

Date issued: 23 May 2024

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 23 May 2024 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

**Sandra Campbell
Convener**

**AGENDA
PUBLIC SESSION**

	Item	Report no
1.	Welcome and apologies for absence	
2.	Declarations of interest	
3.	Minutes of previous meetings - 3.1 26 February 2024 3.2 25 March 2024	
4.	Matters arising	
5.	Convener's report – verbal report	
6.	Chief Executive's report	16/2024
7.	Audit and Assurance Committee report to Council	17/2024
8.	Information Governance annual report	18/2024
9.	Qualified status of the workforce	19/2024
10.	Principles and Criteria for assessment of qualifications	20/2024
11.	Review of the principles and criteria applied to the assessment and approval of qualifications for registration	21/2024
12.	Complaints Performance – annual update for period 01/04/2023 to 31/03/2024	22/2024
13.	Digital Strategy annual report	23/2024

14.	People Management Policies - Code of Conduct (Employees)	24/2024
15.	Fitness to Practise Committee updates	25/2024
16.	Council Action Record	
17.	Date of next meeting and calendar of business – The next scheduled meeting of the Council will be held on Thursday 22 August 2024 at 10 am.	

PRIVATE SESSION

18.	Private session minutes of previous meetings – 18.1 26 February 2024 18.2 25 March 2024	
19.	Staffing - verbal update	
20.	Rewards review - report to follow	26/2024
21.	PSR – verbal update	
22.	Chief Executive appraisal – verbal update	

Private session items explained

The Convener of Council has directed that the following items be taken in private session and has given the following reasons for their exclusion:

Agenda item	Reason for exclusion
18,19,20, 22	matters likely to breach personal data legislation (as defined by the UK General Data Protection Regulation and Data Protection Act 2018 or any subsequent legislation).
21	any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions.

SCOTTISH SOCIAL SERVICES COUNCIL

**Unconfirmed minutes of the Council meeting
held on 26 February 2024 at 10.00am in Tay Room Compass House, Dundee
and by Teams meeting**

Present: Sandra Campbell, Convener, Council Member
Theresa Allison, Council Member (online)
Alan Baird, Council Member
Sharon Ballingall, Council Member
Edel Harris, Council Member
Rona King, Council Member
Lindsay MacDonald, Council Member
Doug Moodie, Council Member
Peter Murray, Council Member

In Attendance: Maree Allison, Interim Chief Executive
Hannah Coleman, Acting Director of Regulation
Laura Lamb, Acting Director of Workforce, Education and Standards
Laura Shepherd, Director of Strategy and Performance
John Begg, Interim Head of Finance (for item 12 only)
Anne Stewart, Head of Legal and Corporate Governance
Audrey Wallace, Corporate Governance Coordinator

Observers: there were 18 observers

1.	Welcome and apologies
1.1	The Convener welcomed everyone to the meeting.
1.2	Apologies were intimated on behalf of Julie Grace. It was noted that Theresa Allison would join online, slightly after the start time.
2.	Declarations of interest
2.1	There were no declarations of interest for the public session of the meeting.
3.	Minutes of the previous meeting – 23 November 2023
3.1	The minutes of the meeting held on 23 November were approved as a correct record subject to an addition to item 2 to say there were no declarations of interest for items 3 to 8 and 10 to 15.
4.	Matters arising
4.1	Maree Allison confirmed that there were discussions planned between herself and the Chief Executive of the Care Inspectorate and the matter

	of the numbers of supervisors of services who remained unqualified will be one point of discussion.
5.	Conveners report
5.1	Sandra Campbell presented her quarterly report 01/2024 which provided a summary of her activities as Convener, since the last quarterly meeting of the Council in November 2023. She highlighted that she and the Interim Chief Executive had met with the Minister earlier in the month and some of the matters discussed then will be addressed later in this meeting.
5.2	The Council
	1. noted the report.
6.	Chief Executive's report
6.1	Maree Allison presented her report 02/2024, her main highlights being the budget, registration fees and workforce qualifications. She advised that the Minister had expressed a wish to meet on a more regular basis, which is welcomed. Maree Allison also reported on the achievement of the silver award in Investors in Young People and being on track to retain the gold award in Investors in People.
6.2	Maree Allison addressed the Future Proofing Programme which she advised would be the major focus of work over the coming months. The online events to the sector were already fully subscribed and further places have been added. Should these also be fully subscribed, further events will be scheduled. Communication to the sector is key to the launch of the programme.
6.3	In other news she advised that a pay offer had been made to staff and the union had balloted its members.
6.4	<p>Main areas of discussion arising from the report are</p> <ul style="list-style-type: none"> • What is the cost to the SSSC of continuing to be part of the Investors in people Scheme? In terms of value for money and restricted budgets we must look at all expenses. • Laura Lamb advised that the positive effect from the Integrated Health and Social Care Award would mean that workers in both health and social care settings would achieve the same award and allow better integration of the health and social care workforce. • The work on cyber resilience was commended. • The research carried out into the economic and social value of Adult Social Care (ASC) in the UK was expected to be shared with other bodies to show the positive benefit of ASC. It is UK wide research and includes both social and economic benefits on a UK and country specific basis.
6.5	The Council
	1. noted the information contained in the report.

7.	Audit and Assurance report to Council
7.1	Alan Baird presented report 03/2024, the Audit and Assurance Committee report to Council, following the committee meeting on 1 February 2024. He highlighted the main matters discussed and mentioned particularly the uncertainty over the future budget and the risk of, as yet unknown, costs.
7.2	He referred to the audit report on Internal Workforce Planning – Management Information which gave a good level of assurance, with only one recommendation. He advised the Council of the discussion which took place on the governance review of the rewards review and also on the internal audit plan for the year 2024-25, which was approved.
7.3	Alan Baird asked the Council to approve the Risk Register and Risk Appetite Statement both of which had been presented to the Committee for its approval and onward recommendation to Council.
7.4	<p>The Council</p> <ol style="list-style-type: none"> 1. accepted that the assurance report presented a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget c. operational delivery and financial expenditure are consistent 2. approved the revised Risk Register and the revised Risk Appetite Statement, effective from 1 April 2024 (at Appendices 2 and 3 of the report) 3. noted <ol style="list-style-type: none"> a. the Committee approved the draft internal audit plan for 2024/25 b. the Committee approved the remit for the review of the rewards review project subject to some changes to discussions with Members and inclusion of matters raised by the Committee c. the recently appointed Members Sharon Ballingall and Edel Harris observed the meeting.
8.	Future Proofing Programme - Update
8.1	Hannah Coleman presented report 04/2024, which provided a full update on the Future Proofing Programme, which started back in February 2021. She advised that the programme is planned to be fully live by 3 June 2024, subject to required legislative changes being

	made. Three Statutory Instruments require to be amended for the programme to go fully live. The report also contained a number of appendices and background papers to assist Members in obtaining the fullest of information at this update.
8.2	<p>Hannah Coleman referred to the following matters, specifically:</p> <ul style="list-style-type: none"> • the new structure of the Register reducing the register parts from 23 to 4 • reduced time to apply for registration • introduction of annual declaration rather than current periods of registration • required systems changes, which are all on track • amended continuous professional learning requirements • introduction of requirements for social workers returning to practice • reduced timescales for obtaining qualifications • revised Codes of Practice • scoping of new register groups.
8.3	<p>Hannah Coleman further advised on the governance of the programme and the various reviews and audit which had been built into the programme. She also advised on the budget for the programme confirming that a budget of £1.1million was approved by the Scottish Government. She clarified that the profile of the budget had changed and the expected spend on systems had increased whereas the spend on staffing had decreased.</p>
8.4	<p>Members commented on the thorough and positive update. The following queries were raised and addressed:</p> <ul style="list-style-type: none"> • The new website for Continuous Professional Learning (CPL) will provide guidance and helpful information and will link into the main SSSC website. Members will see a demonstration of this at their development session in March. • It was clarified that the SSSC, as regulator, decides on mandatory training following consultation with stakeholders. • There is a risk register for FPP, but the full strategic register will be reviewed by the Executive Management Team in light of FPP. • Registration for the online information events for workers will be closely monitored and if required further dates will be added. • FAQs on the website will be monitored and updated regularly. • Digital systems are penetration tested every six months and new systems will follow the same level of testing.
8.5	<p>The Council</p> <ol style="list-style-type: none"> 1. noted the contents of the report.
9.	Revised Codes of Practice
9.1	<p>Laura Lamb presented report 05/2024, on the process and methodology used to draft the revised Codes of Practice. The final draft version was appended to the report and Council was asked for approval before it is submitted to Scottish Government.</p>

9.2	Members congratulated all involved in the review and commended the revised language used as well as inclusion of reference to trauma, relationship-based support and thoughtfulness.
9.3	Maree Allison clarified the position of the Care Inspectorate in that it is a stakeholder and therefore involved in the consultation process. Doug Moodie confirmed that due process had been followed and the final draft now presented was acceptable. It is not the place of the Care Inspectorate to endorse the Codes. Maree Allison also confirmed that the SSSC has no powers of enforcement in respect of the Employer's Code, these already exist within the Care Inspectorate and to also give these to the SSSC would be duplication and result in confusion over the role of each body.
9.4	Laura Lamb confirmed that there are benchmarks and measures in place to be able to assess, over time, the benefits brought about by the revised codes. She also advised that the SSSC worked with its partners and Scottish Government to ensure that other regulatory bodies were working to a similar level of robust practice and were sufficiently aligned to ensure a similar level of care throughout the sector.
9.5	Maree Allison confirmed that the tentative date for the ministerial launch of the revised codes on 7 May 2024.
9.6	The Council
	1. approved the final draft of the Codes of Practice for submission to Scottish Government.
10.	Qualifications for Adult Social Care (ASC) – Timescale
10.1	Laura Lamb presented report 06/2024. She referred to the report brought to Council in November 2023 when Members requested that further information be brought to this meeting in order to make an informed decision. She reiterated the reasons for the request to delay the introduction of the three-year timeframe to qualifying for those in ASC. She confirmed that the next pressure point for qualifying is 2027/28 when those granted extensions over the pandemic were expected to complete qualifications. Laura Lamb added, in addition to relieving the pressure of the high turnover and high vacancy rate, delaying the start date for the three-year timeline would mean that the new time frame would not add to the pressures to be felt in 2027/28. Members noted that, currently, the SSSC may grant extensions to students on an individual basis.
10.2	Maree Allison advised that although the SSSC has the power to grant extensions on an individual basis for particular circumstances it is not an appropriate approach to manage the circumstances set out in this report. She further advised that it would be unwise to delay any decision further. Communications to the workforce on changes brought about by the FPP are imminent, and this included changes to qualification timeframes.

10.3	Laura Lamb clarified that the proposed date to commence with the three-year timeframe for workers in ASC was now June 2025, a year after the slight delay to the introduction of the FPP. On being asked, she advised that of 50% of those asked stated this shortened timeframe would cause some difficulties and of these approximately half said it would cause much more difficulty and half said it would cause a little more difficulty.
10.4	On being asked if there is a link between workers leaving the sector and having to gain qualifications, Laura Lamb advised that the leaver survey to be launched in March would provide this detail. Currently it is widely said that the gaining of qualifications/not having time to attain qualifications was a cause of the retention issues in the sector.
10.5	The main points of further discussion centred around: <ul style="list-style-type: none"> • the inability of services to release staff for study as they had insufficient staff cover and insufficient funding • agency staff would need to be sought to infill vacant shifts • qualified workers tend to stay longer in the sector • while there are other challenges in the sector, it is in the gift of the SSSC to provide support to the sector for this issue • delay in the introduction of the three-year timeframe will give employers space to carry out workforce planning and source funding to allow workers time to study • the three-year timeframe will still be brought in, but a year later than first agreed • if we do not extend and the workforce can't obtain qualifications in the time we will be faced with removing thousands of workers from the register or will be tasked with processing individual extensions, • concern that the issues in the ASC sector will not be resolved by June 2025 and further time will be requested • confirmed that there are sufficient assessors to carry out training, but no capacity to release staff into training • there could be a risk that the SSSC is seen to be endorsing unqualified staff by allowing this to be delayed by another year.
10.6	Laura Lamb confirmed that there is now support from other partners and Scottish Government to help relieve the staffing crisis in ASC.
	<i>Council recessed for a short period to take advice on how best to proceed in accordance with standing orders in the case where there was no consensus and no alternative to the recommendation.</i>
10.7	There being no consensus of opinion and there being no amendment or alternative motion put, the Council went to a vote.
10.8	Council voted on the following: to approve the delay of the reduced timescale for registered workers in housing support, care at home and care homes for adults to gain the required qualification for registration until June 2025.
10.9	Council voted five for the recommendation and four against the recommendation. The recommendation was approved.

10.10	Members expressed some concern about the voting process followed, ie not being aware that an alternative could have been put forward. They also expressed concern that a similar situation in ASC would be brought back to Council in a year's time. Laura Lamb advised that she will bring back a report to Council in August 2024 with relative data which will be available following the launch of FPP and this will assist in early determination of the position within the ASC sector.
	<i>Theresa Allison declared a connection to the following item as she employs staff registered with the SSSC. After a brief recess to take advice, there were no further declarations or connections intimated.</i>
11.	Review of Registration Fees
11.1	Maree Allison presented report 07/2024 which provided an overview of SSSC fees levels and of other regulatory bodies. The report contained the consultation proposal to review our registration fees. She referred to the report submitted in November 2023, the additional information requested was now presented. Maree Allison also advised on a revised timeline for consultation and any increase. Given that the FPP will be launched imminently, it is important that communication to the workforce is concentrated on the FPP. Consultation on fees would detract from the important messages being sent out to the workforce. She suggested therefore that consultation, if approved, would take place in early autumn and a report on the outcome would come to Council in November 2024, to allow systems changes in time for April 2025.
11.2	Members and officers discussed the financial sustainability of the SSSC and the outcome of discussions that the Convener and Interim Chief Executive had held with the Minister. The main issues discussed were <ul style="list-style-type: none"> • The Minister did not appear to favour a large increase, eg to provide financial sustainability. • At least 40% of workers have their fees paid by their employer. • A figure of 5% annual increase was loosely based on average inflation/cost of living increases. • Could an annual increase instead be linked to Consumer Price Index (CPI), Retail Price Index (RPI) or inflation rather than set it at a fixed percentage? • Annual increase amount should be agreed otherwise each annual increase would require a rule change. • Noted that had the fees been reviewed in 2020 this would have reduced the spending pressure. • Consultation would ask for comments on proposed changes to fee levels. • There is a ministerial expectation that fees be increased regularly in small amounts, in line with general cost of living increases.
11.3	The Council
	1. approved consulting on reviewing registration fees with a report on the outcome of the consultation to come to Council in November 2024.

	<i>John Begg, interim Head of Finance joined the meeting for the following item</i>
12.	Draft Budget 2024/2025 and indicative budgets for 2025/26 and 2026/27
12.1	Laura Shepherd presented report 08/2024 the draft budget for 2024/25, for comment. Members noted that Scottish Government has agreed to fund the deficit of £3.6 million as a funding pressure. Members also noted that the projected year end general reserve will be £608k, which is within the target range. Laura Shepherd advised that any increased income from fees is not included within the figures.
12.2	Some details on staffing was discussed including the reduction in Full Time Equivalent (FTE) posts, the employment of temporary staff and why these were employed in temporary positions. Laura Shepherd advised that risk assessments were carried out where temporary posts rather than permanent posts were suggested.
12.3	Maree Allison advised on the increased spending in Digital, largely due to the FPP which will bring in efficiencies and benefits.
12.4	John Begg assured Members that all pensions and lease and depreciation costs were included within the budget figures presented.
12.5	The Council 1. considered and commented on the draft 2024/25 budget.
13.	People Management Policies
13.1	Laura Lamb presented report 09/2024 which included the revised Disciplinary Policy and revised Whistleblowing Policy. She advised that there were minor changes to each to language and to provide clarity.
13.2	The Council 1. approved the updated Disciplinary Policy 2. approved the updated Whistleblowing Policy.
14.	Council Action Record
14.1	Members reviewed the Council action record and noted that actions C18, C23/28 and C23/29 were completed and should be archived for future reference.
15.	Date of next meeting and Calendar of Business
15.1	The Committee noted the calendar of business for the year. It also noted that the next meeting scheduled for the Council is Monday 25 March 2024, primarily to approve the budget. The next meeting for scheduled business is Thursday 23 May 2024.

Council started: 10am
Council finished: 2pm

Signed _____
Sandra Campbell
Convener of the Council

Date_____

SCOTTISH SOCIAL SERVICES COUNCIL

**Unconfirmed minutes of the Council meeting
held on 25 March 2024 at 10.00am at Compass House and by Teams meeting**

Present: Sandra Campbell, Convener, Council Member
Edel Harris, Council Member
Rona King, Council Member
Lindsay MacDonald, Council Member
Doug Moodie, Council Member
Peter Murray, Council Member

In Attendance: Maree Allison, Interim Chief Executive
Hannah Coleman, Acting Director of Regulation
Laura Lamb, Acting Director of Workforce, Education and Standards (online)
Laura Shepherd, Director of Strategy and Performance
John Begg, Interim Head of Finance (online)
Anne Stewart, Head of Legal and Corporate Governance
Audrey Wallace, Corporate Governance Coordinator

Observers: there were 8 observers

1.	Welcome and apologies
1.1	The Convener welcomed everyone to the meeting.
1.2	Apologies were intimated on behalf of Council Members, Theresa Allison, Alan Baird, Sharon Ballingall and Julie Grace.
2.	Declarations of Interest
2.1	There were no declarations of interest.
3.	Draft Budget 2024/25 and indicative budgets 2025/26 and 2026/27
3.1	Laura Shepherd presented report 12/2024 seeking Council's approval of the 2024/25 budget. She outlined the changes made since the draft budget was submitted to Council in February. These included a reduction of the funding deficit, an increase in the general reserve now at 4.5% which is above the target percentage, possible changes to the pension contributions by the organisation (no difference to staff contributions) which will be reduced from 17% to 15.7% resulting in a possible decrease in the spending pressure.
3.2	Laura Shepherd explained some of the challenges in producing the budget, including unknown final income from registration fees which is

	partially linked to the way in which fees from Local Authorities are calculated. There are changes to vacancy management figures which will be increased on a trial basis from 4% to 5.5%. She also advised on small shifts in the cost of various digital projects.
3.3	Laura Shepherd confirmed that the grant in aid confirmation letter from Scottish Government had not yet been received but it will be received before the end of this financial year. She confirmed that there were no spending targets set for Non Departmental Public Bodies (NDPBs) except that they were expected to improve outcomes under the Public Sector Reform (Scotland) Act 2010.
3.4	Laura Shepherd then spoke to the changes in the operation of shared services which resulted in budget savings. John Begg outlined ways in which finance staff manage work in each of the SSSC and Care Inspectorate to provide the complete service.
3.5	Laura Shepherd confirmed the temporary staffing figures provided and explained that some staff are not yet recruited and their employment would start as of June 2024. She also confirmed that there is a 3% pay uplift included within the calculations. She confirmed that any costs for 2025/26 are indicative at this stage and more accurate figures will be presented to Council next year for budget approval.
3.6	Members were concerned about the lack of formal letter of grant in aid from Scottish Government and wished their dissatisfaction to be recorded and conveyed to Scottish Government. John Begg explained that the slight delay was largely due to the IFRS 16 and how it would be applied to the organisation.
3.7	Other matters discussed included <ul style="list-style-type: none"> • the additional work required to process fees which are paid by Local Authorities with no compensation for the additional work • acceptance that all NDPBs work with a spending pressure • we have few inflationary uplifts as most of the costs are known • there is no contingency as we use the general reserve if needed • look at the process for future to try to reduce the underspend and overspend figures and it was noted that more accurate figures will be available once the Future Proofing Programme is launched • look into more accurate methods of calculating registration fees income • Scottish Government has not adversely commented on the change to the shared services agreement • vacancy management will be reported through the quarterly Assurance Report • digital services are procured through the Scottish Government Framework • General Reserves may be needed for legal services.
3.8	The Council
	1. approved the budget for 2024/25.

4.	Care Experience report 2024-2026 and Children's Rights Reports 2026/27
4.1	Laura Shepherd presented report 13/2024, which had appended the draft Care Experience Report 2024-2026 and the Children's Rights Report 2023. The SSSC has a statutory duty to report on how we promote the United Nations Convention on the Rights of the Child (UNCRC).
4.2	Main highlights in the Care Experience report were around supporting vulnerable fitness to practice witnesses, embedding trauma informed practice within our work, exploring 10 years of childcare workforce data and supporting The Promise. The report includes a comprehensive action plan based on the outcomes which support the SSSC's statutory responsibilities.
4.3	The Childrens Rights report focusses on our progress towards fulfilling the nine clusters of the UNCRC articles. Our actions include providing updated guidance on safer recruitment, setting up the National Directory of Continuous Professional Learning for the Early Learning and Childcare Workforce and our achievement of the silver award from Investors in Young People (IiYP).
4.4	Members noted that progress of a number of measurable actions would be reported through the assurance reports, providing scrutiny of their effectiveness. They also noted that trauma informed practice extended to staff and Fitness to Practice (FtP) panel members and throughout the work of FtP.
4.5	The Council 1. endorsed the progress made to achieving our duties under the Children and Young People (Scotland) Act 2014 2. approved both reports for publication 3. commended officers on the reports and also on being awarded the silver IiYP award.
5.	Independent review of inspection scrutiny and regulation (IRISR)
5.1	Maree Allison presented report 14/2024, which included details of the SSSC's activity in response to the acceptance by Scottish Government of the recommendations from the IRISR. Maree Allison outlined the outcomes particularly relevant to the work of the SSSC, including <ul style="list-style-type: none"> • regulation of Personal Assistants (PAs), which was not a recommendation at the present time • care service types and definitions • review of health and social care standards. Doug Moodie commented that Social Work England had already carried out work on the latter.
5.2	Laura Lamb confirmed that the IRISR report was available and taken into account while the Codes of Practice were being reviewed.

5.3	Maree Allison advised that she is attending an upcoming strategic liaison meeting with Office of the Chief Social Work Adviser (OCSWA) where these outcomes and the SSSC's work will be discussed. This will include how we build improvements and actions into our monitoring as well as how we provide assurance that we are making as many improvements as are possible. Laua Shepherd commented that the progress of actions could significantly change how the budget will look in the coming years especially for example if the SSSC is to regulate other social sector workers.
5.4	Council then discussed Market Research including vacancy rates, funding for registration and qualifications. It was noted that we had already carried out some work on this as the IRISR report had been available for some time. Maree Allison confirmed that the SSSC holds a lot of data which will be useful in looking at market oversight.
5.5	The Council
	1. noted the update on the IRISR and the SSSC's activities.
6.	Date of next meeting – 23 May 2024 at 10.00 am
6.1	The next meeting scheduled for the Council is 23 May 2024. This meeting will be in hybrid format.

Council started: 10am
Council finished: 11:50am

Signed _____
Sandra Campbell
Convener

Date_____

Title of Report	Chief Executive's Report
Public/Confidential	Public
Summary/purpose of report	To provide Council Members with an update from the Chief Executive
Recommendations	The Council is asked to note the information contained in the report.
Author and Responsible Officer	Maree Allison, Interim Chief Executive
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p>

	<p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Closed.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: Closed.</p>
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

INTRODUCTION

1. As set out in the Executive Framework Document agreed by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last full Council meeting on 26 February 2024, and looks forward to emerging issues.

KEY POINTS

2. Our focus is on the Future Proofing Programme (FPP). On 1 May the revised Codes of Practice for Social Service Workers and Employers came into effect, with a ministerial launch on 7 May. Changes to the register, qualifications and skills take place on 3 June. Further details are at paragraphs 4, 5 and 7 below.
3. The National Care Service Bill has progressed to stage 2 and the SSSC are members of the Expert Legislative Advisory Group (ELAG) who meet weekly to examine legislative proposals.
4. I attended the regular Chief Executive meeting of the health and social work regulators in April, and the Alliance meeting of social work regulators in May. These meetings focus on sharing developments in professional regulation.

OUTCOME 1: Trusted people who use services are protected by a workforce that is fit to practise.

5. The revised Codes of Practice for Social Service Workers and Employers came into effect on 1 May 2024. I attended a ministerial launch with our minister, Ms Natalie Don, on 7 May 2024 in an early years' service in Edinburgh. Jackie Irvine, the Chief Executive of the Care Inspectorate also attended, supporting the Employer's Code. The new Codes have refreshed wording, clearer links to the Health and Social Care Standards and support our commitment to the Promise. They can be viewed here: <https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/>.
6. The implementation of changes to the register, qualification and skills on 3 June is progressing. Changes to legislation has taken place, Scottish Government external assurance review was positive with three recommendations which have been implemented, and a positive internal audit of the financial controls of the new fee arrangements has taken place. We have run eleven online stakeholder sessions with 982

attendees. A further eight events are scheduled up to 15 July. The feedback on our communications has been positive.

7. We had our most recent meeting of our Fitness to Practise Representatives' Group on 16 April. This group continues to be a source of helpful dialogue between those who regularly represent workers going through the fitness to practise process, and the SSSC.

OUTCOME 2: Skilled Our work supports the workforce to deliver high standards of professional practice.

8. Our new web resource to support the implementation of the new model for Continuous Professional Learning will formally launch on 20 May 2024 however is available through soft launch prior to this date. The new approach to Continuous Professional Learning is an important development of our Future Proofing Programme.
9. The formal consultation on the new Integrated Award SVQ has closed and we are finalising the award for approval by SQA and roll out by the end of the year.
10. We have been commissioned jointly with NHS Education for Scotland by the Scottish Government Joint Social Services Ministerial Task Force (JSST) to deliver a revised National Induction Framework for Adult Social Care, including an induction passport, and a new Careers Pathway resource highlighting opportunities in adult and children's social care. We are also supporting additional JSST workstreams focussed on promotion and reshaping of funding opportunities for gaining social service qualifications for registration.

OUTCOME 3: Confident Our work enhances the confidence, competence, and wellbeing of the workforce.

11. We have published research we commissioned to understand the digital capabilities of the adult social care workforce to identify gaps and areas of strength to inform our workforce development activity. The study focuses on attitudes, use of technology, skills and capabilities of the workforce. https://data.sssc.uk.com/images/Digital_capabilities_within_the_adult_social_care_workforce_in_Scotland.pdf
12. We have published our pre-employment and induction guide for overseas workers, refugees and asylum seekers in Scotland. [Pre-Employment and Induction Guide for Overseas Workers, Refugees and Asylum Seekers in Scotland - Scottish Social Services Council \(sssc.uk.com\)](https://www.sssc.uk.com/pre-employment-and-induction-guide-for-overseas-workers-refugees-and-asylum-seekers-in-scotland)

OUTCOME 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.

13. In collaboration with our UK Alliance partners we have commissioned research into the social and economic value of the social care workforce in the UK. The findings will provide country specific, and a UK set of findings. The research will be available in June 2024.
14. We have published a report on the distribution of the workforce across employers of different size and type. <https://data.sssc.uk.com/data-publications/347-the-distribution-of-the-social-service-workforce> The key messages include:
 - While the overall workforce increased in size between 2012 and 2022, the overall numbers of employers and care services dropped.
 - In December 2022 there were approximately 2,500 separate employers operating in the social service sector in Scotland.
 - Over 20% of those providers were medium to large (employing 50 or more staff).
 - Medium to large providers employed around 85% of the sector's workforce.
 - There were roughly 1,900 small or micro providers in the sector, employing fewer than 50 members of staff and around 30,000 staff in total (c.15% of the workforce).

SUSTAINABLE ORGANISATION

15. We have started revising our Digital and Communication and Engagement strategies for 2024-2027. We have gathered feedback through the FPP that will help inform both strategies. We hope to establish the FPP SAG (stakeholder advisory group) as the formal engagement group for the SSSC post FPP go live. We will hold sessions with Council at the June development day to inform the strategies.
16. We are developing our new People Strategy which will be on the agenda for the August Council meeting.
17. We have established an accessibility working group to look at the action we need to take as an organisation to ensure we meet accessibility standards particularly for our online content. The recent work carried out on FPP CPL has provided some in-depth insight to the requirements. This will help the group identify areas of improvement for future developments.

18. We recently held a data and intelligence scoping meeting with the UK and Republic of Ireland social work regulators. We are looking at common data sets across the nations particularly around Social Work to understand our differences/similarities in the make-up of the Social Work sector across the UK.

HORIZON SCANNING

19. **National Care Service Bill:** The Scottish Government has indicated that its proposed Stage 2 amendments will be sent to the Health, Social Care and Sport Committee no later than June 2024. We are a member of the ELAG, established to support the Bill at Stage 2. The Scottish Government is also holding consultation events on proposals to develop a Workforce Charter and are developing the complaints service. Much of my stakeholder engagement with colleagues at Social Work Scotland, Coalition of Care and Support Providers and Scottish Association of Social Work centres around the National Care Service and National Social Work Agency. I spoke at a Mackay Hannah conference in April on the National Care Service and our Futureproofing Programme.
20. **Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law:** The Scottish Government is currently consulting on guidance on public bodies' responsibilities under the Act. Section 18 sets out reporting duties on listed authorities such as the SSSC and is due to come into effect on 16 July 2024.
21. **Early Learning and Childcare and school age Childcare:** We are waiting for the Scottish Government to publish the Strategic Framework for Scotland's Early Learning and School Age Childcare Profession.
22. **Scottish Child Abuse Inquiry:** The public hearings for Phase 9 of the inquiry's investigations cover the provision of residential care in establishments for children and young people with long term healthcare needs, additional support needs and disabilities. These hearings are expected to commence in spring 2025.

CONSULTATION

23. Internal stakeholders have contributed to this report. This report also provides information on how we are working with partners and stakeholders to support the sector.

IMPACT ASSESSMENT

24. An Impact Assessment was not required as this is an information report for noting.

RISKS

25. There are no risks identified.

CONCLUSION

26. This report provides Council Members with updates of matters of strategic importance and demonstrates how we are working to fulfil our statutory obligations during this time.

Title of report	Audit and Assurance Committee report to Council
Public	Public
Summary/purpose of report	To make recommendations from the Audit and Assurance Committee
Recommendations	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> 1. the Council accepts that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget c. operational delivery and financial expenditure are consistent 2. the Council approves <ol style="list-style-type: none"> a. the Committee's Annual Report to Council at Appendix 4 to this report 3. the Council notes <ol style="list-style-type: none"> a. the Committee approved extensions to the time allowed for completion of three audit recommendations b. the Committee approved the draft external audit planning report for 2023/24 c. the Committee approved the revised Financial Regulations and Debt Management Policy d. the Committee approved the Draft Annual Governance Statement for

	inclusion in the Annual Report and Accounts for 2023/24.
Author	Alan Baird, Chair, Audit and Assurance Committee
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessments	An Impact Assessment (IA) was not required.
Documents attached	<p>Apx 1 - Assurance report at 31 March 2024</p> <p>Apx 2 - Risk Register</p> <p>Apx 3 - Assurance Map</p> <p>Apx 4 - Audit and Assurance Committee Annual Report to Council</p>
Background papers	Draft minutes of meeting on 30 April 2024

INTRODUCTION

1. As set out in the Executive Framework Document and Scheme of Delegation, accountability for strategic oversight remains with the SSSC Council. The Council has delegated responsibility for oversight and scrutiny of achievement of operational key performance indicators, monitoring of Financial Performance and Strategic Risk Management to the Audit and Assurance Committee.
2. This report records the recommendations of the Audit and Assurance Committee to SSSC Council following the Committee's meeting on 30 April 2024.

ASSURANCE REPORT

3. The Committee reviewed the assurance report as of 31 March 2024 relating to the activities of the SSSC. Appendix 1 to this report is the assurance report considered by the Committee.

Finance

4. The Committee was advised that since the last meeting, the budget deficit has reduced from £3.3 million to £3.1 million.
5. Maree Allison advised Committee on the changes to the general reserve since the last meeting. These appeared later in the year due the staff pay award, once it was actually applied, costing less than expected; panel members' fees were less than budgeted for. This is not a predictable amount as it is based on the numbers and types of Fitness to Practice (FtP) cases being referred and heard by FtP panels; we received greater than expected income from registration fees. This should become more accurately estimated once the Future Proofing Programme is in place; the digital budget did not go into overspend as anticipated but stayed on track.

Strategic Performance Indicators

6. Committee discussed risks including any risks relating to numbers of unqualified workers. It was noted that a deep dive on risks is being included into one of this year's development sessions, with the date to be confirmed.
7. Members were assured that the number of open FtP case numbers is now sitting at a good level, at approximately 1800 open cases. Committee was advised that this is a realistic target level.

HR data

8. Committee noted that the staff absence figures are continuing to improve.

Risk Register

9. Committee noted there were no proposed changes to the Risk Register by Executive Management Team at this time.

Assurance Map

10. Members noted the Assurance Map.

AUDIT REPORTS

11. The Committee was presented with the following audit reports from Henderson Loggie:
Partnership Working (external)
Annual report for 2023/24
Follow-up review report 2023/24.
12. The Partnership Working (external) report provided a good level of assurance with only one recommendation which was accepted by management, that an annual partnership review be published.
13. The annual report for 2023/24 gave an overview of the work carried out by the internal auditors and reports submitted to Committee over the year. The report also provided a summary of the findings from each audit carried out.
14. The follow-up review report for 2023/24 presented the Committee with detail on progress on recommendations from the audit reports. Committee noted that where progress had been partially implemented this continued to be reviewed until completion. Progress from audits in the previous year's follow up report was also included.
15. Committee reviewed the internal/external audit tracker and approved revised completion dates for three recommendations.
16. The Committee took assurances from the auditor's reports and management's updated responses. These show that action is being taken where there are recommendations from the auditors and that appropriate processes are followed where completion dates are requested to be extended.

EXTERNAL AUDIT PLANNING REPORT 2023/24

17. Committee was presented with the draft external audit planning report for 2023/24. Committee noted that there is a timeline for the process in place and there are no delays anticipated.

FINANCIAL REGULATIONS AND DEBT MANAGEMENT POLICY

18. The Financial Regulations and Debt Management Policy are reviewed annually. The Committee approved the revised editions presented. Committee took assurance from the process for annual review to ensure these are kept up to date and relevant.

DRAFT ANNUAL GOVERNANCE STATEMENT

19. Committee reviewed and approved the draft Annual Governance Statement from the Interim Chief Executive along with the Certificates of Assurance from each directorate as part of the process for the Annual Report and Accounts. Committee noted there were no significant issues to report. Committee was given assurance that Business Continuity processes and documents were in place and scenario testing was imminent. Any issues would be reported and, if required, the risk register updated.

DRAFT ANNUAL COMMITTEE REPORT TO COUNCIL

20. Committee approved the draft annual report to Council which summarised the work of the Committee over the year. It forms part of the process for the annual report and accounts and Committee recommended that the report be submitted to Council for approval.
21. The Annual Report is appended to this report at Appendix 4, for Council approval.

ANNUAL FRAUD, BRIBERY AND CORRUPTION ASSURANCE REPORT

22. Committee reviewed the annual assurance report on fraud, bribery and corruption. Members noted the termination of the contract between the Counter Fraud Service and the SSSC, however noted also that the Head of Legal and Corporate Governance, who is the Fraud Liaison Officer (FLO) will draft a revised Counter Fraud Framework tailored to the SSSC. Committee also noted that the FLO will be undergoing training in this area to support her in this role.
23. The Committee took assurances from the report that there were no incidences of fraud, bribery or corruption detected in the year 2023/24

and that a new Counter Fraud Framework is being put in place following the end of the arrangements with the Counter Fraud Service.

