

**Date Issued: 18 August 2022**

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at on Thursday 25 August 2022 in Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

**Please note:** The private session will commence at 10am and the public session will commence at 11am.



**Sandra Campbell  
Convener**

**AGENDA  
PRIVATE SESSION**

| <b>Item</b>   | <b>Report no</b>                   |
|---|------------------------------------|
| 1. Welcome and apologies for absence                  |                                    |
| 2. Declarations of interest                           |                                    |
| 3. Confidential minutes of the meeting of 26 May 2022 |                                    |
| 4. Rewards Review                                     | <b>26/2022</b>                     |
| 5. Accommodation                                      | <b>27/2022</b><br>Report to follow |

**PUBLIC SESSION**

|   |                |
|---|----------------|
| 6. Minutes of previous meeting – 26 May 2022        |                |
| 7. Matters arising                                  |                |
| 8. Convener's report                                | <b>28/2022</b> |
| 9. Chief Executive's report                         | <b>29/2022</b> |
| 10. Audit and Assurance Committee report to Council | <b>30/2022</b> |
| 11. Draft Annual Report and Accounts Review         | <b>31/2022</b> |
| 12. Business Continuity Policy                      | <b>32/2022</b> |
| 13. Health and Safety report                        | <b>33/2022</b> |

- |            |   |                |
|------------|---|----------------|
| <b>14.</b> | People Management Policies  | <b>34/2022</b> |
| <b>15.</b> | People Strategy delivery plan: progress update  | <b>35/2022</b> |
| <b>16.</b> | Digital Development update  | <b>36/2022</b> |
| <b>17.</b> | Annual Information Governance report  | <b>37/2022</b> |
| <b>18.</b> | Annual Review 2021/22 – Shared Services – SSSC and the Care Inspectorate (CI)   | <b>38/2022</b> |
| <b>19.</b> | Council Action Record   |                |
| <b>20.</b> | Date of next meeting and calendar of business –<br>The next scheduled meeting is 28 October 2022 at 10 am to approve the Annual Report and Accounts.<br>The next scheduled meeting of the Council for ordinary business will be held on Thursday 24 November 2022 at 10 am. |                |

### **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:

| <b>Item</b>  | <b>Reason for exclusion</b>  |
|--------------|--|
| <b>4. 5.</b> | c. matters involving issues of commercial or financial sensitivity or confidentiality.<br>d. matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council.<br>e. information which may be considered to be legally privileged or relate to matters if legal proceedings either in progress or relating to the SSSC. |

- a. 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)
- b. matters relating to named training and education providers or care service providers, such that their credibility and reputation may be affected
- c. matters involving issues of commercial or financial sensitivity or confidentiality
- d. matters relating to policy or the internal business of the Council which are for discussion with the Scottish Government or other regulatory or public bodies, prior to final approval by the Council
- e. information which may be considered to be legally privileged or relate to matters of legal proceedings either in progress or relating to the SSSC
- f. 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 Scottish Social Services Council held on  
Thursday 26 May 2022 at 10:00 am in Compass House, Dundee DD1 4NY  
and by Teams meeting.**

**Present:** Sandra Campbell, Convener  
Theresa Allison, Council Member (online)  
Professor Alan Baird, Council Member  
Lynne Huckerby, Council Member (online)  
Rona King, Council Member  
Linda Lennie, Council Member  
Peter Murray, Council Member  
Russell Pettigrew, Council Member (online)

**In attendance:** Lorraine Gray, Chief Executive (online)  
Maree Allison, Director of Regulation  
Laura Lamb, Acting Director of Development and Innovation  
(online)  
Lynn Murray, Interim Director of Finance and Resources  
Laura Shepherd, Director of Strategy and Performance  
Anne Garness, Head of Legal and Corporate Governance  
Audrey Wallace, Corporate Governance Coordinator

**Observing:** The meeting was live streamed, and the link shared with  
SSSC staff and members of the public

**1. Welcome**

1.1 Sandra Campbell welcomed those present in person and those who attended online, to this first hybrid meeting of the Council. Apologies were noted from Paul Edie and Julie Grace, Council Members.

**2. Declarations of interest**

2.1 There were no declarations of interest.

**3. Minutes of the previous meetings**

3.1 The minutes of 28 February 2022 were approved as a correct record.

3.2 The minutes of 25 March 2022 were approved as a correct record.

**4. Matters arising**

4.1 There were no matters arising.

**5. Convener's report**

- 5.1 Sandra Campbell presented report 17/2022 which summarised her activities as Convener since the Council meeting on 28 February 2022
- 5.2 The Council
1. noted the summary of the key issues and activities covered in the report.

**6. Chief Executive's report**

- 6.1 Lorraine Gray presented report 18/2022 which detailed the SSSC's key performance against strategic priorities and the work of the directorates.
- 6.2 The matters below were discussed.
- Maree Allison confirmed that Police Scotland was now responding to individual requests for information.
  - Maree Allison confirmed that the support helpline for registrants had only recently started up. She also spoke about developing skills for current employees to become investigation assistants and those taking up the opportunity have expressed interest through their development discussions.
  - Peter Murray asked for further information on the Graduate Apprenticeship for Social Workers and Laura Lamb advised that this was still in development. The scheme will be piloted in the first instance. The aim of the scheme is to retain workers currently in the sector and increase the number of qualified workers. Laura Lamb also confirmed that the development of the integrated health and social care award was progressing. It will go forward through the SVQ process and offered to providers as a route to a qualified workforce.
  - Laura Lamb advised that work is being carried out on a timeline for rolling out the supported first practice year for all Newly Qualified Social Workers (NQSWS).
  - Laura Shepherd clarified that the SSSC will continue to support the effective voice workstream.
- 6.3 The Council
1. commented on and noted the information contained in the report.

**7. Audit and Assurance Committee report to Council**

- 7.1 Alan Baird presented report 19/2022 from the Audit and Assurance Committee meeting of 3 May 2022, along with the assurance report and summary risk register, which had been submitted to the Committee, and the draft minutes of the meeting.

- 7.2 He commented on the very positive report which reflected the highlights of the meeting including the changes to the risk register to reflect changing risks to the organisation. He highlighted the two positive reports from the internal auditor and the report on Counter Fraud and Corruption that confirmed there had been no cases of fraud or corruption detected in the organisation during the financial year 2021/22.
- 7.3 Laura Shepherd confirmed, as reported in the assurance report, that there had been a marked decrease in the number of complaints received during the pandemic. The increase of complaints received more recently was in line with the numbers received pre-pandemic.
- 7.4 Sandra Campbell commented that she was pleased to see the progress of the assurance map.
- 7.5 Lynn Murray confirmed that she would look into the possibility of including additional HR metrics into the assurance report and would report back on her thoughts to Council at its meeting in August.
- 7.6 Alan Baird spoke to report 20/2022 (listed as item 8 on the agenda), the Audit and Assurance Committee Annual Report to Council. He highlighted the positive reports and comments which had been received over the year. He thanked officers for their assistance in ensuring good practices throughout the organisation and a good working relationship with the auditors.
- 7.7 The Council:
1. accepted that the assurance report presented a true and fair view of the SSSC's performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that:
    - a. operational performance as measured by strategic key performance indicators give confidence that the SSSC was delivering as forecasted to meet its strategic objectives as agreed with the Sponsor Department
    - b. financial performance was consistent with forecasted spend and presents no cause for concern relating to year-end outturn of approved budget
    - c. operational delivery and financial expenditure were consistent
  2. took sufficient assurances from the internal audit reports, the follow up review and the internal/external audit tracker
  3. approved the Annual Report of the Committee to Council
  4. noted
    - a. the assurance map and the future process
    - b. the Committee approved the draft Annual Governance Statement for inclusion within the Annual Report and Accounts

- c. the Committee took assurances that there were no instances of fraud or corruption detected in the financial year 2021/22.

**8. Annual Audit and Assurance Committee report to Council**

- 8.1 This report 20/2022 was referred to in paragraph 7.6 above.
- 8.2 The Council
  1. approved the annual report of the Audit and Assurance Committee
  2. noted that the content of the annual report informed the preparation of the draft Annual Governance Statement.

**9. Complaints Performance update for 01 April 2021 to 31 March 2022**

- 9.1 Laura Shepherd presented report 21/2022 which summarised the SSSC's performance in responding to complaints during 2021/22. She highlighted improvements in response times to both stage one and stage two complaints and the reasons for agreed extensions to the responses that required extra time.
- 9.2 Laura Shepherd agreed to look at benchmarking against other public bodies, including the numbers of complaints received.
- 9.3 Laura Shepherd advised on the processes and the outcomes derived from information contained in the complaints matters. She assured Members that, where appropriate, the improvements team works on making improvements to processes where possible and practical. Additionally, where possible, the response to the complainant gives information about changes made following receipt of their complaint. She advised that positive impact is not always immediate or measurable but could be deemed to have had such an impact if no further complaints were received.
- 9.4 The Council
  1. noted the SSSCs performance in responding to complaints in 2021/22
  2. approved the annual complaints performance report to be published on our website.

**10. People Management Policies**

- 10.1 Lynn Murray presented report 22/2022, People Management Policies, which asked Council to approve the Agile Working Policy and policies approved by the Executive Management Team (EMT).
- 10.2 Members discussed the reasoning behind the previous decision, made during the Council meeting on 20 August 2020, to have any people management policies, which were approved by the EMT, then reported to Council for endorsement. It was noted that the programme of

updating people management policies was now in place, policies were on a regular programme of review and that it had been agreed in May 2020 that the policies which were strategic in nature, or that contained specific information, would be brought to Council for approval. Anne Garness advised that EMT will decide whether a new policy will be brought to Council, with advice from her when necessary.

- 10.3 Anne Garness advised Members on the terms of the RACI chart which was contained in the Code of Corporate Governance and which set out the agreed approval routes for decision-making. The Code is due to be reviewed in autumn and Members would have the opportunity to review the approval routes at that time and agree changes to these if thought appropriate. During this discussion it was noted that there was an error in the extract of the Policy Index attached to the papers for the meeting.
- 10.4 Members then turned to discussion of the Agile Working Policy, which was presented at Appendix 2 to the report, for approval. Some questions were raised as to the cost to or savings from the proposed working environment which would be enabled by approval of the policy. It was suggested that the policy would need be in place for approximately one year before savings were evident. We have made savings over the last two years by working from home.
- 10.5 Rona King, supported by other Members, stated that she was not minded to approve the policy as presented. There was discussion around the wording of the policy being too vague, and therefore not supportive to staff or managers wishing to take advantage of the terms of the policy and in the event of a dispute.
- 10.6 Lorraine Gray advised that officers will review the wording and language in the policy, taking legal advice as required, and will bring back the policy to Council in August for approval.
- 10.7 The Council
1. did not approve the proposed Agile Working Policy
  2. agreed that Members would forward their comments on the Agile Working Policy to Lynn Murray, before 6 June 2022, that she would consider these and present a revised policy to Council in August 2022
  3. endorsed the changes to policies that EMT had approved
  4. agreed that Council no longer endorses the EMT approved policies but that an annual report on the People Management Policies approved by EMT be presented to Council. This may form part of the annual People Strategy report
  5. reaffirmed that Council continues to approve policies which include any of the following:
    - associated extra costs that are out with the current budget
    - any proposed fundamental change to terms and conditions of employment
    - where the Council has a clearly defined role to play.

**11. Future Proofing Programme consultation analysis**

- 11.1 Maree Allison presented report 23/2022 which provided a summary of the Future Proofing Programme consultation responses. Appendices 1 and 2 provided a skills analysis and a breakdown of the responses received after the 12-week consultation period, which took place between December 2021 and March 2022.
- 11.2 The publicising of the consultation and high level of engagement with the sector and responses was commended. This included online events, social media outlets, the SSSC website and SSSC news emails as well as specific meetings with interested groups.
- 11.3 The report focussed on the proposals which had less support from the sector. Some of these related to information to be shown on the public-facing register and proposed changes to adult social care qualifications.
- 11.4 There was some discussion on consultation on proposals for baseline qualifications, including regarding the proposed SCQF level 7 for adult social care workers.
- 11.5 Maree Allison advised on the complexity of weighting the responses and that this would take some work.
- 11.6 Alan Baird and Theresa Allison welcomed the consultation and felt it was thorough and inclusive and reflected the situation currently in the care sector.
- 11.7 The Council
  - 1. noted the report
  - 2. noted that a further report would be submitted to Council in November 2022 with proposals and decision options
  - 3. requested a further development session on the Future Proofing Programme.

