and relate to you. It is not necessary to register the interests of your spouse, civil partner, or cohabitee.

Category One: Remuneration

21. You have a registerable interest where you receive remuneration by virtue of being:
 - 21.1. employed
 - 21.2. self-employed
 - 21.3. the holder of an office
 - 21.4. a director of an undertaking
 - 21.5. a partner in a firm, or
 - 21.6. undertaking a trade, profession or vocation, or any other work.
22. The amount of remuneration does not require to be registered.
23. If a position is not remunerated it does not need to be registered under this category. However, unremunerated directorships may need to be registered under category two 'Related Undertakings'.

24. If you receive any allowances in relation to membership of any organisation the fact that you receive such an allowance must be registered.
25. When registering employment, you must give the name of the employer, the nature of its business and the nature of the post held in the organisation.
26. When registering self-employment, you must provide the name and give details of the nature of the business. When registering an interest in a partnership, you must give the name of the partnership and the nature of its business.
27. Where you otherwise undertake a trade, profession or vocation, or any other work, the detail to be given is the nature of the work and its regularity. For example, if you write for a newspaper, you must give the name of the publication and the frequency of articles for which you are paid.
28. When registering a directorship, it is necessary to provide the registered name of the undertaking in which the directorship is held and detail the nature of its business.
29. Registration of a pension is not required as this falls outside the scope of the category.

Category Two: Related Undertakings

30. You must register any directorships held which are themselves not remunerated but where the company (or other undertaking) in question is a subsidiary of, or a parent of, a company (or other undertaking) in which you hold a remunerated directorship.
31. You must register the name of the subsidiary or parent company or other undertaking and the nature of its business, and its relationship to the company or other undertaking in which you are a director and from which you receive remuneration.
32. The situations to which the above paragraphs apply are as follows:
 - 32.1. you are a director of a board of an undertaking and receive remuneration – declared under Category one – and
 - 32.2. you are a director of a parent or subsidiary undertaking but do not receive remuneration in that capacity.

Category Three: Contracts

33. You have a registerable interest where you (or a firm in which you are a partner, or an undertaking in which you are a director or in which you have shares of a value as described in paragraph 32) have made a contract with the SPSO:
 - 33.1. under which goods or services are to be provided, or works are to be executed, and
 - 33.2. which has not been fully discharged.
34. You must register a description of the contract, including its duration, but excluding the consideration.

Category Four: Houses, Land and Buildings

35. You have a registerable interest where you own or have any other right or interest in houses, land and buildings, which may be significant to, of relevance to, or bear upon, the work and operation of the SPSO.
36. The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in houses, land and buildings could potentially affect your responsibilities to the SPSO and to the public, or could influence your actions or decision-making. If in doubt, seek advice from the Director.
37. You are required to give the address of the property, or otherwise give a description sufficient to identify it.

Category Five: Interest in Shares and Securities

38. You have a registerable interest where you have an interest in shares which constitute a holding in a company or organisation which may be significant to, of relevance to, or bear upon, the work and operation of the SPSO and the nominal value of the shares is:
 - 38.1. greater than one percent of the issued share capital of the company or other body, or
 - 38.2. greater than £25,000.
39. You are not required to register the value of such interests.
40. The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any interests in shares and securities could potentially affect your responsibilities to the SPSO and to the public, or could influence your actions or decision-making. If in doubt, seek advice from the Director.

Category Six: Non-Financial Interests

41. You may also have a registerable interest if you have non-financial interests which may be significant to, of relevance to, or bear upon, the work and operation of the SPSO. It is important that relevant interests such as membership or holding office in other public bodies, clubs, societies and organisations such as trades unions and voluntary organisations, are registered and described.
42. The test to be applied when considering appropriateness of registration is to ask whether a member of the public acting reasonably might consider any non-financial interest could potentially affect your responsibilities to the SPSO and to the public, or could influence your actions or decision-making. If in doubt, seek advice from the Director.

Declaration of Interests

43. The key principles of the Code of Professional Conduct, especially those in relation to integrity, honesty and openness, are given further practical effect by the requirement for you to declare certain interests in proceedings of the SPSO. Together with the rules on

registration of interests, this ensures transparency of your interests which might influence, or be thought to influence, your actions.

44. Public bodies inevitably have dealings with a wide variety of organisations and individuals and this Code indicates the circumstances in which a business or personal interest must be declared. Public confidence in the SPSO depends on it being clearly understood that actions and decisions are taken in the public interest and not for any other reason.
45. In considering whether to make a declaration in any proceedings, and for the Ombudsman and Director particularly in the handling of complaints, you must consider not only whether you will be influenced but also whether anybody else would think that you might be influenced by the interest. You must keep in mind that the test is whether a member of the public, acting reasonably, might think that a particular interest could influence you. It is your responsibility to judge whether an interest is sufficiently relevant to require a declaration and you are advised to err on the side of caution. You may also seek advice as appropriate.

Interests which Require Declaration

46. Interests which require to be declared may be financial or non-financial. They may or may not be interests which are registerable under this Code. Most of the interests to be declared will be your personal interests but, on occasion, you will have to consider whether the interests of other persons require you to make a declaration.

Shares and Securities

47. Any financial interest which is registerable must be declared. You may have to declare interests in shares and securities, over and above those registerable under category five of this Code.
48. You have a declarable interest where an interest becomes of direct relevance to a matter before the SPSO and you have shares comprised in the share capital of a company or other body and the nominal value of the shares is:
 - 48.1. greater than one percent of the issued share capital of the company or other body, or
 - 48.2. greater than £25,000.
49. You are required to declare the name of the company only, not the size or nature of the holding.

Houses, Land and Buildings

50. Any interest in houses, land and buildings which is registerable under category four of this Code must be declared.

Non-Financial Interests

51. If you have a registered non-financial interest under category six of this Code you have recognised that it is significant. There is, therefore, a very strong presumption that this

interest will be declared where there is any link between a matter which requires your attention in your role with the SPSO and the registered interest. Non-financial interests include membership or holding office in other public bodies, clubs, societies, trade unions and organisations including voluntary organisations. They become declarable if and when members of the public might reasonably think they could influence your actions and decisions.