CONSULTATION

24. No specific stakeholder engagement was necessary in the preparation of this report as this forms a summary of the matters discussed at the Audit and Assurance Committee earlier in the meetings cycle.

RISKS

25. We have an averse risk appetite to governance matters. This report gives assurances to Council that the Committee is carrying out its remit.

IMPLICATIONS

Resourcing

26. There are no resource implications arising from this report.

Compliance

27. There are no compliance implications arising from this report.

IMPACT ASSESSMENT (IA)

28. An IA was not necessary as this report relates to internal governance matters.

CONCLUSION

29. This report, appendices and background minutes give assurances to Council that the Audit and Assurance Committee is carrying out its remit in accordance with the terms of reference contained in the Code of Corporate Governance, including approval of its Annual Report.
30. The Committee requests that Council takes assurance, following consideration of the documents, that the Committee has been presented with a fair view of the operational and financial performance and risk facing the SSSC.

Title of report	Assurance Report as of 31 March 2024
Summary/purpose of report	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> • assesses delivery of our strategy through the analysis of strategic performance indicators • highlights areas of concern • identifies corrective action required. <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
Recommendations	<p>Audit and Assurance Committee are asked to:</p> <ol style="list-style-type: none"> 1. endorse the direction of travel for the strategic measures 2. approve the risk register position
Author	Laura Shepherd, Director of Strategy and Performance
Responsible Officer	Maree Allison, Interim Chief Executive
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted - People who use services are protected by a regulated workforce that is fit to practise.</p> <p>Outcome 2: Skilled - Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident - Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued - The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to the Strategic Risk Register	Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.
Documents attached	<p>Appendix 1: Full 2023/24 Strategic Risk Register.</p> <p>Appendix 2: Assurance Map.</p>

ASSURANCE REPORT AS OF 31 MARCH 2024

AAC Meeting Version

30 April 2024

Agenda item: 05, Report no: 07/2024

Action: For Decision

EXECUTIVE SUMMARY

March 2024 SPI PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Actual YE	Actions & Comments
Finance	Available reserves (%)	1-4		2 to 2.5	5.4	+0.9	↓	Red	We are significantly above our top range target.
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	28.2	-2.8	↑	Red	Legislative change introduced by the Future Proofing Programme will reduce time to apply
2.2 Reg	SSSC will maintain the number of open fitness to practise cases at an acceptable level	1	1	2000	1826	+30	↓	Green	
	95% of our open cases will be less than three-years-old	1	1	95.0	95.9	+0.2	↓	Green	
2.3 WE&S	Increase the percentage of the registered workforce with the correct qualification (%)	2	2	52.5	52.3	-0.2	↓	Amber	
2.4 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	25	30.1	-0.2	↓	Green	
2.5 WE&S	Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)	2	2	80.0	78.6	-2.6	↓	Amber	Although monthly performance dipped, no problem with overall cumulative performance.
	Cumulative performance (%)	2	2	80.0	82.4	-	→	Green	

March 2024 KOI PERFORMANCE SUMMARY

KOI	KOI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
2.6	Delivery of key milestones across our joint initiatives and programme of work against national strategies	2, 3, 4		-	-	-		N/A	
3.1 KOI Reg	Registrant workforce numbers			N/A	174.6k	+0.3k	-	N/A	
3.2 KOI S&P	The percentage of the workforce feeling valued for the work they do	4		N/A	-	-	-	N/A	
4. Organisational Information	Programme Management Office	1-4	-	-	-	-	-	-	
5.1 HR	The overall percentage of staff who are absent from work (%)	1-4	6	<3.6	4.2	-0.4	↑	-	Performance continues to improve but we remain over our target.
5.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	13.4	-0.6	↑	-	

March 2024 SSSC STRATEGIC RISK REGISTER							
Risk No.	Strategic Risk Description	Outcome	Gross	Residual	V (+/-)	Owner	Rationale for change
1	We fail to ensure that our system of regulation meets the needs of people who use services and workers.	1	20	12	➔	DoR	
2	We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.	2, 3	16	12	➔	DoWES	
3	We fail to meet corporate governance, external scrutiny and legal obligations.	1	16	9	➔	DoR	
4	We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	9	➔	DoSP	
5	We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.	1, 2, 3	20	12	➔	DoWES	
6	The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.	1	20	16	➔	DoSP	
7	The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.	1, 2, 3, 4	20	2		CEO	Risk closed as of 31 March 2023
8	We fail to have the appropriate measures in place to protect against cyber security attacks	1, 2, 3, 4	20	12	➔	DoSP	
9	We do not have accommodation in place that meets our business requirements at an acceptable cost		16	2		DoFR	Risk closed as of 31st July 2023

New, Emerging, and Changed Strategic/Directorate Risks identified.

By exception.

1. CORPORATE FINANCIAL POSITION

1.1 Overview

This report contains projections for the financial year end of 31 March 2024. A summary of the budget for the year and more detailed information is included at Appendix A, table 1. We are projecting to end the year with available general reserves of £1,365k (5.35%). This is higher than the 2% (£510k) to 2.5% (£637k) target.

Available general reserves have increased by £208k from £1,157k reported in February because of two areas. The first reflects continuing savings in staff costs (£155k) and the other is lower spending in Digital Running cost (£45k). The staffing costs savings are due to adjustments to pension contributions at year end and release of further pay award provisions including CEO backdated awards. Main savings in Digital running costs are D365 Licences.

Year-End Summary

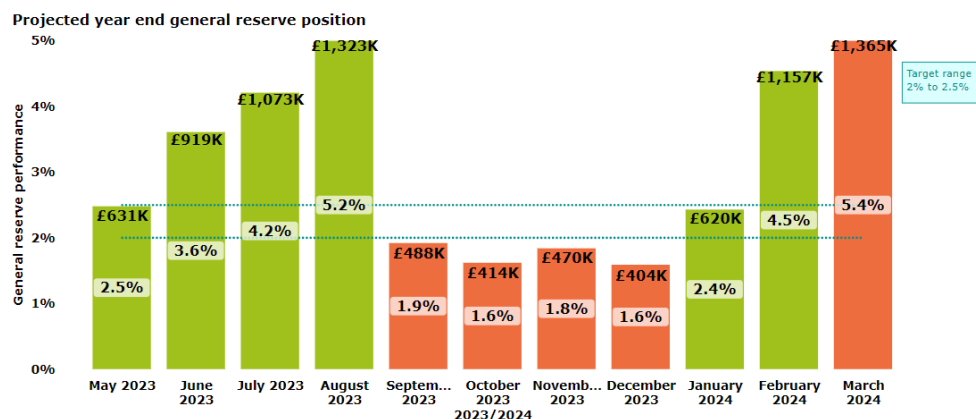
Increase in available general reverses in final quarter of year.

Available general reserves have increased during the final quarter of the year to £1,365k. The budget areas which have contributed to reserve levels are:

- Staffing - £447k (3% of a budget of £15m)
- Panel Members - £155k underspend (21% of a budget of £755k)
- Registration fee income - £111k overachievement of income (1.9% of a predicted £5.9m)

The reserve level is comparable to the Aug-23 projection of £1,323k. The projected reduction in Sep-23 was caused by provision for pay awards (£520k) and an anticipated overspend particularly in digital running costs (£190k).

1.2 General reserve



Much of the late recognition of staffing underspend in the latter part of 2023/24 is due to implementation of the pay award and pension adjustments. We expect more stability in the 2024/25 staffing budget as the pay award is pre-agreed. We have also increased vacancy management allocation from 3% to 4%.

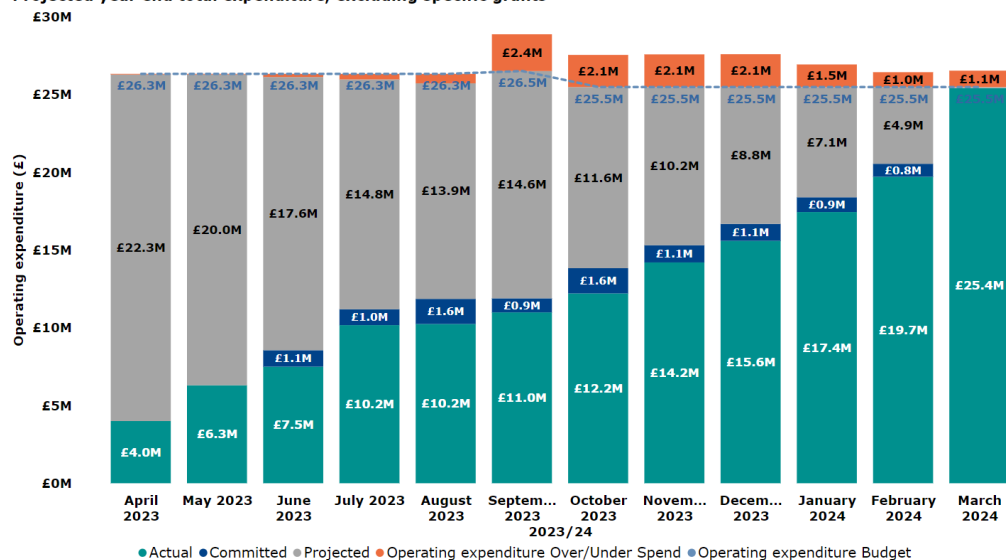
Panel Member allowances and training is a spend that varies year on year and is one of the more difficult spends to predict being demand led. The 2023/24 budget was based on actual spend in 2022/23.

Fee income is outwith our control however we expect that changes to how we receive payments as part of the Future Proofing Programme will enable improved monitoring.

Digital running costs have ended the year much closer to budget than expected at mid-year and show a small saving of £22k.

1.3 Total expenditure, excluding grants

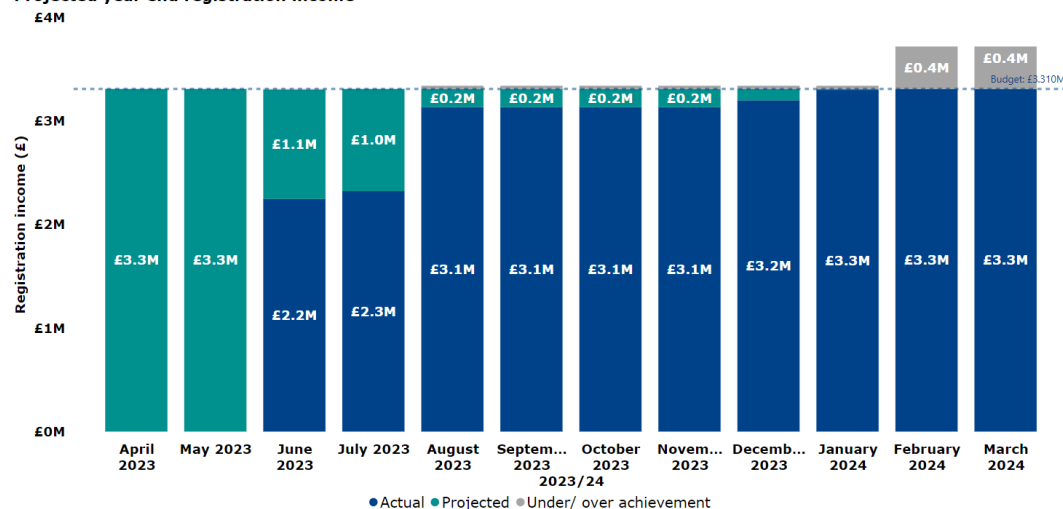
Projected year end total expenditure, excluding specific grants



We expect an overspend of £1,056k (as set out in our spending pressures) on our operating expenditure. Movements in the projection are detailed in Appendix A, table 3.

1.4 Registration fee income

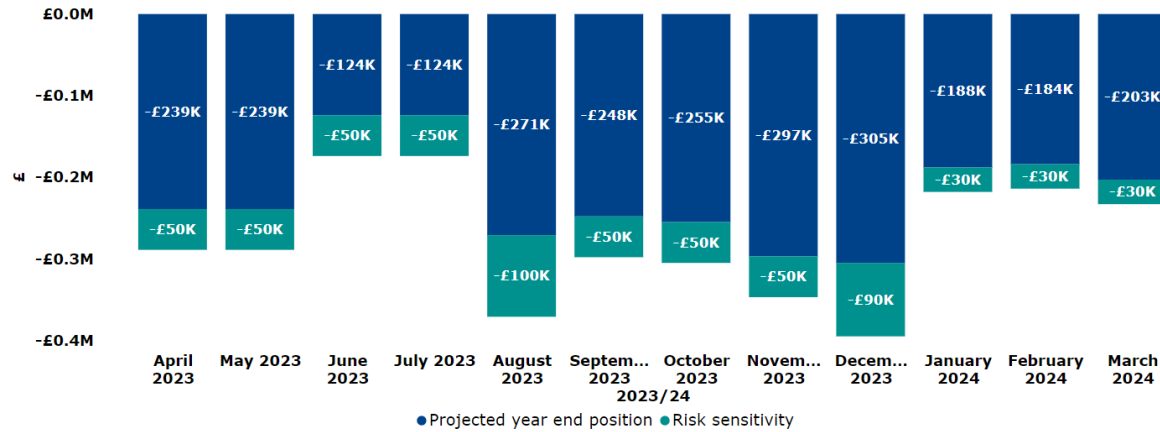
Projected year end registration income



We expect to receive £3.72m in registration fees during the year. We are currently expecting this to be £410k more than budget. The Local Authority Rebates due from Scottish Government to compensate for loss of income arising from agreement in August 2022 is £2.32m which is lower than budget by £269k. Total income from our registration process remains in line with previous years at £6m.

Risk area	Expected impact
Legal Issues	<ul style="list-style-type: none"> • If the panel members employment tribunal judgement requires us to pay increased holiday backpay it is estimated at up to £280k, likely payable over 23/24 and 24/25. The judgement was expected in December 2023 but is still awaited. • We included a contingent liability in the 2022/23 annual accounts regarding the potential increased holiday backpay of £280k. • We have included £62k in our projections to fund backdated pension contributions. We hope to have confirmation of the amounts paid by the end of quarter 1 of 2024/25. • We are still working on the expected costs relating to external assessors. • There are other legal issues that may crystallise in 2024/25.

Futureproofing Project costs



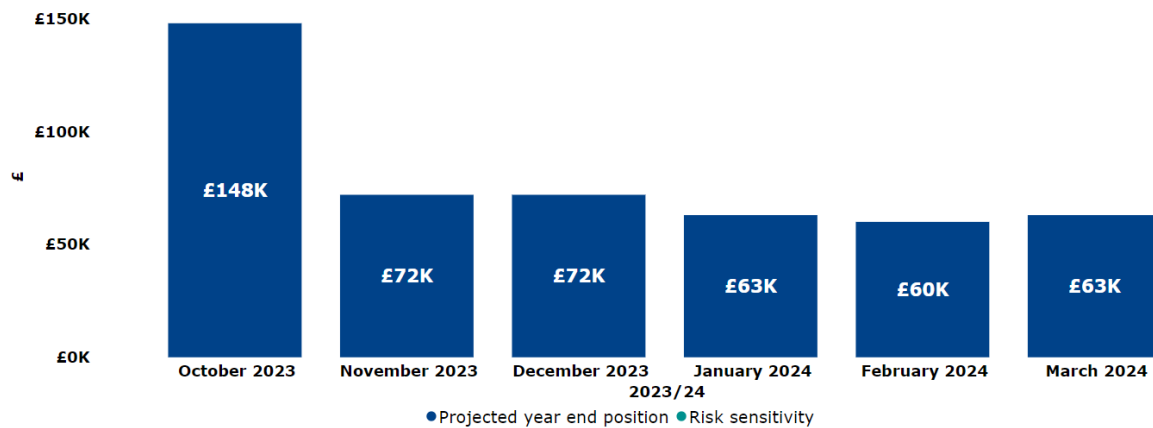
Future proofing project costs are projected to be £203k underspent at 31 March 2024. This is due to delays in filling posts and beginning digital work.

Risk sensitivity – There may be changes to the underspend figure due to end of year process however there are no major changes in costs predicted for the end of 2023/24.

Risk likelihood – There is a low risk of further underspend being identified at this stage.

Impact on performance – No additional impact identified for the year end position. Work continues in 2024/25.

Office refurbishment

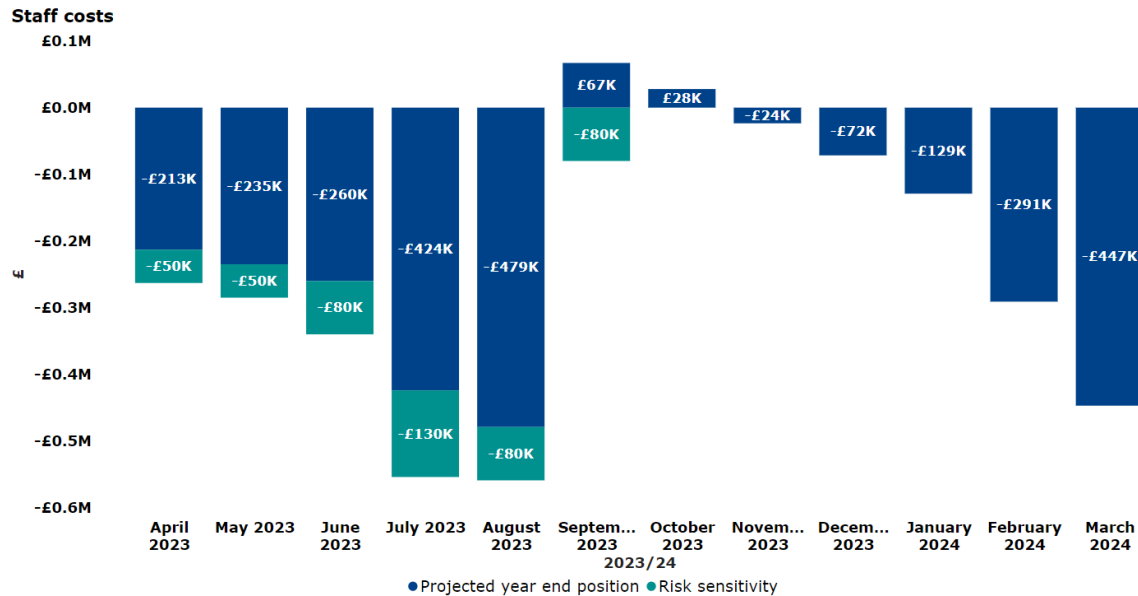


Office refurbishment costs are £63k more than budget as replacing the office carpet was not in the original plan.

Risk sensitivity – This projection is not expected to change.

Risk likelihood – n/a

Impact on performance – None expected.

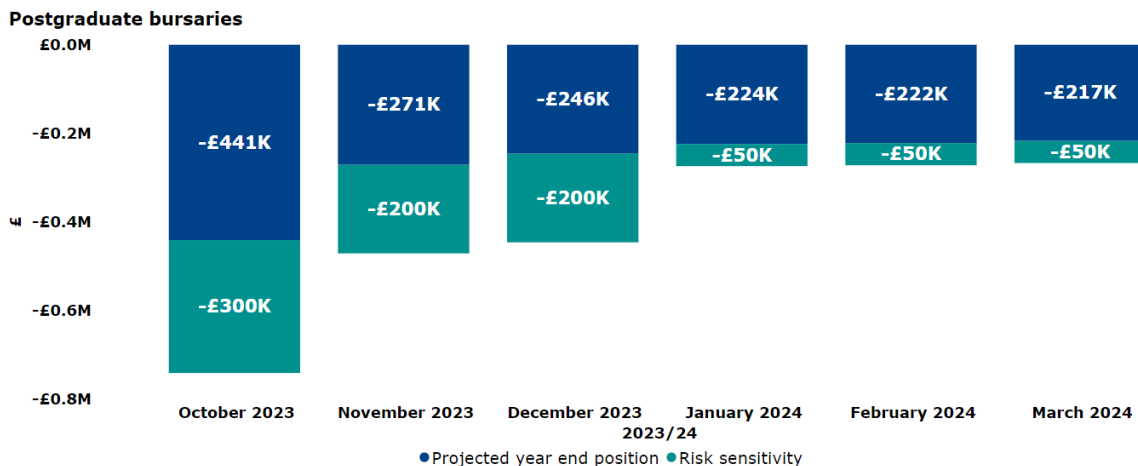


Staff costs (excluding Future Proofing Project)

after building in the proposed pay award into projections, staff costs are expected to be £447k underspent due to further post vacancy savings.

Risk likelihood – There is a low risk that this projection will change.

Impact on performance – None expected.

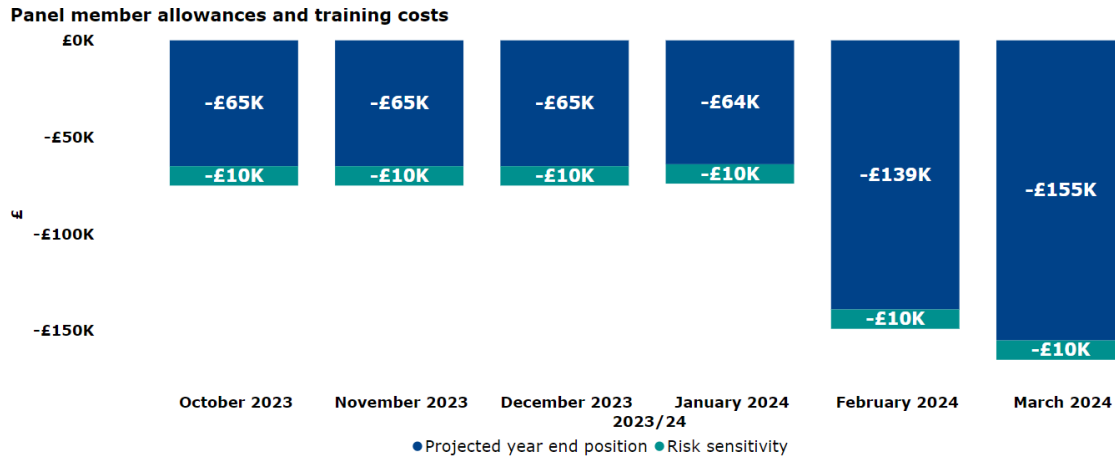


Postgraduate bursaries are means-tested allowances paid to social work students. We also pay students’ tuition fees to universities. We are seeing a reduction in the number of students being nominated this year, despite increasing the number of bursaries available and making most use of Hardship Funding. We are projecting total spending of £2,433k against funding of £2,655k and are requesting the carry forward in 24/25 of £222k to be spent within Postgraduate bursaries.

Risk sensitivity – This underspend could increase by a further £50k.

Risk likelihood – There is a medium to high risk that this underspend could increase given nominations and student eligibility are both out of SSSC’s control.

Impact on performance – No impact on our performance as we administer postgraduate bursaries on behalf of Scottish Government.



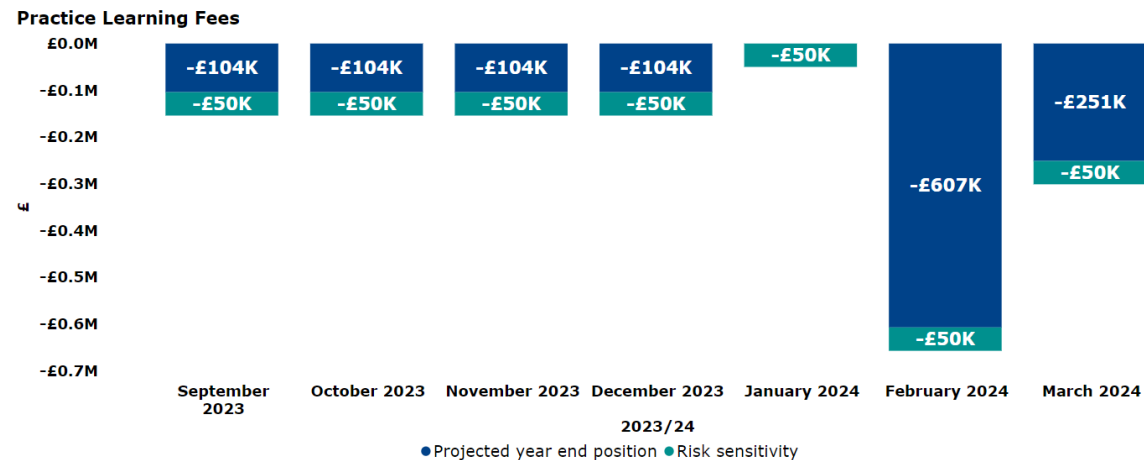
Panel member allowances and training costs are expected to be £155k underspent. We have included provision of £62k for additional panel member pension costs within this projection.

Risk sensitivity – This projection could reduce by a further £10k due to year end processes.

Risk likelihood – There is a low risk that this projection will change.

Impact on performance – None expected.

Impact on performance – None



Practice learning fees are paid to universities for practice learning opportunities for students. This budget overspent in 2022/23 by £104k. Scottish Government increased our budget by £1.5m for 2023/24 which means total funding of £3,852k. Our total spending and recovery for 23/24 for practice learning fees is £3,601k. We have confirmed the projected underspend of £251k will be carried forward to 24/25 to be used for practice learning fees.

Risk sensitivity – This projection is subject to the number of student placement days claimed by the HEIs and may increase the underspend by £50k.

Risk likelihood – n/a

Impact on performance – None

1.6 Funding and income

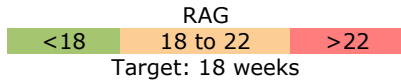
Funding and income	Budget £000	Drawdown /received £000	Projection 31 Mar 24 £000
Grant in aid	11,028	11,028	11,028
GIA - disbursements	5,007	5,007	5,007
GIA – pay uplift 22/23	0	300	300
Specific grants	1,011	739	739
Additional Practice Learning funding	0	1,500	1,500
Local Authority fees	2,593	2,324	2,324
Futureproofing project	343	343	343
Spending pressure	1,766	1,766	1,766
Total Scottish Government funding	21,748	23,007	23,007
Recognition arrangements grant (Westminster)	19	0	0
Total Government funding	21,767	23,007	23,007
Income			
Registration fees	3,310	3,720	3,720
Other income	385	446	446
Total funding and income	25,463	27,173	27,173

2. STRATEGIC PERFORMANCE INDICATORS

2.1 Regulation: Reduce the average time taken from a person starting their employment to being registered with the SSSC.

Assessment & Analysis

Time taken from employment to registration was 28.2 weeks in March 2024. Application to registration was 3.1 weeks, a reduction of 0.7 weeks from the previous month.

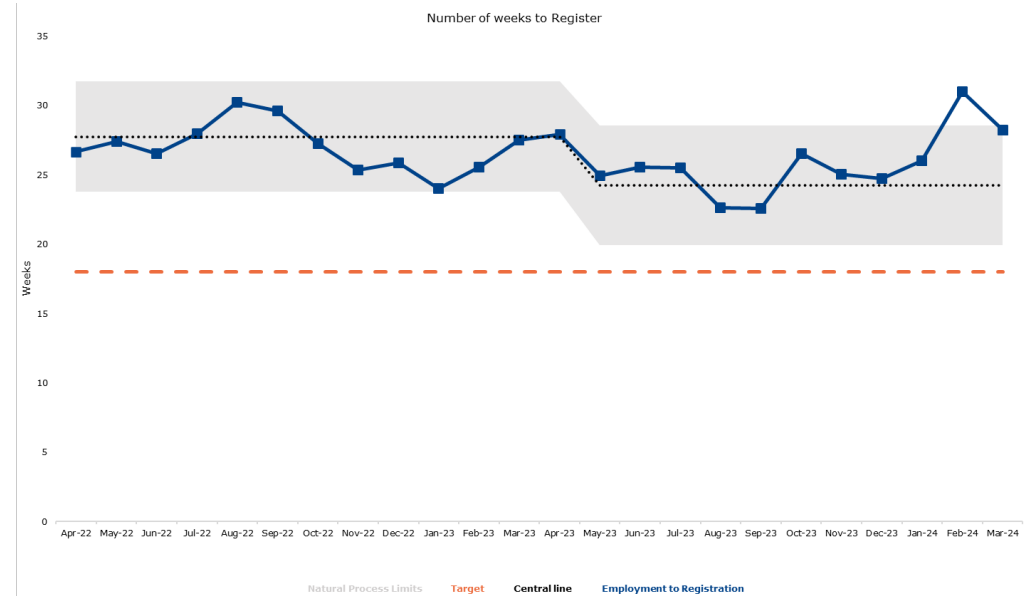


Actual and reforecast

Apr-23	27.9	55.1%
May-23	24.9	38.6%
Jun-23	25.5	41.8%
Jul-23	25.5	41.7%
Aug-23	22.6	25.6%
Sep-23	22.5	25.2%
Oct-23	26.5	47.4%
Nov-23	25.0	39.0%
Dec-23	24.7	37.2%
Jan-24	26.0	44.4%
Feb-24	31.0	72.3%
Mar-24	28.2	56.7%

Analysis of the data shows that a significant proportion of this data relates to people who have been registered but needed to reapply for registration after being removed for failing to either pay a fee or renew.

Current legislation allows people 6 months to gain registration so our ability to influence how quickly people apply is limited. Future proofing legislation will include a reduction in the time to apply for registration to three months, being the driving force to achieving this measure by the end of the next financial year.



Management Action

We will continue to refine our reporting requirements to make sure this data is as accurate as possible. We will continue to prioritise resources in order to decrease the time from application received to registered in the coming weeks. Future Proofing will be implemented from June 2024. Communication with employers and individuals will start well in advance of that to ensure that they are prepared for the need to apply for registration within 3 months.

2.2 Regulation: SSSC will maintain the number of open fitness to practise cases at an acceptable level; 95% of our open cases will be less than three-years-old.

Assessment & Analysis

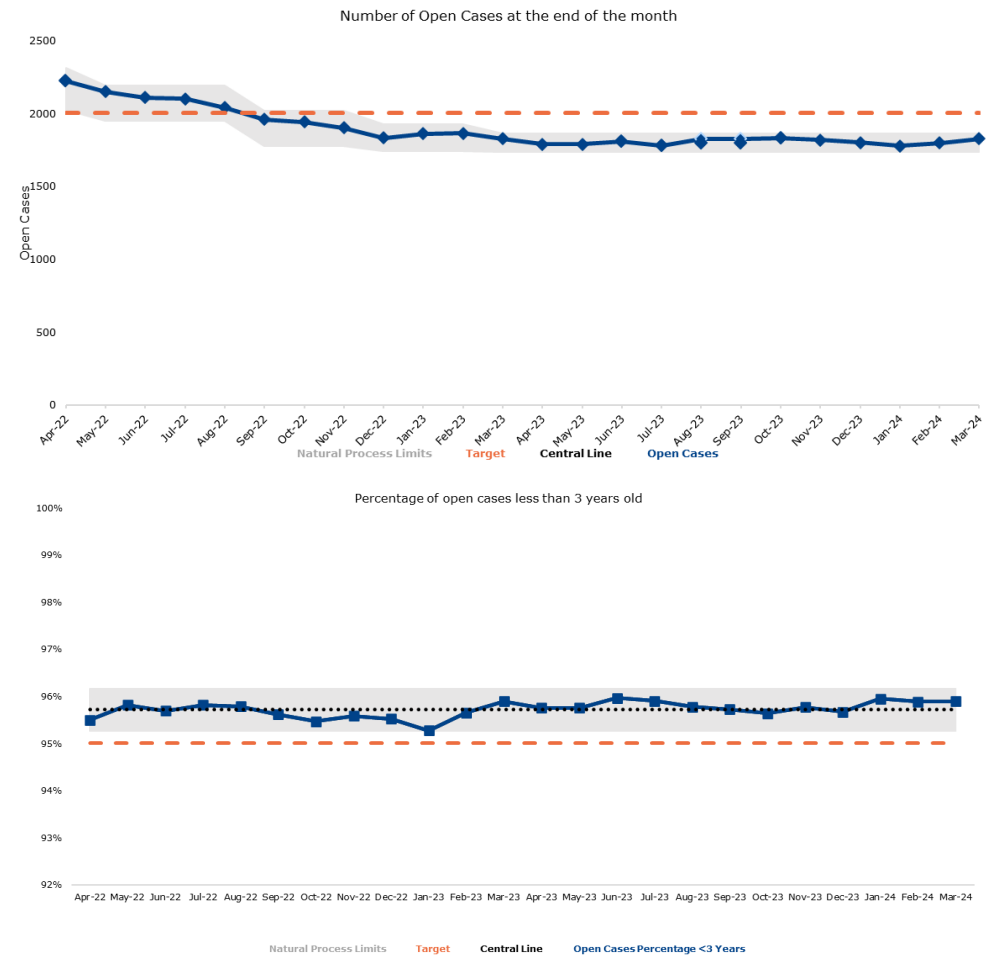
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. This analysis focuses on both number of cases open and how many of those are less than 3 years old.

RAG			RAG		
<0%	0% to 10%	>10%	>95%	90% to 95%	<90%
Target: 2000			Target: 95%		
Number of open fitness to practise cases at an acceptable level actual and reforecast			% of open cases less than 3 years old actual and reforecast		
Apr-23	1788	-11%	Apr-23	95.7	0.8%
May-23	1787	-11%	May-23	95.7	0.8%
Jun-23	1807	-10%	Jun-23	96.0	1.0%
Jul-23	1780	-11%	Jul-23	95.9	0.9%
Aug-23	1821	-9%	Aug-23	95.8	0.8%
Sep-23	1821	-9%	Sep-23	95.7	0.8%
Oct-23	1831	-8%	Oct-23	95.6	0.7%
Nov-23	1817	-9%	Nov-23	95.8	0.8%
Dec-23	1798	-10%	Dec-23	95.7	0.7%
Jan-24	1775	-11%	Jan-24	95.9	1.0%
Feb-24	1796	-10%	Feb-24	95.7	0.8%
Mar-24	1826	-9%	Mar-24	95.9	0.9%

Several factors affect the number of cases open and their age profile. Some are external, such as complexity of cases, proportion of cases affected by third party proceedings, the quality of information relating to a case and the proportion of member of the public complaints. Others are internal such as case to staff ratios, staff turnover, experience, capacity and performance.

Performance remains steady but is no longer improving at the rates predicted. Staff capacity is impacted by changes in process or systems, such as providing training and support to newer staff.

From March 2023 to October 2023 there was a slight downward trend in the number of open cases. We recalculated the central line at this point, and while between November and January that downward trend continued, there was a slight increase in February and March. At the end of March 2024, the number of open cases was 1,826. An increase of 30 from the previous month and an increase of 2 from March 2023. 95.9% (1,751) of open cases are less than 3 years old.

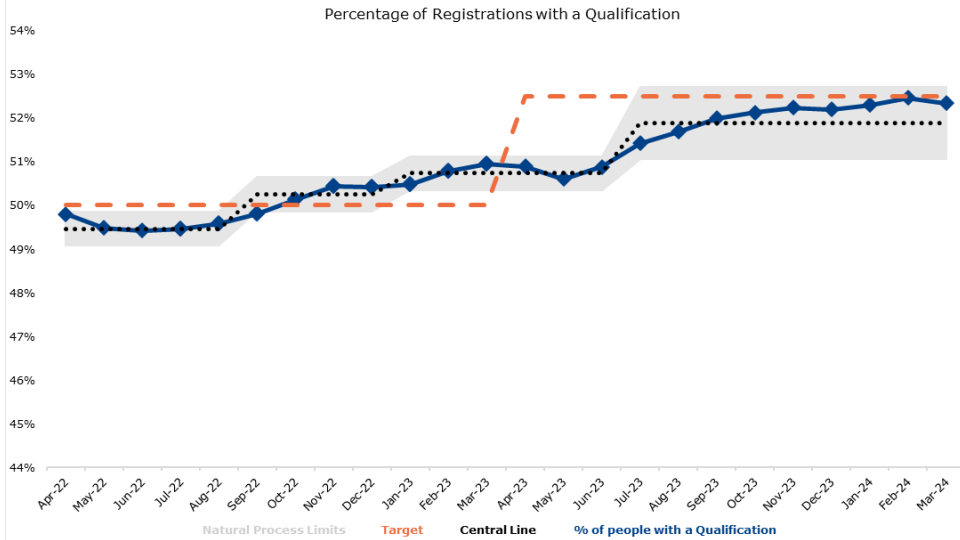


Management Action

2.3 Workforce Education and Standards: Increase the percentage of the registered workforce with the correct qualification.