**12. Council Action Record**

- 12.1 The Council considered and approved the Council action record and agreed that completed actions C91, C93, C94, C95, C96, C97, C98, C99, C100, and C101 be archived and kept on file for future reference.

**13. Date and time of next meeting**

- 13.1 The Council noted the calendar of known scheduled business and that the date of the next Council meeting is Thursday 25 August 2022 at 10.00am.

**Private Session**

Items 14, 15 and 16 were taken in private and minuted separately.



**Council 26 May 2022**  
**Start time: 10am**  
**Finish time: 1.30pm**

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Sandra Campbell**  
**Convener**

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Convener's Report  |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | Update on Convener's activity since last full Council meeting on 26th May 2022.  |
| <b>Recommendations</b>           | The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener.   |
| <b>Author</b>                    | Sandra Campbell, Convener  |
| <b>Responsible Officer</b>       | Maree Allison, Acting Chief Executive  |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>     | <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 to achieve our strategic outcomes.</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: Business continuity Plans (PCP) are in place and tested.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> |
| <b>Impact assessments</b> | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>  |
| <b>Documents attached</b> | None  |
| <b>Background papers</b>  | None  |

## **EXECUTIVE SUMMARY**

1. This report summarises the activity of the Convener from 26 May 2022 to date.

## **INTRODUCTION**

2. This report covers the period from my last report for the meeting of 26 May 2022. This has been a relatively quiet period with little partnership activity to report and therefore few meetings. However, there are important issues for the SSSC, both internally and from the perspective of the Scottish Government which will have long term implications but will take a longer period of time to clarify and implement.
3. The main internal issue is the Rewards Review, and I would like to note that the Council Members have been briefed on the progress and issues arising and are aware of the impact on our staff. We are working together with the Executive Management Team to agree a way forward as soon as possible.

## **MEETINGS WITH PARTNER AGENCIES**

4. As an ex-officio member of the board of the Care Inspectorate I attended a board meeting on 16 June 2022, a key issue which I noted being ongoing work to implement learning from the period of the COVID pandemic, in relation to the most effective inspection programme.
5. A new Care Inspectorate Chief Executive has been appointed, taking up post in the next few weeks: Jackie Irvine, who most recently served as the Chief Social Work Officer for Edinburgh City Council. I look forward to working with Jackie. Paul Edie is completing his term as Chair at the end of this month and his successor will join our Council; no Ministerial announcement has yet been made although interviews have taken place.

## **MEETINGS WITH THE SCOTTISH GOVERNMENT**

6. I have continued to have regular meetings with Iona Colvin, the Chief Social Work Adviser and my key link with our Sponsor. These have been helpful as always, with one key issue being the recruitment of a Council Member to replace Russell Pettigrew, whose tenure ends this month. There will be a short delay in the appointment of a new Member, likely to be in early 2023. I have agreed with the Chair of the Audit and Assurance Committee that this can be managed in the interim, assuming the proposed timescale is feasible.

7. The implications of the next stage of the National Care Service have been the other main topic, with minimal (and expected) change confirmed in the short-term for the SSSC. However, the Scottish Government has embarked on further consultation in the sector over the next few months and so we await detailed confirmation of the proposed way forward. In the meantime, the Council continues to be focused on the budget implications for the SSSC, which to date have been unclear for the longer term, adding to the difficulty in taking a long view on our strategic plans.

## **COUNCIL MEMBERS**

8. The Development Session on 27 June 2022 was largely focused on early thoughts around developing the next Strategic Plan, with slightly different language and presentation being proposed. This led to some useful discussion which will be picked up again in a future session. We were also able to hear from two partner organisations, namely Scottish Care and Coalition of Care and Support Providers in Scotland (CCPS). These sessions were, by necessity, brief due to our busy agenda but Members very much appreciated the input from Becca Young and Nigel Henderson. This follows a long-term plan to enhance the wider knowledge base of the services in which our registrants are employed, and which has been delayed due to the intervention of COVID-19. This also linked in very well to the continuing discussion about the development of our Strategic Plan.
9. The Council is now largely meeting in-person but with the facility for a hybrid meeting when necessary. This has worked very well to date.
10. My key activity over the last two months has been the annual appraisal of Council Members. As always this proved to give useful insight into how Members have experienced the last year and we were able to look forward to future developments in the SSSC, which is aspirational and forward-facing in a climate of change in public services.

## **CONCLUSION**

11. In conclusion, I would like to thank Maree Allison for her support as Acting Chief Executive during this period, and to note that Council Members send their best wishes to Lorraine Gray.

|                                       |  |
|---------------------------------------|--|
| <b>Title of report</b>                | Chief Executive's Report   |
| <b>Public/Confidential</b>            | Public   |
| <b>Summary/purpose of report</b>      | To provide Council Members with an update from the Acting Chief Executive.   |
| <b>Recommendations</b>                | The Council is asked to note the information contained in the report and offer comment on the content.   |
| <b>Author and Responsible Officer</b> | Maree Allison, Acting Chief Executive  |
| <b>Link to Strategic Plan</b>         | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners, and policy makers to deliver a sustainable, integrated, and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>          | <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 or have insufficient staff resources to achieve our strategic outcomes.</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: Business Continuity Plans (BCP) are in place and tested.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> |
| <b>Impact assessments</b> | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was developed.</li> </ol>  |
| <b>Documents attached</b> | None   |
| <b>Background papers</b>  | None   |

## **EXECUTIVE SUMMARY**

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 Council meeting on 26 May 2022, and looks forward to emerging issues.

### **OUTCOME 1: PEOPLE WHO USE SERVICES ARE PROTECTED BY ENSURING THE REGULATED WORKFORCE IS FIT TO PRACTISE**

2. The Regulatory Improvement and Hearings Department is recruiting Fitness to Practise Panel Members and is working with CEMVO (Council of Ethnic Minority Voluntary Organisations) to help improve diversity on our Fitness to Practise Panels.
3. The Registration Department, with the support of the Digital Learning Team, has developed an Open Badge for newly registered workers. The activities for the badge help workers learn about being part of a regulated profession, including why we have registration for social service workers in Scotland, how this contributes to better outcomes for people using services and what their responsibilities are as a registered worker. They also learn about the benefits of registration. We are promoting the Badge to employers and new registrants from the beginning of August.
4. The Fitness to Practise Department is now meeting quarterly with Police Scotland's information team. Since Police Scotland has reviewed its approach to information sharing, we have not required to raise any further court actions to obtain information.

### **OUTCOME 2: THE SSSC SUPPORTS AND ENHANCES THE DEVELOPMENT OF THE REGULATED WORKFORCE TO DELIVER HIGH STANDARDS OF PRACTICE AND DRIVE IMPROVEMENT**

5. Before we draft new Codes of Practice, we are gathering views and feedback from employers, workers, and people with experience of care on the current Codes, how they use them and what might improve them. We launched a Codes Conversations resource to support stakeholders to have conversations within their own organisations and networks. We will gather their feedback to inform the new Codes before formally consulting early next year <https://news.sssc.uk.com/news/codes-conversation>
6. Scottish Government has commissioned us to lead a refresh of the Common Core. The Common Core describes the skills, knowledge and



understanding, and values that everyone should have if they work with children, young people, and their families, whether paid or unpaid. The refresh of the Common Core will contribute to the commitments within Change Programme One and our commitment to help Keep the Promise.

7. In partnership with NHS Education Scotland (NES) we have delivered on a Scottish Government commitment to launch a National Induction Framework for Adult Social Care. There have been over 17,000 interactions with the site since it launched in February 2022. <https://learn.sssc.uk.com/induction-framework/>
8. We have developed an Early Learning and Childcare resource which sits alongside 23 Things Leadership. The resource contains visuals that represent children and young people and resources that link to relevant legislation and organisations such as the Care Inspectorate, Education Scotland, and Early Years Scotland. We will launch and promote this resource from Mid-August. <https://23elcleadership.sssc.uk.com/>
9. As well as our on-going support to mentor candidates undertaking the Scottish Improvement Leaders (ScIL) programmes, in partnership with NES's QI team we have shadowed and co-delivered a 10-month ScIL programme to an NHS Wales cohort.
10. In partnership with NES we delivered an online pilot for Dementia Ambassadors, with positive evaluations from care home and care at home participants. We continue to support participants as they now deliver dementia informed learning sessions in their workplaces.
11. We contributed to the development of new national Infection Prevention and Control (IPC) standards which Health Improvement Scotland launched in May 2022. These new standards are, for the first time, mandatory for care homes and best practice for the rest of social care. We are currently supporting several interactive workforce webinars led by the Care Inspectorate, running from June to August 2022, to raise awareness of the standards and seek staff views on their implementation.
12. We have launched our BeMe resource. This smartphone app uses 360° video to let you experience what it is like to receive physically close care and support. The app contains different scenarios to give you experiences from a range of services, so you can choose the one that you currently work in or try scenarios from other services. This will help the workforce understand the experience of people receiving support from them. <https://lms.learn.sssc.uk.com/course/view.php?id=68>
13. We have launched the first of our serialised video resources 'Changing Times, Changing Perspectives', co-designed with the sector to help support the workforce to reflect on how transitions and changes impact on individuals and those around them. The resource follows the story of an

individual living with a diagnosis of dementia who, due to changing needs, is moving from her own home to a care home.

<https://lms.learn.sssc.uk.com/course/view.php?id=74#section-0>

14. Scottish Government has recently published My Health, My Care, My Home: A healthcare framework for adults living in care homes. We were a partner in the development of the framework and will progress the workforce actions identified.

### **OUTCOME 3: OUR WORKFORCE PLANNING ACTIVITIES SUPPORT EMPLOYERS, COMMISSIONERS AND POLICY MAKERS TO DELIVER A SUSTAINABLE AND INTEGRATED AND INNOVATIVE WORKFORCE**

15. We held our second workforce planning webinar in June, with over 43 workforce planners attending and positive feedback. We now have over two hundred members in our Workforce Planning LinkedIn network. Partnerships have submitted their local workforce plans and we are beginning to collate emerging themes from plans to inform direction of support and potential development of resources.
16. We are working with the Scottish Refugee Council to deliver webinars throughout August and September for social care employers on refugee awareness and challenges to employment.
17. We recently published the detailed children's services data covering early learning and childcare and children's social care services.
18. We have published our 2021-22 SVQ data tables. These tables present a detailed analysis of the entries and awards in relevant SVQs for the Adults and Children and Young People frameworks. The Scottish Qualifications Authority (SQA) provides the data used in the tables. The data shows a continued increase in the numbers of individuals registering for and achieving the qualifications relevant to work in the social service sector and required for registration with the SSSC.
19. We have published a report looking at trends in residential childcare services and workforce in Scotland over the period 2010-20. Given recommendations in the recent Competition and Markets Authority report on looked after children in Scotland, and from the Promise Oversight Board, we will discuss with Scottish Government and the Care Inspectorate issuing joint reports using more comprehensive data from all three organisations.
20. We are working in partnership with SQA to gather information from providers of SVQs in Social Services and Healthcare and Social Services (Children and Young People) at SCQF Levels 6 and 7 to understand the

current landscape and gaps in provision. We have issued a survey to all current providers through SQA which closes in August 2022.

#### **OUTCOME 4: THE SOCIAL WORK, SOCIAL CARE AND EARLY YEARS WORKFORCE IS RECOGNISED AS PROFESSIONAL AND REGULATED AND VALUED FOR THE DIFFERENCE IT MAKES TO PEOPLE'S LIVES**

21. There is an increasing gender imbalance in the number of applications and students studying social work. We are working in collaboration with Higher Education Institutions (HEIs) who deliver the Social Work programmes to develop a recruitment campaign to promote the value of social work as a career choice for men with an aim to increase the number of male applicants.