52. You may serve on other bodies as a result of express nomination or appointment by the SPSO. You must always remember the public interest points towards transparency particularly where there is a possible divergence of interest between different public authorities.
53. You will also have other private and personal interests and may serve, or be associated with, bodies, societies and organisations as a result of your private and personal interests and not because of your role with the SPSO. In the context of any particular matter you will have to decide whether to declare a non-financial interest. You should declare an interest unless you believe that, in the particular circumstances, the interest is irrelevant or without significance.

Interests of Other Persons

54. The Code requires only your interests to be registered. You may, however, have to consider whether you should declare an interest in regard to the financial interests of your spouse, civil partner, or co-habitee which are known to you. You may have to give similar consideration to any known non-financial interest of a spouse, civil partner, or co-habitee. You have to ask yourself whether a member of the public acting reasonably would regard these interests as effectively the same as your interests in the sense of potential effect on your responsibilities within the SPSO.
55. The interests known to you, both financial and non-financial, of relatives and close friends may have to be declared. The Code does not attempt the task of defining 'relative' or 'friend'. The key principle is the need for transparency in regard to any interest, which might (regardless of the precise description of relationship) be objectively regarded by a member of the public, acting reasonably, as potentially affecting your responsibilities within the SPSO.

Making a Declaration

56. You must consider at the earliest stage possible whether you have an interest to declare in relation to any matter or complaint which is to be considered. You must declare the interest as soon as you realise it is necessary to your line Manager, the Director or the Ombudsman and have it recorded by the Corporate Services Manager or to whoever is deputising for her in her absence.

Effect of Declaration

57. Declaring an interest, financial or not, has the effect of prohibiting your involvement in the particular matter or in the complaint under consideration.

Annex 1: Key Principles of the Code of Conduct

Public Service

You have a duty to act in the interests of the public body of which you are a member and in accordance with the core tasks of that body.

Selflessness

You have a duty to take decisions solely in terms of public interest. You must not act in order to gain financial or other material benefit for yourself, family or friends.

Integrity

You must not place yourself under any financial, or other, obligation to any individual or organisation that might reasonably be thought to influence you in the performance of your duties.

Objectivity

You must make decisions solely on merit when carrying out public business.

Accountability and Stewardship

You are accountable for your decisions and actions to the public. You have a duty to consider issues on their merits, taking account of the views of others and must ensure that the public body uses its resources prudently and in accordance with the law.

Openness

You have a duty to be as open as possible about your decisions and actions, giving reasons for your decisions and restricting information only when the wider public interest clearly demands.

Honesty

You have a duty to act honestly. You must declare any private interests relating to your public duties and take steps to resolve any conflicts arising in a way that protects the public interest.

Leadership

You have a duty to promote and support these principles by leadership and example, to maintain and strengthen the public's trust and confidence in the integrity of the public body and its members in conducting public business.

Respect

You must respect fellow members of your public body and employees of the body and the role they play, treating them with courtesy at all times.

Annex 2: Definitions

A person

means a single individual or legal person and includes a group of companies.

Any person

Includes individuals, incorporated and unincorporated bodies, trade unions, charities and voluntary organisations.

Co-habitee

Includes a person, whether of the opposite sex or not, who is living with you in a relationship similar to that of husband and wife.

Group of companies

Has the same meaning as 'group' in section 262(1) of the Companies Act 1985. A group, within s262(1) of the Companies Act 1985, means a parent undertaking and its subsidiary undertakings.

Parent Undertaking

Is an undertaking in relation to another undertaking, a subsidiary undertaking, if a) it holds a majority of the voting rights in the undertaking; or b) it is a member of the undertaking and has the right to appoint or remove a majority of its board of directors; or c) it has the right to exercise a dominant influence over the undertaking (i) by virtue of provisions contained in the undertaking's memorandum or articles or (ii) by virtue of a control contract; or d) it is a councillor of the undertaking and controls alone, pursuant to an agreement with other shareholders or councillors, a majority of the voting rights in the undertaking.

Public body

Means a devolved public body listed in Schedule 3 of the Ethical Standards in Public Life etc. (Scotland) Act 2000.

Related Undertaking

Is a parent or subsidiary company of a principal undertaking of which you are also a director. You will receive remuneration for the principal undertaking though you will not receive remuneration as director of the related undertaking.

Remuneration:

Includes any salary, wage, share of profits, fee, expenses, other monetary benefit or benefit in kind. This would include, for example, the provision of a company car or travelling expenses by an employer.

Spouse

Does not include a former spouse or a spouse who is living separately and apart from you.

Undertaking

a) a body corporate or partnership; or b) an unincorporated association carrying on a trade or business, with or without a view to a profit.

Whistleblowing Policy

1. The term 'whistleblowing' is not legally defined. It is generally understood to mean drawing attention to alleged wrongdoing, internally where there is a proper mechanism for doing so, or externally where such a mechanism is lacking.

Introduction

2. This policy sets out the Scottish Public Services Ombudsman (SPSO) approach to whistleblowing and provides guidance to staff about raising concerns. It is intended to encourage and enable staff to raise concerns within the SPSO, rather than overlooking a problem or blowing the whistle outside. The policy takes account of the Public Interest Disclosure Act 1998 (PIDA).
3. The PIDA amends the Employment Protection Act 1996 and aims to promote greater openness in the workplace. It protects whistle-blowers from detrimental treatment (victimisation or dismissal) for raising serious concerns about matters in the public interest. The PIDA says that a disclosure will qualify for protection if, in the reasonable belief of the staff member at the time of disclosure, it tends to show that one or more of the following types of malpractice (known as a 'relevant failure') has occurred, is occurring or is likely to occur:
 - 3.1. a criminal offence
 - 3.2. a failure to comply with a legal obligation
 - 3.3. a miscarriage of justice
 - 3.4. the endangering of an individual's health and safety
 - 3.5. damage to the environment, or
 - 3.6. deliberate concealment of information about any of the above.
4. Also, the staff member must have followed the disclosure procedures set out in the PIDA. These are set out in this Policy.
5. The SPSO is committed to the highest standards of honesty, openness and accountability. As a part of this commitment, the SPSO encourages staff with concerns about any aspect of its work to come forward and express these concerns.
6. SPSO staff are encouraged to put their name to their concern. Concerns expressed anonymously are much less powerful, but they may be considered at the discretion of the Ombudsman. In exercising this discretion, the factors to be taken into account include the seriousness of the issues raised, the credibility of the concern and the likelihood of confirming the allegation from attributable sources.
7. Where a concern relates more appropriately to other SPSO policies, such as those dealing with dignity at work, grievance or discipline, then these policies in the [Working for SPSO](#) handbook should be used instead.