Assessment & Analysis

RAG		
>52.5%	50% to 52.5%	<50%
Target: 52.5%		
Actual and Reforecast		
Apr-23	50.9	-3.1%
May-23	51.0	-3.6%
Jun-23	51.3	-3.1%
Jul-23	51.4	-2.1%
Aug-23	51.7	-1.6%
Sep-23	52.0	-1.0%
Oct-23	52.1	-0.7%
Nov-23	52.2	-0.5%
Dec-23	52.2	-0.6%
Jan-24	52.3	-0.4%
Feb-24	52.5	-0.1%
Mar-24	52.3	-0.3%

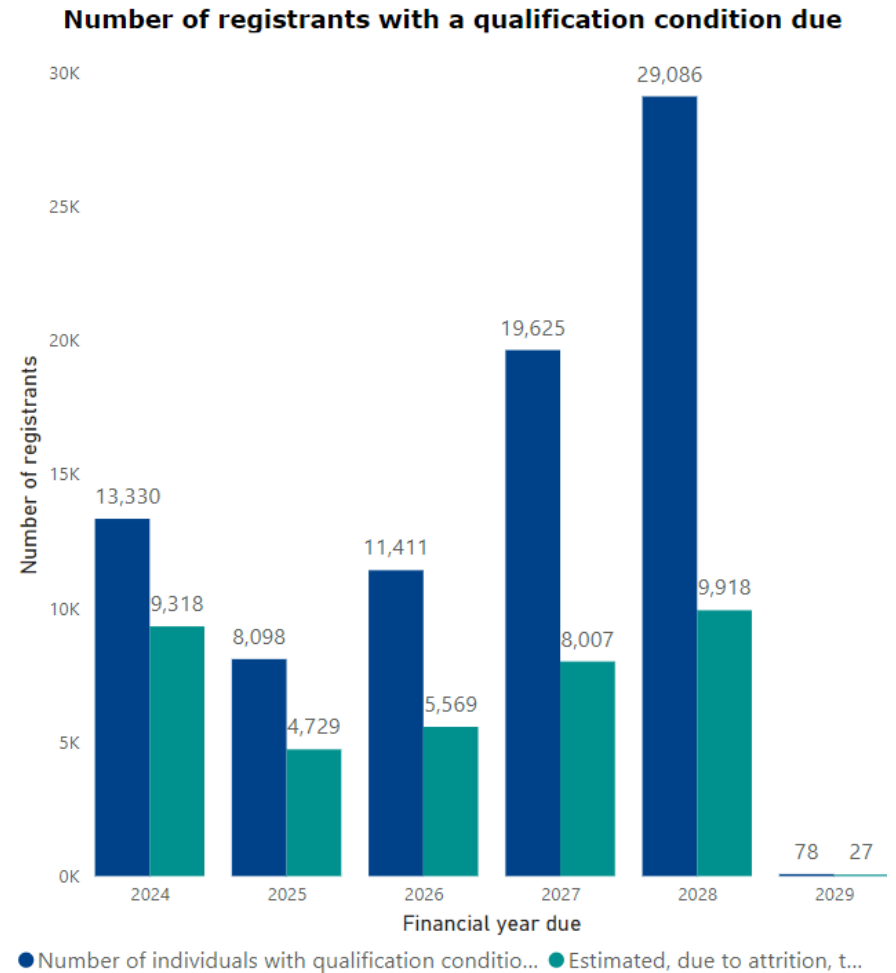


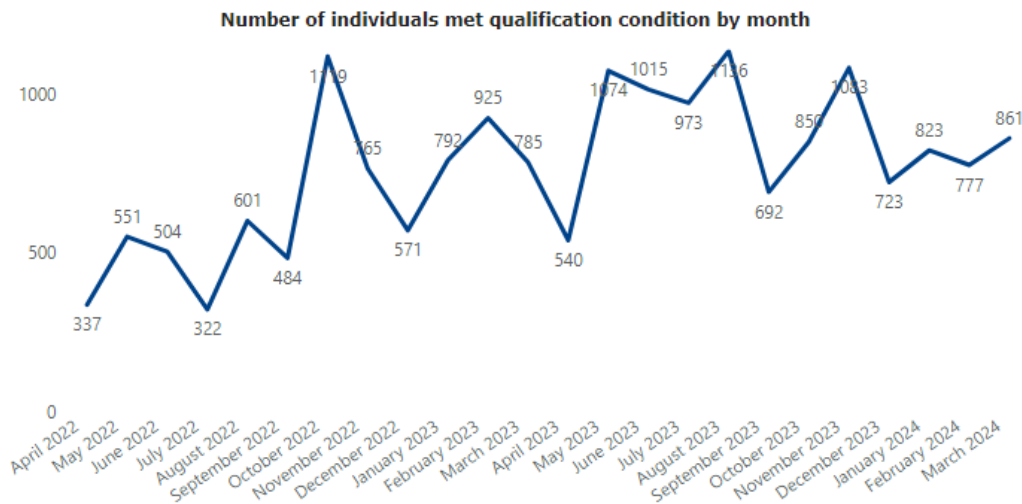
March 2024's performance was 52.3%. Overall numbers of individuals achieving a qualification condition is increasing.

However, the length of time an individual takes to satisfy a qualification condition is also increasing.

80,493 registrants have a qualification due in the next five years, we estimate that 39,464 will still be due after attrition.

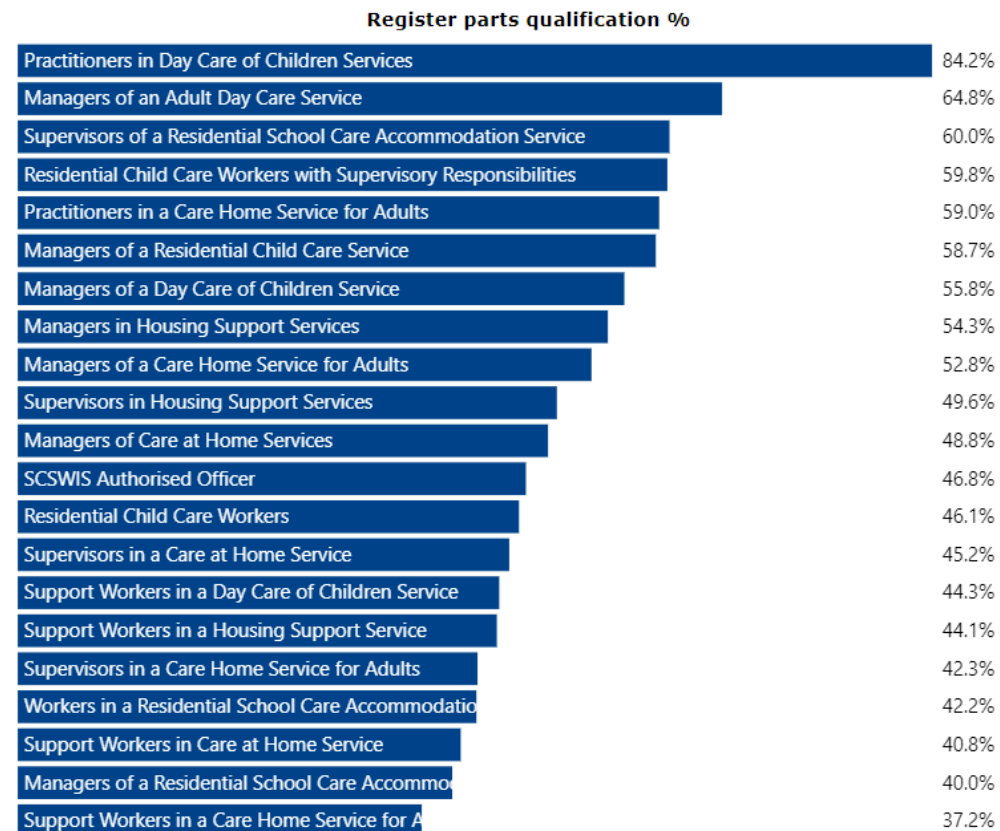
In the month of March 2024, 861 individuals met a qualification condition, up from 777 in February 2024 and up from 785 in March 2023.





We detail the breakdown of register parts with a qualification in the next graph.

Support workers in a care at home service, care home service for adults and housing support service represents the three largest groups of individuals needing to satisfy a qualification condition on their registration. They are also the register parts with the lowest proportion of individuals with qualifications.



Management Action

Council approved the “Register for the Future” consultation proposals including more flexibility in the qualifications we accept for registration, and reducing the timescales given to obtain the relevant qualification for registration. These changes will be implemented from 3 June 2024 and will help increase the qualified status of the workforce.

We are working in partnership with Skills Development Scotland, Scottish Government, and NES to develop a skills response plan for Adult Social Care. Registrants working in Adult Social Care are

currently the largest and least qualified registered groups however they are also the newest groups to join the register.

Barriers to gaining qualifications including access to funding, the number of external assessors, and time in work to complete have been discussed at the Joint Social Services Ministerial Taskforce. Priority actions have been agreed by that group including workstreams looking at funding, MA allocation for health and social care, revising the National Induction Framework including development of a passport to ensure portability, and work to promote the diverse range of career pathways in a more accessible way.

This year's VSDF funding priority was given to applications from care at home and housing support services who have staff requiring to complete qualifications at either SCQF level 6 or 7; Payments were made in March 2024.

A detailed paper of the qualified status of the registered workforce will go to Council in May 2024.

2.4 Workforce Education and Standards: Increase the percentage of the workforce using our learning resources to achieve Continuous Professional Learning.

Assessment & Analysis

This measure looks at active users who access our CPL products as well as number of badges completed each month. The calculation for monthly performance comes from:

- the number of applications for badges in a month, minus the number which were returned and not resubmitted or revoked
- number of leadership capability 360 feedback tool accounts
- number of learner accounts minus the number identified as dormant accounts
- number of MyLearning App users in the prior 30 days.

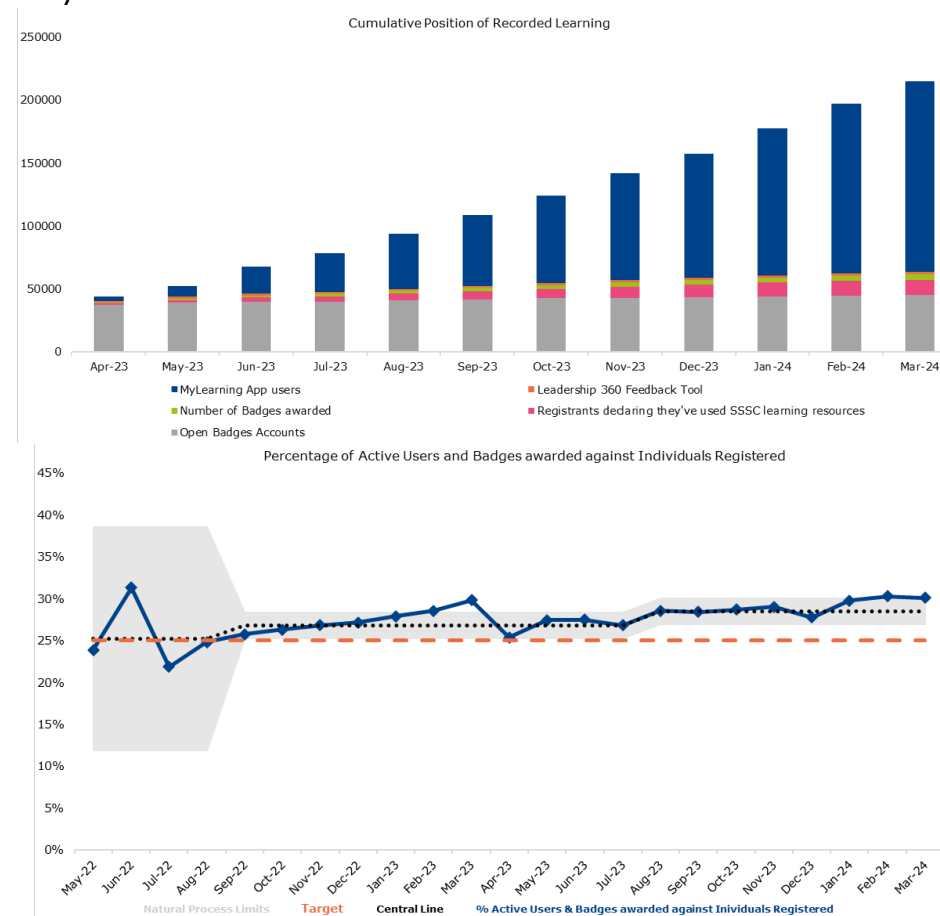
These are all combined and divided by the number of unique individuals on the register for that month.

RAG		
>25%	20% to 25%	<20%
Target: 25%		
Apr-23	25.4%	1.4%
May-23	27.4%	9.7%
Jun-23	27.5%	9.8%
Jul-23	26.8%	7.2%
Aug-23	28.5%	14.1%
Sep-23	28.4%	13.7%
Oct-23	28.7%	14.8%
Nov-23	29.0%	16.0%
Dec-23	27.7%	11.0%
Jan-24	29.7%	19.0%
Feb-24	30.3%	21.2%
Mar-24	30.1%	20.3%

Performance has decreased from 30.3% to 30.1%. Overall performance has decreased by 0.2% compared to last month. This is due to a decrease of 918 from February 2024 in the number of MyLearning app users.

Although the number of MyLearning app users has decreased over the last month, the number of Open Badges logged has increased. There were 4,700 badges logged in March 2024 compared to 4,303 in February 2024. 46 individuals out of 106 (43.4%) who applied for renewal in March 2024 indicated they had used SSSC learning resources.

We currently have 45,082 active SSSC Open Badges user accounts and saw 5,164 users of the MyLearning app in the prior 30 days.



Management Action

2.5 Workforce Education and Standards: Percentage of those reporting positively that our development activity is delivering the support required by the workforce.

Assessment & Analysis

This indicator reflects the feedback from people who have been using SSSC learning to support their continuous professional development. This calculation uses survey information from:

- the users of learning resources including Step into Leadership and open badges
- registrants who have recently renewed or completed a qualification
- surveys across our corporate website and our learning zone
- post-event feedback

RAG		
>80%	70% to 80%	<70%
Target: 80%		

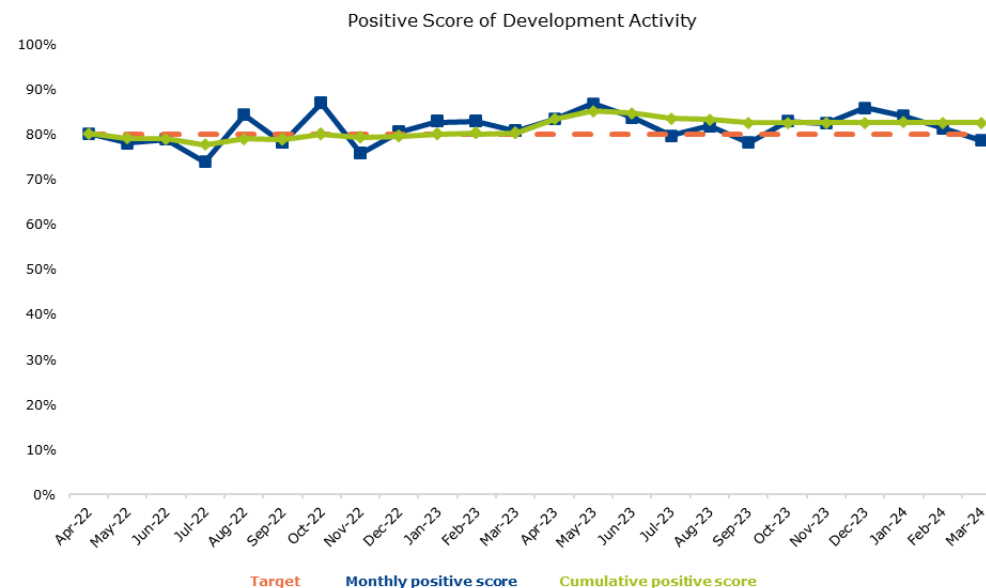
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Monthly Performance Actual and Reforecast	Actual	RAG
Apr-23	83.3	4.1%
May-23	86.8	8.4%
Jun-23	83.7	4.6%
Jul-23	79.6	-0.4%
Aug-23	81.7	2.1%
Sep-23	77.7	-2.8%
Oct-23	83.6	4.5%
Nov-23	83.3	3.1%
Dec-23	85.7	7.1%
Jan-24	83.9	4.9%
Feb-24	81.2	1.5%
Mar-24	78.6	-1.8%

Cumulative Performance actual and Reforecast	Actual	RAG
Apr-23	83.3%	4.1%
May-23	85.1%	6.3%
Jun-23	84.6%	5.8%
Jul-23	83.4%	4.3%
Aug-23	83.1%	3.9%
Sep-23	82.3%	2.9%
Oct-23	82.4%	3.0%
Nov-23	82.4%	3.0%
Dec-23	82.4%	3.0%
Jan-24	82.6%	3.2%
Feb-24	82.4%	3.1%
Mar-24	82.4%	3.0%

From the above resources we received 14 responses, compared to last month's 229. The decrease is due to renewal emails being stopped for Future Proofing, most responses are received through

a link within this email. It is expected the number of responses will remain at this rate until Future Proofing is implemented.



Management Action

2.6 Delivery of key milestones across our joint initiatives and programme of work against national strategies. Agreed with key stakeholders.

Joint initiative or Programme	Strategic Actions	Milestones achieved against target and RAG	Assessment & Analysis	Management action	Link to strategy
Future Proofing Programme	Delivery of key milestones of the Future Proofing Programme implementation plan.		<p>All on track for go-live dates for the structure of the Register and the qualifications/skills projects of 3 June 2024.</p> <p>Scottish Government have signed off final Codes of Practice. These will be in effect from 1 May 2024 and we have provided employers with early sight of the revised Codes in advance of that date.</p>	<p>Ongoing review and refinement of implementation plan and associated communications plan.</p> <p>Continued discussions with SG sponsor to progress legislative and Rules changes. Two of three SSIs are now in place and the third is in its final stages. Amendments to the Rules are progressing.</p> <p>Fortnightly meetings taking place between programme sponsor, SRO and programme manager with OCSWA in advance of go-live.</p> <p>Third external assurance review to take place w/c 22 April 2024. Thereafter two internal audits scheduled for w/c 29 April 2024 – one to focus on the financial system changes and controls and the other on FPP as a whole.</p>	Trusted
The Promise - Change Programme One	Review the SSSC codes of practice to reflect the promise and the UNCRC. That review will be		The review of the Codes sits within our Future Proofing Programme (see above).	The Codes have been approved by the Minister. The new Codes will come into effect on 1 May 2024,	Skilled

	driven by a human rights-based approach.		<p>Go-live remains on track for 1 May 2024.</p> <p>Codes final drafts received ministerial approval. Project team are taking a co-design approach with the Promise to develop child-friendly resource to support understanding and implementation of the Codes. This will involve exploring options with children and young people and is expected to be complete in late 2024.</p>	with a ministerial launch to be held at an early years' service on 7 May 2024.	
	Lead the refresh of the Common Core of Skills, Knowledge & Understanding and Values for the "Children's Workforce" in Scotland		<p>Once the work on the refresh is complete responsibility for implementation will sit with the Keeping the Promise team in Scottish Government.</p> <p>Final product will require approval from the Children's National Leadership Group and will be subject to ministerial sign off.</p>	<p>Although there has been a delay with the delivery of this work, continued progression of key milestones via core groups:</p> <ul style="list-style-type: none"> • Sense checks revised content with Workforce Development Sub-Group in March/April • Survey stakeholders in April • Children and Families Leadership Group for signoff in May/June • Ministerial sign off in June (subject to timings and parliamentary recess may be pushed out to September) 	Skilled
A strategic framework for Scotland's Early Learning and Childcare, School Aged	Streamline partner (CI, ES, SG and SSSC) CPL learning and resources into a national professional learning platform available via a		<p>Work complete. Portal live and being accessed by learners.</p> <p>SSSC to continue to host, maintain and develop the portal.</p>		Skilled

Childcare and Childminding Services Profession	single point of access that promotes recorded completion of CPL and recognises different learning methods and styles.				
	Ensure flexibility of qualifications for registration and a new system of continuous professional learning is fit for purpose and supports practitioners while protecting service users.		<p>Publication of the framework has been postponed by Scottish Government</p> <p>CPL work is part of FPP workstreams and continues to progress and is on track. Final model approved by FPP sponsor group on 5 February 2024.</p>	<p>Development of website continues and is on track. Council session on 25 March 2024 included site demonstration.</p> <p>The wider acceptability of qualifications comes into effect 3 June 2024.</p>	Skilled
	Undertake, with partners, a review of the National Occupational Standards (NOS) by 2025		<p>Publication of the framework has been postponed by Scottish Government.</p> <p>Workplan for scoping year 2023-24 was approved by Alliance Governance group on 13 September 2023.</p>	<p>Work continuing on finalising engagement plans with UK partners (Part A).</p> <p>Part A plans to be submitted to SQA Accreditation by the end of May 2024.</p> <p>Funding to be agreed with NOS governance Group and UK panel. Awaiting confirmation of funding from SQA Accreditation.</p>	Skilled
Adult Social Care Skills Response Plan	Actions TBC		Research finalised.	Planning workshop with key partners took place February 2024, action plan being developed.	Skilled
Scotland's Digital Health and Care Strategy:	Work with partners to ensure that appropriate processes, networks, and channels are in place to facilitate and		<p>On track.</p> <p>Digital Capability research published on the SSSC data</p>		Skilled

Talent and Culture	support the sharing of good practice relating to digital technologies and digital skills.		website and being used to inform activity in 2024/25. Cyber projects complete.		
Mental Health and Wellbeing Workforce Strategy and Action Plan	Provide support to increase the number of Mental Health Officers in Scotland e.g. working with Scottish Government to disburse funding for MHO training, working with training providers to ensure that the Mental Health Officer Award continues to be approved and meets the needs of students and the sector.		On track/24	Workforce action plan published in November 2023. We await details of a new governance structure being set up to monitor progress of the action plan. This is being developed by the Scottish Government and COSLA.	Confident
National Health and Social Care Workforce Strategy	Support Scottish Government and partners to develop a pilot Graduate Apprenticeship scheme to improve career pathways for Social Care staff into social work.		On track- GA application approved by Skills Development Scotland. Funding agreed by OCSWA.	Timeline for GA development to be agreed with SDS and OCSWA.	Skilled
	Develop, in partnership with stakeholders, a mandatory supported year for newly qualified social workers which will provide an effective transition from professional qualification		On track – model developed and approved, grant funding agreed for continuation of existing Early Implementation Sites and to support further sites. Qualitative research with participants in early implementation sites and current levels of social work L&D	NQSW Implementation subgroup of SWEP established. Implementation plan being developed to support go live – 1 October 2024. CPL requirements for NQSW agreed at FPP Sponsor group 5 February 2024. New CPL requirements will be	Skilled

	to employment (Mandatory roll out Oct 2024).		support within LAs sites complete.	mandatory for any NQSW registering from 3 June 2024.	
	Work with partners to improve and enhance the quality and provision of workforce data.		<p>On track.</p> <p>The provision of data to support workforce planning and development being incorporated into specific national workforce action plans.</p> <p>SSSC Data and Intelligence Strategy Delivery Plan supports this work, including improved use of both the registration and workforce data sets.</p>	Continue to engage with national partners, groups, and Scottish Government to refine data provision and quality.	Confident
	Support the development of trauma responsive social work services		Action plan commitments in progress and on track.	<p>Work continues with OCSWA to support reflective practice/supervision development for social workers, aligned to trauma learning. Survey to be sent to social workers in early summer 2024 to support this work.</p> <p>Trauma included as mandatory requirement in new model for CPL and is a requirement for all workers from 3 June 2024.</p>	Confident
	Work with partners to develop induction resources including infection prevention and control.		<p>Complete.</p> <p>The national induction framework for adult social care was published in 2022.</p>		Confident

			<p>Development of the framework, including a review and revision of existing content and development of a national, portable onboarding passport for workers, is planned with NES for 2024/25.</p> <p>National Induction Framework resources included in new CPL 'new into role' pathway.</p> <p>In partnership with NES and HIS, the Preventing Infection in Social Care Settings app has been updated and promoted. Content continues to be updated.</p>		
	<p>Support implementation of the Health and Care Staffing (Scotland) Act 2019</p>		<p>On track. The SSSC co-chairs the learning and development group with the Care Inspectorate. We are working with partners to develop learning for the social services workforce to support implementation.</p>	<p>Continue to respond to feedback from stakeholders about existing learning resources not being as relevant as required for social services. Working with partners to finalise and support the development of further learning resources to support implementation of the legislation and review/revise the content of existing resources as relevant.</p> <p>Need to agree with the CI how to support related learning and development in 2024/25 as their role and funding will change slightly.</p>	<p>Valued</p>

	Support the Fair Work in Social Care Group's work in respect of effective voice and terms and conditions throughout social care.		On track.	Continue to support.	Valued
Improving Wellbeing and Workforce Cultures Action Plan	Promoting and supporting development of the Leading to Change leadership development programme.		Specific actions for social care and social work agreed for 2023/24 and have been incorporated into the joint SSSC/NES partnership work plan. Have engaged with the strategic group for this work to agree priorities for 2024/25.	National action plan for 2024/25 will be published in summer 2024. Continue to engage with the social care and social work subgroup to plan activity in the meantime. Considering what development activity the SSSC specifically can lead. Awaiting confirmation of priorities for 2024/25.	Confident
	Promoting and supporting development of wellbeing offers for the workforce		On track. Continue to engage with the national Workforce Wellbeing Champions network, promote resources, and share good practice.	National action plan for 2024/25 will be published in summer 2024.	Confident
National Improvement Programme for Adult Social Care and Community Health	Work with partners to increase the capability and capacity of the workforce in respect of quality improvement.		On track.	Supporting National Learning and Improvement Framework development, publication date to be confirmed. Supporting design of the discovery and testing phases of the Framework. Supporting NES to review their QI learning and learning blueprint for the next three years.	Confident

				<p>Funding agreed for places on ScIL programme for social work for 2024/25.</p> <p>Care Experience Improvement Model Leaders Programme, which the SSSC has supported, now developed and applications open to the sector.</p>	
<p>Drug Deaths Taskforce Report (Changing Lives): Workforce action plan for the drug and alcohol sector to ensure the workforce is supported, well-trained and well-resourced</p>	<p>Plan to be finalised and actions agreed</p>		<p>On track. Action plan now published by the Scottish Government.</p>	<p>The action plan does not mention specific organisations as contributing to the action although the SSSC will contribute to several including those relating to workforce data and mapping, promotion, and development of training opportunities, supporting delivery of a national platform to host learning resources, supporting the development of competencies for workers, supporting workforce wellbeing, and supporting the development of career pathways.</p>	<p>Confident</p>
<p>“Target 2030” A movement for people, planet and prosperity: Scotland’s Learning for Sustainability (LfS) Action Plan 2023-2030</p>	<p>Work with Scottish Government, SQA and other relevant partners to ensure LfS is better embedded in all benchmark qualifications in routes to early learning and childcare and in the standards for same, including exploring LfS in the SSSC Codes of Practice.</p>		<p>Scoping work to commence in 2023 but most activity will not commence until April 2024 and will continue up to the plan’s conclusion.</p>	<p>LfS resources included in CPL digital resource.</p> <p>NOS Planning workshop with UK partners took place 11 December 2023. Further session planned for March 2024 to finalise engagement plans (Part A) Part A plans to be submitted to SQA Accreditation Q1 2024/5.</p> <p>Funding to be agreed with NOS governance Group and UK panel.</p>	<p>Skilled</p>

3. KEY OPERATIONAL INDICATORS

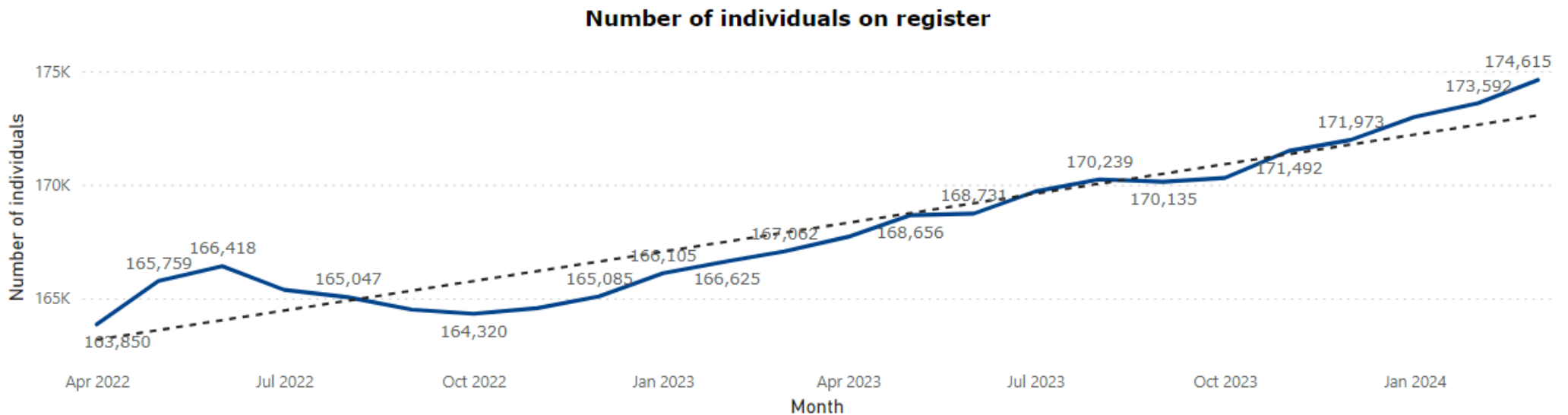
3.1 Regulation: Registrant workforce numbers

Key Operational Indicators (KOIs) are measures the SSSC aims to influence by its work but may have limited control over.

We will analyse the overall number of individuals registered with the SSSC and the trends associated with this. Although not fully reflective of the overall workforce this will give us some indication of trends that might be happening in the wider workforce.

We will focus on data from April 2021 which accurately reflects our register after SSSC change certain policies linked to the start of the COVID-19 pandemic.

Overall the number of individuals on our register continues to increase and is trending upwards. In May 2021 there were approximately 162,394 people on the register, that figure currently stands at over 174,000 although we are still working on the accuracy of the current figure due to the change to the way local authority workers' fees are paid and whether this is artificially inflating the register.

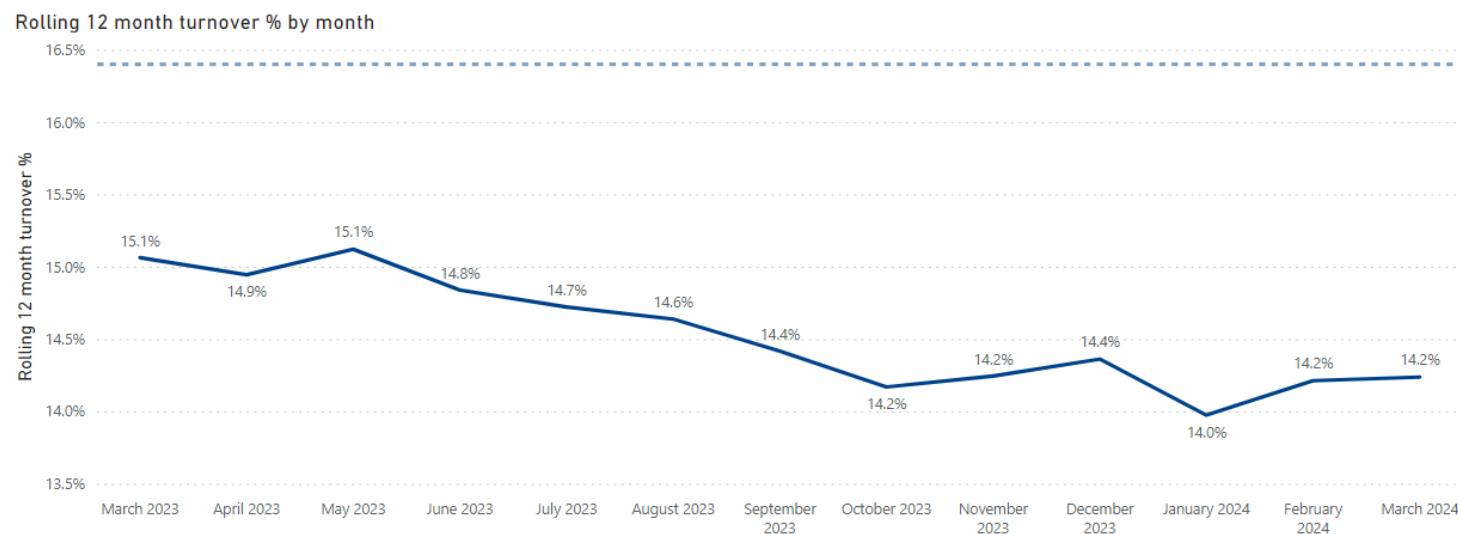


3.2 Strategy and Performance: The percentage of the workforce feeling valued for the work they do.

We will collate this information from a number of internal and external data sources. We also propose to have turnover of registrant workers as part of the analysis on this KOI. This will be done under the assumption that a workforce feeling valued for the work they do will remain within the sector.

This measure considers turnover of staff in the sector. The below is the turnover for the last two financial years plus year to date for 2023, the business intelligence team have improved this calculation, it now only includes individuals who have left the register and currently haven't returned:

- 2021/2022 – 17.0% - turnover in all sectors was 9.6% in 2021
- 2022/2023 – 15.2% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 14.2% - current rolling position is 14.2%



Region of Care Service	Turnover previous 12 months %
Perth and Kinross	16.6%
Highland	16.2%
Aberdeen City	16.0%
Dundee City	15.8%
Scottish Borders	15.7%
Dumfries and Galloway	15.5%
City of Edinburgh	15.3%
Moray	15.2%
Clackmannanshire	15.1%
South Lanarkshire	14.9%
Angus	14.6%
Fife	14.3%
East Lothian	14.2%
Stirling	14.2%
East Dunbartonshire	14.2%
Inverclyde	14.1%
West Lothian	13.9%
Aberdeenshire	13.8%
South Ayrshire	13.8%
Glasgow City	13.1%
Midlothian	13.0%
Falkirk	13.0%
Argyll and Bute	12.8%
East Renfrewshire	12.5%
Renfrewshire	12.1%
North Ayrshire	12.0%
North Lanarkshire	11.8%
West Dunbartonshire	10.8%
East Ayrshire	10.6%
Eilean Siar	9.3%
Orkney Islands	7.8%
Shetland Islands	5.1%
Total	14.2%

4. ORGANISATION INFORMATION

4.1 Programme Management Office

Overall Summary: Programmes

Programme	Project Sponsor	Phase	Budget RAG	Risk/ Issues RAG	Stakeholder Buy In RAG	Timescale RAG	Overall RAG	Approval and Monitoring	Key Milestone	Comment
Digital Programme	DoSP	Deployment	Green	Green	Green	Green	Green	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.		Risks and issues:
Future proofing digital changes	DoSP	Implement	Green	Amber	Green	Green	Amber	Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.		Risks and issues:
Future-Proofing Programme	CE	Deployment	Green	Amber	Green	Green	Amber	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	First two SSIs (of three) laid before parliament.	Risks and issues: Timescales for legislative change remain out with our control, which has resulted in go live moving to 3 rd of June 2024. Uncertainty around amendments to telephone payment system.