#### **HIGH PERFORMING ORGANISATION**

22. Over the last few months, the impact on us of the significant financial challenges faced by the public sector have become more apparent. Our indicative budget for 2023/24 identifies a funding deficit of £1.1Million. Specific budget implications are referenced in other reports to this meeting. The Minister has agreed to postpone the review of registration fees, and will consider this again later in 2023. We have limited scope to make further savings and efficiencies without compromising effective delivery of our statutory functions. EMT will review our budget position and speak with our Sponsor initially before presenting options to Council.
23. The Programme Management Office (PMO) has been shortlisted for the Association of Project Management (APM) Contribution to Project Management awards. We are presenting our shortlisting case in the next few weeks with winners announced on 21 November 2022.
24. We have piloted a practice learning fees tool for HEIs. The pilot has been well received and provides us with live information about student data.

#### **HORIZON SCANNING**

25. **National Care Service (NCS):** The National Care Service (Scotland) Bill was introduced to the Scottish Parliament on 20 June. The Bill focusses on setting up the NCS and Scottish Government's intention is to outline more details of how the NCS will operate in secondary legislation. The Bill does not substantially change the SSSC's functions. Scottish Government is carrying out a consultation on the legislation to which we will respond.
26. **Early Learning and Childcare (ELC):** The Scottish Government is expanding funded ELC for children aged one and two during this

parliament, starting with low-income households. They will publish a strategic plan setting out their proposed approach in the Summer.

27. **Education Reform:** The Scottish Government is consulting the early learning and childcare sector on the next steps for improving and streamlining the inspection of ELC and school age childcare services. The consultation follows on from a recommendation in Professor Muir's report setting out a future vision for Scottish education.
28. **The Promise:** The Promise Oversight Board has published its first report on progress to Keep the Promise. The report sets out several steps that the Oversight Board would like to see happen before its next progress report, including an increase in capacity of the care workforce with employees given greater support so that they, in turn, can support children and families.
29. **Scottish Child Abuse Inquiry:** Public hearings for Phase Eight will commence in the second half of 2023. This Phase will examine the abuse of children in residential accommodation for young offenders and children and young persons in need of care and protection.
30. **National Strategy for Community Justice:** Scottish Government has published its new National Strategy for Community Justice. The Strategy sets out four national aims for community justice, and thirteen priority actions which the Scottish Government and community justice partners should seek to deliver. They will publish a delivery plan later in the year.
31. **Incorporating the UN Convention on the Rights of the Child (UNCRC) into Scots law:** Scottish Parliament will reconsider the United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill. A Scottish Government working group is developing new guidance to support public bodies to report on the steps that they are taking to promote the UNCRC.

## CONSULTATION

32. 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 at this time.

## IMPACT ASSESSMENTS

33. Impact assessments for equalities, data protection and sustainability were not required.

## **CONCLUSION**

34. 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.

|  |   |
|--|---|
| <b>Title of report</b>                     | Assurance Report as of 30 June 2022   |
| <b>Summary/purpose of report</b>           | <p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> <li>assesses delivery of our strategy through the analysis of strategic performance indicators</li> <li>highlights areas of concern</li> <li>identifies corrective action required.</li> </ul> <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the key performance indicator (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>   |
| <b>Recommendations</b>                     | <p>The Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> <li>endorse the direction of travel for the strategic measures</li> <li>approve the increased risk position of Risk 5</li> <li>approve the removal of the following KPIs: <ul style="list-style-type: none"> <li>3.8 Development and Innovation: Deliver the SSSC's commitments under the National Health and Social Care Workforce Plan to schedule and evaluate satisfaction with the outputs.</li> <li>4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty.</li> </ul> </li> </ol>  |
| <b>Author</b>                              | Laura Shepherd, Director of Strategy and Performance  |
| <b>Responsible</b>                         | Maree Allison, Acting Chief Executive   |
| <b>Links to Strategic Plan</b>             | <p>The information in this report links to:</p> <ul style="list-style-type: none"> <li>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</li> <li>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</li> <li>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</li> <li>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</li> </ul> |
| <b>Link to the Strategic Risk Register</b> | Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.  |
| <b>Documents attached</b>                  | <a href="#">Link to Appendix 1 - Strategic Risk Register</a>  |



# ASSURANCE REPORT AS OF 30 JUNE 2022

AAC Meeting Version  
02 August 2022  
Agenda item: 05, Report no: 17/2022  
Action: For Decision

# EXECUTIVE SUMMARY

## June 2022 SSSC PERFORMANCE SUMMARY

| SPI      | SPI Description   | Outcome | Risk | Ambition | Current | V(+/-) | Movement | Proj. YE | Actions & Comments  |
|----------|---|---------|------|----------|---------|--------|----------|----------|---|
| Finance  | Net expenditure (£000)  | 1-4     |      | 2,614    |         |        |          |          |   |
| Finance  | Risk sensitivity (£000)   | 1-4     |      | N/A      |         |        |          |          |   |
| Finance  | Reserves (%)  | 1-4     |      | 2 to 2.5 |         |        |          |          |   |
| 3.1 Reg  | Reduce the time taken to being registered (weeks)   | 1       | 1    | <18      | 20.5    | -1.5   | ↑        | Green    |   |
| 3.2 Reg  | Time taken to process a fitness to practise case is less than organisations we benchmark against (months)                             | 1       | 1    | 6.8      | 4.4     | -1.0   | ↑        | Green    |   |
| 3.3 Reg  | Increase the percentage workforce who engage... in fitness to practise process (%)  | 1       | 1    | 80.0     | 75.8    | +0.8   | ↑        | Amber    |   |
| 3.4 D&I  | Increase the percentage of the registered workforce with the correct qualification (%)  | 2       | 2    | 50.0     | 49.4    | -0.1   | ↓        | Amber    |   |
| 3.5 D&I  | Increase the percentage of the workforce using learning resources to achieve CPL (%)  | 2       | 2    | 50.0     | 46.6    | -0.3   | ↓        | Amber    | The risk on this measure is dormant accounts. There will be an estimated 12k dormant accounts that get removed in the next few months. This will result in performance being reduced by 7%. |
| 3.6 D&I  | Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)        | 2       | 2    | 80.0     | 80.1    | +2.1   | ↑        | Green    |   |
|          | Cumulative performance (%)  | 2       | 2    | 80.0     | 79.4    | +0.4   | ↑        | Amber    |   |
| 3.7 D&I  | Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective (#resources) | 3       | 5    | N/A      | 301     | -408   | ↓        |          | Need more data points before a target is created.   |
| 3.8 D&I  | Deliver National Health and Social Care Workforce Plan commitments  |         |      |          |         |        |          |          | Proposed to be removed by Director of D&I.  |
| 3.9 Reg  | Deliver the Future Proofing Programme   | 1       | 1    | N/A      | TBC     | TBC    |          | N/A      | Under development.  |
| 3.10 S&P | The work of the SSSC promotes the value of the social care workforce (% positivity)   | 4       | 5    | N/A      | -       | -      | -        | N/A      |   |
| 4.2 S&P  | External stakeholder engagement (%)   | 1-4     | 5    | 41.0     | 51.4    | -2.5   | ↓        | Green    |   |
| 4.3 S&P  | SSSC complaint information for Stage 1 (%)  | 1-4     | 5    | 90.0     | 100     | +3.6   | ↑        | -        |   |
|          | SSSC complaint information for Stage 2 (%)  | 1-4     | 5    | 90.0     | 100     | +100   | ↑        | -        |   |
| 4.4 HR   | The overall percentage of staff who are absent from work (%)  | 1-4     | 6    | <4.0     | 3.3     | -0.9   | ↑        | Green    |   |
| 4.5 HR   | The overall staff turnover percentage (%)   | 1-4     | 6    | <15.0    | 12.9    | +0.6   | ↓        | Green    |   |
| 4.6 HR   | Percentage of budgeted posts that are empty (%)   |         |      |          |         |        |          |          | Removed.  |
| 4.7 L&CG | SAR requests are dealt with within timescales (%)   | 1-4     | 3    | 100      | 100     | 0      | →        | Green    |   |
|          | FOI requests are dealt with within timescales (%)   | 1-4     | 3    | 100      | 100     | 0      | →        | Green    |   |
| 4.8 L&CG | Number of data security incidents reported (#Red)   | 1-4     | 3    | N/A      | 0       | 0      | →        |          |   |



| June 2022 SSSC STRATEGIC RISK REGISTER |   |            |       |          |        |       |  |
|--|---|------------|-------|----------|--------|-------|--|
| Risk No.                               | Strategic Risk Description  | Outcome    | Gross | Residual | V(+/-) | Owner | Actions & Comments   |
| 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       | ➡      | DoDI  |  |
| 3                                      | We fail to meet corporate governance, external scrutiny and legal obligations.  | 1          | 16    | 9        | ➡      | DoFR  |  |
| 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    | 16       | ⬆      | DoFR  | Increased from 12 to 16 due to impact of rewards review and the uncertainty around it.         |
| 6                                      | The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.   | 1          | 20    | 16       | ➡      | DoFR  | Scottish Government has significant budget challenges that are likely to impact on our budget. |
| 7                                      | The current Business Continuity Plan (BCP) in place is not up to date for the SSSC.   | 1, 2, 3, 4 | 20    | 4        | ➡      | CEO   |  |
| 8                                      | We fail to have the appropriate measures in place to protect against cyber security attacks   | 1, 2, 3, 4 | 20    | 12       | ➡      | DoSP  |  |

### [Current Full Strategic Risk Register](#)

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

External auditors advised that, due to a key member of staff leaving, they are unable to start the audit of the financial statements until September - planned to start at the end of June. We have let them know that we have serious concerns but they have told us they can't reschedule. This impacts on our internal ARA timetable and there is a significant risk that the audit will not be complete in time for Audit & Assurance and Council deadlines.

## SSSC – CORPORATE FINANCIAL POSITION

### Financial summary

| 2022/23 Budget                                    | Revised budget for monitoring purposes<br>£000 |
|---|--|
| Operating budget                                  | 19,986   |
| VSDF and disbursements                            | 915  |
| Postgraduate bursaries                            | 2,655  |
| Practice learning                                 | 2,352  |
|   | <b>25,908</b>                                  |
| Workforce development grant                       | 376  |
| <b>Total</b>                                      | <b>26,284</b>                                  |
| <b>Funded by:</b>                                 |  |
| Grant in aid                                      | 16,035   |
| VSDF  | 900  |
| sub total   | <b>16,935</b>                                  |
| Registration fee income                           | 5,961  |
| Other income                                      | 398  |
| <b>sub total</b>                                  | <b>6,359</b>                                   |
| Workforce development and cyber resilience grants | 376  |
| Net deficit - funded from reserves                | 2,614  |
| <b>Total</b>                                      | <b>26,284</b>                                  |

|                                | Expenditure<br>£000 | Fees and other income<br>£000 | Grant in aid and disbursement income<br>£000 | Net expenditure<br>£000 |
|--------------------------------|---------------------|-------------------------------|--|-------------------------|
| Budget for monitoring purposes | 25,008              | (6,359)                       | (16,035)                                     | 2,614                   |
| Actual                         | n/a                 | n/a                           | n/a  | n/a                     |
| Committed                      | n/a                 | n/a                           | n/a  | n/a                     |
| Year end projection            | 25,008              | (6,359)                       | (16,035)                                     | 2,614                   |
| projected (under)/overspend    | 0                   | 0                             | 0  | 0                       |

## Overview

At 30 June 2022 the projected corporate outturn is at budget. In line with normal practice, we will not carry out detailed budget monitoring until July and budget holders have not adjusted any projections at this stage in the year.

- We project that our general reserve position was £2,787k at 31 March 2022 (subject to audit). Sponsor has agreed to future use of any reserves as working capital.

## Budget changes

- Once our annual accounts are finalised we will adjust the budget to include balances carried forward from 2021/22. This will include practice learning fees and postgraduate bursaries.
- Scottish Government confirmed an increase in the Practice Learning Fee rate for Local Authorities from August 2022. We expect that the reserves carried forward from 2021/22 and the 2022/23 practice learning budget will be fully spent in 2022/23 as a result of the increase.
- Scottish Government Sponsor has confirmed Voluntary Sector Development Funding (VSDF) for 2022/23 of £900k.