8. All whistleblowing disclosures are treated in confidence. The SPSO will do all it can to protect the identity of a staff member who raises a concern and does not want their name to be made known. However, there may be situations where a matter cannot be investigated unless the identity of the staff member made known. The implications of making their identity known are discussed fully with the staff member beforehand and protective measures put in place, if required.
9. It is recognised that a decision to report a concern can be a difficult one to make, not least because of the fear of reprisal from those responsible for the alleged wrongdoing. Staff coming forward with a concern can be confident that it will not affect their career or enjoyment of their job. This applies equally if the staff member has come forward in good faith with a concern that turns out later not to be justified.
10. The nature of the work of the SPSO means that staff members may, during the consideration of a complaint, become aware of wrongdoing by a complainant or a listed authority. If so, the staff member must report these findings to their line manager immediately. The line manager must consult the Ombudsman before taking any action in relation to these findings.
11. This policy covers all permanent and short-term staff employed by the SPSO, including contractors providing services and agency workers. The usual employment law restrictions on minimum qualifying periods do not apply.

Reporting a Concern – Internal Disclosures

12. Staff members who have a concern, become aware of wrongdoing or consider that have been asked to act in way that raises a fundamental issue of conscience for them, should speak to their line manager in confidence. Staff who are line managed by the Ombudsman should raise concerns with HR.
13. If it is inappropriate or difficult for the staff member to raise a concern with their line manager, or the concern is about the line manager, then the concern can be discussed with HR.
14. If the staff member does not consider that the response received from the line manager or HR is reasonable, then they may take their concern directly to the Ombudsman. If the concern relates to the Ombudsman, then the staff member may take the concern to a member of the LT who will refer the issue to the appropriate body.
15. Staff members are encouraged to report concerns as soon as they become aware of them. The staff member must not investigate the concern themselves. A staff member making a disclosure is not expected to prove the truth of any allegation, but sufficient information should be contained in the disclosure to demonstrate that reasonable grounds for the allegation exist.
16. Staff members who disclose an 'alleged wrongdoing' (see Section 1.2) to the SPSO are protected by the PIDA, provided that the disclosure is made in good faith and the staff member has a reasonable suspicion that the alleged wrongdoing has occurred, is occurring or is likely to occur.

17. The person receiving the disclosure must consider it seriously. They need to decide whether the concern is a matter for this policy or another SPSO policy. This policy is concerned with disclosure of information that is, or will be in the public interest to do so. It is not intended to replace the Grievance Procedure, which is there for staff to raise any matter of a personal nature or to express dissatisfaction with a management decision. If the line manager decides that it is a matter for a different policy, then this is discussed with the staff member and advice given about the appropriate steps to take.
18. If the matter is for this policy, the whistle-blower is asked whether they wish their identity to be disclosed and reassured about protection from possible reprisals or victimisation. The whistle-blower is also asked whether they wish to make a written statement. In either case, the person receiving the disclosure must write a brief summary of the discussion, to be agreed and signed by both parties.
19. The Ombudsman must be told about the existence of any whistleblowing disclosures, protecting the identity of the whistle blower as far as possible. As soon as the initial facts are established, the person receiving the disclosure must give the written summary of the discussion to the Ombudsman. Initial enquiries may be made to decide whether an investigation is appropriate. Some concerns may be resolved by agreed action without the need for investigation. If urgent action is required, this may be taken before any investigation is conducted. The Ombudsman makes the decision to initiate an investigation. The Ombudsman will report all incidents of whistleblowing to the AAB for information and advice.

Investigating a Whistleblowing Disclosure

20. The type of investigation depends on the nature and circumstances of the disclosure. The Ombudsman normally delegates the role of Investigating Officer to the Director. The police may be involved at an early stage if criminal activity is suspected.
21. The purpose of an investigation is to establish the relevant facts. An investigation takes place as sensitively and speedily as possible. It may not be possible to give precise timescales in an investigation, but time limits should be allocated for each stage of the procedure.
22. The whistle-blower must be kept informed of progress of any investigation. No later than ten working days (and earlier if possible) after a disclosure has been made, the Ombudsman should contact them to indicate how the disclosure is being handled, advise what is likely to happen next and give an estimated timescale.
23. If the alleged wrongdoer (the subject of the disclosure) is another SPSO staff member, they must be told as quickly as possible about the allegation and allowed to respond (see Procedure for Investigating a Whistleblowing Disclosure). Just as the SPSO seeks to protect whistle-blowers who raise concerns in good faith, so it seeks to protect staff members against whom allegations are made.

24. The whistle-blower and alleged wrongdoer are both entitled to be accompanied by a representative, who is either a work place colleague or a Trade Union representative, at any investigation hearing conducted under the Whistleblowing Policy.
25. The outcome of an investigation is reported to the Ombudsman. The Ombudsman decides what action to take. This may include action under the SPSO Disciplinary Procedure.
26. As soon as possible after the outcome has been agreed, the Investigating Officer meets the whistle-blower to give feedback on the action taken. This would not include details of any disciplinary action, which would remain confidential.