5. HUMAN RESOURCES PERFORMANCE

5.1 HR: The overall percentage of staff who are absent from work.

Assessment & Analysis

This metric combines all types of absence across the SSSC to give an overall metric. The assessment focuses on areas of concern or risk by looking at sickness absence by directorate/team and identifying any emerging reasons that could cause additional staff absence in the future.

RAG		
<3.6%	3.6% to 4.6%	>4.6%
Target: 3.6%		
Apr-23	4.5%	25.0%
May-23	4.8%	33.3%
Jun-23	4.4%	22.2%
Jul-23	4.9%	36.1%
Aug-23	6.3%	75.0%
Sep-23	6.4%	77.8%
Oct-23	6.2%	72.2%
Nov-23	6.3%	75.0%
Dec-23	6.5%	80.6%
Jan-24	5.4%	50.0%
Feb-24	4.6%	27.8%
Mar-24	4.2%	16.7%

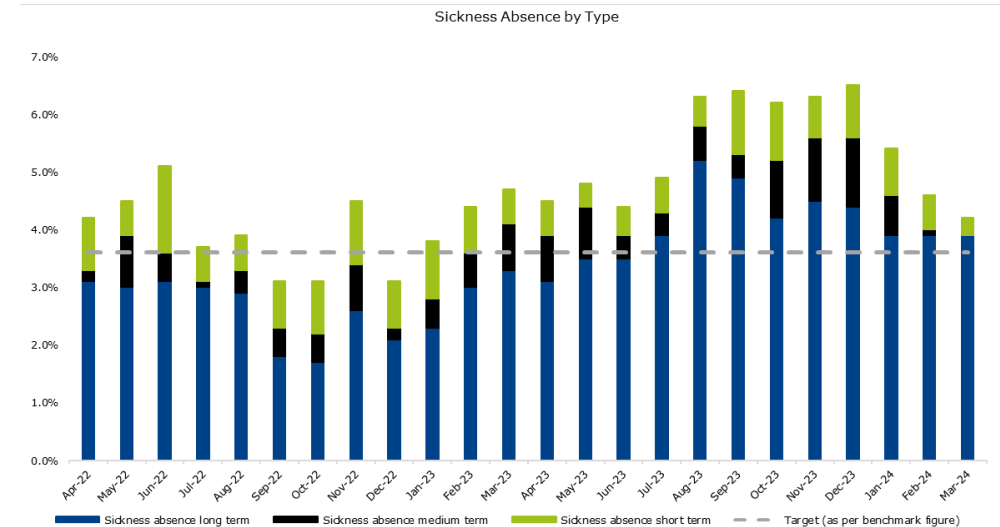
Definitions: Short-term absence is up to a week. Medium-term absence is between 8 and 27 calendar days. Long-term absence is a period of four weeks or more. There has been a reduction in absence levels.

14 employees were off on long term sick in March 2024. These were in six different absence categories and do not present any trend in terms of reasons for absence.

In March 2024 SSSC lost 261 days to sickness (4.2% of capacity).

We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	0	0.0%
Regulation	FtP	107	5.7%
Regulation	RIH	25	7.1%
Regulation	Registration	55	3.8%
WE&S	E&S	20	3.5%
WE&S	WP&P	0	0.0%
S&P	Comms & Policy	12	4.1%
S&P	P&I	21	6.9%
S&P	Digital Services	0	0.0%
F&R	LCG	21	14.8%
F&R	HR	0	0.0%
F&R	Finance	0	0.0%
F&R	OD	0	0.0%



Management Action

We continue to assist managers with staff absence, holding absence review meetings, supporting Occupational Health referrals and return to work discussions. There are some ongoing complex cases that we are working with that will take time to resolve.

The maximising attendance policy has been revised and was approved at November 2023 Council and will be implemented from 1 April 2024. Managing attendance and managing performance training for managers took place in March 2024.

5.2 HR: The overall staff turnover percentage.

Assessment & Analysis

This metric looks at the average staff turnover for the SSSC. The assessment focuses on any areas of concern or risk by looking at staff turnover in certain directorates/team. We will identify any emerging reasons that could cause more staff turnover within an area.

RAG		
<16.2%	16.2% to 17.2%	>17.2%
Target: 16.2%		
Apr-23	15.9%	-2.0%
May-23	15.3%	-5.7%
Jun-23	15.1%	-6.8%
Jul-23	13.6%	-16.0%
Aug-23	13.7%	-15.4%
Sep-23	12.9%	-20.4%
Oct-23	13.1%	-19.1%
Nov-23	13.2%	-18.5%
Dec-23	13.8%	-14.8%
Jan-24	14.2%	-12.3%
Feb-24	14.0%	-13.6%
Mar-24	13.4%	-17.3%

In March we had three leavers, one in FtP, one in Registration and one in Education and Standards, the overall rolling turnover was approximately 13.4%.

Directorate	Department	Leavers	Headcount	12-month turnover %
EMT & Support	EMT & Support	0	7	12.8%
Regulation	FtP	1	95	12.1%
Regulation	RIH	0	19	11.1%
Regulation	Registration	1	76	11.2%
WE&S	E&S	1	30	14.0%
WE&S	WP&P	0	17	21.8%
S&P	Comms & Policy	0	15	6.9%
S&P	P&I	0	15	25.1%
S&P	Digital Services	0	14	0.0%
F&R	LCG	0	7	34.3%
F&R	HR	0	6	16.4%
F&R	Finance	0	12	15.2%
F&R	OD	0	3	41.4%

Management Action

We continue to encourage the take up of exit interviews and monitor any trends arising from these so we can build in interventions as required.

For the table dictating the threat level is determined by OMT assessment based on current empty post and seconded position.

Table. HR information - turnover, empty post and seconded out threat level assessment.

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
EMT and Support	EMT and Support	12.8%	1.0	0	7	6.7	Green
Finance and Resources	Total	25.7%	2.5	0	29	26.9	Green
	Finance	15.2%	0.0	0	12	11.3	Green
	Human Resources	16.4%	1.0	0	6	4.8	Amber
	Legal and Corporate Governance	34.3%	1.5	0	7	6.7	Amber
	Organisational Development	41.4%	0.0	0	3	3.0	Green
Regulation	Total	11.7%	18.0	13	189	175.4	Amber
	Fitness to Practise	12.1%	8.0	2	95	90.2	Green
	Registration	11.2%	6.0	9	75	68.3	Amber
	Regulatory Improvement and Hearings	11.1%	4.0	2	19	16.9	Amber
Strategy and Performance	Total	11.3%	2.0	4	44	42.8	Green
	Communications and Policy	6.9%	0.0	1	15	14.0	Green
	Digital Services	0.0%	0.0	1	14	14.0	Green
	Performance and Improvement	25.1%	2.0	2	15	14.8	Green
Workforce, Education and Standards	Total	17.1%	0.0	3	46	42.6	Green
	Education and Standards	14.0%	0.0	1	19	26.0	Green
	Workforce Policy and Planning	21.8%	0.0	2	17	16.6	Green
Total		13.4%	23.5	20	315	294.4	Green

Table. HR information for Shared Services- turnover, empty post and seconded out threat level assessment

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
Shared Services	Total		1	0	0	0.0	Green
	Estates, Health and Safety		1				Green
	Finance transactions						Green
	Payroll						Green
	Procurement						Green

CONTROL CHARTS

This section gives a brief description of some of the terms used within the control charts.

Central line – this is the average performance and indicates the trend in performance. The line is also used to calculate the lower and upper natural processes. If the line is flat then performance is steady, if the central line moves up or down this indicates that the trend in performance has changed over several months and the central line has had to be recalculated.

Natural process limit – This is the region between the lower natural process limit and the upper natural process limit. How performance sits within this limit will determine if we need to calculate the central line. If a performance point sits outside of this natural process limit, then it would be considered an outlier. The upper and lower natural limits are calculated based on the average of the moving range, the moving range being the difference between two performance points.

Appendix A

Approved budget

Table 1	Approved budget 2023/24 £000	FPP project and specific grants	Revised budget for monitoring purposes £000
Staff costs	15,003		15,003
Other operating costs	4,379		4,379
Operating expenditure	19,382	0	19,382
Disbursements	5,007		5,007
Futureproofing project (FPP)		1,092	1,092
Specific grants from Scottish Government		1,011	1,011
Recognition arrangements grant (Westminster)		19	19
Total expenditure	24,390	2,122	26,511
Operating income			
Registration fee income	(3,310)		(3,310)
Other income	(385)		(385)
Total operating income	(3,696)	0	(3,696)
Net expenditure	20,694	2,122	22,816
Funded by:			
Grant in aid - operating budget	(11,028)		(11,028)
Grant in aid - disbursements	(5,007)		(5,007)
Grant in aid in SG budget line	(16,035)	0	(16,035)
Additional grant in aid			
Local Authority fee rebate	(2,593)		(2,593)
Futureproofing project		(343)	(343)
Total grant in aid 2023/24	(18,628)	(343)	(18,971)
Specific grant income		(1,011)	(1,011)
Total Scottish Government funding	(18,628)	(1,354)	(19,982)
Recognition arrangements grant (Westminster)		(19)	(19)
Total funding	(18,628)	(1,373)	(20,001)
Deficit - to be funded from spending pressure/general reserve	2,066	749	2,815

Table 2 Specific grants projection	Budget £000	Projected £000	Variance £000
Workforce Development Grant	771	878	107
WDG - Scottish Care & CCPS	138	132	(7)
Early Learning and Childcare Grant	64	59	(5)
Cyber Resilience Grant	38	32	(6)
Recognition Arrangements Grant - Westminster	19	0	(19)
	1,030	1,100	70
Grant carried forward in reserve from 2022/23		(354)	(354)
Request to carry forward variance to use in 2024/25	1,030	746	(284)

General Reserve

Table 3 General reserve position	£000	£000
Projected general reserve at 31 March 2023		(1,989)
Reserves earmarked for specific use during the year:		
Workforce Development Grant	357	
Cyber Resilience Grant	(3)	
VSDf income returned by training providers in 2022/23	339	
Reserves to be used in year:		693
Futureproofing underspend - requested carry forward		203
Postgraduate bursaries underspend - carry forward		217
Practice Learning Fees - carry forward		251
Workforce Development Grant underspend - carry forward		257
VSDf income returned by training providers in 2023/24		134
In year use of general reserves		(1,231)
Ring fences - IT Equipment		100
Remaining available general reserve		(1,365)

Movements to projection up to 31 March 2024

Table 4	Underspend	Overspend	Movement
Movements to our projection	£000	£000	£000
Practice learning fees - additional income	(1,500)	0	(1,500)
Practice learning fees	0	1,249	1,249
Voluntary Sector Development Fund (VSDF) expenditure	0	943	943
Voluntary Sector Development Fund (VSDF) income	(739)	0	(739)
Postgraduate bursaries	(217)	0	(217)
Additional grant in aid - 2022/23 pay award	(300)	0	(300)
Digital running costs	(22)	0	(22)
Futureproofing project	(203)	0	(203)
Office refurbishment	0	139	139
Secondment income	(97)	0	(97)
Panel member allowances and training	(155)	0	(155)
Research into equalities data	0	46	46
Additional registration fee income	(410)	0	(410)
Reduced Local Authority rebate	268	0	268
Modern apprenticeship income	0	6	6
Staff costs	(447)	0	(447)
Travel and subsistence	(49)	0	(49)
Registration of modern apprenticeship costs	0	11	11
Digital developments	(23)	0	(23)
Communications internal & external engagement	(37)	0	(37)
Staff training	(30)	0	(30)
Fitness to practise & HR legal fees	0	8	8
Protecting Vulnerable Groups Fees	25	0	25
Administration & Shared Services	(55)	0	(55)
Underspend including disbursements (excluding specific grants)	(3,988)	2,404	(1,585)

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
					Impact	Probability	Score		Impact	Probability	Score			
1	Regulatory or compliance	Averse (risk score 25)	<p>We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Cause:</p> <p>We take too long to make a decision, make an indefensible decision, or are unable to make a decision due to:</p> <ul style="list-style-type: none"> Insufficient staff as a result of external factors we cannot control, resourcing issues in the sector affecting service provision, difficulty recruiting or errors in our resource model assumptions Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties Legislation or third party policies preventing us from obtaining necessary information. <p>We do not share/receive information and intelligence with/from other organisations.</p> <p>Our processes and approach are bureaucratic and our legislative framework is a structural barrier to flexible working across care.</p> <p>The arrangements for Fitness to Practise Panel Hearings are not compliant with evolving law.</p> <p>Failure to secure the legislative and Rule changes for FPP. Failure to engage the sector in the changes for FPP. Increasing cost of digital solutions Failure of delivery of digital solutions in time for go live</p>	Director of Regulation	5	4	20 (High)	<p>Existing Mitigation and Controls</p> <p>Rules and frameworks based on risk in place to ensure legal compliance, fairness and consistency.</p> <p>Digital systems to manage our processes and casework, and hold hearings, with ongoing development of those systems.</p> <p>Resource modelling for calculating our staff base.</p> <p>Training and quality assurance and audit process in place for staff and panel decision making.</p> <p>Publicising hearing outcomes and decisions.</p> <p>Over recruitment of key posts, use of overtime and external legal presenter services to undertake conduct of panel hearings to provide additional capacity.</p> <p>Liaison work with sector to ensure understanding of our frameworks and processes and to receive feedback to help us improve.</p> <p>Relationships and where necessary data-sharing agreements with other agencies to share intelligence for public protection.</p>	4	3	12 (Moderate)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner		Gross risk	Mitigation/controls	Residual risk	Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>Consequence:</p> <p>A worker’s fitness to practise is not assessed as they do not comply with registration requirements, or our registration process is too slow, or a worker is on the register who is not fit to practise and as a consequence a service user is harmed.</p> <p>Care cannot be delivered in a person-centred way because of barriers caused by registration and fitness to practise approach and processes, which leads to poorer outcomes for people using services.</p> <p>Workers leave the sector unnecessarily because of our processes and decisions, which compromises the ability for care to be delivered to people using services.</p> <p>Our processes have a detrimental impact on workers and others involved in regulation processes, and it affects their health and personal circumstances.</p> <p>The public lose confidence in the profession and us as regulator.</p> <p>The workforce does not have sufficient capacity to provide care and support to people who use services because they are focussed on responding to regulatory requirements.</p> <p>FPP</p> <p>Workers and employers do not understand the reduced timescale to register. Our systems are not ready to deliver the changes to registration and renewal processes on time.</p>				<p>Planned Mitigation and Controls</p> <p>Implement and embed fitness to practise help and support lines for witnesses and members of the public making a referral – Summer 2025 – Director of Regulation</p> <p>Implementation of the data and intelligence strategy to share intelligence with partner bodies, (linked to action in risk 4)</p> <p>Work with Police Scotland, Scottish Government, Disclosure Scotland and GTCS mapping information sharing processes – (Director of Regulation)</p> <p>FPP Mitigations</p> <p>Closely working with Sponsor team within OCSWA to progress the required legislative changes and changes to Rules.</p> <p>Close monitoring of development costs and potential repurposes of digital development costs in 2024/25 to ensure funding capacity remains available.</p> <p>Implementation date changed from April to June 2024 to ensure sufficient time to communicate with the workers and employers.</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with</p>				

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk		Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?	
							<p>relating to Registration changes.</p> <p>Detailed communications plan targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Increased operational project review meetings with vendor and internal time to control delivery and timescale milestones.</p>							
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p>Cause:</p> <p>Failure to ensure the sector understand the changing qualification aCPL and Return to Practice (RTP) requirements.</p> <p>Failure to engage and communicate the changes to the code of practice with the sector</p> <p>Our contribution to developing resources does not meet the needs of registrants and employers.</p> <p>Our standards don't meet the needs of employers.</p> <p>Limited funding for individuals and employers to support formal learning.</p> <p>Individuals are not able to complete qualifications.</p> <p>Failure to respond timeously to requests for data due to lack of correct skills/capacity</p> <p>Consequence:</p> <p>Workers are not registered or removed from the register, leading to gaps in service delivery which affects the delivery of care to people using services.</p> <p>Reduced confidence of public protection.</p> <p>Existing qualifications and standards do not support new models of care.</p>	Director of Workforce, Education and Standards	4	4	16 (High)	<p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p>We are supporting the development a new Graduate Apprenticeship Route into Social Work.</p> <p>We are developing a new integrated health and social care SVQ qualification. The formal consultation closes 31 January 2024. The award will</p>	4	3	12 (Moderate)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk		Mitigation/controls	Residual risk		Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>Workers are unable to adhere to the SSSC Codes of Practice. Risk to our reputation with external partners when we cannot provide the information or data requested Workers do not understand the new CPL and RTP requirements and fail to maintain their registration. Workers do not adhere to the new codes because they do not know about them or understand them</p>				<p>be finalised for approval by SQA May 2024</p> <p>We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups.</p> <p>The new model of CPL, flexibility of qualifications we accept for registration and return to practice standards for social workers for will be implemented on 3 June 2024</p> <p>Working in partnership with Skills Development Scotland, SG and NES to develop a Skills Response Plan for Adult Social Care.</p> <p>Planning in progress with Sector Skills partners for NOS review to be completed by end of 2025</p> <p>Barriers to gaining qualifications i.e access to funding, raised at Ministerial Joint Social Services Taskforce Jan 2024 and priority actions with SG and key partners agreed to be completed within next 12 months.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Planned actions – It is to be noted not all these actions are at the sole</p>					

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								discretion of the SSSC to implement.						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council members and Officers. Poor assurance mapping.</p> <p>FPP</p> <p>Failure to follow PMO methodology Failure to escalate project issues accordingly</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements. Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit.</p> <p>Failure to deliver strategic objectives. Shared services not meeting SSSC requirements.</p> <p>FPP</p> <p>The project is delayed and we cannot support the delivery of the project milestones and meet legislative requirements. Workforce becomes confused about their responsibilities to register,CPL and RTP requirements.</p>	Director of Regulation)	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Governance improvement plan completed to Audit and Assurance Committee’s satisfaction.</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Assurance mapping carried out and agreed by the Audit and Assurance Committee.</p> <p>Agreed internal audit plan up to 31 March 2025.</p> <p>Planned actions</p> <p>Option of one year contract extension with Henderson Loggie to 31 March 2025 (Director of Regulation by 31 March 2024).</p> <p>Two external Scottish Government Assurance exercises undertaken for project controls and digital development. Both audits highlighted clear strengths in project management and no major weaknesses.</p> <p>Increased internal project control meetings and increased frequency of Future Proofing Sponsor as we near go live.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for</p>	3	3	9 (Low)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk		Mitigation/controls	Residual risk		Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?		
							employers. Regularly updated FPP information on website. Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.							
4	Communication and profile: Proportionate regulation	Cautious (12-15)	<p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p>Cause:</p> <p>People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage.</p> <p>Limited resource to communicate the role of SSSC and our key programmes including the Future Proofing Programme. Unable to respond timeously to requests for internal data due to lack of resource.</p> <p>FPP</p> <p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in design and delivery of strategic outcomes. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees. Insufficient communication and engagement of the Future Proofing Programme with low awareness of the changes affecting registrants and employers.</p>	Director of Strategy and Performance	3	4	12 (Moderate)	<p>Existing mitigation and controls</p> <p>Regular review of business plan objectives In line with budget monitoring (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p> <p>Process in place to monitor activity on outcomes and inform future year budgets.</p> <p>New strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders (Director of Strategy & Performance)</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with relating to Registration changes.</p> <p>Implementation date changed from April to June 2024 to ensure sufficient time to communicate with the workers and employers.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate</p>	3	3	9 (Low)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
							20	<p>communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Planned actions</p> <p>Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)</p> <p>Ministerial launch of the codes of practice.</p> <p>Increased capacity at FPP online events from 100 places to 250 places due to high up take with option to add more sessions to the programme pre and post go live.</p>			12			
5	People and culture: Organisational development	Averse (25)	<p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce</p> <p>Cause:</p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level. Lack of effective monitoring of workload and capacity. Managers are unaware of their duties in relation to supporting staff. No consistent approach to leadership and management development. Insufficient staff to support business as usual which impacts on other members of staff. Large number of fixed term contracts supporting delivery. Business critical posts not recruited to. Single points of failure in several areas. Implications of delays of the NCS and Independent review</p>	Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback eg Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on</p>	4	3	12 (Moderate)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk		Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?	
			<p>Implications of unsettled 2022/23 pay award Unsuccessful recruitment Poor project management of future grading structure</p> <p>Consequence:</p> <p>High turnover of staff - staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences. Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended. Industrial action due to pay claim/outcomes from rewards review.</p>					<p>particular issues, annual staff event.</p> <p>Internal Audit completed- no recommendations</p> <p>Planned actions</p> <p>Delivery of People Strategy action plan (Director of WES - deadline September 2024)</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan. (Chief Executive – March 2024)</p> <p>Discussion with Scottish Government and negotiation with UNISON re pay claim 2023/4 (Chief Executive– commenced March 2023)</p> <p>Interim IIP and IIYP assessments complete November 2023. Continue to be on track for GOLD IIP and we have achieved silver status for IIYP. Areas to consider will be embedded into people strategy.</p> <p>Internal Audit of SSSC workforce planning – complete. Assessed as good with one recommendation</p> <p>Equal Pay Audit planned concluded November 2023. No concerns to be addressed.</p>						
6	Finance and value for money: Financial management	Cautious (12-15)	<p>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</p> <p>Cause:</p> <ul style="list-style-type: none"> Scottish Government do not increase permanent funding or 	Acting CEO)	4	5	20 (High)	<p>Existing mitigation and controls</p> <p>Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March</p>	4	4	16 (high)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner		Gross risk	Mitigation/controls	Residual risk	Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>consent to adequate fee levels, or they reduce our Workforce Development Grant preventing us from enable us to resourcing delivery of our core statutory functions and strategic priorities.</p> <ul style="list-style-type: none"> • Single year funding settlements to support a three-year strategic plan. • Fee income is not in line with projections. • Late notification of Scottish Government budget allocations. • Removal of ability to hold reserves. • Ineffective financial planning, not aligned to strategic and business plans. • Already really efficient, no slack to make further savings • Any agreed increase in fees is offset by a reduction in grant in aid. • No compulsory redundancy policy affects ability to realise savings from staffing efficiencies • Scottish Government struggle to fund spend-to-save initiatives <p>Consequence:</p> <p>Compromising our ability to deliver our statutory functions / strategic plan, increasing other strategic risks Reliant on a number of temporary posts to deliver parts of the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</p>				<p>2023) and audit of financial sustainability</p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</p> <p>Budget performance reviewed at directorate and Executive Management Team level monthly, risks to achieving a balanced budget are identified and action taken by senior managers to mitigate.</p> <p>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</p> <p>Resource models reviewed and updated and regularly compared to the actual position (Director of Regulation).</p> <p>Close communication with Scottish Government about budget and fee levels.</p> <p>EMT reviewing all recruitment decisions</p> <p>PMO monitoring of benefits realisation</p> <p>Planned actions</p> <p>Scottish Government (SG) has agreed to fund the deficit budget 2024/2025 budget submitted to Council in March.</p> <p>-Reduction in permanent staffing requirement in 2024/25 due to efficiencies created by Future Proofing. (Director of Regulation)</p> <p>.</p>				

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk		Mitigation/controls	Residual risk		Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?		
7	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	<p>We fail to have the appropriate measures in place to protect against cyber security attacks</p> <p>Cause:</p> <p>Insufficient funds allocated to manage core IT infrastructure. Insufficient development investment to upgrade security and systems. Lack of staff, skills and knowledge. Insufficient horizon scanning of future threats. Lack of understanding and awareness by staff. Successful cyber attack.</p> <p>Consequence:</p> <p>Complete loss of use of core business systems. Loss of data and sensitive information. Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties.</p>	Director of Strategy and Performance	4	5	20 (Very High)	<p>Cyber essentials accreditation.</p> <p>Regular mandatory cyber security training.</p> <p>ICT security policies in place.</p> <p>Positive internal audit Relevant insurances in place.</p> <p>Regular cyber security incident management testing plan in place.</p> <p>Regular pen testing carried out twice yearly.</p> <p>Regular cycle of phishing exercises carried out for all staff and reported to Council yearly.</p> <p>Planned actions</p> <p>Planned Digital Development Programme for 2024/2024</p>	3	4	12 (Moderate)	↔	N	

RISK SCORING MATRIX

Table 1 Impact scores

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of stakeholders
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications if unresolved Reduced performance rating if unresolved	Service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved Multiple complaints/independent review Low performance rating Critical report	Totally unacceptable level or quality of service Gross failure of findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/organisational development/staffing/competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/Governance/inspections	No or minimal impact or breach of guidance/statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Qualified audit	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/projects	Insignificant cost increase/schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including losses and claims	Loss or compensation of under £1,000	Loss of up to £25k of budget Loss or compensation less than £10,000	Loss of £25k+ to £100k of budget Loss or compensation between £10,000 and £50,000	Uncertain delivery of key objective/Loss of £100k+ to £500k of budget Loss or compensation between £50,000 and £1150,000 Purchasers failing to pay on time	Non-delivery of key objective/Loss of >£500k of budget Failure to meet specification/slippage Loss of contract / payment by results Loss or compensation >£150,000
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Breaches of confidentiality involving person identifiable data (PID), including data loss	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage Damage to an organisation's reputation/ local media coverage	Damage to SSSC reputation/ National media coverage.
	Minor breach of confidentiality. Only a single individual affected	Potentially serious breach. Less than 5 people affected or risk assessed as low, e.g. files were encrypted.	Serious potential breach & risk assessed high, e.g. unencrypted file lost. Up to 20 people affected.	Serious breach of confidentiality, e.g. up to 100 people affected	Serious breach with potential for ID theft or over 1000 people affected

Table 2 Probability score (L)

What is the likelihood of the consequence occurring?

The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency of occurrence.

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently

Table 3 Risk rating = consequence x likelihood (C x L)

Consequence scores (C)	Likelihood scores (L)				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

For grading risk, the scores obtained from the risk matrix are assigned grades as follows:

1 - 5	VERY LOW risk
6 - 10	LOW risk
12 - 15	MODERATE risk
16 - 20	HIGH risk
25	VERY HIGH risk

Risk appetites, as agreed by Council, can be aligned to the above matrix as follows:

Risk grade	Risk appetite
VERY LOW risk	HUNGRY
LOW risk	OPEN
MODERATE risk	CAUTIOUS
HIGH risk	MINIMALIST
VERY HIGH risk	AVERSE

For example, a risk heading which has been assigned a risk appetite of 'minimalist' should not exceed an overall risk grade of high.

Instructions for use

1. Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.
2. Use table 1 to determine the consequence score(s) (C) for the potential adverse outcome(s) relevant to the risk being evaluated.
3. Use table 2 to determine the likelihood score(s) (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project. If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score.
3. Calculate the risk rating by multiplying the consequence score by the likelihood score:
C (consequence) x L (likelihood) = R (risk score)
4. Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level.

Scoring system in the trend column of the summary tables

In the trend section up to 6 months is judged as 'improving' greater than six months is 'gradually improving' and 'steady' is self explanatory.



SSSC

Assurance Map 2023-2024

STEP 1– Identify Sources of Assurance

Issue	Issue Owner	Business Management (First Line) Identifying risks and mitigating actions. Implementing controls. Reporting on progress. Management Assurance.				Corporate Oversight (Second line) Designing policies. Setting direction. Ensuring compliance. Assurance oversight.						Independent assurance (Third line)			
		Strategies and Business plans	Performance management - KPIs	Financial management and reporting	Statement of assurance checklist	Governance Structures & Processes (e.g. Council/ Committee reports and mitigating actions).	Functional Compliance reviews (Finance & Information security)	Internal Quality Control Checks (such as PSA self-assessment)	Internal business change (stage/ gateway review) undertaken by PMO	Stakeholder surveys and Complaints	Corporate Risk Management / Assurance	External Project/programme reviews (e.g. Scottish Government Independent Assurance Review)	External Accreditation /Certification (such as IIP, EFQM, PCIP and Cyber Essentials Plus)	Strategic Partners Assurance Reports (such as Care Inspectorate and Shared Services)	Internal Audit reviews
Risk Management	DoSP														
Business Planning	CE & DoSP														
Project Management	DoSP														
Financial Management	Acting CE														
Fraud	DoReg														
Procurement	DoSP														
Human resources	Acting DoWES														
Equality, Diversity and Inclusion	DoSP														

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		Strategies and Business plans	Performance management - KPIs	Financial management and reporting	Statement of assurance checklist	Governance Structures & Processes (e.g. Council/ Committee reports and mitigating actions).	Functional Compliance reviews (Finance & Information security)	Internal Quality Control Checks (such as PSA self-assessment)	Internal business change (stage/ gateway review) undertaken by PMO	Stakeholder surveys and Complaints	Corporate Risk Management / Assurance	External Project/programme reviews (e.g. Scottish Government Independent Assurance Review)	External Accreditation /Certification (such as IIP, EFQM, PCIP and Cyber Essentials Plus)	Strategic Partners Assurance Reports (such as Care Inspectorate and Shared Services)
Information Governance	DoReg													
Health & Safety	DoSP													
Legislative Compliance	DoReg& DoSP													
Business Continuity Planning	DoSP													
Cyber security	DoSP													
Shared Services	DoSP													

STEP 2 – Assess Sources of Assurance									
Issue	Issue Owner	Controls	Business Management (First Line) Identifying risks and improvement actions. Implementing controls. Reporting on progress. Management Assurance.	Corporate Oversight (Second Line) Designing policies. Setting direction. Ensuring compliance. Assurance oversight.	Independent Assurance (Third Line) Independent challenge, audit. Reporting on assurance. Audit of assurance providers. Entity level assurance.		Control RAG Rating (See Key below)	Assurance Sufficient (Y/N)	Action Points
					Internal audit	Other sources of assurance			
Risk Management	DoSP	Risk Management Policy Risk registers and appetite statement Risk management procedure Strategic risk register Directorate risk registers Department risk registers	Directorate Assurance Report Assurance Report (EMT)	Oversight and approval by A&A and Council (Assurance Report) Certificates of Assurance	Risk Management 20/21	Committed to Excellence – EFQM accreditation	High	Yes	IRM Practical Risk Appetite and Risk Tolerance training – September 2023 and March 2024.

Business Planning	CE & DoSP	Strategic, Operational and Directorate Business Plans Procedure Performance Management Strategy People Strategy Strategic Outcomes Risk Register Business Plans and departmental objectives Operational Plan	Directorate Assurance Report Assurance Report (EMT) Budget setting and monitoring	Oversight and approval by A&A and Council (Assurance Report, Strategic Plan) Certificates of Assurance	Performance Reporting and KPIs 21/22	Committed to Excellence – EFQM accreditation	High	Yes	Identification of business planning activities carried out by all departments for 2024 – 2027. Budget setting process underway. Finance to determine costings/budget required to complete the business planning objectives and EMT to review, refine and approve.
Project Management	DoSP	PMO policies, processes, handbooks and templates Programme management training Project and programme risk and issue registers Benefits Realisation	Directorate Assurance Report Assurance Report (EMT) PMO oversight, auditing and reporting Project risk reporting Highlight reports	Oversight by A&A and Council (Assurance Report) Certificates of Assurance Project and Programme Boards and sponsor groups	Change Management - business process review 20/21 Digital Transformation/IT Strategy 22/23 Future Proofing Programme 22/23 Future Proofing Programme 23/24	Independent audit of projects and programmes when appropriate	High	Yes	Internal audit and SG review undertaken of FPP. Terms of reference for programme boards reviewed. Benefits and PMO highlight reports template reviewed.

Financial management	Acting CE	<p>Financial Strategy</p> <p>Financial Regulations</p> <p>Debt Management Policy</p> <p>Delegated authority (Scheme of Delegation)</p> <p>Financial Planning</p> <p>Business cases</p> <p>Budget management training</p>	<p>Directorate Assurance Report</p> <p>Assurance Report (EMT)</p> <p>EMT oversight of budget setting</p> <p>Finance team compliance checks and reconciliations</p> <p>Monthly meetings between finance staff and budget managers</p>	<p>Oversight by A & A and Council (Assurance Report & Financial Strategy)</p> <p>Certificates of Assurance</p> <p>Budget monitoring and approval</p> <p>Annual report and accounts</p>	<p>Budgetary Control 21/22</p> <p>Procurement & Creditors 22/23</p> <p>Payroll 22/23</p> <p>Financial Sustainability 23/24</p> <p>Debtors/Income 23/24</p>	<p>External audit</p> <p>Monthly budget monitoring report to Sponsor Dept</p> <p>NFI process</p> <p>Committed to Excellence – EFQM accreditation</p>	High	Yes	
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Fraud	DoReg	<p>Counter Fraud and Corruption Framework</p> <p>Procurement controls</p> <p>Fraud training</p> <p>CFS Financial Crime Response Plan</p> <p>Whistleblowing Policy</p> <p>Codes of Conduct</p> <p>Financial Controls</p> <p>Payroll & expenses controls</p> <p>Training and preventative work delivered with CFS</p> <p>Fraud Risk Assessment process</p> <p>Compliance Reviews</p> <p>Intranet page</p>	Reporting in line with CFS Financial Crime Response Plan	<p>Oversight by A & A and Council (Fraud and Assurance Report)</p> <p>Certificates of Assurance</p> <p>Counter fraud annual review by A&A</p> <p>NFI Update report to A&A Committee (Oct 23)</p>	Fraud Prevention, Detection and Response 21/22	Output from CFS NFI every two years	High	Yes	<p>Broadcast by Fraud Liaison Officer and Counter Fraud Champion (completed but still to be circulated).</p> <p>HLCG will provide update on SSSC fraud plan to A&A in April 24.</p> <p>Will be reviewing counter fraud framework following withdrawal of CFS services.</p>
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Procurement	DoSP	<p>Procurement Strategy</p> <p>Training</p> <p>Procurement policy note</p> <p>GPC guidance</p> <p>Procurement risk register</p> <p>Procurement contract register</p> <p>Financial Regulations</p> <p>Business cases</p> <p>Scheme of Delegation</p>	<p>Biannual reporting to Procurement Development Group inc reporting on agreed performance indicators</p> <p>Consultancy register</p> <p>Procurement Team oversight</p> <p>PSR Act reporting</p>	<p>Annual Procurement report to A&A</p> <p>Certificates of Assurance</p> <p>Annual Report and Accounts</p> <p>Report to A&A re NFI process</p>	<p>Procurement & Creditors 22/23</p>	<p>NFI report</p> <p>Committed to Excellence – EFQM accreditation</p> <p>External Audit review of procurement guidance GPC guidance</p> <p>PCIP</p>	High	<p>Roll out of contract management training has commenced.</p> <p>The two year procurement plan covering the period September 2023 to August 2025 is in place.</p> <p>The Procurement Development Group (PDG) met in August 2023.</p>
Human Resources	Acting DoWES	<p>People Strategy</p> <p>HR policies</p> <p>Development discussions</p>	<p>Directorate Assurance Report</p> <p>Assurance Report (EMT)</p> <p>People Strategy Board</p>	<p>Oversight by A & A and Council (Assurance Report)</p> <p>People Strategy annual report to Council</p> <p>Certificates of Assurance</p>	<p>HR data and performance management 21/22</p> <p>Organisational Development 22/23</p> <p>Internal Workforce Planning 23/24</p> <p>Travel and expenses 24/25</p>	<p>IIP Gold status</p>	High	<p>Review of EDIG membership.</p> <p>Establishment of Community of Practice group.</p> <p>Review of EQIA to be completed Autumn 2023.</p>

Equality, Diversity and Inclusion	DoSP	Equality, Diversity and Inclusion policy EQIAs Mandatory training Report template – Impact Assessments	People Strategy Board Equality, Diversity and Inclusion Group EDI Community of Practice group.	Certificates of Assurance Annual Report Equality Mainstreaming Report	Equality and diversity 20/21	Committed to Excellence – EFQM accreditation SPA standards Equality, Mainstreaming and Outcomes Report Equality Delivery Plan	High	Yes	Review of EDIG membership. Establishment of Community of Practice group. Review of EQIA to be completed Autumn 2023. Work ongoing to review EQIA template and guidance.
Information Governance	DoReg	Information Gov policies, processes & guidance Mandatory training Model Publication Scheme Data Champions Records Management champions	Directorate Assurance Report Assurance report (EMT) Quality Assurance & oversight by Info Gov Team Set up Information Governance Oversight Group (IAOs/OMT)	Oversight by A & A and Council (Assurance report) Certificates of Assurance Annual report Info Gov annual report to Council	Data protection 21/22	Committed to Excellence – EFQM accreditation SPA standards	High		Assessment against ICO Accountability Framework carried out and action plan developed. Work progressing well on action plan. Regular meetings of Data Champions set up.
Health & Safety	DoSP	Corporate H&S Policy and related policies and procedures Mandatory training H&S risk assessments	SSSC H&S Committee Performance reporting	Certificates of Assurance Corporate Health and Safety Policy approved by Council Annual Report	Health & Safety 22/23		High		SSSC H&S Committee established.