## Reserves

- Our general reserves target is 2% to 2.5% (£457k to £572k).
- We project that our general reserves were £2,787k at 31 March 2022 (subject to audit). Of this balance, £290k will contribute to our planned digital replacement and £252k relates to specific grants we expect to carry forward. A total of £1,472k remains available in our general reserve which is 6.4% of our target range of 2.0% to 2.5%. There are balances of £536k from practice learning and £237k from postgraduate bursaries. Sponsor has confirmed that we can carry this forward as working capital to the 2022/23 financial year. We will include these balances in the budget once we know the outturn position.

## Significant variances from budget & key risk

In line with normal practice, we will not carry out detailed budget monitoring until July and we have not identified any significant variances from budget at this stage in the year.

Members of EMT met with our Scottish Government Sponsor Team recently and highlighted the following key risks:

- Future funding – Scottish Government (SG) has an extremely challenging financial position they are trying to manage which is likely to impact on future funding and potentially current year.
- Pay remit – there is pressure to increase pay costs at least to the current level of inflation of approx. 10%.
- Reserves – it is highly unlikely that SG will allow us to carry forward any reserves to next financial year. Areas we are particularly concerned about are:
  - digital development required for future proofing the register estimated at £300k to £600k over 2022/23 and 2023/24
  - estimated costs of £300k to improve our office accommodation due to delays agreeing the lease. SG Property Team has advised that, although we have identified a significant reduction in our office space, we will need to continue paying the same costs until they find a replacement tenant. Our Sponsor has asked for an urgent meeting with their Property Team and the Care Inspectorate Sponsor to discuss how to resolve.
- We are also concerned that we will not get sufficient funding in future for:
- Vacancy management adjustment of £192k for Fitness to Practise staff, which would allow us to recruit additional solicitor posts early in the financial year to enable training and development of staff before posts become vacant due to natural turnover.
  - Temporary posts required to deliver outcomes in the Strategic Plan.
  - Potential spend relating to the National Care Service and panel member remuneration decision.
- Rewards review – there is a separate paper to the Audit and Assurance Committee on the rewards review that includes financial risks.
- Fees – August Council will include a paper on fee consultation.

### 3. STRATEGIC PERFORMANCE INDICATORS

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

Time taken from employment to registration was 20.5 weeks in June 2022. Employment to application decreased from 18.0 to 16.4 weeks and application to registration increased slightly to 4.1 weeks.

| RAG                   |          |       |
|-----------------------|----------|-------|
| <18                   | 18 to 22 | >22   |
| Target: 18 weeks      |          |       |
| Actual and Reforecast |          |       |
| Apr-22                | 23.6     | 31.1% |
| May-22                | 22.0     | 22.0% |
| Jun-22                | 20.5     | 14.0% |
| Jul-22                | 18.2     | 1.4%  |
| Aug-22                | 19.0     | 5.5%  |
| Sep-22                | 19.3     | 7.0%  |
| Oct-22                | 19.5     | 8.4%  |
| Nov-22                | 18.8     | 4.4%  |
| Dec-22                | 19.0     | 5.6%  |
| Jan-23                | 18.5     | 2.6%  |
| Feb-23                | 17.8     | -1.3% |
| Mar-23                | 17.5     | -3.0% |

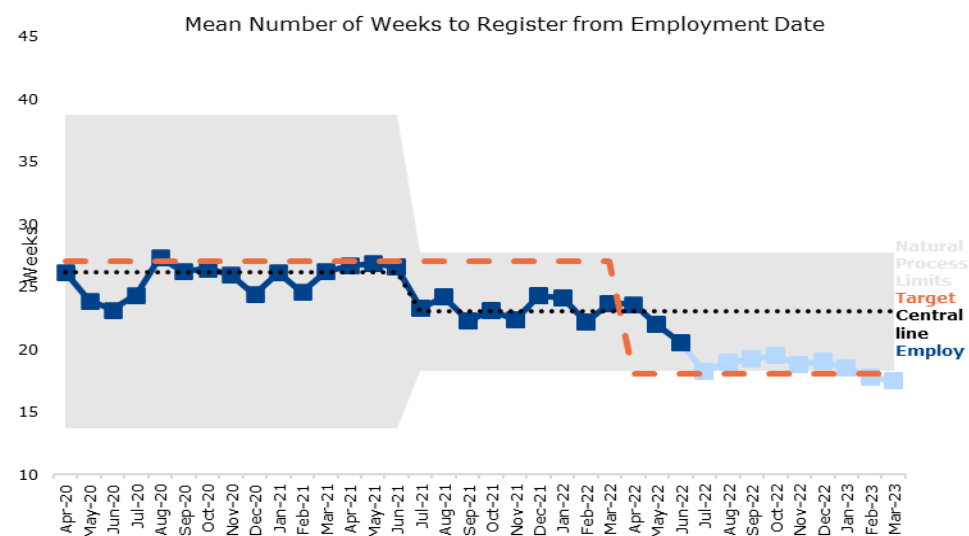
We have revised our aim to register workers within 12 weeks of employment, eight weeks to submit an application and four weeks processing time. Recruitment and retention in the sector continues to be a significant challenge. With this in mind, we have set our target for 2022/23 at 18.0 weeks overall.

Although this measure is currently showing amber performance for June 2022 this is against our new goal of 18 weeks. Current performance is better than last year's performance and target of 23 weeks. This strategic performance indicator will now support

us in showing how our improvement activity impacts on performance.

The pilot of Scottish Government paying application fees ended on 25 June 2022. This will affect future performance. The number of applications could increase internal processing time. This could be offset by a large amount of individuals applying earlier to ensure they have their fee paid.

Future months will be affected, although we expect processing time to decrease again there will be an increase between employment to application as the incentive to apply early has been removed.



#### Management Action and Risk

- Forecasts indicate that timescales will increase again in August 2022 because Scottish Government pilot of paying application fees ended on 25 June 2022. We received

almost double the applications projected the week starting 20 June 2022. We are looking at how we can reduce this timescale further and will update in due course.

### 3.2 Regulation: The average time taken to process a fitness to practise case is maintained at less time than organisations we benchmark against.

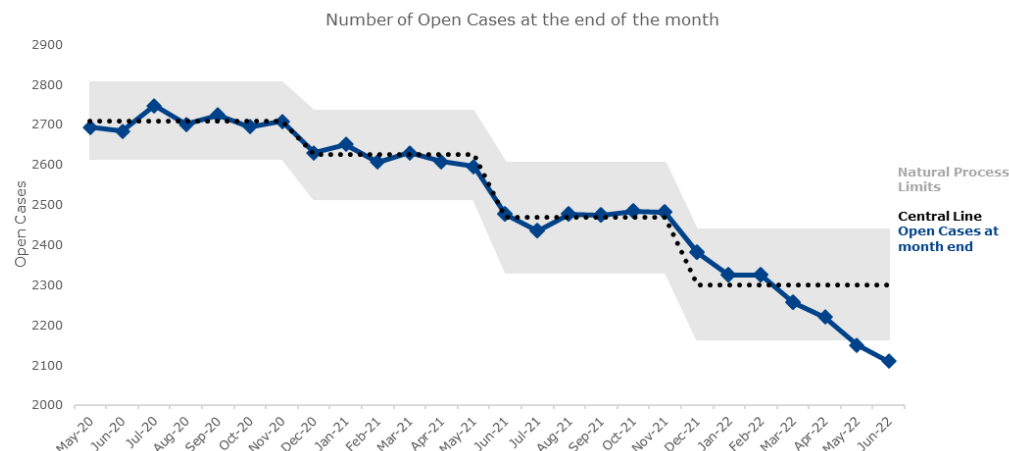
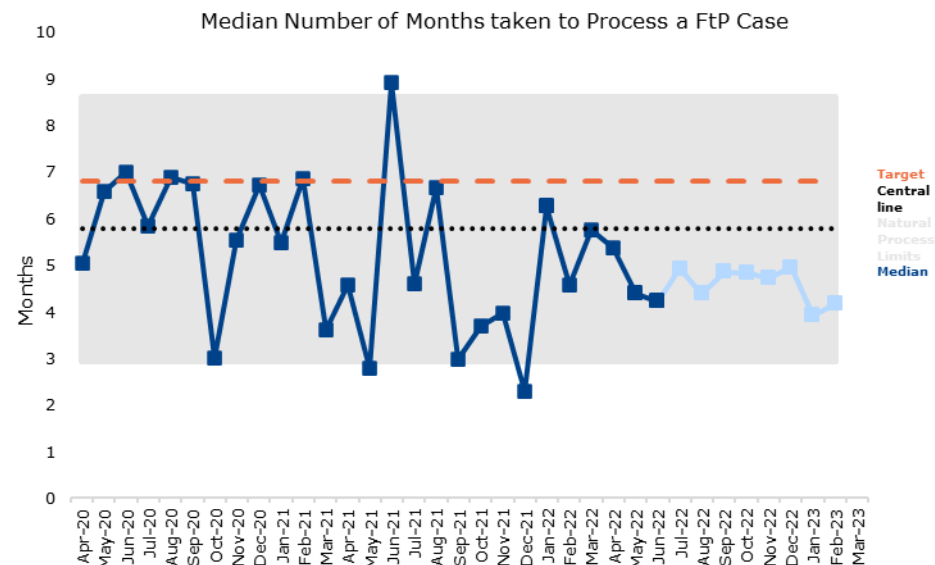
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people registered. We continue to outperform similar bodies (external target 17.4 months) so set our own internal target of 6.8 months.

| RAG                         |           |      |
|-----------------------------|-----------|------|
| <0%                         | 0% to 10% | >10% |
| Internal Target: 6.8 months |           |      |

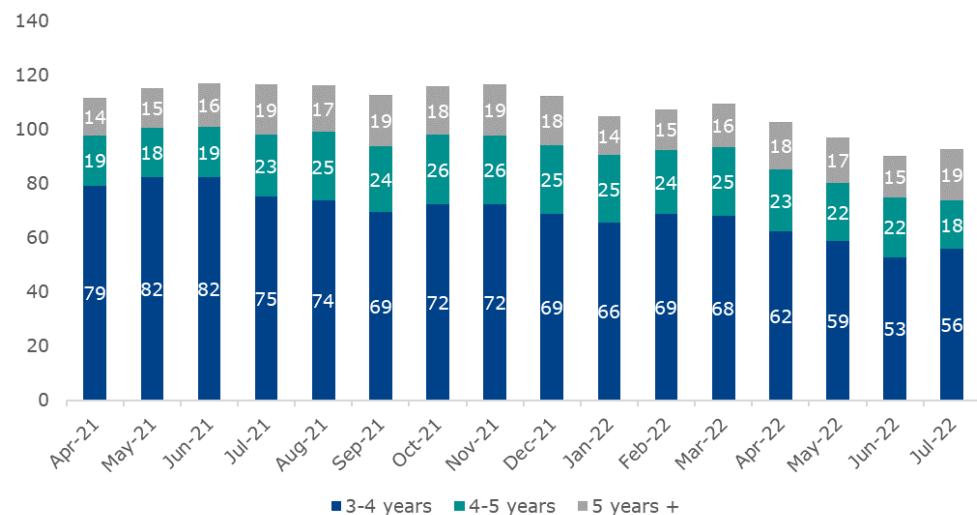
| Actual and Reforecast |     |        |
|-----------------------|-----|--------|
| Apr-22                | 5.8 | -15.3% |
| May-22                | 5.4 | -20.9% |
| Jun-22                | 4.4 | -35.5% |
| Jul-22                | 4.2 | -37.9% |
| Aug-22                | 4.9 | -27.5% |
| Sep-22                | 4.4 | -35.5% |
| Oct-22                | 4.9 | -28.6% |
| Nov-22                | 4.8 | -28.9% |
| Dec-22                | 4.7 | -30.7% |
| Jan-23                | 4.9 | -27.2% |
| Feb-23                | 3.9 | -42.4% |
| Mar-23                | 4.2 | -38.7% |

June 2022's performance was 4.4 months to process a Fitness to Practise case. Cases closed at screening stage were 52% (144 of 278 cases) compared to 52% in May 2022 (169 of 327 cases).

At the end of June 2022, the number of open cases was 2,109. A decrease of 40 from the previous month and an overall reduction of 365 from June 2021. The median age of open cases at the end of June 2022 was 301 days, an increase of five days from the previous month.