Reporting a Concern – Regulatory Disclosures

27. SPSO staff are encouraged to raise concerns internally. However, there may be circumstances when a staff member has disclosed a concern internally, but is not satisfied by either the response after investigation or the lack of response. In addition, there may be situations where the staff member is unable or afraid to talk to anyone internally because of the nature of the concern.
28. The PIDA sets out the circumstances in which it is appropriate to report concerns to an external body. It makes special provision for disclosure to 'prescribed persons' where a staff member reasonably believes the wrongdoing falls within their remit. These are known as regulatory disclosures.
29. The prescribed persons, along with the matters for which they are prescribed, are listed in a Schedule to the PIDA. This Schedule is updated by Statutory Instrument, the most recent one being the Public Interest Disclosure (Prescribed Persons) (Amendment) Order 2003. Prescribed persons include the Health and Safety Executive, the Inland Revenue and Audit Scotland, along with regulators such as the Care Inspectorate.
30. In order to be protected, the regulatory disclosure must be about a relevant failure. In addition, the staff member must make the disclosure in good faith, reasonably believe the information and allegations are substantially true and reasonably believe that the matter falls within the description of matters for which the person has been prescribed.

Reporting a Concern – Wider Disclosures

31. Again, staff are encouraged to raise concerns internally first, but may decide that wider disclosure is needed. The PIDA also deals with wider disclosures, for example to the police, the media or any other non-prescribed persons. Disclosures are only protected if they are about relevant failures, they meet the preconditions detailed below and they are not made for personal gain. The disclosure must be made in good faith and the staff member must reasonably believe the information or allegation is substantially true. Preconditions are that:
 - 31.1. the staff member has previously disclosed substantially the same information to the SPSO or a prescribed person

- 31.2. the staff member reasonably believes they would be subject to 'a detriment' if they raised the concern within the SPSO or to a prescribed person
- 31.3. there is no prescribed person and the staff member reasonably believes that evidence is likely to be concealed or destroyed if the disclosure is made internally, or
- 31.4. the wrongdoing itself is of an exceptionally serious nature (as a matter of fact and not simply the staff member reasonably believes it to be exceptionally serious).

It is for an Employment Tribunal to decide what is reasonable for the staff member to make as a disclosure (see paragraph 30). In deciding the reasonableness of the disclosure, the ET will consider all the circumstances. These will include:

- 31.5. the identity of the person to whom the disclosure was made (it is more likely to be considered reasonable to disclose to a professional body having responsibility for standards and conduct in a particular field, such as accountancy, than to the media)
- 31.6. the seriousness of the wrongdoing
- 31.7. whether the risk or danger is on-going
- 31.8. whether the disclosure breached the duty of confidentiality that the SPSO owed to a third party
- 31.9. what action has been taken or might reasonably be expected to have been taken if the disclosure was previously made to the SPSO or a prescribed person, and
- 31.10. whether the staff member complied with any approved internal procedures if the disclosure was previously made to the SPSO.

Protection after Making a Disclosure

- 32. The PIDA says that a worker has the right not to be subjected to any detriment by any act, or any deliberate failure to act, by his employer on the ground that the worker has made a protected disclosure. Therefore, the legislation does not introduce a general protection for whistle-blowers that applies in all circumstances. It applies to workers who follow the procedures laid down in the legislation, as set out above, in disclosing specific categories of wrongdoing (relevant failures – see paragraph 3).
- 33. A staff member would not qualify for protection if they were committing an offence by disclosing the information (for example, if disclosure was prohibited under the Official Secrets Act 1989). Confidentiality clauses, such as gagging clauses in employment contracts and severance agreements that conflict with the protection provided by the PIDA are not legally binding.
- 34. If there is the need to determine whether a disclosure has been made in good faith, any internal investigation may take into account evidence relating to why the staff member might want to make a dishonest or malicious allegation. The SPSO Standards of Conduct state that staff members are expected to maintain the highest standards of honesty and integrity. A

dishonest or malicious allegation may be considered as serious or gross misconduct, resulting in action under the SPSO [Disciplinary Procedure](#).

35. Detriment may take a number of forms, such as denial of promotion, facilities or training opportunities that the employer would otherwise have offered. A staff member who has made a disclosure and who feels that they have suffered adverse treatment as a result, should submit a formal complaint under the SPSO [Grievance Procedure](#), detailing what has taken place.
36. A staff member who considers that they have been victimised or subjected to a detriment for making a protected disclosure (other than a dismissed employee) can bring a claim at the employment tribunal for (1) a declaration to that effect and (2) such uncapped compensation as is just and equitable for the loss suffered and expenses reasonably incurred.
37. Staff members protected by the PIDA may make a claim for unfair dismissal if they are dismissed for making a protected disclosure. Workers who are not employees may not claim unfair dismissal. However, if their contract has been terminated because they made a protected disclosure, they may instead make a complaint that they have been subjected to a detriment.
38. Harassment or victimisation of a whistle-blower is a serious matter and will result in disciplinary action.

Independent Advice

39. A staff member who is unsure whether to use the Whistleblowing Policy, or would like independent advice at any stage, is encouraged to seek legal advice, contact their trade union for advice or contact an advice agency such as the independent charity Public Concern at Work (see [Annex 1](#) for details).
40. A qualifying disclosure is protected if it is made to a legal adviser in the course of obtaining legal advice. Staff members who seek other advice should bear in mind the distinction between seeking information about the provisions of the PIDA and the requirements attached to making a protected disclosure.

Disputes

41. There are a number of options open to a staff member if they do not agree with a decision or action relating to this policy:
 - 41.1. informal discussions with their line manager as there may be some simple misunderstanding of the procedure or facts which can be resolved by an informal route; and
 - 41.2. use of the SPSO's [Grievance Procedure](#).

Annex 1: Public Concern at Work – Contact Details

Public Concern at Work is the leading authority on public interest whistleblowing. Its charitable objectives are to promote compliance with the law and good practice in organisations across all sectors. In practical terms, it focuses on the responsibility of workers to raise concerns about wrongdoing and the responsibility of those in charge to investigate and remedy such issues. It provides free advice and assistance to individuals who are concerned about apparent danger or wrongdoing in the workplace.