Legislative Compliance	DoReg & DoSP	<p>Legal services provide advice to all departments</p> <p>Horizon scanning by legal and policy teams</p> <p>Training</p> <p>Audit processes</p>	Report to EMT	<p>Certificates of Assurance</p> <p>Horizon scanning at A&A Committee</p>	Compliance with legislation 24/25	Committed to Excellence – EFQM accreditation	Medium	<p>Creation of action plan to develop collaboration btw legal and policy teams, table of legislative requirements & training needs.</p> <p>Work continuing on action plan . Work commenced on legislative compliance procedure and table of legislative requirements. Due date for completion end May 2024.</p>
Business Continuity Planning	DoSP	<p>Business Impact Analyses</p> <p>Strategic Risk register</p> <p>Business planning strategy and plans</p> <p>Business continuity policy</p> <p>Business continuity procedure</p> <p>SSSC Incident Management Plan</p>		<p>Certificates of Assurance</p>		Committed to Excellence – EFQM accreditation	Medium	<p>BCMS developed and full suite of documentation now in place.</p> <p>Simulation exercise/walkthrough of SSSC Incident Management Plan is scheduled and will take place in May 2024.</p>

Cyber Security	DoSP	Digital Strategy Digital Security policy Mandatory annual training Risk Register	Directorate Assurance Report Digital Development Programme Board	Certificates of Assurance Digital Development Sponsor Group Annual Report to Council	Cyber security 21/22	Committed to Excellence – EFQM accreditation Collaboration with Scottish Government Cyber Resilience Team and NCSC Cyber Essentials accreditation Cyber Risk Technical Assessment Supplier Assurance Recognition by EFQM accreditation	High		Draft Cyber Incident Response Plan under development. Simulation exercise to be conducted in Q4.
Shared Services	DoSP	Governance arrangements - Strategy, Management Agreement, Performance Measures, Risk Register Customer satisfaction survey	Shared Services Review Board Shared Services Oversight Group	Certificates of Assurance Annual report to Council	Shared Services 22/23 Shared Services governance arrangements 21/22 (phase 1 and 2) Shared Services 24/25	Committed to Excellence – EFQM accreditation	High		Review of shared services operational model ongoing.

[Link to Index of Policies and Procedures](#)

Key: RAG rating on the effectiveness of controls from assurance work undertaken

LOW: Significant concerns over the adequacy/effectiveness of the controls in place in proportion to the risks
MEDIUM: Some areas of concern over the adequacy/effectiveness of the controls in place in proportion to the risks
HIGH: Controls in place assessed as adequate/effective and in proportion to the risks

Title of Report	Annual Audit and Assurance Committee report to Council
Public/Confidential	Public
Summary/purpose of report	This report provides a summary of the work of the Audit and Assurance Committee during the year 2023/24.
Recommendations	The Council is asked to: <ol style="list-style-type: none"> 1. approve the annual report of the Audit and Assurance Committee 2. note that the content of the report informed the preparation of the annual governance statement in the Annual Report and Accounts for 2023/24.
Author	Alan Baird, Audit and Assurance Committee Chair
Responsible Officer	Maree Allison, Interim Chief Executive
Link to Strategic Plan	<p>The information in this report is about our internal governance and therefore links to all our strategic outcomes:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>

Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. The Audit and Assurance Committee Annual Report to Council summarises the work of the Committee over the 2023/24 financial year. The content of this report informed the Annual Governance Statement.
2. The Committee met on five occasions. All meetings were quorate.

REMIT OF THE AUDIT AND ASSURANCE COMMITTEE

3. The remit of the Audit and Assurance Committee is to
 - review the strategic KPI performance section of the assurance report
 - review financial monitoring section of the assurance report
 - review the Strategic Risk Register/Management Plan report
 - ensure that the audit requirements of SPFM (Scottish Public Finance Manual) are being implemented
 - scrutinise accounting policies, accounts and annual report of the organisation with recommendations for the Council before submission to Parliament.
4. The function of the Audit and Assurance Committee is to advise the Council and the Accountable Officer on strategic processes for risk, internal control environment, governance and the governance statement, counter fraud policies, whistleblowing processes, arrangements for special investigations, adequacy of management response to operational and financial performance, financial probity and stewardship, management of risk (financial and strategic objectives) and audit findings, effectiveness of audit functions.

SUMMARY OF AUDIT AND ASSURANCE COMMITTEE WORK

Internal Audit

5. During the period 1 April 2023 to 31 March 2024, the Committee considered six reports by the internal auditor as listed in the table below, the action priorities in these reports are categorised as:
 - Priority 1: issue subjecting the organisation to material risk and which requires to be brought to the attention of management and the Audit and Assurance Committee.
 - Priority 2: issue subjecting the organisation to significant risk and which should be addressed by management.
 - Priority 3: matters subjecting the organisation to minor risk or which, if addressed, will enhance efficiency and effectiveness.

Audited area	Committee date	Assurance level	Management action	Action priority grading
Shared Services (joint with Care Inspectorate)	2 May 2023	Satisfactory	4 recommendations	All 4 recommendations graded priority 3
Organisational Development	2 May 2023	Satisfactory	No recommendations	
Financial Sustainability	1 August 2023	Good	No recommendations	
Debtors and Income (joint with Care Inspectorate)	31 October 2023	Good	1 recommendation	1 recommendation graded priority 3
Data and Intelligence Strategy 2022-2025	31 October 2023	Good	No recommendations	
Internal Workforce Planning Management Information	1 February 2024	Good	No recommendations	

6. Seven audits were carried out during 2023/24. Four of the audit reports provided a good level of assurance. Two reports provided satisfactory assurance. Two reports are joint reports with the Care Inspectorate and were also reported to the appropriate committee of the Care Inspectorate. Three of the four audits which provided a good level of assurance generated no formal recommendations for improvements. One audit, on Partnership Working (external), scheduled within the 2023/24 plan was reported to the April Committee. One audit, on Phase 2 of the Future Proofing Programme, is delayed and will be reported to the Committee in July 2024.

Implementation and progress of audit recommendations

7. The Committee received quarterly reports on management actions which recorded the agreed actions contained in the audit reports and timelines for completing these. Five recommended actions were reported in 2023/24. Of the recommendations, three are completed and two are in progress. Additionally, two actions from audits carried out before 2023/24 are still in progress. Any delay and change to the timeline for actions to be completed requires Committee approval. Committee agreed to eight requests for extensions to the original timeline for completion of actions. There were no recommendations from the external audit for 2022/23.

8. The responsible officers for the area audited record evidence of completion of the recommendations in a tracker. The internal auditor has access to this tracker to ingather the relevant information and evidence for the annual follow-up report, which is submitted to Committee in quarter one each year.

Consideration of the 2022/23 draft Annual Report and Accounts

9. In May 2023 the Committee reviewed and approved the draft Annual Governance Statement and the draft Annual Audit and Assurance Committee report to Council, for the year 2022/23. There were minor changes to the draft Annual Governance statement and it was resubmitted to the committee in August when the final version was approved.
10. Council reviewed the draft of the Annual Report and Accounts in August 2023. On 26 September 2023, Committee considered and endorsed the revised and final draft Annual Report and Accounts and recommended these for approval to the Council meeting on 31 October 2023. Council approved the Annual Report and Accounts at the meeting on 31 October 2023 for laying before Parliament before the deadline of 31 December.
11. Private meetings with internal and external auditors were held on 31 October 2023 and 26 September 2023, respectively.

Review of Audit Plans

12. The internal audit plan for 2023/24 was presented to Committee in February 2023 and approved subject to some minor changes and the final version was issued on 21 April 2023. The internal audit plan for 2024/25 was approved by Committee in February 2024 and following some minor changes the final version was issued in April 2024.
13. The external audit plan for 2022/23 was presented to Council for approval on 27 March 2023. The plan for 2023/24 was presented and endorsed on 30 April 2024.

Assurance

14. The Committee considered a monthly assurance report at each of its quarterly meetings. The reports contained the information and data for the previous month, the summary risk register and revised risk scores. Committee had the opportunity to comment upon any changes to the risk register or to recommend any actions to Council. A small group of Committee Members and officers reviewed the format and presentation of data in the assurance reports and suggested changes were taken on board.
15. The Committee approved the first assurance map in May 2022 and the first review was reported in November 2022. The second annual review

took place at Committee in October 2023. It was agreed, in order to keep the map current that, instead of an annual review, the map be incorporated into the assurance report which is reviewed at each quarterly meeting. The map was first included in the assurance report submitted to the Committee in February 2024.

Audit and Assurance Committee quarterly report

16. The Chair submits a quarterly report from the Committee to the following meeting of the Council. The report makes recommendations to Council on matters for approval and on any main decisions and highlights from the Committee meeting. The Committee gives assurances to Council on matters it has considered.

Meetings format

17. All five committee meetings in 2023/24 were held in hybrid format with the majority of attendances being in person in the Tay meeting room in Compass House, Dundee.

Strategic Risk Register and financial governance

18. At each quarterly meeting, Committee reviewed the risk register and the revised scores, as recommended by the Executive Management Team. At the meeting in February 2024, the Committee approved the revised risk register and risk appetite statement, which became effective from 1 April 2024.
19. The Committee approved the revised Financial Regulations and the revised Debt Management Policy in August 2023.

Horizon scanning/Audit Scotland publications

20. The main matters raised as relevant to the work of the SSSC were similar to the previous year:
 - National Care Service
 - Social Care: Independent Review of Inspection, Scrutiny and Regulation in Scotland
 - Public Finances.

Fraud, Bribery and Corruption

21. The Committee considered quarterly reports on fraud, bribery and corruption assurance up to 31 October 2023. No instances of fraud, bribery or corruption have been detected since quarterly reporting started. It was agreed that the fraud, bribery and corruption assurance report will be submitted on an annual basis, but any incidences detected will be reported by exception. Since this process started in October, no

incidences have been reported. The SSSC continues to take part in the National Fraud Initiative. The contract with the Counter Fraud Service expired on 31 March 2024 and will not be renewed. The SSSC Fraud Liaison Officer is reviewing the counter fraud framework.

22. Lindsay MacDonald was appointed as a member of the Committee in February 2023 and appointed Counter Fraud Champion in May 2023. The Head of Legal and Corporate Governance, Anne Stewart continues in her role as Fraud Liaison Officer.

Benefits realisation

23. The Committee received updates on benefits, including financial benefits, realised from the various projects taken forward by the SSSC. The reports detail the projects, the budget, the spend to date, return on investment. The Committee interrogates the information provided and requested some changes to formatting and how data is presented, for further clarity.

Annual effectiveness review

24. The annual effectiveness review of the Committee was carried out in August/September 2023 and there were no actions arising from the review.

Office accommodation

25. The Committee was kept informed of the progress in ongoing negotiations regarding the reduction in office space required by the organisation, which will lead to budget savings.

Fitness to Practise panel members

26. The Committee was regularly informed of updated information relating to changes to the employment status of Fitness to Practise panel members, following the employment tribunal case against the Nursing and Midwifery Council.

Chair and Vice Chair

27. The terms of appointment for both Chair and Vice Chair will expire at the end of August 2024. In November 2023 Council approved the successors Peter Murray and Lindsay MacDonald, respectively. They have started shadowing the outgoing Chair and Vice Chair at planning meetings etc. These meetings take place on, broadly, a monthly schedule with the Acting Chief Executive, latterly the Interim Chief Executive, and other appropriate officers.

QUALITY OF INTERNAL AUDIT

28. The Committee is content with the work of the internal auditors, Henderson Loggie. The Committee's view is that the standard of the internal audit work and the reports produced for 2023/24 were good. The Committee noted the positive relationship between the auditors, management team and other officers involved in the internal audit processes. The Committee is satisfied that the processes and liaison between the officers and auditors ensures that recommended actions are progressed, reported and reviewed as necessary to ensure any actions are taken forward to completion within agreed timescales.
29. The Committee held a private meeting with the internal auditors on 31 October 2023.

QUALITY OF EXTERNAL AUDIT

30. The SSSC's external auditors are Deloitte LLP.
31. Officers worked with the auditors to provide information requested via the Deloitte software to complete the external auditors annual report. The process for the 2023/24 accounts commenced with information requests in February 2024 and an internal checking system put in place to make sure that information requests were responded to timeously.
32. The Committee held a private meeting with the external auditors on 26 September 2023.

GOVERNANCE STATEMENT

33. The Committee noted that this report will inform the preparation of the Annual Governance Statement.

ASSURANCE OPINION

34. The Committee held separate private meetings with the external auditors and internal auditors during November 2022. Both meetings reflected positively on the SSSC in terms of the quality of internal and external audit reports. Auditors also commented positively on their working relationships with staff.
35. The Committee is of the opinion that the assurances supplied throughout the year are reliable, have integrity and are sufficiently comprehensive to support the Council and the Accountable Officer in their decision making and their accountability obligations. Further, the Committee is satisfied that there are sufficient mechanisms in place to allow the Committee to discharge its functions.

RISKS

36. We have an averse risk appetite towards governance matters. There are no risks arising from the recommendations in this report.

IMPLICATIONS

Resourcing

37. There are no financial, staffing or sustainability implications arising from this report.

Compliance

38. This report complies with legal and governance requirements.

IMPACT ASSESSMENT

39. An Impact Assessment is not necessary as this report relates to internal governance arrangements.

CONCLUSION

40. This report summarises the work of the Audit and assurance Committee over the financial year 2023/24 and is submitted to Council for approval as part of the process for completion of the Annual Report and Accounts for 2023/24.

Title of Report	Information Governance Annual Report
Public/Confidential	Public
Summary/purpose of report	To provide Council with an update on the organisation's performance in complying with its obligations under the data protection, freedom of information and records management legislation.
Recommendations	The Council is asked to endorse the organisation's performance in information governance compliance in the 2023/24 financial year.
Author	Anne Stewart, Head of Legal and Corporate Governance
Responsible Officer	Hannah Coleman, Acting Director, Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. This report summarises the performance of the SSSC in relation to information governance for the period 1 April 2023 to 31 March 2024. We identify any issues of concern that Council needs to be aware of in relation to the organisation's compliance with data protection, freedom of information and records management legislation.

RECORDS MANAGEMENT

2. The Public Records (Scotland) Act 2011 requires Scottish public authorities to produce and submit a records management plan setting out proper arrangements for the management of public records for the Keeper of Records for Scotland (the Keeper) to agree. The Keeper agreed the SSSC's records management plan in 2014.
3. The Keeper introduced a progress update review (PUR) mechanism, following the agreement of the SSSC's records management plan in 2014. This mechanism allows us the opportunity to provide annual progress updates, concerning the records management plan, to the Keeper's assessment team. The team's assessment provides an informal indication of what marking we could expect when we submit a revised records management plan to the Keeper under the 2011 Act.
4. We continue to work on a long-term project to ensure the organisation complies with its records management obligations, and completion of the planned areas of work will improve records management practices across the organisation. Over the next few months, the SSSC Records Manager will progress a plan with support from colleagues across the organisation to review our records management structure and processes to ensure we have effective records management.
5. We provide records management training to all new starts during their induction period, and we provide refresher training to all staff annually. We have a completion rate of 85% for records management training. The figure for last year was 72%. We note that these figures do not take account of staff who are on long term sick or maternity leave. We have asked for the support of line managers to manage their team's compliance, and we have issued reminders to all members of staff who have outstanding training.

DATA PROTECTION

Individual rights requests

6. Individual rights requests received in the reporting period include the right of access (commonly referred to as a Subject Access Request), the right to erasure (also known as the right to be forgotten), the right to rectification, and the right to object. The organisation must respond to these types of requests within one calendar month.

7. We responded to 32 requests in the reporting period with 91% responded to within the statutory timescales. Last year we received 43 requests.
8. Under data protection legislation, an individual has the right to make a complaint to the Information Commissioner's Office (ICO) if they remain dissatisfied with our handling of a rights request. There was one complaint raised during the reporting period. The complaint concerned failure to confirm an address when responding to a Subject Access Request. The ICO investigated and we provided a full explanation of the circumstances alongside the steps we had taken to attempt to meet our statutory obligations. The ICO made a number of recommendations but took no further action. We have carried out a lessons learned with relevant staff members.

Third Party requests

9. We have changed our process on dealing with Third Party Requests. The Registration Team now deal with straightforward requests from Social Work England, Social Care Wales and the Northern Ireland Social Care Council. This means we no longer collate the number of requests within Legal and Corporate Governance (LCG). However, the LCG team deals with complex requests and requests from other types of third-party organisations, for example international regulators and local authorities.

Data security incidents

10. The organisation is under a statutory duty to report certain personal data breaches to the ICO within 72 hours of becoming aware of the breach, where feasible. The organisation has a data breach management process. This includes carrying out a risk assessment to determine whether a breach is reportable and an investigation to identify the cause and to recommend actions to prevent recurrences.
11. 83 data security incidents/breaches were reported over 2023/24, a reduction of 19% in comparison with financial year 2022/23, where we received 102 reports. We assessed these as nine near misses, 14 security incidents and 59 breaches. We categorise an incident as a breach where there was a failure in our security procedures. A security incident is one where information has been disclosed but there was no failure in our security procedures eg counter signatory details had not been updated by the employer.
12. The Information Governance team has and will continue to encourage early reporting of data security incidents across the departments within the organisation through awareness raising of the reporting requirements and training as detailed at paragraph 15.
13. As part of the risk assessment process, we categorise data security incidents as low/green, medium/amber, or high/red, dependant on factors

such as the volume of data released, the sensitivity of the information released and the risk to the affected individuals. We report those categories classified as high/red to the ICO within 72 hours.

14. We reported one data security incident to the ICO in the reporting period. The incident concerned disclosure of a data subject's street address within a Notice of Decision. We took remedial action and the ICO took no further action.

Delivery of data protection training

15. We appoint and train data champions for each team to provide bespoke training to all staff. We have a completion rate of 80% for data protection training in the reporting period. Last year the figure was 92%. We note that these figures do not take account of staff who are on long term sick or maternity leave. We have asked for the support of data champions to make sure that the remainder complete the training as soon as possible and we are reviewing our processes to improve how we record and monitor completion of training.

Data security procedures

16. We review and update the data security procedures where necessary following our security incident recommendations. We have also carried out an annual review.
17. We progressed our action plan which we put in place after completing the ICO accountability self-assessment. Actions completed in the reporting period include:
 - a. Review of automated decision making
 - b. Setting up of Information Governance Oversight Group which meets bi annually
 - c. Setting up Data Champions quarterly meetings
 - d. Promotion of Data Protection Policy to staff
 - e. Review of privacy defaults on internet pages

FREEDOM OF INFORMATION

Requests for information

18. The organisation must respond to freedom of information requests within 20 working days.
19. We responded to 26 requests in the reporting period with 96% responded to within the statutory timescales. Last year we received 33 requests.
20. Under the Freedom of Information (Scotland) Act 2002, an individual has the right of appeal to the Scottish Information Commissioner if they

remain dissatisfied with our response following a request for a review. There were no appeals raised to the Scottish Information Commissioner during the reporting period.

Publication Scheme

21. We have made improvements to the information provided on our website under the publication scheme.

Retention Schedule

22. We commenced a review of the Retention Schedule in 2023/24 and will submit this to EMT for approval shortly.

CONSULTATION

23. We did not carry out any consultation in the preparation of this report.

RISKS

24. We have an averse risk appetite towards governance matters. The ICO can impose sanctions for failure to meet data protection statutory obligations. There is also a risk of criminal or civil proceedings and reputational risk. The Keeper of Records for Scotland has powers to undertake records management reviews and issue action notices for improvement, and the Scottish Information Commissioner has power to issue formal practice recommendations and enforcement notices.
25. It is important that the SSSC is a well governed organisation. If the organisation does not meet its information governance obligations this would impact on the confidence of people who use services and their carers that the SSSC is effectively discharging its legal duties.

IMPLICATIONS

Resourcing

26. There are no resource implications arising from recommendations in this report.

Compliance

27. The organisation must comply with our obligations under the data protection, freedom of information and records management legislation. This report provides assurance that the organisation has sufficiently met those obligations during this reporting period. There are no compliance implications arising from the recommendations in this report.

IMPACT ASSESSMENT

28. An IA is not necessary as this report relates to internal governance matters.

CONCLUSION

29. This report asks Council to endorse the organisation's performance in information governance over the reporting period 1 April 2023 to 31 March 2024. There are no concerns about the organisation's compliance with the statutory requirements.

Title of Report	Qualified status of the workforce
Public/Confidential	Public
Summary/purpose of report	This report provides the Council was an overview of the qualified status of the registered workforce. It provides an analysis of the data regarding demand for qualifications and compliance with qualification conditions. The report also identifies factors which are impacting on increasing the numbers of qualified workers and details actions that the SSSC are leading, influencing or collaborating with partners on to support the workforce to get qualified.
Recommendations	The Council is asked to Council approve the areas of focus within the report, that the frequency of reporting to Council will be six monthly and to endorse the actions the SSSC is taking to support the workforce to get qualified.
Author	Laura Lamb, Acting Director, Workforce Education and Standards
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.
Link to Risk Register	Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.

Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1- Qualifying the workforce- summary of actions
Background papers	None

EXECUTIVE SUMMARY

1. This report provides the Council with an overview of the qualified status of the registered workforce. It provides an analysis of the data regarding demand for qualifications and compliance with qualification conditions. The report also identifies factors which are impacting on increasing the numbers of qualified workers and details actions that the SSSC are leading, influencing or collaborating with partners on to support the workforce to get qualified.
2. Council is asked to approve the areas of focus within the report, that the frequency of reporting to Council will be six monthly and to endorse the actions the SSSC is taking.

BACKGROUND

3. As the regulator for the social work, social care and children and young people's workforce the SSSC sets the qualification requirements for the workforce. The SSSC is responsible for ensuring the registered workforce comply with the requirements of registration including gaining an appropriate qualification for their role within a specified timescale. For most register groups they have a period of five years to gain their qualifications if they join the register unqualified. This timescale will reduce to three years for most function-based register groups from 3 June 2024 with the exception of those joining the register in housing support, care at home or care home roles whose timescale will not reduce until June 2025.

INFORMATION

Current performance

4. In 2020 the SSSC set a Strategic Performance Indicator focussed on the percentage of the registered workforce who are qualified. The original target was set at 50% qualified increasing to a target of 53% in April 2023. The percentage of the workforce who are qualified has continued to increase year on year since the measure has been in place. The percentage of the registered workforce who were qualified at the end of April 2024 was 52.4%. As of April 2024 this will no longer be a strategic measure within the assurance report but will continue to feature as an Key Operational Indicator (KOI). This report is the first of six-monthly reports for Council on the qualified status of the registered workforce.
5. It is important to note that while the percentage of the workforce who are qualified has continued to increase so too has the size of the Register. In April 2020 the size of the Register was 162,153 individuals which has

increased to 176, 261 as at end of April 2024. The register has increased by 14,108 in the last four years and continues to grow.

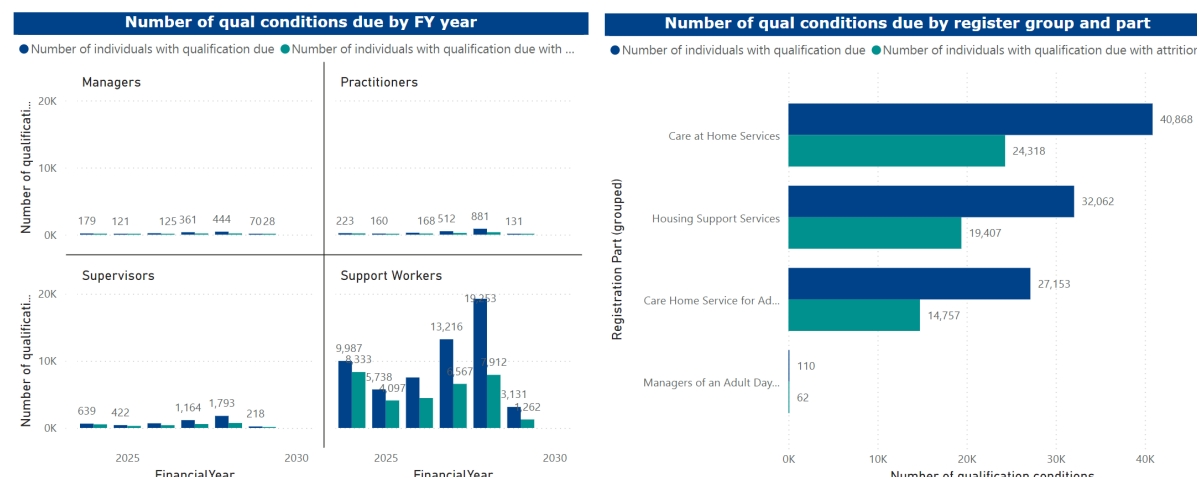
Profile of the Register

6. The chart below shows how qualified each of the register groups currently are. The most qualified group is practitioners in day care of children services and the least qualified group is support workers in a Care Home Service for Adults.



7. The number of qualification conditions due over the next five years is 82,559. After attrition the number reduces to 50,248. Of those, 38,859 are workers within the adult social care register groups.
8. This is not unexpected given they are both the largest and newest groups to join the register. The two largest groups are support workers in care at home and housing support services. Registration became mandatory for these groups in September 2020 therefore a number of individuals registered around that date who have remained on the register will not have reached the five year deadline to meet their qualification condition at this stage.
9. In addition the adult social care groups (housing support, care at home and care home services for adults) have the highest turnover rates of our register groups, particularly at support worker level, therefore there are a

large number of individuals who have joined the register in these groups who are still within their five years to gain the required qualification.



- The biggest demand for qualifications over the next five years is from support worker roles within adult social care. The qualification requirement for these roles is set at SCQF level 6 qualifications.

Compliance with qualification conditions

- The are 5,731 individuals, currently on the Register (as at 30 April 2024), who have had their qualification condition reapplied. This represents 3.25% of registrants. This is an increase from April 2020 when the figure was 4,404. This figure peaked at 5,940 during the pandemic as a result of the SSSC implementing a contingency measure of automatic extensions to anyone who had a qualification condition due between May 2020 and May 2022. This decision was made to ensure sustainability of the workforce and viability of services. Removing individuals from the register for not meeting their condition requirement would have further compounded and impacted on the significant workforce pressures and delivery of care.
- The total number of individuals who have received a qualification condition extension between April 2020 and April 2024 is 11,074. Of these, 7,228 extensions were either an automatic extension during the pandemic or due to the impact of Covid. Other than Covid, our data shows the three main reasons given for extensions were personal sickness/ bereavement, difficulties securing training provision, or other- which in many cases has been documented as caring responsibilities.
- When looking at register parts, the highest percentage of extensions within one register category are Care Inspectorate Inspectors. There have been a number of changes to the qualification requirements for Inspectors and significant challenges in accessing the required learning resulting in the CI developing a specific PDA award which is approved by the SSSC.

Whilst inspectors have one of the highest percentage of register groups with a qualification extension the actual number of registrants who have had a qualification condition extended is currently 37. Recent changes to the qualification requirements, approved by Council November 2023, should have a positive impact and assist inspectors to meet the required qualification.

14. Care Home Services for Adults has the largest number of individual registrants who have had a condition reapplied and the number of extensions for this group rose significantly during the pandemic, peaking in May 2022 before starting to reduce. However they continue to remain the highest percentage of all qualification condition extensions with currently 5.5% of registrants (2,576 individuals) with a condition extension working in care homes. Support workers in care home services for adults mandatory registration came into effect in September 2015 therefore large numbers were due to meet their qualification requirement in 2020 and received an automatic extension to their qualification condition as part of Covid contingency measures.

Qualified status of managers and supervisors

15. The percentage of managers and supervisors within each register group is detailed below. The percentage and number of individual managers who have had their qualification extended is highest in day care of children despite the overall register group being the most qualified function-based group. This is largely due to a change in qualification for the managers to a degree level qualification in 2010. In order to complete the degree qualification managers are required to hold a relevant practice qualification as an entry requirement. Managers who did not hold a relevant qualification therefore had to complete a practice qualification prior to commencing on the Childhood Practice award which can take three years to complete. This has been the most common reason for requesting extensions in the day care of children manager register part.
16. The percentage of managers and supervisors who have had their qualification condition extended is significantly higher than the overall averages in each register part. Further analysis and modelling are required to understand the reasons for these extensions. In particular it will be important to understand if those managers and supervisors receiving qualification condition extensions hold any qualification (i.e the practice element) or if we have high numbers of individuals in leadership roles who currently hold no qualification and are responsible for manager and leading the practice of others. If this is this case, we will explore options to target and support these groups to get qualified for example- prioritising them for funding through the VSDF fund and work with the CI to understand impact and risk for services.

Register Group and overall % with an extension	Number of individuals with an extension	% of Managers with an extension	Number of managers with an extension	% of supervisors with an extension	Number of supervisors with an extension
Care Home Services for Adults (6.3%)	2567	8.2	47	7.2	289
Care at Home (2.7%)	2173	10	114	5.3	276
Housing Support (2.6%)	1720	9.2	94	5.3	257
Day Care of Children (2.2%)	637	10.2	315	n/a	n/a
Adult Day Care (4.8%)	17	4.8	17	n/a	n/a
Residential Child Care (5.5%)	305	3	15	3.2	30
School Care Accommodation (4.9%)	13	7.7	1	3.7	1

Rate the workforce is gaining qualifications.

17. The current average timescale it takes individuals to gain their qualification is 36.90 months. Pre-pandemic this average was 31.43 months (as at April 2020) This average has seen an increase as a result of the Covid extensions. Although the average timescale is increasing the number of individuals meeting their qualification condition each month is increasing and is above pre-Covid rates. The groups taking the longest to qualify are CI inspectors (68 months) Care at Home (average 48 months) and Housing Support (average 47 months). Care at Home and Housing Support timescales are increasing whereas CI inspectors' timescales are reducing. Residential childcare is also beginning to see a slight increase in timescales. All other register parts are seeing a reduction.

Impact

18. We know from our Register data that those who join the register qualified or meet their qualification condition are more likely to stay on the Register and in the sector longer than those who don't and are less likely to be referred to Fitness to Practice. The average timescale that someone who joins the register qualified stays on the register is 66 months and for those who meet a condition 51 months. Those who don't meet their qualification condition on average leave at 27 months. The combined position is currently 37 months. Looking at register parts the average

length of time individuals stay on the register in Housing Support (28.7) and Care at Home (27.1) is significantly less than other register parts although is improving.

19. Our data suggests there are factors which impact on how qualified register groups are:

- **Turnover rates-**

Our data shows us that turnover rates are higher in the voluntary and private sector and that the highest turnover is in Adult Social Care (Housing Support, Care at Home, Care Homes for Adults), in particular in support worker roles. The data does however show that for most register groups the turnover rate is reducing and has reduced year on year since 2021 with the exception of social workers who saw a slight increase in 2023, although the rate remains lower than 2021.

- **Employer type-**

The demand for qualifications is lowest in the public sector, slightly higher in the voluntary sector however significantly higher in the private sector. The private sector demand is consistently around double the demand in the public sector year on year over the next five years.

- **Age**

The number of registrants who have a qualification condition reduces with age. 93.9% of registrants 24 years of age or younger have a qualification condition.

- **Access to funding for qualifications/ Difficulties accessing training provision:**

The most significant demand for qualification over the next five years is the SCQF level 6 Health and Social Care SVQ. This is driven by the numbers of support workers in care at home, care homes and housing support who still need to gain their qualification requirement for registration. Access to funding for SCQF level 6 qualifications is limited.

- **SSSC decisions:**

SSSC decisions which have impacted on timescales of registrants becoming qualified include changing the qualification requirements for register groups including changes to the requirements for Managers in Day of Children Services and Care Inspectorate inspectors, automatic extension of qualification conditions during the pandemic and requirement and the delay to the reduction of ASC qualification timescales until June 2025.

ACTIONS

20. Setting the qualification requirements, timescale to gain qualifications and ensuring registrants meet the requirements for registration, including the

qualification requirements, are the only factors directly within the SSSC's control. We are able to influence and work in collaboration with key partners to address the influencing factors but they are not directly within our control. A full list of actions and progress is available at Appendix 1.

RISKS

21. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions.
22. Our work around qualified status of the workforce supports some of the actions with strategic risk 2, however we are not in control of registrants gaining their qualification, therefore it is not the focus of mitigation against risk 2. The wide range of work across WES supports the development of the workforce in many ways and our mitigation to ensure the workforce is developing and using CPL comes from initiatives throughout the department across multiple areas.

IMPLICATIONS

Resourcing

23. There are no resourcing requirements identified in this report.

Compliance

24. There are no compliance issues identified as part of this report.

IMPACT ASSESSMENT

25. An impact assessment was not required as this report is for noting and endorsing.

CONCLUSION

26. The Council is asked to approve the areas of focus within the report, that the frequency of reporting to Council will be six monthly and to endorse the actions the SSSC is taking to support the workforce to get qualified.

