![Scottish Social Services Council logo]

Date Issued: 20 March 2018

Members of the Scottish Social Services Council are advised that a meeting of the Council is to take place on Tuesday 27 March 2018, Compass House, Riverside Drive, Dundee.

[signature]

Professor James McGoldrick
Convener

There is a development session planned to start at 10.30am. In this session we will share learning amongst board members from the Loch Lomond and Trossachs National Park and Council members from the SSSC on what makes an effective board governance structure.

A light lunch will be available from 12.30 pm. Members of staff who have received VIP (values in practice) awards have been invited to attend at lunch time to enable them to meet you informally in acknowledgement of their achievement.

AGENDA

1.   Apologies for absence

2.   Declarations of interest

3.   Minutes of the previous meeting – 23 January 2018 (unconfirmed)

4.   Matters arising

Items for decision

5.   Corporate governance report   **Report 08/2018**

6.   Budget monitoring report as at 31 January 2018   **Report 09/2018**

7.   Draft Budget 2018/19 and indicative budgets   **Report 10/2018**
       for 2019/20 and 2020/21

8.   Annual strategic delivery plan 2018/19   **Report 11/2018**

For further information please contact Audrey Wallace – Direct: 01382 207212

Items for discussion

9.	Early Learning and Childcare-graduate apprenticeship pilot	**Report 12/2018**
10.	Strategic performance report March 2018	**Report 13/2018**

Items for information

11.	Chief Executive's report	**Report 14/2018**
12.	Convener's report	**Report 15/2018**
13.	The SSSC self –assessment – meeting the standards of good regulation	**Report 16/2018**
14.	Committee minutes:	

a. Confirmed minutes – Resources Committee 6 December 2017
b. Confirmed minutes – Audit Committee 6 December 2017

Standing items

15. Identification of risks

16. AOCB
    a. Annual Strategic Risk Review   **Report 18/2018**

17. Date of next meeting – 26 June 2018

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the Scottish Social Services Council held on Tuesday 23 January 2018 at 1:30 pm in Compass House, Dundee.

Present:	Professor James McGoldrick, Convener
	Dame Anne Begg, Council Member
	Audrey Cowie, Council Member
	Paul Dumbleton, Council Member
	Linda Lennie, Council Member
	Andrew Rome, Council Member
	Harry Stevenson, Council Member
In attendance:	Anna Fowlie, Chief Executive
	Maree Allison, Director of Fitness to Practise
	Kenny Dick, Head of Shared Services
	Phillip Gillespie, Head of Learning and Development
	Susan Peart, Head of Corporate Governance and Hearings
	Nicola Gilray, Head of Strategic Communication
	Audrey Wallace (minute taker)
Observing:	Three members of staff

1   Apologies for absence

1.1   Apologies for absence were received from Paul Edie, Professor Joyce Lishman, and Forbes Mitchell, Council Members.

2   Declaration of interest

2.1   Audrey Cowie declared an interest in item 18 as a member of the General Teaching Council.

3   Minutes of meeting of 31 October 2017

3.1   The minutes of the meeting held on 31 October 2017 were approved as a correct record.

4   Matters arising

4.1   There were no matters arising which were not covered elsewhere on the agenda

5   Involving people who use social services and carers in our work

5.1   Following discussions which had taken place at a recent meeting of the Policy Forum, Nicola Gilray presented report 01/2018 which set out the current approach to involving people using social services and carers in our work and which also set out proposals for development and improvement in this area.

5.2   The report outlined a proposal suggested following further discussions by the

Executive Management Team (EMT) as well as an alternative proposal. It was recognised that developing this area of work is important to the Council and that Members require further reassurance that we have proportionate and appropriate involvement of people who use services and carers in our work and in developing the organisation.

5.3   Members fully discussed the content of the discussion paper. A number of the issues discussed were
- key to the inclusion of people who use services and carers is to look at their lived experience of social services
- investment in resources and a secured budget is necessary to carry out comprehensive engagement
- is what the SSSC is doing at the moment proportionate and meaningful?
- we can do more structured work with the Care Inspectorate's Involving People group to facilitate a two-way process with ideas coming in as well as questions being put
- officers sought further information on what measures or output the Council would like to see which would give Members assurance that useful engagement is taking place
- it was recognised that it is often the same people who get involved in service user and carer groups.
- it's important to avoid service user and carer engagement becoming tokenistic.

5.4   The Council considered both the proposals outlined in the report and compromises and different scenarios were discussed.

5.5   The Council
1.   considered the EMT proposal set out in section 2 of the report
2.   considered the alternative proposal set out in section 3 to the report
3.   agreed
   a.   to improve coordination across the organisation of our involving people work
   b.   to increase involvement with the Care Inspectorate's Involving People group
   c.   to investigate further the possibility of the creation of a post to be filled by a secondment or accessing someone from a voluntary organisation to coordinate this work
   d.   that there should be a trial period of around one year for this work/position
   e.   that a funding package be put in place for the work and included within the draft budget proposal for 2018/19.

6   Budget monitoring report as at 31 October 2017

6.1   Kenny Dick presented the budget monitoring report as at 31 October 2017 which had been considered by the Resources Committee in December. He spoke to the particular nature of this budget which is being adapted to accommodate the two-year digital transformation strategy, with any underspend being proposed to be added to the budget for the digital transformation proposals.

6.2   Audrey Cowie confirmed that the Resources Committee was keeping under review the items detailed in the report as areas for specific attention.

6.3   The Council:

1.   considered and approved the budget monitoring report for submission to the sponsor.

7   Convener's report

7.1   The Convener presented report 03/2018 which summarised his appointments on behalf of the SSSC and the discussions which took place at the Council Members' away days on 7 and 8 December 2017.

7.2   Particular mention was made of the work of the Disability and Carers Benefits Expert Group Scrutiny Workshop and proposals to use values-based recruitment.

7.3   The Council:

1.   noted the information contained in the report.

8   Chief Executive's report

8.1   Anna Fowlie presented report 04/2018 which provided Members with updates on key developments in the SSSC since the Council met in October 2017. She commented on the welcome increase in cross-organisation working. Particularly noted were the development of the 'SSSC Way' reference tool, which was in its early stages, the trial of the revised staff appraisal system, the process of the Health and Safety Audit and the outcome which includes a cross organisation Health and Safety working group.

8.3   The Council:

1.   noted and commented upon the content of the report.
2.   agreed that Fiona Duncan be invited to present a development session on the Care Review, to the Council.

9   Corporate Governance report

9.1   Susan Peart presented report 05/2018 which provided an update for the meeting cycle of 2020/21 and on the review of the SSSC's corporate governance arrangements.

9.2   Susan explained that there was an ongoing review of the meetings cycle and also an ongoing review of the Scheme of Delegation, in tandem with the Financial Regulations and these matters would be reported to the next meeting of the Council in March. She further confirmed that the review of the internal governance arrangements would be concluded in February.

9.3   The Council:

1.   noted the update on the review of meetings dates for 2019/20
2.   noted that the review of the Scheme of Delegation and Financial

3.   Regulations would be reported to the meeting of the Council in March 2018
4.   noted that the review of the governance processes would be concluded in February.

10   Draft budget 2018/19

10.1   Kenny Dick gave an update on the draft budget submitted to the sponsor. He advised that a number of changes were being requested to accommodate ongoing development work such as the digital transformation, as well as funding required to accommodate the lift on the public sector pay cap.

10.2   The Council

1. noted the ongoing process.

11   General Data Protection Regulation (GDPR)

11.1   Maree Allison presented report 06/2018 which provided Members with assurance that the SSSC was progressing satisfactorily towards compliance with the General Data Protection Regulation. Maree confirmed that there were good arrangements in place, that a number of key areas of work were in progress or completed and that in some areas of work GDPR compliance had been pre-built into the system, such as the Open Badges Scheme.

11.2   One of the challenging areas for consideration which was noted is the retention of data and how to manage the migration of data to the new digital systems. It was noted that one of the options available is to maintain the old system as a repository of data for a period.

11.3   Maree confirmed that there will be processes put in place to advise Registrants of the SSSC's compliance with the Regulations.

11.4   The Council:

1.   noted the content of the report
2.   noted the risk of the high level of fines which could be imposed by the Information Commissioner's Office for a breach of the Regulations.

12   NES/SSSC Partnership update

12.1   Phillip Gillespie presented report 07/2018 which provided Members with an update of the partnership work between NHS Education for Scotland (NES) and the SSSC, a summary of the existing work between NES and SSSC and also a summary of the joint NES/SSSC development session which was held in August 2017.

12.2   Particular mention was made of the revised Memorandum of Understanding and the agreement reached consolidating the next three years' partnership.

12.3   Members discussed
* the strength of the relationship between the bodies
* the integration of the learning technologies
* that the two bodies are key players in a programme of work supporting the education and learning and development needs of the health and social services workforce in Scotland
* progress on the Promoting Excellence dementia programme.

12.4   The Council:

1. noted the actions that emerged from the development session in August 2017
2. noted the updates in relation to the SSSC/NES projects undertaken during 2017/18.

13   Committee minutes - unconfirmed

13.1.a   Resources Committee 6 December 2017
13.1.a.1   Audrey Cowie, Chair of the Resources Committee, presented the unconfirmed minutes of the Resources Committee meeting of 6 December 2017. It was noted that Linda Lennie attended and should be added as an observer.

13.1.a.2   An update was given by Susan Peart on the progress and revised timescale for introducing a paperless meetings system.

13.1.b   Audit Committee 6 December 2017
13.1.b.1   Andy Rome, Vice-Chair of the Audit Committee presented the unconfirmed minutes from the Audit Committee meeting of 6 December 2017. It was noted that the meeting was inquorate and no decisions were made. It was also noted that Linda Lennie attended and should be added as an observer.

14   Identification of risks

14.1   Professor McGoldrick commented on and thanked Kenny Dick for facilitating the development session on the Strategic Risk Register which was held earlier in the day.

1842   The risk identified during this meeting was the risk of a large fine for non-compliance with the General Data Protection Regulations.

15   AOCB

15.1   There was nothing raised.

16.   Date of next meeting

16.1   The date of the next Council meeting is Tuesday 27 March 2018 at 1.30 pm.

17   Confidential items

17.1   Items 17, 18, 19.a and 19.b and 20 were minuted separately.

Council 23 January 2018
Start time: 1.30pm
Finish time: 3.15pm

Signed: _____ **Date:** _____
         Professor James McGoldrick
         Convener

Title of report	Corporate Governance
Public/confidential	Public
Action	For decision
Summary/purpose of report	Summaries a number of proposals including changes to the Scheme of Delegation and Financial Regulations, proposed actions following the governance review and future meeting dates.
Recommendations	The Council is asked to: 1. approve the proposed changes to the Scheme of Delegation 2. approve the proposed changes to the Financial Regulations 3. approve the action plan following the Review of Corporate Governance 4. approve the cycle of future meeting dates.
Link to Strategic Plan	The information in this report links to Outcome 4: Our stakeholders value our work.
Link to the Risk Register	Risk 2: the SSSC is not able to demonstrate to our stakeholders (including SG) that its operational activity is fulfilling its strategic outcomes.
Author	Susan Peart Head of Corporate Governance and Hearings Tel: 01382 207152.
Documents attached	Appendix 1: Financial Regulations with proposed changes tracked changed. Appendix 2: Scheme of Delegation with proposed changes tracked changed Appendix 3: Outcome of the review of corporate governance Appendix 4: Proposed schedule of meeting dates 2020/21.

1. **INTRODUCTION**

   This report:

   - seeks approval of proposed changes to the Scheme of Delegation and Financial Regulations
   - notes the outcome of the review of corporate governance
   - seeks approval of the proposed action plan following the review of corporate governance
   - sets out the proposed meeting schedule for 2020.

2. **SCHEME OF DELEGATION AND FINANCIAL REGULATIONS**

2.1 In December 2017 and February 2018 the Resources Committee approved a number of changes to the Financial Regulations following an annual review. These changes were made to ensure that the Financial Regulations comply with the Executive Framework and are consistent with the Scheme of Delegation and other finance policies. In addition the Committee agreed changes to the governance arrangements for grants awarded to the SSSC and to delegate authority to the EMT to review and approve SSSC grant bids.

2.2 Council is asked to approve these changes and also to approve the corresponding changes to the Scheme of Delegation.

2.3 Separately, a number of other changes to the Scheme of Delegation are proposed.

2.4 The key changes are summarised below.

   Grants and third party payments made <u>by</u> the SSSC

2.5 The suggested amendments to the Financial Regulations (**Appendix 1** section 20, page 20) give clarity about how grants and third party payments are made to other organisations. They give the EMT authority to review and approve funding proposals. There are corresponding changes to the Scheme of Delegation (**Appendix 2**, Resources Committee section 4.11, page 27) propose that offers of grants are approved by the EMT rather than the Resources Committee.

   The SSSC will still need Sponsor approval to award grants and third party payments under the Executive Framework.

   Grants and third party payments made <u>to</u> the SSSC

2.6 As now, bids will be approved by the EMT and guidance as to the key factors they should consider is proposed. The suggested amendments to the Financial Regulations (**Appendix 1** section 22, page 18) propose that offers of grants made to the SSSC are also approved by the EMT rather than the Resources Committee. We will report all grants awarded to the Resources Committee within the regular financial reports. The corresponding change is made to the Scheme of Delegation (**Appendix 2** Resources Committee section 3.10, page 26)

Sponsorship

2.7   A draft Sponsorship Policy has been developed to support decisions to award payments to sponsor individuals, groups or events. See Financial Regulations (**Appendix 2** section 19, page 17).

Debt write off and losses

2.8   The Executive Framework includes delegated powers for the write off of cash due to theft, fraud, overpayment of salaries, wages, fees, allowances or other causes of up to £3,000. However, the Financial Regulations and Scheme of Delegation give the Chief Executive this authority up to £2,500. It is proposed amend the Financial Regulations amendments (**Appendix 1** section 15.2, page 15) and the Scheme of Delegation (**Appendix 2** Annex 2, page 33) to increase this to £3,000.

2.9   It is also proposed to extend this authority to the Director of Corporate Services for operational expediency.

2.10   The Executive Framework allows the write off of a maximum of £10,000 of accumulated irrecoverable debt for a legal entity. However, the Scheme of Delegation gives the Chief Executive this authority up to £2,500. It is proposed that the Scheme of Delegation is amended to £10,000 to bring it into line with the Executive Framework (**Appendix 2** Annex 2, page 15). It is also proposed to extend this authority to the Director of Corporate Services for operational expediency.

Purchasing and procurement expenditure

2.11   The SSSC can need to pay legal expenses where we have had to concede litigation or the court orders us to make payments, for example to settle another parties' legal expenses. These are not compensation payments and therefore not explicitly covered by the Scheme of Delegation. However, the Scheme does delegate authority to the Senior Solicitor(s) to "initiate or lodge responses to court actions and agree settlements of court actions subject to authorisation" (**Appendix 2** Annex 2, page 40). The exercise of this power needs the power to settle expenses.

2.12   It is proposed to amend the Scheme of Delegation (Appendix 2 Annex 2, page 32) by changing the title of the relevant section to cover all such possibilities. The title "Delegated Authority to Commit and Approve purchasing and procurement expenditure" would be amended to remove "purchasing and procurement" and replace with "business expenditure"

Human Resources

2.13   It is proposed that the section relating to the role of Head of Human Resources and Business Support is brought up to date. A number of changes are proposed as follows.

- To align the powers to the area of business rather than assign them to the role and bring this section into line with the rest of the Scheme of Delegation (**Appendix** 2 Annex 2, page 34)

- To update the role title from Head of Human Resources and Business Support to Head of Human Resources.

- To remove those sections that narrate a number of business polices, processes or legal requirements that are not in themselves a power. These matters sit within contracts, policies or are a legal requirement and specific delegation is not therefore necessary.

- To enable service heads (who sit at OMT level) to make decisions that affect their business area and are accommodated out of their budget. These include decisions about paid and unpaid leave, approval of overtime and applications for approval of secondary employment. These decisions are best made by service heads where the knowledge about the budget, operational needs and staff sit. Consistency across the SSSC will be achieved by continued consultation with Human Resources and discussions at OMT meetings.

Registration

2.14 It is proposed to further delegate the authority to alter and remove entries in the Register where the worker has not completed their PRTL or has failed to meet a qualification condition. These decisions would be made by Registration Team Leaders (Appendix 2 Annex 2, page 36)

2.15 As the Register grows the number of renewals are increasing. It is therefore not sustainable to continue making these decisions at Registration Manager level. We have established a robust process to ensure consistent decision making based on our experience of dealing with these cases. Training and quality assurance procedures will be in place to support this work being carried out by the Registration Team Leaders if this is approved.

Fitness to Practise

2.16 The role of Senior Fitness to Practise Investigator is no longer in use and it is proposed to remove it from the Scheme of Delegation for clarity (**Appendix 2** Annex 2 page 38).

3. REVIEW OF CORPORATE GOVERNANCE

3.1 This is the fourth annual corporate governance review that we have carried out. Our governance structure is contained within a series of policies, documents and strategies.

3.2 The purpose of this review was to ensure that the existing structure remains fit for purpose. The review is intended to give Council Members assurance that the SSSC has the right structure in place to address any future challenges and to mitigate risk.

3.3 The action plan contained in the last governance review has been reviewed. Some actions are complete such as increasing member awareness of stakeholder engagement across the SSSC and preparation of a governance map. There are a number of on-going actions which will be

completed within the next few months. These include a review of the end to end reporting process and a refresh of members' network maps.

3.4   The current review focused on evaluating member's views of the overall governance picture. A self-assessment form was circulated to Council Members in November 2017 to ask for feedback on performance indicators across the following governance areas:

- Integrity, commitment to values, and respecting the rule of law
- Openness and Stakeholder Engagement
- Strategic Intent
- Performance and Accountability
- Council Capacity and Capability.

Responses indicated that there are no immediate areas of concern, however some areas for development were identified. A summary or responses is set out at **Appendix 3**. Members are invited to consider approving a number of actions which will sit within the operational work plans of the relevant departments.

Action Plan 2017/18

Action	Plan	Impact	Action Owner	Due Date
Ensure that there is staff awareness of how to raise concerns.	Make information available via the intranet to enable staff to raise concerns.	Staff will be aware of how to raise concerns about any possible risks caused by the way the SSSC is operating and feel confident to do so in a safe environment.	Head of Corporate Governance and Hearings.	31 May 2018.
Review governance arrangements using the EFQM framework.	Identify those aspects of EFQM that link to the governance arrangements. Carry out a review and consider any improvements which may include development of a member handbook.	To continue to improve governance arrangements.	Head of Strategic Performance and Engagement.	31 May 2018.
Provide a link to the Risk Register within Basecamp.	Put a link the Risk Register in Basecamp. Amend process to ensure it is updated.	To enable Council Members to have greater ownership of the Risk Register.	Head of Corporate Governance and Hearings.	31 May 2018.
Create a visual map of the key dates and landmarks.	Create a map. Circulate to members. Consider for inclusion in handbook.	To enable Members and new Members in particular to see the overall scheme of business.	Head of Corporate Governance and Hearings.	31 May 2018.

4. DATES OF MEETINGS

4.1   The proposed dates for Council and Committee meetings in 2020/21 are set out in **Appendix 4**. It contains the proposed dates for Council, Committees and the Policy Forum for 2020/21. It also contains dates for the Remuneration Committee for 2020. These dates are consistent with the current pattern. Alternatives have been considered, however options are constrained by dates such as audit, annual report approval and budget dates. Members are invited to consider the dates and agree the schedule of meetings.

5. RESOURCE IMPLICATIONS

5.1   A number of these changes impact on the governance of financial matters but the changes do not of themselves have any resource implications.

6. EQUALITIES IMPLICATIONS

6.1   An Equality Impact Assessment has not been carried out.
I confirm that this policy will have no negative impact on people with one or more protected characteristics and a full Equality Impact Assessment is not required.

7. LEGAL IMPLICATIONS

7.1   It is appropriate that the key documents dealing with the powers of the SSSC are consistent. There are no other legal implications.

8. STAKEHOLDER ENGAGEMENT

Stakeholder engagement was discussed as part of the governance review but there has been no stakeholder engagement required as part of this report.

9. IMPACT ON USERS AND CARERS

9.1   There is no immediate impact on service users and their carers.

10. CONCLUSION

10.1 The Council is asked to:

- Approve the changes to the Scheme of Delegation

- Approve the changes to the Financial regulations

- Note the summary of the corporate governance review and approve the action plan

- Approve the schedule of dates for 2020/21.

11. BACKGROUND PAPERS

None

Scottish Social Services Council's **DRAFT** Financial Regulations

December 2017 & February 2018

Lead Director: Director of Corporate Services

Financial Regulations, Annex 4 to the Standing Orders, Approved by Council June 2016
Tracked changes for Resources Committee on 6 December 2017 and 28 February 2018

Financial Regulations - Index

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FINANCIAL REGULATIONS

1.   Introduction

1.1   The Chief Executive, as the Accountable Officer as detailed in the Executive Framework, is personally responsible to the Scottish Parliament for properly administrating the SSSC's financial affairs. The Executive Framework requires that she/he acts according to its instructions and those laid down within the Scottish Public Finance Manual (SPFM). In particular she/he must act according to the Memorandum to Accountable Officers of Other Public Bodies.

1.2   The Chief Executive will delegate the day to day administration and oversight of these financial regulations to the Director of Corporate Services who will ensure that there are suitable arrangements in place to protect the propriety and regularity of the SSSC's finances. The Director of Corporate Services will report directly to the Chief Executive and keep her/him informed on the operation of these financial regulations.

1.3   The Council and all SSSC officers must observe the SSSC's financial regulations.

1.4   The Director of Corporate Services will provide a Draft Budget Report to the Resources Committee each financial year for their consideration. The draft budget must be approved by the Council following consideration by the Resources Committee. The Director of Corporate Services shall also keep the Resources Committee informed about the detailed administration and application of such resources, and will keep other committees informed about the financial implications of their activities.

1.5   The Director of Corporate Services is entitled to report upon the financial implications of any matter coming before the Council or any of its committees and will further report to the Resources Committee and/or Council if necessary in the interests of the SSSC's financial affairs.

1.6   All Council and Committee reports prepared by officers must include a "Resource Implications" section. Any officer who intends to submit a report, which has resource implications to Council or a committee meeting must first submit the report to the Executive Management Team (EMT) for consideration and agreement. It is good practice for report authors to involve corporate support services as early as possible in a development to ensure financial, ICT, Human Resource and communications implications are considered at an early stage.

Normally, the responsible officer must submit the draft report to the Director of Corporate Services by no later than 7 days before the Executive Management Team meeting to allow time for the resource implications to be fully considered. Any observations on the report made by the Director of Corporate Services or her/his representative will be incorporated in to the author's report. In exceptional circumstances the 7 day period mentioned above may be reduced with the prior agreement of the Director of Corporate Services. **All reports with resource implications must be considered by EMT prior to submission to Council or Committee.**

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1.7 At all times, the SSSC will try to secure the best value for the money it spends, making appropriate use of all contract arrangements made and encouraging the use of the best management techniques throughout the organisation.

1.8 As the Accountable Officer, the Chief Executive will receive regular reports from the Director of Corporate Services on the revenue and any capital spending of the SSSC. This will normally be through budget monitoring reports to EMT but the Chief Executive may ask for an update at any time. The Director of Corporate Services will provide a budget monitoring report detailing any significant under or overspending to each meeting of the Resources Committee and Council.

1.9 The Chief Executive is responsible for corporate and financial governance arrangements to ensure that proper financial control is exercised throughout the SSSC. The Director of Corporate Services is responsible for ensuring that financial management systems exist to enable EMT members and their budget holders to make financial decisions and take corrective action to deal with under or overspending to achieve best value.

2. Revenue and capital budgets

2.1 The detailed form of the revenue and/or capital budgets will be determined by the Resources Committee taking account of advice received from the Director of Corporate Services.

2.2 EMT members are responsible for preparing annual income and expenditure estimates on revenue accounts for their areas of responsibility. They must provide all necessary information regarding their area's requirements to the Director of Corporate Services.

2.3 The Director of Corporate Services will submit the draft Revenue Budget and Capital Plan first to EMT and then to Resources Committee to consider any relevant decisions within the context of the SSSC's strategic objectives. The draft Revenue Budget and Capital Plan will be accompanied by a covering report containing all relevant information so that EMT and the Resources Committee can consider the proposed budget and form a view as appropriate. The Committee's recommendations will then be submitted to the Council for its approval.

2.4 For capital budget purposes capital expenditure is defined as expenditure on individual items valued at over £10k and with a life in excess of one year. If in doubt, the Head of Shared Services or the Head of Finance can provide advice.

3. Budget monitoring

3.1 The overall responsibility for control of departmental expenditure lies with each relevant EMT member. Designated budget holders are responsible for the detailed monitoring and control of income and expenditure within the sphere of their delegated responsibility.

3.2 Expenditure will be restricted to that included in the Revenue Budget or Capital Plan, unless a budget flexibility procedure (see Section 4 below) has been

followed or alternatively, proposals for additional expenditure have been approved by the Resources Committee.

3.3   The Chief Executive may approve any expenditure which is of an emergency nature or that she/he considers essential in the SSSC's interest, after consulting with the Convener, Resources Committee Chair and the Director of Corporate Services.

In such circumstances, the Director of Corporate Services will submit a full written report to the next meeting of the Resources Committee.

3.4   The Director of Corporate Services will provide each budget manager with regular statements of receipts and payments under each head of approved estimate and any other relevant information that they need. However, each budget manager is responsible for ensuring that they have all the relevant financial and non-financial information to control the actual expenditure and income against the budget.

3.5   EMT members are responsible for ensuring that their budget holders carry out budget monitoring in accordance with the requirements and timescales set out by the Director of Corporate Services.

3.6   The Director of Corporate Services will submit regular budget monitoring reports to the Resources Committee which detail the SSSC's income and expenditure position with sufficient additional information so that the Committee can properly monitor the SSSC's up to date financial position. Budget monitoring reports will also be submitted to each meeting of the Council.

4.   Budget Flexibility

4.1   Once the Council have approved a budget it is expected that expenditure will be authorised in accordance with the approved budget. However, it is sometimes necessary to change plans or respond to events. Therefore controlled budget flexibility is required. The budget flexibility procedures are explained below.

4.2   **Virement** (the transfer of budget between expenditure / income headings or costs centres) may be used as a means of funding desirable or essential expenditure. Authorised budget virements are required for all expenditure above
£1,000. The budget virement policy is available on the intranet.

4.3   **Alternative Expenditure Proposals (AEP):** The AEP process (available on the intranet) is used for EMT to decide on expenditure priorities to react to corporate budget underspends. The AEP process is used where budget flexibility is required for non-recurring expenditure in excess of £10,000 which will be incurred within the current financial year. All AEP proposals are considered by EMT. It should be noted that no AEP proposal should be used to finance a new service, change an existing SSSC policy decision or change the permanent establishment of the SSSC. All of which need the approval of the relevant Committee or Council.

4.4   **Fee income:** Where actual fee income is to exceed budget, then this reflects

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additional workload requirements and related expenditure may exceed budget by an amount not exceeding the additional income. Correspondingly, if actual income is less than budgeted then expenditure must be adjusted as far as practicable to offset the income shortfall.

4.5 Resource Committee and/or Council approval, as appropriate, is required for:
- All proposals that will significantly expand or contract an area of activity on an on-going basis (implications beyond the current financial year)
- All proposals to start a new area of activity or significantly curtail an existing area of activity
- All proposals that will require changes to existing policy decisions
- All proposals that require a change to the permanent establishment of the SSSC.

5. Accounting

5.1 All accounting procedures and records of the SSSC and its officers will be determined by the Director of Corporate Services. All SSSC accounts and accounting records will be compiled by the Director of Corporate Services or under her/his direction.

5.2 Each year, the Director of Corporate Services will ensure the SSSC's Annual Report and Accounts are laid before the Scottish Parliament in accordance with statutory requirements.

6. Internal audit

6.1 As part of their remit the Audit Committee will ensure that there is appropriate and proportionate internal audit coverage of the SSSC's accounting and financial operations.

6.2 The Director of Corporate Services or any member of her/his staff or any other person authorised by him/her for that purpose is authorised to:
(a) enter all SSSC offices, establishments or land at any time;
(b) have access to all records, computer files, disks and other media documents and correspondence relating to any financial and related SSSC transactions;
(c) request and receive such explanations as are necessary concerning any matter under examination; and
(d) request any SSSC employee to produce cash, stores or any other SSSC property under his/her control.

6.3 Whenever there is any suspicion of an irregularity concerning cash, payments made, income received, payroll (including claiming expenses), stores, other property of the SSSC or any suspected irregularity in the functions exercised by the SSSC, then either the Director of Corporate Services or the Head of Shared Services should be informed in the first instance. If due to the nature of the suspicion it is not appropriate to inform either of these officers then one of the following should be informed as appropriate; the Chief Executive or the internal auditors (contact details on the intranet). The Counter Fraud and Corruption Framework, and the Whistleblowing Policy are relevant for consideration in such circumstances.

6.4 All internal audit reports shall be submitted to EMT for consideration

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and agreement of a management response.

6.5 All reports from either the External Auditor or Internal Auditor will be submitted to the Audit Committee for its consideration.

7.   Banking arrangements and control of cheques

7.1 All arrangements with the SSSC's bankers shall be made by the Director of Corporate Services who will operate such banking accounts as he may consider necessary.

7.2 The Director of Corporate Services is responsible for ensuring proper arrangements are in place for the safe custody of cash and cheques.

7.3 Cheques on the SSSC's banking accounts will be signed by any two authorised signatories as approved by the Council as required.

7.4 The Director of Corporate Services is responsible for arranging any payments through the Bankers Automated Clearing System (BACS) or on-line banking arrangements and ensuring that proper security control procedures are affected and reviewed.

7.5 The Director of Corporate Services is responsible for ensuring regular and effective bank account reconciliation procedures are followed.

8.   Procurement

8.1 The SSSC's Procurement Strategy and Policy must be followed for all procurement and purchasing activity. Guidance and procedural documentation is available for all procurement processes within the procurement area of the Finance section on the intranet. All procurement activity must follow the approved procurement procedures and comply with the 'Delegated Authority to Commit & Approve Expenditure' available within the Procurement area of the Finance section on the intranet.

8.2 The procurement process to be followed is determined by an analysis of value and risk as follows:

	Low Risk	Medium/High Risk
Competitive Process		
	Value of Spend (exc VAT and for the whole life of the requirement)	**Value of Spend (exc VAT and for the whole life of the requirement)**
Low Value (1 quote)	£1,000 or less	£1,000 or less
Basic (3 evidenced quotes)	£1,000 to £10,000	£1,000 to £10,000
Quick Quote (min 4 quotes)	£10,000 to £50,000	£10,000 to £25,000

Standard (full tender)	£50,000 to £164,176	£25,000 to £164,176
EU Tender Process (Procurement Team will advise)	£164,176+	£164,176+

8.3 Where quotes received exceed the originally estimated value of expenditure and this moves the procurement to a new value threshold, the procurement route for the new value threshold must then be applied. In exceptional circumstances, approval to proceed with the existing process may be granted. Requests for an exception must be submitted to the Finance Procurement Section.

8.4 The Procurement Risk Assessment Tool must be completed in order to identify the relevant route to be followed for any purchases with an aggregate spend of over £25k. This is available on the intranet.

8.5 All procurement which is advertised as a full tender on the 'Public Contracts Scotland' advertising portal must have a project and evaluation team whereby, as a minimum, the Lead Officer has undergone procurement training.

8.6 Authority to award competitively procured contracts is delegated to officers as noted in the 'Delegated Authority to Commit & Approve Expenditure' document available on the intranet. This is with the exception of internal audit services where the authority to contract is reserved to the Council as noted in the Reservation of Powers and Scheme of Delegation. No authority to award contracts will be delegated to an officer who has not satisfactorily undertaken the relevant procurement training.

8.7 Contracts awarded without competitive advertising need to meet specific criteria as noted in the procurement procedures and require specific approval. Requests for 'Non Competitive Action' with a value of lower than £30,000 total contract value of £10,000 annually, may be approved by the Director of Corporate Services. Requests for 'Non Competitive Action' with a value exceeding this require Sponsor Department approval.

8.8 Scottish Government specific approval levels apply to the procurement of consultancy services. The definition and approval requirement for consultancy expenditure is available within the procurement area of the Finance section on the intranet.

9. Orders for works, goods and services

9.1 Purchase orders must, with a few exceptions noted below, be raised and approved in the financial system. Guidance and procedural documentation is available within the purchasing area of the Finance section on the intranet.

9.2 Purchase orders shall be issued for all work, goods or services to be supplied to the SSSC except for the following:
- the purchase is being made using a Government Purchasing Card,
- supplies of public utility services,

- periodic payments such as rent and rates,
- payments to the Care Inspectorate for shared services,
- petty cash purposes,
- postal charges or
- other exceptions as the Head of Shared Services may approve.

9.3 In exceptional cases of urgency, where it is not possible to issue an approved purchase order in the financial system, a manual purchase order number can be requested from the Finance section. The supplier must be advised to quote this order number on any invoice submitted for payment.

9.4 No authority to raise or approve purchase orders will be delegated to any officer who has not satisfactorily undertaken the relevant training.

9.5 Each budget manager will be responsible for all orders issued by their department and for ensuring that the cost is allocated to an appropriate budget head and is covered within the approved budgeted expenditure.

9.6 Budget Managers may delegate financial responsibility to an expenditure approver subject to the limits noted in the Scheme of Delegation.

9.7 The Director of Corporate Services will maintain a register of authorised signatories. Budget holders must notify any additions and deletions to the Head of Finance.

10. Government Purchasing Cards (GPC)

10.1 Designated officers have a GPC card in order to purchase low value goods and services. The GPC card has set transaction limits of up to a maximum value of £1,000 per single transaction and £5,000 cumulative value of transactions per month. Applications for, and guidance on the use of GPC cards, are detailed within the GPC card procedure within the Purchasing & Payment area of the Finance section of the intranet.

10.2 Purchases using the GPC card are restricted as follows:

(a) It must not be used to withdraw cash.
(b) It must not be used for personal expenditure.
(c) It must not be used to pay for items already invoiced.
(d) Loyalty points must not be collected.
(e) Card details must not be stored on internet sites.

10.3 Cardholders are responsible for ensuring the safe, secure storage of their card and card details.

10.4 Budget holders are responsible for all purchases from their budget made by GPC card.

11. Payment of accounts

11.1 The SSSC is committed to paying supplier invoices within 10 working days of

the invoice(s) being received. Performance against this target is reported in the Annual Report and Accounts each year.

11.2 All invoices should be directed to the Transactions Team at Compass House as noted on the approved purchase order.

11.3 Where possible, arrangements should be made for the separation of the authorisation of purchase orders as distinct from goods received notes. Each goods received note should be signed by the appropriate receiving officer. Where a goods received note is not provided, a manual one should be created using the template provided within the Purchasing area of the Finance section on the intranet.

11.4 Where budget holders or expenditure approvers are requested to manually approve an invoice, the officer must make sure that:

(a) the goods received match the order;
(b) prices, discounts and arithmetic are correct;
(c) there is no duplication of payments;
(d) expenditure is within the approved budget;
(e) the expenditure is coded to an appropriate cost centre and account code, and is within their delegated financial authority;
(f) work has been carried out to a satisfactory level.

11.5 The payment of all approved invoices and payments will be made under arrangements approved and controlled by the Director of Corporate Services. Approved payment methods are as follows:

(a) Direct BACS Submission i.e. invoices and non-payroll expenses
(b) Indirect BACS Submission i.e. managed payroll service payments
(c) Cheque
(d) Direct Payments via Bank Account
(e) Petty Cash (see section 17)
(f) GPC card (see section 10)

Internal control arrangements are in place to ensure separation of duties between preparation, approval and processing of payments.

11.6 Payment will not be made on duplicate invoices, statements, or photocopy invoices unless the approving officer certifies in writing that the amount in question has not previously been paid.

12. Payroll administration

12.1 The payment of all salaries, wages, allowances, pensions, compensation and other emoluments to all employees / Council members or former employees / former Council members of the SSSC will be made by the Director of Corporate Services under arrangements approved and controlled by him/her.

12.2 The Director of Corporate Services will provide guidance on responsibilities for ensuring proper records are kept of all matters affecting the payment of such emoluments and in particular:
(a) appointments, promotions, resignations, dismissals, suspensions,

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secondments and transfers;

(b) absences from duty for sickness, holidays or other reason;

(c) changes in remuneration, other than normal increments and pay awards and agreements of general application;

(d) information necessary to maintain records of service for pension, income tax, national insurance and other areas as required.

12.3 All time records or other pay documents will be in a form prescribed or approved by the Director of Corporate Services and shall be certified in accordance with guidance issued by the Director of Corporate Services.

12.4 The Director of Corporate Services will provide through the payroll system any management information as he/she, the Chief Executive, or any EMT member decide is necessary to achieve value for money and/or compliance with policy and procedures.

13. Income

13.1 The statutory fee rates charged by the SSSC to registrants shall be set at rates equal to or below the statutory maximum rates. The rates set will be approved by the Council and shall not be altered without its approval.

13.2 The rate of charge for goods or services supplied by the SSSC to the public and external organisations will be approved by EMT and shall be set with reference to the Fees and Charges section of the Scottish Public Finance Manual.

13.3 It is the Director of Corporate Services duty to make adequate financial and accounting arrangements to ensure that all monies due to the SSSC are properly recorded and for the proper collection, custody, control and banking of all cash and cash equivalents in all the SSSC's departments.

13.4 It is essential that particulars of all charges to be made for services rendered by the SSSC and of all other amounts due to it shall be promptly notified to the Head of Shared Services in a form approved by her/him. All accounts due to the SSSC will be issued by, or under arrangements approved by, the Director of Corporate Services.

13.5 All financial documents such as receipt forms, receipt books, tickets and other such items will be in a form approved by the Director of Corporate Services who will be satisfied with the arrangement for the ordering, supply and control by each department. All records, forms and so on must be kept by each department for a period stipulated by the Director of Corporate Services.

13.6 All monies received on behalf of the SSSC in any department shall be deposited promptly with the Director of Corporate Services or the SSSC's bankers according to the arrangements made by the Director of Corporate Services. No deduction may be made from such monies. All income must be banked in full.

13.7 Personal cheques shall not be cashed out of money held on behalf of the SSSC.

13.8 Where one member of staff passes cash to another, the person receiving it will

sign for it and the departments concerned will keep a record of this as evidence.

13.9 Each EMT member is responsible for ensuring that all of their departmental income is billed promptly and efficiently.

13.10 The "Fee Waiver Policy" must be followed should it be considered appropriate to contemplate charging reduced fees or waiving a fee altogether. The Director of Corporate Services or in her/his absence the Chief Executive are the only officers with authority to approve fee waiver requests.

14. Insurance

14.1 The SSSC is not permitted to take out commercial insurance apart from circumstances meeting the exception criteria as set out in the Scottish Public Finance Manual. It is the Scottish Government's policy to self-insure. The Sponsor Department has supplied a Certificate of Exemption for Employer's Liability Insurance. Within this context the Director of Corporate Services will ensure that necessary insurance cover is in place and negotiate all claims in consultation with other officers as necessary.

14.2 Each senior manager must promptly notify the Director of Corporate Services of any action or event which may give rise to a claim being made by or against the SSSC. Senior Managers will immediately notify the Director of Corporate Services in writing of any loss of property and inform the police if appropriate of the circumstances of the loss. The Director of Corporate Services will be responsible for agreeing a position with the Sponsor Department where losses occur.

15. Inventories

15.1 The Director of Corporate Services is responsible for ensuring inventory lists of all furniture and fittings, vehicles, plant and equipment is maintained.

15.2 The Director of Corporate Services may approve the write off of losses for cash or property and equipment which are due to theft, fraud, arson, fire, flood, motor vehicle accidents or damage to vehicles in accordance with the limits set out in the Scheme of Delegation. Losses exceeding these limits must be submitted to the Sponsor Department and will be reported to the Resources Committee.

15.3 All surplus plant, vehicles, tools, equipment, furnishings, materials or commodities to be disposed of by any SSSC department will be advertised for sale either by the invitation of sale offers or by public auction unless special circumstances apply. The Director of Corporate Services alone can decide whether these apply. All offers received must be held on file for audit purposes with the inventory records amended as appropriate.

15.4 The SSSC's property will not be removed unless in the ordinary course of SSSC business. Its property may only be used for official purposes unless otherwise specifically directed by an EMT member.