UK Office

Public Concern at Work
3rd Floor, Bank Chambers
6 - 10 Borough High Street
London SE1 9QQ

Telephone: 020 7404 6609 (general enquiries and helpline)
Fax: 020 7404 6576
Email: whistle@pcaw.co.uk (UK enquiries)
helpline@pcaw.co.uk (UK helpline)
services@pcaw.co.uk (UK services)
Website: www.whistleblowing.org.uk

Hours: The UK office is open and the helpline is staffed from 09:00 to 18:00, Monday to Friday. There is an answering machine out-of-hours

Scottish Office

Public Concern at Work
The Nerv Centre
80 Johnstone Avenue
Hillington Business Park
Glasgow
G52 4NZ

Telephone: 0141 883 6761 (general)
Email: ht@pcaw.co.uk

The Office is staffed weekday mornings and helpline calls are rerouted to the UK lawyers based in London.

Anti-Fraud Policy

Introduction

1. The Scottish Public Services Ombudsman (SPSO) is a body which, due to the nature of the duties performed within the organisation, requires a standard of absolute honesty and integrity from its staff. Trust is an essential part of this process and there is no room for dishonesty, either within the SPSO, its complainants or the listed authorities.
2. This policy should be read in conjunction with the following policies:
 - 2.1. [Scheme of Control](#)
 - 2.2. [Scheme of Delegation](#)
 - 2.3. [Whistleblowing Procedure](#)
 - 2.4. [Gifts and Hospitality Procedure](#)
 - 2.5. [Grievance Procedure](#)
 - 2.6. [Travel and Subsistence Policy](#)
 - 2.7. [Disciplinary Procedure](#)
 - 2.8. [Conduct and Behaviour Procedure](#)
3. No precise legal definition of fraud exists; many offences referred to as fraud are covered by the Theft Acts of 1968 and 1978. The term is used to describe acts such as deception, bribery, forgery, extortion, corruption, theft, conspiracy, embezzlement, misappropriation, false representation, concealment of material facts and collusion. For the purpose of this policy, fraud may be defined as the use of deception with the intention of obtaining an advantage, avoiding an obligation or causing loss to another party.
4. This policy is concerned with occupational fraud, ie fraud committed by SPSO employees or contractors in the course of their work.
5. Occupational fraud and abuses fall into four main categories:
 - 5.1. theft, the misappropriation or misuse of assets for personal benefit
 - 5.2. bribery and corruption
 - 5.3. false accounting and/or making fraudulent statements with a view to personal gain or gain for another: for example, falsely claiming overtime, travel and subsistence, SPSO leave or special leave (with or without pay), and
 - 5.4. externally perpetrated fraud against an organisation.
6. All policies and practices adopted by the SPSO to safeguard the organisation against fraud are in line with the fraud section of the [Scottish Public Finance Manual \(SPFM\)](#).

Prevention of Fraud

7. The Ombudsman is committed to preventing fraud and corruption from occurring, to having appropriate systems of detection and correction in place and to maintaining an anti-fraud culture.
8. To achieve this the SPSO will comply with the requirements of Government Accounting to:
 - 8.1. assess the organisation's overall vulnerability to fraud and the specific areas which are most vulnerable
 - 8.2. develop and maintain effective controls to prevent fraud
 - 8.3. ensure that if fraud occurs a vigorous and prompt investigation will take place
 - 8.4. take appropriate disciplinary and legal action in all cases, where justified
 - 8.5. review systems and procedures to prevent similar frauds
 - 8.6. investigate whether there has been a failure in supervision and take appropriate disciplinary action where supervisory failures occurred, and
 - 8.7. record and report all discovered cases of fraud.
9. The Ombudsman will:
 - 9.1. not tolerate fraud, impropriety or dishonesty.
 - 9.2. investigate all instances of suspected fraud, impropriety, or dishonest conduct by SPSO staff or external organisations.
 - 9.3. take action – including dismissal and/or criminal prosecution - against any member of staff defrauding (or attempting to defraud) the SPSO, other SPSO staff, other organisations with which they have contact or SPSO contractors.
 - 9.4. take action - including criminal prosecution - against external organisations defrauding (or attempting to defraud) the SPSO, SPSO staff in the course of their work, SPSO contractors or other organisations with whom SPSO staff have contact.
 - 9.5. co-operate fully with any external investigating body.
 - 9.6. always seek to recover funds lost through fraud.
 - 9.7. maintain a Fraud Register in which it will log details of all allegations of fraud, their, investigation and conclusions.
 - 9.8. monitor and report on fraud in line with its governance arrangements.
10. SPSO Staff:
 - 10.1. must not defraud the SPSO, other staff, other organisations with which they have contact or SPSO contractors, and

- 10.2. must demonstrate the highest standards of honesty, propriety and integrity in the exercise of their duties.

Examples of Concerns

11. Concerns which should be reported include, but are not limited to, staff committing or attempting to commit:
 - 11.1. any dishonest or fraudulent act
 - 11.2. forgery or alteration of documents or accounts
 - 11.3. misappropriation of funds, supplies or other assets
 - 11.4. impropriety in the handling or reporting of money or financial transactions
 - 11.5. profiting from an official position
 - 11.6. disclosure of official activities or information for advantage
 - 11.7. accepting or seeking value from third parties by virtue of official position or duties, and
 - 11.8. theft or misuse of property, facilities or services.
12. External organisations' actions which should be reported include, but are not limited to:
 - 12.1. being offered a bribe or inducement by a supplier
 - 12.2. receiving fraudulent (rather than incorrect) invoices from a supplier, and
 - 12.3. reported allegations of corruption or deception by a supplier.

Responsibilities

13. The maintenance of an anti-fraud culture underpins all work to counter fraud. All SPSO staff should understand the risk of fraud faced by the office, ie that fraud is serious and would divert resources away from the SPSO's primary objectives and would have a negative impact on the reputation of the Ombudsman.
14. Responsibilities are as follows.

Ombudsman

- 14.1. Maintain adequate systems of control to mitigate risk relating to fraud occurring, going undetected and not being appropriately challenged.
- 14.2. Appoint an appropriate person to investigate allegations of fraud if those allegations involve the Director, or if the Director recommends another party should investigate.
- 14.3. Approve investigation plans.
- 14.4. Report all incidents of fraud to the AAB.