Appendix 1- Qualifying the workforce- summary of actions

Action	Lead Agency	SSSC Role- Lead (L), Contribute (C) Influence (I)	Progress
Wider acceptance of qualifications	SSSC	L	In effect from 3 June 2024
Reduce timescale for qualifications	SSSC	L	In effect from 3 June 2024 with the exception of ASC groups – changes to timescales postponed to June 2025
Annual declaration information on progress towards qualifications	SSSC	L	In effect from 3 June 2024
Determine maximum possible % qualified (taking into account turnover rates etc) and revise current KOI target	SSSC	L	In progress
Further analysis and modelling of qualification extensions for managers and supervisors	SSSC	L	Not started-include in next report in 6 months
D365 system changes to improve recording of reasons for extensions	SSSC	L	Not started. Will be scoped after future proofing system changes go live
Introduction of leavers survey for everyone who comes off the register	SSSC	L	In effect from 3 June 2024
Target VSDF funding	SSSC	L	Applications for funding July-Sept 2024

Promote funding for qualifications and host SG resource for funding	JSST workstream SG ASC - lead	C	In progress
Address limited funded routes to gain SCQF level 6 qualifications	JSST workstream SG ASC/ Skills Development Scotland	I	In progress
Develop and deliver actions in skills response plan for Adult Social Care	Skills Development Scotland	C/I	In progress
Develop new qualification pathways including graduate apprenticeship route into social work; and SVQ Integrated Award	OCSWA	C- SW graduate apprenticeship	In progress
	SSSC	L	In progress
Support sector with guidance of recognition of prior learning	SSSC	L	Complete
Develop career pathway resource for adult and children social care to promote diverse range career opportunities and support recruitment campaigns	SSSC/NES (JSST workstream)	L	In progress
CEOs to write to Minister for Higher and Further Education highlighting qualification challenges in social care based for consideration in letter of priorities	SSSC/NES	C/I	In progress

to Scottish Funding Council			
International Recruitment social care pilot	NES	C	In progress
Workforce Skills Report	SSSC	L	Not yet started-planned to commence Q3 2024
Develop and promote pre-employment and induction guide for overseas workers, refugees and asylum seekers in Scotland	SSSC/ Scottish Refugee Council/NES	C	Complete
Develop resources to support employers when recruiting 16/17 year olds	SSSC (employability and career network)	L	In progress
Revise National Induction Framework for ASC and develop induction passport	SSSC/NES (JSST workstream)	L	In progress
CI service grades versus % workforce qualified to support targeted inspection and joint action	SSSC/CI	L	Not yet started-in discussion stages of how to achieve

Title of Report	Review of the principles and criteria applied to the assessment and approval of qualifications for registration.
Public/Confidential	Public
Summary/purpose of report	The report provides an overview of the proposed changes to the principles and criteria applied to the assessment and approval of qualifications for registration.
Recommendations	The Council is asked to approve the revised principles and criteria.
Author	Corinne Robbie Learning and Development Manager, Qualifications and Standards Team
Responsible Officer	Laura Lamb Acting Director of Workforce, Education and Standards
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.
Link to Risk Register	Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.
Impact Assessment	An Impact Assessment (IA) was completed.
Background papers	Assessment Principles Strategic Approach to Sector Qualifications and

	Learning Impact Assessment
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EXECUTIVE SUMMARY

1. The functions contained in Section 58 of the Regulation of Care (Scotland) Act 2001 are delegated by Scottish Ministers to the SSSC. This includes ascertaining what education or training is required by persons who are, or wish to become, social service workers and setting standards for such workers.
2. The SSSC has a qualification-based register and sets the qualification requirements for each register group.
3. The SSSC applies principles and criteria to the assessment and approval of qualifications accepted for registration. They form the foundation of assessment for qualifications we accept.
4. The principles and criteria have been reviewed to ensure they:
 - remain fit for purpose and reflect current practice
 - are clear and easy to understand
 - continue to align with the other UK social service regulators and Standard Setting Organisations (SSOs) approach to qualifications.
5. Changes have been made to the language and structure of the principles and criteria to provide clarity and ease of use. The one substantial change is the removal of “meets registration criteria set by a nationally recognised regulatory body”. In practice we no longer do this as there are some qualifications accepted by other regulators that we do not accept or are accepted subject to a compensatory measure as they do not meet our standards.
6. The Council is asked to approve the revised principles and criteria.

BACKGROUND

7. There are four SSOs within the UK who collectively, under the umbrella of Skills for Care and Development (SfCD), have responsibility to maintain and develop the national occupational standards for the sector. The SSOs are:
 - Skills for Care (SfC) – England
 - Northern Ireland Social Care Council (NISCC) – Northern Ireland
 - Social Care Wales (SCW) – Wales
 - Scottish Social Services Council (SSSC) – Scotland
8. The SfCD partnership have agreed [Assessment Principles](#) and a shared [Strategic Approach to Sector Qualifications and Learning](#) ensuring a high quality workforce for early years, children and young people’s services, social work and social care (both adults and children) across the UK.

9. The principles set the minimum standards required for approval and assessment of qualifications throughout the UK.
10. Using the same overarching principles across the four nations promotes transferability across the UK of recognised qualifications within the sector which ensures consistency in practice and supports movement of the workforce. This approach also supports alignment in the qualification requirements set by each of the social service regulators.
11. The SSSC principles and criteria for the assessment of qualifications are based upon, and align with, the shared UK approach.
12. On average we assess 505 UK qualifications and between 10-25 non-Uk social work qualifications per year to determine if they meet our requirements for registration. Qualifications can be accepted, rejected or accepted in part with a compensatory measure.
13. The SSSC regularly responds to enquiries and complaints from individuals when the qualifications they present for assessment do not meet our requirements.
14. When responding registrants, employers and learning providers are directed to the principles and criteria to explain why their qualification is not accepted.
15. Feedback from stakeholders suggests that the current principles and criteria are not easily understood, and often further explanation is required.

REVIEW FINDINGS

16. The overall approach we take to the assessment of qualifications remains fit for purpose. The principles continue to underpin the qualifications we accept and develop for registration.
17. Our principles and criteria continue to align across the UK.
18. Review of feedback from our stakeholders through our enquiries and complaint processes highlighted changing the language, structure within the current SSSC principles and criteria would provide further clarification for individuals.
19. It was identified that there was a lack of clarity about which standards and frameworks the principles and criteria were referring to.
20. In practice the SSSC no longer automatically accepts qualifications that meet the registration criteria set by another nationally recognised regulatory body. For example, a number of English social work

qualifications are no longer generic and focus only on adult or children’s social work and therefore do not fully meet the Scottish Standards in Social Work Education. Individuals holding such qualifications applying to register with the SSSC are therefore registered subject to a compensatory measure. In order to protect the integrity of our Register and to ensure the SSSC is not required to adhere to decisions made by other regulatory bodies, this particular criterion should be removed.

PROPOSED CHANGES TO THE PRINCIPLES AND CRITERIA

21. To address these issues and to provide clarity for individuals, it is proposed that the principles and criteria be changed as follows:

Current wording	Proposed wording
<p>The key principles are that any award must:</p> <ul style="list-style-type: none"> • integrate observed, assessed practice and learning • be recognised within a national qualification's framework • recognise the importance of underpinning knowledge and a value base that is consistent with the Code of Practice for Social Service Workers. 	<p>The key principles are that any award must:</p> <ul style="list-style-type: none"> • integrate observed, assessed practice and learning • support safe and effective care that aims to enhance the well-being of individuals • reflect the standards of practice, values and behaviour that are consistent with the SSSC Code of Practice for Social Service Workers.

<p>The criteria we set for qualifications is that any award:</p> <ul style="list-style-type: none"> • incorporates assessment against occupational standards or is based on the assessment of work-based competence • is designed to match a particular function or range of functions within social services, or meets registration criteria set by a nationally recognised regulatory body • is subject to a recognised and regulated form of external • verification or assessment. 	<p>The criteria we set for qualifications is that any award must:</p> <ul style="list-style-type: none"> • include direct observation of naturally occurring practice throughout the assessment process • be based on National Occupational Standards (NOS), designed for the needs of the social work, social care and children and young people's workforce • be included at the relevant level on either the: <ul style="list-style-type: none"> ○ the Scottish Credit and Qualifications Framework (SCQF) ○ the Regulated Qualifications Framework (RQF) for England Wales and Northern Ireland and endorsed by Skills for Care • be accredited by regulated, approved and quality assured awarding bodies.
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CONSULTATION

22. The principles and criteria have been reviewed in consultation and through engagement with:

- UK partner SSOs and regulatory bodies
- Scottish Credit Qualification Framework (SCQF)
- Scottish Awarding Body Forum which represents:
 - employers
 - Scottish Qualifications Authority (SQA)
 - external qualification verifiers
 - SQA Accreditation
 - independent learning providers
 - further education representatives

RISKS

23. Developing and setting the standards for practice, setting the qualification requirements, and quality assuring the education and training are part of our regulatory function. There are principles, criteria, established rules and

requirements set around assessment and standards that we must adhere to. When the guidance allows, we take a proportionate approach, however we are bound by the legislative framework that exists therefore we have a cautious risk appetite.

24. Failure to implement the revised principles and criteria will result in continued confusion leading to enquiries and complaints which could damage our reputation.

IMPLICATIONS

Resourcing

25. There are no additional resourcing requirements identified as part of this report.

Compliance

26. There are no compliance issues required as part of this report.

IMPACT ASSESSMENT

27. An Impact Assessment was completed. The proposed changes to the principles and criteria largely have a neutral impact although positively impact on employers and individuals providing additional clarity and ease of understanding. The changes also reduce the possible inequity of accepting qualifications for registration with the SSSC that have set and assessed by other regulators rather than assessed against our standards, principles and criteria.

CONCLUSION

28. The Council is asked to approve the revised principles and criteria.
29. Due to the Future Proofing Programme go live date of 3 June 2024 it is proposed that, if approved, we delay communicating the changes until August 2024.

Title of Report	Review of the Requirements for Social Work Training.
Public/Confidential	Public
Summary/purpose of report	<p>The report provides a summary of, and rationale for, the proposed changes to the teaching, learning and assessment requirements for Social Work qualifying programmes outlined in the Requirements for Social Work Training in the Framework for Social Work Education.</p> <p>A full summary of the amendments can be found at Appendix 2.</p>
Recommendations	The Council is asked to approve the proposed changes to The Requirements for Social Work Training and timescales for implementation.
Author	Ruth Shipstone, Learning and Development Manager
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p>

Impact Assessment	An Impact Assessment (IA) was developed.
Documents attached	Appendix 1 – Full detail of the proposed changes
Background papers	Framework for social work education (purple Book).pdf Impact Assessment

EXECUTIVE SUMMARY

1. The SSSC approves and quality assures the delivery of Social Work education in Scotland.
2. The Review of Social Work Education recommended the revision of the teaching, learning and assessment requirements for Social Work qualifying programmes outlined in the Framework for Social Work Education.
3. A review of the Requirements for Social Work Training commenced in 2020 but was paused during the pandemic and has been updated and amended to reflect the changing climate of social work education in the post pandemic era.
4. As well as updates to terminology and wording there are several proposed revisions and additions to the existing requirements. These include:
 - a change to the minimum number of practice learning days
 - a requirement for students to gain experience of statutory social work functions on placement
 - a change to the minimum course attendance requirements for students
 - a requirement for Practice Educators to be a registered social worker
 - setting the definition of a practice placement
5. Council is asked to approve the proposed changes to The Requirements for Social Work Training and plans for implementation.

PROPOSED REVISION 1

REQUIREMENT M- NUMBER OF DAYS IN PRACTICE LEARNING

6. The Higher Education Institutes (HEIs) who deliver the social work degree were asked to clarify how many practice learning days are included in their courses, not including study days, recall days, observational and 'virtual' placement opportunities. It was important to examine practice learning in the context of the specific days spent in assessed Social Work practice experienced by students at each HEI institution rather than the broader interpretation. The information collated identified significant variance across degree programmes.
7. The HEIs acknowledge the value of experiential direct practice and in principle agree to the proposal that a minimum of 160 days should be spent in direct practice. They requested that in addition to the 160 days, some capacity for study time and recall to university should be built into the practice structure in order to avoid disadvantaging students. The proposal was amended to 180 days to take this into consideration whilst still raising the bar for experiential direct practice and offering the HEIs independence to deliver learning that it is appropriate to their organisation. The change of

minimum days aligns with the requirements of the other UK social work regulators.

8.

Current	Proposed
<p>Make sure that all social work students spend at least 200 days in practice learning, of which at least 160 must be spent in supervised direct practice in service delivery settings. This practice learning must be assessed. Up to 60 days of the supervised direct practice element can be subject to credit from prior experiential learning.</p>	<p>Ensure that all social work students spend a minimum of 180 days in practice learning. Practice learning is supervised, direct practice in a service delivery setting in which the student actively participates in the day-to-day work of the team and is formally assessed whilst doing so. The equivalent of half a day for every five practice days and a maximum of two university recall days are allocated to reflective study time and count as part of the practice placement.</p>

9. Funding for each day of practice learning is agreed and funded by the Scottish Government. Although the overall number of placement days will increase slightly, most HEIs previously counted study days and recall/workshop days in the number of placement days and sought funding accordingly. Additionally, funding for observational placement days has been removed. The actual difference in funding will depend on the HEI degree programme but will not be significant.
10. The proposed revision supports the ongoing work of Practice Educators who have traditionally been paid their daily fee when students were on study days or recall days. It limits the number of 'paid' recall days to two across the 180-day period although HEIs can create additional recall days should they wish to do so. Any additional recall days would not count towards the overall number of placement days.

PROPOSED REVISION 2
REQUIREMENT N- PRACTICE LEARNING IN A STATUTORY FUNCTION

11. In recent years approximately 95% of Newly Qualified Social Workers (NQSW) have started their careers in local authority, statutory social work roles. We also know through considerable evidence from a range of research papers, including the SSSC's 5-year longitudinal study, that NQSWs are not always considered to be fully prepared for social work in a statutory setting. The retention rates for qualified social workers continues to be of significant concern and early career experiences are a significant factor.

12. It is important to value the learning opportunities for Social Work students in the private and 'not for profit' sectors and the need for practitioners to experience a range of practice to broaden the learning that they may well then take into the statutory sector.
13. Statutory duties are often contracted out by local authorities to their partner agencies. Although requiring each student to complete a full local authority statutory placement would ensure that they receive the robust learning and obtained the experience required to work in local authority statutory practice, in some areas of the country there is not currently the capacity to provide all students with a statutory placement.
14. Work is ongoing through the Social Work Education Partnership (SWEP) to develop capacity in local authority placement settings to increase the opportunities of placements in local authorities. Requiring that all students have one period of practice learning in an environment which offers a statutory function should be sufficient to provide a robust learning experience and could be implemented quickly.

Current	Proposed
<p>Make sure that this assessed practice learning is structured over the course of the degree to allow students to gain experience of and develop ability in:</p> <p>Carrying out statutory social work tasks involving legal interventions.</p> <p>Working in at least two contrasting service delivery settings (for students entering through the work – based routes, at least one of these should be out with their employing agency other than in exceptional circumstances.</p> <p>Providing services to at least two user groups.</p> <p>And providing services in a way that takes account of and values diversity.</p>	<p>Ensure that assessed practice learning is structured over the course of the degree to allow students to gain experience and develop abilities through:</p> <ul style="list-style-type: none"> • undertaking a minimum of one period of practice learning that lasts for at least 80 days and includes experience of statutory social work functions and tasks involving legal interventions, including but not limited to the protection of children and vulnerable adults ideally in a local authority setting. • Students must not undertake the primary or lead role in child protection, adult support and protection or the supervision and management of sex offenders. • Practice learning opportunities must offer contrast both between placements and the student's usual place of work, offering a breadth of opportunity between sectors of the workplace and the groups of people who use our services.

PROPOSED REVISION 3

REQUIREMENT P- MINIMUM ATTENDANCE ON THE TAUGHT PROGRAMME

15. The teaching and learning landscape has changed significantly over the last five years, hybrid models of delivery are now considered normal in most HEIs. There are obvious benefits to embracing different models of delivery and engagement although face to face academic learning is still an extremely important part of the learning, development and preparation for direct practice of the student.
16. It is proposed that a minimum attendance of 80% for taught modules be introduced to the requirements, taking into consideration disability/extenuating circumstances.

Current	Proposed
Make sure that the students spend enough time in structured academic learning, under the direction of an educator, to meet the required level of competence. This is expected to be at least 200 days or 1,200 hours.	It is a requirement that students attend 80% of taught sessions, regardless of the mode of delivery, although special dispensation can be allowed by negotiation to meet extenuating circumstances. Practice skills development may include learning in relation to, but not limited to: <ul style="list-style-type: none">• expectations of professional practice• assessment and interviewing skills;• group work;• communication skills; group practice and so on.

PROPOSED REVISION 4

REQUIREMENT S- REQUIREMENTS FOR PRACTICE EDUCATORS

17. There is currently no formal structure of regulation for Practice Educators and concern that some may not have an appropriate practice teaching qualification, be able to demonstrate continuous professional learning appropriate to the role and may not have an up to date PVG certificate.
18. There is currently no requirement for Practice Educators to be qualified Social Workers.

19. Some Practice Educators are registered as professionals in other fields and some are retired Social Workers who may have let their registration lapse.
20. This proposal introduces a requirement that all Practice Educators are SSSC registered Social Workers. This is a requirement in other parts of the UK.

Current	Proposed
There is no current requirement	The Practice Educator must be a SSSC registered Social Worker who also holds a relevant Practice Teaching qualification.

**PROPOSED REVISION 5
REQUIREMENT T- DEFINITION OF PRACTICE LEARNING**

21. There is currently no definition of a Social Work Practice Learning Opportunity and of how it should be conducted although general principles appear to have been adopted.
22. For the purposes of clarity it was felt appropriate to create a definition of a Practice Learning Opportunity.

Current	Proposed
There is no current requirement	<p>A Practice Learning Opportunity or Practice Placement is a period of time in which Social Work Students are based in a service delivery setting in the statutory, private or voluntary sector.</p> <p>The setting must provide the learning opportunities necessary for the student to meet The Standards in Social Work Education (SiSWE).</p> <p>There should be a minimum of two periods of practice learning.</p> <p>Each period of practice learning should include a minimum of three observations of direct practice, two of which must be conducted by the allocated Practice Educator. The third must be conducted by someone approved by the allocated practice educator but who is not necessarily a qualified practice educator themselves. A minimum of two observations of practice must involve direct work with people using the service.</p> <p>The student must demonstrate the ability to use critical reflection and link theory to practice in both placements. The student must have a different practice educator for each period of assessed practice learning.</p>

OTHER PROPOSED REVISIONS ACROSS THE REQUIREMENTS

23. The Requirements for Social Work Training have been revised to update the language and terminology. All proposed changes to the requirements can be accessed at Appendix 1.

IMPLEMENTATION

24. The HEIs were consulted and contributed to the proposed implementation timescales in relation to the changes that would impact most on the delivery of qualifying awards. The implementation timescales allow for amendment, publication and publicity of the changes to the Framework for Social Work Education and longer periods where amendments to qualifying awards have to be considered.
25. The proposed implementation timescales are summarised as follows:

Requirement Subsection	Proposed timescale
E, H, I, J, K, L, N, Q, R, T	September 2025
M, O,	September 2027
S	September 2027*

(*) In relation to subsection S, it is proposed that as an interim measure, Practice Educators who are already practicing and are not Registered Social Workers must be supported in each Practice Placement by a Link Worker / Workplace Supervisor who is a qualified and registered Social Worker. This will commence in September 2025 and cease to be permitted in September 2027 when requirement S comes into effect.

CONSULTATION

26. The SSSC consulted and engaged with the HEIs, the Social Work Education Partnership forum (SWEP), and Social Work Scotland Learning and Development Sub-Committee. All partners support the proposed revisions to the requirements and plans for implementation.

RISKS

27. Developing and setting the standards for practice, setting the qualification requirements, and quality assuring the education and training are part of our regulatory function. There are principles criteria, established rules and requirements set around assessment and standards that we must adhere too. When the guidance allows, we take a proportionate approach, however

we are bound by the legislative framework that exists therefore we have a cautious risk appetite.

28. We are very conscious of the need to promote best practice whilst making recommendations that are manageable and can be implemented successfully, within timescales in the current, challenging landscape. A cautious risk appetite is prudent under current circumstances and decisions have been made in consultation with our partners on this basis. The implementation plan and interim measure outlined above provides a transitional period to allow for preparation and adaptation and has been broadly welcomed by partners.

IMPLICATIONS

Resourcing

29. Scottish Government provides funding for practice learning opportunities based on the number of days each student spends in placement. The SSSC disburse payment of the practice learning fee on behalf of Scottish Government. This cost is variable. The recommendations in this report may cause that cost to increase in some cases but will also result in a reduction in some other previously funded areas of practice learning (observational placements for example). The Office of the Chief Social Work Adviser chair SWEP and have been fully engaged in the revised proposals. There is no direct cost to the SSSC.

IMPACT ASSESSMENT

30. We developed an Impact Assessment which forms a background paper to this report. There are no significant negative impacts which need to be considered. The Impact Assessment will remain under review during implementation of the changes.

CONCLUSION

31. Council is asked to approve the revised Requirements for Social Work Training and plans for implementation.

Complete proposed amendments to the Scottish Requirements for Social Work Training. April 2024

Framework subsection	Current Wording	Proposed Wording
E	Make sure that the candidate has the potential and willingness to learn the basic information technology and communication skills they need to get the European Computer Driving Licence (ECDL), or its equivalent, by the end of their first year of study.	Ensure that the candidate has the potential and willingness to learn the basic information technology and communication skills they need to get the international computer driving licence bracket (ICDL), or its equivalent, by the end of their first year of study.
H	Design the content, structure, and delivery of the training to allow social work students to show that they can meet the SISWE and are suitable to be registered with the SSSC.	Design the content, structure, and delivery of the <u>learning</u> to allow social work students to show that they can meet the SiSWE and are suitable to be registered with the SSSC.
I	Make sure that students' achievement against the SiSWE is regularly and accurately assessed and confirm that all social work students have been assessed and have met all the learning outcomes before they are awarded the degree in social work.	Ensure that students' achievement against the SiSWE is regularly and accurately assessed and confirm that all social work students have been assessed and have met all the learning outcomes before they are awarded the degree in social work.
J	Make sure that policies and procedures for assessment include effective and appropriate ways of meeting the requirements of key stakeholders in social services.	Have mechanisms in place to engage with key stakeholders in social services to ensure that policies and procedures for assessments are effective and appropriate.
K	Make sure that students understand that they must be registered with the SSSC to start and stay on the programme, and that if the SSSC removes them from the register as a result of their fitness to practice, they will not be able to achieve the professional qualification in social work.	Ensure that students understand that they have a duty to register with the SSSC to start and stay on the programme, and that if the SSSC removes them from the register as a result of their fitness to practice, they will not be able to achieve the professional qualification in social work.

L	Make sure that all students have the practice learning opportunities they need to demonstrate that they meet the SiSWE.	Ensure that all students have the practice learning opportunities they need to demonstrate that they meet the SiSWE.
M	Make sure that all social work students spend at least 200 days in practice learning, of which at least 160 must be spent in supervised direct practice in service delivery settings. This practice learning must be assessed. Up to 60 days of the supervised direct practice element can be subject to credit from prior experiential learning.	Ensure that all social work students spend a minimum of 180 days in practice learning. Practice learning is supervised, direct practice in a service delivery setting in which the student actively participates in the day-to-day work of the team and is formally assessed whilst doing so. The equivalent of half a day for every five practice days and a maximum of two university recall days are allocated reflective study time and count as part of the practice placement.
N	<p>Make sure that this assessed practice learning is structured over the course of the degree to allow students to gain experience of and develop ability in:</p> <ul style="list-style-type: none"> • carrying out statutory social work tasks, involving legal interventions; • working in at least two contrasting service delivery settings (for students entering through work-based routes, at least one of these should be out with their employing agency other than in exceptional circumstances); • providing services to at least two user groups; and • providing services in a way that reflects ethical practice and takes account of and values diversity. 	<p>Ensure that assessed practice learning is structured over the course of the degree programme to allow students to gain experience and develop abilities through:</p> <ul style="list-style-type: none"> • undertaking a minimum of one period of practice learning that lasts for at least 80 days and includes experience of statutory social work functions and tasks involving legal interventions, including but not limited to the protection of children and vulnerable adults ideally in a local authority setting. • Students must not undertake the primary or lead role in child protection, adult support and protection or the supervision and management of sex offenders. • Practice learning opportunities must offer contrast both between placements and between the placement and the students usual place of work, offering a breadth of opportunity between sectors of the workplace and the groups of people who use our services.

O	Make sure that all students undergo assessed preparation for direct practice to make sure they are safe to carry out practice learning in a service delivery setting. This preparation must include the opportunity to develop a greater understanding of the experience of service users and the role of social workers.	Ensure that all students undergo assessed preparation for direct practice to make sure they are safe and competent to carry out practice learning in a service delivery setting. Assessed preparation for direct practice is different from direct practice and should not count towards the placement days.
P	Make sure that the students spend enough time in structured academic learning, under the direction of an educator, to meet the required level of competence. This is expected to be at least 200 days or 1,200 hours.	It is a requirement that students attend 80% of taught sessions regardless of the mode of delivery although a special dispensation can be allowed by negotiation to meet extenuating circumstances. Practice skills development may include learning in relation to, but not limited to: Expectations of professional practice; Assessment and interviewing skills; Group work; Communication skills; Group practice and so on.
Q	Make sure that the programme is continually updated as a result of developments in legislation, government policy and best practice so students have the skills, knowledge and understanding they need.	Ensure that the programme is continually updated as a result of developments in legislation, government policy and best practice so students have the skills, knowledge and understanding they need.
R	Make sure that transition to work preparation is in place and that students' continuing learning requirements are recorded in an individual learning plan that they can take with them into their career in social work.	Ensure that transition to work preparation is in place and that students' continuing learning requirements are recorded in an individual learning plan that they can take with them into their career in social work.
S	There is no current requirement.	The Practice Educator must be a registered Social Worker who also holds a relevant Practice Teaching qualification.
T	There is no current requirement	A Practice Learning Opportunity or Practice Placement is a period of time in which Social Work Students are based in a service delivery setting in the statutory, private or voluntary sector. The setting must provide the learning

		<p>opportunities necessary for the student to meet The Standards in Social Work Education (SiSWE). There should be a minimum of two periods of practice learning. Each period of practice learning should include a minimum of three observations of direct practice, two of which must be conducted by the allocated Practice Educator. The third must be conducted by someone approved by the allocated practice educator but who is not necessarily a qualified practice educator themselves. A minimum of two observations of practice must involve direct work with people using the service. The student must demonstrate the ability to use critical reflection and link theory to practice in both placements. The student must have a different practice educator for each period of assessed practice learning.</p>
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Title of Report	Complaints Performance – annual update for period 01/04/2023 to 31/03/2024
Public/Confidential	Public
Summary/purpose of report	This report presents annual complaints performance information for 2023/24.
Recommendations	The Council is asked to: <ul style="list-style-type: none"> • note our performance in responding to complaints in 2023/24 • approve the annual complaints performance report to be published on our website.
Author	Anna Fairweather Quality and Improvement Officer
Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The information in this report links to: <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	Appendix 1: Complaints performance – 01/04/2023 to 31/03/2024
Background papers	None

EXECUTIVE SUMMARY

1. We follow the model complaints handling procedure (CHP) as defined by the Scottish Public Sector Ombudsman (SPSO).
2. This report forms part of our wider reporting commitment which includes quarterly reporting (discussed at OMT and thereafter published online).
3. We adopted the SPSO's revised model for complaints handling in April 2021 and have reviewed and updated our Complaints Handling Procedure in April 2024. In practice there are few material changes to the model and our reporting commitment remains the same as at present.
4. This annual report summarises our performance in 2023/24 in responding to complaints at each stage of the procedure.
5. We are currently working to improve the level of data we can provide about our complaints to allow us to better analyse complaints received. A high-level breakdown of complaints will be created to show the number of complaints received by department and over time to allow a year-on-year comparison.
6. This work will also include providing breakdowns of complaints for each department in correlation to other department metrics, which will provide further context about why we might see increases or decreases in complaints in specific areas. For example, we will be able to identify if we are seeing an increase in complaints about specific processes where there has been a process change and provide further information about the volume of complaints about the Fitness to Practise investigation process in comparison to the number of Fitness to Practise referrals received.
7. We will also use new tools such as text mining to provide further analysis that will provide more specific insights into the reasons for complaints in certain areas. This will also allow departments to further analyse their own complaints and identify areas for improvement and lessons learned.

PERFORMANCE HIGHLIGHTS

8. Areas of performance of note this year include the following:
 - We responded to 99% of stage one complaints within five working days.
 - We responded to 95% of stage two complaints within 20 working days.
 - We have remained consistent with time to respond to a stage one complaint.
 - Our average time to respond to a stage two complaint has increased from 14 to 16 working days.
 - The number of stage one complaints upheld, not upheld and partially upheld has mostly been in line with the previous year's performance.

- Of the stage one complaints closed, most (221 complaints) were about one of our processes.

CONSULTATION

9. Operational Management Team and Executive Management Team were involved in the development of the report.

RISKS

10. We are required to publicly report on our complaints handling performance. Failure to produce this quarterly report and publicise it to members of the public, including our stakeholders, may put the SSSC at risk of breaching SPSO guidance. Additionally, failure to report may have a negative impact on the SSSC's reputation as a public body.
11. We have a cautious risk appetite towards sustaining appropriate operational processes, systems and controls. As we have a statutory responsibility to manage complaints, we apply this cautious approach to the systems of managing complaints. Our complaints handling procedure allows us to maintain the approach to managing risks around complaints and timescales.

IMPLICATIONS

Resourcing

12. There are no resourcing requirements identified as part of this report.

Compliance

13. There are no compliance issues identified as part of this report. Production of this report forms part of our responsibilities in complying with the SPSO's model.

IMPACT ASSESSMENT

14. An Impact Assessment was not required because this report is for noting our performance under existing procedures.

CONCLUSION

15. The Council is asked to note our performance as described in Appendix 1 and approve the report for publication on our website.

Complaints Performance 1 April 2023 – 31 March 2024

April 2024

Contents

Introduction.....	1
Performance summary.....	1
What are these complaints about?.....	5
Lessons learned from complaints.....	6



Introduction

- 1.1 We seek to provide excellent customer service across our organisation. Complaints are an opportunity to make improvements and learn from where we have fallen short.
- 1.2 We follow the model complaints handling procedure (CHP) developed by the Scottish Public Services Ombudsman (SPSO). If complainants remain unsatisfied with our response once they have gone through our process, they can complain to the SPSO. The SPSO will then decide whether to open an investigation or not.
- 1.3 Our complaints handling procedure is on our [website](#).
- 1.4 In addition to this annual performance report, we publish a quarterly summary of performance on the complaints we receive, the actions we take and areas for improvement we have identified. We also report on our performance in responding to complaints in terms of timescales and process.
- 1.5 This report covers the period 1 April 2023 to 31 March 2024. Some totals do not equal 100% due to rounding.

Performance summary

Table one: summary of complaints performance for 2023/24 and comparison to 2022/23

No.	Indicator	Performance April 2022 – March 2023	Performance April 2023 – March 2024	Comments on current performance
1.	Complaints received per 1,000 registrants	2.7	1.9	On 1st April 2024 there were 176,258 individual registrants on the Register. We received 337 complaints in 2023/24
2.	Percentage of complaints closed at stage one	97%	93%	We closed 314 stage one complaints
3.	Percentage of complaints closed at stage two	3%	7%	We closed 23 complaints at stage two. This includes 10 complaints which were escalated from stage one to stage two
4.	Average working days to respond at stage one	1	1	Our agreed timescale to respond to a stage one complaint is five working days
5.	Average working days to respond at stage two	14	16	Our agreed timescale to respond to a stage two complaint is 20 working days

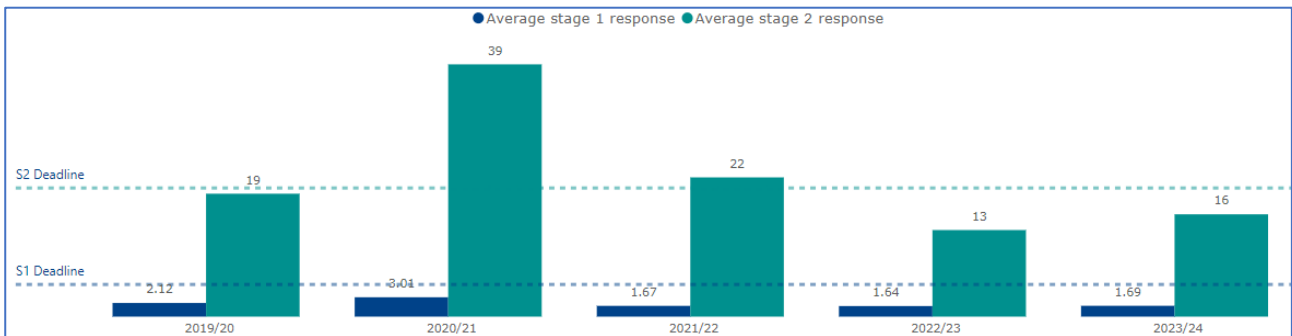
Complaints Performance
1 April 2023 – 31 March 2024

6.	Stage one complaints closed within five working days	99%	99%	We closed 308 stage one complaints within five working days
7.	Stage two complaints closed within twenty working days	93%	95%	21 of the 22 stage two complaints were closed within 20 working days. Not all complaints received in 2023/24 received a response in the same year (as some were received at the end of March 2024)
8.	Stage one complaints with an extension	1%	1%	We extended the deadline in two stage one complaints
9.	Stage two complaints with an extension	0%	0%	We extended the deadline in 0 stage two complaints
10.	Proportion of complaints where complainant was satisfied	100%	90%	Due to reporting methods, this figure is indicative only. See para 2.7 for detail
11.	Stage one complaints upheld	4%	4%	11 stage one complaints were upheld
12.	Stage one complaints not upheld	18%	25%	80 stage one complaints were not upheld
13.	Stage one complaints partially upheld	6%	4%	12 stage one complaints were partially upheld
14.	Stage one complaints resolved	72%	67%	'Resolved' is an outcome introduced on 1 April 2021. 209 stage one complaints were resolved
15.	Stage two complaints upheld	18%	5%	One stage two complaint was upheld
16.	Stage two complaints not upheld	36%	55%	12 stage two complaints were not upheld
17.	Stage two complaints partially upheld	36%	36%	8 stage two complaints were partially upheld



2.1 Our agreed timescales are to respond to stage one complaints within five working days, and stage two complaints within 20 working days. The following set of charts presents key information relating to our ability to respond within these timescales.

Figure one: Average working days to respond to complaints



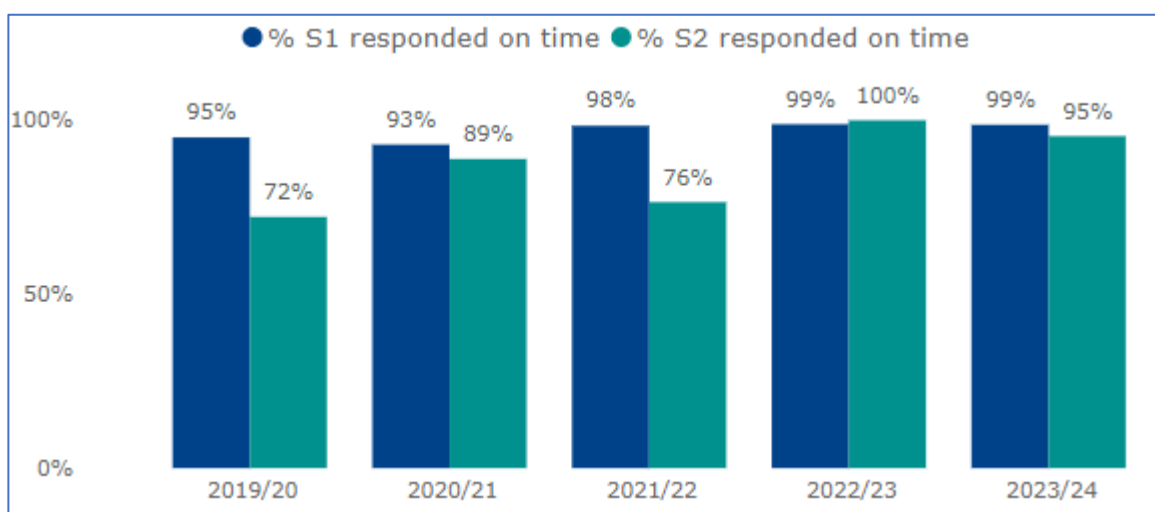
2.2 We have remained consistent with time taken to respond to a stage one complaint.