16. Security

16.1 Each EMT member and senior managers as appropriate are responsible for maintaining proper security at all times for all buildings, stock, stores, furniture,

equipment, cash, records etc. under their control. They shall consult with the Director of Corporate Services in any case where security is thought to be defective or where it is considered that special security arrangements may be needed.

16.2   Maximum limits for cash holdings shall be agreed with the Director of Corporate Services and shall not be exceeded without her/his express permission. Specific guidance relating to the administration of petty cash imprests (money advanced) is available on the SSSC's intranet.

16.3   Keys to safes and similar receptacles are the responsibility of the designated keyholder who will make suitable arrangements for their security at all times. The loss of any such keys must be reported to the Director of Corporate Services immediately. For security purposes, keys should be removed from premises overnight.

17.   Petty Cash Imprest accounts

17.1   The Director of Corporate Services shall make appropriate imprest advances and determine accounting periods in connection with the payment of expenses and petty outlays chargeable to the SSSC.

17.2   The Director of Corporate Services shall issue appropriate instructions to officers to ensure to her/his satisfaction the proper security of cash advanced in this way. He/she will also determine the limit for any one payment from petty cash and this will be specified in the Petty Cash Guidance.

17.3   The recipient of any advance of petty cash or imprest shall account for this money to the Director of Corporate Services when required and shall repay the money on leaving the SSSC's employment or when required by the Director of Corporate Services. Detailed guidance on the administration of petty cash and petty cash imprests is available on the SSSC's intranet.

18.   Travelling, subsistence and financial loss allowances

18.1   All claims for payment of car allowances, subsistence allowances, travelling and incidental expenses shall be submitted according to the approved Business Travel and Subsistence Policy, duly certified, in a form approved by the Director of Corporate Services to her/him at such regular intervals as are agreed. A significant proportion of expenses will be claimed via the payroll/HR system and authorisation will be through the line management arrangements approved and set up on the payroll/HR system. The names of officers authorised to approve expenses incurred outwith the payroll/HR system process shall be sent to the Director of Corporate Services by each EMT member together with specimen signatures and shall be amended on the occasion of any change. The number of officers so authorised shall be determined in agreement with the Director of Corporate Services.

18.2   The authorisation by or on behalf of an EMT member shall be taken to mean that the authorising officer is satisfied that the journeys were properly sanctioned, the expenditure properly and necessarily incurred and that the allowances are properly payable.

18.3 Employees claims submitted more than three months after the expenses were incurred will not be paid unless the Director of Corporate Services is satisfied with the reasons given for the delay.

18.4 Business expenses charged to GPC cards remain subject to the Business Travel and Subsistence Policy. Finance conduct regular compliance reviews.

18.5 Whenever possible, travel and accommodation should be arranged by SSSC administrative staff. This avoids the need for the reimbursement of expenses.

19. Expenditure on gifts, hospitality and sponsorship

19.1 EMT members and budget holders may provide hospitality within their delegated budget allowance. Hospitality is appropriate when members and/or officers of the SSSC are meeting with members or officers of other public bodies, Members of Parliament, firms, consultants or others who are assisting or co-operating with the SSSC in carrying out its functions. A record of all hospitality granted shall be kept, and shall be open to inspection by any member or officer of the SSSC.

19.2 Where there is a proposal to provide a gift, this must be submitted in writing to the Director of Corporate Services or in his/her absence the Chief Executive who will consider and, if appropriate, approve. The maximum value for any gift cannot exceed £200 in accordance with the sum laid down in the Executive Framework.

19.3 Proposal to make payments to sponsor individuals, groups or events will require consideration of and approval by EMT prior to any payment being made with reference to the SSSC's Sponsorship Policy. The maximum value of any sponsorship cannot exceed £2,000.

20. Grants and Third Party Payments

20.1 The SSSC may provide grants to third party organisations or individuals. Where these arrangements are not covered by a commercial contract, standard practice learning arrangements, postgraduate bursary guidelines or Voluntary Sector Development Funding (VSDF) arrangements then the prior approval of the Sponsor must be sought as required in the Executive Framework. The EMT must approve the award of all grants to third parties in advance of any award being made in accordance with the Third Party Funding Guidance available on the intranet.

20.2 The third party funding guidance provides detail on the requirements for a risk assessment, the approval process and the need for a funding agreement.

20.3 Finance will maintain a register of grants to third parties.

21. Registering and Declaring Interests

21.1 Council members and officers must not allow any business or personal interest to influence the decisions they make in relation to work or use their

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position to further their own interests or the interest of others who do not have a right to benefit under SSSC policies.

21.2 Full details of registering and declaring interests are contained within the Council Members Code of Conduct and for officers; the Code of Conduct Policy.

21.3 A register of Council members' interests will be maintained and reviewed at least annually.

21.4 Where there is any doubt about whether an interest should be registered or declared then advice should be sought from the Convener, Chief Executive, Director of Corporate Services, Head of Corporate Governance or the Head of Shared Services as appropriate.

22. Grants awarded to the SSSC

22.1 All bids for grant funding must be approved by EMT before being submitted to the grant provider. The EMT should be informed of the grant funding amount, funding period, staffing implications, outcomes, key milestones and any risks to the SSSC. Where possible grant bids will be included in the annual budget.

22.2 Grants from Scottish Government other than grant in aid, must be referred to the Sponsor Department in advance of being agreed, in accordance with the Scottish Public Finance Manual.

22.3 All grants awarded to the SSSC must be reported to Resources Committee within the regular financial reports.

23. Approval and Revision of Financial Regulations by the SSSC

23.1 The Financial Regulations will be reviewed at least annually by the Resources Committee and at any time if the circumstances indicate this would be appropriate. Following a review the Council must approve any amendments to the Financial Regulations.

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Deleted: <#>Where a grant acceptance is urgent then acceptance can be approved by agreement between the Convener of the Council and Chair of Resources Committee. This acceptance must be reported retrospectively to the next meeting of the Resources Committee.¶

SCOTTISH SOCIAL SERVICES COUNCIL

Scheme of Delegation

This Scheme of Delegation is made by the Scottish Social Services Council under the Regulation of Care (Scotland) Act 2001 and Regulation 12 of the Scottish Social Services Council (Appointments, Procedure and Access to the Register) Regulations 2001.

The Executive Framework issued by the Scottish Government has been taken into account and reflected in the terms of this Scheme.

The revised Scheme of Delegation is made in accordance with the Council's decision of 20 June 2017.

Proposed amendments set out in track changes

DELEGATON OF POWERS

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DELEGATION OF POWERS

SECTION ONE - INTRODUCTION

1.   Definitions

1.1   The words and expressions used in this Scheme of Delegation will have the same meanings as the words and expressions used in Standing Orders, in addition, the following words and expressions have the following meanings:

1.1.1   'The Executive Framework' means the document of that name issued by the Scottish Government dated June 2014 and updated from time to time

1.1.2   'The Conduct Rules' means the Scottish Social Services Council (Conduct) Rules 2013 all as amended or as substituted from time to time

1.1.3   'The Registration Rules' means the Scottish Social Council (Registration) Rules 2012 all as amended or as substituted from time to time

1.1.4   "The Fitness to Practise Rules" means the Scottish Social Services Council Fitness to Practise Rules 2016 all as amended or substituted from time to time

1.1.5   'Sponsor Department' means the Scottish Government's Children and Families Directorate, Office of the Chief Social Work Adviser

2.   General

2.1   The purpose of this document is to set out those powers reserved to the Council for decision collectively at its meetings and those powers which are delegated to a Committee, Sub-committee, Member or Officer.

2.2   The Council must be satisfied that adequate reporting arrangements and arrangements for accountability are in place to allow it to continue to oversee the exercise of those delegated powers before agreeing to any delegation.

2.3   The Council remains accountable for all its functions, notwithstanding any delegation to Committees, Sub-committees, Members or Officers.

2.4   Notwithstanding that the Council may delegate any of its functions to any of its Committees, Sub-committees, Members or employees, it shall have power at any time to itself deal with any matter so delegated.

3.   The Functions, Duties and Powers of the Scottish Social Services Council

3.1   The Act gives the Council the following functions, duties and powers:

3.1.1 to establish and maintain registers of particular groups in the social service workforce

3.1.2 to consider applications for registration according to the terms of the Act and rules made under the Act and to grant (conditionally or unconditionally) or refuse registration on that basis

3.1.3 to remove, revise or restore an entry on the register

3.1.4 to prepare and publish Codes of Practice for the social service workforce

3.1.5 to prepare and publish Codes of Practice for employers of the social service workforce and ensure that these are complementary to the codes for the workforce

3.1.6 in accordance with directions from the Scottish Ministers, to make grants and pay allowances to secure education and training in social service work for persons resident in Scotland

3.1.7 to make grants to organisations providing approved courses under the Act

3.1.8 to set fees in respect of the Council's functions, with the longer term aim of balancing income and expenditure for registration functions

3.1.9 to establish a Complaints Procedure for complaints about the exercise by the Council of its functions

3.1.10 to consult with the Care Inspectorate on the exercise by the Council of its functions, where appropriate

3.1.11 to promote and regulate the education and training of social service employees

3.1.12 to undertake workforce planning, qualification and standards development, and specific employment and training initiatives

3.1.13 to publish data on the size and shape of the sector's current and future workforce including information on the skills and training they require.

4.   The Convener of the Scottish Social Services Council

4.1   The Convener is personally responsible to Scottish Ministers for ensuring that the Council's policies are compatible with those of Scottish Ministers and for ensuring probity in the conduct of the Council's affairs. Communications between the Council and Ministers will normally be through the Convener.

4.2   The Convener has a particular responsibility for providing effective strategic leadership on the following matters:

4.2.1   formulating the Council's strategy for discharging its statutory duties

4.2.2 encouraging high standards of propriety and promoting the efficient and effective use of staff and other resources throughout the Council

4.2.3 ensuring that the Council, in reaching decisions, takes proper account of guidance provided by the responsible Ministers or Sponsor Department

4.2.4 representing the views of the Council to the general public

4.2.5 providing an assessment of performance of individual Council Members, on request, when they are being considered for reappointment to the Council.

4.3 The Convener should ensure that all Members of the Council, when taking up office, are fully briefed on the terms of their appointment and on their duties, rights and responsibilities.

5. Scottish Social Services Council Members

5.1 Council Members have corporate responsibility, together with the Convener, for ensuring that the Council complies with any statutory or administrative requirements for the use of public funds. Council Members have other important responsibilities, including assisting and advising the Convener in the following areas:

5.1.1 ensuring that high standards of corporate governance are observed at all times

5.1.2 establishing the overall strategic direction of the Council within the policy and resources framework agreed with the responsible Ministers

5.1.3 ensuring that the Council operates within the limits of its statutory authority and any delegated authority agreed with its Sponsor Department, and in accordance with any other conditions relating to the use of public funds

5.1.4 ensuring that, in reaching decisions, the Council takes into account any guidance issued by the Sponsor Department

5.1.5 ensuring that equality is central to the policies and practice of the Council, in line with our responsibilities under the Public Sector Equality Duty

5.1.6 appointing, with Scottish Ministers' approval, a Chief Executive to the Council.

SECTION TWO – RESERVATION OF POWERS TO THE SCOTTISH SOCIAL SERVICES COUNCIL

1.   Reserved Powers

1.1   The Executive Framework and Standing Orders require the Council to determine those matters on which decisions are reserved to the Council. These reserved matters are set out in paragraphs 3 to 7 below.

1.2   In terms of the Regulations the Scottish Social Services Council may however delegate any of its functions, but it has resolved not to do so in relation to those matters specified in paragraphs 5.1, 5.2 and 5.3, which matters must be determined by the Council in full session.

2.   General Enabling Provision

2.1   The Council may determine any matter it wishes in full session within its statutory powers.

3.   Regulation and Control

3.1   To approve Standing Orders; any Scheme of Delegation; and Financial Regulations for the regulation of its proceedings and business.

3.2   To require and receive the Registration of Council Members Interests.

3.3   To investigate and determine any grievance or disciplinary matter involving the conduct of the Chief Executive.

3.4   To approve of arrangements for dealing with complaints.

3.5   To receive reports from Committees including those which the Council is required by statute to establish and to take appropriate action on.

3.6   To establish Terms of Reference and reporting arrangements of all Committees, Sub-committees and advisory working groups as required.

3.7   To confirm the recommendations of the Council's Committees.

3.8   To approve and review any Memorandum of Understanding and Protocol, with other regulatory authorities and organisations, in particular with the Care Inspectorate.

3.9   To monitor the quality and effectiveness of the systems used in workforce planning, the registration and regulation of the social service workforce and its education and training, including arrangements for quality assurance.

3.10   To consider annual monitoring evidence and decide whether courses approved by the Council continue to meet required standards and adequately prepare students for professional practice and, where appropriate, decide on expected annual enhancement themes.

3.11   To consider and make decisions on the work of the SSSC in relation to the Sector Skills Council, Skills for Care and Development.

3.12   To consider and make decisions on monitoring reports about the outcomes of the Fitness to Practise Panels and the Registration, Preliminary Proceedings and Conduct Sub-committees.

4.   Appointments

4.1   To establish and terminate any Committees of the Council.

4.2   To appoint a Member or other person to be the Chair, Vice-chair or member of any Committee of the Council.

4.3   To appoint any person who is not a Member, to be the Chair, Vice-chair or a member of a Sub-committee, except Sub-committees or Panels, set up in accordance with the Fitness to Practise Rules, Registration Rules or the Conduct Rules.

4.4   To agree the appointment of Council representatives on outside bodies.

5.   Strategic Plan, Annual Report and Accounts, Budget and Strategies

5.1   To agree the statement of vision and objectives in the Strategic Plan.

5.2   To approve the Strategic Plan, Annual Report and Accounts and Budget for each financial year.

5.3   To approve the Risk Management Strategy.

5.4   To approve the Communications Strategy.

5.5   To approve the Publications Scheme.

5.6   To approve the Information Governance Strategy.

6.   Audit Arrangements

6.1   To note the receipt of the annual Management Letter from the External Auditors and to agree to action on the recommendations, where appropriate, of the Audit Committee.

6.2   To approve the appointment of Internal Auditors to the SSSC.

6.3   To note the receipt of the Annual Report from the Internal Auditors and to agree to action on the recommendations, where appropriate, of the Audit Committee.

6.4   To consider the annual report from the Audit Committee.

SECTION THREE - DELEGATION OF POWERS TO COMMITTEES AND SUB-COMMITTEES, MEMBERS OR EMPLOYEES

1.   Standing Orders

1.1   In accordance with Regulation 12 of the Regulations and Standing Order 17.3 the Council may delegate any of its functions to any of its Committees, Sub-committees, Members or employees by resolution.

1.2   Details of the Committees established by the Council are set out in Annex 1 to this document. Functions delegated to Committees are as set out in section four of this document except functions delegated to the Fitness to Practise Panel, Registration Sub-committees, Preliminary Proceedings Sub-committees and the Conduct Sub-committees respectively.

1.3   The constitution, membership, powers, procedures and all other matters relating to the Fitness to Practise Panels, including matters delegated to those Panels, shall be as set out in the Fitness to Practise Rules, the constitution, membership, powers, procedures and all other matters relating to the Registration Sub-committees, including matters delegated to those Sub-committees, shall be as set out in the Registration Rules and the constitution, membership, powers, procedures and all other matters relating to the Preliminary Proceedings Sub-committees, and the Conduct Sub-committees, including matters delegated to those Sub-committees, shall be as set out in the Conduct Rules.

1.4   In any situation of uncertainty, it is for the Convener to determine which Committee is empowered to exercise authority which has been delegated to a Committee, Sub-committee or Panel.

2.   The Chief Executive

2.1   All powers of the Council which have not been retained as reserved to the Council or delegated to a Committee, Sub-committee or Panel shall be exercised on behalf of the Scottish Social Services Council by the Chief Executive and the Chief Executive will be accountable to the Council for the exercise of these powers and will report to the Council on these as required. This Scheme of Delegation identifies which functions the Chief Executive shall perform personally. The functions which have been delegated to Officers are set out in Annex 2. Officers will be accountable for the exercise of such powers and will report to the Chief Executive on these as required.

2.2   The Chief Executive of the Scottish Social Services Council is designated by the Principal Accountable Officer as the Council's Accountable Officer in accordance with Sections 14 and 15 of the Public Finance and Accountability (Scotland) Act 2000.

2.3   As the Council's Accountable Officer, the Chief Executive is personally responsible to the Scottish Parliament for securing propriety and regularity in the management of the public funds of which he/she has

charge and for the day-to-day operations and management of the Council.

2.3.1 The Chief Executive should act in accordance with the terms of this document and within the instructions and guidance in the Scottish Public Finance Manual and other instructions and guidance issued from time to time by Scottish Ministers.

2.3.2 In particular, the Chief Executive should act in accordance with the Memorandum to Accountable Officers of Other Public Bodies, which he/she will receive on appointment.

2.4 Members of the Council (including the Convener) must not give the Chief Executive instructions which conflict with the latter's duties as the Council's Accountable Officer. Should such instructions be issued, the Accountable Officer is required to send a copy to the Auditor General.

2.5 As the Council's Accountable Officer, the Chief Executive shall, in particular:

2.5.1 advise the Council on the discharge of its responsibilities as set out in the Executive Framework and in any other relevant instructions and guidance that the Sponsor Department may issue from time to time

2.5.2 ensure that all public funds made available to the Council are used for the purpose for which they were intended by Parliament, and that such funds, together with the Council's assets, equipment and staff, are used economically, efficiently and effectively

2.5.3 ensure that timely monitoring information, including income and expenditure, forecasts and outturns are provided to the Sponsor Department; that corrective action is taken to avoid significant budget variances, and that the Sponsor Department is notified promptly when significant variances are likely

2.5.4 ensure that financial considerations are taken fully into account by the Council at all stages in reaching and executing its decisions, and that standard financial appraisal techniques are followed as far as is practical

2.5.5 ensure that adequate internal management and financial controls are maintained by the Council, including effective measures against fraud, theft and bribery, and shall prepare a governance statement for inclusion in the Annual Report and Accounts

2.5.6 establish a comprehensive system of internal delegated authorities which should be notified to all staff, together with a system for regularly reviewing compliance with these delegations and ensure financial procedures are codified in the Council's Financial Regulations

2.5.7 ensure that appropriate human resources policies are maintained

2.5.8   be responsible for signing the Annual Accounts and for ensuring that proper records are kept relating to the Annual Accounts and that the Annual Accounts are properly prepared and presented in accordance with any directions issued by Scottish Ministers, and shall sign a statement of Accountable Officer responsibilities for inclusion in the Annual Report and Accounts

2.5.9   take action as set out in paragraphs 5.1 – 5.5 of the Non-Departmental Public Body Accountable Officer Memorandum if the Council, or its Convener are contemplating a course of action involving a transaction which the Chief Executive considers would infringe the requirements of propriety or regularity, or does not represent prudent or economical administration, efficiency or effectiveness

2.5.10   give evidence when summoned before Committees of the Scottish Parliament on the use and stewardship of public funds by the Council

2.5.11   ensure that effective procedures for handling complaints about the Council are established and made widely known.

2.6   The Chief Executive is the Principal Officer for the purpose of the handling of cases involving the Parliamentary Ombudsman. The Principal Officer is responsible for informing the Secretary of the Sponsor Department about any complaints accepted by the Parliamentary Ombudsman for investigation, and about the Council's proposed response to any subsequent recommendations from the Parliamentary Ombudsman.

2.7   The Chief Executive may delegate the day-to-day administration of these Accountable Officer responsibilities to other employees of the Council or to the Director of Corporate Services, who is employed by the Care Inspectorate but who provides services to the Council in terms of the Shared Services Agreement with the Care Inspectorate. However, he/she shall not assign absolutely to any other person any of the said responsibilities.

3.   Delegated Powers Officers' Ability to Delegate and Absence of Officers

3.1   Powers are delegated to Officers on the understanding that they shall not exercise delegated powers in a manner which, in their judgment, is likely to be a cause for public concern.

3.2   In so far as powers are delegated to any Officer, he/she shall not be free to further delegate those powers to any member of staff; the Officer shall remain accountable to the Chief Executive and the Council for all aspects of the exercise of those powers. A report on the use of any powers so delegated shall be made on at least an annual basis to the Committee having responsibility for the relevant function, where appropriate, and to the Council.

3.3   In the absence of an Officer to whom powers have been delegated those powers shall be exercised by that Officer's superior [unless alternative arrangements have been approved by the Council]. If the Chief Executive is absent powers delegated to him/her may be exercised by another member of the Executive Management Team after taking appropriate advice, as necessary, from fellow members of the Executive Management Team.

3.4   The Scheme of Delegation is to be used in conjunction with the Financial Regulations and all other corporate governance procedures of the Council.

SECTION FOUR - TERMS OF REFERENCE OF COMMITTEES AND SUB-COMMITTEES OF THE SCOTTISH SOCIAL SERVICES COUNCIL

AUDIT COMMITTEE

1. Membership

1.1 The Committee shall comprise a minimum of three and a maximum of five Council Members.

1.2 The Convener of the Council may attend but shall not be a Member or hold voting rights.

1.3 At any meeting of the Committee the quorum shall be three Council Members.

1.4 The membership may include co-optees, subject to the Co-options Policy as set out in the Council's Standing Orders.

1.5 Officers are not Members of the Committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2. Purpose

2.1 To scrutinise and develop the audit arrangements and also to ensure that there is a sufficient and systemic review of the internal control arrangements of the organization, including arrangements for risk management.

2.2 To review the comprehensiveness of assurances and the reliability and integrity of these assurances.

3. Terms of Reference

3.1 To provide objective advice to support the Governance Statement in the Annual Report and Accounts.

3.2 To review the Council's financial statements and seek assurance that they reflect best practice, are balanced and fair and note whether they conform with accounting standards on receipt of such information from the external auditors.

3.3 To meet with the auditors, as necessary, to discuss any past, present or future audit and to receive reports from the auditors or the Chief Executive in respect of the progress of each audit. This will include meeting in private with the external auditors from time to time.

3.4 To receive and consider all relevant reports by the external auditors and to make recommendations to Council thereon. This includes reports on the Annual Accounts, achievement of value for money and the response to any management letters.

3.5   To recommend to the Council appointment of internal auditors following the appropriate procurement process, to approve the internal auditor's Terms of Reference and ensure that the internal audit service meets, or exceeds, the standard specified by the Scottish Government, complies in all other respects with government guidelines and meets agreed levels of service, without prejudice to the Accounting Officer's direct responsibilities in respect of these requirements.

3.6   To consider and approve the internal auditor's annual audit plan and long term strategic audit plan.

3.7   To receive, consider and, if appropriate, approve the internal auditor's annual report.

3.8   To receive and consider the periodic progress reports on the implementation of internal audit plans and action plans relating thereto. This will include meeting in private with the internal auditor from time to time.

3.9   To satisfy the Council that there has been a sufficient and systematic review of the internal control arrangements of the Council, including risk management on an annual basis.

3.10   To receive and consider information on business continuity planning and disaster recovery management.

3.11   To carry out an annual review of the effectiveness of the Committee.

3.12   To consider the findings of Parliamentary Committees in so far as they affect the overall performance of Council governance.

3.13   To consider any other matters where requested to do so by the Council.

4.   Powers and Responsibilities

4.1   The Committee is appointed by the Council and ultimately accountable and responsible to the Council.

4.2   The Committee may recommend to the Council the co-option of up to two additional members who shall not be Members of the Council.

4.3   The Committee has the power to procure external specialist advice, at the expense of the Council, on an ad hoc basis in relation to any matter before it, having regard to budgetary constraints.

4.4   The Committee has the power to set up Sub-committees and Working Groups as it deems necessary and having regard to budgetary constraints.

4.5   The Minutes of meetings of the Committee will be presented to the next Council meeting for noting.

4.6   The Committee will meet no less than four times in each year, and further meetings will be called as required in order to progress completion of the Annual Report and Accounts.

4.7   The Committee will prepare an Annual Report for Council.

4.8   The Terms of Reference will be reviewed at least annually with any proposed changes to be considered by Council.

CONDUCT COMMITTEE

1.   Membership

1.1   The Committee shall comprise a minimum of 12 members and maximum
         of 100 members.

1.2   At any meeting of the Committee the quorum shall be 12.

1.3   Officers are not members of the Committee but may be in attendance to
         give assistance, make reports and offer advice through the Chair.

2.   Purpose

2.1   To act as the Conduct Committee in terms of the Conduct Rules.

3.   Terms of Reference

3.1   To take an overview of and provide a report to the Council on outcomes
         and disposals of the Preliminary Proceedings Sub-committees and
         Conduct Sub-committees.

3.2   To consider the training requirements of Members of the Conduct
         Committee and to report thereon to the Council.

4.   Powers and Responsibilities

4.1   The Committee is appointed by the Council and is ultimately accountable
         and responsible to the Council.

4.2   Sub-committees may be appointed consisting solely of co-opted
         Members of this Committee who are not Council Members.

4.3   The Committee has the power to set up Working Groups as it deems
         necessary and having regard to budgetary constraints.

4.4   The Minutes of meetings of the Committee will be presented to the next
         Council meeting.

4.5   The Terms of Reference will be reviewed at least annually by the Head of
         Corporate Governance and Hearings in consultation with the Chair of the
         Conduct Committee, with any proposed changes to be considered by
         Council.

EMPLOYMENT APPEALS SUB-COMMITTEE

1. Membership

1.1 The Employment Appeals Sub-committee of the Council's Resources Committee shall comprise a minimum of three and a maximum of five Council Members. The Chair of the Employment Appeals Sub-committee will be appointed by the Convener and the Sub-committee will comprise at least one member of the Resources Committee.

1.2 At any meeting of the Sub-committee the quorum shall be three Council Members.

1.3 The membership may include co-optees, subject to the Co-options Policy as set out in the Council's Standing Orders.

1.4 Officers are not members of the Sub-committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2. Purpose

2.1 To provide a mechanism for dealing with employee grievance and disciplinary appeal matters as they arise.

3. Terms of Reference

3.1 To hear and determine appeals by employees in terms of the Council's Grievance Procedures and Disciplinary Procedures then in force.

4. Powers and Responsibilities

4.1 The Sub-committee is set up by the Resources Committee and is ultimately accountable and responsible for its decisions to that Committee.

4.2 The Sub-committee's decisions will be made by majority vote.

4.3 The Sub-committee will meet as and when required.

4.4 Minutes of meetings of this Committee will be presented to the next Resources Committee for noting.

4.5 The Terms of Reference will be reviewed at least annually by the Resources Committee with any proposed changes to be considered by Council.

FITNESS TO PRACTISE COMMITTEE

1.   Membership

1.1   The Committee shall comprise a minimum of 12 members.

1.2   At any meeting of the Committee the quorum shall be 12.

1.3   Officers are not members of the Committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2.   Purpose

2.1   To act as the Fitness to Practise Committee in terms of the Fitness to Practise Rules.

3.   Terms of Reference

3.1   To take an overview of and provide a report to the Council on outcomes and disposals of the Fitness to Practise Panels.

3.2   To consider the training requirements of Members of the Fitness to Practise Committee and to report thereon to the Council.

4.   Powers and Responsibilities

4.1   The Committee is appointed by the Council and is ultimately accountable and responsible to the Council.

4.2   Panels may be appointed consisting solely of co-opted Members of this Committee who are not Council Members.

4.3   The Committee has the power to set up Working Groups as it deems necessary and having regard to budgetary constraints.

4.4   The Minutes of meetings of the Committee will be presented to the next Council meeting.

4.5   The Terms of Reference will be reviewed at least annually by the Head of Corporate Governance and Hearings in consultation with the Chair of the Fitness to Practise Committee, with any proposed changes to be considered by Council.

POLICY FORUM

1. Membership

1.1 The Forum shall comprise of all Members of the Council.

1.2 Officers are not members of the Forum but may be in attendance to give assistance, make reports and offer advice.

1.3 From time to time the Forum may invite guest speakers to inform the discussion.

2. Chair

2.1 The Forum will be chaired by the Convener of the Council.

3. Purpose

3.1 To provide and informal discussion platform for Council Members to consider topical or specific issues in more depth to be better able to contribute to the development and formulation of policy and strategy.

4. Powers and Responsibilities

4.1 The Forum is a discussion platform and has no executive decision making powers; the Forum is not a committee of the Council.

5. Administration

5.1 Meetings will take place as required, usually quarterly.

5.2 Meetings will be held in private.

5.3 There will be no formal record of the meeting. In the interests of transparency, a summary of the matters discussed will be reported to the next Council meeting after the Forum.

6. Inclusion and Values

6.1 The Council is committed to inclusion and its values are:

- Listening and Engaging
- Integrity
- Pride in what we do
- Accountability
- Creativity and Learning

6.2 Meetings of the Forum will be conducted in accordance with those values.

QUALIFICATION PANEL

1.   Membership

1.1   The Panel shall comprise Learning and Development Advisers who are involved in assessing qualifications and members of the Learning and Development – Professional Learning team.

1.2   Registration and Workforce Intelligence officers are not members of the Panel but may be in attendance to give assistance, make reports and offer advice.

1.3   The Senior Solicitor (Learning and Development) is not a member of the Panel but will attend to give advice.

1.4   From time to time, the membership of the Panel may include other SSSC officers or other co-optees, provided that is agreed in advance by the Head of Learning and Development and subject to the Co-option Policy.

2.   Chair

2.1   The Panel will be chaired by the Learning and Development Manager – Qualifications and Standards

3.   Purpose

3.1   To provide a mechanism to consider applications for registration which are referred to it by officers, to make recommendations on individual qualifications or on qualification principles and criteria and to provide development, review, support and advice on qualifications matters.

4.   Powers and Responsibilities

4.1   The Panel has no executive decision making powers.

4.2   The Panel will make recommendations to the Head of Learning and Development.

4.3   The Panel has the power to procure specialist advice and to set up working groups subject to the approval of the Head of Learning and Development.

4.4   The Terms of Reference will be reviewed at least bi-annually.

5.   Administration

5.1   Meetings will take place as required, usually monthly.

5.2   Meetings will be held in private.

5.3   There will be a formal record of the meeting.

5.4   An annual report on the work of the Panel will be provided to Council.

6.   Inclusion and Values

6.1   The Council is committed to inclusion, and its values are

- Listening and Engaging
- Integrity
- Pride in what we do
- Accountability
- Creativity and Learning

6.2   Meetings of the Panel will be conducted in accordance with those values.

REGISTRATION COMMITTEE

1. Membership

1.1 The Committee shall comprise a minimum of 12 members and a maximum of 100 members.

1.2 At any meeting of the Committee the quorum shall be 12.

1.3 Officers are not members of the Committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2. Purpose

2.1 To act as the Registration Committee in terms of the Registration Rules.

3. Terms of Reference

3.1 To take an overview of and provide a report to Council on outcomes and disposals of the Registration Sub-committees.

3.2 To consider the training requirements of members of the Registration Committee and to report thereon to Council.

4. Powers and Responsibilities

4.1 The Committee is appointed by the Council and is ultimately accountable and responsible to the Council.

4.2 Sub-committees may be appointed consisting solely of co-opted members of this Committee, who are not Council Members.

4.3 The Committee has the power to set up Working Groups as it deems necessary and having regard to budgetary constraints.

4.4 The minutes of meetings of the Committee will be presented to the next Council meeting for noting.

4.5 The Terms of Reference will be reviewed at least annually by the Head of Corporate Governance and Hearings in consultation with the Chair of the Registration Committee, with any proposed changes to be considered by Council.

REMUNERATION COMMITTEE

1.   Membership

1.1   The Committee shall comprise of the Convener of the Council, the Chair of the Resources Committee, and the Vice-chair of the Resources Committee.

1.2   At any meeting of the Committee the quorum shall be three Council members.

1.3   The membership may include co-optees, subject to the Co-options Policy as set out in the Council's Standing Orders.

1.4   The Chief Executive and the Head of Human Resources and Business Support may be in attendance to give assistance, make reports and offer advice through the Chair.

2.   Purpose

2.1   To deal with remuneration of the SSSC excluding the Chief Executive and Council Members.

3.   Terms of Reference

3.1   The Remuneration Committee will:

3.1.1   Approve the SSSC's pay remit for all employees in accordance with the current public pay policy guidance.

3.1.2   Receive reports on the monitoring of the performance of the Chief Executive, Directors and such other senior employees as may be determined from time to time by the Convener in consultation with the Chief Executive and Director of Corporate Services.

3.1.3   Provide a review form in any situation where a Director disagrees with the outcome of their annual performance development review. Such a review shall follow, as far as practicable, the procedures set down for a hearing of the Employment Appeals Sub-committee.

3.1.4   Oversee arrangements where an employee's contract of employment is to be terminated in exceptional circumstances which do not fall within the terms of reference of the Resources Committee, as advised by the Chief Executive.

4.   Powers and Responsibility

4.1   The Committee is authorised by the Council to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from any other Committee of the Council and from any employee, through the appropriate member of the Executive

Management Team. All employees are expected to co-operate with any such request.

4.2 The Committee is authorised by the Council to obtain legal or other independent professional advice and to secure attendance of outsiders with relevant experience if it considers this necessary. Any remuneration payable to any person appointed to such Committee who is not a member of the Council shall be in accordance with such allowances as may be specified by the Scottish Ministers.

4.3 Meetings shall be held as required and at least once annually.

4.4 The Minutes of the meeting, or any relevant reports from the Committee, will be presented to the next meeting of the Council.

4.5 The Terms of Reference will be reviewed as necessary with any proposed changes to be considered by Council.

RESOURCES COMMITTEE

1.   Membership

1.1   The Committee shall comprise a minimum of three and a maximum of five Council Members.

1.2   The Convener of the Council may attend but shall not be a Member or hold voting rights.

1.3   At any meeting of the Committee the quorum shall be three Council Members.

1.4   The membership may include co-optees, subject to the Co-options Policy as set out in the Council's Standing Orders.

1.5   Officers are not members of the Committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2.   Purpose

2.1   To develop and scrutinise strategy, budgets and plans ensuring efficient, effective and economical use of the Councils resources, and to report and make recommendation to Council on its findings.

2.2   To consider the organisational structure and human resources policies, processes and procedures to facilitate the discharge of business by the Council and to agree modifications as appropriate.

3.   Terms of Reference

3.1   To recommend, to the Council, the draft Annual Budget for submission to the Scottish Government.

3.2   To monitor financial performance against budget, take appropriate action and report to Council as necessary.

3.3   In exercising its budgetary responsibilities, the Committee will take account of any representations made by other Committees.

3.4   To act on behalf of the Council by overseeing the following areas of activity:

        3.4.1   financial management
        3.4.2   information systems and technology
        3.4.3   human resource management and employee development
        3.4.4   premises and equipment
        3.4.5   procurement and contracting arrangements
        3.4.6   climate change, carbon accounting and environmental issues

3.5   To oversee an Appeals Sub-committee to act as the appeals body for Directors/Heads of Service and other staff of the Council who have a

grievance concerning their Terms and Conditions of Employment, or wish to appeal against a punitive disciplinary sanction issued under the Council's Disciplinary Procedure. Annually review the Terms of Reference of the Appeals Sub-committee.

3.6 To set up a Special Appeals Committee from amongst its Committee Members to act as an appeal body for members of the Fitness to Practise, Registration or Conduct Committees (other than Council Members) who wish to appeal against a punitive disciplinary sanction issued by the Chief Executive.

3.7 To scrutinise and develop Human Resources Management and Employee Development strategy and make recommendations to the Council on development of Human Resources policies and procedures.

3.8 To consider cases for early retirement, or termination on the grounds of efficiency of the service or redundancy for all employees of the Council in accordance with the law and relevant Council policies.

3.9 To consider requests for officers to travel outside the UK in order to participate in conferences or other events appropriate to the work of the SSSC.

3.10 To carry out an annual review of the effectiveness of the Committee.

4.   Powers and Responsibilities

4.1 The Committee is appointed by the Council and ultimately accountable and responsible to the Council.

4.2 It has the power to recommend to the Council the co-option of up to two additional members who shall not be members of the Council.

4.3 The Committee has the power to set up Sub-committees and Working Groups as it deems necessary and having regard to budgetary constraints.

4.4 The Minutes of meetings of the Committee will be presented to the next Council meeting for noting.

4.5 The Committee will have responsibility for implementation of the Risk Management Strategy and implementation of the objectives for the Strategic Plan in matters within its remit.

4.6 The Committee has responsibility for promotion of equal opportunities in employment.

4.7 The Committee has responsibility for the quality assurance of the particular operations for which it is responsible.

4.8   The Committee will be responsible for research and development relating to operations for which it is responsible, subject to any annual financial limit for research and development stipulated by the Council.

4.9   The Committee will be responsible for ensuring proper arrangements are in place for procurement of goods, services and contracts.

4.10   Contracts of a revenue or capital nature that are to exceed a total contract value of £250k or incur a cost exceeding £50k in any one year must be approved by the Resources Committee prior to the advertising of the contract. The Resources Committee will set a maximum limit within which the procurement approver can award a contract. If the results of the tender exercise exceed the approved maximum limit then the procurement approver must seek further approval from the Resources Committee prior to awarding the contract. In case of urgency, the Convener of the Council and the Chair of the Resources Committee can provide the above approvals. This exception must be reported to the next meeting of the Resources Committee.

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4.13   The Terms of Reference will be reviewed as necessary.

SPECIAL APPEALS COMMITTEE

1.   Membership

1.1   The Special Appeals Committee shall comprise three Council Members drawn from the membership of the Council's Resources Committee.

1.2   At any meeting of the Committee the quorum shall be three Council Members.

1.3   The membership may include co-optees, subject to the Co-options Policy as set out in the Council's Standing Orders.

1.4   Officers are not members of the Committee but may be in attendance to give assistance, make reports and offer advice through the Chair.

2.   Purpose

2.1   To provide a mechanism for dealing with concerns in relation to Fitness to Practise Panel, Registration, Conduct and/or Preliminary Proceedings Sub-committee Members as they may arise.

3.   Terms of Reference

3.1   To hear and determine appeals by Sub-committee members requiring to be determined by a Committee of the Council in terms of the Procedure for Dealing with Concerns about Fitness to Practise, Registration Committee and Conduct Committee Members.

4.   Powers and Responsibilities

4.1   The Committee is set up by the Resources Committee and is ultimately accountable and responsible for its decisions to that Committee.

4.2   The Committee's decisions will be made by majority vote.

4.3   The Committee will meet as and when required.

4.4   Minutes of meeting will be submitted to the next Resources Committee for noting.

4.5   The Terms of Reference will be reviewed at least annually by the Head of Corporate Governance and Hearings with any proposed changes to be considered by Council.

TRAINING APPEALS PANEL

1. Membership

1.1 The Training Appeals Panel (the Panel) shall consist of three persons, two of whom must be Council Members and one co-opted Member.

1.2 At any meeting of the Panel the quorum shall be three persons.

1.3 There shall be a Chair, who is a Member of the Council.

1.4 Officers are not members of the Panel but may be in attendance to give assistance, make reports and offer advice through the Chair.

2. Purpose

2.1 To provide an appeals mechanism in terms of the Scottish Social Services Council Rules for Social Work Training 2003, as amended or substituted from time to time and the Scottish Social Services Council Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005, as amended or substituted from time to time and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended or substituted from time to time.

3. Terms of Reference

3.1 The Terms of Reference of the Panel are as laid out in:

the Scottish Social Services Council Rules for Social Work Training 2003, as amended or substituted from time to time and the Scottish Social Services Council Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005, as amended or substituted from time to time and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008 as amended or substituted from time to time.

4. Powers and Responsibilities

4.1 The powers and responsibilities of the Panel are those of the Appeals Panel as provided in the Scottish Social Services Council Rules for Social Work Training 2003 and the Scottish Social Services Council Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005 and the Rules and Requirements for Awards Developed from the Standard for Childhood Practice 2008, all as amended or substituted from time to time.

4.2 To consider any appeal and, by majority vote, make a decision in terms of the 2003, 2005 and 2008 Rules referred to at 4.1 above.

4.3 The Panel is appointed by the Council and ultimately accountable and responsible to the Council.

4.4   The Minutes of each meeting, recording the decisions taken will be submitted to the next Council meeting for noting.

4.5   The Panel will meet as and when required.

4.6   Terms of Reference will be reviewed and amended as appropriate at such time as the 2003, 2005 and 2008 Rules referred to at 4.1 above are amended, substituted or revoked with any proposed changes to be considered by Council.