Age of open cases by grouping



### Management Action and Risk

- The current position is stable.
- Existing staff capacity remains a concern if we continue to lose experienced staff. We have the pressure of solicitor turnover. We have over recruited solicitors to reduce the impact but we will not see the full benefit until early 2023. We are continuing to ensure that we have the right people doing the right work for their role. Salary is the main reason for experienced solicitors leaving and this issue will be exacerbated by the current financial climate.
- We will continue with the intensive induction process for new staff for 2022.
- The investigation teams have increased throughput which remains complimented by steady performance in

Screening. We are testing Power BI for better performance reporting and visibility among the department.

- The age profile of cases is stable and the focus is on older and higher risk cases. We still experience the effects of delay caused by COVID-19 in some cases particularly those where there is a criminal case.
- We have increased senior capacity through trialling a system and structural change. Data shows a positive impact. Feedback from staff is also positive. We are keeping the current structure in place.
- We continue to have regular senior reviews of all cases in the department that are more than three years old to prevent delay.
- We continue to have better engagement with Police Scotland and are getting more information in relevant cases without having to raise court actions to mitigate against delay from unreasonable refusal of requests for information.
- Regulatory Improvement and Hearings continue to improve relationships with employers and other stakeholders key to our investigation functions as well as ensuring a high level of continuous training for FtP staff.

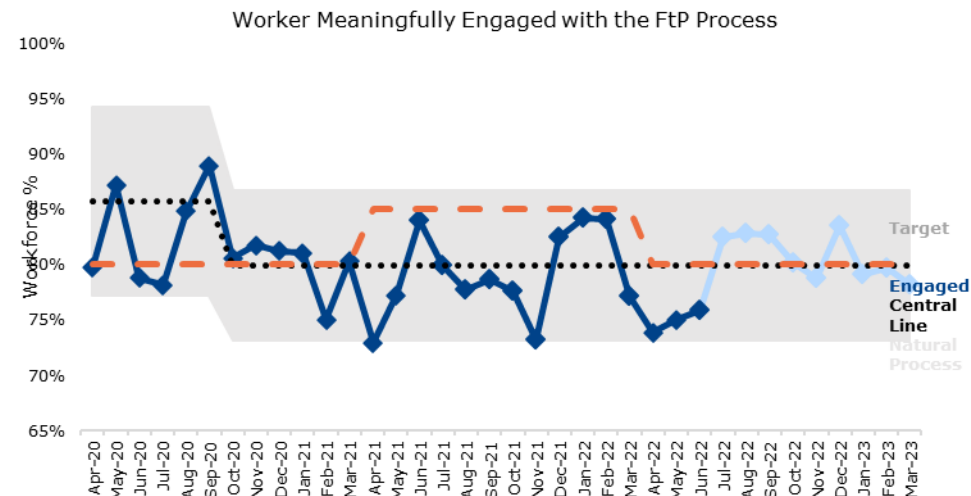


### 3.3 Regulation: Increase the percentage of the workforce who are engaged when they are involved with the fitness to practise process.

If a worker has provided a response to allegations, this is likely to amount to meaningful engagement. June 2022's performance was 75.8% engagement (103 of 134 cases).

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

| Actual and Reforecast |       |       |
|-----------------------|-------|-------|
| Apr-22                | 74.2% | -7.4% |
| May-22                | 75.0% | -6.3% |
| Jun-22                | 75.8% | -5.2% |
| Jul-22                | 82.4% | 3.0%  |
| Aug-22                | 82.8% | 3.5%  |
| Sep-22                | 82.7% | 3.4%  |
| Oct-22                | 80.1% | -0.1% |
| Nov-22                | 78.7% | -1.6% |
| Dec-22                | 83.5% | 4.4%  |
| Jan-23                | 79.1% | -1.1% |
| Feb-23                | 79.6% | -0.5% |
| Mar-23                | 78.1% | -2.3% |



#### Management Action and Risk

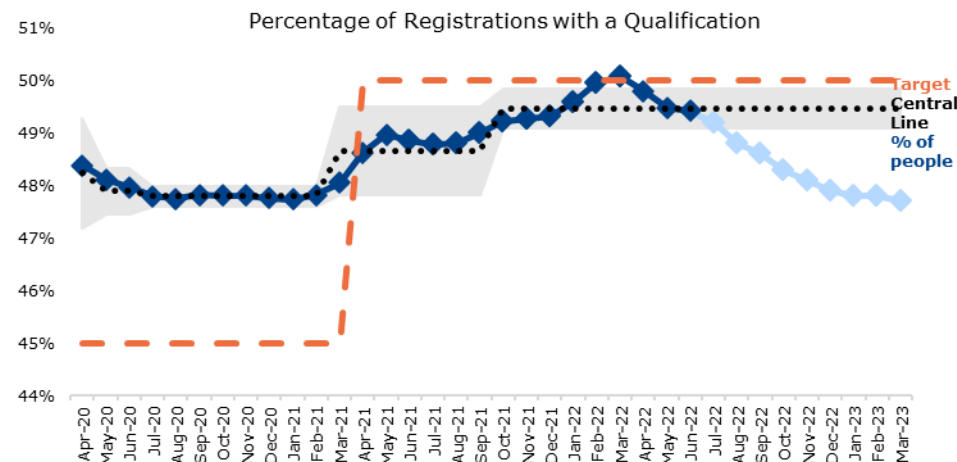
- We continue to work to improve access to representation and support services for workers, which helps them to meaningfully engage.
- We continue to work with employers to teach the workforce about how important it is for them to engage with us. We have produced a fact sheet for employers. This fact sheet includes the employer's role in our investigations and how to support workers. The telephone wellbeing support line for workers going through the fitness to practise process was established on 23 May 2022.
- We aim to promote and encourage early contact with workers under investigation at the start of the case and ensure that workers are confident using the FtP portal to keep up to date with their case.

### 3.4 Development and Innovation: increase the percentage of the registered workforce with the correct qualification.

June 2022's performance was 49.4%. The data has started to reflect many trend models we have run using historic data.

| RAG                   |              |        |
|-----------------------|--------------|--------|
| >50%                  | 47.5% to 50% | <47.5% |
| Target: 50%           |              |        |
| Actual and Reforecast |              |        |
| Apr-22                | 49.8%        | -0.4%  |
| May-22                | 49.5%        | -1.0%  |
| Jun-22                | 49.4%        | -1.4%  |
| Jul-22                | 49.2%        | -1.6%  |
| Aug-22                | 48.8%        | -2.4%  |
| Sep-22                | 48.6%        | -2.8%  |
| Oct-22                | 48.3%        | -3.4%  |
| Nov-22                | 48.1%        | -3.8%  |
| Dec-22                | 47.9%        | -4.2%  |
| Jan-23                | 47.8%        | -4.4%  |
| Feb-23                | 47.8%        | -4.4%  |
| Mar-23                | 47.7%        | -4.6%  |

The decrease at the start of this financial year has coincided with an increase in the register; 2,681 new individuals on the register from the end of March 2022 to the end of May 2022. There was a slight decrease between the end of May 2022 and end of June 2022. The Business Intelligence team will investigate this over the next few months to fully understand the trends affecting this measure.



#### Management Action and Risk

The register for the future consultation proposals and intelligence from the responses will support development of an action plan to address the training supply and demand findings of the workforce skills report (WSR) including more flexibility in the qualifications we accept for registration and the timescales given to obtain the relevant qualification for registration. These proposed changes, if implemented, will help increase the qualified status of the workforce. We are holding focus groups in August to inform and refine our proposals.

We are working in partnership with Scottish Qualifications Authority to survey all training and learning providers who currently deliver the benchmark qualifications to gather further intelligence on capacity within the system to adapt to address the supply and demand challenges highlighted within the WSR.

The Voluntary Sector Development Fund (VSDF) will prioritise applications from Care at Home and Housing Support as these

remain the least qualified groups on the register. Funding is available for Scottish Vocational Qualification Social Services and Healthcare at Scottish Credit and Qualifications Framework level 6 and 7. Given the increasing complexity of roles and changing models of care delivery, the SSSC/Scottish Government is encouraging level 7 applications. Applications for funding open in July.

### 3.5 Development and Innovation: Increase the percentage of the workforce using our learning resources to achieve Continuous Professional Learning.

The indicator reflects the number of learners registered to use our learning resources and the number of SSSC open badges awarded. June 2022's performance was 46.6%. We track how many people have been actively using the MyLearning app in the last 30 days, which was 3,454 compared to last month's 4,593. We also monitor the number of learning logs created in the last 30 days which was 9,050 compared to last month's 11,341.

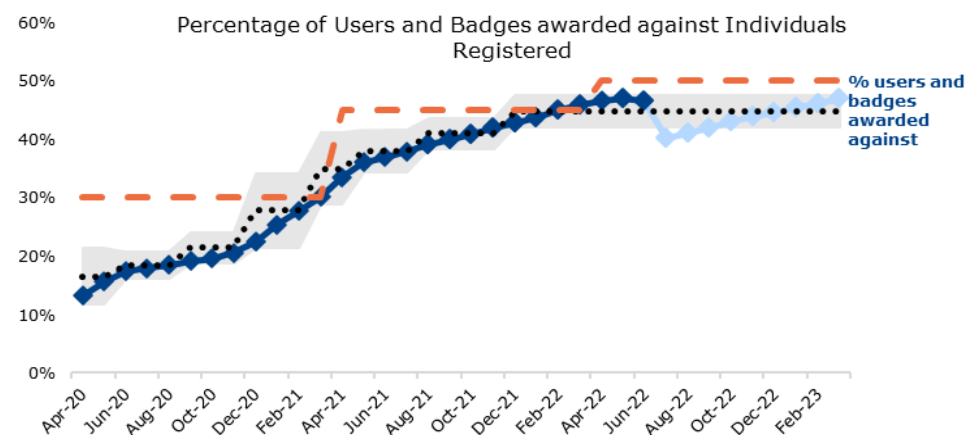
| RAG         |            |        |
|-------------|------------|--------|
| >50%        | 45% to 50% | <45%   |
| Target: 50% |            |        |
| Apr-22      | 46.5%      | -6.9%  |
| May-22      | 46.9%      | -6.2%  |
| Jun-22      | 46.6%      | -6.8%  |
| Jul-22      | 40.2%      | -19.5% |
| Aug-22      | 41.1%      | -17.8% |
| Sep-22      | 41.9%      | -16.2% |
| Oct-22      | 43.1%      | -13.8% |
| Nov-22      | 43.8%      | -10.8% |
| Dec-22      | 44.6%      | -10.8% |
| Jan-23      | 45.4%      | -9.1%  |
| Feb-23      | 46.1%      | -7.7%  |
| Mar-23      | 46.9%      | -6.3%  |

The number of new learner accounts was 951 compared to last month's 1,117. The number of badges awarded was 285 compared to last month's 433.

We are now able to identify dormant accounts. A dormant account is either of the following:

- A user who has no badges, no applications, no MyLearning journal logs, made no endorsements, not verified their email account and has not logged in for 3 months.

- A user who has no badges, no applications, no MyLearning journal logs, made no endorsements, verified their email account and has not logged in for 12 months.
- A user who has at least one badge, or application, or MyLearning journal log, or made an endorsement, has verified their email account but has not logged in for 24 months.



2,250 dormant accounts were closed in June 2022 and it is estimated that there are 12,000 dormant accounts still to be closed. We have reforecast the prediction and are now set to end the financial year in amber.

#### Management Action and Risk

The data shows a continued uptake of individuals using our learning resources to achieve their continuous professional learning (CPL) requirements.

- The MyLearning app is helping us identify trends, target resource promotion and gauge promotion success.

- Targeted promotion of MyLearning and our learning resources in registrant newsletters and on social media.
- Responses to the recent registrant stakeholder survey about use of our learning resources along with intelligence from the registrant survey and digital insights research is informing the development of an improvement plan with targeted actions to improve the uptake and use of our resources to achieve their CPL requirements.
- The planned launch of 23 things leadership for Early Learning and Childcare in July 2022 is anticipated to increase the uptake of open badges when launched.
- Our open badge resources will also be a feature within the Scottish Government Programme for Government commitment to develop a national induction framework for adult social care by July 2022.
- Regular and ongoing removal of dormant accounts will ensure more accurate user information.

### 3.6 Development and Innovation: Percentage of those reporting positively that our development activity is delivering the support required by the workforce.