Director

- 14.5. Monitor reports relating to fraud and investigations of allegations of fraud in line with governance arrangements.
- 14.6. Actively manage risk relating to fraud in line with the [Risk Management Policy](#).
- 14.7. Enforce the SPSO anti-fraud policy.
- 14.8. Appoint an appropriate investigator and approve investigation plans if an allegation is made about the Ombudsman.
- 14.9. Communicate this policy and changes to it to all staff.

Managers

- 14.10. Provide assurance to the Ombudsman and LT of the adequacy of systems to manage the risk relating to fraud.
- 14.11. Report on fraud to the LT in line with governance arrangements.
- 14.12. Investigate allegations of fraud in line with the SPSO policy and guidance, unless the subject of an allegation or with agreement from the Ombudsman to an alternative investigator being appointed.
- 14.13. Draw up an investigation plan for the Ombudsman (or Director)'s approval prior to carrying out an investigation into an allegation of fraud this should be:
 - 14.13.1. proportionate to the allegation
 - 14.13.2. carried out according to the principles of fairness, natural justice, respect for human rights and equality, impartiality and in the interests of the organisation
 - 14.13.3. evidence based
 - 14.13.4. supported by clear and appropriate records of all actions, supporting information and findings, and
 - 14.13.5. conclude with a report of findings and recommendations.
- 14.14. Provide support and guidance to staff in the application of this policy;
- 14.15. Maintain and review this policy regularly, ensuring that changes in external policy and guidance, or relevant legislation are incorporated promptly.
- 14.16. Maintain and review this policy, and supporting systems, as appropriate following investigation of an allegation of fraud.
- 14.17. Ensure that records relating to allegations of fraud are reflected in records management policies and procedures, and managed in accordance with them. (The Director will anonymise entries in the Fraud Register where the outcome of the investigation is that the allegations were unfounded.)

SPSO Staff

- 14.18. Staff have a personal responsibility to comply with the SPSO policy on fraud.
- 14.19. Staff members who have a concern or become aware of fraud must report, in confidence, all suspected incidents of fraud to their line manager immediately they become aware of them. Staff who are line managed by the Ombudsman should raise concerns with the Director. Staff who are line managed by an LT member should raise concerns with the Ombudsman. If staff are unsure whether something is likely to constitute fraud, they should ask for clarification from an LT member.
- 14.20. If a staff member does not consider that the response received from the line manager or LT member is reasonable, then they may take their concern directly to the AAB.
- 14.21. If the staff member is not satisfied with the response from the AAB, or the concern relates to the Ombudsman, then the staff member may take the concern to Audit Scotland.
- 14.22. Suspected incidents of fraud must be kept confidential and not discussed except in the context of an investigation.
- 14.23. Individuals must co-operate fully with any investigation into and allegation of fraud.
- 14.24. There will be no recriminations against staff who report reasonably held suspicions and any attempt to deter staff from reporting such suspicions will be treated very seriously.
- 14.25. Malicious allegations could however be regarded as a disciplinary matter.

Detecting Fraud

- 15. To increase your awareness of the potential for fraudulent activities, you should identify property or resources to which you have responsibility. You should ask yourself:
 - 15.1. How could this property be misused or improperly used?
 - 15.2. If this property was misused or misappropriated, how would I know?
 - 15.3. What controls exist to prevent or detect inappropriate use of property?
 - 15.4. What additional controls are necessary to ensure the property is adequately protected from loss?
 - 15.5. Is the cost of these controls reasonable in relation to the risk involved?
- 16. To ensure that an adequate system of internal control exists within your area of responsibility the key points to consider are:
 - 16.1. separation of duties
 - 16.2. physical safeguards over property
 - 16.3. proper documentation

- 16.4. adequate supervision, and
 - 16.5. independent checking of key transactions.
17. If there is a specific area where you have concerns that a risk exists or where you feel improvements could be made, you should discuss your concerns with your line manager. They will consider what action is required, if any, to address the potential risk.

Protection from Detrimental Treatment

18. The Public Interest Disclosure Act 1998 gives some protection to individuals from detrimental treatment (victimisation or dismissal) for raising serious concerns about matters in the public interest. This could include criminal activity such as fraud. For further information see the SPSO [Whistleblowing Policy](#).

Internal Audit

19. Internal audit is an 'independent appraisal function established by the management of an organisation for the review of the internal control system as a service to the organisation. It objectively examines, evaluates and reports on the adequacy of internal control as a contribution to the proper, economic, efficient and effective use of resources'.
20. All internal auditors undertake broadly similar types of work. This involves reviewing and testing the internal controls of key financial and non-financial systems.
21. The key factors for a successful internal audit operation are:
- 21.1. setting clear and properly focused objectives for internal audit
 - 21.2. maintaining internal audit independence
 - 21.3. planning and controlling the work of internal audit
 - 21.4. resourcing the internal audit work programme
 - 21.5. having effective reporting and follow-up arrangements, and
 - 21.6. holding internal audit to account for its performance.
22. The nature of the function of the SPSO office requires that there be a reliable and robust internal audit process. This will be implemented and managed by the Director, reporting to the Ombudsman and LT.

Risk Management and Incident Reporting Policy

Scope

1. This policy sets out the steps that need to be followed in order to identify and manage business risk. It also outlines procedures to support staff to navigate the system of incident reporting, incident investigation and associated learning.

Key Points

2. Risk management is part of: business planning, strategic and operational decision making, and business continuity.
3. In order to manage risk effectively, the SPSO needs to define their risk appetite; to ensure resources are prioritised in the right areas and to encourage management to take appropriate risks where it will generate the highest value.
4. A risk needs to threaten the achievement of the SPSO's strategic and business aims to be included in the risk register.
5. One of the key elements of internal control will be ensuring that the Leadership Team (LT) give appropriate consideration to risk when making decisions.
6. With a constantly changing business environment and evolving priorities, the risks the SPSO faces change over time and need to be reviewed regularly.
7. The risk register should only contain risks that the SPSO is in a position to manage and control or to minimise the impact on the SPSO should the risks materialise.
8. The LT should ensure that risk assessment is embedded into the corporate and performance management, business planning and financial reporting processes and not carried out as an isolated exercise.
9. It is recognised good practice to record and report data, security, and health and safety incidents which occur to ensure that learning and improvement takes place.