Scottish Social Services Council

Committee Structure
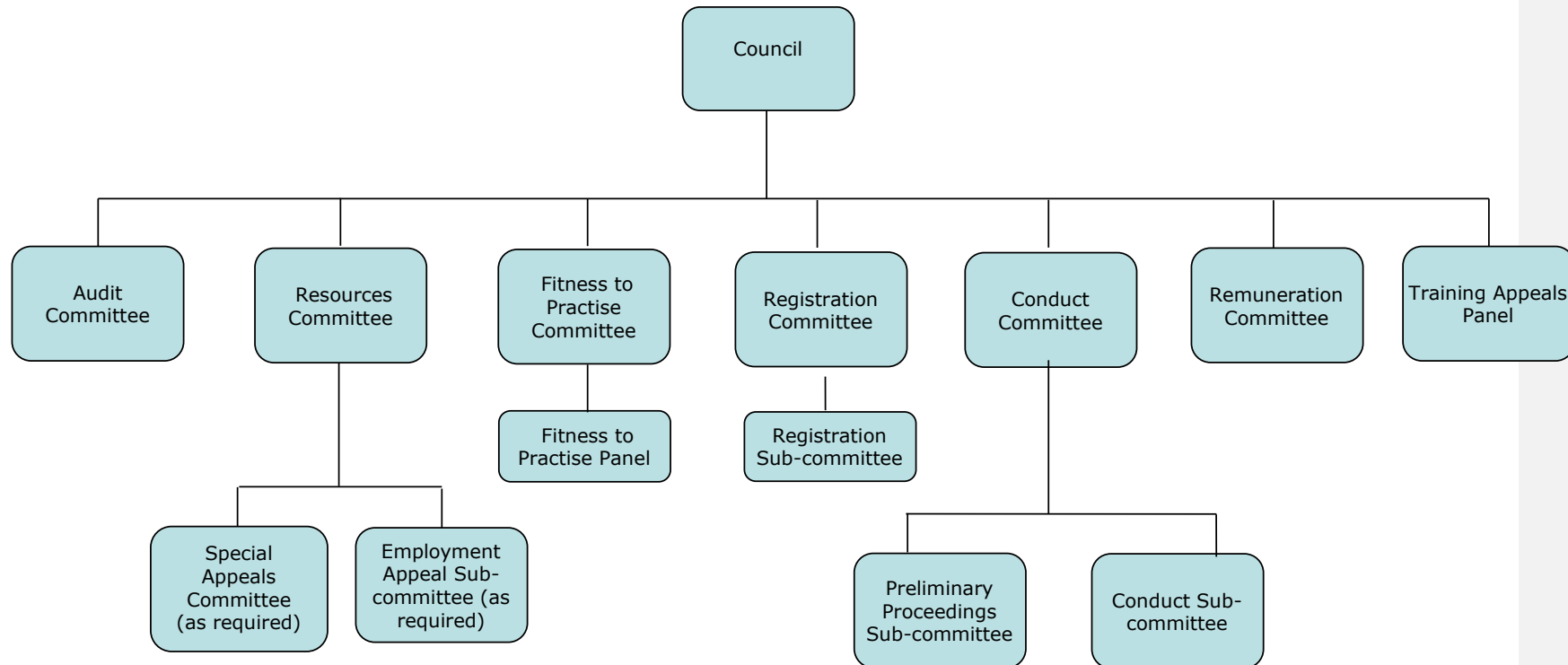
Annex 2

Delegated Authority to Commit and Approve Business Expenditure

Designation	Approval Area	Budget Authority Limit	Contract Approval Authority Limit	Approval of Non-Competitive Action	Approval of Consultancy Contracts
Budget Managers (EMT):					
Chief Executive	SSSC	£2.5m	£2.5m	£10,000	£100,000
Director of Corporate Services	SSSC	£2.5m	£2.5m	£10,000	£10,000
Director of Sector Development	SSSC	£50,000	£0.6m	£0	£0
Director of Fitness to Practise	SSSC	£50,000	£0.6m	£0	£0
Director of Strategic Performance and Engagement	SSSC	£50,000	£0.6m	£0	£0
Budget Holders:					
Budget Holders:	Specified cost centre for their area by Budget Managers or Director of Corporate Services	£15,000	£100,000	£0	£0
Expenditure Approvers:	Specified as per Budget Manager or Director of Corporate Services	£3,000	£0	£0	£0
GPC card holders:	SSSC	£1,000	£1,000	£0	£0

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Annex 2

Scheme of Delegation Financial Matters.

Authorised signatories for banking arrangements and cheques	Chief Executive Director of Corporate Services Head of Shared Services Head of Finance Accountant Senior Accountant (CI) Accountant (CI)
Authority to approve gifts not exceeding £200 (no change)	Director of Corporate Services
Authority to write off losses: Cash £3,000 Equipment and property £3,000	Director of Corporate Services
Authority to make compensation payments under legal obligations: £10,000	Director of Corporate Services
Authority to make ex-gratia payments £200	Director of Corporate Services
Authority to write off debt up to £10,000	Director of Corporate Services
Waive SSSC fees	Director of Corporate Services

Or in Officer's absence, his/her Line Manager unless otherwise stipulated.

Deleted: Chief Executive

Deleted: 2,500

Deleted: Chief Executive

Deleted: 2,500

Annex 2

Scheme of Delegation Relating to Human Resources.

Appointments within the staffing level agreed with the Department up to but excluding Chief Executive	Head of Human Resources,
Approval of leave for special circumstances: • unpaid leavefor over two weeks in any 12 month rolling period or • paid or unpaid leave for less than two weeks	Head of Service (Operational Management Team member),
Extending sickness allowance	Head of Human Resources,
Approval of overtime and part time additional hours of up to a total of 35 hours per week	Head of Human Resources in consultation with , in consultation with the appropriate Head of Service (Operational Management Team member)
Approval of applications for secondary employment	Head of Human Resources in consultation with the appropriate Head of Service (Operational Management Team member)
Approval of relocation expenses within the limits set out in the Relocation Policy	Head of Human Resources,
Salary placement for newly appointed staff	Head of Human Resources,

Or in Officer's absence, his/her Line Manager unless otherwise stipulated.

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Annex 2 - Scheme of Delegation Relating to Powers regarding Registration and Fitness to Practise contained within the Regulation of Care (Scotland) Act 2001.

Registration Decisions

Decision to refuse registration where the applicant does not hold an entitling qualification $	Head of Registration
Decision to remove entries from the Register where: The Registrant has not met a qualification condition $ The registrant has failed to complete their PRTL $	Registration Manager <u>Registration Team Leader</u>
Decision to alter entries in the Register where a Registrant has not met a qualification condition $	Registration Manager <u>Registration Team Leader</u>
Decision to grant applications (including with qualification conditions) for registration where no declarations have been made, or where declarations have been made which fall within the Minor Declarations Framework	Registration Assistant

Decision to withdraw an application where: The applicant is not eligible for registration The applicant has failed to provide all required information to complete the registration process The applicant has failed to pay a fee	Registration Assistant
Decision to remove a person from the Register where: A social service worker is no longer undertaking the function required for that part of the Register A student is no longer participating in an approved course or where the course has ended A registrant has failed to pay their fee or make an application for renewal of registration	Registration Assistant

Registration Activity

Signature of Notices to grant, vary, remove or refuse Registration other than those Notices relating to Panel or Sub-committee hearings	Director of Sector Development Head of Registration
Adding, altering or removing entries from the Register in accordance with a decision made in terms of the Scheme of Delegation (marked with $)	Registration Assistant
Updating the Register when a registrant or applicant advises of a change of circumstances where no declarations or no Minor Declarations have been made	Registration Assistant

Registration Approval

Approval of all documentation to be issued in support of the Registration processes	Registration Manager

Fitness to Practise Decisions

Decision to refer a case to a Panel or Sub-committee	Senior Intake and Engagement Officer Senior Solicitor
Decisions under the Fitness to Practise Rules, the Conduct Rules and the Registration Rules to take no further action and remove from the Register Registrants who are being investigated by the Fitness to Practise Directorate no longer eligible in accordance with the Thresholds Policy in cases designated as H cases $	Senior Intake and Engagement Officer Senior Solicitor
Decisions to impose a warning or impose or vary conditions, or impose a warning, all with consent or issue a Reminder of the Code $	Senior Intake and Engagement Officer Senior Solicitor
Decision to impose, extend or vary an Interim Order or Temporary Order with consent $	Senior Intake and Engagement Officer Senior Solicitor Solicitor
Decision to revoke a Temporary Order $	Senior Intake and Engagement Officer Senior Solicitor Solicitor
Decision to impose a Suspension Order, a Suspension Order with Conditions or a Removal Order, all with consent $	Senior Intake and Engagement Officer Senior Solicitor
Decision to impose a Removal Order under the Protection of Vulnerable Groups legislation $	Senior Intake and Engagement Officer Senior Solicitor
Decision in cases falling under the Risk Assessment Framework to grant registration with conditions where the Registrant accepts the conditions proposed $	Senior Intake and Engagement Officer Senior Solicitor
Deciding that a condition imposed by Officers, or by a Fitness to Practise Panel, Conduct or Registration Sub-committee on a Registrant's registration has been satisfactorily met or altering a condition on a Registrant's registration$	Senior Intake and Engagement Officer Senior Solicitor
Decision in cases falling under the Risk Assessment Framework to grant registration $	Fitness to Practise Investigator Intake and Engagement Officer

	Solicitor
Decision to remove Registrant's registration from the Register at request of that Registrant where, following investigation, the Officer is satisfied that there is no reason in terms of the Rules that the request should not be granted $	Fitness to Practise Investigator Intake and Engagement Officer Solicitor

Fitness To Practise Activity

Approval of all documentation to be issued in support of the Fitness to Practise processes	Director of Fitness to Practise Head of Fitness to Practise Fitness to Practise Manager Senior Intake and Engagement Officer Senior Solicitor	**Deleted:** Senior Fitness to Practise Investigator¶
Specification of additional training sufficient for an applicant to be registered in terms of section 46	Head of Fitness to Practise	
Risk Assessments in cases designated as H cases (H cases are cases requiring Senior scrutiny)	 Senior Intake and Engagement Officer Senior Solicitor	**Deleted:** Senior Fitness to Practise Investigator
Risk Assessments	Fitness to Practise Investigator Intake and Engagement Officer Solicitor	

Signature of Notices

Signature of Notices transferring a case to a Sub-committee in terms of Conduct Rules 2013** or Registration Rules 2014**	Chief Executive Director of Fitness to Practise Director of Sector Development Head of Fitness to Practise
Signature of Notices imposing an order with consent.	Chief Executive Director of Fitness to Practise Director of Sector Development Head of Fitness to Practise Fitness to Practise Manager
Signature of Notices and other documents relating to Panel or Sub-committee hearings	Chief Executive Director of Sector Development Director of Strategic Performance and Engagement Director of Fitness to Practise Head of Fitness to Practise

Signature of Notices effecting automatic removal from the Register following listing on either the adults' list or children's list in terms of the Protection of Vulnerable Groups (Scotland) Act 2007	Chief Executive Director of Sector Development Director of Strategic Performance and Engagement Director of Fitness to Practise

Court actions

Initiate or lodge responses to Court actions	Senior Solicitor

Corporate Governance and Hearings Activity

Select Convener and Members from the pool of Members forming the Fitness to Practise, Conduct and Registration Committees to Panel and Sub-committees	Hearings Officer
Signature on offers of appointment made to members of the Fitness to Practise, Conduct and Registration Committees following approval of the appointment by Council	Head of Corporate Governance and Hearings

Or in Officer's absence, his/her Line Manager or that person's Line Manager or Director unless otherwise stipulated.

Annex 2

Scheme of Delegation – General

Execution of all other documents on	Chief Executive

behalf of the Council subject to express authorisation by the Council	
Initiating or lodging responses to Court actions	Head of Corporate Governance and Hearings Senior Solicitor Income Control Officer (CI)
Responsibility for co-ordinating response to Consultation Documents in accordance with Council policy	Chief Executive Director of Strategic Performance and Engagement

Or in Officer's absence, his/her Line Manager or that person's Line Manager or Director unless otherwise stipulated.

Annex 2

Scheme of Delegation Relating to the legal responsibility to produce data on the sector's workforce; a function of the Scottish Ministers under s58 of the Regulation of Care (Scotland) Act 2001, delegated to the Council under s58(4)(a).

Production of the Workforce Data Report; an Official Statistics Publication for Scotland,* in relation to which the Council must ensure compliance with the Pre-release Access to Official Statistics (Scotland) Order 2008	Director of Sector Development Head of Registration Workforce Intelligence Manager
Production of the Mental Health Officers (Scotland) Report; designated by the UK Statistics Authority as National Statistics,** in relation to which the Council must ensure compliance with the Statistics and Registration Service Act 2007 and The Pre-release Access to Official Statistics (Scotland) Order 2008	Director of Sector Development Head of Registration Workforce Intelligence Manager

*   Such statistics are specified as official statistics for the purposes of section 6(1)(b) of the Statistics and Registration Service Act 2007.

**   Any official statistics may be designated as "National Statistics" in accordance with section 12(2) of the Statistics and Registration Service Act 2007.

Annex 2

Scheme of Delegation Relating to Powers Delegated to the Chief Executive, Director of Sector Development, Head of Learning and Development, Learning and Development Managers and Learning and Development Advisers.

Monitoring grants paid by the Council for the issue of certificates by organisations	Director of Sector Development Head of Learning and Development
Investigate complaints made by or against individual organisations in education and training matters, in accordance with the Council's published procedures	Director of Sector Development Head of Learning and Development Learning and Development Manager Learning and Development Adviser
Approving payment of External Assessors, within Annual Budget	Head of Learning and Development Learning and Development Manager Learning and Development Adviser
Approve and quality assure the degree programmes in Social Work, Childhood Practice, Mental Health Officer Awards and Practice Teaching Qualifications	Chief Executive Director of Sector Development Head of Learning and Development Learning and Development Manager Learning and Development Adviser
Contributing to and approving UK work that the Council is involved in relation to areas governed by the terms of reference for Skills for Care and Development. To take forward similar Government workforce development schemes and strategies.	Chief Executive Director of Sector Development Head of Learning and Development

Or in Officer's absence, his/her Line Manager unless otherwise stipulated.

Annex 2

Scheme of Delegation Relating to Powers regarding Education and Training.

Decisions in terms of the Rules for Social Work Training 2003, as amended or substituted from time to time, including approval of courses, reviewing and renewing approval, investigations and withdrawal of approvals and decisions in terms of the SSSC Rules and Requirements as amended or substituted from time to time, except those matters which are the responsibility of the Appeals Panel	Director of Sector Development
Appointment of Co-opted Members to the Training Appeals Panel to deal with appeals in terms of the SSSC Rules for Social Work Training 2003, as amended or substituted from time to time and the SSSC Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005, as amended or substituted from time to time	Corporate Governance and Hearings Team Leader
Decisions in terms of the Rules and Requirements for Specialist Training for Social Service Workers in Scotland 2005, as amended or substituted from time to time, including approval of courses, reviewing and renewing approval, investigations and withdrawal of approvals and decisions in terms of the SSSC Rules and Requirements as amended or substituted from time to time, except those matters which are the responsibility of the Appeals Panel	Director of Sector Development

Or in Officer's absence, his/her Line Manager unless otherwise stipulated.

Annual Review of Corporate Governance 2017/18

Introduction

As a public body created under the Regulation of Scotland Act 2001, we aim to work to the highest standards of integrity in the public interest. Our code of governance ensures that we achieve this. The framework we operate in means that we:

- are focussed on outcomes
- work in clearly defined roles
- promote values for the whole organisation and demonstrate good governance through behaviour
- take informed and transparent decisions which are subject to scrutiny
- engage with stakeholders to make sure we are accountable.

A series of documents set out how we operate, for example:
- Scheme of Delegation
- SSSC Complaint Procedure
- Unacceptable actions policy
- Risk register
- Standing orders of the SSSC and its committees

It is important that we keep these documents under review to ensure that they remain fit for purpose. One of the ways we do this is to carry out an annual review. This is a summary of the review carried out in 2017.

A self-assessment form was circulated to Council members in November 2017. The aim is to ask members for feedback on a number of performance indicators across a number of governance areas. From that members can consider any possible gaps or areas for improvement.

Five areas were considered:

- Integrity, commitment to values, and respecting the rule of law
- Openness and Stakeholder Engagement
- Strategic Intent
- Performance and Accountability
- Council Capacity and Capability.

Key Themes

None of the Council members who responded answered 'no' to any of the indicator questions. This suggests that there are no immediate areas of concern. However, some members answered 'not sure' to some indicators. Members provided comment to indicate that this may be because they did not know the information, or that there was scope for improvement.

The comments and themes for each indicator are summarised below. They are divided into possible areas for improvement, areas where information might be helpful and some notes on the wording of the indicator.

A.   Integrity, commitment to values, and respecting the rule of law

Possible improvement	Increasing the awareness of whistleblowing as a means of identifying problems.
Information required	What are the whistleblowing arrangements
	How are staff involvement in decision making
	How are staff made aware of how they can raise concerns
	How Council is monitoring complaint trends as a matter of business.

B.   Openness and Stakeholder Engagement

Possible improvement	Improve engagement with service users and carers – there is still on-going work which is needed to meet this indicator.
	While Council members actively seek practical opportunities to engage with service users, carers and the workforce, they are unaware of each other's activities in this area as there is no need to report on this.
Information required	n/a
Note	Lack of clarity about who local stakeholders are in the context of national policy.

C.   Strategic Intent

Possible improvement	Greater certainty around longer term funding to address the risks associated with the current arrangements.
Information required	n/a
Note	Indicator C5: lack of clarity about what investment and disinvestment means.

D.   Performance and Accountability

Possible improvement	Improved management of relationship with the sponsor
	Improved meeting schedule
	More information about staffing changes
	Greater clarity around decisions delegated to EMT.
Information required	n/a
Note	Indicator D3: lack of clarity about what is meant by 'executive' – does this mean EMT or sponsor.

E.   Council Capacity and Capability.

Possible improvement	Consider the impact of Council members leaving at the same time.
	Improve representation on Council from a variety of groups for example, differing ethnic backgrounds.

Areas for development

Members were asked to rank areas for development. The two areas identified as being most needed are:

1. Performance and Accountability

The Council assures itself and the public it serves that it will deliver its strategic outcome and vision and manages its risks effectively.

2. Capacity and Capability

The Council comprises motivated individuals who have the right blend of skills and experience to help deliver its strategic intent. Board members work constructively together in a climate characterized by informed trust, involvement and robust dialogue.

Meeting	Lead Officer	Admin Support	Date of Meeting	<u>Deadline</u> Final Reports to go to Administrator
Council	Anna Fowlie	Audrey Wallace	**28/01/2020**	14/11/2020
Council	Anna Fowlie	Audrey Wallace	**31/03/2020**	17/03/2020
Council	Anna Fowlie	Audrey Wallace	**23/06/2020**	09/06/2020
Council	Anna Fowlie	Audrey Wallace	**279/10/2020**	13/10/2020
Council	Anna Fowlie	Audrey Wallace	**26/01/2021**	12/01/21

Meeting 10.30am start	Lead Officer	Admin Support	Date of Meeting	Deadline Final Reports to go to administrator
Remuneration Committee	Anna Fowlie	Audrey Wallace	**15/04/2020**	01/04/2020

Meeting time 10.30am - 1pm	Lead Officer	Date of Meeting
Policy Forum	Lorraine Gray	**19/02/2020**
Policy Forum	Lorraine Gray	**13/05/2020**
Policy Forum	Lorraine Gray	**16/09/2020**
Policy Forum	Lorraine Gray	**16/12/2020**

Meeting 10am start	Lead Officer	Admin Support	Date of Meeting	Deadline Final Reports to go to administrator
Resources Committee	Gordon Weir	Audrey Wallace	**25/02/2020**	11/02/2020
Resources Committee	Gordon Weir	Audrey Wallace	**03/06/2020**	20/05/2020
Resources Committee Tentative only	Gordon Weir	Audrey Wallace	**25/08/2020**	**Only if budget update required**
Resources Committee	Gordon Weir	Audrey Wallace	**07/10/2020**	16/09/2020
Resources Committee	Gordon Weir	Audrey Wallace	**02/12/2020**	18/11/2020

Meeting 1.30pm start	Lead Officer	Admin Support	Date of Meeting	Deadline Final Reports to go to administrator
Audit Committee	Gordon Weir	Audrey Wallace	**25/02/2020**	11/02/2020
Audit Committee	Gordon Weir	Audrey Wallace	**03/06/2020**	20/05/2020
Audit Committee	Gordon Weir	Audrey Wallace	**Annual Accounts 25/08/2020**	11/08/2020
Audit Committee	Gordon Weir	Audrey Wallace	**7/10/2020**	16/09/2020
Audit Committee	Gordon Weir	Audrey Wallace	**02/12/2020**	18/11/2020

Title of report	**Covering report for Budget Monitoring Report as at 31 January 2018 (attached)**
Public/confidential	Public
Action	For approval
Summary/purpose of report	To provide Council with information on the SSSC's projected budget monitoring position on the core operating budget and specific grant funded expenditure for the year to 31 March 2018. The report was discussed at Resources Committee on 28 February 2018 and there are no updates to this report since that Committee. Resources Committee noted the report and recommended the budget monitoring statement for submission to Council and the Sponsor.
Recommendations	That the Council: 1. considers and approves the attached budget monitoring report for submission to the Sponsor.
Link to Strategic Plan	The information in this report links to Strategic Outcome 4: Our stakeholders value our work and Strategic Priority 6: High standards of governance
Link to the Risk Register	Regular monitoring of performance against the budget supports mitigation of the following risks: Strategic Risk 2: The SSSC's credibility as a well-run effective organisation is damaged if it cannot meet its strategic objectives in light of the funding allocated to it by Government. Strategic Risk 6: The public or employers do not have or lose confidence in the SSSC.
Author	Nicky Anderson Head of Finance Tel: 01382 207206
Documents attached	Budget Monitoring Report as at 31 January 2018

Title of report	Budget Monitoring Report as at 31 January 2018
Public/confidential	n/a
Action	For consideration and approval
Summary/purpose of report	To provide Resources Committee with the budget monitoring position on the core operating budget and specific grant funding for the year to 31 March 2018.
Recommendations	That the Resources Committee: i) considers the core operating budget monitoring statement for the year to 31 March 2018 (Appendix A) ii) considers the position on projected expenditure against available specific grant funding for the year to 31 March 2018 (Appendix B) iii) considers the summary of digital transformation expenditure for 2017/18 and 2018/19 (Appendix D) iv) note the areas of specific attention in section 10 of this report which will be closely monitored by the Executive Management Team (EMT) v) note the projected general reserve position detailed in Section 11 vi) notes that severance payments will be required due to a "technical redundancy" (Section 5.1.9).
Link to Strategic Plan	The information in this report links to Strategic Outcome 4: Our stakeholders value our work and Strategic Priority 6: High Standards of Governance.
Link to the Risk Register	Regular monitoring of performance against the budget supports mitigation of the following risks: Strategic Risk 2: The SSSC's credibility as a well-run effective organisation is damaged if it cannot meet its strategic objectives in light of the funding allocated to it by Government. Strategic Risk 6: The public or employers do not have or lose confidence in the SSSC.

Author	Nicky Anderson Head of Finance Tel: 01382 207206
Documents attached	Appendix A: Summary: core operating budget Appendix B: Summary: specific grant finding Appendix C: Summary: budget movements Appendix D: Summary: Digital transformation spend

EXECUTIVE SUMMARY:

1.1   This is the third budget monitoring report of the 2017/18 financial year. This report is based on an agreed core operating budget of £19.7m and specific grant funded expenditure of £1.1m (total £20.8m) as approved by Council on 21 March 2017.

1.2   In July 2017 the SSSC took on responsibility for disbursing the Voluntary Sector Development Fund (VSDF), a budget of £0.9m. This increased the core operating budget to £20.6m. Specific grants totalling £1.0m have been awarded to the SSSC this financial year. The report is based on the revised budget of £21.6m for 2017/18.

1.3   This budget monitoring report provides separate analysis of the core operating budget position and specific grant funded expenditure. The projected outturn figures are based on the ledger to 31 January 2018.

1.4   It was agreed with the Sponsor after the budget was agreed by Council, that additional funding paid in 2016/17 would be used to fund £271k of practice learning fees. The revised budget reflects that £271k of practice learning fees are to be funded by the general reserve balance.

1.5   After the 2017/18 budget had been agreed by Council, the Sponsor supplied additional funding to provide working capital of £429k to the SSSC. This is intended to contribute to our digital transformation programme during 2017/18. This additional funding was received by the SSSC in 2016/17 and is contained in the general reserve balance.

1.6   As at 31 January 2018, the projected outturn position on the core operating budget is an overspend of £606k. This consists of the planned budget deficit for practice learning fees of £271k, the additional £429k of working capital and an in-year underspend of £94k.

1.7   Specific grant funding of £1,008k has been awarded to the SSSC for 2017/18. In addition, £54k of grant underspends were carried forward from 2016/17 in the general reserve for use during 2017/18. As at 31 January 2018 the projected outturn position on specific grants is an underspend of £44k. This is a variance of £98k to the planned position of a £54k overspend.

1.8   A summary of the projected core operating budget position is attached at Appendix A. The specific grant funded position is summarised at Appendix B, a summary of budget movements is detailed at Appendix C and a summary of digital transformation expenditure is attached at Appendix D.

Summary of movements since last reported position:

The position last reported to Resources Committee on 6 December 2017 was a projected underspend of £440k. This was based on the ledger position at 31 October 2017.

The position based on the ledger as at 31 January 2018 is a projected underspend of £94k. This represents a movement of £346k against the previously reported position. The main reason for this is additional investment in the digital transformation programme.

	£000	£000
Current projected net expenditure/(income)	(94)	
Last reported net expenditure/(income)	(440)	
Change to net expenditure position		346

Summary of changes:	**Total Projection increase/ (decrease) £000**
Expenditure:	
Staff costs	(117)
Administration costs	(133)
Travel costs	1
Supplies and services	587
Postgraduate bursaries	(35)
	303
Income:	
Registration fees	60
Protection of Vulnerable Groups (PVG) Fee	2
IRS Equivalency fees	2
Modern apprenticeship fee	(10)
Seconded Officers	(11)
	43
Grand total:	**346**

The main reasons for these variances are detailed below:

Staff costs
The staff costs projection has reduced by £117k.

The projection for staff salaries has reduced by £114k. This is mainly due to delays in filling posts (slippage) £100k and a £20k reduction in Council members allowances.

The above reductions in projected costs are partially offset by a £3k increase in the overtime projection and a £3k increase on salary costs due to a post being re-graded.

Other staff costs
The projection for other staff costs has reduced by £3k.

The projection for digital and customer service staff training has reduced by £156k as this funding has been re-directed towards the wider digital transformation programme. There has been a further £12k reduction in projected staff training costs across various departments.

The projection for allowances for Legally Qualified Chairs (LQCs) and Lay and Social Service Members has reduced by £16k based on the anticipated number of hearings yet to be held this financial year.

The above reductions to projection are partially offset by an increase to the projection for hired agency of £136k for the employment of a Digital Transformation Lead, Third level Engineer support and a Technical Specialist on the ICT Development project. The projection for the Digital Transformation Lead of £68k was previously reported under professional fees.

The hired agency staff projection for Registration has increased by £27k for the employment of five temporary staff to process support worker applications.

Staff severance costs of £16k are projected due to the cessation of projects funded by specific grants.

The projection for staff recruitment costs has increased by £2k.

Administration costs
The projection for administration costs has reduced by £133k in total.

The projection for legal adviser fees for hearings has reduced by £51k based on the expected number of hearings still anticipated to be held this financial year.

The projection for professional fees relating to ICT Development has reduced by £43k. This is due to the Digital Transformation Lead costs of £68k now being projected under hired agency.   An additional £25k of expenditure is projected for Office 365 and Windows 10 migration planning.

Printing and postage costs have reduced by £63k mainly due to fewer codes of practice being printed and/or posted than was previously anticipated.

There are other minor reductions to projections totalling £12k.

The above projected cost reductions are partially offset by projection increases totalling £36k for:

- translation costs £13k;
- professional fees associated with the development, delivery and evaluation of the SSSC Leadership and Management programme £10k;
- legal fees relating to employment law advice £10k and
- professional fees for the cost of training Legally Qualified Chairs (LQCs) and new Members £3k.

Travel costs
The projection for travel costs has increased by £1k.

Supplies and Services
The projection for supplies and services has increased by £587k.

The projection for the digital transformation programme has increased by £574k in line with agreements made at the digital Transformation Programme Board and the Resources Committee.

An additional £17k is projected for the procurement and implementation of an automated telephone payment system.

The projection for Protection of Vulnerable Groups (PVG) fees has increased by £8k.

There are other minor increases in projections totalling £10k.

The above increases are partially offset by reductions to projections of £22k for venue hire (£12k) and ICT equipment (£10k).

Postgraduate Bursaries
The postgraduate bursaries expenditure projection has reduced by £35k based on the latest assessment information.

Registration fee income
The projection for Registration fee income has reduced by £60k. This is based on actual data to January 2018 and projections from January to March 2018.

Other fee income
The projections for PVG, IRS Equivalency and Modern Apprenticeship fee income has increased by £6k.

Other income
Two new secondment outwards commencing in January 2018 and March 2018 will increase income by £11k for 2017/18.

BUDGET MONITORING INFORMATION

2.   INTRODUCTION

2.1   This is the third budget monitoring report of the 2017/18 financial year to be presented to the Resources Committee. The SSSC manages its resources and has in place formal processes for the accurate recording, reporting and effective managerial control of its funds.

2.2   The Scottish Social Services Council (SSSC) agreed a total core operating budget of £19.7m and a specific grant funded budget of £1.1m on 21 March 2017. There have been adjustments to the budget since it was agreed by Council; the detail of this is set out in section 3 below.

2.3   Attached as Appendix A and B respectively are the budget monitoring statements for the core operating and grant funded budgets. These statements are based on the revised budget position set out in section 3 below.

3.   REVISED 2017/18 BUDGET

3.1   The revised core operating budget for 2017/18 is £20.6m. This is £0.9m more than the agreed budget because the SSSC agreed to take on the management of the Voluntary Sector Development Fund (VSDF) from Scottish Government on 1 July 2017. A total of £1.0m in specific grants has been awarded to the SSSC providing a total budget of £21.6m in 2017/18.

3.2   It was agreed with the Sponsor after the budget was agreed by Council, that additional funding paid in 2016/17 contained in the general reserve balance would be used to fund £271k of practice learning fees. The practice learning fees income budget has been reduced accordingly and the revised budget now shows a deficit.

3.3   After the Council agreed the 2017/18 budget, the Sponsor provided additional funding of £429k to contribute to non-recurring costs associated with our digital transformation programme during the 2017/18 financial year. This additional funding was received in late 2016/17 and is contained within the general reserve balance. Together with the £271k practice learning fees to be funded from the General Reserve balance as described in 3.2 above, an overspend of £700k is planned.

3.4   Specific grant funding of £1,008k has been awarded to the SSSC for 2017/18. In addition, £54k of grant underspends were carried forward from 2016/17 in the general reserve for use during 2017/18.

3.5   The table below summarises the SSSC's 2017/18 budget position for core operating expenditure and specific grants awarded to the SSSC.

	Core Operating Budget 2017/18 £000	Specific Grant Funding 2017/18 £000	Total Budget 2017/18 £000
Gross expenditure agreed by Council (21 March 17)	19,738	1,042	20,780
Budget revisions:			
Voluntary Sector Development Funding (VSDF)	900		900
Reduction in W/force Dvt & Social Integration Grant		(34)	(34)
Revised gross expenditure	**20,638**	**1,008**	**21,646**
Budgeted Funding:			
Approved by Council (21 March 2017)	(19,738)	(1,042)	(20,780)
Voluntary Sector Development Fund (VSDF)	(900)		(900)
Practice Learning income reduction	271		271
Reduction in other grant funding		34	34
Revised funding	**(20,367)**	**(1,008)**	**(21,375)**
Council agreed budget deficit/(surplus)	0	0	0
Revised budget deficit/(surplus)	**271**	**0**	**271**
Additional digital transformation investment	429	0	429
Anticipated budget overspend	**700**	**0**	**700**

4.0   2017/18 – SUMMARY OF PROJECTED OUTTURN

4.1   This budget monitoring report provides separate analysis of the core operating budget position and specific grant funded expenditure. The report incorporates projected outturn figures based on the ledger to 31 January 2018. Attached at Appendix A is the 2017/18 core operating budget monitoring statement for the year to 31 March 2018. This includes a summary of the projected general reserve movement. Specific grant funding is detailed in Appendix B and a summary of budget movements is shown at Appendix C. Appendix D shows a summary of ICT Development requirements for 2017/18 and 2018/19.

4.2   As at 31 January 2018, the projected outturn position on the core operating budget is an overspend of £606k. This consists of the planned budget deficit for practice learning fees of £271k, the additional £429k of working capital and an in-year underspend of £94k. Underspends in other areas of the budget totalling £633k have been used to fund the required additional investment in the digital transformation programme and we will continue to endeavour to generate further budget underspends in an attempt to reduce the projected in-year overspend.

4.3   As at 31 January 2018 the projected outturn position on specific grants is an underspend of £44k. This is a variance of £98k to the planned position of a £54k overspend.

4.4   The core operating budget statement at Appendix A and the grant funded budget statement at Appendix B shows the 2017/18 budget for monitoring purposes after adjustments have been made to the budget agreed by Council

on 21 March 2017. The actual expenditure/income and commitments are shown for the period to 31 January 2018. The projected year end expenditure column represents the anticipated expenditure or income position at the end of the financial year (31 March 2018). The projected annual variance column represents the variance between projected annual expenditure or income and the agreed budget.

5.   OPERATING BUDGET - EXPENDITURE

5.1   Staff costs   (£303k)

5.1.1 The total projected underspend on staff costs is £303k. The reasons for this are set out in 5.1.2 to 5.1.8 below.

5.1.2 There is an underspend of £472k on salaries. This is mainly due to delays in filling vacant posts (slippage), staff working reduced hours and maternity leave.

5.1.3 The projection for allowances for lay and social service members is expected to be underspent by £84k as expected hearing numbers have reduced by a third. Allowances for external assessors for non-UK qualification work are expected to be underspent by £10k.

5.1.4 An underspend of £20k is anticipated from Council Members' claims for attendance at meetings and training days.

5.1.5 A projected overspend of £136k on non-payroll staff costs for the employment of hired agency staff to work on the ICT development project.

5.1.6 A projected overspend of £34k on training costs. This mainly due to additional training on digital and customer skills and EFQM re-accreditation.

5.1.7 A projected overspend on secondments inward of £58k (Learning & Development £54k and Corporate Governance and Hearings £4k).

5.1.8 A projected overspend of £27k due to the employment of temporary staff to process support worker applications.

5.1.9 Unbudgeted severance costs of £16k associated with the cessation of projects funded by specific grant. This is a "technical redundancy" as described in a separate report to this Committee meeting. The Committee is requested to note that redundancy and strain on fund payments are due.

5.1.10 A projected overspend of £12k on staff recruitment.

5.2   Accommodation   £13k

5.2.1 Accommodation costs are projected to be £13k overspent due to unplanned maintenance.

5.3   **Administration costs**   **(£150k)**

5.3.1 Administration costs are expected to be underspent by £150k. The reasons for this are set out in 5.3.2. to 5.3.12 below.

5.3.2 Legal adviser fees for hearings are anticipated to be underspent by £225k. This is due to the following factors:

- the move to the new Fitness to Practise model which is forward looking and focusses on a person's current behaviour;
- a change in thresholds for Fitness to Practise meaning that fewer cases result in a hearing; and
- the move to Legally Qualified Chairs which will mean that legal advisers will no longer be required.

The projection takes into account actual costs to 31 January and the projected number of hearings anticipated under the current rules and the new rules from February to March 2018.

5.3.3 Postage costs are expected to be £76k underspent. The new personal registration card is now being issued to a reduced audience (new registrants and those renewing only), saving £48k. In addition, postage costs are expected to be underspent by £20k as fewer codes of practice have been mailed out than originally anticipated and by £8k due to the anticipated reduction in hearings.

5.3.4 Print costs are expected to be £40k underspent. Fewer codes of practice have had to be printed due to more users downloading digital copies saving £33k. Registration are projected to underspend by £4k and the State of Nation report will not be produced this financial year saving a further £3k.

5.3.5 Bank charges are expected to be £5k less than budget due to savings associated with the new Government framework contract for online and telephone payments.

5.3.6 The stationery budget for the organisation is expected to be £4k underspent.

5.3.7 Fewer Fitness to Practise staff are using the Linets service than anticipated generating a subscriptions budget saving of £3k.

5.3.8 The conference attendance budget is expected to be £3k underspent.

5.3.9 Professional fees are projected to be £118k overspent. This comprises:

	Budget Variance over/(under) spend £000	Funded from General Reserve £000	Total Professional Fees Over/(under) spend £000
Expertise for Sequence relet		61	61
SSSC Leadership & Management programme		10	10
Institute of Customer Services (ICS) membership		7	7
EQUIP Advanced online service tool		5	5
Training Legally Qualified Chairs and new members	23		23
Professional advisers for the recruitment of LQCs	5		5
Due diligence assignment	5		5
Translation costs for hearings	16		16
Sponsorship SCQF Conference Feb 2018	2		2
State of Nation report – design costs	(5)		(5)
Underspend for EFQM accreditation - postponed	(6)		(6)
Speaker for staff conference – cancelled	(2)		(2)
Underspend for practising certificates	(3)		(3)
Total	**35**	**83**	**118**

5.3.10 Legal fees are projected to be £51k overspent in total. Unbudgeted employment law advice is expected to cost £36k. Legal presenter fees are projected to be £15k overspent for Fitness to Practise cases.

5.3.11 Fee write offs are projected to be £30k more than budgeted. Fees are written off due to registrants lapsing or being removed from the register.

5.3.12 Photocopying charges are expected to be £7k more than budgeted.

5.4   Transport costs   (£29k)

5.4.1 Travel and subsistence costs are projected to be underspent by £45k for lay and social service members due to the expected reduction in hearings.

5.4.2 This is partially offset by overspends relating to the volume of travel being undertaken by Learning and Development for events and engagement activity of £9k and travel associated with Fitness to Practise casework and engagement activity of £5k.

5.4.3 Travel costs relating to ICT development work for four members of staff attending a Case Management System conference in London are expected to be £2k.

5.5   Supplies and services   £698k

5.5.1 Supplies and service costs are expected to be overspent by £698k. The reasons for this are set out in 5.5.2 to 5.5.9 below.

5.5.2 **Digital Transformation Programme**

Digital transformation costs are currently expected to be overspent by £699k against the revised budget. As the digital transformation programme has progressed it has become clear that additional investment is required particularly with respect to modernising the ICT operating environment and equipment, enhancing the Sequence system, investing in a case management system and redeveloping our website.

It should be noted that the timings of elements of the digital transformation programme are uncertain and expenditure may fall into next financial year. The Sponsor has confirmed they are willing to be flexible in the carry forward of any under or overspends into 2018/19. The funding of the digital transformation programme is therefore being managed over the current and next financial years.

5.5.3 ICT costs are expected to be overspent by £17k for the procurement of an automated telephone payment system which allows customers to make payment 24 hours per day, seven days per week over the phone.

5.5.4 Protection of Vulnerable Groups (PVG) expenditure is expected to be £8k overspent based on current trends. The SSSC pays these fees for students and unemployed Social Workers.

5.5.5 The new maintenance contract for the telephone system is expected to cost £4k more than budget.

5.5.6 Other supplies and services costs are expected to be £3k overspent due to subscriptions for new ICT packages such as Snap Survey and records management software.

5.5.7 The projection for furniture and equipment purchase is anticipated to be overspent by £3k for the purchase of a room divider, standing desks and a heavy duty box trolley for Committee and Corporate Governance.

5.5.8 The above overspends will be partially offset by a projected underspend of £14k in respect of pick and pack costs associated with sending out Codes of Practice materials. ICT budgets totalling £10k will not be required in this financial year due to Fitness to Practise no longer purchasing iPads (£7k) and ICT budget in Communications no longer required (£3k). A further underspend of £4k is expected from shredding of confidential waste charges due to a new contract and change of supplier.

5.5.9 Venue hire and hospitality costs have decreased by £8k. The staff conference due to be held in March has now been cancelled saving £8k. It is anticipated that £4k of the venue hire and hospitality budget for hearings will not be required. Venue hire and hospitality costs of £3k are anticipated to be incurred for customer services training and digital transformation. A further £1k expenditure is required for meetings held in relation to ICT development work.