This indicator reflects people who have been using SSSC learning to support their continuous professional development (CPD). 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.

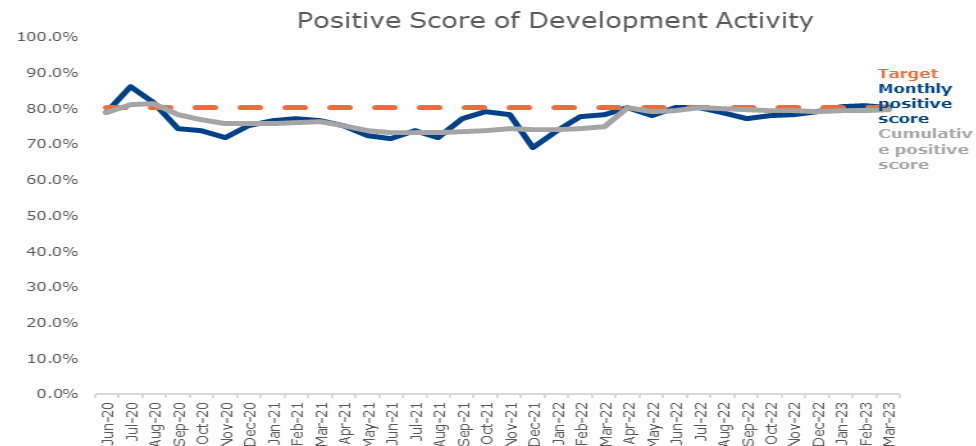
| RAG         |            |      |
|-------------|------------|------|
| >80%        | 70% to 80% | <70% |
| Target: 80% |            |      |

| Monthly Performance Actual and Reforecast |       |       |
|---|-------|-------|
| Apr-22                                    | 80.1% | 0.1%  |
| May-22                                    | 78.0% | -2.5% |
| Jun-22                                    | 80.1% | 0.1%  |
| Jul-22                                    | 80.1% | 0.1%  |
| Aug-22                                    | 78.7% | -1.5% |
| Sep-22                                    | 77.1% | -3.6% |
| Oct-22                                    | 77.9% | -2.7% |
| Nov-22                                    | 78.0% | -2.5% |
| Dec-22                                    | 78.9% | -1.4% |
| Jan-23                                    | 80.3% | 0.4%  |
| Feb-23                                    | 80.6% | 0.8%  |
| Mar-23                                    | 80.1% | 0.1%  |

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

| Cumulative Performance actual and Reforecast |       |       |
|--|-------|-------|
| Apr-22                                       | 80.1% | 0.1%  |
| May-22                                       | 79.0% | -1.3% |
| Jun-22                                       | 79.4% | -0.8% |
| Jul-22                                       | 80.1% | 0.1%  |
| Aug-22                                       | 79.8% | -0.2% |
| Sep-22                                       | 79.4% | -0.7% |
| Oct-22                                       | 79.2% | -0.9% |
| Nov-22                                       | 79.1% | -1.1% |
| Dec-22                                       | 79.1% | -1.1% |
| Jan-23                                       | 79.3% | -0.9% |
| Feb-23                                       | 79.4% | -0.8% |
| Mar-23                                       | 79.5% | -0.7% |

From the above sources, the number of responses we received was 357 compared to last month's 336. In June 2022 we received a positive score of 80.1% which has brought overall cumulative performance up to 79.4%.



#### Management Action and Risk

Although the cumulative performance is currently amber, our performance against this measure remains strong and is close to reaching our ambitious target. Performance and Improvement and Development and Innovation are undertaking further work to measure stakeholder satisfaction with resources. This includes:

- using the data from the MyLearning app to understand what resources registrants are consuming and how they are applying these to their CPD and registration conditions
- analysis of registrant usage of our digital learning resources, digital insights and the results of the learning resources registrant survey will inform development of an improvement action plan
- targeted communication plan for promotion of resources.

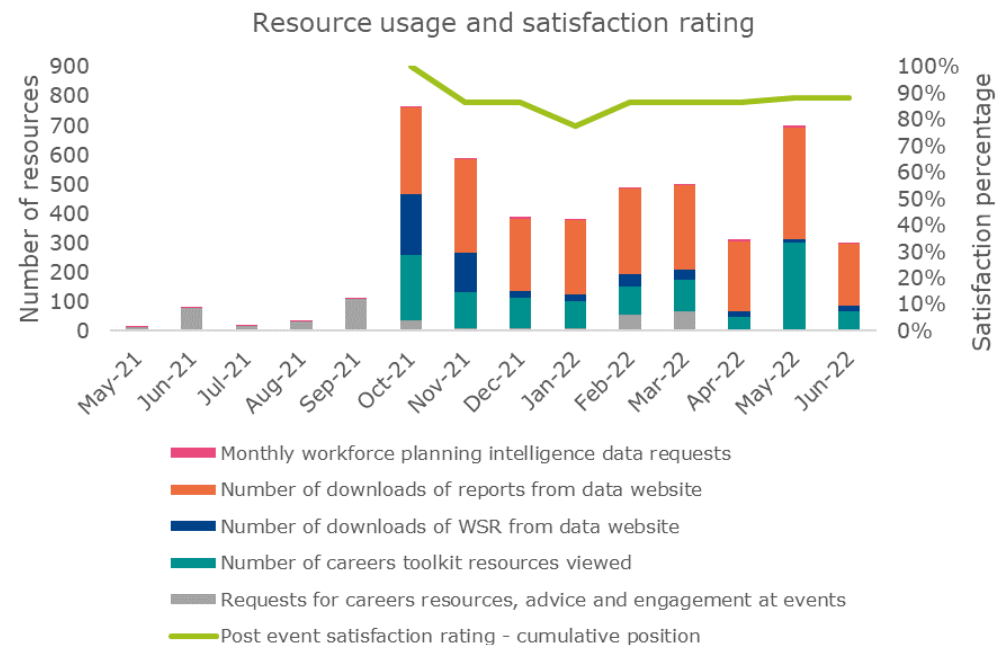
### 3.7 Development and Innovation: Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective.

The indicator reflects the number of people using our workforce planning resources and their rating of the content.

The annual workforce planning stakeholder survey asked, 'To what extent do you agree or disagree with the following statements for the publications and datasets you used' and 'To what extent do you agree or disagree with the following statements for the resources you used.' These questions rated to what extent the resources were relevant, easy to find, useful and easy to use. Although responses were low those who did use our content found them useful and relevant and a positive score of above 60% existed for all rated questions.

We collect post-event feedback which currently indicates an 88% satisfaction rating for events conducted by SSSC from 77 responses.

301 resources were used in June 2022, compared to 701 in May 2022. The number of careers toolkit unique views decreased from 299 to 63. Another large decrease was the number of downloads of reports from the data website which decreased from 380 to 213.



#### Management Action and Risk

Resource usage trends will be developed once sufficient data is available. This is anticipated to be available from October 2022.

The workforce planning stakeholder survey has provided a benchmark measure of satisfaction. This will help us to understand the impact of workforce planning activity and to monitor performance going forward.

Satisfaction will be monitored against the benchmark through:

- a workforce planning and intelligence blog will be published quarterly which will have an embedded survey link to provide additional data to inform satisfaction score

- the employability group (monthly) and career reference group (quarterly) flash report is distributed to all members after each meeting. The report includes a survey link to capture feedback and satisfaction. We will encourage members to complete at each meeting to increase response rates
- a network of workforce planners has been established (launched February 2022) and currently has over 200 members. Workforce Planning Webinars are held quarterly. The most recent one was held in June 2022 (64 signed up for event, 47 attended). Event feedback after each webinar will provide additional satisfaction data.

partnership with the network and Scottish Government policy teams to develop a programme of activity based on priority needs including the production of planning tools and resources and assumptions to support national and local workforce planning for demand for social workers and mental health officers

- promotion of resources at workforce planner network webinars.

Actions to increase use of our resources were:

- we published the Residential Childcare Workforce in June 2022. It examines the trends within residential childcare from 2010 to 2020 looking at changes not just in the workforce but also in services, providers and children in care. We sent this to our key stakeholders anticipate an increase in downloads as a result
- we are developing pre-employment resources which will be added to our suite of careers toolkit resources
- we are working with higher education institutes to promote the social work pages of the careers website to support a national gender balance campaign to attract more men into social work
- discussion is planned with the drug and alcohol policy team in Scottish Government to promote careers pathways for workers in that part of the sector. We are working in



### 3.8 Development and Innovation: Deliver the SSSC's commitments under the National Health and Social Care Workforce Plan to schedule and evaluate satisfaction with the outputs.

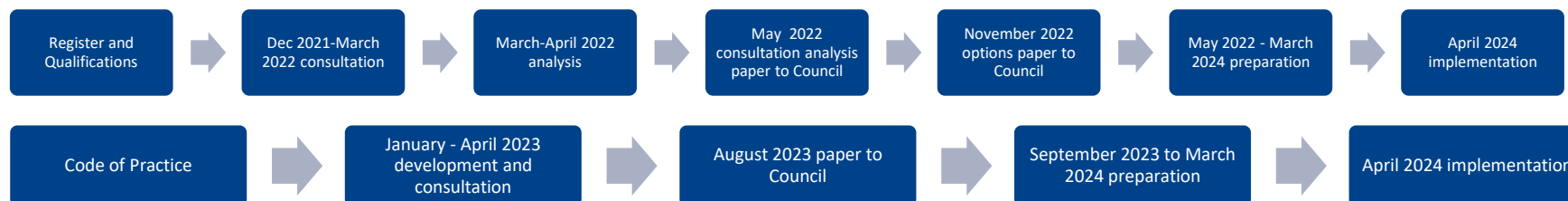
This strategic performance measures our work to deliver the SSSC's commitments under the National Health and Social Care Workforce Plan to schedule and evaluate satisfaction with the outputs. Commitments from Part 2 of the National Integrated Health & Social Care Workforce Plan are regularly reported and monitored by the Scottish Government.

It has been proposed that this measure be removed from the assurance report. There are concerns about reporting of this work when linked to other strategies and plans out of the control of the SSSC.

The information that would be relevant to this measure and our work to support the new National Workforce Strategy for Health and Social Care is reported in other report formats. The information is reported in the Chief Executive's report, the annual report and will still be reported as part of the business objectives quarterly update in assurance. Based on this we recommend that this measure be removed with agreement from Audit and Assurance Committee.

### 3.9 Regulation: Deliver the Future Proofing Programme.

The indicator reflects the development of improvements to be made through the SSSC Future Proofing Programme. Progress against project milestones are in the quarterly update provided to the Audit and Assurance Committee. Project updates will also be included in assurance reports. Delivery is projected to take up to three years. The high-level timeline has been amended as follows:



#### Management Action and Risk

- The biggest risk to progress remains the potential lack of Scottish Government time to implement legislative change required to change the structure of the register. Sponsor team is working on this with the Scottish Government Legal Department but it is now unlikely we will have legislative change in time for an implementation date of April 2023. We are now working towards implementation in 2024.
- The next phase of the analysis of the consultation on the Register and qualifications is now complete and was presented to Council in May 2022. Focus groups will be held with Stakeholder Advisory Group members over the summer to shape our final proposals.
- Whilst the Future Proofing Sponsor Group has approved the Programme expanding to include consideration of fees, any progress on fees remains dependant on the approval of Ministers. We are working on models of fee increases for discussion with Scottish Government.
- We are working with Scottish Government's Centre of Excellence to carry out external scrutiny of the Programme. This will take place by the end of July 2022.

### 3.10 Strategy and Performance: The work of the SSSC promotes the value of the social care workforce.

The measures for this metric will involve surveying registrants across the year as well as some of our key stakeholders.

The measures:

- we receive feedback that our work promotes the value of the social care workforce through engagement activity
- we can demonstrate the impact of this workforce being qualified and registered, professional and regulated.

Our Registrant survey went live in June 2022 and asks several questions to help us understand how Registrants view our promotion of the sector. A learning resources survey will also go live however exact date is still to be confirmed.

Our stakeholder survey will go live in January 2023 and consider how the work of the SSSC promotes the value of the sector. A workforce planning survey will also be published later in the year.