2.3 The number of stage one complaints upheld, not upheld and partially upheld has mostly been in line with the previous year’s performance.

2.4 Our average time to respond to a stage two complaint has increased from 14 to 16 working days.

2.5 The change in these averages is reflected in the percentage of complaints we respond to within the respective timescales, shown in Figure two.

Figure two: Percentage of complaints with response within timescale



2.6 We responded to 99% of all stage one complaints within the agreed timescales, consistent with the previous year. Our ability to respond to stage two complaints within the allocated timescale decreased from 100% in 2022-2023 to 95% in 2023-2024.



- 2.7 We do not currently ask complainants how satisfied they are with the outcome or handling of their complaint. We consider a customer to be unsatisfied with the outcome of their complaint where they have either told us directly that they are not satisfied, or where they have escalated their complaint to the next stage of the process. We consider customers to be satisfied in all other circumstances.
- 2.8 This year, we have gathered data from other public bodies overseen by SPSO to give a sense of how our complaints handling performance compares to other public bodies.

Table two: complaints handling figures for other public bodies in Scotland.

No.	Indicator	SSSC 2023-24	Care Inspectorate 2023-24	Social Security Scotland 2022-23*	Scottish Courts and Tribunals Service 2022- 23*
1.	Number of stage one complaints received	314	37	1,785	146
2.	Percentage of stage one complaints closed within five working days	99%	74%	80%	91%
3.	Percentage of stage one complaints upheld or partially upheld	7.3%	0%	42.6%	32.2%
4.	Average number of days to close a stage one complaint	1	5.8	4	3
5.	Number of stage two complaints received	23	24	355	82
6.	Percentage of stage two complaints closed within 20 working days	95%	82%	98%	88%
7.	Average number of days to close a stage two complaint	16	20.4	18	11
8.	Percentage of stage two complaints upheld or partially upheld	40.9%	34%	74.6%	57.3%

*Data for 2023-24 has not yet been published for this organisation.



What are these complaints about?

3.1 We received 337 complaints between 1 April 2023 and 31 March 2024.

- 93% (314) were received at stage one of the CHP
- 4% (13) were received directly at stage two
- 3% (10) were stage two complaints escalated from a previous stage one complaint.

3.2 Over the same period, we responded to 334 complaints. Note that not all complaints received in 2023-2024 received a response in the same year (as some were received at the end of March 2024 and have not yet been responded to) and some responses were to complaints received in 2022-2023.

- 93% (312) were at stage one
- 7% (22) were at stage two.

3.3 Of the stage one complaints closed, most (221 complaints) were about one of our processes. Of those, the most frequent topics involved:

- 48 about the processing timescales
- 43 about the fees process (for example, requesting a refund)
- 30 about qualification requirements
- 19 about our removal process
- other process-related complaints included those about our conditions not met process, our Fitness to Practise investigation processes and timescales, and our application further information request processes.

The comparatively high number of complaints about processes is expected given that these relate to areas of high-volume and high-impact work where we are in most contact with registered workers and stakeholders. The table below provides information about the volume of work received in the areas above to give a sense of scale for the number of complaints received compared to the work carried out.

Table three: volume of work processed compared to stage one complaints received.

No.	Indicator	Total number	Number of related stage one complaints	Proportion of stage one complaints received in relation to total number processed
1.	Unique individuals on the register on 1st April 2024	176,258	337	0.2%



2.	Applications and renewals processed	80,124	91*	0.1%
3.	Annual fees paid	116,858	43	0.04%
4.	Fitness to Practise referrals received	4,614	22	0.5%
5.	Qualification assessments created	397	30	7.6%
6.	Removals from the register	37,046	19	0.05%

*This figure includes all complaints about processes relating to applications and renewals, including processing timescales, the condition not met process and the further information process.

3.4 We can categorise the other complaints as follows:

- 38 about MySSSC (for example, the service not working as expected)
- 32 about communications (for example, the tone of our letters or the methods we used)
- 16 about customer service (for example, poor customer service or inaccurate information provided)
- 3 about our website
- 1 about events.

3.5 Of the stage two complaints closed, the most common categories are:

- Fitness to Practise processes
- about our removal process
- about qualification requirements.

Lessons learned from complaints

4.1 We always apologise when we get things wrong. Whether we uphold a complaint or not, we always look for ways to make improvements to our service and products.

What happened	How we resolved things
Multiple registrants called as they were having issues providing further information via their MySSSC account.	<p>An issue affecting multiple users from providing further information through their MySSSC account.</p> <p>There was an issue with how the portal was presenting a sub-grid of employment records and the multi-line free text field to the user, meaning that validation was not executing correctly</p>



	<p>which in turn meant the button to submit was not available.</p> <p>This required an update to the code to evaluate the grid elements correctly, which in turn allowed the validation to execute and return the submit button to the user, when appropriate.</p>
<p>A Notice of Decision was published, and the complainant felt it went into too much detail and that certain information should have been redacted.</p>	<p>Although we were satisfied that decision to publish the Notice of Decision was correct, we will take consideration to the information we publish and look to summarise items, such as the place where the worker is employed.</p>
<p>A letter was sent to Police Scotland to request information in relation to an FTP case. There were inaccuracies within the letter that stated the worker was currently working with vulnerable people while they were actually unemployed, which led the worker to believe we had misled the police in order to retrieve the information.</p>	<p>We issued apologies for the human errors made during the case. We confirmed the letter we sent to Police Scotland was a template but was incorrect, we explained based on the case we were still entitled to the information. We have since updated the wording in the letter template.</p>
<p>A worker was upset with the tone of communications received when leaving the Register due to retirement.</p>	<p>Currently, when someone retires, our communication does not acknowledge this. This could give more value to the worker's commitment to social services.</p> <p>This issue has been taken forward as part of our communications review for 2023-24.</p> <p>Additionally, we are proposing to build into our online system an option for people to tell us they wish to leave the Register, and if they do, they will be presented with a drop-down list of reasons why they are leaving the register. If they select retirement, then we are proposing that an email go out to the worker thanking them for their commitment and wishing them well.</p>
<p>A complaint was received on multiple points regarding the renewal process and the process for notifying registrants when they are going to be removed from the register for failure to pay fees or complete renewals. It was noted within the outcome letter that while multiple reminders were sent to the worker about</p>	<p>As noted above, we are currently reviewing all our communication. This issue will be taken forward as part of the communications review for 2023-24.</p>



<p>the need to submit his renewal, not all the reminders refer specifically to the requirement to pay the annual fee, particularly the Notice of Decision.</p>	
<p>A member of the public called in relation to a referral he had made to Fitness to Practise. During the call he was advised he would be given the information he was looking for through a subject access request. This was incorrect, due to the staff member not knowing the SAR process in detail.</p>	<p>All staff in Fitness to Practise will be given guidance on how subject access requests are dealt with so the mistake will not be repeated.</p>
<p>Concerns were raised by a service manager about how we go about interviewing service users.</p>	<p>We met with the service manager and agreed that:</p> <ul style="list-style-type: none"> • our Regulatory Improvement and Hearings team could provide him with future staff training on how our fitness to practise processes work • we would review our existing factsheets and create a resource specifically about how we interview vulnerable witnesses.





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Title of Report	Digital Strategy Annual Report
Public/Confidential	Public
Summary/purpose of report	To provide Council with an overview of digital activity that supports progress of the digital strategy.
Recommendations	The Council is asked to endorse: the progress made against the strategy.
Author and Responsible Officer	Laura Shepherd, Director, Strategy and Performance
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration. Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce. Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.

Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	N/A
Background papers	Digital Strategy 2021-2024

EXECUTIVE SUMMARY

1. This report summaries the annual digital development and activity of the SSSC during 2023/24.

DIGITAL STRATEGY PROGRESS

2. Nine digital development projects were agreed by Digital Programme Board during 2023/24. Eight of these were completed in year and the remaining one is Future Proofing Digital changes and is not due to conclude until 2024/25. Benefits realisation for these projects were submitted, approved and are monitoring by our Programme Management Office and regularly reported to Digital Sponsor Group.
3. These projects supported the delivery of our Digital Strategy 2021-2024 under the following themes:

User experience

- Learning Zone Refresh
- Open Badges upgrade
- MyLearning V4 upgrade
- Website development options appraisal

User informed & Data Informed

- Customer Voice/Text Mining implementation
- Future proofing wave 2, 3 & 4

Intelligence automation

- AI process scoping

Technology architecture

- Mattersphere upgrade
- Mattersphere screening integra
- Website development options appraisal
- Future proofing wave 2, 3 & 4

Digital inclusion

- Website development options appraisal.

4. We are currently developing the new 2025-2028 Digital Strategy. Council will be involved in this development of this at the June Council development session.

DIGITAL ACTIVITY

5. We concluded our hardware refresh in 2023/24. The old equipment was donated to a re-use organisation who facilitates the delivery of refurbished equipment to charities, schools and other small entities that would otherwise not be able to purchase their own equipment. This considerably reduced our potential environmental impact and ensured a sustainable approach in re-using equipment where possible.
6. Re-makery operate from premises in Leith - an area of multiple deprivation. They provide an environmental and social impact by repairing, refurbishing and reusing items that others send to landfill, and by supporting those most in need in communities with projects that tackle digital poverty and social isolation.
7. Several staff undertook the Scottish Approach to Service Design qualification during 2023/24. This will support a user centred approach to our digital development work in future.
8. The Future Proofing Digital Programme was subject to a Scottish Government Digital Assurance audit during 2023/24. The audit highlighted significant strengths in our programme including project management governance and user informed practices.

DIGITAL SECURITY

9. Cyber-crime remains a threat to the digital landscape across the UK. Several high-profile attacks have been documented in 2023/24. We actively monitor the external threat landscape and work closely with other organisations to determine if further controls are required.
10. We carry out annual penetration testing on our systems. We tested our key operational systems Dynamics 365 (includes MySSSC) and MatterSphere (includes MatterSphere customer portal) in April 2024. The outcome of all tests originally carried out was positive. No critical priority risks were found.
11. Mandatory cyber security training is in place for all staff and staff are expected to complete this yearly on the anniversary of their commencement of employment. 90% of staff had completed the training at the end of April 2024. Compliance by directorate is as follows:

Directorate	Sum certified	Sum not certified
Strategy and Performance	43	0
Finance and Resources	26	5
Regulation	169	21*
Workforce, Education and Standards	44	1*
EMT and Support	6	0
Council Members	4	4

* denotes staff being absent from work for a variety of reasons such as, leavers, secondments, maternity or long-term sick. The staff in Finance & Resources are all within the Shared Service, we have requested several times that staff be given protected time to complete this mandatory training.

12. We conduct regular phishing test in the form of simulated emails to establish how effective training is, these can happen weekly or every few months. The evaluation of these simulations between April 2023 and March 2024 has shown an increase in the number of staff who could identify the false email and reported this to the Digital Services helpdesk.
13. Staff who take the wrong action on receipt of an email are followed up and asked to complete further training, if staff repeatedly take the wrong action on further simulation a member of the Digital Services team contacts them and their line manager to discuss further.

CONSULTATION

14. Digital Programme Board and Digital Sponsor Group are involved and consulted on all aspects of our digital work. Our staff are regularly engaged and involved in project work.

RISKS

15. We maintain a cautious risk appetite towards sustaining appropriate operational processes, systems and controls to support operational delivery. However, we have an open risk appetite for the development and enhancement of these systems subject to effective testing and implementation controls.

IMPLICATIONS

Resourcing

16. Digital development and support budgets are allocated and monitored through the budget setting process.

Compliance

17. There are no specific legal requirements relating to the contents of this report.

IMPACT ASSESSMENT

18. Impact assessments are carried out on individual projects and on the strategy as a whole. Therefore, an assessment was not required for this report.

CONCLUSION

19. Council is asked to endorse the progress set out in this report.

Title of Report	People Management Policies
Public/Confidential	Public
Summary/purpose of report	To ask Council to approve the updated Code of Conduct (Employees)
Recommendations	The Council is asked to approve the updated Code of Conduct (Employees).
Author	Calum Kennedy, Head of Human Resources
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p>
Impact Assessment	An Impact Assessment (IA) was developed.
Documents attached	<p>Appendix 1 Code of Conduct 2021</p> <p>Appendix 2 Updated Code of Conduct</p>
Background papers	Impact assessment

EXECUTIVE SUMMARY

1. We are required to maintain a Code of Conduct for employees by Sponsor. We have reviewed and updated our existing Code of Conduct to improve clarity of meaning. The changes are primarily regarding refinement and clarification. We are proposing to extend the "duty to notify" from Police action only to include action by a professional regulator and have included a new section on social media use.

INFORMATION

2. A summary of the main changes are:
 - Amended reference to any breach being considered a disciplinary matter and changed to any breach may be considered under our Disciplinary Policy.
 - Reduced the detail under scope of Council Members.
 - Updated the style, template and language.
 - Legislation – broadened to refer to relevant legislation given we are referring throughout to rights and responsibilities.
 - Added a section on social media.
 - Refined confidentiality statement to make it clear that any confidential information that the employees come into contact with during their employment needs to be treated as such.
 - Clarified that permission must be received for secondary employment.
 - Examples provided regarding political activity.
 - Update language regarding the acceptance of gifts.
 - Added reference to regulatory action to be notified to us rather than just the Police.
3. The current Code of Conduct is attached at Appendix 1 and the updated version with all changes is included at Appendix 2.
4. Once approved, HR staff will deliver update sessions for managers and staff to make sure that they are aware of their duties and obligations under this Code of Conduct and have an opportunity to ask questions.

CONSULTATION

5. We conducted internal consultation with UNISON and to date have received no response regarding the proposed wording of the Code of Conduct. We benchmarked externally using ACAS, Nursing and Midwifery Council, Scottish Parliament and Scottish Criminal Cases Review Commission.

6. We consulted with Operational Management Team and maintained a record of comments and changes. Most of the changes proposed related to clarifying language and we have implemented them. Those changes we did not adopt have also been recorded.
7. We have consulted with the Council Member Short-Life Working Group and made amendments following feedback.

RISKS

8. We have an averse risk appetite for risk 3: we fail to meet corporate governance, external scrutiny and legal obligations.
9. We have an averse appetite for risk 5: we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes.
10. The policies inform managers and employees of their rights and obligations. there are legal, cultural and reputational risks to the SSSC if we do not operate processes appropriately. The policy mitigates these risks by establishing clear principles, processes and guidance.

IMPLICATIONS

Resourcing

11. There are no resourcing requirements identified as part of this report. We will promote the Code of Conduct to staff through delivering awareness sessions.

Compliance

12. We are required by Sponsor to maintain a Code of Conduct for Employees. There are no stipulations as to what must be covered or addressed in this code. We have benchmarked with other relevant organisations.

IMPACT ASSESSMENT

13. We have developed an Impact Assessment. The changes to the policy are minimal and there are no significant impacts to highlight or address.

CONCLUSION

14. The Council is asked to approve the updated Code of Conduct (Employees).



Code of Conduct

May 2021

Document governance and management

Document owner/author/lead	Interim Director of Finance and Resources.
Version number	5
Current version referred for approval	Council 27 May 2021
Date of next review	May 2024
Date of equality impact assessment (mandatory)	N/A – not required as an overarching document – advised by Policy & Equalities team.
Date of privacy impact assessment (if required)	N/A.
Date of environmental impact assessment (if required)	N/A.

Change log – for minor changes to spellings, sentences etc. Use when policy is not being put forward for approval.

Officer name	Date of change	Description of change	Confirm upload of revised doc.
N/A – full consultation log prepared – see separate document.			

Contents

1.	Introduction.....	3
2.	Principles.....	5
3.	Roles and responsibilities.....	6
3.1	Council.....	6
3.2	Executive management team.....	6
3.3	Operational management team.....	6
3.4	Line manager.....	7
3.5	Employees	7
3.6	Human resources.....	8
4.	Policy.....	8
4.1	Our employees are our greatest ambassadors.....	8
4.2	We are committed to valuing diversity and improving opportunity for all.....	9
4.3	We maintain a safe and healthy environment for people to work in and are proactive in managing our responsibilities to the environment	9
4.4	We respect the confidentiality of personal and corporate information.....	10
4.5	We comply with laws, regulations and avoid conflicts of interest.....	11
4.6	We reject bribery and corruption and avoid being compromised by gifts.....	12
4.7	We support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels	13
5.	Further information	13

1. Introduction

Purpose

Our reputation as a champion of public protection is important to us and behaving with the highest levels of integrity is fundamental to who we are.

We are a publicly funded body and are subject to public scrutiny to ensure the highest standards of service are achieved at all times. We therefore expect the highest ethical standards from all our employees.

This Code of Conduct (the Code) sets out those standards by which all employees are bound. It is the responsibility of all employees to familiarise themselves with the details of the Code. The Code applies to all employees, temporary employees, agents and contractors. The Code deals with a wide variety of issues and situations relating to workplace conduct, but it is not intended to be exhaustive.

Any breach of the Code will be considered a disciplinary matter, which could result in disciplinary action up to and including dismissal.

This Code is compliant with and subject to the provisions of the European Convention on Human Rights (ECHR) as applied by the Human Rights Act 1998.

The main ECHR provisions which are relevant in relation to the interpretation and application of the Code include:

- Article 8 – right to respect for private and family life.
- Article 9 – freedom of thought, conscience and religion.
- Article 10 – freedom of expression.

In line with Article 8 of the European Convention on Human Rights, we respect employees' right to respect for private and family life. We require employees to exercise this right with responsibility to ensure their private activities do not bring the work of the SSSC into disrepute.

Council members are covered by a separate Code of Conduct which is available on the Scottish Government website <https://www.gov.scot/publications/model-code-conduct-members-devolved-public-bodies/pages/1/>

As well as this Code all employees must comply with standards of professional conduct and practice set out by the regulatory body which applies to their professional occupation. We also expect all our employees to behave in a way, in and out of work, which is compatible with the standards expected of social service workers as set out in the SSSC's Codes of Practice.

<https://www.sssc.uk.com/the-scottish-social-services-council/sssc-codes-of-practice/>

Scope

This policy applies to all Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members.

Council members of the SSSC are appointed and employed by the Scottish Government Public Bodies Appointments. They are therefore bound by the Scottish Government's terms and conditions of appointment which includes "On Board – A Guide for Non-Executive Members of Public Bodies". The guide provides equivalent guidance on the Code of Conduct a Council member is expected to uphold and is provided to all Council members on appointment. Section 5 of the guide refers to Standards of Behaviour.

Legislation

- Equality Act 2010.
- Health and Safety at Work Act 1974.
- The Management of Health and Safety at Work Regulations 1999 (this document clarifies and is more explicit in what employers are required to do to manage health and safety under the Health and Safety at Work Act).
- Human Rights Act 1998.
- Data Protection Act 2018.
- Working Time Directive 1998.

Data protection

When dealing with any issues under the Code of Conduct, we will process any personal data collected in accordance with our data protection policy. In particular, we will record only the personal information required and keep the information only for as long as necessary.

[Link to Data Protection Policy](#)

Monitoring and review

Human Resources and the Partnership Forum are responsible for monitoring and implementing this policy to make sure that it is being fairly and consistently applied and that the stated principles and values are being met. We will review this policy every three years (or earlier should legislation change) and make amendments as appropriate in consultation with the Partnership Forum. Minor amendments will be outlined in the change log and the version control updated. Major changes will follow the consultation cycle – Equality Impact Assessment, Operational Management Team, Partnership Forum, Executive Management Team and Council.

2. Principles

Policy specific

In operating this policy the following principles will be followed - further detail on each key principle is included below within item 4:

- Our employees are our greatest ambassadors.
- We are committed to valuing diversity and improving opportunity for all.
- We maintain a safe and healthy environment for people to work in and are proactive in managing our responsibilities to the environment.
- We respect the confidentiality of personal and corporate information.
- We comply with laws, regulations and avoid conflicts of interest.
- We reject bribery and corruption and avoid being compromised by gifts.
- We support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels.

When applying this policy and procedure, we expect our employees and our managers to treat each other with dignity and respect by acting in accordance with our organisational values. We will listen, learn and do the right thing.

Recognition and respect for others

- We treat each other with kindness and respect and value the contribution every employee makes.
- At every stage of the process there will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010.
- All employees will be treated fairly and consistently under this process and in particular if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.

Work together

- We recognise the value of positive and constructive involvement and participation from the trade unions. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.
- Employees have the right to be accompanied at formal stages of the policy by a work colleague or a trade union representative. We will allow support at the informal stages where appropriate.

Accept responsibility and accountability

- The timescales detailed in this procedure may be extended with the agreement of both parties and likely timescales discussed.
- Act in a fair and consistent way being open and honest about any performance issue.
- Respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- Deal with issues kindly, sensitively and showing compassion
- All investigations into grievances will be carried out without unreasonable delay.

3. Roles and responsibilities

3.1 Council

People management policies which include any of the following are reserved for the Council:

- associated additional costs that are not contained within the current budget
- any proposed fundamental change to terms and conditions of employment
- where the Council has a clearly defined role to play.

Council is responsible for:

- approving this policy and procedure
- making sure the structure of the organisation is fit for purpose to deliver objectives
- making sure that the application of this policy does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of employees
- making sure those policies and procedures are applied fairly and in accordance with the law.

3.2 Executive Management Team (EMT)

The EMT is responsible for:

- the implementation of the policy and to create a culture in which all employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and employees receive appropriate development, support and training to implement the policy appropriately
- making sure that the application of this policy and procedure does not breach any statutory requirement placed upon the SSSC
- ensuring that changes to people management policies not retained for the specific approval of the Council are reported to the Council on a quarterly basis for endorsement.

3.3 Operational Management Team (OMT)

The OMT is responsible for:

- making sure their managers and employees are aware of the process to be followed regarding any breaches of the Code of Conduct
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

3.4 Line manager

The line manager is responsible for:

- acting in a fair and consistent way, being open and honest
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- considering our responsibilities under the Equality Act (2010) and, where appropriate, make reasonable adjustments for any individual who may have a disability or other protected characteristic
- considering any health impact and considering supports such as occupational health.

3.5 Employees

We expect the highest standards of integrity and conduct from all employees. All employees have a right to:

- work free from harassment or intimidation regardless of disability, sexual orientation, sex, race, religion or belief, marriage and civil partnership, pregnancy and maternity, gender reassignment or age
- be spoken to politely and be treated with respect
- be treated fairly and courteously by colleagues and those outside the organisation
- be treated fairly in recruitment, training and promotion
- be listened to and have their point of view considered
- a private life and commitments outside of work respected
- speak out if felt to be a victim of bullying, harassment or intimidation and have this complaint taken seriously and properly investigated.

All employees are responsible to:

- ensure behaviour (at work or outside of work) and appearance at work or whilst representing the SSSC, does not reflect negatively on us in a way that would bring our reputation into disrepute or cause a loss of public confidence in our work
- act professionally in dealings with colleagues - treat colleagues as individuals and show sensitivity to their needs
- treat complainants, those investigated, and other stakeholders, with fairness, courtesy and sensitivity to their needs and situation
- learn from any mistakes
- take responsibility for personal learning and development and support the learning and development of colleagues
- not discriminate unlawfully, for example, in making decisions
- not put pressure on others to discriminate unlawfully
- take action if made aware of or are witness to any improper conduct, including any act of harassment or discrimination
- not be under the influence of alcohol or illegal drugs whilst working
- not deceive or knowingly mislead others, including the public, other employees, the Executive management team, the Council, Ministers, or the Scottish Parliament

- ensure that our resources are used in the most appropriate manner as befits public money
- recognise that they are representatives of our organisation and as such their appearance contributes to an overall impression of the organisation. It is expected that all employees ensure they are dressed in a smart and professional manner while interacting with members of the public and external stakeholders. All employees should have a clean and tidy appearance while attending work and clothes worn should be appropriate for an individual's position and duties.

3.6 Human Resources

Human Resources is responsible for:

- updating this policy and procedure in line with the agreed schedule, or as changes occur, to comply with employment and other pertinent legislation, best practice and the SSSC people strategy
- developing this policy and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance if required
- offering advice on how to apply the code of conduct policy
- making sure the process is followed in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy, if required
- monitoring use of the policy and processes and reporting any non-compliance to Heads of Department/Directors.

4. Policy

We expect the highest standards of integrity and conduct from our employees and these standards are set out within this document. All employees are required to treat each other with dignity and respect by acting in accordance with our values, as outlined throughout this policy.

4.1 Our employees are our greatest ambassadors

All employees are expected to comply with all SSSC policies and procedures at all times during their employment. Employees must act in good faith at all times and ensure that their conduct or professionalism is without question.

As citizens, employees are entitled to express their personal views about the SSSC. However, as an employee, they must not criticise the SSSC through words or actions via the media, at a public meeting, through any form of social media or in any written communication with members of the public which could bring the SSSC into disrepute. This includes using private information gained through working for the SSSC.

4.2 We are committed to valuing diversity and improving opportunity for all

We aim to be an exemplar employer; people want to work at the SSSC. All employees have the right to expect fair and reasonable treatment at work and we are committed to ensuring that all our employees and managers receive appropriate training in this area.

Our Public Sector Equality Duty requires us, in all that we do, to consider the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

All employees have a personal and professional responsibility to ensure that, through their actions, they meet the legal duties on equality. We adopt a zero tolerance approach towards bullying and harassment and any employee who is found to have harassed or bullied a colleague will be subject to disciplinary action.

Our Dignity at Work policy aims to ensure that all employees are treated with dignity, respect and courtesy whilst at work and to feel able and supported to meet their full potential through working in a non-threatening environment free of bullying, harassment, discrimination and victimisation.

4.3 We maintain a safe and healthy environment for people to work in and are proactive in managing our responsibilities to the environment

We are committed to applying the highest standards of health, safety and wellbeing at all levels of the organisation and to ensure that health and safety is an integral part of the organisation's culture. All employees will demonstrate and promote a positive attitude towards health, safety and wellbeing, everyone working within the SSSC shares in this responsibility.

We are committed to reducing our impact on our local environment and recognise the Scottish Government's commitment to environmental sustainability. We will comply with environmental requirements in areas such as procurement, business travel, and office equipment and we recognise the contribution that public bodies can make to meeting environmental objectives. Employee awareness and participation is crucial to helping reduce the environmental impact of our business.

4.4 We respect the confidentiality of personal and corporate information

All employees must respect the confidentiality of information which comes into their possession during their employment. The general duty of confidentiality is expected of all employees both in and out of work. If an employee has any doubts about disclosing information to a third party, they must refer the matter to their line manager for guidance.

We register with the Information Commissioner's Office (ICO) and have a legal duty to protect data we hold. This means we will process the data we hold lawfully and securely. We hold this information to help us carry out our responsibilities. Under General Data Protection Regulation (GDPR) this is called carrying out a public task. We will retain information for as long as we consider necessary to support our statutory functions and to satisfy any legal, accounting, or reporting requirements. At the end of this period the information will be deleted or destroyed in line with our retention schedule.

Contact with the media

When writing or speaking publicly (either via the internet, in a formal speech or informally at a meeting) all employees should be aware that they are representing SSSC. Even where there is an understanding that only personal opinions are being expressed, employees should err on the side of caution and refrain from passing comment on any aspect of the SSSC's work, which could bring our reputation into disrepute. Speeches or articles, which relate to SSSC work, should be cleared with the Head of Strategic Communications before entering the public domain.

Employees should not make direct contact with the media or respond to media enquiries unless it has been agreed in advance that they should do so. All media enquiries should be directed to the Head of Strategic Communications in the first instance.

Digital security

We use a large amount of information to operate effectively and the majority of this information is in digital format and held in IT systems. It is essential that this information is managed effectively so that it remains secure, accessible to authorised users and its integrity is protected. Our digital team sets standards outlining the way digital information and IT systems should be managed and operated to ensure we comply with its obligations in relation to IT security.

All employees are responsible for following our digital security standards and for keeping safe any equipment issued to them as well as taking all reasonable steps possible to prevent its theft or damage. On leaving the SSSC, employees must return all items to our digital team.

4.5 We comply with laws, regulations and avoid conflicts of interest

The Scottish public has a high expectation of public bodies and the way in which they should conduct themselves in undertaking their duties. All employees must meet those expectations by ensuring that their conduct is above reproach.

During employment, all employees must ensure that the best interests of the SSSC are considered at all times and that they are mindful not to allow any private interests to influence their decision making. It is the responsibility of individual employees to judge whether an interest is sufficiently relevant to require declaration and employees are advised to err on the side of caution. Should there be any doubt as to whether an interest should be declared, employees should liaise with their line manager in the first instance.

Secondary employment

We will normally allow employees to undertake alternative, additional paid employment or work of a voluntary nature unless there is a clear conflict of interest or it is likely to have a negative effect on their work for us. The exception to this is where the SSSC is, or could be, involved and/or where the work in any way affects our interests as an organisation.

If any employee wishes to carry out other paid employment while working for us then they must discuss this first with their line manager before writing to the Head of Human Resources for formal approval. This is intended to protect employees and to ensure that a consistent approach is taken across the organisation and appropriate advice is given in relation to the Working Time Regulations. Only when written approval from HR is obtained, can employees be involved in any other paid employment.

Declaring Interest

It is important that the public can have confidence that decisions made by the SSSC are not influenced by personal interests. All employees are required to declare interests which could be in conflict, or be perceived by the public to be in conflict, with their duties as a SSSC employee.

Employees must not allow any private interests to influence the decisions they make in relation to work or use their position to further their own interests or the interests of others who do not have a right to benefit under our policies. Employees must declare any private interests which a stakeholder or member of the public might reasonably believe could influence their judgement in their role with the SSSC. Any interest in our work that an employee has, or a close family member or member of their household has, must be declared to their line manager.

Commercial Interests

All employees must be fair and impartial in their dealings with contractors, sub-contractors and suppliers. They must notify the Chief Executive in writing if it comes to their knowledge that the SSSC has entered, or is about to enter into, a contract in which they have a personal financial interest either directly or indirectly.

Other conflicts of interest which must be declared

- Before engaging in any political activity all employees must first obtain written permission from their line manager. Employees must discuss their intentions with their line manager to jointly determine if there are any implications for their role with the SSSC or for the organisation itself.
- If any employee is a member of a club/organisation, private or otherwise, or work with a voluntary group which might result in a conflict of interest with any aspect of their employment with the SSSC, then this must be declared.
- Complaints have been received from any individual known personally by the employee.
- Any personal relationship with another employee, or potential employee, where either party are asked to participate in a decision making process (e.g. recruitment, discipline, control of resources etc) which affects the other person.

4.6 We reject bribery and corruption and avoid being compromised by gifts

A bribe is a financial or other advantage in connection with a person performing a function improperly (where a person fails to meet the expectation that they will act in good faith, impartially or in accordance with a position of trust). Any individual found guilty of bribery could face a maximum 10 years' prison sentence and/or an unlimited fine.

We are committed to preventing any acts of bribery or corruption involving or affecting the organisation and will co-operate fully with any legal investigation into alleged activity.

Employees are encouraged to report any suspicions in this regard to their line manager in the first instance, in line with our Whistleblowing Policy.

Counter Fraud Service (CFS), in partnership with the SSSC, will work actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. Further information can be found in the Counter Fraud, Bribery and Corruption Framework and the Financial Crime Action Plan available on our intranet.

[Counter Fraud, Bribery and Corruption Framework 2022](#)

Acceptance of Gifts and Hospitality

Employees must not accept personal gifts, tokens, hospitality or services from anyone which would, or might appear to, place them under any obligation. If any employee is presented with, and accepts, a token item with an estimated value of more than £25 they must notify the Legal and Corporate Governance team.

It is a matter for each individual employee to decide if it is appropriate to accept a personal gift, hospitality or service and to estimate its value. If there is any doubt then advice must be sought from their line manager. Frequent token items, personal gifts, hospitality or services must not be accepted from the same source.

4.7 We support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels

It is the responsibility of all employees to ensure that SSSC processes and procedures are applied properly, and in line with this Code. No one should be asked to do something which they believe to be:

- illegal, improper or unethical
- in breach of a professional code
- maladministration, fraud or misuse of public funds
- inconsistent with the Code.

We support any employee to raise a qualifying disclosure under the Public Interest Disclosure Act 1998 (The Act) through our Whistleblowing Policy. This means employees know when and how to raise a concern regarding a work related situation which they feel may present a danger to themselves and/or others.

Employees may also have concerns regarding professional misconduct or financial malpractice which they believe may put colleagues or the organisation itself at risk.

We are committed to creating an environment in which employees feel they can raise concerns at an early stage when still a concern rather than feeling that they must wait for proof of wrongdoing before being able to raise the issue. By doing this, issues can be resolved swiftly and any damage to individuals or the organisation kept at a minimum.

Contact with the Police

Employees must advise line managers as soon as practicable, should they be:

- arrested
- charged with a criminal offence
- subject to a police investigation.

5. Further information

5.1 Guidance on the interpretation and application of this Code of Conduct can be obtained from the Human Resources team. The Code of Conduct Policy can also be accessed directly through our Intranet.

5.2 Sources of Support

- The Employee Assistance Programme
- Unison or other trade union representative
- ACAS
- Human Resources

- Occupational Health

5.3 Related Documents

- SSSC Codes of Practice
- Dignity at Work Policy
- Disciplinary Policy
- Maximising Attendance Policy
- Alcohol and Drugs Misuse
- Corporate Health and Safety
- Whistleblowing Policy
- Counter Fraud, Bribery and Corruption Framework
- Financial Crime Action Plan
- Digital team policies and procedures



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If you would like this document in a different format, for example, in larger print or audio-format, or in another language please contact the SSSC on 0345 60 30 891.

We promote equality by removing unlawful and unfair treatment on the grounds of any protected characteristic wherever possible.

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Code of conduct

01 TBC 2024

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Contents

<u>1. Introduction</u>	3
<u>2. Principles</u>	5
<u>3. Roles and responsibilities</u>	6
<u>3.1 Council and committee</u>	6
<u>3.2 Executive Management Team</u>	6
<u>3.3 Operational Management Team</u>	7
<u>3.4 Line manager</u>	7
<u>3.5 Staff</u>	7
<u>3.6 Human resources (HR)</u>	8
<u>4. Policy</u>	9
<u>4.1 Our greatest ambassadors</u>	9
<u>4.2 Opportunity for all</u>	9
<u>4.3 A healthy environment</u>	10
<u>4.4 Respect confidentiality</u>	10
<u>4.5 Compliance</u>	11
<u>4.6 We act with integrity</u>	12
<u>4.7 We support those who raise concerns</u>	13
<u>5. Further information</u>	15
<u>5.1 Learning and development</u>	15
<u>5.2 Sources of support</u>	15
<u>5.3 Related documents</u>	15

1. Introduction

Purpose

Our reputation as a champion of public protection is important to us and behaving with the highest levels of integrity is fundamental to who we are.

We are a publicly funded body and are subject to public scrutiny to ensure the highest standards of service are always achieved. We expect the highest ethical standards from all our employees. This Code of Conduct (the Code) sets out those standards by which all employees are bound. It is the responsibility of all employees to familiarise themselves with the details of the Code. The Code deals with a wide variety of issues and situations relating to workplace conduct, but it is not intended to be exhaustive.

Any breach of the Code will be considered a serious matter which may result in you being subject to the [Disciplinary Policy](#).

This Code is compliant with and subject to the provisions of the European Convention on Human Rights (ECHR) as applied by the Human Rights Act 1998. The main ECHR provisions which are relevant in relation to the interpretation and application of the Code include:

- Article 8 – right to respect for private and family life.
- Article 9 – freedom of thought, conscience and religion.
- Article 10 – freedom of expression.