5.6   **Postgraduate bursaries**   **(£55k)**

5.6.1 The budget for postgraduate bursaries is based on a total of 310 bursaries being awarded. The current number of student nominations from universities this year is 299. Of those assessed to date 48 are entitled to tuition fee and travel costs only. Prudent estimates have been included for Stirling University students but final costs for those students will not be known until February/March 2018 as Stirling operates a January to December academic year. Postgraduate bursary expenditure is currently projected to be £55k underspent. Once all assessments have been completed, expenditure projections will be reviewed.

5.7   **Practice learning fees**

5.7.1 The first payment of practice learning fees has been made to universities. This is based on the universities' 2016/17 charges. Expenditure projections in this report are currently at budget. Updated estimates are due from the universities mid February 2018 and this information will be used to provide a more accurate projection of the year end position.

5.8   **Voluntary Sector Development Fund (VSDF)**   **£150k**

5.8.1 In July 2017 the SSSC took on responsibility for administration of the Scottish Government's Voluntary Sector Development Fund. There is a budget of £900k for 2017/18 to provide contributions towards the cost associated with meeting the required registration qualification criteria set by the SSSC. We have also received confirmation from Scottish Government that a further £150k is available to fund contributions. There is a corresponding increase to the income projection detailed in paragraph 6.3.1. In 2017/18 the priorities for eligibility are support workers in housing support and care at home services and contributions are a maximum of £1,200 per eligible student.

5.8.2 The closing date for applications for VSDF funding was 1 September 2017 and decisions regarding the allocation of the budget were made in October 2017. Scottish Ministers have given approval for the funding to be awarded and the majority of payments have been made to successful organisations. It is anticipated that this budget will be fully spent.

6.   **OPERATING BUDGET - INCOME**

6.1   **Government grants - grant in aid**

6.1.1 The projections within this report assume grant in aid will be fully drawn down for the year.

6.2   **Practice learning fee income**

6.2.1 The 2017/18 budget approved by Council on 21 March 2017 included provision for practice learning expenditure of £2,352k. The budget agreed by Council

assumed this would be entirely funded by grant in aid. This position has been revised in agreement with the Sponsor and £2,081k will now be funded from grant in aid and £271k will be funded from the general reserve.

6.3   Voluntary Sector Development Fund (VSDF) Income   (£150k)

6.3.1 A budget of £900k has been allocated for the VSDF by the Scottish Government for 2017/18. As detailed in paragraph 5.8.1 we have received confirmation from Scottish Government that a further £150k funding will be made available.   The full amount of funding available (£1,050k) has been drawn down from Scottish Government in order to make payments to the successful organisations and it is anticipated that the full budget will be required.

6.4   Registration fee income   £160k

6.4.1 Current projections suggest that registration fee income will be £160k less than budget. This is based on actual data to January and current projections from January to March. One reason is due to the uptake for Support Workers for Care at Home Services and Support Workers for Housing Support Services, both of which opened on 1 October 2017. The number of new applications relating to those parts of the Register is now expected to be 4,300 less than the 10,000 expected in this financial year. In addition to this the projection for annual fees has been revised due to the number of Registrants who have been removed from the Register since the start of the financial year.

6.5   Protection of Vulnerable Groups (PVG) fee income   £2k

6.5.1 PVG fee income is projected to be £2k less than budgeted this is in line with current PVG uptake.

6.6   IRS Equivalency fee income   £2k

6.6.1 IRS Equivalency fee income is projected to be £2k less than budgeted based on current trends.

6.7   Modern Apprenticeship income   (£10k)

6.7.1 The projection for Modern Apprenticeship fee income is anticipated to be £10k more than budget based on current and expected levels of uptake.

6.8   Other income   £7k

6.8.1 Other income is anticipated to be £7k less than budget. An outward secondment budgeted to end on 31 March 2018 actually ended on 31 October 2017 giving a shortfall of £18k. Two new outward secondments commencing on 15 January 2018 and 1 March 2018 will provide income of £11k.

7. Digital Transformation Programme Financial Overview

7.1 Additional funding was paid late in 2016/17 to provide working capital of £429k. This is contained within our General Reserve balance. This was originally intended to supplement 2017/18 funding for Sequence development (£229k) and digital and other training (£200k). It was subsequently decided to manage the Sequence re-implementation, the procurement and implementation of a case management system, an upgrade to the ICT operating environment, an equipment upgrade and refresh and a redevelopment of our website as a digital transformation programme. All related funding would transfer to the digital transformation programme and then be managed through this programme. At this time £69k was already spent or committed to digital or other training. This left £360k of working capital funding for the digital transformation programme.

7.2 Within the 2017/18 budget there was £820k budget provision for Sequence development, £100k for a case management system, £88k for paperless hearings, £70k for website development and a further £40k for digital development work. This is total 2017/18 budget funding of £1.118m.

7.3 To supplement the funding for digital transformation we have been actively identifying and generating budget savings during the year. To date £633k of savings in other areas of the budget have been identified and released to the digital transformation programme.

7.4 The total funding identified for digital transformation to date is therefore £2.111m. Projected expenditure for 2017/18 is currently £2.017m which is £94k less than the funding identified. The programme is being managed over the current financial year and next financial year so there is flexibility available to deal with budget variations over the two years. Appendix D sets out the position in detail.

8.0 SPECIFIC GRANTS AWARDED TO THE SSSC

8.1 Workforce development grant

8.1.1 Workforce Development Grant (WDG) totalling £399k has been agreed with the Scottish Government for the 2017/18 financial year. In addition, the Scottish Government agreed that £6k of underspent funding from 2016/17 could be held in the general reserve to be used in 2017/18. Funding of £2k was repaid to SSSC, providing total available funding of £407k.

8.1.2 Current projections suggest that the WDG will be underspent this financial year by £123k as only £284k is anticipated to be required from total available funding of £407k. This is due to issues regarding the procurement framework for the digital learning team and the late agreement for the specification of work associated with the Review of Social Work Education (RSWE) stage 2. However, a request has been sent to the grant sponsor for approval to claim £75k of the RSWE funding in 2017/18 for utilisation in 2018/19.

8.2 **Other specific grant funding**

8.2.1 A total of £609k of other specific grants has been agreed for 2017/18. In addition, the Scottish Government agreed that £48k of underspend from 2016/17 Workforce Development and Social Care Integration funding could be held in the general reserve for use in 2017/18. Current projections indicate that specific grant expenditure will be underspent by £28k.

8.2.2 **Workforce Development and Social Care Integration**
The total underspend on this project is £28k. £12k of this underspend relates to staff slippage. The remainder relates to Self Directed Support (SDS) Systems work (£5k) and outcomes focussed support planning for Carers (£5k). The Sponsor of this grant has given verbal indication that they would like the SSSC to draw down the full grant award of £413k in 2017/18 and any underspend will be deducted from the 2018/19 grant offer.

8.2.3 Grant income totalling £70k has been received in 2017/18 for two grants relating to 2016/17. The income comprises: Enhanced learning and CPD within the childcare sector £50k and the development of a smartphone app on child development £20k. The expenditure relating to these grants was incurred during 2016/17.

8.2.4 The grant projected net expenditure position is summarised in the table below:

	Specific Grant funding 2017/18 £000	Projection/ Actual 2017/18 £000	Variance £000
In-year funding	(1,008)	(891)	117
Repaid grant for re-use	(2)	(2)	0
2016/17 grant receipts		(70)	(70)
Total in-year funding	(1,010)	(963)	47
Expenditure	1,064	919	(145)
From/(to) general reserve	54	(44)	(98)

8.2.5 As at 31 January 2018 96% of the projected expenditure for Workforce Development Grant was spent or committed. A total of 92% of projected expenditure for the other five specific grants has been spent or committed by 31 January 2018. Plans are in place for the remaining available grant funding.

8.2.6 No further grants are expected to be awarded to the SSSC for the 2017/18 financial year.

9.0 GRANTS PAID TO OTHER BODIES

9.1 The following grants have been awarded to other bodies during 2017/18 from the Workforce Development Grant (paragraph 6.1.1).

2017/18 Third Party Grants	£000
Scottish Care	80
Coalition of Care Providers Scotland (CCPS)	70
Skills for Care	12
Total grants awarded to other bodies	**162**

9.2 No further grants are expected to be awarded to other bodies for the 2017/18 financial year.

10.0 BUDGET MONITORING AREAS FOR SPECIFIC ATTENTION

10.1 There are areas of the budget where there is uncertainty. The table below details the budget headings identified and the EMT Member who is taking an active role in monitoring these budget headings as the year progresses.

Budget area	Budget issue	Potential over/ (under) spend £000	Responsible EMT Member
Staff costs	Projected staff costs are based on staff in post as at 31 January 2018 and known future changes at this date. EMT will monitor changes in staffing closely throughout the year.	+/-	All
Digital Transformation	Total available funding of £2,111k for 2017/18 (see Appendix D). There is uncertainty around the timing and nature of the development work on Sequence and the Fitness to Practise case management development. At 31 January 2018 £1,801k (85%) of the available funding was spent or committed.	Up to (£354k)	Director of Strategic Performance and Engagement
Legal advice (CGH)	There is uncertainty over this budget due to the move to Legally Qualified Chairs (LQCs) from 1 December 2017. During the transitional period legal advisers and LQCs will both be used. The projection for this has been reduced by £225k based on actual data to January and the projected number of hearings expected under the current rules and the new rules from 22 January to 31 March 2018.	+/-	Chief Executive

Legal advice (HR)	Current expenditure patterns suggest an overspend of £36k on external legal advice for employment law. This area will continue to be closely monitored.	+	Chief Executive
Legal presenter fees (FtP)	Current expenditure patterns suggest an overspend of £15k on legal presenter fees. This area will continue to be closely monitored.	+	Director of Fitness to Practise
Hearings	There are a number of budget reductions due to the anticipated number of hearings.	-	Chief Executive
Value Added Tax (VAT)	A review of the CI SLA was completed by our tax advisors. This reviewed the current tax treatment of shared services and identified that the SSSC should be charged VAT on the ICT shared service. Prior to 2016/17 the SSSC had not been charged VAT for the ICT shared service and we are now reviewing the possibility of having to pay backdated tax.	+	Chief Executive
Exit costs	Due to the temporary nature of staff working on specific grant funded projects we may incur exit costs for staff whose contracts of employment will cease at the end of March.	+	Chief Executive

11. FINANCIAL IMPLICATIONS

11.1 FINANCIAL IMPLICATIONS – GENERAL RESERVE

11.1.1 The 2016/17 outturn position is a general reserve balance of £1,094k. A total of £754k is planned to be funded from the general reserve in 2017/18. This comprises:

2017/18 Expenditure to be funded from general reserve	Planned outturn £000	Projected outturn £000	Variance £000
Contribution to practice learning fees	271	271	0
Sequence development	229	229	0
Customer services/digital transformation	200	200	0
Net over/(under)spend on specific grants	54	(44)	(98)
In-year underspend		(94)	(94)
Total to be funded from general reserve	**754**	**562**	**(192)**

11.1.2 As at 31 December the projected outturn position on the core operating budget is an underspend of £606k. Specific grant funding is projected to be £44k underspent giving projected net expenditure of £562k to be funded from the general reserve at 31 March 2018. This is £192k less than was expected to be required to be funded from the general reserve. This is shown in the table above. The table below summarises the projected general reserve balance position expected as at 31 March 2018.

Projected general reserve position:	Revenue element of Reserve 2017/18 £000	Grant element of Reserve 2017/18 £000	Total General Reserve £000
General reserve opening balance at 1 April 2017	(1,040)	(54)	(1,094)
Projected overspend on core operating budget	606		606
Projected underspend on specific grants		(44)	(44)
Projected general reserve at 31 March 2018	**(434)**	**(98)**	**(532)**

11.1.3 Should the final outturn be as currently projected there would be a general reserve balance of £532k as at 31 March 2018. £532k is 2.58% of gross expenditure. This is just over the target general reserve balance range which is 2% (£413k) to 2.5% (£516k) of gross expenditure.

12. HUMAN RESOURCE IMPLICATIONS

12.1 There are no human resource implications arising from this report.

13. EQUAL OPPORTUNITIES

13.1 Budget monitoring helps to support the SSSC's commitment to equal opportunities and working towards equality and diversity.

14. LEGAL IMPLICATIONS

14.1 Budget monitoring reports are compiled in accordance with guidance issued by the Scottish Government and in line with requirements of the Scottish Government Executive Framework Agreement and the Council's Standing Orders and Financial Regulations.

15. STAKEHOLDER ENGAGEMENT

15.1 There are no immediate implications for stakeholder engagement, but continued budget monitoring is part of a robust financial management framework which is required to ensure that the service we provide to our stakeholders is as good as it can be.

16. IMPACT ON USERS AND CARERS

16.1 The budget is developed in line with corporate planning priorities and monitored regularly to assist the Council in meeting its objectives of improving

services and raising standards. This will support improved services to users and carers in the longer term.

17. CONCLUSION

17.1 The Resources Committee is requested to consider and approve the attached Budget Monitoring Statement for the year to 31 March 2018 in accordance with corporate governance requirements.

SSSC Budget Monitoring 2017/18 as at 31 January 2018

Summary: Core Operating Budget	Revised budget for monitoring purposes £'000	Actual Expenditure/Income as at 31 January 2018 £'000	Commitments as at 31 January 2018 £'000	Projected year end Expenditure/Income as at 31 January 2018 £'000	Projected Annual Variance £'000
Staff Costs	9,854	7,765	183	9,551	(303)
Accommodation Costs	767	590	190	780	13
Administration Costs	1,477	933	333	1,327	(150)
Travel Costs	221	155	0	192	(29)
Supplies & Services	2,412	2,118	633	3,110	698
Postgraduate Bursaries	2,655	3,132	124	2,600	(55)
Practice Learning Costs	2,352	1,140	0	2,352	0
Voluntary Sector Development Fund (VSDF)	900	0	0	1,050	150
Gross Expenditure - core operating budget	**20,638**	**15,833**	**1,463**	**20,962**	**324**
Government Grants	(14,348)	(8,993)	0	(14,348)	0
Practice Learning Fee Income	(2,081)	(917)	0	(2,081)	0
Voluntary Sector Development Fund (VSDF)	(900)	(0)	0	(1,050)	(150)
Registration Fees	(2,743)	(3,955)	0	(2,583)	160
Protection of Vulnerable Groups (PVG) Fees	(13)	(8)	0	(11)	2
IRS Equivalency Fee	(10)	(6)	0	(8)	2
Modern Apprenticeship Income	(133)	(109)	0	(143)	(10)
Other Income	(139)	(84)	0	(132)	7
Total Income	**(20,367)**	**(14,072)**	**0**	**(20,356)**	**11**
Net Expenditure - core operating budget	**271**	**1,761**	**1,463**	**606**	**335**

Projected general reserve movement:	Core operating budget £'000	Specific Grants £'000	Total £'000
General reserve opening balance at 1 April 2017	(1,040)	(54)	(1,094)
Projected overspend on core operating budget	606	0	606
Projected underspend on specific grants	0	(44)	(44)
Projected general reserve at 31 March 2018	**(434)**	**(98)**	**(532)**

2.58 % of gross core operating budget
target range: 2% (£413k) to 2.5% (£516k)

SSSC Budget Monitoring 2017/18 as at 31 January 2018

Resources Committee
28 February 2018
Agenda item: 08a
Report no: 03/2018
Appendix B

Summary: Specific Grant Funding	Budget 2017/18 £'000	Approved Grant offer 2017/18 £'000	Actual to 31-Jan-18 £'000	Commitments as at 31-Jan-18 £'000	Projected outturn as at 31-Jan-18 £'000	Projected Annual Variance £'000
Expenditure						
Workforce Development	399	399	160	119	290	(109)
Total: Workforce Development	**399**	**399**	**160**	**119**	**290**	**(109)**
Leadership for Integration	28	28	23	4	28	0
Workforce development and social care integration	447	413	299	97	433	20
Promoting Excellence: Dementia strategy	168	168	136	21	168	0
Enhanced Learning and CPD within childcare sector	0	0	0	0	0	0
Development of smartphone app on child development	0	0	0	0	0	0
Total: Other specific grants	**643**	**609**	**458**	**122**	**629**	**20**
Total Expenditure	**1,042**	**1,008**	**618**	**241**	**919**	**(89)**
Income						
Workforce Development	(399)	(399)	(201)	0	(284)	115
Total: Workforce Development	**(399)**	**(399)**	**(201)**	**0**	**(284)**	**115**
Leadership for Integration	(28)	(28)	0	0	(28)	0
Workforce development and social care integration	(447)	(413)	(206)	0	(413)	0
Promoting Excellence: Dementia strategy	(168)	(168)	(168)	0	(168)	0
Enhanced learning and CPD within childcare sector	0	0	(50)	0	(50)	(50)
Development of smartphone app on child development	0	0	(20)	0	(20)	(20)
Total: Other specific grants	**(643)**	**(609)**	**(444)**	**0**	**(679)**	**(70)**
Total Income	**(1,042)**	**(1,008)**	**(645)**	**0**	**(963)**	**45**
Net Expenditure	**0**	**0**	**(27)**	**241**	**(44)**	**(44)**

General Reserve funding available: Workforce Development		(6)
General Reserve funding available: Workforce development and social care integration		(48)
Total General Reserve funding available for specific grants		**(54)**
Projected 2017/18 over/(under) spend		**(98)**

Scottish Social Services Council

Summary of Budget Movements

	2017/18 Approved Budget £'000	2017/18 Reallocated / Additional Budget £'000	2017/18 Revised Budget £'000
Expenditure			
Staff costs	9,854		9,854
Accommodation costs	767		767
Administration costs	1,477		1,477
Transport costs	221		221
Supplies & services	2,412		2,412
Postgraduate bursaries	2,655		2,655
Practice learning fees	2,352		2,352
Voluntary Sector Development Fund (VSDF)		900	900
	19,738	900	20,638
Income			
Practice Learning fee income	(2,352)	271	(2,081)
Registration income	(2,743)		(2,743)
Other Income	(295)		(295)
Voluntary Sector Development Fund (VSDF)	0	(900)	(900)
	(5,390)	(629)	(6,019)
Net Expenditure funded by:			
Grant in aid	(14,348)		(14,348)
Net Expenditure	**0**	**271**	**271**

Note:

a. On 1 July 2017 the SSSC took on administration of the Voluntary Sector Development Fund (VSDF) on behalf of Scottish Government. Ministers agreed a budget of £900k for the 2017/18 financial year.

Scottish Social Services Council

Summary of Digital Transformation requirements as at 31 January 2018

Resources Committee
28 February 2018
Agenda item: 08
Report no: 03/2018
Appendix D

	Change Request No.	Planned Expenditure £	2017/18 £	2018/19 £
Non-Recurring				
Service Transition	NVT 1	59,700	59,700	
Dynamics 365 Upgrade	NVT 2	134,266	134,266	
Hosting Transition	NVT 4	18,000	18,000	
Additional Service Transition	NVT 6	62,400	62,400	
ADFS & VPLS	CR4045	16,929	16,929	
Communigator	CR4046	599	599	
Third party components	CR4049	13,226	13,226	
PostCoder Credits	CR4050	1,482	1,482	
D365 Re-Implementation	CR4052	334,763	334,763	
GAP in Support Costs	CR4053	4,350	4,350	
Programme Manager	CR4054	74,248	74,248	
CITO57 - Set-up Active Directory Federation Services (ADFS)		2,304	2,304	
Office 365 Migration Planning Consultancy services		3,840	3,840	
Windows 10 Migration Planning Consultancy services		10,560	10,560	
Consilium attendance at scoping meeting 05/12/17		960	960	
Cost for ADFS support from 26 to 29 January		4,500	4,500	
SSSC Microsoft Active Directory Seperation Design cost		2,880	2,880	
Go Live support for Sequence		3,429	3,429	
MPLS line contract and hosting extended to 2nd March 2018		23,780	23,780	
15-17 Nov - Half day room hire & tea/coffee for Case Mgmt		699	699	
05/12/17 - Room hire with flipchart and projector for 1 day workshop		280	280	
Third Engineer support for 86 days at £347 per day		35,394	35,394	
ICT connectivity work to NVT data centre (VPLS and ADFS)		6,387	6,387	
DTS, SG to provide expertise on the SEQUENCE relet and upgrade project		20,000	20,000	
Digital Transformation Services CRM tender and evaluation support		3,371	3,371	
Sequence - 2016/17 - procurement charges (accrual 5 days short)		3,445	3,445	
Sequence - 2017/18 - procurement charges		7,683	7,683	
Sequence hosting and licenses: 07/01/18 to 06/02/18		17,794	17,794	
Asset tags		561	561	
CMS Conference attendance (Thomson Reuters) London - 20/21 Feb		3,000	3,000	
Active Directory Separation		100,000	100,000	
Equipment refresh		548,600	300,000	248,600
Recurring				
Application Support	NVT 3	109,620	36,540	73,080
Hosting Fee	NVT 5	297,398	127,456	169,942
100MB Layer 2 link to data centre	CR4045	11,348		11,348
Microsoft Dynamics License (based on 266 users)	CR4047	339,815	108,842	230,973
Case Management PM/Consultant	CR4048	124,981	74,653	50,328
Website	CR4051	156,000	84,000	72,000
Communigator monthly rental	CR4055	13,980	5,340	8,640
Case Management System (CMS)	CR4056	242,725	192,379	50,346
CMS Annual Support and maintenance (one month 2017/18)	CR4056	23,556	1,812	21,744
CMS Hosting (one month 2017/18)	CR4056	124,800	9,600	115,200
Integration of CMS to Sequence	CR4056	24,000		24,000
Potential additional hours (NVT)		30,240		30,240
Digital Transformation Lead (Ged Bell)		136,800	68,400	68,400
Project Delivery Technical Specialist		65,772	31,842	33,930
Wildcard SSL Certificate - *SSSC.uk.com - annual support		652	231	421
Microsoft Office 365 licensing (£10.26 per user, per month)		38,783	5,540	33,242
		3,259,900	**2,017,464**	**1,242,435**
Budget:				
Sequence development			820,000	
Performance management system			100,000	
Work resulting from the digital strategy			40,000	
Virement from Comms (website)			70,000	
Virement from CGH (iPads for paperless hearings)			88,000	
			1,118,000	
Other funding:				
General Reserve			229,000	
General Reserve: Underspend from Cust Svcs & Digital Transformation			131,215	
Underlying in-year underspend			632,700	
Total funding available:			**2,110,915**	
Expected b/f			-93,451	-93,451
Required 2018/19				**1,148,985**
2018/19 Draft Budget				**1,200,000**
Uncommitted 2018/19				**51,015**

Title of report	Covering report for Draft Budget 2018/19 and indicative budgets for 2019/20 and 2020/21 (attached)
Public/confidential	Public
Action	For approval
Summary/purpose of report	To present the 2018/19 draft budget proposal for approval.
Recommendations	That the Council: 1. considers and approves the draft budget for 2018/19, subject to written confirmation of funding from the Sponsor department 2. notes the indicative budgets for 2019/20 and 2020/21, detailed at Appendix B of the report 3. notes that Resources Committee approved the draft staffing establishment for 2018/19 (Appendix C) 4. notes that Resources Committee agreed to authorise the Chief Executive and Director of Corporate Services to sign the specific grant agreements once negotiations are completed in line with the expectations detailed in section 5.1.1 of the report 5. notes the additional grant in aid of £350k for 2018/19 requested from the Sponsor as set out in section 6 of the report.
Link to Strategic Plan	The information in this report links to Strategic Outcome 4: Our stakeholders value our work and Strategic Priority 6: High standards of governance
Link to the Risk Register	Producing a robust budget supports mitigation of the following risks: Strategic Risk 2: The SSSC's credibility as a well-run effective organisation is damaged if it cannot meet its strategic objectives in light of the funding allocated to it by Government.

	Strategic Risk 6: The public or employers do not have or lose confidence in the SSSC.
Author	Nicky Anderson Head of Finance Tel: 01382 207206
Documents attached	Draft budget 2018/19 and indicative budgets for 2019/20 and 2020/21 Report Appendix A: SSSC draft budget 2018/19 Appendix B: Medium term indicative budgets – 2019/20 & 2020/21 Appendix C: SSSC organisational structure by FTE

Title of report	Draft budget 2018/19 and indicative budgets for 2019/20 and 2020/21
Public/confidential	Public
Action	For approval
Summary/purpose of report	To present the draft budget proposal for 2018/19 to the Committee and to seek agreement for submission of a draft budget to the Sponsor department and subsequently to the Council for approval.
Recommendations	That the Committee: 1. considers the draft budget for 2018/19 (detailed at Appendix A) and recommends it for submission to the Sponsor and for approval by Council, subject to confirmation of funding from the Sponsor department; 2. notes the indicative budgets for 2019/20 and 2020/21 (detailed at Appendix B) and approves their submission to the Sponsor for planning purposes; 3. Ccnsiders and approves the draft staffing establishment for 2018/19 and notes this includes restructure changes agreed by Resources Committee on (Appendix C); 4. considers the specific grants expected to be awarded to the SSSC as detailed at section 5.1.1 of this report and notes that specific grant funding and associated expenditure is currently excluded from the draft 2018/19 and indicative budgets for 2019/20 and 2020/21 as set out in this report; 5. authorises the Chief Executive and Director of Corporate Services to sign the specific grant agreements once negotiations are completed in line with the expectations detailed in section 5.1.1, noting that the final grant amounts may differ, subject to available Scottish Government funding; 6. notes the additional grant in aid of £350k for 2018/19 requested from the Sponsor as set out in section 6 of this report.

Link to Strategic Plan	The information in this report links to Strategic Outcome 4: Our stakeholders value our work and Strategic Priority 6: High standards of governance
Link to the Risk Register	Producing a robust budget supports mitigation of the following risks: Strategic Risk 2: The SSSC's credibility as a well-run effective organisation is damaged if it cannot meet its strategic objectives in light of the funding allocated to it by Government. Strategic Risk 6: The public or employers do not have or lose confidence in the SSSC.
Author	Nicky Anderson Head of Finance Tel: 01382 207206
Documents attached	Appendix A: SSSC draft budget 2018/19 Appendix B: Medium term indicative budgets – 2019/20 & 2020/21 Appendix C: SSSC organisational structure by FTE

EXECUTIVE SUMMARY

The draft budget for 2018/19 and indicative budgets for 2019/20 and 2020/21 are summarised in the table below, alongside the 2017/18 budget for comparison. More detailed analysis is included at Appendix A and Appendix B of this report.

	Budget 2017/18 £000	Draft budget 2018/19 £000	Indicative budget 2019/20 £000	Indicative budget 2020/21 £000
Gross expenditure	19,738	20,267	20,112	20,345
Income from fees	(2,744)	(4,632)	(4,952)	(4,952)
Other income	(294)	(222)	(164)	(161)
Net expenditure before grant in aid	**16,700**	**15,413**	**14,996**	**15,232**
Grant in aid	16,429	15,413	14,996	15,232
Net expenditure*	**271**	**0**	**0**	**0**

*(Deficit funded from general reserve)

The indicative draft budgets show gross expenditure is expected to increase in 2018/19 compared to 2017/18 expenditure levels. There are significant non-recurring ICT costs in 2018/19 mainly due to digital transformation. The 2019/20 and 2020/21 indicative budgets include provision for continued development into the medium term.

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Gross expenditure	19,738	20,267	20,112	20,345
Annual increase		529	155	233
Annual increase %		2.7%	0.8%	1.2%
Cumulative increase		529	684	917
Cumulative increase %		2.7%	3.5%	4.6%

The impact of the new registrations expected from the opening of the register to Housing Support and Care at Home Workers is included in the projections.

Grant in aid required for the three year period is as follows:

	2017/18 £000	2018/19 £000	2019/20 £000	2020/21 £000
Grant in aid	16,429	15,413	14,996	15,232
Annual increase/(decrease)		(1,016)	(417)	236
Annual increase %/(decrease)		(6.2%)	(2.7%)	1.6%
Cumulative increase/(decrease)		(1,016)	(1,433)	(1,197)
Cumulative increase/(decrease) %		(6.2%)	(8.7%)	(7.3%)

Specific project related grant funding for 2018/19 and future years has yet to be agreed and both the grant funding and associated expenditure are excluded from the indicative budgets. It is currently expected that £0.361m of specific grants will be awarded to the SSSC for the 2018/19 financial year as detailed in section 5 of this report.

Additional grant in aid of £350k has been requested from the Sponsor to support potential changes to better align the management structure to the delivery of our strategic priorities. The Sponsor has indicated they will make funding of up to £350k available once detailed plans are available.   This funding and associated expenditure is not included in the draft budget This is detailed in section 6 of this report.

1. INTRODUCTION

1.1 The Scottish Social Services Council's new financial year commences on 1st April 2018 and there is a requirement to have in place an agreed budget before that date, against which financial performance can be monitored. The budget needs to be reviewed by Resources Committee, agreed by the Council and for funding purposes, agreed with the Sponsor.

1.2 This report comprises draft budget figures compiled after discussion with budget holders and review by the Executive Management Team (EMT). The indicative budgets have been developed to include the financial implications of the 2017 to 2020 Strategic Plan. Each budget heading has been reviewed to take account of actual costs from previous years and the latest budget monitoring information. Where possible, budgets have been calculated on a zero based approach. No general inflationary uplift has been applied.

1.3 The draft budget for the 2018/19 financial year and indicative budgets for 2019/20 and 2020/21 are attached at Appendix A and B.

1.4 Specific grant funding has not yet been finalised. Therefore grant funding and the associated expenditure is currently excluded from the draft and indicative budgets. A summary of the specific grants expected for 2018/19 is provided in section 5 of this report. Expenditure funded by specific grant will be reported separately to resources Committee within the budget monitoring report throughout the year.

1.5 In addition to the expenditure included in the draft budget a request for additional grant in aid of £350k has been made to the Sponsor to fund potential changes to better align the management structure with our strategic priorities. Details of this are set out in section 6.

2. DRAFT 2018/19 BUDGET COMPILATION - EXPENDITURE

2.1 Staff costs

2.1.1 A pay increase of 2% has been applied to staff earning greater than £36.5k per annum and a 3% pay increase has been applied to all earning less than £36.5k. There are separate arrangements for the Chief Executive and Council Members. This is in line with the 2018/19 Public Sector Pay Policy. The budget includes provision for employer pension, National Insurance contributions and the apprentice levy.

2.1.2 It is assumed that all staff not already at the top of their salary scale will have performed satisfactorily and will receive an increment. Increases for increments and pay awards for 2018/19 are expected to be as follows:

	2018/19 £000
Increments	206
Pay award	242
Total	**448**

2.1.3 Most SSSC staff contribute to the Tayside Local Government Pension Fund administered by Dundee City Council. The employer's contribution rate is currently 17%. The Tayside Pension Fund will soon report the results of the latest triennial valuation. This will set employer pension contribution rates for 2018/19, 2019/20 and 2020/21. It is anticipated that the employer contribution rate will remain at 17%.

2.1.4 The 2018/19 draft budget includes an increase of 5.4 fte to the staffing establishment (3.4 fte permanent and 2.0 fte temporary). The proposed new posts and deleted posts are detailed in Appendix C.

2.1.5 Workforce modelling has been developed for the elements of the SSSC's work directly driven by the number of registrants. These are registration, fitness to practise, hearings and income collection.

2.1.6 The modelling allows the SSSC to identify the impact of new and existing registrant numbers on the organisation. The models calculate the number and type of staff required to carry out the expected levels of work using data collected by managers on the number and type of social service workers expected to register, numbers of new and existing registrants impacting on fitness to practise and subsequent numbers expected to require hearings. Average processing and casework times for SSSC staff allow us to identify staffing requirements for future years and estimate the related costs and income to include in the draft budget each year.

2.1.7 In 2016/17 changes were made to the fitness to practise referral thresholds. Changes to consider health concerns for fitness to practise were also introduced. We have collected data and statistics on the impact of the new processes and this has been useful in setting the budget. The information suggests the new changes have reduced the number of cases we are required to review. However, we have remained prudent when setting the budget in terms of the reduction in caseload experienced to date because we may experience different caseload levels for care at home and housing support workers.

2.1.8 A slippage assumption of 4% (2017/18 4%) has been included in the draft budget. This is an adjustment for savings expected as a result of delays in filling posts that become vacant during the year. The slippage assumption is not applied to EMT and Council Member posts.

2.2 Other staff costs

2.2.1 The budget for lay and social service member allowances has increased by £463k to £900k. The introduction of Legally Qualified Chairs will significantly reduce the cost of legal fees (included in administration costs, section 2.4.2).

2.3 Accommodation costs

2.3.1 The budget for accommodation has increased by £256k. The main reason for this is the inclusion of budget provision to fund office environment improvements. The changes to the office environment are closely associated with the digital transformation work.

2.4 Administration costs

2.4.1 A review of the costs of printing, photocopying, stationery, postages, telephones, conferences, conference attendance and subscriptions has been undertaken as part of the budget setting process. These budgets have reduced by £25k in line with expenditure projections for 2017/18.

2.4.2 Professional fees have been increased by £35k to provide for training of Legally Qualified Chairs, Lay and Social Service Members £30k; Sponsorship of social work events £3k and translation costs £2k.

2.4.3 The introduction of Legally Qualified Chairs will reduce the need for legal advice and the legal fee budget has reduced by £663k.

2.4.4 Budget provision for the write-off of registration fees has increased by £42k in line with projected registration numbers. The budget for bank charges has reduced by £6k in line with current charges and projected registrant numbers.

2.5 Transport costs

2.5.1 The travel and subsistence budget has increased by £4k in line with 2017/18 expenditure patterns.

2.6 Supplies and services

2.6.1 ICT and Digital Transformation

The table below details the sums included in the draft 2018/19 budget. Indicative budgets for 2019/20 and 2020/21 have been shown alongside for each year and they are analysed between provision for digital transformation, the Service Level Agreement with the CI and ICT maintenance & running costs.

	Draft budget 2018/19 £000	Indicative budget 2019/20 £000	Indicative budget 2020/21 £000
Digital transformation/future running costs	1,420	1,214	1,200
ICT Service Level Agreement	540	540	540
ICT maintenance and running costs	104	97	98
Overall ICT costs	**2,064**	**1,851**	**1,838**

a. The digital transformation work is progressing along four main areas:

- Sequence re-implementation
- Implementation of a new case management system
- Modernisation of our ICT infrastructure to facilitate cloud based systems and technology (Office 365, upgrade to Windows 10 and ICT equipment refresh)
- Revised website.

b. Budget provision for the ICT Service Level Agreement (SLA) with the Care Inspectorate totals £540k in 2018/19. The annual review of the SLA was due to be undertaken by 31 December 2017 but this was delayed to allow time for research to be undertaken on the SSSC's future ICT requirements as part of the digital transformation project. The indicative budgets include provision for fixed ICT costs and any variable ICT costs for 2019/20 and 2020/21 in line with expected staff numbers.

c. ICT maintenance and running costs totalling £104k are included in the 2018/19 budget. Current maintenance costs are expected to decrease as the new technology provided by digital transformation is implemented.

Other supplies and services costs

2.6.2 The total budget for other supplies and service costs is £399k. This includes provision of £191k for non-ICT services supplied by the Care Inspectorate via the SLA.

2.6.3 The budgets for venue hire and hospitality and Protection of Vulnerable Groups (PVG) disclosure costs have increased by £13k and £2k in line with 2017/18 expenditure projections to £80k and £38k respectively.

2.6.4 The budgets for pick and packing of SSSC literature and purchase of furniture and equipment have reduced by £12k and £9k to £61k and £29k respectively.

2.7 Disbursements

2.7.1 A budget of £9k has been included for Skills for Care and Development as the SSSC are required to contribute to the Sector Skills Council's running costs.

2.7.2 No budget for the Voluntary Sector Development Fund has been included as this is an annually agreed budget which is considered by the Scottish Government in the autumn of each financial year. This budget will be revised following announcement of funding during the financial year.

2.8 Postgraduate bursaries

2.8.1 No inflationary increase has been applied to postgraduate bursaries in line with instructions from the Sponsor.

2.9 Practice learning fees

2.9.1 No inflationary increase has been applied to practice learning fees in line with instructions from the Sponsor.

2.9.2 The SSSC has little control over practice learning fee expenditure and it is agreed that the risk and responsibility for dealing with significant budget overspend lies with the Sponsor.

3.0 DRAFT BUDGET COMPILATION 2018/19 - INCOME

3.1 Registration fee income

3.1.1 Registration fee income has been set in line with projections calculated using the registration resourcing and forecasting model. The table below shows the registration fee income anticipated for 2018/19 to 2020/21.

	2018/19 £000	2019/20 £000	2020/21 £000
Registration income	4,632	4,952	4,952

3.2 Other income

3.2.1 Income of £13k is expected from Protection of Vulnerable Groups (PVG) disclosure checks for registrants who do not already have a disclosure. A sum of £10k is expected from charges for assessment of International Qualifications.

3.2.2 The budget includes Modern Apprenticeship income of £133k. This is in line with 2017/18 apprentice numbers and a similar position is expected for 2018/19.

3.2.3 Other income in 2018/19 includes £35k for the secondment of an officer to the Scottish Public services Ombudsman (SPSO). This secondment is not currently expected to continue past 31 March 2019. Income of £26k from recharging the Care Inspectorate for shared services has been included. Collaborative contracts are expected to generate rebates of £4k. Further income of £1k is expected from the annual accounts preparation service provided to the Office of the Scottish Charity Regulator (OSCR).

3.2.4 No income for the Voluntary Sector Development Fund has been included at this stage. This is consistent with expenditure as described in paragraph 2.7.2.

4.0 GRANT IN AID

4.1.1 The SSSC requires a total of £15.413m in core grant in aid in 2018/19. This comprises operating costs of £10.406m, postgraduate bursaries of £2.655m and practice learning fees of £2.352m. The Sponsor has indicated that this level of funding will be available. This will be confirmed in a formal grant in aid letter prior to the start of the 2018/19 financial year.

5.0   EXPENDITURE FUNDED BY SPECIFIC GRANTS

5.1.1 The table below shows a summary of the Workforce Development Grant (WDG) and other specific grants which it is anticipated will be awarded to the SSSC for the 2018/19 financial year.

Summary of anticipated specific grants 2018/19	2018/19 £000
Workforce development grant (WDG)	
Digital learning	119
Qualifications and standards	15
Leadership	8
Total workforce development grant	**142**
Other specific grants	
Integration	166
Promoting excellence	53
Total other specific grants	**219**
Total specific grants	**361**

5.1.2 The EMT and Resources Committee are required to approve all offers of grants awarded to the SSSC in advance of any grant agreements being signed. Members are asked to authorise the Chief Executive and Director of Corporate Services to sign grant agreements that are in line with the above expectations, noting that the final grant amounts may differ, subject to available Scottish Government funding.

6.0   ADDITIONAL FUNDING

6.1.1 The EMT has identified additional grant in aid funding of £350k would be beneficial to the SSSC during 2018/19. There are existing vacancies at senior management level and there is potential to take this opportunity to better align the management structure to the delivery of our strategic priorities.

6.1.2 The Sponsor has indicated they would consider a request for funding of up to £350k when more detail is available.

7.0   INDICATIVE BUDGETS FOR 2019/20 AND 2020/21

7.1   Indicative budgets for 2019/20 and 2020/21, based on the draft 2018/19 budget have been prepared and are shown in Appendix B. The significant assumptions used in the preparation of the indicative budgets are detailed in sections 7.2 to 7.9 below.

7.2   Incremental progression and pay award

7.2.1 The indicative budgets assume that all staff not currently at the top of their salary scale will perform satisfactorily and will receive incremental progression. The indicative 2019/20 and 2020/21 budgets assume pay awards at 2% for all staff. The cost of incremental progression and pay awards are detailed in the table below.

	2019/20 £000	**2020/21 £000**
Increments	125	82
Pay award	210	215
Total	**335**	**297**

7.3 Employer's charges

7.3.1 An actuarial evaluation of the Tayside Pension Fund is due and this will set the employer contribution rates for 2019/20 and 2020/21. It is assumed the rate the employers' pension contribution rate will remain at 17% for 2019/20 and 2020/21.

7.3.2 No significant change in employer national insurance rates is assumed for 2019/20 or 2020/21.

7.3.3 The apprentice levy is assumed to be unchanged from the 2018/19 rate.

7.4 Other costs

7.4.1 A slippage assumption of 4% has been included in the indicative budgets.

7.5 Workforce modelling

7.5.1 Our workforce modelling (see 2.1.5 to 2.1.7) indicates no increase in FTE will be required for 2019/20 or 2020/21.

7.6 Accommodation costs

7.6.1 The indicative budget includes provision for business rates, energy costs and contractual cost increases.

7.7 Allowances

7.7.1 Allowances for Lay and Social Services Members and Legally Qualified Chairs are £1,007k in 2019/20 and £1,056k in 2020/21. The budget also includes provision of £55k for legal fees in 2019/20 and 2020/21.