#### Management Action and Risk

- We received a low response rate to our stakeholder survey, but this was expected. We will review the target audience and questions set for this survey and refine as necessary.
- We are reviewing other qualitative information that can be used to inform this key performance indicator, including the impact of our Career Ambassador work and our involvement in the Fair Work agenda which is reported under 3.8 above.
- The results of the May career campaign will be presented at the next employability and careers in care meeting in July.
- Next steps include reshaping the campaign for a younger school age audience, parents and carers who may be on our register and more generally to reach more people around the time of exam results in August. This also allows us to test messaging and activities.

## 4. ORGANISATION INFORMATION

### 4.1 Programme Management Office

#### Overall Summary: Programmes

| Programme  | Project Sponsor                      | Phase     | Budget RAG | Risk/Issues RAG | Stakeholder Buy In RAG | Overall RAG | Approval and Monitoring  | Key Milestone  | Comment  |
|--|--------------------------------------|-----------|------------|-----------------|------------------------|-------------|--|--|--|
| Digital Programme  | Director of Strategy and Performance | Implement | Green      | Green           | Green                  | Green       | All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with Programme Management Office (PMO). | Digital asset project: <ul style="list-style-type: none"> <li>• migration completed and project closed.</li> </ul> Learning Management System: <ul style="list-style-type: none"> <li>• provided initial staff and structure data to supplier</li> <li>• work is underway to transfer training records</li> <li>• the learning and development catalogue has been imported.</li> </ul> |  |
| Insight and Intelligence Project (part of Digital Programme) | Director of Strategy and Performance | Implement | Amber      | Amber           | Green                  | Amber       | Project approved and monitored by Digital Development Sponsor Group and Digital Development Programme Board. Cross functional groups meet on a fortnightly                   | <ul style="list-style-type: none"> <li>• User acceptance testing for FtP and Hearings have taken place.</li> <li>• Must have/should have priorities for registration being looked at for phased user acceptance testing to take place.</li> <li>• An agreement has been reached with shared services to provide HR data.</li> </ul>  | Risks and issues tracking: Amber<br><br>Timescales have continued to slip with expected completion now being Oct 2022.<br><br>Additional budget has been allocated to pay for the new ADF Developer. |

|                           |   |        |       |       |       |       |   |   |  |
|---------------------------|---|--------|-------|-------|-------|-------|---|---|--|
|                           |   |        |       |       |       |       | basis to monitor and provide support. Updates with PMO.   | <ul style="list-style-type: none"> <li>The Data Governance Group are discussing access to data and creation of dashboards.</li> </ul>   |  |
| Future-Proofing Programme | Director of Registration                  | Define | Green | Amber | Green | Amber | Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.                  | <ul style="list-style-type: none"> <li>Independent review 25-27 June 2022. Resulting action plan will be reviewed by internal audit to provide an additional level of assurance.</li> <li>Stakeholder focus groups are finalised and communications will go out by 01 July 2022.</li> </ul> | <p>Risks and issues tracking: Amber</p> <p>Both planned and emerging resource needs will to be carefully managed to provide enough time for recruitment exercise.</p>  |
| Rewards Review Programme  | Interim Director of Finance and Resources | Define | Amber | Amber | Amber | Amber | Programme approved and monitored by the Rewards Review Programme Governance Group monthly. Updates with PMO | <ul style="list-style-type: none"> <li>Finalised Beaman's report received 12th June. From a total of 85 roles, approximately 27% have been evaluated as lower than current grade and 19% higher than current grade, with 40% of SSSC staff affected.</li> </ul>                             | <p>Risks and issues tracking: Amber</p> <p>We are presenting a confidential paper to the Audit and Assurance Committee on key risks and issues in the rewards review. The highest relate to:</p> <p>Issues</p> <ul style="list-style-type: none"> <li>reprocuring consultants to support the rewards review</li> <li>project over budget</li> <li>impact on staff morale as not implementing outcomes from job evaluation</li> <li>spending significant time on the project – particularly senior management.</li> </ul> |

|  |  |  |  |  |  |  |  |  |   |
|--|--|--|--|--|--|--|--|--|---|
|  |  |  |  |  |  |  |  |  | Risks <ul style="list-style-type: none"> <li>• low staff morale/attrition due to release of the job evaluation report</li> <li>• lack of trust from staff in future job evaluation exercises</li> <li>• may continue with the work but funding isn't available to implement outcomes</li> <li>• delay to project milestones</li> <li>• equal pay claims or other legal action</li> <li>• reputational risk – time taken and money spent.</li> </ul> |
|--|--|--|--|--|--|--|--|--|---|

### Overall Summary: External Projects

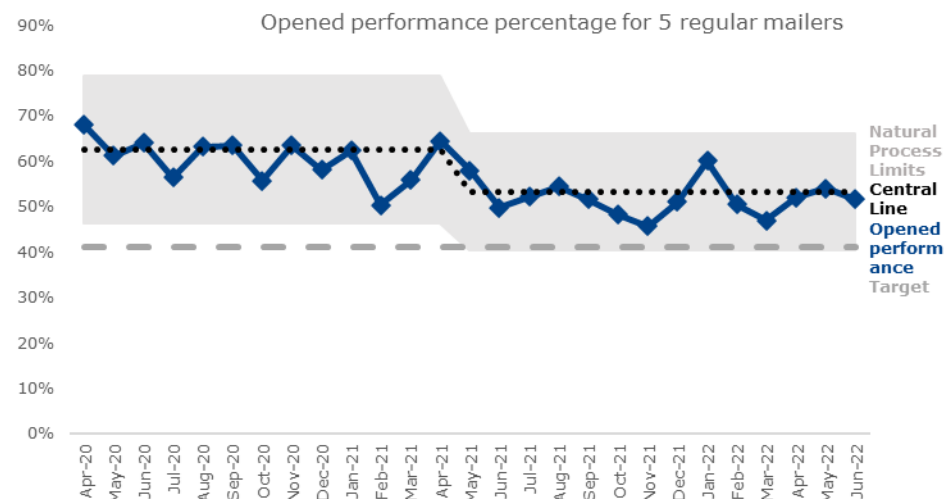
| Programme                            | Project Sponsor                                 | Phase     | Cost vs Budget RAG | Risks/ Issues RAG | Stakeholder Buy In RAG | Overall RAG | Approval and Monitoring  | Key Milestone   | Comment   |
|--------------------------------------|---|-----------|--------------------|-------------------|------------------------|-------------|--|---|---|
| Newly Qualified Social Worker (NQSW) | Office of the Chief Social Work Adviser (OCSWA) | Implement | Green              | Amber             | Green                  | Amber       | Approved by Executive Management Team (EMT). Implementation group meet on monthly basis. | <ul style="list-style-type: none"> <li>• Report submitted to OCSWA with recommendations and costings.</li> <li>• CPL/NQSW engagement events held in conjunction with digital learning.</li> <li>• Monthly early implementation meetings with all early implementation areas.</li> </ul> | Risks and issues tracking: Amber <ul style="list-style-type: none"> <li>• The risks and issues level will remain at amber until there is clarity from OCSWA on infrastructure and funding going forward.</li> </ul> |

## 4.2 External Stakeholder Engagement

Our 'opened performance' is based on users opened against delivered. Each month there are five regular mailers that are issued. These mailers are under the categories "All News," "Adults," "Children," "Employers" and "Social workers and students." Most months additional mailers are issued however to measure progress this measure will concentrate on the five regular mailers.

June 2022's performance was 51.4% a decrease of 2.5% from last month.

| RAG         |           |       |
|-------------|-----------|-------|
| >5%         | -5% to 5% | <-5%  |
| Target: 41% |           |       |
| % Opened    |           |       |
| Apr-22      | 51.9%     | 26.7% |
| May-22      | 53.9%     | 31.6% |
| Jun-22      | 51.4%     | 25.4% |
| Jul-22      |           |       |
| Aug-22      |           |       |
| Sep-22      |           |       |
| Oct-22      |           |       |
| Nov-22      |           |       |
| Dec-22      |           |       |
| Jan-23      |           |       |
| Feb-23      |           |       |
| Mar-23      |           |       |



### Management Action and Risk

There are no significant highlights or issues of concern for the June results. The content for the June newsletters was largely marketing specific products/actions with appeal for smaller niche audiences.

One point to note is that we published the 'Register for the future' consultation response. The article went to circa 181k registrants, employers and subscribers. 1.09% read the article and we had 2.3k visits to the website page.

4.3 Strategy and Performance: SSSC complaint information.

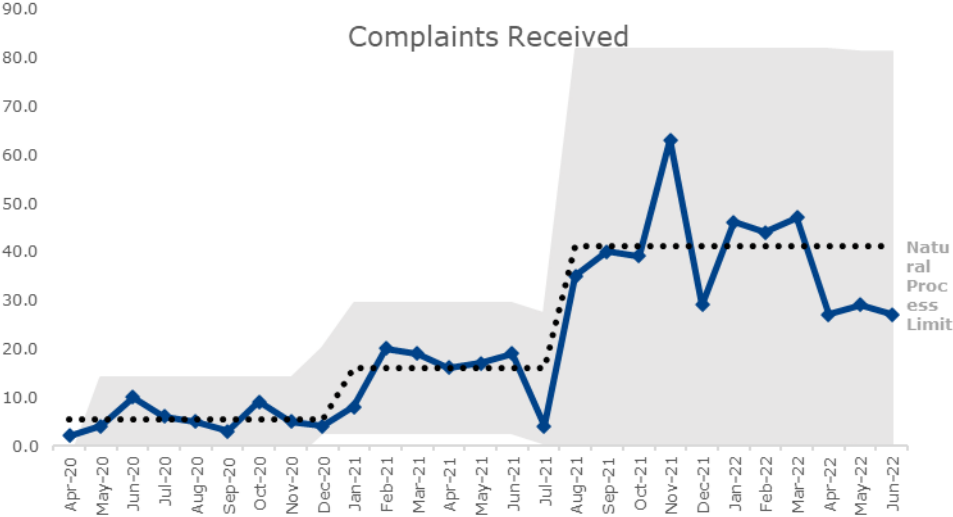
This metric will compare performance of complaints at stage one and complaints at stage two using the date when a complaint has been recorded as resolved. The graphic shows the trend in number of complaints received. We have twenty days to resolve a stage two complaint and five days to resolve a stage one complaint.

| RAG         |            |      |
|-------------|------------|------|
| >90%        | 80% to 90% | <80% |
| Target: 90% |            |      |

| Percentage of stage one complaints resolved on time |       |       |
|---|-------|-------|
| Apr-22  | 96.2% | 6.8%  |
| May-22  | 96.4% | 7.1%  |
| Jun-22  | 100%  | 11.1% |
| Jul-22  |       |       |
| Aug-22  |       |       |
| Sep-22  |       |       |
| Oct-22  |       |       |
| Nov-22  |       |       |
| Dec-22  |       |       |
| Jan-23  |       |       |
| Feb-23  |       |       |
| Mar-23  |       |       |

| RAG         |            |      |
|-------------|------------|------|
| >90%        | 80% to 90% | <80% |
| Target: 90% |            |      |

| Percentage of stage two complaints resolved on time |      |       |
|---|------|-------|
| Apr-22  | -    | -     |
| May-22  | -    | -     |
| Jun-22  | 100% | 11.1% |
| Jul-22  |      |       |
| Aug-22  |      |       |
| Sep-22  |      |       |
| Oct-22  |      |       |
| Nov-22  |      |       |
| Dec-22  |      |       |
| Jan-23  |      |       |
| Feb-23  |      |       |
| Mar-23  |      |       |



We resolved 37 stage one complaints in June 2022, all were resolved within timescales.

We resolved two stage two complaints in June 2022, all were resolved within timescales.

Management Action and Risk

No actions currently required.