In line with Article 8 of the European Convention on Human Rights, we respect employees' right to respect for private and family life. We require employees to exercise this right with responsibility to ensure their private activities do not bring the work of the SSSC into disrepute.

As well as this Code all employees must comply with standards of professional conduct and practice set out by the regulatory body which applies to their professional occupation. We also expect all our employees to behave in a way, in and out of work, which is compatible with the standards expected of social service workers as set out in the [SSSC's Codes of Practice](#).

Scope

This Code applies to current but not former temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members.

This policy does not apply to current or former Convenors, Council Members, agency workers, legally qualified chairs, panel members or assessors.

Council members are covered by a separate Code of Conduct which is available on the Scottish Government website.

Legislation, codes of practice, guidance

- Data Protection Act 2018
- Employment Relations Act 1999
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work Act 1974
- Human Rights Act 1998
- The Management of Health and Safety at Work Regulations 1999
- The Working Time Regulations 1998
- UK General Data Protection Regulation (2016/679 EU).

Data protection

We will process any personal data collected in relation to this Code keeping to our [Data Protection Policy](#) and will record only the personal information required and keep the information only for as long as necessary.

Monitor and review

Human Resources and the Partnership Forum are responsible for monitoring this Code to make sure that we are fairly and consistently applying it and that we meet the stated principles and values. We review this Code every three years (or earlier if legislation changes) and make appropriate amendments in consultation with the Partnership Forum. We outline minor amendments in the change log and update the version control. Where there are major changes, we will consult more widely and follow the consultation cycle.

2. Principles

In operating this Code the following principles are followed:

- Our employees are our greatest ambassadors.
- We are committed to valuing diversity and improving opportunity for all.
- We maintain a safe and healthy environment for people to work in and are proactive in managing our responsibilities to the environment.
- We respect the confidentiality of personal and corporate information.
- We comply with laws, regulations and avoid conflicts of interest.
- We reject bribery and corruption and avoid being compromised by gifts.
- We support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels.

Our values guide everything we do. We listen, learn and do the right thing. When applying this Code we require our staff and our managers to treat each other with dignity and respect by acting in accordance with our values.

Recognition and respect for others

- We treat each other with kindness and respect and value the contribution every member of staff makes.
- There will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010.
- All employees will be treated fairly and consistently under this process and if any employee requires specific support and assistance due to them having a protected characteristic under the Equality Act 2010, they will be accommodated appropriately.

Working together

- We recognise the value of positive and constructive involvement and participation from the trade union. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.

Accept responsibility and accountability

- Following this code of conduct at all times
- Act in a fair and consistent way while being open and honest throughout
- Respecting confidentiality and only sharing information, as appropriate, with relevant people.
- Deal with issues kindly, sensitively and showing compassion.

3. Roles and responsibilities

3.1 Council and committee

People management policies which include any of the following are reserved for the Council:

- associated additional costs that are not contained within the current budget
- any proposed fundamental change to terms and conditions of employment
- where the Council has a clearly defined role to play.

Council is responsible for:

- following and demonstrating the behaviours described by the Code
- approving this Code of Conduct
- making sure that the application of this Code does not breach any statutory requirement placed upon the SSSC
- making sure that the Chief Executive and EMT have in place appropriate and up to date policies and procedures for the effective management of employees
- making sure policies and procedures are applied fairly and in accordance with the law
- Approving these policies:
 - [Agile Working Policy](#)
 - [Code of Conduct \(Employees\)](#)
 - [Dignity at Work Policy](#)
 - [Disciplinary Policy](#)
 - [Family Friendly Policy](#)
 - [Grievance Policy](#)
 - [Redeployment Policy](#)
 - [Retirement and Severance Policy](#)
 - [Whistleblowing Policy](#)
 - [Work Performance Policy](#)
 - [Workforce Change Policy](#)

3.2 Executive Management Team

The EMT are responsible for:

- following and demonstrating the behaviours described by the Code
- the overall implementation of the policy and to create a culture in which staff can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and staff receive appropriate development, support and training to implement the [policy / procedure] appropriately
- making sure that the application of this policy and procedure does not breach any statutory requirement placed upon the SSSC
- making sure that changes to people management policies not retained for the specific approval of the Council are reported to the Council on a quarterly basis for endorsement.

3.3 Operational Management Team

The heads of department are responsible for:

- following and demonstrating the behaviours described by the Code
- making sure their managers and staff are aware of the processes to be followed within this Code
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

3.4 Line manager

The line manager is responsible for:

- following and demonstrating the behaviours described by the Code
- setting clear standards of behaviour for their teams
- acting in a fair and consistent way, being open and honest
- always acting promptly to deal with issues that arise
- dealing with issues kindly, sensitively and showing compassion
- respecting confidentiality and only sharing information, as appropriate, with relevant postholders
- considering our responsibilities under the Equality Act 2010 and, where appropriate, make reasonable adjustments for any individual who may have a disability or other protected characteristic.

3.5 Staff

We expect the highest standards of integrity and conduct from all employees. Employees must comply with this Code.

Employees have a right to:

- work free from harassment or intimidation regardless of disability, sexual orientation, sex, race, religion or belief, marriage and civil partnership, pregnancy and maternity, gender reassignment or age
- be spoken to politely and be treated with respect
- be treated fairly and courteously by colleagues and those outside the organisation
- be treated fairly in recruitment, training and promotion
- be listened to and have their point of view considered
- a private life and commitments outside of work respected
- speak out if felt to be a victim of bullying, harassment or intimidation and have this complaint taken seriously and properly investigated.

All employees are responsible to:

- follow and demonstrate the behaviours described by the Code.
- make sure behaviour (at work or outside of work) and appearance at work (which must be smart and professional) or whilst representing the SSSC, does not reflect negatively on us in a way that would bring our reputation into disrepute or cause a loss of public confidence in our work

- act professionally in dealings with colleagues - treat colleagues as individuals and show sensitivity to their needs
- treat complainants, those investigated, and other stakeholders, with fairness, courtesy and sensitivity to their needs and situation
- learn from any mistakes
- take responsibility for personal learning and development and support the learning and development of colleagues
- not discriminate unlawfully, for example, in making decisions
- not put pressure on others to discriminate unlawfully
- take action if made aware of or are witness to any improper conduct, including any act of harassment or discrimination
- not be under the influence of alcohol or illegal drugs whilst working
- not deceive or knowingly mislead others, including the public, other employees, workers, panel members, the EMT, the Council, Ministers, or the Scottish Parliament
- make sure that our resources are used in the most appropriate manner as befits public money.

3.6 Human resources (HR)

HR are responsible for:

- following and demonstrating the behaviours described by the Code
- updating this Code in line with the agreed schedule, or as changes occur, to comply with employment and other pertinent legislation, best practice and the people strategy
- developing this process and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance
- offering advice on how to apply this Code
- making sure the process is followed in line with the Code
- reminding employees and managers of their responsibilities under the Code, if required
- monitoring use of the Code and reporting any non-compliance to heads of department / directors.

4. Policy

We expect the highest standards of integrity and conduct from our employees and these standards are set out within this document. All employees are required to treat each other with dignity and respect by acting in accordance with our values, as outlined throughout this Code.

4.1 Our greatest ambassadors

Our employees are our greatest ambassadors. As such, all employees are expected to comply with all SSSC policies and procedures at all times during their employment. Employees must act in good faith at all times and make sure that their conduct or professionalism is without question.

As citizens, employees are entitled to express their personal views about the SSSC. However, as an employee, they must not criticise the SSSC through words or actions via the media, at a public meeting, through any form of social media or in any written communication with members of the public which could bring the SSSC into disrepute. This includes using private information gained through working for the SSSC.

Social media

All accounts created for use by SSSC staff for SSSC business, including individual accounts and themed accounts, should reflect the values and promote the business of the SSSC and the social service sector.

Our main corporate social media accounts and those used by individuals on behalf of the SSSC, must reflect the role and personality of the SSSC. If you share SSSC content or comment on the content using your personal accounts, be aware that other people may scan your accounts and this may have an impact on your reputation and that of the SSSC.

4.2 Opportunity for all

We are committed to valuing diversity and improving opportunity for all. We aim to be an exemplar employer; people want to work at the SSSC. All employees have the right to expect fair and reasonable treatment at work and we are committed to ensuring that all our employees and managers receive appropriate training in this area. Our Public Sector Equality Duty requires us, in all that we do, to consider the need to:

- eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010
- advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it
- foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

All employees have a personal and professional responsibility to ensure that, through their actions, they meet the legal duties on equality. We do not allow bullying and harassment and will treat seriously any employee who is found to have harassed or bullied another (in accordance with our [Dignity at Work](#) and [Disciplinary policies](#) where applicable).

Our [Dignity at Work Policy](#) aims to ensure that all employees are treated with dignity, respect and courtesy whilst at work and to feel able and supported to meet their full potential through working in a non-threatening environment free of bullying, harassment, discrimination and victimisation.

4.3 A healthy environment

We maintain a safe and healthy environment for people to work in and are proactive in managing our responsibilities to the environment. We are committed to applying the highest standards of health, safety and wellbeing at all levels of the organisation and to make sure that health and safety is an integral part of the organisation's culture. All employees will demonstrate and promote a positive attitude towards health, safety and wellbeing, everyone working within the SSSC shares in this responsibility. Further information on this, guidance and access to our Learning Management System can be found on the intranet.

We are committed to reducing our impact on our local environment and recognise the Scottish Government's commitment to environmental sustainability. We comply with environmental requirements in areas such as procurement, business travel, and office equipment and we recognise the contribution that public bodies can make to meeting environmental objectives. Employee awareness and participation is crucial to helping reduce the environmental impact of our business.

4.4 Respect confidentiality

We respect the confidentiality of personal and corporate information. All employees must respect the confidentiality of information which comes into their possession through their work. The general duty of confidentiality is expected of all employees both in and out of work. Employees must only access or share data where they have a legitimate work reason (related to their role) to do so. If an employee has any doubts about disclosing information to a third party, they must refer the matter to their line manager for guidance.

We register with the Information Commissioner's Office (ICO) and have a legal duty to protect data we hold. This means we will process the data we hold lawfully and securely. We hold this information to help us carry out our responsibilities. Under UK General Data Protection Regulation (UK GDPR) this is called carrying out a public task. We will retain information for as long as we consider necessary to support our statutory functions and to satisfy any legal, accounting, or reporting requirements. At the end of this period the information will be deleted or destroyed in line with our retention schedule.

Contact with the media

When writing or speaking publicly (either via the internet, in a formal speech or informally at a meeting) all employees should be aware that they are representing SSSC. Even where there is an understanding that only personal opinions are being expressed, employees should err on the side of caution and refrain from passing comment on any aspect of the SSSC's work, which could bring our reputation into disrepute. Speeches or articles, which relate to SSSC work, should be cleared with Communications before entering the public domain.

Employees should not make direct contact with the media or respond to media enquiries unless it has been agreed in advance that they should do so. All media enquiries should be directed to Communications in the first instance.

Digital security

We use a large amount of information to operate effectively and the majority of this information is in digital format and held in digital systems. It is essential that this information is managed effectively so that it remains secure, accessible to authorised users and its integrity is protected. Our digital team sets standards outlining the way digital information and digital systems should be managed and operated to ensure we comply with its obligations in relation to digital security.

All employees are responsible for following our digital security standards and for keeping safe any equipment issued to them as well as taking all reasonable steps possible to prevent its theft or damage. On leaving the SSSC, employees must return all items to our digital team.

4.5 Compliance

We comply with laws, regulations and avoid conflicts of interest. The Scottish public has a high expectation of public bodies and the way in which they conduct themselves in undertaking their duties. All employees must meet those expectations by ensuring that their conduct is above reproach.

During employment, all employees must make sure that the best interests of the SSSC are always considered and that they are mindful not to allow any private interests to influence their decision making. It is the responsibility of individual employees to judge whether an interest is sufficiently relevant to require declaration and employees are advised to err on the side of caution. Should there be any doubt as to whether an interest should be declared, employees should liaise with their line manager in the first instance.

Secondary employment

We normally allow employees to undertake alternative, additional paid employment or work of a voluntary nature (eg board member) unless there is a clear conflict of interest or it is likely to have a negative effect on their work for us. The exception to this is where the SSSC is, or could be, involved and / or where the work in any way affects our interests as an organisation.

If any employee wishes to carry out other employment while employed by us then they must discuss this first with their line manager (and any subsequent line manager) before requesting in writing to Human Resources for approval. This is intended to protect employees and to make sure that a consistent approach is taken across the organisation and appropriate advice is given in relation to the Working Time Regulations. Only when written approval from Human Resources is obtained, can employees be involved in any other paid employment.

The employee is required to notify Human Resources where there is a change in the secondary employment as originally set out, where their role with the SSSC changes or where they change job. Human Resources will review any previous consent for the secondary employment and whether this can continue. Any decision will be confirmed in writing.

Declaring interest

It is important that the public can have confidence that decisions made by the SSSC are not influenced by personal interests. All employees are required to declare interests which could be in conflict or be perceived by the public to be in conflict, with their duties as a SSSC employee.

Employees must not allow any private interests to influence the decisions they make in relation to work or use their position to further their own interests or the interests of others who do not have a right to benefit under our policies.

Employees must declare in writing to their line manager any private interests which a stakeholder or member of the public might reasonably believe could influence their judgement in their role with the SSSC. Any interest in our work that an employee has, or a close family member or member of their household has, must be declared to their line manager.

Commercial interests

All employees must be fair and impartial in their dealings with contractors, sub-contractors and suppliers. They must notify the Chief Executive in writing if it comes to their knowledge that the SSSC has entered or is about to enter a contract in which they have a personal financial interest either directly or indirectly.

Other conflicts of interest which must be declared

- Before engaging in any political activity (eg standing for election, being involved for canvassing, raising money for a political party, being on a local party management committee) employees must, to avoid any potential conflict of interest, first obtain written permission from their line manager. Employees must discuss their intentions with their line manager to jointly determine if there are any implications for their role with the SSSC or for the organisation itself.
- If any employee is a member of a club, organisation, private or otherwise, or work with a voluntary group which might result in a conflict of interest, especially those that employee registrants, with any aspect of their employment with the SSSC, then this must be declared. eg school boards, charity board, afterschool clubs.
- Complaints have been received from any individual known personally by the employee.
- Any personal relationship with another employee, or potential employee, where either party are asked to participate in a decision-making process (e.g. recruitment, discipline, control of resources etc) which affects the other person.

4.6 We act with integrity

We reject bribery and corruption and avoid being compromised by gifts. We act with integrity at all times. A bribe is a financial or other advantage in connection with a person performing a function improperly (where a person fails to meet the expectation that they will act in good faith, impartially or in accordance with a position of trust). Any individual found guilty of bribery will be reported to the Police by the decision maker.

We are committed to preventing any acts of bribery or corruption involving or affecting the organisation and will co-operate fully with any legal investigation into alleged activity. Employees are required to report any suspicions in this regard to their line manager or

head of department in the first instance or to follow the provisions of our [Whistleblowing Policy](#).

The SSSC works actively to promote an anti-fraud culture, the aim being that employees, contractors, consultants and others will come to regard fraud as unacceptable. Further information can be found in the [Counter Fraud, Bribery and Corruption Framework](#) and the Financial Crime Action Plan (under review) available on our intranet.

Acceptance of gifts and hospitality

Employees must not accept personal gifts, tokens, hospitality or services from anyone which would, or might appear to, place them under any obligation. If any employee is presented with or offered a personal gift, token, hospitality or service with an estimated value of more than £25 they must promptly notify the Legal and Corporate Governance team in writing.

Frequent personal gifts, tokens, personal gifts, tokens, hospitality or services must not be accepted from the same source.

Where circumstances are such that an employee may or will receive any of the above and they consider it would be against the interests of the SSSC to refuse it, the employee must declare this in writing to the Legal and Corporate Governance team who will make a final determination as to whether it can be accepted or not.

4.7 We support those who raise concerns

We support those who have any suspicions of any misconduct, malpractice, illegal or unethical behaviour and report their concerns in confidence to the appropriate channels. It is the responsibility of all employees to make sure that SSSC processes and procedures are applied properly, and in line with this Code. No one should be asked to do something which they believe to be:

- illegal, improper or unethical
- in breach of a professional code
- maladministration, fraud or misuse of public funds
- inconsistent with the Code.

We support any employee to raise a qualifying disclosure under the Public Interest Disclosure Act 1998 through our [Whistleblowing Policy](#). This means employees know when and how to raise a concern.

Employees may also have concerns regarding professional misconduct or financial malpractice which they believe may put colleagues or the organisation itself at risk.

We are committed to creating an environment in which employees feel they can raise concerns at an early stage when still a concern rather than feeling that they must wait for proof of wrongdoing before being able to raise the issue. By doing this, issues can be resolved swiftly and any damage to individuals or the organisation kept at a minimum.

Contact with the Police or regulatory bodies

Employees must advise line managers as soon as practicable, should they be:

- under investigation by their regulatory body

- suspended by their regulatory body
- deregistered by their regulatory body
- detained by the police
- arrested
- charged with a criminal offence
- subject to a police investigation.

5. Further information

5.1 Learning and development

To support the fair and consistent application of this Code, we will make sure there is a full awareness and understanding of the issues relating to this code for managers and employees by making training available to all.

5.2 Sources of support

- ACAS
- Employee Assistance Programme
- Human Resources
- Occupational Health
- Unison or other trade union representative

5.3 Related documents

- [Alcohol and Drugs Misuse Policy](#)
- [Corporate Health and Safety Policy](#)
- [Counter Fraud, Bribery and Corruption Framework](#)
- [Digital Security Policy](#)
- [Dignity at Work Policy](#)
- [Disciplinary Policy](#)
- [Maximising Attendance Policy](#)
- [SSSC Codes of practice](#)
- [Whistleblowing Policy](#).



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Title of Report	Fitness to Practise Committee updates
Public/Confidential	Report - Public Appendices - Confidential
If Confidential – date of publication	24 August 2024
Summary/purpose of report	The purpose of the report is to recommend individuals into various roles related to Fitness to Practise Panels.
Recommendations	Council is asked to: <ol style="list-style-type: none"> 1. approve the appointment of 10 lay members to the Fitness to Practise Committee 2. approve the appointment of nine social service panel members to the Fitness to Practise Committee 3. approve the reappointment of five existing legally qualified chairs to the Fitness to Practise Committee 4. approve the reappointment of three legally qualified chairs to the Quality Assurance Sub-committee 5. endorse the approach of the Quality Assurance Sub-committee.
Author	Laura Russell, Acting Head of Regulatory Improvement and Hearings
Responsible Officer	Hannah Coleman, Acting Director, Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.

Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	<p>Appendix 1: Confidential list of lay and social service panel members whose appointment to the Fitness to Practise Committee is being proposed.</p> <p>Appendix 2: Confidential details of existing legally qualified chairs whose reappointment to the Fitness to Practise Committee is being proposed.</p> <p>Appendix 3: Confidential list of legally qualified chairs whose reappointment to the Quality Assurance Sub-committee is being proposed.</p> <p>Appendix 4: Statistics related to the work of the Quality Assurance Sub-committee.</p>
Background papers	<p>Item 15 report 09/23 - AAC 28.01.2023</p> <p>Item 23 report 32/21 - Council 27.05.2021</p> <p>Code of Corporate Governance</p>

EXECUTIVE SUMMARY

1. On average we hold 12 Fitness to Practise hearings per month (excluding case management meetings). Each full hearing requires one lay member, one social service member and one legally qualified chair (LQC) to sit on the Panel.
2. We have six lay and four social service members coming to the end of their maximum seven-year term in 2024. To ensure we can continue to run hearings as required, we propose appointing a further cohort of lay and social service members as detailed in at paragraphs 4-7. In addition, we have six legally qualified chairs (LQCs) approaching the end of their current term of appointment. Proposed reappointments are detailed in paragraphs 8-9.
3. At its meeting on 27 May 2021, Council approved amendments to the Code of Corporate Governance, creating a Quality Assurance Sub-committee to implement the quality assurance of Fitness to Practise Panel decisions. Paragraphs 10-20 set out proposals to reappoint Sub-committee members, and the planned continued approach of the Sub-committee.

APPOINTMENT OF FITNESS TO PRACTISE COMMITTEE MEMBERS

4. We carried out a recruitment exercise to appointment approximately 10 lay and 10 social service panel members to the Fitness to Practise Committee. We advertised the posts in February 2024.
5. We received 88 social service member applications and shortlisted 24 for interview. Interviews took place throughout March 2024, with 10 preferred candidates selected as detailed in Appendix 1.
6. We received 43 lay member applications and shortlisted 18 for interview. Interviews took place throughout March 2024 with nine lay member candidates selected as detailed in Appendix 1.
7. If Council approves the appointment of the candidates in Appendix 1, they will be appointed for a period of three years with an option to extend for a further period not exceeding four years.

REAPPOINTMENT OF FITNESS TO PRACTISE COMMITTEE MEMBERS

8. We appoint LQCs for a period of three years with an option to extend for a further period of up to four years.

9. The chairs detailed at Appendix 2 have reached the end of their first term of appointment. There have been no unsatisfactory appraisals of these members. All LQCs detailed have expressed an interest in reappointment. The proposed length of each reappointment is detailed in Appendix 2.

QUALITY ASSURANCE SUB-COMMITTEE

The running of the Quality Assurance Sub-committee (QA Sub-committee)

10. Arrangements to implement a QA Sub-committee were approved by Council in May 2021. Council approved the appointment of three LQCs to the QA Sub-committee, one as chair and two as members.
11. The QA Sub-committee members worked with us to develop the guidance and resources required for the Sub-committee. The QA Sub-committee began reviewing Notices of Decisions in May 2022 with the aim of reviewing at least 10% of decisions per year. More details are contained at Appendix 4.
12. The QA Sub-committee began observing hearings in January 2023 with the aim of observing at least 10% of hearings per year. More details are contained at Appendix 4.
13. Following review of a Notice of Decision, a report is prepared by the reviewing committee member which is shared with the LQC who drafted the decision. Training points relevant to the wider pool of LQCs or panel members are shared via email and/or the quarterly panel newsletter.
14. Following observation of a hearing, a report is prepared by the observing committee member. Training/learning points are shared directly with the individual panel members and via the quarterly panel newsletter as appropriate.
15. The work of the QA Sub-committee has led to a variety of improvements such as: consistency of Notices of Decision including a focus on the use of plain English, use of affirmative language, reduction in length of Notices of Decision; etiquette during online hearings.

Approach of the QA Sub-committee going forward

16. We intend for the QA Sub-committee continue to review Decisions and observe hearings as set out in paragraphs 11 and 12.
17. We intend to continue to share the learning from the QA Sub-committee to promote consistency and improve learning, as set out in paragraphs 12 to 14.

18. In the report presented to Council in 2021, the intention was to seek authority to appoint social service members to the Sub-committee to carry out observations of social service members, after the first year. Each hearing requires the social service member to have experience of the part of the Register on which the worker is registered. Ensuring observation by another social service member with experience on this part would be difficult to manage. In addition, we would still have to have a legally qualified chair member observe to report on the lay member and LQC. The primary purpose of observation of hearings is to ensure the conduct of panel members is in accordance with the Code of Conduct for Panel Members rather than specific to sector advice given. We therefore do not intend to seek to appoint social service members to the Quality Assurance Sub-committee.

Reappointment of QA Sub-committee members

19. We appointed LQCs to the Sub-committee for a period of three years with the option to extend for up to a further two years.
20. The chairs detailed at Appendix 2 have reached the end of their first term of appointment. All chairs detailed have expressed an interest in reappointment. The proposed length of each reappointment is detailed in Appendix 2.

CONSULTATION

21. QA Sub-committee members assisted with the drafting of the documents used in the Sub-committee process. All members were consulted in their drafting. The ongoing quality assurance process constitutes appraisal for all panel members, as is required in their terms of appointment. Satisfactory appraisals are an essential requirement for continuing appointment as a panel member.

RISKS

Legal Risks

22. We have an averse appetite towards regulatory and legal compliance and a cautious appetite towards the effective management of our regulatory function.
23. We must run Fitness to Practise panel hearings in order to fulfil our statutory function of protecting the public. We require a sufficient number of panel members to achieve this. Without the appointment of further

legally qualified chairs, we will be unable to timeously hold hearings required.

24. We must ensure the quality of decisions being made in the name of the SSSC. We require a sufficient number of members of the QA Sub-committee to achieve this. Without the reappointment of these members, we will be unable to quality assure decision-making.
25. We have a cautious appetite towards exposure to scrutiny. To stand up to scrutiny, we must carry out the appointment of panel members in a way that is impartial and free from apparent bias. We carried out a blind shortlisting exercise, with all names and other personal details removed from the application forms. We had an independent member on each interview panel to ensure impartiality.

IMPLICATIONS

Resourcing

26. Payment to panel members for hearings work, and for QA Sub-committee work is included within the existing budget allocated to Regulatory Improvement and Hearings.

Compliance

27. If Council does not approve the appointments and reappointments to the Fitness to Practise Committee, we will have insufficient legally qualified chairs, lay and social service members to hold the required Fitness to Practise hearings. This would compromise the safety of people using services and their carers.
28. If Council does not approve the reappointments of member to the QA Sub-committee, and endorse the proposed continued approach, the QA Sub-committee will be unable to continue with its work. Council would have no mechanism in place to give assurance that decisions are of sufficient quality. In addition, it would prevent panel members from receiving appraisal, an essential requirement of their terms and conditions of appointment.

IMPACT ASSESSMENT

29. An Impact Assessment was not required because the outcome of this report is an operational matter which does not directly impact any of the three requirements of Public Sector Equality Duty or protected groups either positively or negatively, or have any other impacts as set out in the Assessment. Recruitment has followed appropriate practices to ensure a fair process.

CONCLUSION

30. We recommend:
- a. the approval of the appointment of 10 lay members to the Fitness to Practise Committee
 - b. the approval of the appointment of nine social service panel members to the Fitness to Practise Committee
 - c. the approval of the reappointment of five existing legally qualified chairs to the Fitness to Practise Committee
 - d. the approval of the reappointment of three legally qualified chairs to the Quality Assurance Sub-committee
 - e. endorsement of the approach of the Quality Assurance Sub-committee.

Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description
C23/39 Publish People Management Policies	Council 26 February 2024	Completed	Corporate Governance Coordinator	01-Apr-24	Disciplinary and Whistleblowing Policy published on 1 April 2024
C23/38 consult on registration fees	Council 26 February 2024	In progress	EMT	Nov-24	Minute 11. Consultation would take place in early autumn and a report on the outcome would come to Council in November 2024, in order to allow systems changes in time for April 2025
C23/37 ASC qualification timescales	Council 26 February 2024	In progress	Acting Director Workforce Education and Standards	Aug-24	LL to bring report to August Council - AW to add to CoB and Forward planne back a report to Council in August 2024 with relative data which will be available following the launch of FPP and this will assist in early determination of the position within the ASC sector.
C23/36 Submission of Codes of Practice to Scottish Government	Council 26 February 2024	Completed	Acting Director Workforce Education and Standards	May-24	Submitted, approved, came into effect on 1 May and launched by the Minister on 7 May
C23/35 Publish Risk Register and appetite statement	Council 26 February 2024	Completed	Corporate Governance Coordinator	01-Apr-24	Published RR on website and both on intranet
C23/34 look at costs of IiP ansand IiYP scheme for VFM. Will be reported to May meeting	Council 26 February 2024	Completed	Interim Chief Executive	May-24	What is the cost to the SSSC of continuing to be part of the Investors in people Scheme? In terms of value for money and restricted budgets we must look at all expenses. Will be reported to May 2024 meeting. £11.400 plus VAT over three years
C23/33 amendment to minutes 23 Nov	Council 26 February 2024	Completed	Corporate Governance Coordinator	Mar-24	Minute 3.1 The minutes of the meeting held on 23 November were approved as a correct record subject to an addition to item 2 to say there were no declarations of interest for items 3 to 8 and 10 to 15.
C23/32 Appointment of AAC Chair and Vice Chair	Council 23 November 2023	Completed	Corporate Governance Coordinator	Sep-24	Minutes 5.2 and 8.1: Peter Murray apptd as Chair, Lindsay MacDonald apptd as Vice Chair to take effect 1 September 2024, but to shadow at catch up meetings etc as of now. 15.5.2024 Peter Murray and Lindsay MacDonald included in meeting invitations
C23/31 Qualifications of Workers	Council 23 November 2023	Completed	Interim Chief Executive	2024	Minute 7.2: 1)Meeting between CEOs of SSSC and CI re supervisors in the care sector who are not qualified. 2)bring an action plan to Council setting out proposals to ascertain reasons and factors leading to low numbers of qualified workers, especially in specific roles . Detail covered in May 2024 report to Council
C23/30 Development session on agile working	Council 23 November 2023	In progress	Head of Legal and Corporate Governance	2024	Minute 10.3: set up a development session for Members on agile working and performance and wider issues of agile working in the employment sector
C23/26 Shared Services	Council 24 August 2023	In progress	Director Strategy and Performance	Feb-24	principles to the Council meeting in February 2024. 15.5.2024 agreement not yet concluded will report to August 2024 meeting

C23/25 Fitness to Practise Staffing	Council 24 August 2023	Completed	Acting Director Regulation	May-24	Minute 18.4: Submit a further detailed report to the November 2023 Council meeting. Information is being ingathered and this item should be presented to the Feb 2024 meetings cycle. Verbal update to May 2024 meeting
C6 Joint development session with CI re the Promise	Council 25 August 2022	In progress	Corporate Governance Coordinator	tbd	Minute 9.2: A joint dev session with CI about the promise 9.11.22 AW in correspondence with CI counterpart about possible date: also to include discussion on the Independent Review 16.1.2023: CI Conv and CEx in discussion re options date of 18 Jan 2024 confirmed with CI. 18 Jan session cancelled/postponed due to bad weather 15.5.2024 in correspondence re identifying another date

Council Calendar of Business 2024/25

Report/meeting dates	23 May 2024	22 August 2024	29 October 2024 (ARA)	21 Nov 2024	Feb 2025	March 2025 (Budget)
Quarterly reports						
Convener's Report	√ verbal	√		√	√	
Chief Executive's Report	√	√		√	√	
Audit and Assurance Committee Report (<i>inc assurance report, risk register and link to minutes</i>)	√	√		√	√	
Action Record	√	√		√	√	
Annual reports						
Audit and Assurance Committee Annual Report (<i>part of Annual Report and Accounts process</i>)	√					
Risk Register and Risk Appetite Statement					√	
People Strategy Annual Report (<i>include staff survey results, HR annual report and agile working updates</i>)		√				
Complaints Annual Report	√					
Digital Development Annual Report	√					
Information Governance Annual Report	√					
Partnership Agreement Annual Report				√		
Shared Services Annual Report		√				
Annual Health and Safety report		√				
Annual Report and Accounts			√	√		
Draft Annual Report and Accounts		√				
Chief Executive Appraisal (Private Report)	√ verbal					
Draft Budget 2025/26					√	

Report/meeting dates	23 May 2024	22 August 2024	29 October 2024 (ARA)	21 Nov 2024	Feb 2025	March 2025 (Budget)
Budget Setting 2025/26						√
Policies approval – see appendix below for dates that policies planned to be presented to Council	√	√				
All other items (<i>ad hoc or requested matters</i>)						
Fees review				√		
Future Proofing Programme (<i>various matters as necessary</i>)						
ASC qualification timescales		√				
FtP Committee updates	√					
Code of Conduct (Employees)	√					
Digital Strategy annual report	√			√		
Staffing (c)	√					
Rewards Review (c)	√					
PSR (c)	√					

Council Policy Timetable

Policy/Strategy etc name	Department	Owner	Hyperlink to Document	Date of Last Review	Date of Next Review
Agile Working Policy	HR	Director of Workforce Education and Standards	Agile Working Policy	2023 August	2026 August
Business Continuity Policy	Strategy and Performance	Director of Strategy and Performance	Business Continuity Policy	2022 August	2025 August
Code of Conduct (Employees)	HR	Director of Workforce Education and Standards	Code of Conduct (Employees)	2021 May	2024 May
Code of Conduct for Members of SSSC	Legal and Corporate Governance	Director of Finance and Resources	Code of Conduct for members of the SSSC	2022 February	2025 February
Code of Corporate Governance	Legal and Corporate Governance	Director of Regulation	Code of Corporate Governance	2023 February	2026 February
Codes of Practice for Social Service Workers and Employers	Workforce, Education and Standards	Director of Workforce, Education and Standards	SSSC Codes of Practice for Social Service Workers and Employers	2024 May	2027 May
Communications Strategy 2021-2024	Strategic Communications	Director of Strategy and Performance	Communications Strategy 2021-2024	2021 May	2024 May
Corporate Health and Safety Policy	Estates, Health and Safety	Director of Strategy and Performance	Corporate Health and Safety Policy	2026 August	2026 February
Criteria and Principles for Assessing Qualifications Sector Guidance	Workforce, Education and Standards	Director of Workforce, Education and Standards	Criteria and Principles for Assessing Qualifications Guidance	N/A	2023/24
Data Protection Policy	Legal and Corporate Governance	Director of Regulation	Data Protection Policy		2024 November
Digital Strategy 2021-2024	Digital	Director of Strategy and Performance	Digital Strategy 2021-2024	2021 May	2024 May
Dignity at Work Policy	HR	Director of Workforce Education and Standards	Dignity at Work Policy	2022 November	2025 November
Disciplinary Policy	HR	Director of Workforce Education and Standards	Disciplinary Policy April 2024	2024 April	2027 April
Equality, Diversity and Inclusion Policy	Communications and Policy	Director of Strategy and Performance	Equality Diversity and Inclusion Policy	2026 August	2026 August
Family Friendly Policy	HR	Director of Workforce Education and Standards	Family Friendly Policy	2022 August	2025 August
Financial Strategy	Finance	Chief Executive	Financial Strategy 2023-2026	2023 February	2026 February
Fitness to Practise Thresholds Policy	Fitness to Practise	Director of Regulation	Fitness to Practise Thresholds Policy	2022 March	As required
Grievance Policy and Procedure	HR	Director of Workforce Education and Standards	Grievance Policy	2021 August	2024 August

People Strategy	HR	Director of Workforce Education and Standards	People Strategy	2021 August	2024 August
Procurement Strategy	Finance	Chief Executive	Procurement Strategy 2023-2026	2023 February	2026 February
Records Management Policy	Legal and Corporate Governance	Director of Regulation	Records Management Policy	2021 August	2024 August
Redeployment Policy	HR	Director of Workforce Education and Standards	Redeployment Policy	2021 August	2024 August
Retirement and Severance Policy	HR	Director of Workforce Education and Standards	Retirement and Severance Policy	2021 November	2024 November
Risk Register - Strategic	Strategy and Performance	Director of Strategy and Performance	Strategic Risk Register from April 2024	2024 February	2025 February
Risk Appetite Statement	Strategy and Performance	Director of Strategy and Performance	Risk Appetite Statement 2024.25	2024 February	2025 February
Risk Management Policy	Strategy and Performance	Director of Strategy and Performance	Risk Management Policy Feb 2023	2023 February	2025 February
SSSC Decision Guidance Policy	Fitness to Practise	Director of Regulation	Decisions Guidance	2016 August	As required
Whistleblowing Policy	HR	Director of Workforce Education and Standards	Whistleblowing Policy April 2024	2024 April	2027 April
Work Performance Policy	HR	Director of Workforce Education and Standards	Work Performance Policy	2023 November	2026 October
Workforce Change Policy	HR	Director of Workforce Education and Standards	Workforce Change Policy	2021 August	2024 August