

Council 27 March 2018 Agenda item: 13 Report no: 16/2018

Title of report	SSSC Self-Assessment against the Standards of Good Regulation	
Public/confidential	Public	
Action	For information	
Summary/purpose of report	To provide members with the outcome of officers' self-assessment of their core regulatory functions against the Standards of Good Regulation	
Recommendations	The Council is asked to: 1. note the contents of the report.	
Link to Strategic Plan	The information in this report links to Outcome 1, 2, 3 and 4	
Link to the Risk Register	Risks 1, 2, 3 and 4	
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Documents attached	Tel: 01382 207183 Appendix 1 – Mapping document	
Documents attached	Appendix 1 Papping document	

1. INTRODUCTION

- 1.1 The Professional Standards Authority (PSA) have oversight of the nine health regulators. As part of their remit they issued Standards of Good Regulation in 2010 and annually assess the nine regulators against those standards.
- 1.2 The standards cover the key statutory remit of most regulators, setting standards, qualifications, registration and fitness to practise.

 Benchmarking against other organisations is a helpful tool to assess our performance and identify areas for improvement. The report records the results of our self-assessment against the Standards of Good Regulation.

2. PROCESS

2.1 Learning and Development, Registration, Fitness to Practise and Corporate Governance and Hearings carried out individual assessments in January with input from other teams as appropriate. The assessments were then developed further at an EMT/OMT session and presented to Members at Policy Forum for discussion.

3. OUTCOMES

3.1 The assessment was positive with all standards being met and areas for improvement identified. The detailed assessment is set out in Appendix 1. In summary:

Standard	Met?	Key Improvement
Guidance and Standards	Yes	Developing an approach to practice guidance
Education and Training	Yes	Analyse student fitness to practise cases to identify themes
Registration	Yes	Review of PRTL
Fitness to Practise	Yes	External quality assurance of fitness to practise officer and panel decisions

4. NEXT STEPS

4.1 Officers are building improvement areas into Directorate plans. It is anticipated that the assessment will be an annual process. The standards are being reviewed by the PSA and it is likely our next review will be against their revised standards.

5. RESOURCE IMPLICATIONS

5.1 None. The improvement work is part of planned activity.

6. EQUALITIES IMPLICATIONS

6.1 An Equality Impact Assessment (EIA) has not been carried out as the assessment is not a new or updated policy, guidance, practice or procedure. Improvement work carried out by teams will be subject to appropriate EIA assessment.

7. LEGAL IMPLICATIONS

7.1 None

8. STAKEHOLDER ENGAGEMENT

8.1 The assessment process involved staff within the teams. Improvement work will involve external engagement as appropriate.

9. IMPACT ON USERS AND CARERS

9.1 Maintaining high standards within our core regulatory functions helps achieve our statutory principle that the safety and welfare of all persons who use care services are to be protected and enhanced.

10. CONCLUSION

10.1 Members can be reassured that in the relevant areas we are performing to a high standard and are working on improving that performance.

11. BACKGROUND PAPERS

11.1 None.