7.8 ICT costs

7.8.1 Indicative budgets for ICT costs are £1,851k in 2019/20 and £1,838k in 2020/21. Detail is provided in section 2.6.1 of this report.

7.9 All other expenditure, income and funding

7.9.1 All other expenditure has been maintained at the 2018/19 draft budget level and no general inflationary uplift has been applied.

7.9.2 It is assumed there will be no change to registration fees in 2019 to 2021. Registration fee income for 2019/20 and 2020/21 is based on current modelling assumptions for registrant numbers.

8. FINANCIAL IMPLICATIONS

8.1 This report presents the draft 2018/19 budget and indicative budgets for 2019/20 and 2020/21 which will be made available to the Sponsor.

8.2 By 2020/21 the register will have been open to all the planned groups of the social care workforce and the register will have reached maturity in terms of numbers registered. Therefore the budgetary requirements remain relatively constant for the three year period considered in this report.

9. RISK IMPLICATIONS

9.1 There is a risk that the SSSC does not receive sufficient funding to carry out the work set out in the Strategic Plan.

10. HUMAN RESOURCE IMPLICATIONS

10.1 The budget includes a net increase of 3.4 FTE permanent posts and 2.0 FTE temporary posts compared to 2017/18. Details are shown at Appendix C.

11. EQUAL OPPORTUNITIES

11.1 The draft budget supports the Council's commitment to equal opportunities and working towards equality and diversity.

12. LEGAL IMPLICATIONS

12.1 The budget is developed in accordance with guidance issued by the Scottish Government and in line with the Executive Framework and Scheme of Delegation.

13. STAKEHOLDER ENGAGEMENT

13.1 There are no immediate implications for stakeholder engagement, but the new posts and additional budget is required to ensure that the service we provide to our stakeholders is as good as it can be.

14. IMPACT ON USERS AND CARERS

14.1   The development of the budget in line with corporate planning priorities assists the Council to meet its objectives of improving services and raising standards. In the longer term this supports improved services to users and carers.

15.   CONCLUSION

15.1   The report sets out the draft budget for 2018/19 and indicative budgets for 2019/20 and 2020/21. It includes significant assumptions on the impact of increased numbers of registrants and major ICT development work.

Scottish Social Services Council

Draft budget 2018/19

	Agreed Budget 2017/18 £000	Draft budget 2018/19 £000	Movement £000	Move %
Expenditure				
Staff costs	9,854	10,682	828	8.4
Accommodation costs	767	1,023	256	33.4
Administration costs	1,474	858	(616)	(42.0)
Transport costs	221	225	4	1.8
Supplies & services	2,415	2,463	48	2.0
Disbursements	0	9	9	
Postgraduate bursaries	2,655	2,655	0	
Practice learning fees	2,352	2,352	0	
Gross expenditure	**19,738**	**20,267**	**529**	**2.68**
Operational income				
Registration fees	2,744	4,632	(1,888)	(68.8)
Other income	294	222	(72)	(24.5)
Total operational income	**3,038**	**4,854**	**(1,816)**	**(59.8)**
Net expenditure before grant in aid	**16,700**	**15,413**	**(1,287)**	**(7.7)**
Grant in aid (operating costs)	11,693	10,406	(1,287)	(11.0)
Grant in aid (PG bursaries)	2,655	2,655	0	
Grant in aid (practice learning)	2,081	2,352	271	13.0
Total grant in aid	**16,429**	**15,413**	**1,016**	**6.2**
Net expenditure (To be funded from general reserve)	**271**	**0**	**(271)**	

Scottish Social Services Council

Medium term indicative budgets - 2019/20 & 2020/21

	Agreed Budget 2017/18 £000	Draft budget 2018/19 £000	Indicative budget 2019/20 £000	Indicative budget 2020/21 £000
Expenditure				
Staff costs	9,854	10,682	11,047	11,306
Accommodation costs	767	1,023	774	774
Administration costs	1,474	858	808	794
Transport costs	221	225	225	225
Supplies & services	2,415	2,463	2,242	2,229
Disbursements	0	9	9	10
Postgraduate bursaries	2,655	2,655	2,655	2,655
Practice learning fees	2,352	2,352	2,352	2,352
Gross expenditure	**19,738**	**20,267**	**20,112**	**20,345**
Operational income				
Registration fees	2,744	4,632	4,952	4,952
Other income	294	222	164	161
Total operational income	**3,038**	**4,854**	**5,116**	**5,113**
Net expenditure before grant in aid	**16,700**	**15,413**	**14,996**	**15,232**
Grant in aid (operating costs)	11,693	10,406	9,989	10,225
Grant in aid (PG bursaries)	2,655	2,655	2,655	2,655
Grant in aid (practice learning)	2,081	2,352	2,352	2,352
Total grant in aid	**16,429**	**15,413**	**14,996**	**15,232**
Net expenditure (To be funded from general reserve)	**271**	**0**	**0**	**0**

SSSC Organisational Structure by FTE - Draft 2018/19

Team	2017/18 Established Posts FTE	2018/19 Increase/ (Decrease) FTE	2018/19 Total FTE	Increase/(decrease) to posts
Chief Executive & EMT	7.0		7.0	
Corporate Governance & Hearings	16.8	1.4	18.2	0.4 fte grade C4 Head of C Gov to full time (perm) £26k 1.0 fte grade C4 Head of Hearings full time (perm) £59k
Fitness to Practise	76.2		76.2	
Registration	79.5	(4.0)	75.5	3.0 fte Workforce Intelligence moved from Registration to L&D (1.0 fte) Head of Registration deleted(£63k)
Learning & Development	31.3	4.0	35.3	3.0 fte Workforce Intelligence moved from Registration to L&D (1.0) fte grade C5 L& D Adviser (temp) deleted 1.0 fte grade C5 L & D Adviser (perm) £52k 1.0 fte grade D7 Project Officer (perm) £43k
Performance & Improvement	11.4	0.4	11.8	(0.6) fte Knowledge co-ordinator deleted (£33k) 1.0 fte grade D6 Customer Service Insight Co-ordinator £44k
Communications	9.0	1.0	10.0	1.0 fte grade D6 Senior Involvement Adviser (1 yr temp) £46k
Human Resources	4.0	1.0	5.0	1.0 fte Modern Apprentice (temp) £20k
Finance	13.0	1.6	14.6	0.6 fte grade F10 Income Assistant (perm) £15k 1.0 fte grade F10 Health & Safety Asst (perm) £26k
Total FTE	**248.2**	**5.4**	**253.6**	

Title of report	Annual strategic delivery plan 2018/19
Public/confidential	Public
Action	For decision
Summary/purpose of report	This report presents the draft Annual Strategic Delivery Plan for 2018/19. It also presents supplementary documents that outline related processes, including a diagram that illustrates our developing performance management framework.
Recommendations	The EMT is asked to: 1. agree the contents of the Annual Strategic Delivery Plan for 2018/19. 2. note the supplementary appendices that present supporting processes and information.
Link to Strategic Plan	Strategic priority 6: high standards of governance.
Link to the Strategic Risk Register	Strategic Risk 2: the SSSC is not able to demonstrate to our stakeholders (including SG) that its operational activity is fulfilling its strategic outcomes.
Author	Liz MacKinnon Head of Performance and Improvement Tel: 01382 207139
Documents attached	Appendix A: Annual strategic delivery plan 2018/19 Appendix B: Annual business planning process Appendix C: Annual directorate plan template Appendix D: SSSC performance management framework diagram

1. INTRODUCTION

1.1 Our three-year Strategic Plan contains four strategic outcomes we aim to deliver by 2020:

- The right people are on the register.
- Our standards lead to a safe and skilled social service workforce.
- Our resources support the professional development of the social service workforce.
- Our stakeholders value our work.

1.2 We publish an annual operational-level plan, the Annual Strategic Delivery Plan (ASDP), which sets out how we will deliver work towards these four outcomes through six supporting priorities and the projects under these priorities.

1.3 This report presents the Annual Strategic Delivery Plan for 2018/19 as Appendix A.

2. ANNUAL STRATEGIC DELIVERY PLAN

2.1 The Annual Strategic Delivery Plan attached to this report sets out the projects that we will deliver to achieve our strategic outcomes during 2018/19.

2.2 Some projects are new to the plan this year and some are continuations of work started in 2017/18.

2.3 Over the next couple of months, each department will establish quarterly milestones for reporting on progress.

3. PERFORMANCE MANAGEMENT FRAMEWORK

3.1 Connected to the ASDP, we are also developing our performance management framework to improve how we demonstrate our achievements. We have made some changes to our performance management and reporting arrangements.

3.2 The documentation included as Appendix B sets out the process we will use for our annual business planning and how this aligns with budget setting. Further changes may be made as our performance management evolves.

3.3 The document included as Appendix C presents the template for new annual Directorate Plans. These will provide a method of presenting our business functions that are not currently included in our Strategic Plan, which focuses on our longer-term improvement activity.

3.4 From 2018/19, each directorate will publish an annual Directorate Plan, which presents the departmental structure, staffing, resources, operational objectives, and improvement actions. These reports will also present performance against targets for key performance indicators.

3.5   Appendix D presents a diagram of our developing performance management framework, how we plan, deliver and then report on our strategic aims and business functions.

4.   RESOURCE IMPLICATIONS

4.1   Although there are no resource implications connected to the ASDP, there are resources required for each of the projects the plan sets out for delivery during 2018/19. These resources are reflected in the indicative budget for 2018/19.

5.   EQUALITY IMPACT ASSESSMENT

The need for an Equality Impact Assessment (EIA) must be considered when submitting a new or updated policy, guidance, practice or procedure for approval.

5.1   An Equality Impact Assessment has not been carried out. EIAs for individual projects included in the plan may be required and should be considered as part of project planning.

6.   LEGAL IMPLICATIONS

6.1   None

7.   STAKEHOLDER ENGAGEMENT

7.1   The OMT and EMT have been consulted. We consulted stakeholders as part of the development of the Strategic Plan for 2017 to 2020.

8.   IMPACT ON USERS AND CARERS

People who use services and carers are our stakeholders and we will consider the impact when planning and developing our activities.

8.1   Improving the robustness of the information used by the SSSC to control and manage risk, and improve our business planning, will improve our transparency and accountability to stakeholders.

9.   CONCLUSION

9.1   This report presents the Annual Strategic Delivery Plan for 2018/19 and supporting documents that set out our business planning process, new Annual Directorate Plans, and a performance management framework diagram.

10.   BACKGROUND PAPERS

10.1   Strategic Plan 2017-2020

Annual strategic delivery plan 2018-19

Introduction

The Scottish Social Services Council (SSSC) published its most recent three-year Strategic Plan in 2017. The plan contains four strategic outcomes we aim to deliver by 2020:

1. The right people are on the register.
2. Our standards lead to a safe and skilled social service workforce.
3. Our resources support the professional development of the social service workforce.
4. Our stakeholders value our work.

We publish an annual operational-level plan, the Annual Strategic Delivery Plan, which sets out how we will deliver work towards these four outcomes through six supporting priorities and the projects under these priorities.

From 2018-19, each directorate will also publish an annual Directorate Plan, which presents the departmental structure, staffing, resources, operational objectives, and improvement aims. These reports also present performance against targets for key performance indicators.

How we report performance

We monitor performance through our Monthly Operational Performance Report (MOPR), which is used for performance scrutiny and challenge by the OMT and EMT. This report contains a scorecard and details for each of our key operational measures. Each quarter we also include a high-level summary of progress delivering our strategic projects in this report.

We monitor our longer-term progress through the Strategic Performance Report (SPR), which presents a more detailed update of progress to the Council twice a year. The SPR also contains analysis of our customer research and other business intelligence. We report annually in June each year on our achievements and progress to the public through the new Annual Performance Report. We also continue to publish our statutory Annual Report and Accounts for the Scottish Government.

Annual strategic delivery plan 2018-19

Strategic outcome	Strategic priority (Programmes)	Outputs 2018-19 (Projects)	Continued from 2017-18	Responsible	Reporting milestones TBC
1 The right people are on the register	Build our relationship with registrants and employers	The new website and My SSSC portal provide improved user experience and functionality.	Yes	Communications and Registration	Q1
					Q2
					Q3
					Q4
		We have increased our direct engagement with the sector.	New	Registration	Q1
					Q2
					Q3
					Q4
	Make our fitness to practise process more proportionate and accessible	Representation at hearings has increased.	Yes	CGH and FTP	Q1
					Q2
					Q3
					Q4
		Attendance at hearings has increased.	Yes	CGH	Q1
					Q2
					Q3
					Q4
		We have improved the information we provide to employers and registered	Yes	FTP	Q1
					Q2
					Q3

Strategic outcome	Strategic priority (Programmes)	Outputs 2018-19 (Projects)	Continued from 2017-18	Responsible	Reporting milestones TBC
		workers, so they have a better understanding of when and how to make a referral.			Q4
		New materials provide improved advice and guidance to support people through the Fitness to Practice process.	New	FTP	Q1
					Q2
					Q3
					Q4
2 Our standards lead to a safe and skilled social service workforce	Ensure that social service qualifications and standards meet the needs of learners and employers	Registrants and employers increasingly use and understand the revised Codes of Practice.	Yes	Communications	Q1
					Q2
					Q3
					Q4
3 Our resources support the professional development of the social service workforce	Work with Scottish Government and other partners to deliver the actions in 'Social Services in Scotland: a Shared Vision and Strategy 2015-2020'	Workforce requirements are developed in collaboration with other stakeholders and reflect developing legislative standards.	Yes	Learning and Development	Q1
					Q2
					Q3
					Q4
		We will lead on the delivery recommendations 6 and 7 in the national workforce plan for social services.	Yes	Learning and Development	Q1
					Q2
					Q3
					Q4
		Using our business intelligence such as My SSSC,	Yes	Learning and Development	Q1
					Q2

Strategic outcome	Strategic priority (Programmes)	Outputs 2018-19 (Projects)	Continued from 2017-18	Responsible	Reporting milestones TBC
		we will develop and publish practice guidance.			Q3
					Q4
		We will undertake research to evaluate the impact of registration on social services, focusing on the adult care workforce.	Yes	Learning and Development	Q1
					Q2
					Q3
					Q4
4 Our stakeholders value our work	Embed customer focus as a way of working throughout the organisation	We systematically involve carers and people who use social services in the planning and delivery of our work.	New	Communications	Q1
					Q2
					Q3
					Q4
		We have made the hearings process more efficient and effective.	New	CGH	Q1
					Q2
					Q3
					Q4
		The SSSC register is simpler to use and more customer-focused.	New	Registration	Q1
					Q2
					Q3
					Q4
		Introduce cards for people registered so there is an increased perception of professionalism.	New	Registration and Communications	Q1
					Q2
					Q3
					Q4

Strategic outcome	Strategic priority (Programmes)	Outputs 2018-19 (Projects)	Continued from 2017-18	Responsible	Reporting milestones TBC
		Transform the way the SSSC works digitally by upgrading our Customer Relationship Management System.	New	SP&E	Q1
					Q2
					Q3
					Q4
		Provide the tools our employees require to work in a flexible, agile and mobile manner that meets business and customer needs, including moving to Office 365 and reviewing equipment.	New	SP&E	Q1
					Q2
					Q3
					Q4
		We have developed and implemented a customer service quality improvement programme for the SSSC.	Yes	Performance and Improvement	Q1
					Q2
					Q3
					Q4
	Implement structures and tools to support high standards of governance	Introduce and roll out the use of performance management software that enables better performance reporting, analysis and accountability.	Yes	Performance and Improvement	Q1
					Q2
					Q3
					Q4
		The SSSC is fully compliant with new GDPR legislation.	New	CGH	Q1
					Q2
					Q3

Strategic outcome	Strategic priority (Programmes)	Outputs 2018-19 (Projects)	Continued from 2017-18	Responsible	Reporting milestones TBC
					Q4
		New case management system and software to better administer and document FTP cases has been introduced and used.	New	FTP and CGH	Q1
					Q2
					Q3
					Q4

6

Annual business planning process and timescales

Annual strategic delivery plans

Every three years the SSSC develops and agrees a Strategic Plan following consultation with stakeholders, customers and partners. We align the Strategic Plan with our three-year budget plan and Council members give their approval before we seek consent for the plan from the Scottish Government. To ensure delivery of our strategic outcomes remains focused during the three years, we also publish an Annual Strategic Delivery Plan (previously called the Operational Plan). This shorter document sets out the projects we will deliver during the year to achieve the longer-term outcomes and priorities in the Strategic Plan. Once this plan is agreed, we ask directorates to identify appropriate milestones for each quarter. This ensures we can effectively monitor and report on our progress.

Annual directorate plans

Annual Directorate Plans sit underneath the Strategic Plan and the Annual Strategic Delivery Plan. Directorates will produce these plans each year following the standard template that is attached to this report. Production of consistent directorate level plans will enable us to present the operational and business as usual work that we do, as well as our strategic (improvement) work. These documents will contain reference to:

- resources
- organisational structure
- work to deliver strategic outcomes – projects listed in the Annual Strategic Delivery Plan
- key objectives for directorate business as usual
- improvement activity identified through EFQM and audits
- performance.

The Annual Directorate Plans will also present a summary of key performance indicators and achievement of targets.

Timescales and responsibilities

Business planning begins simultaneously with the budget setting process. Performance and Improvement ask each OMT member to identify new areas of work and projects and categorise these as strategic or business as usual on a template. This occurs in September, when the Head of Finance also asks for draft budgets for

each department. New areas of work require a completed Project Initiation Document, access to which is shared between Finance and Performance and Improvement. Projects that require budget greater than £2K will require a business case.

During this time there is an OMT and EMT joint planning session for the purpose of horizon scanning, policy or resourcing discussion and stakeholder engagement.

Finance submits the first draft budget to EMT in December. From January to February, the Performance and Improvement team drafts the Annual Strategic Delivery Plan for presentation to OMT in February and EMT in March. Once it has been agreed by EMT, work begins by directorates to agree the milestones that will be used to monitor and report on progress. These will be used to populate Power BI and related project management templates and software.

The final Annual Strategic Delivery Plan is submitted to Council at the end of March and sent to the Sponsor following approval by Council.

The four directorate plans will be in place each year by 1 June. As a comparison of performance with the previous year is included in the plan, this will provide time to calculate performance figures at year-end.

Process	Responsibility	Timescale
New work and projects identified and recorded on template	Template distribution: Performance and Improvement Completion: All OMT members	September
Budget discussions	Head of Finance with all OMT and EMT	November – December
Joint OMT/EMT planning session for horizon scanning or policy/resource discussion	OMT and EMT	November
First draft budget presented to EMT	Head of Finance and EMT	December
Draft Annual Strategic Delivery Plan developed simultaneous to on-going budget discussions	Head of Performance and Improvement	January – February
Directorates begin drafting annual Directorate Plans	OMT	February
Annual Strategic Delivery Plan presented to OMT	Head of Performance and Improvement	February
Quarterly milestones are identified and submitted to Performance and Improvement	OMT	March
Annual Strategic Delivery Plan presented to EMT and papers approved for Council	Director of Strategic Performance and Engagement	March
Annual Strategic Delivery Plan	Director of Strategic	March

approved by Council	Performance and Engagement	
Final directorate plans are submitted to Performance and Improvement and published online	OMT	June

Annual directorate plan template 2018/19

Section one: priorities and purpose

Section one describes what the directorate does, its key role in the SSSC (objectives), its functions and any statutory duties. It should identify and distinguish operational service delivery (business as usual), and work to deliver the projects listed in the Annual Strategic Delivery Plan (usually improvement work).

Section two: staffing resources

This section will describe the how the structure of the directorate is organised to deliver these functions, provide staffing numbers for business areas or teams, and provide an organisational structure chart.

Section three: financial resources

In this section, the directorate will present an overview of the financial resources and budget available for the year ahead as agreed in the indicative budget. Directorates should work with Finance to present income, expenditure and final outturn figure for the year before and the year ahead.

Section four: strategic plan, operational and improvement priorities

Section four will first include the directorate's work to deliver the outcomes in the Strategic Plan 2017-2020. This section should include the milestones for each quarter that will be used to report on progress.

This section also presents any priority work that is not listed in the Strategic Plan, but that will be delivered as part of the directorate's operations and business as usual. This work could include improvements to operational functions, improvements identified through EFQM or audit recommendation, strategic and operational risk management, or changes needed to meet legislative requirements. For example:

Driver	Programme	Project output	Timescale
Strategic Plan	Improve the efficiency and effectiveness of hearings	Location of hearings has been examined	Q1
		New appraisal process for panel members is being used	Q1
		Hearing times are	Q2

Driver	Programme	Project output	Timescale
		optimised	
		LQCs have been trained	Q3
		Clerks now support the decision writing	Q3
		Decisions are written in Plain English	Q4
Management decision	Improve the effectiveness of internal communications	Assess current provision to identify gaps	Q1
		SWOT analysis	Q2
		Agree improvement actions	Q3
		Resource action plans	Q4
Audit recommendation	Document our operational planning processes and better align with budget setting	Review best practice and draft document	Q3
		Consult with Finance and OMT about introduction of directorate plan	Q4
EFQM self-assessment	Introduce customer feedback form to capture assessment information	Pilot test form	Q1
		Roll out to customers	Q2
Risk management	Reduce procurement time involved for delivery of grant-funded projects	Process map procurement process	Q2
		Identify efficiencies and pilot changes	Q3

Section five: performance

This section will include a summary of the directorate's key performance results, including whether targets have been achieved, current trends, and comparison with appropriate benchmarking. This section should include any MOPR indicators as well as directorate-level indicators used to monitor and manage operational performance.

Projects that should be included in Annual Directorate Plans 2018/19

Project	Strategic Plan reference	Responsible
Paperless council meetings	N/A	CGH
Examine location of hearings New appraisal for panel members Optimise hearing times Training, implementation and monitoring of Legally Qualified Chairs Clerks support writing of decision Write decisions in Plain English (all deliver a larger project that has been included)	Improve the efficiency and effectiveness of hearings	CGH
Projected convictions project (work on data cleansing suggested by Registration as part of this wider work)	N/A	Registration
Develop and maintain the Step into Leadership website (business as usual)	N/A	Learning and Development
Contribute to the review of national occupation standards by Skills Development Scotland (no longer being delivered as per update in SPR Feb 2018)	N/A	Head of Learning and Development
Review post-registration learning and development (already done 2017/18)	N/A	Head of Learning and Development
Review effectiveness of internal communications (business as usual)	N/A	Communications
Achieve Healthy Working Lives gold standard (business as usual)	N/A	HR
Implement Investors in People recommendations (business as usual)	N/A	HR
We have delivered the workforce requirements contained in the Carers Act (check if completed)	Workforce requirements are developed in collaboration with other stakeholders and reflect developing legislative standards	Learning and development
We have worked with Community Justice Scotland to scope and deliver the	Workforce requirements are	Learning and development

Project	Strategic Plan reference	Responsible
workforce requirements (completed or business as usual)	developed in collaboration with other stakeholders and reflect developing legislative standards	
Develop a customer focus action plan (operational level, no output)	Embed customer focus as a way of working throughout the organisation	Performance and improvement

Title of report	Early Learning and Childcare-graduate apprenticeship pilot
Public/confidential	Public
Action	For decision
Summary/purpose of report	To advise Council on the Scottish Government proposal to develop a graduate apprenticeship in early learning and childcare. The apprenticeship will commence as a pilot from Autumn 2018. The graduate apprenticeship will support the expansion of the early year's workforce by 2020 to meet the Scottish Governments policy commitments.
Recommendations	The Council is asked to: 1. note the Scottish Government plans to pilot a graduate apprenticeship in early learning and childcare from autumn 2018 2. agree that the graduate apprenticeship in early learning and childcare will be accepted by SSSC for the registration of practitioners of Day Care of Children Services 3. note the partnership arrangements with Skills Development Scotland in developing the award.
Link to Strategic Plan	Outcomes 2: Our standards lead to a safe and skilled social service workforce.
Link to the Risk Register	Strategic Risk 4: The qualifications framework and workforce development products we produce do not meet the needs of employers and social service workers.

Author	Ann McSorley/Phillip Gillespie
	Learning and Development Manager – Qualification and Standards/Head of Learning and Development
	Tel: 01382 317967
Documents attached	Links to document - A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland Action Plan 2017-18

1.   INTRODUCTION

1.1   As part of the expansion of early learning and childcare provision from the existing 600 hours to 1140 hours the Scottish Government is committed to developing new entry routes into the early year's sector at graduate level. This commitment is outlined in the document a *Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland, Quality Action Plan 2017-18* (appendix 1).

1.2   To widen access at degree level a graduate apprenticeship for early years will be introduced in the autumn of 2018. This builds on the 14 childhood practice programmes in Scotland which are quality assured by the SSSC and delivered at degree level SCQF level 9. This report sets out the proposal to pilot the graduate apprenticeship in early learning and childcare over the period 2018—2021, and outlines the contribution of the SSSC in developing the award in partnership with Skills Development Scotland Employers and Scottish Government.

2.   BACKGROUND

2.1   In 2017 the Scottish Government published *A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland*[1] *'Action Plan 2017-18 The Blueprint* sets out the Scottish Government's commitment to double entitlement to free early learning and childcare (ELC) to 1140 hours per year by 2020 for all three and four year olds and eligible two year olds.

2.2   To meet this commitment it is estimated that there will be a requirement for an additional 10,000 posts in the early year's sector by 2020. The majority of new posts will be established at practitioner level which currently set at Scottish Credit and Qualification Framework (SCQF) level 7.

2.3   The introduction of the graduate apprenticeship will also provide an additional entry route into the early year's sector at degree level and the award will be set at SCQF level 9. The graduate apprenticeship also compliments the established practice development award (PDA) in early years and childcare which is delivered at degree level SCQF level 9.

2.4   The Scottish Government's Quality Action Plan for early years states that from April 2018, the Care Inspectorate's scrutiny role will include a specific focus in its inspections of early learning and childcare to assess the extent to which graduate level practitioners are leading pedagogical practice and improving outcomes for children. It is anticipated that this will encourage employers to positively recruit individuals capable of gaining a higher level qualification. It will also encourage employers to develop existing practitioners to extend their skills and knowledge to gain a degree level qualification.

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[1] Scottish Government 2017

3.   THE GRADUATE APPRENTICESHIP PILOT 2018-2021

3.1   The graduate apprenticeship for early learning and childcare pilot will be funded by Scottish Government, and the development work will be led by Skills Development Scotland. The work will be overseen by the quality action reference group. The pilot is anticipated to start in autumn 2018 and will comprise of 30 apprenticeship places over a three year degree programme (2108-2021). The graduate apprenticeship programme will be based on the existing standard for childhood practice however the new standard will be informed by a reference group. These include expected features of the graduate apprenticeship programme and include meta skills which include Self-Management, Social Intelligence and Innovation.

3.2   The graduate apprenticeship will provide a career pathway for candidates undertaking the foundation apprenticeship in Social Services (Children and Young People). The foundation apprenticeship is successfully delivered across all local authorities in Scotland. A graduate apprenticeship progression route would provide a significant boost to foundation apprenticeship numbers because of the ease of transition into the programme and the considerable number of job opportunities that will occur in this sector. A graduate apprenticeship will also open opportunities for adult returners to retrain into the Early Learning and Childcare sector.

3.3   Skills Development Scotland will lead the development of the graduate apprenticeship in early learning and childcare. The SSSC as the workforce regulator for social services will contribute to the development of the standard. The SSSC will also contribute to developing the specification to appoint two learning providers to deliver the new graduate apprenticeship. The next steps in developing the award and awarding funding will include:

- Identifying 30 apprenticeship places to be delivered by two learning providers over the period 2018-2021.

- A procurement exercise will be undertaken to award the contract to the learning providers.

- An evaluation of the pilot will include a focus on the sustainability of the apprenticeship model in the long term.

- As part of the evaluation the pilot will provide a learning opportunity for the SSSC to review the part of the register that is set at two different functional levels for the early years workforce set at SCQF level 7 and 9. This will inform the SSSC review of the functions of the register led by the registration manager.

- During the pilot there will be an opportunity to gather the views of employers on the feasibility of the award in the longer term.

- The pilot graduate apprenticeship will be accepted for registration with the SSSC at practitioner level in Day Care of Children Services.

- The SSSC will work closely with Skills Development Scotland on the promotion of the graduate apprenticeship pilot to employers.

- A communications strategy will be developed in parallel to the national campaign Scottish Government is currently running

4. RESOURCE IMPLICATIONS

4.1 The development of qualifications and standards is a core activity of SSSC's work. There are no new financial implications or human resource implications arising from this report.

5. EQUALITIES IMPLICATIONS

5.1 There is no impact on people with protected characteristics and a full Equality Impact Assessment is not required. The SSSC rules and requirements for specialist training for social service workers (2005) require course providers to meet legal obligations including those in relation to equal opportunities and human rights.

6. LEGAL IMPLICATIONS

6.1 The SSSC has a general duty to promote high standards in the education and training of social services workers. The rules and requirements for specialist training for social service workers in Scotland 2005 allow for the SSSC to carry out this duty.

7. STAKEHOLDER ENGAGEMENT

7.1 A range of stakeholders including COSLA employers and learning providers are involved in the development of the standard and implementation of the pilot programme. The work is led by Skills Development Scotland with SSSC a key stakeholder in developing and promoting graduate apprenticeships. The evaluation of the pilot will be led by Scottish Government include the views of SDS employers, and students undertaking the award.

8. IMPACT ON USERS AND CARERS

8.1 Service user and carer's are panel members for the quality assurance of all learning programmes. As part of the quality assurance process learning providers are required to provide clear evidence to the SSSC that service users' and carers' views have been incorporated into both the academic and practice learning aspects of programmes. A service user and Carer representative will be consulted in the development of the graduate apprenticeship.

9.   CONCLUSION

9.1   This report summarises the work being undertaken by SDS and SSSC in partnership with Scottish Government to develop a graduate apprenticeship programme for early years and childcare. The Scottish Government's policy of extending funded provision of early learning and childcare requires a significant investment in workforce and capital infrastructure. To support the expansion of the workforce in early years and childcare career pathways are being developed to promote a range of entry routes into the sector. The graduate apprenticeship will enhance the existing career and qualifications pathway developed by SSSC.

10.   BACKGROUND PAPERS and LINKS

10.1   *A Blueprint for 2020: The Expansion of Early Learning and Childcare in Scotland Action Plan 2017-18*.
http://www.gov.scot/Resource/0052/00526782.pdf

Title of report	Strategic Performance Report March 2018
Public/confidential	Public
Action	For information
Summary/purpose of report	This report presents the progress we have made to deliver our strategic outcomes and priorities set out in the Strategic Plan 2017-2020.
Recommendations	The Council is asked to: 1. note the contents of the Strategic Performance Report March 2018.
Link to Strategic Plan	The information in this report links to work towards all of the outcomes in the Strategic Plan 2017-2020.
Link to the Risk Register	Strategic Risk 2: The SSSC is not able to demonstrate to our stakeholders (including the Scottish Government) that its operational activity is fulfilling its strategic outcomes.
Author	Liz MacKinnon Head of Performance and Improvement Tel: 01382 207139
Documents attached	Appendix 1: Strategic Performance Report March 2018

1.   INTRODUCTION

1.1   We published our three-year Strategic Plan in April 2017. This plan documents our work in support of the Scottish Government's National Outcomes.

1.2   The first Strategic Performance Report is attached as an appendix to this report. It presents the progress and performance delivering our strategic outcomes and priorities we have made to date.

2.   PURPOSE

2.1   This new Strategic Performance Report is part of our developing performance management framework and complements the Monthly Operational Performance Report that goes to the Operational and Executive Management Teams and an annual performance report, which will publish in June.

2.2   We will present the Strategic Performance Report to Council biannually in in March and October. The report will provide a collective picture of progress and performance by bringing together customer research results, performance indicator performance, and progress updates on our projects.

3.   STRATEGIC PLAN OUTCOMES

3.1   We identified four strategic outcomes we aim to achieve by 2020. Each of the strategic outcomes has associated priorities. To demonstrate our progress towards the outcomes and priorities, we monitor and report on a mix of strategic measures, updates on related projects, operational performance indicators, and stakeholder feedback.

Strategic outcomes	Priorities
1. The right people are on the register	1. Build our relationship with registrants and employers 2. Our fitness to practise process is proportionate and accessible
2. Our standards lead to a safe and skilled social service workforce	3. Social service qualifications meet the needs of learners and employers
3. Our resources support the professional development of the social service workforce	4. We work with Scottish Government and other partners to achieve the actions in Social Services in Scotland: a shared vision and strategy 2015 – 2020
4. Our stakeholders value our work	5. A customer focus throughout the organisation 6. High standards of governance

4. SUMMARY OF PERFORMANCE TOWARDS THE STRATEGIC OUTCOMES

4.1   The performance presented under strategic outcome 1, the right people are on the register, demonstrates a positive picture of progress. Three of the four strategic measures are positive. And the recent customer survey shows that 71% of registrants believe registration with us provides them with positive benefits. However, we need to make more sustained progress improving representation at hearings, and we have included this work in our plans for 2018/19.

4.2   Overall, we have made good progress delivering the projects under our second strategic outcome (our standards lead to a safe and skilled social service workforce). All of the related projects are on track for delivery as planned and we can demonstrate that 70% of those surveyed in our recent customer research recognise the SSSC as an organisation that contributes to social service workers having the skills needed for their jobs. We can further improve how we demonstrate we are meeting customer service requirements of our registrants and the quality of our PRTL assessment.

4.3   Overall, we can demonstrate we have made progress delivering the work under strategic outcome three, to work with the Scottish Government and other partners to achieve the outcomes in Social Services in Scotland: a shared vision and strategy. Although we received positive results, we will further consider how to improve how we demonstrate the impact of our learning resources; 67% of our customer survey respondents said that our learning resources have improved their practice.

4.4   Our recent customer survey indicates that 61% of respondents are very or somewhat satisfied with the standard of customer service they receive, compared to 8% who were very or somewhat unsatisfied. Over 500 respondents had no opinion on our customer service, which may be because they have not been in touch with us (around half of the respondents in total said they had contacted us recently). Due to a change in approach, we did not make as much progress as planned delivering a programme of customer care during 2017/18. We will continue to monitor and report on this indicator under this outcome and as part of our focus on customer care which will be taken forward in 2018/19.

5. CUSTOMER SURVEY

5.1   To gather evidence and information to demonstrate our work towards achieving our outcomes and priorities, we sent out a survey to a section of the Register in December 2017.

5.2   We will send the same survey to the remainder of the Register throughout the rest of the year, focusing on a different group each time. By the end of 2018/19, we will have a set of baseline figures from the Register as a whole, which we can use for benchmarking.

6. RESOURCE IMPLICATIONS

6.1 There are no direct resource implications of this report. The progress and performance presented reflects the on-going delivery of our Strategic Plan 2017-2020, which is aligned with our budget setting processes.

7. EQUALITY IMPACT ASSESSMENT

7.1 An Equality Impact Assessment has not been carried out. This is not a new or updated policy, guidance, practice or procedure.

8. LEGAL IMPLICATIONS

8.1 There are no specific legal implications relating to the contents of this report. We have a statutory obligation to publish a Strategic Plan and Annual Strategic Delivery Plan (operational plan) and this report supports the delivery of actions in those documents.

9. STAKEHOLDER ENGAGEMENT

9.1 We will continue to consult and engage with internal stakeholders, including council members, management and officers, in the development of the performance management framework and related reports. The regular customer survey cited in the report will be included in stakeholder engagement reporting arrangements.

10. IMPACT ON USERS AND CARERS

10.1 Improving the efficiency and robustness of the performance information used by the SSSC to manage and improve its decision making and processes will improve our transparency and accountability to stakeholders.

11. CONCLUSION

11.1 The new Strategic Performance Report presents a collective picture of our progress to date delivering our strategic outcomes and priorities. To enable us to provide information on our strategic measures, we carried out a customer survey in December. We will repeat the survey with different parts of the Register over the course of the year until we have surveyed the whole Register.

11.2 We continue to develop our performance management and reporting arrangements. This new Strategic Performance Report complements the Monthly Operational Performance Report that is used by the OMT and EMT to monitor performance. We also aim to publish an Annual Performance Report in June.

12.   BACKGROUND PAPERS

12.1   None applicable.

Report no: 13/2018

Strategic performance report

March 2018

Our values

Integrity
Commitment
Accountability
Pride in what we do
Listening and engaging
Creativity and learning

Contents

1.   Introduction

1.1   We published our three-year Strategic Plan in April 2017. This plan documents our work in support of the Scottish Government's National Outcomes.

1.2   We identified four strategic outcomes we aim to achieve by 2020. Each of the strategic outcomes has associated priorities. To demonstrate our progress towards the outcomes and priorities, we monitor and report on a mix of strategic measures, updates on related projects, operational performance indicators, and stakeholder feedback.

1.3   This is the first Strategic Performance Report. It presents the progress and performance delivering our strategic outcomes and priorities we made during the period April 2017 to October 2017.

Strategic outcomes	Priorities
1. The right people are on the register	1. Build our relationship with registrants and employers 2. Our fitness to practise process is proportionate and accessible
2. Our standards lead to a safe and skilled social service workforce	3. Social service qualifications meet the needs of learners and employers
3. Our resources support the professional development of the social service workforce	4. We work with Scottish Government and other partners to achieve the actions in Social Services in Scotland: a shared vision and strategy 2015 – 2020
4. Our stakeholders value our work	5. A customer focus throughout the organisation 6. High standards of governance

1.4   The following sections of the paper present our progress delivering our strategic outcomes and priorities. We have structure this report under each of the four strategic outcomes, and for each of these we present:

- a table presenting current performance against the supporting strategic priorities
- updates about how well we are delivering the various projects under each priority
- a summary section that assesses our performance and progress towards the outcome

2.   Customer Survey Methodology

2.1   To gather evidence and information to demonstrate our work towards achieving our priorities, we sent out a survey to a section of the Register in December 2017. We will send the same survey to the remainder of the Register throughout the rest of the year, focusing on a different group each time. By the end of 2018-19, we will have a set of baseline figures from the Register as a whole, which we can use for benchmarking.

2.2   The first groups of workers we surveyed were practitioners registered as working in day care of children and care home services for adults. We tailored the questions to relate directly to our strategic priorities. Where possible we used the same language as in the strategic and operational plans.

2.3   The survey received a very positive response level. At the time of sending the survey, there were around 31,000 workers on these two parts of the register combined. We received responses from approximately 10% of these workers, 3,053 responses in total.

2.4   2,217 (73%) of these were from practitioners in day care of children, and the remaining 836 (27%) came from practitioners working in care home services for adults.

2.5   This sample size demonstrates a 95% confidence level with a 2% margin of error. This means that we can be 95% certain that the responses we received are representative of the opinion of those parts of the register as a whole.

3. Strategic outcome 1: the right people are on the register

3.1 To deliver our first strategic outcome, the right people are on the register, we set the following strategic priorities and related measures. The table below presents a summary of current performance against these measures.

Strategic priority	Strategic measures	Current performance
Build our relationship with registrants and employers	Registrants believe that registration with the SSSC provides positive benefits to them	In the survey of practitioners, 43% of respondents said they strongly agreed that registration was beneficial, compared to 5% who strongly disagreed. Expanding this to include both 'strongly' and 'tend to', this increases to 71% for positive (agree) and 12% for negative (disagree) responses.
Our fitness to practise process is proportionate and accessible	Cases referred to the SSSC Fitness to Practise meet the thresholds	The majority of cases we receive meet the thresholds. There is no pattern to the number of cases we receive that do not meet the thresholds, but the number is generally below 15% of cases each month.
	We see an increase in the number of people attending and represented at Fitness to Practise Hearings	There is no change in overall levels over the last three years, with around 32% of all hearings having a worker in attendance. Attendance by worker's representatives is much lower, typically around 15% of hearings.
	We see a decrease in the average time it takes to conclude fitness to practise investigations	On average, we close a fitness to practise case within nine months of receipt. This time has consistently dropped since March 2017 and monthly figures are lower than the same period in 2016-/17.

4.   Progress updates

4.1   The following paragraphs present narrative updates on the progress delivering the projects we said we would deliver in 2017/18 under strategic outcome one, the right people are on the Register. We reference the relevant project number from the operational plan within each update.