Background

10. This policy outlines the steps that need to be followed in order to identify and manage key risks to the achievement of the SPSO's business objectives in line with Best Practice. Risk management should therefore be closely linked to the business planning process. There should also be a link between risk management, business planning and plans for business continuity.
11. Risks arise from possible threats to the SPSO's ability to achieve its objectives, and failure to take advantage of opportunities. Risk can be either external (for example, changes in economic or political circumstances or the actions of organisations with which the SPSO has

close links) or internal (for example, failure of systems or the actions of staff). Managers must remain continually watchful for new or developing risks.

12. Additionally, should a data, security, or health and safety incident occur, this document outlines the procedures for incident reporting, incident investigation and associated learning.

Risk Management

Risk Registers

13. The Strategic and Operational Risks will be set at the start of each year, as part of the business planning process which involves all staff.
14. All staff will be notified of the annual Risk registers once approved by the LT. In-year updates and amendments will be disseminated by LT members as appropriate to their teams.
15. The strategic and operational risk registers are the mechanism by which the links are made between strategic aims and operational delivery and performance of services.

Strategic risk register

16. The strategic risk register sets out the strategic risks that impact on several areas of business and relate specifically to the **Strategic Plan**.
17. The plan for the year will be signed off by the LT, taking into account advice from the AAB.
18. The risk register will identify both Strategic risks and Operational risks.
19. It is reviewed and updated quarterly, or ad hoc if needed. Changes must be agreed by the LT and recorded on the appropriate update tab.

Operational risk register

20. The Operational Risk register sets out the risk, and its management, in relation to delivery of the annual business plan. It will be reviewed and updated by the LT in one of two ways:
 - 20.1. monthly at an operational LT meeting, a minimum of eight times per year, or
 - 20.2. as required in response to specific amendments identified through risk assessments, approval of items at LT meetings or advice from the AAB.
21. See also the section on [Embedding the Process](#).

Roles and Responsibilities

22. Annex 1 sets out the roles and responsibilities and the timetable for managing risk in SPSO. Through a process of corporate evaluation of the known risks, the LT should aim to arrive at an overall list (grouped as appropriate) of the key risks confronting the SPSO. This list will incorporate those key risks facing teams, as identified by team managers during their regular operational meetings with their senior manager, which threaten achievement of the SPSO's strategic and business objectives.

23. As part of their responsibility for internal control and as part of an effective business planning process the LT should meet at least quarterly to review the key business risks associated with achievement of the SPSO's strategic objectives. It is for the LT to judge the impact of all potential key risks (not only financial risks) and to consider how they should be managed.
24. The five main objectives of the quarterly review of the risk register should be to:
 - 24.1. discuss, evaluate and agree the list of key business risks which might affect the ability to deliver departmental objectives and targets
 - 24.2. assess existing controls (the measures in place to reduce or limit risk)
 - 24.3. determine the appropriate response to each risk
 - 24.4. allocate responsibility for managing each risk, and
 - 24.5. agree future review procedures.

Risk Evaluation

25. Taking each of the risks in turn the LT will discuss and rate the inherent likelihood of each risk occurring, and its impact on quality, cost and timescales should it occur. This is done by assessing and awarding a numerical value where the lowest risk =1 and the highest risk =5. These rating values are then combined to provide an overall inherent risk rating using the following scale:

20-25 = Critical	unacceptable level of risk exposure that requires immediate mitigating actions
10-19 = High	unacceptable level of risk which requires controls to be put in place to reduce exposure
4-9 = Medium	acceptable level of risk exposure subject to regular active monitoring
1-3 = Low	acceptable level of risk subject to regular passive monitoring
26. The control actions currently in place for each risk are detailed and the risk is re-assessed with a current score. The overall significance of the risk is then rated as low, medium, high or critical.

Response to Risk

27. Once the key risks have been identified and assessed, the LT consider how to manage them to complete this aspect of internal control. Consideration is given to new risks resulting from changed business objectives.
28. Response to risk can be to:
 - 28.1. tolerate it - because there is no cost effective control and the risk can be adequately monitored;
 - 28.2. transfer it - to another party, for example, by contracting out;
 - 28.3. terminate it - by closing down the activity; or

- 28.4. treat it - by taking appropriate action to manage the risk through the introduction of appropriate controls.
29. The response in any particular case will depend on the nature and impact of the risk and the extent to which the risk can be managed. Where appropriate, the action required to manage the risk is then described, and the key manager(s) responsible for implementing the action detailed. This action will be mirrored in the Business Plan.

Risk Toleration Level

30. The response to each risk will determine the amount of risk the LT is prepared to accept before action (or further action) is deemed necessary to manage the risk. The framework is designed to encourage the identification and management of key risks through a systematic approach. Consideration is given to the business tolerance for the risk and a target score for each risk is agreed. Any further planned controls to mitigate the risk and reach the target score are recorded. These actions will be mirrored in the current business plan.

Ownership of Risk

31. The LT will seek to promote a management environment in which all staff participate in the identification, notification and management of business risks. Risk management should be embedded throughout the SPSO at all appropriate levels.

Controls

32. Controls relate to procedures that help to ensure management objectives and policies are carried out. They ensure that risks, which may inhibit the achievement of objectives, are kept to a minimum. Controls include measures, which can range from approval and authorisation procedures to performance reviews, to segregation of duties.
33. Controls fall into four categories and can be defined as follows:
- | | |
|------------|--|
| Directive | designed to ensure that a particular outcome is achieved |
| Preventive | designed to limit the possibility of an undesirable outcome being realised |
| Detective | designed to identify occasions when undesirable outcomes are realised |
| Corrective | designed to correct undesirable outcomes, which have been realised |
34. One of the key elements of internal control will be ensuring that the LT have adequate advice on risk when reaching policy decisions.
35. Controls should be proportional to the risk. For the most part, they should, for example, be designed to give a reasonable assurance of confining likely loss to the toleration levels agreed by the LT. Control actions have associated costs and it is important that they offer value for money in relation to the risks being controlled and are mainly designed to contain risk rather than obviate it.