Understanding registrants resource requirements (1a)

4.2   The Communications team carried out research into understanding registrants' resource requirements so we can develop the appropriate resources. Previous research indicated that registrants were not always fully aware of the services we provide and the nature of our role as a regulator and a small number think we are a membership body. The comments captured from our recent customer survey support this, with some respondents continuing to refer to their 'membership' with us. From this research, the team has developed an action plan that includes new resources to support registration. This includes a new registrant card that we will shortly launch, as well as a digital welcome pack for new and renewing registrants. The pack will be available in the near future on MySSSC.

Open the register for new groups (1b)

4.3   Registration of support workers in care at home and housing support began in October 2017. Projected figures at that time indicated that we would have around 10,000 applications for these new parts by 31 March 2018. To date we have a total of 13,666 applications received and at various stages of the process, with just over 5,100 of these now on the Register.

4.4   We have received applications across all Register parts exceeding our projected figures each month since April 2017 (with the exception of September, where levels were slightly below projections). Projected figures for the remainder of the year are high, in recognition of the new Register parts opening. To date we have received around 3,800 more applications than projected this year.

4.5   Despite the increases in applications received, the average time taken to process them is consistently reducing. This reduction does mask a number of applications that have been in the process for a long time – some recent applications had been in the process for over three years, primarily due to Fitness to Practise staff carrying out an investigation prior to deciding whether to proceed with registration.

4.6   The new Register parts have associated budget considerations. Many of the applicants will be on both parts of the Register and will only pay one fee. This means that there will be additional work to register these workers on more than one part, but we will receive only one fee. The current number relating to unique individuals is 10,442.

Develop telephone system for a better customer experience (1c)

4.7   We are tied to a contract with our current supplier, Provista, until 2021 and as a result planned work has not progressed. Registration staff are involved in further discussions to determine whether we need to procure our own telephony system.

4.8   We are working on the implementation of an automated telephone payment service (Tonepay). This will provide the facility for registrants and other customers to pay registration fees or invoices by telephone 24 hours a day, seven days a week, without the need to wait for one our transactions team to answer the telephone and take details. Customers will still have the ability to, should they wish to do so, to talk to a member of our staff during office hours.

Help employers and registered workers understand when and how to make a referral (2a)

4.9   Between September 2017 and November 2017 we surveyed employers to find out how aware they were of the new thresholds for referrals. While the results of this survey are still being analysed, we have recently seen the lowest levels of cases closed due to not meeting our thresholds since March 2017. This follows a period of increases following the introduction of the new fitness to practise model in late 2016 and may represent a greater awareness of the new thresholds.

Support participants engage with the process (2b)

4.10   We contacted law centres to raise awareness of our processes and the assistance workers may need. We also provided training to staff at Aberdeen Law Project in September 2017. We are supporting the development of a new regulatory law course run in conjunction with the Faculty of Advocates and Robert Gordon University, and linking in to the faculty's free legal services unit.

Increase representation at hearings (2c)

4.11   We know from monitoring levels of attendance at hearings of workers and their representatives that, in general, workers and representatives rarely attend hearings (around 30% attendance rate for workers and 18% for representatives). Part of our work to improve this involves contributing to a union event in Aberdeen for sector employees. The aim of this is to discuss and promote the benefits of union membership and the benefits of representation. We have also developed information targeted at the new parts of the register that promotes the benefits of union membership, including the availability of representation if needed at a fitness to practise hearing.

4.12   Linked to our digital transformation work we are investigating the cost of attendance at hearings. We are looking into alternatives including holding hearings elsewhere and providing remote access to hearings.

4.13   Scottish Government approved the rules regarding legally qualified chairs (LQCs) and these have been appointed and trained. We reviewed the Fitness to Practice and Hearings factsheets and letters as part of this process and in recognition of the new Register parts opening. Staff updated all factsheets and letters with references to LQCs where appropriate.

5.   Performance assessment

5.1   We can directly link much of our recent work in support of this outcome to the opening of the register to support workers in care at home and housing support services. The projected number of applications has already been surpassed but it is not having a negative impact on the length of time it takes us to process a registrant's application, which we continue to reduce.

5.2   From a peak of 70 days on average in December 2016, we are now regularly processing applications within half that time (33 days in December 2017). Short-term agency contracts will alleviate any potential pressure on the Registration teams as we receive more applications into 2018. To date there are no observed increases in referrals to Fitness to Practise which may have been expected with the increased number of applications in progress.

5.3   We recognise that attendance at hearings by workers and their representatives is low, and analysis of this indicates no change over the last few years. Cross-department work between Fitness to Practise, Corporate Governance and Hearings, and the Communications team has resulted in the development of new resources aimed at promoting our role as a regulatory body as well as increasing engagement in and awareness of our fitness to practise procedures. This work is in the early stages but departments have a number of actions to take forward in the early part of 2018.

5.4   Part of this work involves understanding our registrants and helping them to understand what our role is. We know from previous stakeholder research, particularly some of the responses to the fees consultation in late 2016, that a large proportion of registrants are not fully aware of the nature of our role and the services we provide.

5.5   In our recent survey, we asked whether workers agreed with the statement 'I believe that registration with the SSSC is beneficial to me.' 3,046 respondents answered this question and there was a very positive response overall. 71% of workers agreed to some extent that registration is beneficial. 43% of respondents said they strongly agreed, and only 5% strongly disagreed.

I believe that registration with the SSSC is beneficial to me

Response	Count
Strongly agree	1,306
Tend to agree	851
Neither agree…	495
Tend to disagree	209
Strongly disagree	158
Don't know	27
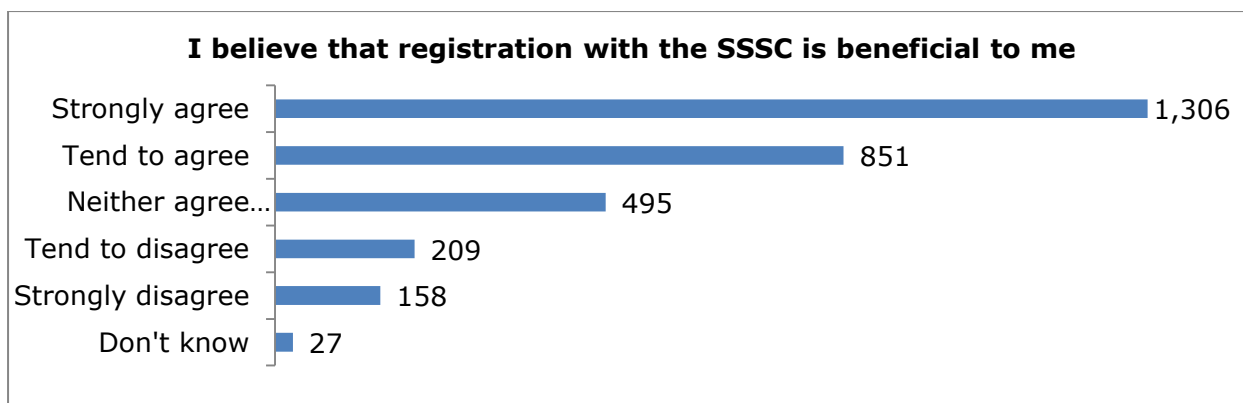
5.6 Among those who disagreed, a frequent comment was that workers did not feel they received anything in return for their fee. A similar sentiment was expressed when we consulted on the changes to the fees in 2016.

5.7 We asked whether workers had contacted us within the last six months, and if so, what the reason for this contact was. 1,507 respondents answered (49% of all respondents). While a number of respondents indicated they had contacted us about more than one reason, most (1,328, 88%) contacted us about registration and/or renewal. 29 respondents (2%) said they had contacted us about fitness to practise.

5.8 Among those responses, only one had also been in contact regarding a hearing and only six responses overall indicated any contact related to hearings. Of the 35 workers who said they had been in contact for fitness to practise or hearings, 23 (66%) said they were very or somewhat satisfied with the standard of customer service we provide.

5.9 While we cannot overall attribute positive or negative sentiment directly to the worker's experience of contact with fitness to practise or hearings teams (as we asked for a general impression of satisfaction and most of these individuals were in touch with us for a number of reasons), there are two contrasting comments directly linked to these areas. One respondent said they were very satisfied with our service, stating '[you] were very supportive in a dispute I had with former colleagues'.

5.10 Another respondent provided an opposite view, stating they were very unsatisfied and expressing a belief that we 'cherry pick' which cases to investigate and that we advertise ourselves as 'an investigative body'.

5.11 Although the survey indicated only a small number of workers who had contacted us regarding fitness to practise, due to the nature of the work done in that department we receive a higher number of complaints about this area of our work than others. Between April 2017 and December 2017 we received 33 complaints about fitness to practise processes, including the time it takes to close a case. This is 14% of the overall number of complaints we received in that period and the largest area of complaint recorded over that period.

5.12 Overall, our performance demonstrates a positive picture of progress. Three of the four strategic measures are positive—71% of registrants

believe registration with us provides them with positive benefits. However, we need to make more sustained progress improving representation at hearings, and we have included this work in our plans for 2018/19.

6. Strategic outcome 2: our standards lead to a safe and skilled social service workforce

6.1 To deliver our strategic outcome two, our standards lead to a safe and skilled social service workforce, we set the following strategic priorities and related measures. The table below presents a summary of current performance against these measures.

Strategic priority	Strategic measures	Current performance
Social service qualifications and standards meet the needs of learners and employers	The SSSC is recognised as an organisation that contributes to social service workers having the skills needed for their jobs	A positive survey response with 70% of workers either strongly agreeing or tending to agree that we contribute to skills. We used feedback from the sector to improve courses including SVQ Social Services and we are proactive in finding other ways to improve learning experiences for workers, through research and online resources.

7. Project updates

7.1 The following paragraphs present narrative updates on the progress delivering the projects we said we would deliver in 2017/18 under strategic outcome two. We reference the relevant project number from the operational plan within each update.

Contribute to the review of the National Occupational Standards led by Skills Development Scotland (3a)

7.2 We continue to support the development of the National Occupational Standards and ensure that social service qualifications meet the needs of both learners and employers. Feedback to the Scottish Qualifications Authority (SQA) from employers and learning providers has resulted in the creation of more optional units for the SVQ Social Services (Children and Young People) at SCQF level 9. This will better reflect the job roles of workers in residential childcare. This work took into account the Continuing Care provisions in the Children and Young People (Scotland) Act 2014 and involved engagement with the Centre for Excellence for Looked After Children in Scotland (CELCIS) and the Care Inspectorate as well as an independent provider of residential child care.

7.3 We commissioned research with Twig Associates (a specialist in helping organisations link skills requirements to educational structures) to support learning providers, employers and individuals to understand the factors that contribute to positive learning experiences for modern apprentices in

care services. We expect that the research will conclude by the end of March 2018.

7.4 We launched a careers website (http://learn.sssc.uk.com/careers/) to raise awareness of work-based qualification pathways available in social services, as well as another online resource for existing and new social service workers who want to develop their literacy and communication skills.

Review Post-Registration Training and Learning (3b)

7.5 We now read and undertake quality assurance on 2% of all PRTL records, across all parts of the Register, as well as all PRTL records for newly qualified social workers.

7.6 We monitor the average time taken to complete these reviews every month. We saw that it was increasing and is affected by a process with no pattern. Frequently PRTL has taken many months to complete and average time taken has increased from 20 days in August 2016 to 36 days in November 2017.

7.7 Learning and Development staff reviewed the process and introduced a new six-week response service level that should improve customer service in this area. This is in addition to work to review PRTL in general, which aims to develop a new continuous learning standard.

8. Performance assessment

8.1 We asked practitioners whether they agreed that 'The SSSC contributes to social service workers having the skills needed to do their jobs'. 3,048 workers answered this question. Responses were generally very positive, with 2,123 (70%) respondents stating 'strongly agree' or 'tend to agree'.

The SSSC contributes to social service workers having the skills needed to do their jobs

Response	Count
Strongly agree	1,113
Tend to agree	1,010
Neither agree nor disagree	489
Tend to disagree	227
Strongly disagree	122
Don't know	87
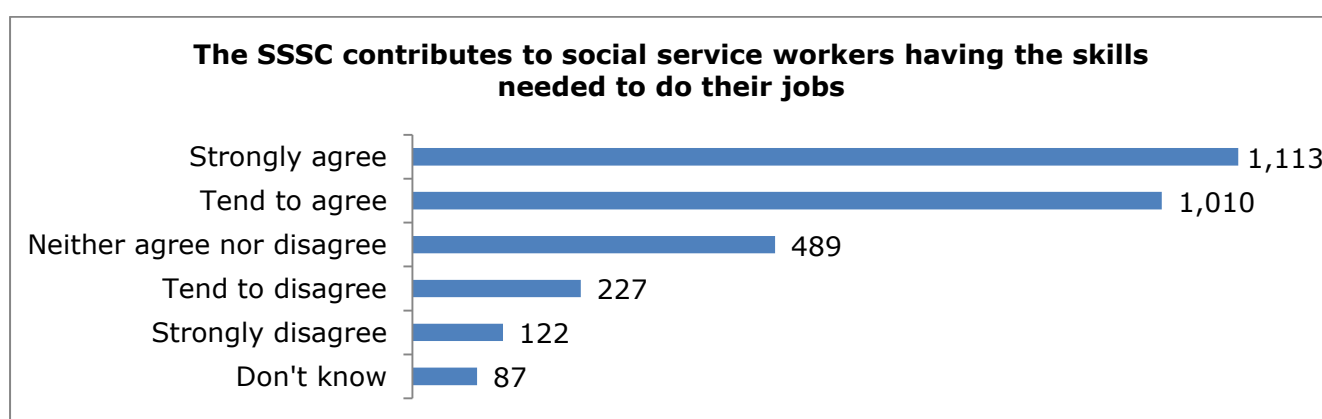
8.2 Although the positive response was high, a number of workers did strongly disagree or tend to disagree. Comments from that group indicate that workers feel they gain qualifications to get skills, and that since we do not provide these qualifications, we contribute little or nothing to their skill set.

8.3 Some comments indicate an expectation that we would provide training, while others state that while we set out the Codes of Practice, this is not a skill and does not contribute to increased levels of skill within the workplace. This suggests that some workers have a limited understanding of our role in developing and quality assuring qualifications, as well as providing guidance to workplaces.

8.4 While the survey responses begin to give a sense of how workers feel about our contribution, and this will increase as we ask the same question of workers on other register parts, the opinion of employers is not covered. This can be partially achieved when we ask for manager's views later in 2018, some of whom may also be classed as employers but there is a gap in our knowledge of employers views in this area.

8.5 Overall, we have made good progress delivering the projects under this second strategic outcome. All of the related projects are on track for delivery as planned and we can demonstrate that 70% of those surveyed in our recent customer research recognise the SSSC as an organisation that contributes to social service workers having the skills needed for their jobs. We can further improve how we demonstrate we are meeting customer service requirements of our registrants and the quality of our PRTL assessment.

9. Strategic outcome 3: our resources support the professional development of the social service workforce

9.1   To deliver our third strategic outcomes, our resources support the professional development of the social service workforce, we set the following strategic priorities and related measures. The table below presents a summary of current performance against these measures.

Strategic priority	Strategic measures	Current performance
We work with Scottish Government and other partners to achieve the outcomes in 'Social Services in Scotland: a shared vision and strategy 2015-2020'	Social service workers report that our learning resources have improved their practice	67% of practitioners who responded to the customer survey said that our learning resources have improved their practice. Our online resources receive increasing numbers of visits. Respondents to our survey report not only that our resources improve their practice, but also that they would recommend them to others, if they haven't already done so. Work is ongoing with a variety of external agencies to support the achievement of the Scottish Government's outcomes.

10. Project updates

10.1   The following paragraphs present narrative updates on the progress delivering the projects we said we would deliver in 2017/18 under strategic outcome three. We reference the relevant project number from the operational plan within each update.

Carry out an audit of our learning resources (4a)

10.2   We are reviewing the impact of our learning resources within the sector, and a report including recommendations is due in March 2018.

10.3   Our online resources receive increasing numbers of visits. There was a 96% increase in visits to the Open Badges website compared to the same period last year. Demand from the sector now outstrips the available staff capacity to support this.

10.4   We upgraded the technology that supports the Open Badges platform and learning zone. Over the last year visits to the learning zone have increased by 48%.

10.5 There has also been a 6% increase in users and 13% increase in page views of the Step into Leadership resources since last year, with Care Inspectorate annual returns indicating that 35% of registered services use the leadership capabilities and Step into Leadership compared to 30% the previous year.

10.6 We have begun development of a 'chatbot' on the learning zone area of our website. This will answer questions and tell visitors to the site about resources that might be most relevant to their job and preferred way of learning.

10.7 Another resource developed this year is the 23 Things digital site. There are now over 50 blogs registered on this site for participants to work through digital capabilities.

Work with Social Work Scotland, Iriss, and other partners to deliver 'Enhancing Leadership Capability of Scotland's Social Services 2017-2020' (4b)

10.8 We delivered the final cohort of 'You as a collaborative leader' programme, and began the final collaborative leadership in practice groups in partnership with NHS Education for Scotland (NES). We also supported Integration Authorities and provider organisations to test new models of integrated care to support workforce improvement.

10.9 We worked with Cornerstone Neighbourhood Care teams to test new models of care against future registration requirements and supported their leadership team through action learning and individual coaching, and provided staff engagement workshops for Stirling Neighbourhood Care and

Implement the Palliative Care Framework with National Health Service Education Scotland (4c)

10.10 We worked with NES to support integration authorities to implement the Palliative Care Framework and contribute to registration qualification requirements. We also provided an awareness-raising programme linked to registration, with associated Open Badges.

10.11 We reviewed Dementia Ambassadors and Champions, collated learning needs analysis from test sites, and provided action learning sets for palliative and end of life care test site leads.

10.12 The Care Inspectorate's Spotlight on Dementia report highlighted the impact and value of Promoting Excellence and contribution of Dementia Ambassadors. Over this period we also:

- supported Scotland's Dementia Awards
- held three Dementia Ambassador leadership events
- published the Inspiring Dementia Practice leaflet, which provides examples of what inspires Dementia Ambassadors, and
- developed a case studies booklet on supporting registration and spotlight on dementia finding for publication in 2018.

Scope the workforce requirements for criminal justice social workers (4d)

10.13 We designed a 'Workforce Development Approach' with Community Justice Scotland (CJS) and the Centre for Youth and Criminal Justice to support the skills of the youth justice workforce. We have scheduled a leadership event with CJS for March 2018.

Deliver workforce requirements from the Carers Act (4e)

10.14 We identified the knowledge and skills required to deliver on requirements for Adult Carer Support Plans and Young Carers Statements. From this, we will develop a related learning resource. We have established a co-design group and commissioned a supplier to build the resource content, and we have tested a draft of the learning resource with two health and social care partnerships. We also revised the Equal Partners in Care resources to meet legislation requirements.

Economic value of the social service workforce (4f)

10.15 We completed the first stage of a project to research the economic value of the social service workforce to the UK. We commissioned and are managing this work with the Northern Ireland Social Care Council. This research has provided a benchmark of what is known about the value of adult social care in the UK, and stage two of the project will analyse the impact of this on the economy of the UK and the four constituent nations.

11. Performance assessment

11.1 We have developed, or are currently developing, a number of learning resources aimed at helping the workforce deliver the necessary requirements from legislation and national frameworks. Partner agencies such as the Care Inspectorate have recognised the value of our work, particularly around Promoting Excellence and our dementia resources.

11.2 Our online learning resources receive increasing numbers of visits and we have taken feedback from the sector on how to improve these. This has been successful to the extent that managing some of the resources, for example Open Badges, is now difficult due to a lack of capacity within the team.

11.3 Visits in themselves do not necessarily indicate that our resources are providing the information workers need or want. It is difficult to assess how widely the resources are used based on this, as we do not know if workers are sharing the learning within their workplace, or if a roomful of workers is viewing a resource on a large screen.

11.4 To get a greater understanding of how effective our resources are, we asked practitioners some specific questions about whether they felt our learning resources had improved their practice, and if not, why.

Have our learning resources improved your practice?

Yes	2,007
No	974

(Chart: horizontal bar chart with x-axis from 0 to 2500)
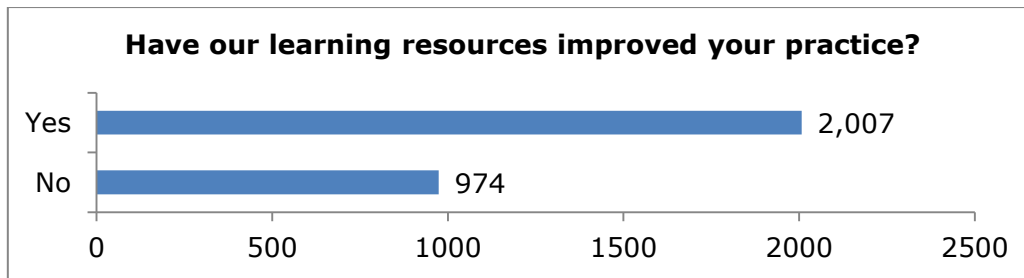
11.5 2,981 workers answered the above question. Of those, 2,007 respondents said yes (67%). While this is twice as many as those who said no, this does mean a considerable proportion of workers did not find that our resources improved their practice.

11.6 589 workers commented on why they did not feel our resources improved practice. The most common response was that they had not used any of the resources. The next most common response, that workers were not aware of the resources, indicates that we need to do more to ensure that workers in these areas know what kinds of resources we have, and where to find them.

Would you recommend our resources?

Yes	806
Already have	264
No	38

(Chart: horizontal bar chart with x-axis from 0 to 1000)
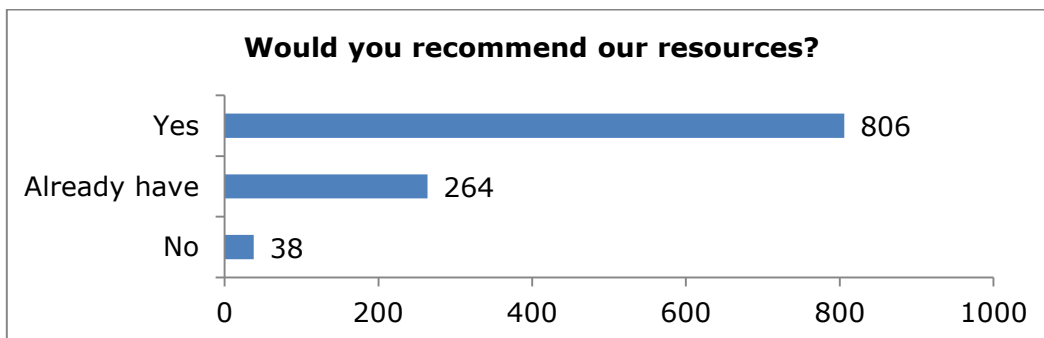
11.7 1,108 workers told us whether they would recommend our resources. 806 said they would (72%) compared with 38 who would not (3%). The remaining 264 workers (25%) said they had already recommended them to others. 37 of the workers who said they would not recommend our resources said that our resources had improved their practice. It is not clear from the responses why these workers would not recommend the resources even though they find them useful.

11.8 Workers generally find our resources by visiting our website directly. Other common ways of accessing them are through work (for example, a colleague or manager/supervisor) or by searching online for a particular topic.

11.9 Overall, we can demonstrate we have made progress delivering the work under strategic outcome three, to work with the Scottish Government and other partners to achieve the outcomes in Social Services in Scotland: a shared vision and strategy. Although we received positive results, we will further consider how to improve how we demonstrate the impact of our learning resources; 67% of our customer survey respondents said that our learning resources have improved their practice.

12.   Strategic outcome 4: our stakeholders value our work

12.1   To deliver our fourth strategic outcome, our stakeholders value our work, we set the following strategic priorities and related measures. The table below presents a summary of current performance against these measures.

Strategic priority	Strategic measures	Current performance
A customer focus throughout the organisation	Our customers are satisfied with the service they receive from the SSSC	We regularly meet our timescales for our customer-facing work, across all areas. For example, the time taken to process applications has consistently decreased each month from an average of 70 days in December 2016 to around 30 days on average. We also regularly respond to customer complaints well within the timescales established by the Scottish Public Services Ombudsman. Our recent survey indicates high levels of satisfaction. Of 2,079 responses, 779 (37%) said they were very satisfied, with 70 (3%) stating very unsatisfied. Comments left by respondents included 'excellent service', 'always a pleasure to deal with anyone in SSSC', 'helpful and friendly'.
High standards of governance	Audits provide evidence of good corporate governance and effective use of our resources	Three audits have taken place so far in 2017/18 and the final audit will be complete by the end of June 2018. We are progressing with implementing all audit recommendations. We have revised this strategic measure to include all audits, both internal and external.

13.   Project updates

13.1   The following paragraphs present narrative updates on the progress delivering the projects we said we would deliver in 2017/18 under strategic outcome four. We reference the relevant project number from the operational plan within each update.

Develop 'the SSSC way' of how we work (5a)

13.2   We are currently drafting a comprehensive 'SSSC Way' document that will act as a guide and introduction to the organisation. The Performance and Improvement team is coordinating the work and consulting with colleagues in HR who are developing a new induction programme. Based on good practice in the private sector, the document will provide a one-stop reference tool and include:

- an overview of the SSSC structure and stakeholders
- SSSC values
- an explanation of the people strategy, induction, supervision, learning strategy, leadership and management framework, HR policies, and Codes of Practice
- overview of the performance management framework and related items such as operational planning and risk
- introduction to the Communications handbook, Style Guide and Brand Framework
- note of our statutory obligations such as data protection, complaints, equality and corporate parenting

13.3   We will produce a draft document by April 2018. At that time, we will consider how to develop the work, making it more interactive or an online resource. Following consultation, we will introduce it as an organisational tool in 2018/19 and coordinate the launch with any work by HR on the new induction programme.

Develop and implement a customer care programme for our staff (5b)

13.4   We have identified departmental representatives for a new customer focus working group. We intended to deliver the work through our membership of the Institute of Customer Services (ICS). However, when we became members we were given further information that made it clear that the model proposed was similar to the European Foundation for Quality Management (EFQM) model (see update for project 5c).

13.5   Over the next few months, the Performance and Improvement team and the customer focus working group will develop a customer care action plan that incorporates elements from EFQM and the Customer Service Excellence standard. This work links to the EFQM work programme as one of the aims of the EFQM quality model is to add value for customers.

Implement a quality framework for the SSSC (5c)

13.6   We have adopted EFQM as our quality improvement model. A team of six assessors are now piloting a self-assessment exercise with the Communications team. Once that pilot has completed, we will deliver a programme of self-assessment across the whole organisation over the next three years.

13.7   Self-assessment provides a structured opportunity for teams to identify areas for improvement. OMT will monitor the resulting improvement

plans. We are also on track to submit our application for the first level of EFQM external recognition. Quality Scotland will validate our submission by 31 March 2018.

Review our business intelligence systems (5d)

13.8   The Performance and Improvement team is leading a review of our performance management arrangements. This review identifies recommendations to form an action plan for the team to further develop a performance management framework in 2018/19.

13.9   Future work includes mapping of our business intelligence across all departments, to establish the range of information we hold, the format it is in and who holds it. This work will ensure that the SSSC is making best use of this asset as we move forward with digital transformation.

Develop and implement a business intelligence framework (5e)

13.10 The Performance and Improvement team process mapped some key corporate administrative processes to identify and make efficiency improvements, e.g. travel booking and flexi reporting. We will work with the Communications team next to process map their key processes following the EFQM pilot. Other departments have carried out some process mapping, and the Performance and Improvement team will coordinate this work to ensure there is consistency and centralised access to the intelligence.

13.11 As part of the drive to establish corporate business intelligence and reporting systems we have further developed a framework of reports at OMT, EMT and Council levels. OMT and EMT receive a monthly operational performance report that is structured on the EFQM result categories and provides timely business intelligence for managers. The report contains a suite of performance indicators based on improvement aims, Strategic Plan outcomes, or our key processes. We aim to ensure that all indicators meet either EFQM or PuMP standards. We also include an update on project milestone delivery on a quarterly basis.

13.12 This Strategic Performance Report is also part of the developing performance management framework, which will include an Annual Performance Report in June.

Implement our Digital Strategy (5f)

13.13 Council approved our Digital Strategy in June 2017 and we appointed a Digital Transformation Lead in September 2017. Following this appointment and an initial assessment of the actions required to achieve the aims of the digital strategy, the SSSC Resources Committee approved plans to change to Office 365 and upgrade all desktop hardware. We have also started to identify appropriate digital skills development for staff.

Develop and implement an online performance and governance system (6a)

13.14 We reviewed potential software solutions and identified Power BI as our preferred performance management system. This software will be included as part of the upgrade to Sequence and Dynamics 365 in July 2018. We have identified users across the organisation to participate in training and agree user protocols and conventions as part of the delivery programme. This work is under budget as it is part of the wider Sequence update programme.

13.15 We also bought two licenses to Tableau software, which provides more sophisticated data mining and visualisation. We will use this software to improve our performance reporting.

Training needs analysis of all staff (6b)

13.16 A new Development Discussion document has replaced the Performance Development Review System. This revised process focuses on learning and development and includes a record of the worker's skills and talent. HR will use this information to track and identify training needs, and the Head of Registration is developing a tool to capture this data.

Paperless financial transactions (6c)

13.17 Invoices are now sent and received via email, with future work in 2018-19 to look into offering e-invoicing to all income streams, other than registration fees. We also to plan implement paperless accounts payable for suppliers in 2018-19, but this depends on the requirements of individual suppliers as well as SEAS.

13.18 We have now moved entirely to paperless budget monitoring and setting, and reconciliations. Work is continuing on paperless direct debits but progress is limited to an extent by bank and SEAS development. We plan to progress this in 2018/19.

Develop a financial strategy that addresses the sustainability of the SSSC (6d)

13.19 The financial strategy was submitted to the Resources Committee in June 2017.

14. Performance assessment

14.1 The new Performance and Improvement team is leading a range of our work on business intelligence, performance and quality. We are progressing development of our business intelligence systems and framework, linked to the wider digital transformation plan, the Sequence upgrade, and move to Office 365. These changes will allow us to improve our performance reporting at all levels of the SSSC and also provide increased access to our business intelligence.

14.2 Our recent customer survey indicates that 61% of respondents are very or somewhat satisfied with the standard of customer service they receive, compared to 8% who were very or somewhat unsatisfied. Over 500 respondents had no opinion on our customer service, which may be because they have not been in touch with us (around half of the respondents in total said they had contacted us recently). Due to a change in approach, we did not make as much progress as planned delivering a programme of customer care during 2017/18. We will continue to monitor and report on this indicator under this outcome and as part of our focus on customer care which will be taken forward in 2018/19.

14.3 In addition to our survey of practitioners, we contracted IPSOS Mori to survey another key stakeholder group, MSPs. In December 2017, we received the initial results of a survey of MSP's views on favourability, familiarity and advocacy in relation to our work. A comparison to Care Inspectorate (CI), the General Teaching Council Scotland (GTCS) and Nursing and Midwifery Council (NMC) is included with these results. Please note that a minority of MSPs (55, 43% of all MSPs) responded to the survey. The Performance and Improvement team will report on the results from this survey in more detail before the end of March. Pending that report, we can summarise MSP responses and compare with those organisations listed.

14.4 The first question asked MSPs how well they knew us as an organisation. Most respondents (81%) indicated that they had heard of us to varying degrees (for example, only 6% said they knew us very well, with 24% having heard of us, but knowing nothing about us). This is lower than the previous two surveys (91% in 2015 and 95% in 2012) and is the lowest among the four organisations used for comparison.

14.5 In general, MSPs are aware of our work and role and are more likely than not to speak positively about this. However, overall levels of response are low and the ratio of positive to negative responses consistently lower than the other organisations surveyed. A more detailed report on these findings will be available shortly.

14.6 In summary, we are satisfied that good performance can be demonstrated and strong progress is being made to deliver the work under strategic outcome four, our stakeholders value our work. We will continue to build on our achievements by further embedding EFQM and developing our performance management framework.

15. Conclusion

15.1 We have made good progress over the last six months to deliver our strategic outcomes and priorities. We have made significant improvements in some of our key processes and have evidence that our customers are satisfied with our customer service and the products we deliver. We can also demonstrate evidence that project delivery for the most part is as expected for all four outcomes.

15.2 We could be better at demonstrating improvement in hearing representations and embedding a systematic approach to a customer care programme. This work will be included in our business planning for 2018/19.

Title of report	Chief Executive's Report
Public/confidential	Public
Action	For information
Summary/purpose of report	This report provides Council Members with an update on key developments since the last Council meeting on 23 January 2018.
Recommendations	The Council is asked to: 1. note the information contained in this report 2. offer comment on the content.
Link to Strategic Plan	The information in this report links to Outcome 4 of the Strategic Plan, that our stakeholders value our work.
Link to the Risk Register	This report links to the Strategic Risk Register in that it aims to contribute to open, transparent and informed governance arrangements.
Author	Anna Fowlie Chief Executive Tel: 01382 207250
Documents attached	Appendix 1: Registration statistics

1. INTRODUCTION

1.1   This report sets out the highlights across the organisation since the last Council Meeting in January.

1.2   I have included highlights from each function, as well as some examples of things that are significant from my own perspective. I have also included examples of collaborative working and examples of the values in practice.

DEPARTMENTAL HIGHLIGHTS

2. Registration

2.1   When the Register opened for support workers in care at home and housing support we optimistically projected that we would receive 10,000 applications by the end of the financial year. Up to 2 March we have received 12,262 applications, of which 7,751 have been processed and registered. It should be noted that as many of these workers work across combined services they are required to be on both register parts. The 12,262 figures relates to 7,659 individual workers. We also know that a further 6,854 workers are in the process of applying for registration but have not yet submitted their application.

2.2   This positive response to the Register opening reflects the engagement work we carried out with employers, employer representative groups and workers in the months leading up to the register opening.

2.3   The following sets out some of the work in registration for the first 8 weeks of 2017 and 2018. This demonstrates the significant increase in our workload. Managing this work with the same number of staff is challenging, however we have refined our processes and improved our system to manage it.

Work	Number received in 2017	Number received in 2018
Applications	5,054	10,060
Renewals	1,328	2,010
Change of Details	13,073	16,449

2.4   At the end of March we will assess our position with the new parts of the Register in terms of the pace of applications we are receiving. From there we will plan our approach with those who have yet to apply. Registration and Communications will develop a communications strategy and will continue to work closely with CCPS, Scottish Care and the local authority HR representative group (SPDS).

3. Fitness to Practise

3.1 We delivered training to Robert Gordon University (RGU) law clinic so they can provide representation for registrants who can't afford representation elsewhere. The training focused on how our fitness to practise process works and we hope that involving the law clinic in this way will help us to achieve our aim of increasing representation levels at hearings.

3.2 We had three appeals against fitness to practise panel decisions set down for a proof diet at court in February. A proof is the hearing to consider the merits of the action. In the end only 1 case ran as a result of court time or procedural actions. However, this is noteworthy as we have had so few appeals proceed to proof over the years. To have three set to run in the same month looks like an outlier, but the situation is being monitored in case we are now entering an era where our decisions are challenged more in the courts.

3.3 For the first time, a decision made by one of our Hearings has been successfully challenged in court. We are waiting for the sheriff's written judgment to identify any learning or areas for improvement. While it was disappointing for the member of staff presenting the case, in my view judicial scrutiny of how we work is to be welcomed.

4. Corporate Governance and Hearings

4.1 We have completed a trial of the clerks providing increased support in preparing decisions at panel hearings to speed up the decision-writing stage of hearings. This has involved creating smarter templates and completing some sections during the earlier stages of the hearing.

4.2 We have now held two impairment hearings and 15 temporary order hearings under the new rules with legally qualified chairs.

4.3 We are waiting for the outcome of a trial getting rid of paper casework files. If it's successful we hope to roll this out and reduce storage needs, paper use, staff time spent filing and processing.

5. Learning and Development Team

5.1 We have secured a Scottish university partnership to deliver the undergraduate Certificate in Digital Learning Design and are working with a second institution to provide a post-graduate route to the Certificate.

5.2 In the last six months the careers website was viewed 3,424 times by 1,558 users. This shows it is one of the most popular resources we have and indicates a good level of interest in career pathways.

5.3 Over the next few months, we will work with providers of Mental Health Officer (MHO) awards and other partners to explore the potential for developing national learning materials to support MHOs' continuous professional learning. This will deliver a key recommendation from significant monitoring visits and subsequent quality assurance reports on the need to establish a national forum to support programme development and share learning.

6. Human Resources

6.1 The HR team are working with managers to review our performance management processes to make sure it's meeting the needs of the organisation and staff.

6.2 With colleagues in the Finance team, we have reviewed the tender responses for new HR and payroll solution, and are in the process of awarding the contract.

6.3 Since 2014, 102 staff have progressed their grade as a result of a promotion or job evaluation. 88 were still employees of the SSSC at 31 January 2018. This means over a third of our current staff have had a salary increase over and above incremental progression and pay awards in the last four years.

6.4 Over the next few months we are hoping to implement an e-recruitment system.

7. Communications

7.1 Raising awareness of the Codes of Practice and what the public can expect from registered workers continues with a number of activities. The Codes of Practice are now available in Easy Read, British Sign Language and five different languages and we have had more than 3,000 views of our new Codes animation (www.sssc.uk.com/codes) which is aimed at newly registered workers.

7.2 We're sending all 8,600 registered services new Codes print resources during March to raise awareness with employers, staff, people using the services and carers including information on what people using services can expect and what to do if they have concerns about a registered worker. The posters and new resources centre round the people on our Register and you can see some of the new images here on the new digital welcome pack for registrants welcome@sssc.uk.com.

7.3 Following the Scottish Government's announcement of the Empowering Schools consultation, we designed a social media awareness campaign to:

- promote our view on the proposals with clear messages for our sector and the wider audience
- highlight the consultation, the potential impact of the proposals and our briefing

- encourage the early years sector and others with an interest to respond
- highlight the achievements made in raising the professionalism and attainment of the early years workforce as a result of regulation and workforce development
- raise awareness of our role in regulating early years practitioners
- showcase our workforce development role and our learning resources for the early years sector, eg qualifications and leadership.

7.4 Our audiences engaged with our content on social media, particularly on Twitter with higher than average engagement including comments from the early years sector encouraging others to respond to the consultation.

7.5 The Communications Team works with our internal customers to advise on the best mix of channels to reach and engage our different external audiences. To reach our target audiences for the recent SSSC customer satisfaction survey, we tested using text messaging for the first time, alongside email. The text response rate resulted in 1,019 responses, a response rate of 4.3%. Following this up with an email generated a further 2,033 responses, a response rate of 6.99%. The two methods combined generated a good response overall, demonstrating that using different channels helps us to reach a wider audience. We will continue to monitor and refine the impact of the channels we use to increasingly improve engagement with our activities.

7.6 The new online Welcome Pack for new registrants (http://welcome.sssc.uk.com/) will be live on the MySSSC portal. It was developed and tested with staff and external customers and is designed to welcome people new to the Register with accessible information to help them keep their registration up to date and provide added value with information on learning resources and other products and services.

8. Policy and Improvement

8.1 Two weeks ago we came together with representatives from several organisations (including the Care Inspectorate, SQA, Police Scotland, Creative Scotland and the Mental Welfare Commission) who are also Corporate Parents. On that day we made a series of short videos to celebrate #CareDay18. They were successfully shared on Twitter on 14, 15 and 16 February.

8.2 We received 3,052 responses to the customer survey we sent out to both practitioners' parts of the Register – the highest response to any survey we have had in recent years excluding the fees consultation.

8.3 From April to December 2017 our recycling and shredding suppliers estimate that we saved the equivalent of 131.76 trees.

8.4 Over the next quarter, we will be undertaking an audit/asset mapping exercise of all of our business information and intelligence, to identify the

type of information we hold and where it is, and how we can make better use of it to inform our decision-making.

9.   Finance

9.1   The SEAS system was upgraded in January/February and although there were challenges, the team managed to continue to deliver its work within the required timescales and to our usual high standards with minimal impact to other teams or workflows.

9.2   The transactions team has dealt with almost 12,500 calls since the beginning of January.

9.3   We are continuing to develop the Voluntary Sector Development Fund application system and hope to include this in the new SSSC website.

10.   CROSS-SSSC/COLLABORATIVE WORK

10.1   The Communications team is leading the development and design of our new website/MySSSC portal into a one stop shop for customers, involving staff from across the organisation. Design work is now underway following a two-day workshop in February. This phase of the work will be completed using an "agile sprint" approach by 31 March.

10.2   Our plain language promise to our customers continues with the Communications team developing and co-ordinating plain language learning to meet the needs of our different departments and their customers. This starts in March with the Corporate Governance and Hearings and Registration teams.

10.3   A team from across the organisation have done their first EFQM self assessment, this assessment will be used as a stepping stone to assess the organisation and drive improvements.

10.4   Colleagues from Registration and Learning and Development are delivering action learning for staff teams in Cornerstone who are developing new models of neighbourhood care / self-organising teams. We have issued a statement about SSSC registration to say that we support and will learn from these new ways of working.

10.5   Over the next few months, Learning and Development and Registration will hold regular operational meetings with Scottish Care and CCPS workforce leads to better respond to sector needs, in particular the "Four Rs" of Recruitment, Registration, Regulation, and Retention. These will complement the strategic grant monitoring meetings we hold with CCPS, Scottish Care and the Scottish Government.

10.6   Colleagues from most parts of the SSSC are collaborating on our digital transformation programme. For example, developing the case management system has "stretched some of our own levels of technical knowledge but is really interesting and exciting. We are looking forward to the projects gathering pace and involving more members of the team."

10.7 With support and direction from HR, Registration is trialling a new recruitment process. We are using a behavioural framework which matches up the skills and behaviours needed for a Registration Assistant post. Each applicant completes a behavioural profile which generates interview questions in relation to their answers, depending on their strengths and weaknesses. We have just started the interview process and at this stage things are going well. We will only be able to measure the true success of this new process once the successful candidates have been in post for a period of time.

10.8 Twenty-four hearings chaired by the new legally qualified chairs have been held since my last Council report. The Fitness to Practise and Corporate Governance and Hearings department have had to work closely to ensure the hearings run smoothly.

10.9 Finance and Learning and Development have worked closely with the Office of the Chief Social Work Adviser and the Coalition of Care Providers Scotland to allocate over £1 million VSDF funding.

10.10 The Performance and Improvement team are working with Finance (procurement) to improve the current procurement framework for temporary and agency staff. They are also working with HR to revise the SSSC's Equality and Diversity Policy and to improve the flexitime recording process.

10.11 We will begin work on the next version of A Trusted, Skilled and Valued Social Service Workforce. The report (formerly known as "the state of the nation"!) brings together data from Registration, Fitness to Practise and Hearings.

11. SSSC VALUES IN ACTION

11.1 We have had to listen to and engage sensitively with our strategic partners and employers as part of our participation in the Safer Staffing Bill reference group. This is a piece of legislation which is being widely contested in terms of its relevance for social care but if it is to go ahead, we will work with others to make it as good as it can be.

11.2 A number of staff and also our panel members showed commitment, pride in what we do and initiative to ensure that some hearings took place and were as managed as well as they could be despite the recent winter weather.

11.3 Creativity and Learning: A Registration Team Leader was involved in a mock-recruitment day for Social Care and Access to Nursing students at Dundee and Angus College. The feedback we received about the day includes "The day was fantastic! Was really nervous before we started, but all in all the experience was helpful, by asking the questions that are likely to be posed at a real interview" Feedback about Registration staff includes "Very good experience, detailed questions, professional behaviour. Loved the questions, straight to the point, got lovely chat with her at lunchtime, very beneficial".

11.4   Listening and Engaging: The Heads of Fitness to Practise and Corporate Governance and Hearings met with a complainant to get a better understanding of the issues raised. The complaint had referred to aspects of both departments and they felt it would be better to meet face to face and listen to her perspective than rely on email. I have personally also spent time talking on the phone with a member of the public who attended a hearing because it was his mother who had been mistreated by the registrant. He was remarkably constructive in the circumstances and has asked valuable questions as well as giving very positive feedback on our staff and our organisation.

11.5   Listening and engaging: In March we are holding a one hour lunchtime session for SSSC staff with the Scottish Association for Mental Health (SAMH) The event will explore stigma and discrimination around mental health in the workplace.   It will also look at ways to look after our mental health and wellbeing. The session is delivered by volunteers who have had lived experience of mental health issues and involves a maximum of 20 participants. We are hoping to repeat the session if there is demand.

12.   CHIEF EXECUTIVE'S HIGHLIGHTS

12.1   I don't think it counts as a "highlight", but I need to mention the recent severe weather. Although Dundee was never in a "red zone", the snow and wind were quite extreme and we decided to close the office on the Thursday afternoon and the Friday. Some staff chose to come in and I am particularly grateful to those that ensured that Hearings were well-managed.

12.2   It may be business as usual, but this quarter of the year always involves a great deal of work on budgets and forward planning. I would like to acknowledge the hard work of colleagues across the organisation, especially in the Performance and Improvement and Finance teams to make sure we are ready for the new financial and reporting year.

12.3   The end of January and start of February saw the annual Fire Starter "curated" by Scottish Government's Ingage team. It celebrates and promotes creativity in public services with events of all shapes and sizes across the whole country - 70 in total in the 2018 fortnight. I attended the silent launch at Kelvingrove Art Gallery & Museum which was opened by the First Minister and then a variety of speakers contributed from all sorts of vantage points in the museum. The delegates heard them through headphones so you could listen to some challenging and inspiring speakers while enjoying the visual stimulation of the exhibits.

12.4   I also participated in a Spark It Up breakfast session in Dundee where I was on a panel from the public, private and voluntary sector discussing with delegates some creative ideas to improve communities in Dundee.

12.5   At the end of the festival fortnight, I attended a reception in the Scottish Parliament Members restaurant hosted by Kate Forbes MSP which celebrated the huge diversity of events and participants.

12.6   I very much enjoyed an event jointly hosted by the SSSC and NHS Education Scotland on palliative and end of life care in Stirling. It was a good combination of speakers and workshops and I learned a lot. This is an area we are doing some great work on, and something I know relatively little about so it was good to be able to just be a delegate. It was a really good example of our collaborative work with NES - integrated working at a national level.

12.7   As Council Members are aware, we have embarked on a digital transformation programme which will transform how we work and how our customers engage with us. It can be hard to visualise what all the technical jargon means, so 18 of us from every part of the SSSC spent the best part of a day in Microsoft's Edinburgh base for a demonstration which really brought it alive.

12.8   I spent a day at the Newton Dee Camphill community near Aberdeen. This involved a visit to see first hand the service they provide to people with learning disabilities, both as residents and as day visitors. And then a meeting with representatives from most of the 11 communities across Scotland. The meeting was the first step in building a constructive relationship with and involved debunking or tackling some historic issues and misconceptions.

12.9   On 27 February, our Minister, Maree Todd MSP, visited our office in Dundee for the first time. It was a great success and thank you to colleagues and the Convenor for hosting.

12.10 On 8 and 9 March, Maree Allison and I attended the Professional Standards Authority's annual seminar which brings together health and social care professional regulators and academics. When it began there were only a handful of academics interested in regulation but now, five years on, there were around 40 academics to 50 regulators. There's a real commitment to exploring what works and what doesn't in regulation, to improve what we do and make sure it is achieving the aims of public protection and improving quality, as well as maintaining public confidence in professions.

12.11 Finally, I am very pleased that the SSSC had achieved the Committed to Excellence award from Quality Scotland. Thank you to everyone, particularly Liz MacKinnon, for working so hard to gather the evidence.

13.   RESOURCE IMPLICATIONS

13.1   There are no resources implications arising from this report.

14.   EQUALITIES IMPLICATIONS

14.1   There are no equalities implications arising from this report.

15.   LEGAL IMPLICATIONS

15.1   There are no equalities implications arising from this report.

16.   STAKEHOLDER ENGAGEMENT

16.1   Internal stakeholders have contributed to this report. Several, if not most, of the things I have described as either were in themselves or involved considerable stakeholder engagement.

17.   IMPACT ON USERS AND CARERS

17.1   There is no direct impact on people who use services or their carers.

18.   CONCLUSION

18.1   This report contains a broad range of information about the organisation as a whole which may not be covered in other ways. However, it is a "highlights" report and is not intended to replace the reporting mechanisms in place for our Strategic and Operational Plans.

18.2   This will be my last Chief Executive's report to Council, which of course gives me pause to reflect. While our core business is very much the same, so much of how we do it has changed and improved. I am very proud of what the SSSC has achieved since I've been here and all the good work done by all of my colleagues. I am also grateful for the support of current and past Council Members. I look forward to watching the SSSC go from strength to strength over the coming years.

19.   BACKGROUND PAPERS

19.1   None.

Based on Figures as at 05-03-2018

Council
27 March 2018
Agenda item: 11
Report no: 14/2018
Appendix 1

Registration Statistics

PART OF THE REGISTER (Number of Active Care Inspectorate Services as at 15 January 2018)	DATE REQUIRED REGISTRATION COMMENCED	BEST AVAILABLE DATA RE NUMBERS IN THE WORKFORCE	REGISTERED WITH ANOTHER REGULATORY BODY	SSSC REGISTRANTS TO DATE	SSSC APPLICATIONS IN PROGRESS	SSSC TOTAL	SHORTFALL	SHORTFALL PERCENTAGE (%)	REGISTRANTS WITH A QUALIFICATION CONDITION	PERCENTAGE WITH A QUALIFICATION CONDITION (%)
Students	May-2004	1901	0	1874	27	1901	0	0.00	0	0.00
Social Workers	Sep-2005	10837	0	10799	38	10837	0	0.00	0	0.00
Managers of Residential Child Care Services (321 Services)	Sep-2009	478	49	384	12	396	33	6.90	112	29.17
Residential Child Care Workers with Supervisory responsibility (321 Services)	Sep-2009	825	0	803	22	825	0	0.00	236	29.39
All other Residential Child Care Workers (321 Services)	Sep-2009	6580	0	6340	240	6580	0	0.00	2657	41.91
Managers of Adult Day Care Services (479 Services)	Nov-2009	598	137	394	7	401	60	10.03	102	25.89
Managers of Care home Services for Adults (1128 Services)	Nov-2009	1571	769	679	21	700	102	6.49	239	35.20
SCSWIS Authorised Officers	Mar-2010	286	0	280	6	286	0	0.00	75	26.79
Managers of Day Care of Children Services (3680 Services)	Nov-2010	4675	1782	2595	71	2666	227	4.86	1698	65.43
Practitioners in Day Care of Children Services (3680 Services)	Sep-2011	26923	1447	24838	638	25476	0	0.00	4216	16.97
Supervisors of Care Home Service for Adults (1128 Services)	Mar-2012	6952	3134	3676	142	3818	0	0.00	2049	55.74
Managers of a Residential School Care Accommodation (34 Services)	Nov-2012	41	18	16	2	18	5	12.20	4	25.00
Practitioners of Care Home Service for Adults (1128 Services)	Mar-2013	6213	0	6003	210	6213	0	0.00	2460	40.98
Supervisors of a Residential School Care Accommodation (34 Services)	Apr-2013	66	2	30	4	34	30	45.45	9	30.00
Workers of a Residential School Care Accommodation (34 Services)	Nov-2013	824	0	410	22	432	392	47.57	192	46.83
Managers of a Housing Support Service (1060 Services)	Jan-2014	1878	275	1449	40	1489	114	6.07	601	41.48
Managers of a Care at Home Service (1001 Services)	Jan-2014	1715	251	1269	44	1313	151	8.80	599	47.20
Support workers of Day Care of Children Services (3680 Services)	Jun-2014	7411	0	7006	405	7411	0	0.00	4040	57.66
Support Workers of Care Home Service for Adults (1128 Services)	Sep-2015	32240	0	30905	1335	32240	0	0.00	20700	66.98
Supervisors of a Housing Support Service (1060 Services)	Jun-2017	4053	42	3619	160	3779	232	5.72	2111	58.33
Supervisors of a Care at Home Service (1001 Services)	Jun-2017	3957	41	3501	172	3673	243	6.14	2099	59.95
Workers in a Housing Support Service (1060 Services)	Sep-2020	47071	233	3724	2064	5788	41050	87.21	1775	47.66
Workers of a Care at Home Service (1001 Services)	Sep-2020	53758	363	4161	2439	6600	46795	87.05	2179	52.37
Total Figures (7703 Services)		**220853**	**8543**	**114755**	**8121**	**122876**	**89434**	**40.49**	**48153**	**41.96**

Number of unique individuals on register: **104,235**

Title of report	Convener's Report
Public/confidential	Public
Action	For information
Summary/purpose of report	This report provides Council Members with an update on engagements carried out by the Convener on behalf of the Scottish Social Services Council (SSSC). The report also provides a summary of the discussion at the Policy Forum on 14 February 2018.
Recommendations	The Council is asked to note the information contained in this report.
Link to Strategic Plan	The information in this report links to Outcome 4 of the Strategic Plan, that our stakeholders value our work.
Link to the Risk Register	This report links to the Strategic Risk Register in that it aims to contribute to open, transparent and informed governance arrangements.
Author	Professor James McGoldrick
Documents attached	None

1.   INTRODUCTION

1.1 This report sets out the stakeholder engagement which has been carried out by the Convener on the SSSC's behalf and also summaries the discussion at the Policy Forum.

STAKEHOLDER ENGAGEMENT

1 February 2018	Disability & Carers Benefits Group
19 February 2018	Joint Care Inspectorate/Healthcare Improvement Scotland Development event
23 February 2018	Dementia Ambassadors Conference
27 February 2018	Minister for Childcare & Early Years – visit to SSSC offices
8 March 2018	Expert Advisory Group Ministerial Round Table
14 March 2018	Dementia Champions Graduation
15 March 2018	Care Inspectorate Board Development
20 March 2018	World Social Work Day – Celebration (Audrey Cowie deputised)
21 March 2018	Ministerial Strategic Group

Discussion at the Policy Forum – 14 February 2018

1.2 The Policy Forum is a discussion meeting attended by Council members and officers. The format allows officers to bring items to the forum and seek feedback from Council Members. The discussion at the forum is then used to further pieces of work or projects, before they are brought to full Council for public debate and decision.

1.3 The Policy Forum on the 14 February 2018 discussed a number of areas including:

- An update on the Education Governance Review
- Assessment of the SSSC using Professional Standards Authority – Standards of good regulation
- Our Digital Transformation journey
- Succession planning – Chief Executive
- Corporate Governance Review

Empowering Schools: A consultation on the provisions of the Education (Scotland) Bill

1.4 A briefing paper was presented providing an overview of the consultation. The proposals in relation to the Education Workforce Council is the most significant to the SSSC.

1.5 Early responses suggest that there is a lack of clarity and concern was expressed that the proposals do not take into account the size and diversity of the workforce ie the majority of early years workers are employed in the voluntary and private sector.

1.6 The Scottish Government will publish all the responses. We will continue to keep a close watch on this consultation and the implications for the SSSC.

The Professional Standards Authority (PSA) – Standards of good regulation

1.7 Officers presented the findings from our self-assessment against the standards for good regulation.

1.8 The standards cover the 'four regulatory core functions':

- setting and promoting guidance and standards for the professions

- setting standards for and quality assuring the provision of education and training

- maintaining a register of professionals

- taking action where professional's fitness to practise may be impaired.

1.9 Council members noted that the SSSC met the majority of standards and welcomed that we identified areas for future development.

Update on our Digital Transformation Programme

1.10 The Director of Strategic Performance and Engagement provided an overview of the Digital Transformation Programme. This consists of four projects:

- the Sequence transition which involved moving the hosting to our new supplier (completed)

- the development and implementation of the Case Management System and paperless hearings (work in progress)

- MySSSC/website development (work in progress)

- Project uplift – new computers and moving to Office 365 (in progress)

1.11 The four projects have identified infrastructure challenges and we are now in the process of uncoupling from the Care Inspectorate in relation to the Active Directory. As we move to the Cloud we will require less ICT support so are now looking at how we will provide future ICT support.

Corporate Governance Review

1.12 The Head of Corporate Governance and Hearings set out the need for our annual review of our corporate governance arrangements and updated the Forum on progress on the 2016 action plan. All key items are complete and the work to refresh member's networks is being updated. Work to improve the end to end council reporting process is on-going. Some key points emerged from the survey of members carried out in November 2017 and the Forum discussed actions arising out of these which will be brought to Council for consideration and decision. One of the areas discussed concerned the impact of changes to Council membership and the Convener led a discussion on where Council may benefit from new members with particular skills or knowledge. These included areas such as audit and private service provider knowledge. A need to consider board diversity was also acknowledged. The Forum also considered the possibility of more informal ways of members sharing their reflections on their experience of board membership as part of recruitment.

RESOURCE IMPLICATIONS

1.13 There are no resource implications arising from this report.

EQUALITIES IMPLICATIONS

1.14 There are no equalities implications arising from this report.

LEGAL IMPLICATIONS

1.15 There are no legal implications arising from this report.

STAKEHOLDER ENGAGEMENT

1.16 Internal stakeholders have contributed to this report and the report aims to include a regular update on the Convener's engagement activities with our external stakeholders.

IMPACT ON USERS AND CARERS

1.17 There is no direct impact on people who use services or their carers.

CONCLUSION

1.18   This report summarises recent engagements undertaken by the Convener on behalf of the SSSC. It also sets out the items which were discussed at the recent Policy Forum and will now be considered by Council.

BACKGROUND PAPERS

1.19   None.

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
Author	Maree Allison Director of Fitness to Practise Tel: 01382 207183
Documents attached	Appendix 1 – Mapping 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.

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	**I** Improvement in progress	**X** Action needed

SECTION ONE – GUIDANCE AND STANDARDS

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
1 Standards and competence and conduct reflect up to date practice and legislation. They prioritise patient and service user safety and service user centred care, **Additional guidance helps registrants apply the regulators standards of competence and conduct to specialist or specific issues and includes addressing diverse needs.** **In development and revision of standards and guidance the regulator takes account of stakeholders view and experience external events in the four countries.** **The standard and guidance are published in accessible formats.**	• The standards of competence and conduct and information on how they reflect up-to-date practice and legislation, prioritise patient and service user safety and patient and service user centred care. • Guidance produced or being developed and how this will help registrants apply the regulators' standards of competence and conduct to a particular issue • Plans for reviewing or developing guidance and standards, including what stakeholders were approached and how their views and experiences were taken into account alongside external events and learning from other areas. The outcomes of the revision or development and how the learning from this work is used within and outside of the standards and guidance function. • Details of how the regulators ensure that the documents are	✔ Revised codes of practice published in November 2016. The revised codes take account of developments in social services policy and practice including legislation and were introduced following an extensive and wide-ranging consultation, including consultation with people who use services and carers, and learning from fitness to practise. ✔ The SSSC operates a qualifications based register. All qualifications are mapped to the National occupational standards. ✔ All qualification design and delivery of social services qualifications incorporate the codes of practise into the curriculum. ✔ The development of national occupational standards across the UK requires explicit reference to the codes of practice. They require registrants to demonstrate a commitment to inclusion diversity social justice and anti discriminatory practice. ✔ The PRTL guidance requires registrants to cross reference to the SSSC codes of practise. The codes of practice have been produced and published in a range of formats to take account of the diversity of the sector. The codes have been equality impact assessed. ✔ The SSSC is a member of the UK skills for care and development partnership. This work is goverenced by a exec/convenor group. There is a MOU in place that sets out the areas of joint working across the UK. These include ✔ The SSSC as part of the skills for care and development partnerships is part of the European Social Network (ESN) is the network for local public services in Europe. ESN brings together people who regulate, plan, manage and deliver public services across Europe and is a network of 120 organisations in 35 countries. The European Social Services forum brings together commissioners, regulators and managers across the social services and social welfare sectors in Europe

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EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

	understandable and accessible. For example, publication in different languages, easy read, plan English and circulation in GP practices and CAB. • Evidence of work undertaken to take account of the developments in Europe and international regulation. • The mechanisms used by the regulator to assess how they are performing and how they use the results to inform practice.	I Planning has started on an approach to developing practice guidance

Codes materials all statistics from 1 November 2016 (or publication date if later) to 31 December 2017

Title	URL	Views	Downloads	Page visits
Codes web page	http://www.sssc.uk.com/codes			176,136
Codes of Practice PDF	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/1020-sssc-codes-of-practice-for-social-service-workers-and-employers	50,511	29,731	
Codes of Practice epub format	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2281-codes-of-practice-in-epub-format		1,018	
Codes of Practice mobi format	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/2282-codes-of-practice-in-mobi-format		167	
Codes of Practice large print version	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/sssc-codes-of-practice-large-print-version	294	0	
Codes of Practice Easy Read version	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-easy-read-version	29	13	
Codes of Practice in Gaelic	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-sssc-codes-of-practice-in-gaelic	4	0	
Codes of Practice	http://www.sssc.uk.com/about-the-	8	5	

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

			in Polish	sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-polish			
			Codes of Practice in Punjabi (Gurmukhi)	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-punjabi-gurmukhi	2	4	
			Codes of Practice in Spanish	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-spanish	0	0	
			Codes of Practice in Urdu	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/37-about-the-sssc/information-material/61-codes-of-practice/codes-of-practice-in-other-languages-and-formats/2016-codes-of-practice-in-urdu	4	1	
			the Codes audio slideshow	https://www.youtube.com/watch?v=lxpu8qxw_qs	1,397		
			Codes animation	https://www.youtube.com/watch?v=uXQao2o7uxI	2,738		
			BSL version video	https://www.youtube.com/watch?v=CpkHBxHsLW8	289		
			Social media guidance for social service workers web page	http://www.sssc.uk.com/registration/registrant-responsibilities/social-media-guidance-for-social-service-workers			7366
			Social media guidance for social workers document	http://www.sssc.uk.com/about-the-sssc/multimedia-library/publications/67-social-services-workforce/68-guides-and-resources/social-media-guidance-for-social-service-workers	596	777	
			Print materials	**Total number sent out since launch 1/11/16**			
			A5 Codes of Practice booklets	149,690			
			Codes of Practice zcard	41,396			

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	**I** Improvement in progress	**X** Action needed

SECTION TWO – EDUCATION AND TRAINING

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
1. Standards for education and training are linked to standards for registrants. They prioritise patient and service user safety and patient and service user centred care. The process for reviewing or developing standards for education and training should incorporate the views and experiences of key stakeholders, external events and the learning from the quality assurance process.	• The standards to be met by students and how they link to the standards of competence and conduct for registrants • Where available, evidence of the regulator's mechanisms, which enable them to be aware of action taken by training establishments against students on fitness to practise issues and a system for learning from these outcomes, for example are outcomes taken into account in the quality assurance process and revision of standards. • The standards to be met by education and training providers, how these reflect patient and service user centred care and protect the public, and how they link to standards of competence and conduct for registrants. • Guidance given to education and training establishments to help ensure that disabled students do not face unnecessary barriers to successful careers in health • The plans for reviewing or development standards for	✔ Action is taken through the quality assurance process through the application of requirements to ensure that providers take action to address any shortfall that may exist. There is also capacity within the SSSC Rules to call a programme review at any time if there is sufficient concern. In addition an investigation can take place where there is serious concern about a programme. All Social Services learning programmes in Scotland are approved by the SSSC under the rules and requirements of Section 54 of the Regulation of Care (Scotland) Act 2001. The SSSC's role in the approval and quality assurance of social work and specialist awards was last reviewed in 2013. Prior to 2013 the SSSC carried out annual monitoring reviews which aligned to Universities and Colleges internal quality assurance reviews and based on a five year reporting cycle. The annual monitoring reviews were also enhanced by annual monitoring returns from Learning Providers **X** requirement to commence analysis of student fitness to practise cases for themes. ✔ Service users and carers currently contribute to SSSC approvals as panel members, and are also involved in assessing and approving and learning programmes. Service user and carer experience is used to inform changes and improvements to both the teaching and practice learning component of the learning programmes. The learning and development team will continue to work with learning providers and employers to support the existing cohort of service users and carers who contribute to this work and help to further uptake in this area. ✔ A review of the Standard for Childhood Practice standard took place in 2015. During the review the SSSC worked with learning providers, academic staff and the wider sector to integrate proposed changes. ✔ The Standards in Social Work Education (SiSWE) are currently being revised as part of the Review of Social Work Education. The revised SiSWE has been co-produced with Higher Education colleagues and has been put out to consultation with the sector. Further refining of the SiSWE is currently taking place with HEI colleagues who have strong links to Practice Learning. An inter-university service user and carer led forum have also contributed to the SiSWE and further guidance is currently being developed with the aim of providing further clarity for those new to the Standards. In addition, a working group has been developed to look more closely at how the Key Capabilities in Child Care and Protection can be incorporated into the framework and the main body of the Standards and to extend this to Adult Support and Protection to ensure that safeguarding across

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

	students and education and training providers, including what stakeholders were approached, how their views and experiences and other areas of learning are taken into account. The outcomes of this work and how the learning from this work is used within and outside the education function.	the life span is an integral to practice. ✔ Learning programmes approved by the SSSC have a Link Learning and Development Adviser who routinely meets with learning programmes on a regular basis. The evaluation highlighted the value and importance of the relationship between the advisor and provider in working on a partnership basis to provide support and advice on a range of issues Equally the evaluation highlighted the benefits of focusing on improvement and outcomes for students rather a disproportionate amount of time spent on process.. ✔ Learning programme leads are required to advise the SSSC of any material changes to any aspect of the teaching programme and are proactive in doing so. Learning and Development are also engaging with learning providers leads through the continuing work of the Review of Social Work Education including the supported year in practice, practice learning placements and the revision of the social work standards. ✔ There are current recommendations for Childhood Practice providers following Quality Assurance approvals and reviews to consider more widely how service user and carer involvement could be enhanced. ✔ Service user and carer representatives are routinely part of approval panels and have attended programme reviews. Additional recruitment took place in 2017 with specific training for representatives.
2. The process for quality assuring education programmes is proportionate and takes account of the views of patients, service users, students and trainees. It is also focused on ensuring the education providers can develop students and trainees so that they meet the regulator's standards for registration.	• Details of the monitoring and approval processes for the education and training providers including how the views and experiences of stakeholders and other quality assuring bodies are taken into account.	✔ Action is taken through the quality assurance process through the application of requirements to ensure that providers take action to address any shortfall that may exist. There is also capacity within the SSSC Rules to call a programme review at any time if there is sufficient concern. In addition an investigation can take place where there is serious concern about a programme. **I** The SSSC quality assurance and enhancement process was evaluated in 2016-17. The recommendations arising from the evaluation include rebalancing the review frequency to ensure that it is more proportionate to the level of presenting risk through becoming aligned to provider reviews which will streamline activity and prevent duplication. This is in response to stakeholder feedback and recognition of over burdening wider stakeholders such as service users, students and employers who are requested to attend all events. Providers'
3. Action is taken if the quality assurance process identifies concerns about education and training establishments.	• Details of how many assessments were undertaken, how many concerns were identified through the quality	are required to report annually on progress and are enhancement themes to demonstrate that they continue to meet the Rules. ✔ Enhancement themes are introduced following review to ensure that legislation and practice are up to date.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	**I** Improvement in progress	**X** Action needed

	assurance process and what action was taken to address these concerns.	✔ The approval process is integrated into the overall quality assurance handbook published on the SSSC website.
4. Information on approved programmes and the approval process is publicly available.	Details of how stakeholders can access the regulator's final assessments of education and training providers and the regulators' approval process. For example, through publication on its website.	✔ All quality assurance reports are presented annually to Council and published on the SSSC website.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

SECTION THREE – REGISTRATION

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
1 – Only those who meet the regulator's requirements are registered	Details of the checks carried out by the regulator to ensure that only those who are fit to practise are registered including revalidation/CPD checks	I 1-2% sample of PRTL, currently under review ✔ Qualification checks carried out in 100% of cases, where no qualification is held the worker is registered subject to a condition ✔ Renew registration every 3-5 years when a full check is carried out to ensure the worker continues to meet the standards ✔ Fitness to practise process for those where there is a concern
	Evidence of activity undertaken to ensure that only EEA and international registrants that meet the regulator's standards, within the legal framework are registered	✔ Process in place to assess all international qualifications for social work applicants ✔ Process in place to assess all EEA qualifications for all non-social work applicants I A full review of these processes is currently being undertaken
	How the case management system/process enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator	✔ Schedule of exception reports which are run regularly to identify any cases which have not followed the agreed process ✔ Validation built into the system to prevent actions being taken which are outside the agreed process
2 - The registration process, including the management of appeals, is fair, based on the regulator's standards, efficient, transparent, secure and continuously improving	Details of the registration process, including the management of appeals and how the regulator ensures that applications are processed efficiently	✔ Registration processes are all documented in detail in REGI the online registration manual ✔ Appeals are to the Sheriff Court in Dundee and this is outlined in writing in every decision sent to an applicant or registrant

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

		✔ Through running reports and analysing the data to identify areas for improvement, for example, looking at the further information requests and looking at ways to help people provide information first time round ✔ Application panels dealt with by the fitness to practise process i Although processes are under constant review to identify efficiencies, a scheduled annual review of the end to end process should be undertaken
	How many registration applications were considered? How many appeals were considered? How many appeals were upheld?	✔ 100% of applications are considered ✔ No appeals of qualification conditions within the last 12 months. ✔ Fitness to practise data on the number if application panel hearings held in last 12 months.
	How the processes and procedures in place are fair, objective and free from discrimination	✔ It is not a mandatory requirement that applicants/registrants provide equal opportunity information. ✔ Equal opportunity information about an individual cannot be seen by anyone dealing with their application/registration ✔ All changes to our processes follow a change procedure, included in that procedure is the requirement to undertake an Equality Impact Assessment. ✔ Where fitness to practise concern, fitness to practise process is invoked.
	The mechanisms used by the regulator to assess how they are performing and how they use the results to improve their practices	✔ Monthly operational performance reports run and reported to the Operational Management Team. ✔ Joint working groups with employer representative bodies – Scottish Care, CCPS, SPDS this has resulted in changes to our system for example including the NI number on MySSSC for employers.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** Improvement in progress	**X** Action needed

		✔ Analysis of repeated telephone calls and assessing what changes may be required. **I** Consult with other regulators on their processes and measure against our performance. This is currently done on an ad hoc basis. We need to look at a more formal process of doing this.
3 - Through the regulator's registers, everyone can easily access information about registrants, except in relation to their health, including whether there are restrictions on their practice	The level of detail included on the register and the reasons for this, for example a Council decision, legislation, rules or the regulator's disclosure policy	✔ The public facing register is governed by statutory instrument number 2001/303. Name, register part, register number, town and whether registered, suspended or removed are visible. We are considering whether we should request that Scottish Government amend the legislation to permit warnings and conditions to be visible on the public facing register. ✔ Publicity policy covers the approach to health removals. ✔ warnings and conditions are currently available on the website
	Evidence of the regulator's compliance with its information security policies and with the relevant legislation. How many data loss/breach incidents have occurred?	✔ Data breaches are recorded. 9 data breaches in the last year. ✔ Specific departmental procedures to be followed – such as always taking address from Sequence, carrying out security checks when phone calls are received ✔ Regular review of data breaches, including a quarterly report to managers which is discussed at the Directorate Meeting. Stats are also monitored on a regular basis by a manager. ✔ Data Protection policy for organisation ✔ Mandatory annual training for all staff on data protection ✔ Data Protection training carried out at the point of induction with all new staff ✔ Dedicated information governance team in CGH, and embedded data breach procedure. ✔ Clear desk policy, all information stored securely.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✓ Already Doing	I Improvement in progress	X Action needed

4 - Employers are aware of the importance of checking a health professional's and social worker's registration. Patients, service users and members of the public can find and check a health professional's and social workers registration	The activities undertaken to communicate to employers the importance of checking that a professional is no longer registered or not registered.	✓ Safer Recruitment guidance provides information to employers about employing registered workers ✓ Joint guidance with the Care Inspectorate issued in August 2017 ✓ Employers have access to live registration data in MySSSC about their employees ✓ Specific employers section on the website provides guidance
5 – Risk of harm to the public and of damage to public confidence in the profession related to non-registrants using a protected title or undertaking a protected act is managed in a proportionate and risk based manner	How the regulators make their register available to the public, patients and service users. Evidence of the amount of contacts from public, patients and service users about the regulator's register.	✓ Public Facing Register is published on our website. ✓ Public Register information can be provided through out enquiries line. ✓ Information available from Comms on how many searches have been performed.
	Activities undertaken to identify non-registrants using a protected title or undertaking a protected act. Details of proportionate and risk based action taken to reduce the risk of harm to the public and damage to public confidence in the profession of non-registrants using a protected title or undertaking a protected act. For example, increasing public awareness of health professional and social worker registration and regulation, sending cease and desist letters, and fostering relationships with organisations that have a shared interest in preventing title misuse.	✓ Produced and distributed leaflets for members of the public about the Register. These were sent out to public libraries and doctors surgeries. ✓ Where we are aware of a worker using a protected title whilst not being registered, they are referred to FtP. ✓ Information available from Comms on how many searches have been performed.

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

6 – Through the regulator's continuing professional development/revalidation systems, registrants maintain the standards required to stay fit to practise	Details of the regulator's revalidation proposals	**I** A full review of PRTL is being undertaken.
	Details of how the regulator ensure that continuing professional development is targeted towards the registrant development their skills and knowledge in their areas of practice and that public protection ins priorities. For example, how many audits were carried out, were issues identified and how were those addressed?	✔ The Registration Rules state "Every social service worker registered with the Council shall, within the period of registration, complete a specified number of hours of study, training, courses, seminars, reading, teaching or other activities which could reasonably be expected to advance the social worker's professional development, or contribute to the development of the profession as a whole." ✔ Requirement for Registrants to record their CPD activity to meet the minimum hours for their part of the register. Social Workers and Newly Qualified Social Workers need to demonstrate how they protect both children and adults from risk of harm in addition to wider CPD requirements. PRTL's are verified by Learning and Development Advisers with resubmission requested where this is not achieved. **I** Alternative to PRTL being developed to more effectively address CPD within the sector through involvement of employer revalidation.

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

SECTION FOUR – FITNESS TO PRACTISE

PSA STANDARD	PSA SUGGESTED EVIDENCE	SSSC EVIDENCE
1 - Anybody can raise a concern, including the regulator, about the fitness to practise of a registrant	Activities undertaken to publicise how all individuals, including those with particular health or language needs, and organisations can raise concerns about the fitness to practise of health professionals and social workers and the evaluation of this work. For example, publication of public information/employer leaflets, information available via the telephone or email and liaison with other organisations.	✔ Guidance on website including dedicated guidance for employers, Higher Education Institutions and members of the public/users of services. ✔ No restrictions on how these concerns can be raised (such as requirement to put it in writing or provide evidence). ✔ Intake and Engagement team take enquiries and provide advice/guidance. ✔ Table 1 – referral medium – demonstrates that we accept referrals from a wide variety of mediums and no requirement to fill in specific form etc. ✔ Information on third party websites about the SSSC and how to make a referral: Scottish Public Services Ombudsman (SPSO), Citizen's Advice Bureau (CAB). **I** Care Inspectorate (CI) does not have clear signposting information on their website. This has been highlighted to them. **I** Chase up CAB to improve info on their website.
	Examples of where the regulator has raised and taken forward a fitness to practise concern itself. For example, the number of cases taken forward and the reasons for this.	✔ Table 2 – referral source – shows 295 cases in last year as a result of internal referrals. This is 11% of all referrals and demonstrates that we take forward cases even where there is no external referral. ✔ Table 3 – internal referral outcome. 3% of cases have resulted in a sanction/refusal of registration. ✔ Table 4 demonstrates the referral grounds for internal referrals (mostly failure to register, late application etc). **I** Work planned to identify any referrals arising from the Scottish Child Abuse Inquiry and progress these

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

		appropriately.
	Examples of the regulator's work with other relevant bodies on when to refer fitness to practise complaints. For example, evidence of liaison with other organisations and feedback from these organisations on the effectiveness of this help.	✔ Regular stakeholder engagement with focussed discussion on referrals: • Jan/Feb 2017- 4 -Awareness raising session for the Care Inspectorate staff across the country • Own referral form and guidance for Care Inspectors to make referrals to SSSC – on our website and their own intranet • SPSO-Nov16-Feb17 Steering group for new social work complaints handling model, Feb 2017 drafted Memorandum of Understanding (getting signed w/c 15 Jan 18), March 2017 met with SPSO staff to agree process of info sharing, signposting and understanding each other's referral criteria and who goes first /when, May 17- SPSO staff shadow I&E staff, November 17- I&E staff shadowing SPSO staff • April 2017- Citizens Advice Service- Updated training module for staff re when and what to refer to SSSC for MoP complaints and overview of process if supporting reg/ apps subject to our proceedings • Info sharing with Disclosure Scotland re Protection of Vulnerable Groups (PVG) scheme members **I** Recent survey to identify how effective the available guidance is and where stakeholders are sourcing it from. Results to be analysed and improvements identified. **I** Ongoing work with Care Inspectorate complaints team to improve referrals rate from CI – hope to demonstrate improvement over the coming months via report to joint Executive Management Team. ✔ We have received 0 complaints about our referrals process. ✔ We have considered whether we need to do some work on service user/carer/family ability to reference (awareness raising). This is a difficult balance to be struck as so few complaints from this source result in a sanction that we do not wish to raise expectations. The nature of social care is also such that service users are often by default vulnerable and we do not wish to raise concern or alarm amongst people that carers may be "bad". We consider that the existence of appropriate sign-posting from other organisations (such as CAB, CI and SPSO) provides a good balance.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

| **2 - Information about fitness to practise concerns is shared by the regulator with employers/local arbitrators, system and other professional regulators within relevant legal frameworks** | Examples of information that has been shared between the regulators and other relevant bodies, within legal requirements, on the fitness to practise of individuals and the results of this work. For example, exchange of information through memoranda of understanding and, where possible, discussion on what use was made of this data | ✔ 44 referrals to CI

✔ 3 referrals to PVG

✔ 11 requests for information from Police Scotland processed. Four of these related to historical child abuse. We have released information (where it is available to us) in all but one of those instances. In the one where we did not share information, this was an employer's investigation report and we directed the police to request that from the employer.

✔ We post alerts to the European Union under the European Alert System, about social workers who are removed or suspended from our register, or who have Fitness to Practise conditions placed on their registration. We also share information with the three other UK social services regulators.

✔ Ongoing cases where we are sharing information with / working alongside Northern Ireland Social Care Council and Social Care Wales.

✔ MOU with General Teaching Council Scotland, Care Inspectorate.

✔ We actively notify the Care Inspectorate about any managers who are removed or suspended from our register (whether or a temporary or permanent basis).

✔ Between 1 December 2016 and 30 November 2017, we opened 1456 cases that were not referred to us by an employer. In those cases, we wrote to the employer to advise them that a referral had been received.

✔ All Notices of Decision are sent to the worker's most recent employer

✔ Between 1 December 2016 and 30 November 2017, we dealt with 369 complaints from members of the public. 80 cases were opened as a result of this. Of those that did not result in a case being opened, 141 were signposted to other agencies and 20 were referred by us to a third party.