Review and Assurance

36. The AAB scrutinise and provide the SPSO with advice about its risk management. This includes considering management responses to the work of internal Auditors, particularly in relation to the effectiveness of the SPSO's internal control systems. This is achieved through a programme of internal audits in line with the LT's internal audit programme and reporting to the AAB and LT.

Embedding the Process

37. The LT will ensure that risk assessment is embedded into the corporate and performance management, business planning and financial reporting processes. The LT's approach to internal control is based on the underlying principle of line management's accountability for risk management and internal control. The risk register supports the assurances given by/ to the Ombudsman as Accountable Officer in relation to the signing of the annual governance statement.
38. The LT and AAB follow an agreed timetable for formal review of the risk register, and other sources of assurance, whilst bearing in mind that the key risks faced by the SPSO may change and that the adequacy of the internal control system requires regular re-assessment.
39. The 'top down' approach to risk management in the SPSO acknowledges that day-to-day control rests with the LT and SPSO managers. However, in order to fully embed risk management, risk assessment and the impact on risk registers should be prepared with staff involvement.
40. All decisions taken that have an impact on the way business is delivered and on strategic management of the organisation, and issues that emerge through the year should include a risk assessment. The use of the meetings cover sheet is normally sufficient for this purpose, but when considering the impact of issues, new areas of work or individual projects, the LT may commission a more in-depth risk assessment/ interrogation.
41. Risk assessment must make specific reference to risks in the operational risk register, and if applicable to the strategic risk register. The impact of risk must set out clearly
 - 41.1. Is there an existing applicable risk in the operational risk register?
 - 41.2. If yes, will the policy/ procedure/ action proposed maintain, mitigate, control or increase the likelihood or impact of specific, referenced, existing risks? If so a recommendation should made for changes to the risk register.
 - 41.3. If no, is this a new risk? If so a recommendation should be made either about adding a new risk, either permanently or temporarily, or conducting a more in-depth risk analysis.
42. It is the LT sponsor's responsibility to ensure that the risk assessment on cover sheets is sufficiently robust and detailed. Papers presented with insufficient risk assessment are likely to be deferred so the risk assessment can be carried out.

Assurance for the Leadership Team

43. The sources of assurance that the LT use are:
 - 43.1. LT and AAB review of the risk management process
 - 43.2. review of the risk register
 - 43.3. performance and risk indicators
 - 43.4. risk assessment in relation to decision-making
 - 43.5. views of line management and key staff
 - 43.6. independent monitoring activities, and
 - 43.7. audit.

Incident Reporting

Immediate Management of Incidents

44. The member of staff who discovers or is informed of a high risk incident, if not a manager, is responsible for informing a manager immediately. The manager will take immediate necessary action to ensure the safety of those involved. The manager is responsible for assessing the situation and taking appropriate immediate action to:
 - 44.1. ensure the wellbeing and safety of all those involved
 - 44.2. manage the incident and minimise potential adverse effects of the incident, and
 - 44.3. minimise the risk of the incident occurring again in the future.

Reporting Incidents

45. The manager is responsible for ensuring that the incident is fully recorded on the [Specific Incident Log \[template\]](#) and stored in the appropriate Incident Log folder with any documentation relating to the incident. There is additional guidance in the [Information Governance](#) handbook for data security incidents, which must also be reported immediately to the CIGO or DPO. The Director should be informed as soon as possible of the incident and the action being taken. Once the incident is closed and the log has been completed, the manager will forward a link to the Director to update the LT.
46. All incidents where there is any suspicion of fraud, bribery, corruption or a similar offence must also be reported to the Ombudsman and / or the Chair of the AAB.

Management and Investigation of Incidents

47. The completion of the Specific Incident Log must be within 10 working days of the incident. Please see the [Information Governance](#) handbook for additional guidance on data security incidents, which must potentially be reported to the ICO within 72 hours. This log will record:
 - 47.1. the significant action, decision or event

- 47.2. mitigating actions taken, noting the dates and time, and
 - 47.3. any follow-up action required.
48. The purpose of reporting incidents is to ensure that learning and improvements are made that may prevent similar incidents from occurring in the future.

Annex 1: Roles and Responsibilities in Managing Risk

<i>Responsibility</i>	<i>Role</i>
AAB	To advise on the management of risk by the SPSO and give assurance about the adequacy of the internal control systems
External and Internal Auditors	To give preliminary consideration to the key corporate risks facing the SPSO and provide advice to the AAB, Accountable Officer and LT
Ombudsman as Accountable Officer	To ensure that the risks which the organisation faces are dealt with in an appropriate manner in accordance with relevant aspects of best practice in corporate governance
LT as Risk Owners	To ensure that the organisation manages strategic and operational risk effectively through the development of a risk management process
Director, Corporate Services Manager and Internal Auditors	To support the LT in the effective development, implementation and review of the risk register
Managers	To manage risk effectively in their particular areas, including where appropriate, maintaining risk registers
All Staff	To manage risk effectively in their jobs and to contribute as necessary to the risk register process

Annex 2: Timetable for the Management of Risk by the Leadership and Management Teams

<i>Timing</i>	<i>Action</i>
March	LT review strategic risks as part of the business planning process.
Quarter 1	Risk Register presented to AAB for comment and advice.
Throughout Year	<p>The LT review the risk register on an ongoing basis when decision-making and quarterly. The LT present to the AAB for comment and advice.</p> <p>Internal Auditors review risk management process using the four elements of the Audit Scotland risk management tool kit and provide a report to the AAB. This will be split over two years and reviewed in detail as follows:</p> <ul style="list-style-type: none">• The work in year one will focus on commitment, leadership, responsibility, accountability and planning; with the focus being the management at a strategic level.• Year two, the focus will be on resources, sharing information and best practice, performance, financial and staff management. With the focus being on the doing and implementation. <p>External Auditors audit risk management process as part of their annual audit for Audit Scotland.</p>
Twice Yearly (minimum)	AAB review and give advice and assurance about risk management.