I Work progressing with CI in particular to assess helpfulness of referral information and develop to share intelligence |

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✓ Already Doing	I Improvement in progress	X Action needed

3 - Where necessary, the regulator will determine if there is a case to answer and if so, whether the registrant's fitness to practise is impaired or, where appropriate direct the person to another relevant organisation	Examples of where serious cases have been identified, prioritised and, where possible, referred to an interim orders panel. For example, the number of cases identified and the process for how this is carried out	✓ Table 6a and control chart 11 shows that for all referrals received by Fitness to Practise, an initial risk assessment is carried out within around two days. ✓ Table 6b shows that the number of "high risk" cases identified by Fitness to Practise is stable and has not decreased as a result of the model move to fitness to practice. ✓ Between 1 December 2016 and 30 November 2017, 606 Level 2 risk assessments (L2RA) were completed. Table 9 shows that 152 (25%) resulted in a request for a temporary order and that 84% of those applications were successful, either by the worker consenting or the panel granting the order. This shows that we are only referring cases for temporary orders when it is appropriate for us to do so. I Table 6 shows that it takes an average of 29 days from the receipt of the complaint to reach a decision about whether to seek a temporary order. Table 11 also shows that it takes on average 85 days from the initial notification date to get a decision on whether a temporary order is to be imposed or not. This shows that high risk cases are progressed quickly within Fitness to Practise but the majority of delay in imposing an order comes from the practicalities thereafter. We do have to review this data. ✓ 721 cases that were closed by I&E because they were below thresholds, not misconduct or there was no impairment showing a proportionate, risk-based early filtering. ✓ The decision form used by case holders includes a detailed analysis of the allegation, the evidence and the appropriate outcome. ✓ Quality Assurance (QA) process for staff before they can make independent decisions about cases. ✓ Certain types of case require sign off by a senior due to type of impairment or complainant type. ✓ For screening decisions – all referrals reviewed and signed off by a senior solicitor or a senior investigator/manager with social work experience or experience of a management position in the sector. ✓ Between 1 December 2016 and 30 November 2017, we dealt with 441 complaints from members of the public. 72 cases against registered worker were opened as a result of this. Of those that did not result in a case being opened, 141 were signposted to other agencies and 20 were referred by us to a third party

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✓ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

		I We don't currently carry out any external quality assurance of screening decisions or external quality assurance of case decisions – the Professional Standards Authority have reviewed similar processes and placed a lot of weight on this to show compliance with this standard. We have a project this financial year to commence external audit. Team are currently considering options and costs.
4 - All fitness to practise complaints are reviewed on receipt and serious cases are priorities and where appropriate referred to an interim orders panel	Examples of where serious cases have been identified, prioritised, and, where possible, discussion on what use was made of this data.	✓ Control chart 11 shows that cases are assessed by Fitness to Practise's Intake and Engagement Team within around two days of receipt. This demonstrates that all cases are assessed timeously. ✓ Control chart 14 shows that of the cases assessed as high risk, they are assessed by a solicitor within 48 hours. This demonstrates that high risk cases are urgently considered by a solicitor to decide where a temporary order can/should be requested. ✓ T1 form requires an assessment of risk to be made by a Senior Investigator and reasons for this. There is a QA process for T1 forms. ✓ A Level 2 Risk Assessment (L2RA) form is completed in all high risk cases. This requires an assessment of risk and evidence by an Investigator and Solicitor. There is a QA sign off process for L2RAs. ✓ PSA comparator No.5 - timescales from receiving a complaint to making a decision about an IO. This shows that we take significantly more time to do this than other regulators – around 22 weeks. We are followed by HCPC, who take around 19 weeks. It should be noted, however, that our Fitness to Practise Rules provide that we have to give workers a minimum of 28 days' notice prior to a temporary order hearing. Most other regulators do not have this same requirement. There are also comparison issues. For some of our cases risk arises during the lifetime of the case when information is received. ✓ Table 7 – timescales from decision to seek an order to decision on whether to grant an order. This shows that from the point a decision is made to seek a temporary order, it takes an average of 43 days for a decision to be made on whether to grant the order. The table below, however, also shows that hearings are requested within around 3 days of a decision to seek an order, so there is no delay in terms of requesting the hearing itself. 28 days' notice of the hearing is required and a further 7 days is allowed for the notice to be issued. Therefore only 8 days additional time is required, which is appropriate for paperwork and scheduling. ✓ Table 8 – number of adjournments of interim order hearings and reasons. This shows that only 18 out of 117 requests for a temporary order resulted in the hearing being adjourned – so most panels conclude without adjourning and make a quick decision in relation to the application for a temporary order.

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✓ Already Doing	I Improvement in progress	X Action needed

		✓ Table 9 –rates of applications for temporary orders being granted. This shows that only 16% of overall applications for TOs are refused by panels. Too many refusals and consideration should be given to the proportionality of the approach. Too many grants of an order would suggest that we are not erring on the side of public protection. There is no magic number but 16% feels reasonable. ✓ Table 5 shows that it takes on average 25 days from Initial Notification Date for an IO to complete a L2RA. This includes cases which were not identified as high risk where the case was initially referred to us. More work needs done to look at the time taken both situations. Health and Care Professions Council (HCPC) has been criticised by the PSA for high IO success rates on basis that this suggests applications are only being made where there is a certainty that an order would be imposed (instead of when a case presented a risk that warranted an interim order). It's unclear, however, whether this is based on a prediction that the panel would not impose an order, as opposed to there being a lack of evidence to support an order being granted. If it is the latter, then this would not sit alongside the legal requirement to have a *prima facie* case. As discussed above, only 16% of our overall applications are refused by panels. We are not concerned about this as it shows we are not referring cases unnecessarily and not compromising public protection. PSA have also been critical where risk assessments result in a low risk rating on the basis of a lack of information, as opposed to an assessment of the seriousness of the concerns. This was previously an issue for us but we introduced a new L2RA form as part of the model move which we think has addressed this issue.
5 - The fitness to practise process is transparent, fair, proportionate and focused on public protection	How the case management system /processes enables the collection and analysis of reliable data to ensure that there is no bias in the process, with evidence of this testing being carried out by the regulator.	✓ Current CRM system (Sequence) allows us to collect and view data in real time. We are able to pull a huge variety of statistics to show how cases are being progressed and specific dashboard have been created to allow managers/seniors to appropriately manage workloads and address any performance issues. This includes comparison of case outcomes by case holder, thus showing whether any particular case holders have a grossly different number of outcomes to others. ✓ Table 10 – 63.3% of hearings resulted in the outcome that the Fitness to Practise Department considered to be appropriate at the conclusion of its investigation. This shows that in the majority of cases, we are making defensible decisions that are consistent with the standards applied by panels. ✓ 78% of cases where a temporary order was granted concluded with a sanction. 75% of those sanctions were removals. This shows that we are not needlessly taking cases to a temporary order hearing. ✓ In 2016, the organisation published detailed statistics on its work which included data on the profession and fitness to practise proceedings. An updated version of this document will be published in due course.

STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X** Action needed

		I The system is heavily reliant on user input of data, sometimes in multiple places which can lead to user error. The new case management system should address this.
	How the processes and procedures in place are fair, objective and free from discrimination.	✔ Anyone can make a referral via any medium – prevents any discrimination with relation to language / disability barriers etc. ✔ Decisions Guidance used by solicitors/investigators is publicly available. Helps to ensure consistent and objective decision-making which is not based on bias or discrimination. ✔ L2RA and decision forms specifically require the case holder to think about and outline any public protection concerns. ✔ L2RA and decision forms specifically require case holder to outline what factors they have considered and why the proposed action/sanction is appropriate. ✔ Conditions bank in I&E and process for the Learning and Development team to draft where more complex. ✔ Publication of decisions on the website and the Public Facing Register (PFR) including details of any conditions that have been imposed. ✔ Analysis of evidence is required for each allegation, therefore ensuring a defensible, reasoned decision if any part is "dropped". ✔ Workers are encouraged to get support from the beginning of the FtP process, through the factsheet that is sent out with the initial correspondence. ✔ We seek worker's comments on allegations and these are taken into account as part of the case decision. **I** We have a departmental equalities group who has identified that men are disproportionately represented in FtP proceedings. Work is ongoing to understand the reasons for this and to identify any action that we may need to take as a result.

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ **Already Doing**	**I** **Improvement in progress**	**X Action needed**

		✔ All decisions to impose a sanction are signed off by seniors and the draft offer is approved by a manager. ✔ Appeal is by summary application to the Sheriff Court and therefore available to all without requiring legal representation. **I** PSA look at practice notes as part of this. Introduction of ours is planned but has not commenced due to staff changes and focusing on introduction of legally qualified chairs. Interesting to note that they recently criticised the HCPC "proceeding the absence" practice note because it did not specify whether public protection or fairness to the worker was the priority for panels (presumably, because the answer will not always be the same and has to be decided on a case by case basis).
	Activities undertaken to meet the individual needs of parties to the fitness to practise process, particularly those who are vulnerable, and the outcomes of this work. For example, use of video link facilities, witness support arrangements, participant feedback surveys and number of complaints from participants about lack of support.	✔ Targeted materials on the website for those participating in the FtP process, including workers and witnesses – includes factsheets and hearings video to demonstrate who will be present and what their roles are. ✔ Requirement under the Fitness to Practise Rules for parties to send information about vulnerable witnesses and whether any special arrangements should be made for them. ✔ Use of video conferencing, remote locations, witness supporters, screens, interpreters . ✔ Use of witness feedback form – currently being reviewed/updated. **I** Due to carry out survey of those involved in the process (workers, complainants, witnesses, employers). ✔ We regularly meet with stakeholders and note face to face feedback on our processes. There is a system in place for us to record this and taken any action we consider to be appropriate (for example, recent feedback from a worker's witnesses identified a gap in our processes which we are working with CGH to resolve). ✔ There is a strong focus in the current Strategic Plan on supporting people through our processes (see Strategic Priority 2). **I** We are working alongside trade unions and law clinics to improve access to representation for workers.

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EVIDENCE LEGEND:	✔ Already Doing	**I** Improvement in progress	**X** Action needed

		✔ Staff in CGH have received training from Victim Support Scotland. ✔ Case holders give special consideration to support methods when interviewing vulnerable witnesses, such as the use of a supporter.
6 - Fitness to practise cases are dealt with as quickly as possible taking into account the complexity and type of case and the conduct of both sides. **Delays do not result in harm or potential harm to patients and service users. Where necessary the regulator protects the public by means of interim orders**	Examples of how the case management system and case management process helps prevent excessive delay and manages identified delays. Information on current timeframes and/or delays in the system.	✔ Average stats. ✔ Exception reports on cases not moving. ✔ PSA comparator No.3 - timescales from receipt of initial complaint to final investigating committee/case examiner decision. This shows that we are concluding cases (on average) more quickly than most other health regulators, with the exception of the General Osteopathic Council and the Northern Ireland Social Care Council – both of whom are smaller than the SSSC. ✔ PSA comparator No.4 – timescales from receipt of initial complaint to final fitness to practise hearing. This shows that we are concluding our investigations and referring to a hearing more quickly than most other regulators. ✔ PSA comparator No.5 - timescales from receiving a complaint to making a decision about an IO (discussed above). ✔ Table 12 - number of cases that are over 1 year, 2 years and 3 years, comparison to previous two years. This shows that these have significantly reduced over the last three years. ✔ Table 13 – number of review temporary orders, comparison to previous two years (need to take into account longer periods of initial orders being granted and differences in systems – e.g. some regulators get 18 months and have to apply to court after this time for a review). ✔ Introduction of impairment reviews to ensure cases are being reviewed regularly and closed if there is no longer an allegation of current impairment. **I** Introduction of a new case management system in 2018 which will assist case holders with managing their case loads and speed up/improve many of our processes (such as sending updates automatically, permitting

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EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

		electronic exchange of information, slicker management for caseholders and oversight for seniors).
7 – All parties to a fitness to practise case are kept updated on the progress of their case and supported to participate effectively in the process	Examples of how the regulator ensures that all parties are regularly updated on progress of the fitness to practise case. How many complaints are received about lack of update notification	✔ Case holders required to update workers every two months – box in Sequence to enter last contact and generates when next update is due. Number of outstanding updates monitored by seniors/managers. I Project ongoing at the moment to identify how best to keep other stakeholders informed (such as witnesses). ✔ Hearings guide for unrepresented workers – sent by clerks and explains the hearing process. ✔ Use of interpreters in hearings / translation of documents. ✔ Up to date guidance on website for witnesses coming to a hearing. I Due to carry out survey in the new year of those involved in the process (workers, complainants, witnesses, employers). ✔ Workers are notified as standard when a complaint is received/case opened. ✔ Quality of correspondence – approved by Communications department, written in plain English, standardised font/size, no use of justification. Also reviewed by stakeholders for comment. Use of factsheets. I Introduction of a new case management system in 2018 which will assist in improving our interaction with workers and ensure that regular updates are given. We also hope to introduce a portal that will allow automated updated to workers, including via text message. I We have received 5 (out of 52) complaints about lack of updates. Case management will improve and automate this process.

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EVIDENCE LEGEND:	✓ **Already Doing**	**I** **Improvement in progress**	**X** **Action needed**

| **8 - All fitness to practise decisions made at the initial and final states of the process are well reasoned, consistent, protect the public and maintain confidence in the profession** | The appointment and appraisal process for committee members, panellists and advisors to fitness to practise cases. Relevant training, guidance and feedback provided to committee members, panellists and advisors to fitness to practise cases. How this has helped improve decision making. | ✓ Panel members and Legally Qualified Chairs (LQCs) appointed through fair and open recruitment, based on merit.

✓ Regular training twice per year for panel members and LQCs.

✓ Feedback mechanism to deal with issues of concern in place. New appraisal system to be put in place following the appointment of LQCs.

✓ Guidance and materials given to panel members at induction and subsequent training.

✓ Head of FtP and Head of Corporate Government and Hearings (CGH) meet every month to discuss cases and improve decision-making of panels. Controversial decisions are fed in via the hearing notes prepared by solicitors .

I No formal system of quality assurance of panel decisions. Issues dealt with an individual basis. Plan to improve the system to provide constructive, arms' length scrutiny. |
| | Evidence of steps taken to identify and mitigate risks in fitness to practise decisions, for example, outcomes of the regulators' quality assurance of decisions, number of appeals and their outcomes. How learning from this process is used to improve decision making. | ✓ Only one appeal ran to substantive hearing during this time period – appeal was dismissed. (One appeal has concluded following time-period covered which was successful. Waiting on detailed decision to identify learning)

✓ We recently took external legal advice on the possibility of judicially reviewing a panel decision.

✓ QAing of all case holder decisions until signed off as competent. Feedback given to case holder by senior, to assist them in improving their decision-making.

✓ Structured decision-making through departmental decision form – specifically requires the case holder to consider the decisions guidance, which helps to ensure consistent and well-reasoned decisions.

✓ All draft Notices of Decision for sanctions/temporary orders are signed off by Managers.

✓ All high risk/member of the public complainant/practice failing/historic abuse cases require senior sign-off at point key decisions are made. |

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STANDARD LEGEND:	Standard met	Standard met but improvement needed	Standard not met, urgent action required

EVIDENCE LEGEND:	✔ Already Doing	I Improvement in progress	X Action needed

		✔ All cases that are referred to a panel have a case conference with a senior at the point of making the decision to refer to a hearing where high risk areas are discussed in detail and recorded. i Project due to start which will look at how we can learn from outcomes of cases and improve how we investigate them. I Practice notes to be implemented. I Quality Assurance of decisions to be implemented.
9 - All final fitness to practise decisions, apart from matters relating to the health of a professional, are published and communicated to relevant stakeholders	The regulator's disclosure policy in relation to fitness to practise proceedings and the disclosure of fitness to practise information to third parties.	✔ Public Information Policy on website. ✔ Notices of Decision for registered workers are published on website. These are redacted, in line with our data protection obligations. ✔ Notices of Decisions are sent to workers, employers, complainants and (if applicable) Higher Education Institutions. ✔ Inclusion of case outcomes in the eBulletins – targeted at particular stakeholders. i Ongoing work on publishing applicant decisions and appeals in a redacted way. ✔ Case holders liaise with employers to identify if any service users may be adversely affected through the publication of a decision and what steps can be taken to mitigate this.
10 -Information about fitness to practise cases is securely retained	The regulator's information security policies and compliance with the relevant legislation. How many data loss/breach incidents have occurred.	✔ Data breaches are recorded. 39 data breaches in the last year. Only one "serious" breach that was reported to the Information Commissioner's Office (ICO). ✔ Specific departmental procedures to be followed – such as always taking address from Sequence, carrying out security checks when phone calls are received. ✔ Regular review of data breaches, including a quarterly report to managers which is discussed at the

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		Directorate Meeting. Stats are also monitored on a regular basis by a manager. ✔ Data Protection policy for organisation. ✔ Mandatory annual training for all staff on data protection. ✔ Regular training sessions: Publicity – 3 March, 10 March, 22 March, 22 April – mandatory for all case holders, Strategic team and 2 pool assistants who cover the website. 48 attended out of 53 (90.5%). General Data Protection Regulations– 31 August, 7 September, 11 September, 5 October – mandatory for all staff. 60 out of 74 (81%). ICT data security – 28 August, 21 September, 30 October - 62 out of 74 (83.7%). ✔ Dedicated information governance team in CGH, and embedded data breach procedure. ✔ Clear desk policy, all information stored securely. ✔ Decision of ICO to uphold SSSC decision not to release hearing transcripts. **i** Case Management system will reduce manual input and duplication of data, alongside enabling secure sharing of data which should reduce the number of data breaches.

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SCOTTISH SOCIAL SERVICES COUNCIL

Confirmed minutes of the Resources Committee
held on 6 December 2017 at 10.30 am
Room 4, Compass House, Dundee

Present:	Audrey Cowie, Council Member (Chair)
	Paul Dumbleton, Council Member
	Harry Stevenson, Council Member
In Attendance:	Anna Fowlie, Chief Executive
	Lorraine Gray, Director of Strategic Performance and Engagement
	Kenny Dick, Head of Shared Services
	Nicky Anderson, Head of Finance
	Deirdre Joy, Head of Human Resources
	Ged Bell, Digital Transformation Lead Officer
	Scott Reid, Senior Human Resources Adviser
	Audrey Wallace (minute taker)

		ACTIONS
1	**Welcome**	
1.1	Audrey Cowie welcomed everyone to the meeting including Linda Lennie, Council Member and Mark Hornshaw, from the finance team, who were observing.	
2	**Apologies for absence**	
2.1	Forbes Mitchell, Council Member had given apologies for absence.	
3	**Declaration of interest**	
3.1	There was no declaration of interest.	
4	**Minutes of previous meeting – 27 September 2017**	
4.1	The minutes of the meeting held on 27 September 2017 were approved as a correct record subject to correction of one typo.	Ctte Sppt
5	**Matters arising**	
5.1	There were no matters arising which were not dealt with later in the meeting.	
6	**Action record**	
6.1	**Salary Protection Policy**	
6.1.1	Deirdre Joy advised that the union was taking further advice on this and the HR department were looking into historical actions.	

She confirmed that the policy would be further discussed at the next meeting of the Partnership Forum and a report submitted to the next available Committee.   H of HR

6.2   Procurement update and performance report 2016/17

6.2.1   Kenny Dick confirmed that the annual procurement report for 2016/17 had been published on the website.

6.3   Request for authorisation to participate in a conference outside the UK

6.3.1   The DevLearn elearning conference was held in the USA from 25 to   H of L & D
27 October 2017. The Head of Learning and Development was not available to respond to this today.

6.4   Lessons learned – Special Appeals Committee and Employment Appeals Sub-committee

6.4.1   This would be addressed later in the meeting.

7   Budget monitoring report

7.1   Nicky Anderson presented report 33/2017 which provided the Committee with the budget monitoring position on the core operating budget and specific grant funding for the year to 31 March 2018.

7.2   The main areas highlighted were
- a projected underspend of £440k as at 31 October 2017
- staff costs projected underspend of £243 due to delays in filling vacant posts
- request to the sponsor to delay the spend on Sequence into 2018/19.

7.3   Clarification was asked for and given on some matters including secondment costs and underspend of budget related to the staff conference.

7.4   The Committee:
1. considered the core operating budget monitoring statement of the year to 31 March 2018, at appendix A to the report
2. considered the position on projected expenditure against available specific grant funding for the year to 31 March 2018, at appendix B
3. noted the areas of specific attention, in section 10 of the report, which are closely monitored by EMT
4. approved the content of the report and that it be forwarded to   H of
the Council for approval.   Finance

8   HR Policy Review Timetable

8.1   Deirdre Joy presented report 34/2017 which set out the proposed revised timetable for review of HR policies. There was some discussion on the optimum timescales for review of policies and it was noted that as a matter of course, policies would be reviewed regularly to take account of any new regulations or legislation, but that the timescales given in the report were the maximum number of years between reviews. Deirdre also advised that the work on reviews could be distributed throughout the HR team in order to meet the timescales given.

8.2   Audrey Cowie asked for additional dates to be completed where   H of HR
        possible.

8.3   The Committee:
        1. approved the timetable attached to the report, for the review of the HR policies, subject to the comments above
        2. noted that the review of each policy would be reported to the   H of HR
            Committee and the timetable will be reviewed annually and
            reported to Committee.

9   Annual Review of Financial Regulations

9.1   Nicky Anderson presented report 35/2017 with proposed changes to the Financial Regulations attached. Nicky advised on some of the main changes which were
        •   to tidy up the language so that it corresponded to and was consistent with Scottish Government documents
        •   to ensure that references to approval limits were consistent across all documentation
        •   proposed changes to the process for approving grants awarded to the SSSC in order to make the process flow better; this would mean including more information on grant bids into the budget monitoring report, which would result in fewer ad hoc requests being considered.

9.2   There was some discussion around the practical arrangements for approving grants and Anna Fowlie clarified that any matter which appeared to be out of the ordinary would be reported to Committee and it was noted that Council have final approval.

9.3   The Committee:
        1. reviewed the draft Financial Regulations
        2. agreed the suggested amendments
        3. approved the draft Regulations to be submitted to Council for   H of
            approval   Finance
        4. noted that the current Regulations would remain in force until
            Council considers and approves the revised version in January
            2018.

10   HR Analytics

10.1   Scott Reid presented report 36/2017 which provided the
         Committee with an analysis of absence, turnover and headcount at
         the SSSC, as well as vacancy levels and information on discipline
         and grievance.

10.2   There was some discussion around the absence figures particularly
         noted was
         • there is a year on year fall in absence rate
         • there is a reduction in stress and mental health occurrences
         • there are no active grievances.

10.3   The Committee:
         1. noted the content of appendices 1-7 of the report
         2. noted the content of the report and provided feedback.

11   Draft Budget 2018/19

11.1   Nicky Anderson reported at the 2018/19 budget had been
         submitted to the sponsor in September, much earlier than had
         been achievable in the past.

11.2   Nicky further confirmed that the next meeting of the EMT would   H of
         consider the budget in further detail and a report would be   Finance
         submitted to the next meeting of the Resources Committee in
         February 2018.

11.3   The Committee:
         1. noted the position.

12   ICT investment and future support

12.1   Lorraine Gray introduced report 37/2017 which provided
         information on the background to and the planned review and
         need to invest in the ICT services and hardware currently in
         operation within the organisation.

12.2   Ged Bell, the Digital Transformation Lead attended and gave a
         short presentation on the ICT proposals, including
         • office 365
         • desktop equipment replacement
         • staff consultation on the proposals
         • projected costs of the proposals
         • future arrangements for support.

12.3   The proposals were fully discussed and questions answered. Some
         of the issues raised and discussed were
         • timetable for implementation
         • Sequence update, MySSSC update
         • linking to current sequence to CMS system and paperless

meetings
- will benefits to staff be clear
- will there be test pilots at each phase
- floor walkers to assist with user support
- recycling of obsolete hardware
- ongoing licensing and support costs.

12.3   The Committee:
1. agreed the proposals set out in the report in principle, but recognised that the detail may change as work progresses
2. provided authority for the Chief Executive to sign a contract or contracts to the value of £600k, excluding VAT, in connection with this work stream   C Ex
3. noted the content of the report and thanked Ged Bell for his presentation.

13   Payroll/HR Management Information System service procurement

13.1   Kenny Dick presented report 38/2017 which advised the Committee on the current contract to provide the payroll and HR management system, with the contract ending by 30 September 2018.

13.2   The Committee noted that there was a joint procurement exercise underway with the CI to source a suitable system which would be procured under a Crown Commercial Services Framework.

13.3   The Committee:
1. gave authority to the Chief Executive to sign a contract for an HRMIS and payroll service to a value of up to £250k, excluding VAT.   C Ex

14   Schedule of Committee Business

14.1   The Committee reviewed the Schedule of Business for 2018 and noted that changes would be made to the timetable.   Ctte Sppt

15   Risk identification

15.1   Risks identified were at item 12 above and it was noted that this would be the discussed by EMT and added to the Strategic Risk Review.

16   AOCB

16.1   Content of confidential items

16.1.1   The Committee asked for some guidance to be provided on matters or report content which should be considered as confidential.

16.1.2   Kenny Dick agreed to discuss this with appropriate officers and   H of SS

submit a report to the next meeting.

16.2   Lessons learned

16.2.1   It was agreed to take this item at a future meeting.

17   Proposed dates of meetings in 2018

17.1   Following consultation with Members and officers on proposed   Ctte Sppt
changes, the following dates for meetings in 2018 were agreed
28 February, 30 May, 29 August (only meet if required for budget
update), 26 September and 5 December.

18   Confidential item
This is a confidential item and is minuted separately.

19   Confidential item
This is a confidential item and is minuted separately.

Committee started: 10.30am
Committee finished: 12.15pm

Signed ....

        Audrey Cowie
        Chair of the Resources Committee

Date ....14/3/18..

SCOTTISH SOCIAL SERVICES COUNCIL

Confirmed minutes of the Audit Committee
held on 6 December 2017 at 1.30 pm
in Compass House, Dundee

Present: Andrew Rome, Council Member (Chair)
                  Dame Anne Begg, Council Member

In Attendance: Anna Fowlie, Chief Executive
                   Lorraine Gray, Director of Strategic Performance and Engagement
                   Kenny Dick, Head of Shared Services
                   Nicky Anderson, Head of Finance
                   Audrey Wallace, minute taker

1	**Welcome**	**ACTIONS**

1.1   The Chair welcomed everyone to the meeting including Linda
       Lennie, Council Member who was observing.

2   **Apologies for absence**

2.1   Apologies for absence were received from Professor Joyce
       Lishman, Council Member and Forbes Mitchell, Chair and Council
       Member. It was noted that this meant that the Committee was
       inquorate and that no decisions could therefore be made today.

3   **Declaration of interest**

3.1   There was no declaration of interest.

4   **Minutes of previous meetings**

4.1   **Minutes of meeting of 27 September 2017**

4.1   The minutes of the meeting held on 27 September 2017 were
       approved as a correct record.

5   **Matters arising**

5.1   **Paperless meetings**

5.1.1 Anna Fowlie updated the Committee on the position with the
       digital transformation project and its impact on the timetable for
       moving to paperless meetings. Members noted the timescale.

5.2   **Workforce planning**

5.2.1 Deirdre Joy updated the Committee on the good progress with   **H of HR**
       the auditors recommendations, advising that she only required
       the deadline to be extended in one area in order to complete the

work.

5.3 Accountable Officer feedback on Audit Committee performance

5.3.1 Anna Fowlie commented that she had only positive comments to make on the work of the Audit Committee and that should there be concerns she would report them to the Committee.

6 Audit Committee rolling action sheet

6.1 The Committee noted the Audit Committee rolling action record.

7 2017/18 Internal Audit Plan progress report

7.1 Cathie Wyllie presented report 16/2017 which informed the Committee that the auditor's report on digital strategy would be submitted to the June 2018 meeting and that the reports on expendables and treasury and cash management would be submitted to the meeting in February 2018.

7.2 The Committee:

1. noted the report
2. noted that revised dates for submission of the audit reports.

8 Internal Audit Plan follow up report

8.1 Cathie Wyllie presented report 17/2017 and confirmed that there were no matters of concern and nothing outstanding.

8.2 The Committee:
1. noted the report.

9 Timetable for production of Annual Accounts

9.1 Kenny Dick advised that for the next year, there would be no change to the timetable in submission of Annual Accounts. He would be meeting with the external auditors to discuss future years, but for now, the current timetable suits the SSSC processes.   **H of SS**

10 Horizon scanning

10.1 The main potential issues on the horizon noted were
- Brexit and its implications
- the introduction of GDPR in May 2018
- consultation by the Scottish Government on empowering   **EMT**
  Schools and whether this will affect the early years workers; if appropriate, this will be included within the Strategic Risk Register for 2018/19.

11   Calendar of business

11.1   The calendar of business was noted.

12   Extracts on risk from committee minutes

12.1   The risks raised at the Resources Committee in September and Council in October were noted.

13   AOCB

13.1   There was no other business.

14   Proposed dates of meetings in 2018

14.1   Following consultation with members and officers on proposed changes, the following dates of meetings for 2018 were agreed: 28 February, 30 May, 29 August (to consider Annual Accounts only), 26 September and 5 December.   **Ctte Sppt**

15   Date of next meeting

15.1   The next meeting will be held on 28 February 2018 at 1.30 pm.

Committee started: 1.30pm
Committee finished: 2.35pm

Signed _____   Date___06/03/18_____
          Andy Rome
          Vice-Chair of the Audit Committee

Title of report	Annual Strategic Risk Review
Public/confidential	Public
Action	For decision
Summary/purpose of report	To provide the opportunity for Council to review the draft revised Risk Appetite Statement and to consider the process for reviewing the strategic risk register.
Recommendations	The Council is asked to: 1. approve the revised Risk Appetite Statement 2. recommend any urgent changes to the Strategic Risk Register for Council to approve at the 27 March 2018 meeting 3. Provide comment and direction on risk management ahead of the next Council session on risk.
Link to Strategic Plan	Strategic risk is managed with a view to ensuring the strategic outcomes set out in the strategic plan are achieved
Link to the Risk Register	This report includes consideration of the strategic risk register review process.
Author	Kenny Dick Head of Shared Services Tel: 01382 207119
Documents attached	1. Appendix 1 Draft Risk Appetite Statement (tracked changes) 2. Appendix 2 Draft Risk Appetite Statement (changes accepted) 3. Appendix 3 Current Strategic Risk Register 4. Appendix 4 Draft Revised Strategic Risk Register 5. Appendix 5 Strategic Outcomes & Priorities Mapped to Risk

1.   INTRODUCTION

1.1   The Council Development Session on 23 January 2018 considered the SSSC's approach to managing risk. This included a review of the Risk Appetite Statement and the Strategic Risk Register.

2.   RISK APPETITE STATEMENT

2.1   It was decided at the development session that a revised Risk Appetite Statement capturing the points made during Council Members' discussion would be prepared and submitted to the Audit Committee in February 2018 for review and then to the Council meeting on 27 March 2018 for further consideration and approval.

2.2   A revised Risk Appetite Statement is attached as Appendices 1 and 2. Appendix 1 contains tracked changes from the current statement to highlight the revisions. Appendix 2 is the draft version that Council is asked to approve.

3.   STRATEGIC RISK REGISTER

3.1   The development session concluded that the risk register needed to be mapped to the Risk Appetite Statement and the new Strategic Plan. The risk tolerances for each risk had to be decided and accompanying risk tolerance statements developed. There were also specific comments on the existing strategic risks and some new areas of strategic risks were identified for further exploration. It was decided that a further Council development session would be arranged to further develop the Strategic Risk Register.

3.2   Attached are:

- Appendix 3 the existing Strategic Risk Register
- Appendix 4 a revised Strategic Risk Register
- Appendix 5 Strategic Outcomes & Priorities mapped to the Risk Register

3.3   Ahead of the next development session Council is requested to:

- review and agree the revised format of the risk register
- in accordance with the discussion at the January 2018 risk review session, approve the wording changes (in blue) to the current risks and note the areas for strategic risk to be developed (in red). (Appendix 4)
- agree the mapping of strategic risks to the Risk Appetite Statement (Appendix 5)
- note the next development session will cover:

  o   agreeing the risk tolerance for each of the identified strategic risks (the tolerances shown on the revised register have been

inserted by officers based on the revised Risk Appetite Statement)

- o consideration of the drafting of risk tolerance statements for each of the strategic risks
- o identification and agreement of any changes to the existing risk register including the identification of new risks.

4. RESOURCE IMPLICATIONS

4.1 There are no direct resource implications arising from the recommendations contained in this report.

5. EQUALITIES IMPLICATIONS

5.1 An Equality Impact Assessment has not been carried out.

5.2 I confirm that this report will have no negative impact on people with one or more protected characteristics and a full Equality Impact Assessment is not required.

6. LEGAL IMPLICATIONS

6.1 There are no specific legal implications to consider.

7. STAKEHOLDER ENGAGEMENT

7.1 This report is for information only and stakeholder engagement has not been required.

8. IMPACT ON USERS AND CARERS

8.1 Effective management of risk is intended to ensure that our strategic outcomes are achieved. Our strategic outcomes are intended to deliver benefits, protection and assurance to users and carers.

9. CONCLUSION

9.1 The responsibility for strategic risk management lies with the Council as a whole. The Audit Committee is delegated the task of ensuring effective risk management arrangements are in place and are regularly reviewed. Consideration of this report helps fulfil this requirement.

10. BACKGROUND PAPERS

10.1 None.

SSSC RISK APPETITE STATEMENT

Date agreed by Council:

Introduction

This statement sets out how we balance risk and opportunity in pursuit of achieving our objectives.

This statement is a key element of our corporate governance framework and is reviewed by Council annually.

We recognise that the appetite for risk will vary according to the activity undertaken and hence there will be different appetites and tolerances to risk.

Overarching Statement

We are an organisation that has successfully regulated and developed the social care workforce for over 15 years. We have developed an organisational maturity that helps us understand our risks and opportunities.   We are therefore not a risk averse organisation. Our approach is to choose the most appropriate course of action based on an assessment of impact, anticipated benefits, risk and cost.

We are willing to consider all potential delivery options and will choose one that is the most likely to result in successful delivery while also providing an acceptable level of reward (value for money, customer satisfaction etc.). Rather than avoiding innovation, we are open to innovation as long as there are commensurate improvements in internal controls.

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RISK APPETITE SUMMARY

Heading	Brief Description	Appetite
Reputation & Credibility	Wrongful disclosure of information	Averse
Regulatory/Legal Compliance	Failure to meet obligations	Averse
Reputation & Credibility	Proportionate regulation	Cautious
Reputation & Credibility	Exposure to scrutiny	Cautious
Operational & Policy Delivery	Processes, systems and controls	Cautious
Financial / VFM	Cost / benefit appraisal	Cautious
Reputation & Credibility	L&D innovation & responsiveness	Open
Operational & Policy Delivery	Developing process and systems	Open
Financial / VFM	Pursuit of Best Value	Open
People and Culture	Staff & cultural development	Open

Reputation and Credibility

We place public protection as our highest priority. We aim to respond proportionately to fitness to practise issues as they arise and we

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have a **cautious** risk appetite with regard to our reputation in this area. We understand the need to be transparent in the decisions we make and maintaining the independence of Hearing panels. We understand the importance of maintaining our reputation as a proportionate regulator that provides public assurance and protects and improves the experience of people using social care services.

- In our work on learning and development for the sector, we recognise the need to maintain and enhance our reputation for being innovative and responsive to stakeholders' needs. We are therefore open to experimenting with new approaches in the knowledge that not all of them will succeed. We have an **open** risk appetite for this area of our activity.

- The SSSC risk appetite allows for decisions to be taken that have the potential to expose the SSSC to additional scrutiny from e.g. Government or media but only where appropriate steps have been taken to minimise any adverse exposure. We have a **cautious** risk appetite for this area of our activity.

We hold a significant volume of confidential and/or sensitive information and data. The accidental of deliberate wrongful disclosure of such information has the potential to erode trust, damage our reputation and ultimately prevent us from being able to operate. We therefore maintain a risk **averse** appetite to wrongful disclosure of information.

Operational and Policy Delivery

-
We maintain a **cautious** risk appetite towards sustaining appropriate operational processes, systems and controls to support operational delivery.

We have an **open** risk appetite for the development and enhancement of these systems subject to effective testing and implementation controls.

Financial / Value for Money

- The SSSC operates within a tightly controlled and audited financial regime. We maintain a **cautious** risk appetite whereby Value for Money is the primary concern. We are willing to consider the costs and benefits of any proposed course of action and in doing so are prepared to accept the possibility of some limited financial loss. The expectation is that the Executive Management Team will closely monitor the overall level of financial risk we face.

- Efficiency is a very high priority to maximise our ability to pursue our strategic goals. Furthermore, efficiency and Best Value is within our control and hence should be a strong focus for all staff. We therefore have an **open** risk appetite for Best Value initiatives.

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People and Culture

We recognise that our staff are critical to the achievement of our strategic priorities. The support and development of our staff is key to making the SSSC an inspiring and safe place to work. We have an **open** risk appetite for decisions that involve staffing or culture to support transformational change or continuous improvement.

Regulatory and Legal Compliance

- We aim to reduce our risk of failing to meet our legal and financial obligations to a managed position of being "as low as reasonably practicable". We maintain an **averse** risk appetite towards regulatory and legal compliance. Risk taking is generally limited to those events where there is little chance of any significant repercussion for the SSSC should there be a compliance failure.

Risk Appetite Definitions

Appetite	Descriptor
Averse	Activities undertaken will be considered to be very safe in the achievement of deliverables or initiatives. Activities will only be undertaken where there is a low degree of inherent risk. The associated potential for reward / benefits realisation is not a key driver for decisions.
Cautious	We are willing to accept a degree of risk in selecting which activities to undertake where we have identified scope to achieve significant comparative reward or realise a benefit. Activities may carry significant inherent risk that is deemed controllable to a large extent.
Open	We will undertake activities balancing the likelihood of successful delivery with the potential reward or value of the benefits that could be realised. Activities may carry, or contribute to, a high degree of residual risk.

SSSC RISK APPETITE STATEMENT

Date agreed by Council:

Introduction

This statement sets out how we balance risk and opportunity in pursuit of achieving our objectives.

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RISK APPETITE SUMMARY

Heading	Brief Description	Appetite	
Reputation & Credibility	Wrongful disclosure of information	Averse	1
Regulatory/Legal Compliance	Failure to meet obligations	Averse	2
Reputation & Credibility	Proportionate regulation	Cautious	3
Reputation & Credibility	Exposure to scrutiny	Cautious	4
Operational & Policy Delivery	Processes, systems and controls	Cautious	5
Financial / VFM	Cost / benefit appraisal	Cautious	6
Reputation & Credibility	L&D innovation & responsiveness	Open	7
Operational & Policy Delivery	Developing process and systems	Open	8
Financial / VFM	Pursuit of Best Value	Open	9
People and Culture	Staff & cultural development	Open	10

Reputation and Credibility

- We place public protection as our highest priority.   We aim to respond proportionately to fitness to practise issues as they arise and we have a **cautious** risk appetite with regard to our reputation in this area. We understand the need to be transparent in the decisions we make and maintaining the independence of Hearing panels. We understand the importance of maintaining our reputation as a proportionate regulator that provides public assurance and protects and improves the experience of people using social care services.

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Open	We will undertake activities balancing the likelihood of successful delivery with the potential reward or value of the benefits that could be realised. Activities may carry, or contribute to, a high degree of residual risk.

No.	Risk	Strategic Outcome	Lead Officer	Raw Score (LxI)	Raw Grade	Residual Score (LxI)	Residual Grade
1	That failures in our regime of registration or fitness to practise leads to public protection failure.	1,5	Dir FtoP	20	Very High	8	Medium
2	The SSSC is not able to demonstrate to our stakeholders (including SG) that its operational activity is fulfilling its strategic outcomes	All	Dir Strat P&E	12	High	6	Medium
3	Ineffective working relationships with partner bodies impact significantly on our ability to deliver our organisational objectives	5,6	Ch Exec	16	High	6	Medium
4	The qualifications framework and workforce development products we produce do not meet the needs of employers and social service workers.	4	Dir SD (Ch Exec)	16	High	6	Medium
5	The SSSC does not have sustainable resources to support the delivery of Strategic Plan objectives (i.e. the strategic planning growth assumptions are not financially sustainable)	7	Dir CS	16	High	9	Medium
6	The SSSC experiences disruption or loss or reputation damage from a failure in its ICT systems, physical security or information governance arrangements	7	Dir CS	20	Very High	9	Medium

SCORING GRID

LIKELIHOOD		1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain		5	10	15	20	25
4 Likely		4	8	12	16	20
3 Possible		3	6	9	12	15
2 Unlikely		2	4	6	8	10
1 Rare		1	2	3	4	5

IMPACT

Item 07 Apx 1 SSSC Strategic Risk Register Jan 17 Summary

No.	Risk	Strategic Priority(ies)	Lead Officer	Risk Velocity	Raw Score (L x I)	Raw Risk Grade	Residual Score (L x I)	Residual Risk Grade	Risk Appetite	Risk Tolerance
1	That failures in our registration or fitness to practise processes leads to public protection failure.	1.1, 1.2	Dir FtP	High	20	Very High	8	Medium	Cautious (5)	Low
2	The SSSC is not able to demonstrate to our stakeholders (including SG) that its operational activity is fulfilling its strategic outcomes	4.6	Dir SPE	Low	12	High	6	Medium	Cautious (4)	Medium
3	Ineffective working relationships with partner bodies impact significantly on our ability to deliver our strategic outcomes	3.4	Ch Exec	Low	16	High	6	Medium	Cautious (5)	Medium
4	The qualifications framework and workforce development products we produce do not meet the needs of employers and social service workers.	2.3, 3.4	Dir SD	Low	16	High	6	Medium	Open (7)	High
5	The SSSC does not have sustainable resources to support the delivery of Strategic Plan outcomes (i.e. the strategic planning growth assumptions are not financially sustainable)	1, 2, 3, 4 & 4.6	Dir CS	Low	16	High	9	Medium	Cautious (6)	Medium
6	The SSSC experiences disruption or loss or reputation damage from a failure in its ICT systems, physical security or information governance arrangements	4.6	Dir CS / Dir SPE	High	20	Very High	9	Medium	Averse (1 & 2)	Low
7	Corporate Governance…									
8	Education Governance Review…									
9	Change of Chief Executive….									
10										