## HUMAN RESOURCES PERFORMANCE

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

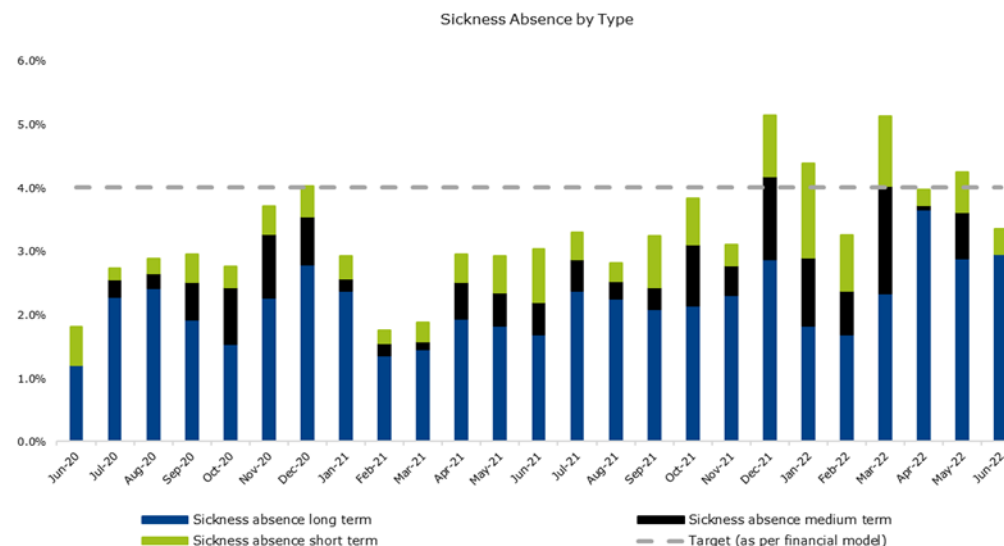
This metric combines all types of absence across the SSSC to give an overall metric. The assessment will focus on any areas of concern or risk by looking at sickness absence by directorate or team. We will identify any emerging reasons that could cause more staff absence in the future.

| RAG        |          |        |
|------------|----------|--------|
| <4%        | 4% to 5% | >5%    |
| Target: 4% |          |        |
| Apr-22     | 4.0%     | -0.7%  |
| May-22     | 4.2%     | 6.2%   |
| Jun-22     | 3.3%     | -16.3% |
| Jul-22     |          |        |
| Aug-22     |          |        |
| Sep-22     |          |        |
| Oct-22     |          |        |
| Nov-22     |          |        |
| Dec-22     |          |        |
| Jan-23     |          |        |
| Feb-23     |          |        |
| Mar-23     |          |        |

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.

June's 2022 performance was 3.3% however due to data lags issues the information is likely to be updated and result in an increase. We have seen May's performance increase from 3.7% to 4.2%. A total of ten employees were off on long term sick in June. Seven of these were in Registration causing some pressure in that department, although there were no common underlying issues. Six of the total related to stress/mental health issues. One of the long term cases has now returned and another resigned.

The organisation had seven covid absences in June, two of these are included in the long term absences above.



### Management Action and Risk

HR hold regular meetings with departments to discuss sickness absence among other things and work with managers to address any underlying issues. The HR team have monthly case management meetings where we review cases to make sure we have a consistent and proactive approach when supporting managers and staff with absence.

We have also undertaken benchmarking on turnover levels in public sector organisations and will prepare a proposal regarding what target we should have for this at SSSC by the end of August.

We have a new module in MyView that will improve management of attendance and remove some of the current data sharing issues. This module is being trialled in Registration and likely to be rolled out across the rest of SSSC by the end of August 2022.

## 4.5 HR: The overall staff turnover percentage.

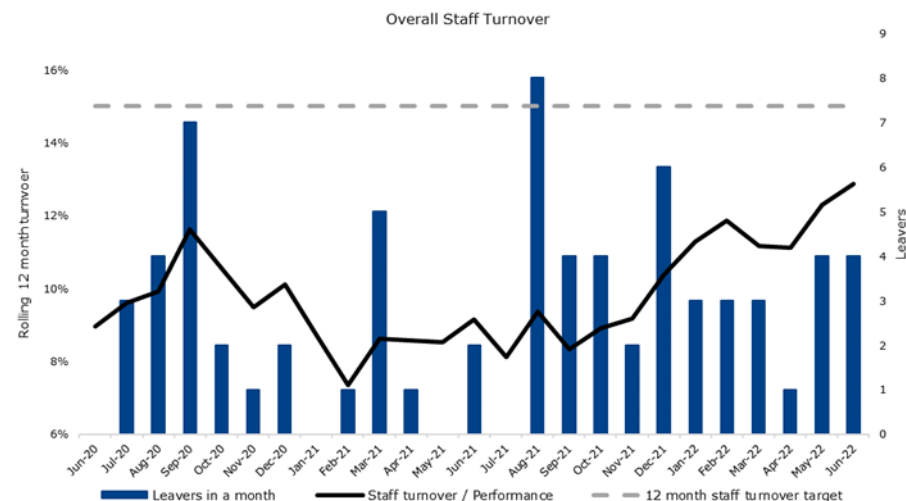
This metric looks at average staff turnover each month for the SSSC and we will compare this with the yearly rolling average. The assessment will focus on any areas of concern or risk by looking at staff turnover in certain directorates or team. We will identify any emerging reasons that could cause more staff turnover within an area.

| RAG         |            |        |
|-------------|------------|--------|
| <15%        | 15% to 16% | >16%   |
| Target: 15% |            |        |
| Apr-22      | 11.1%      | -25.9% |
| May-22      | 12.3%      | -18.0% |
| Jun-22      | 12.9%      | -14.2% |
| Jul-22      |            |        |
| Aug-22      |            |        |
| Sep-22      |            |        |
| Oct-22      |            |        |
| Nov-22      |            |        |
| Dec-22      |            |        |
| Jan-23      |            |        |
| Feb-23      |            |        |
| Mar-23      |            |        |

We had four leavers in June 2022. These were spread across different departments, although in two directorates.

We have seven leavers confirmed in July 2022 across different departments. This could be a risk given pressures in the recruitment market currently. However, we have 12 new starts confirmed for July 2022 (all in Fitness to Practice and Registration) and three for August 2022.

July 2022 new start figures include four trainee solicitors. We recruit four new trainee solicitors each year to replace those whose contracts have come to an end.



## Management Action and Risk

We are currently undertaking steps to gain more information about leavers. This change of process should allow us to get more insight into why people are leaving the organisation.

We have also undertaken benchmarking on turnover levels in public sector organisations and will prepare a proposal regarding what target we should have for this at SSSC by the end of August 2022.

#### 4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty.

Part of this measure “percentage of people in post for less than six months” is unnecessary. EMT is recommending we remove this measure and look at a different way of reporting leavers/movers and vacant posts to provide a clearer strategic overview.

## LEGAL AND CORPORATE GOVERNANCE

### 4.7 L&CG: SAR and FOI requests are dealt with within timescales.

We must respond to 100% of Subject Access Requests (SAR) requests within one calendar month. In June 2022 we responded to two requests and met the statutory timescales.

We must respond to Freedom of information (FOI) requests within 20 working days. In June 2022 we responded to two requests and met the statutory timescales.

| RAG          |            |      |
|--------------|------------|------|
| >90%         | 80% to 90% | <80% |
| Target: 100% |            |      |

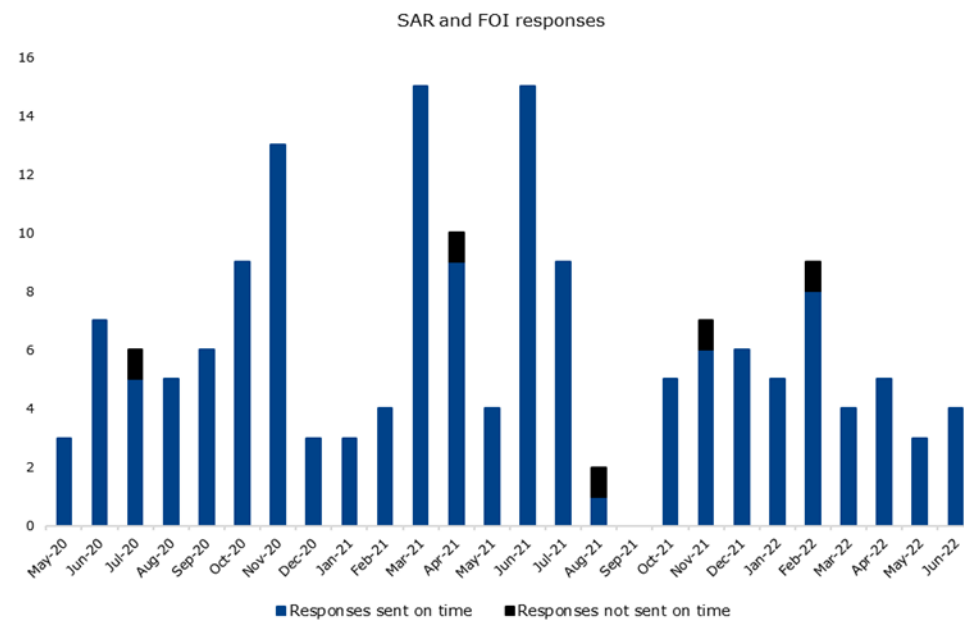
| Percentage of SAR completed on time |      |    |
|-------------------------------------|------|----|
| Month                               | 100% | 0% |
| Apr-22                              | 100% | 0% |
| May-22                              | 100% | 0% |
| Jun-22                              | 100% | 0% |

Jul-22  
Aug-22  
Sep-22  
Oct-22  
Nov-22  
Dec-22  
Jan-23  
Feb-23  
Mar-23

| RAG          |            |      |
|--------------|------------|------|
| >90%         | 80% to 90% | <80% |
| Target: 100% |            |      |

| Percentage of FOI requests completed on time |      |    |
|--|------|----|
| Month  | 100% | 0% |
| Apr-22                                       | 100% | 0% |
| May-22                                       | 100% | 0% |
| Jun-22                                       | 100% | 0% |

Jul-22  
Aug-22  
Sep-22  
Oct-22  
Nov-22  
Dec-22  
Jan-23  
Feb-23  
Mar-23



### Management Action and Risk

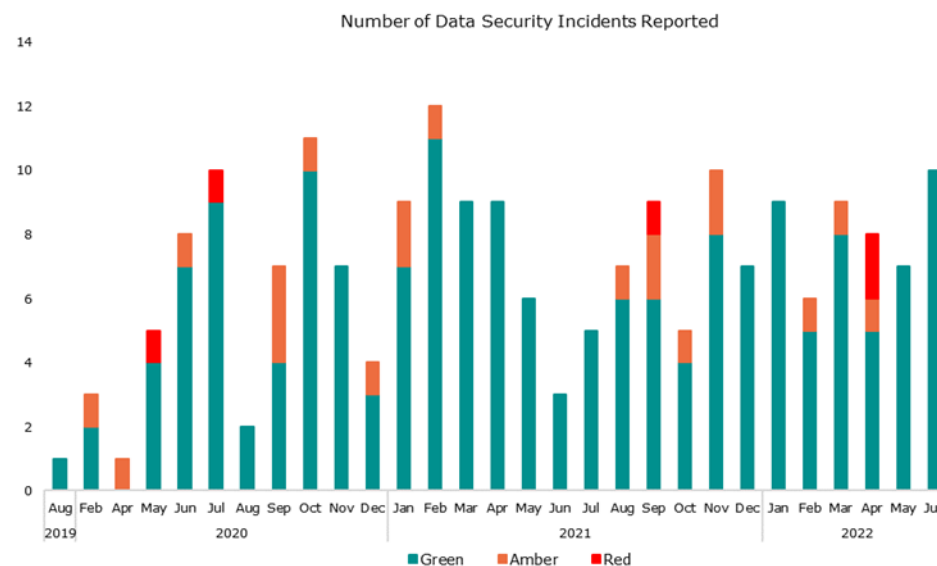
No actions currently required.

#### 4.8 L&CG: Number of security incidents/data breaches reported.

We complete a risk assessment and investigation in relation to each data security incident reported to the Information Governance team. We decide if the incident is a data breach. A data breach is a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. We also note when we must refer a data breach to the Information Commissioner's Office (ICO).

As part of the risk assessment process, we categorise data security incidents as low/green, medium/amber, or high risk/red, dependent on factors such as the volume of data released, the sensitivity of information released and the risk to affected individuals.

The Information Governance team assessed ten data security incidents in June 2022 and categorised all as low/green.



#### Management Action and Risk

The Information Governance team assesses each breach and makes recommendations to ensure that a repeat of the incident does not happen.

We send the breach investigation report with the recommendations to the Head of Department. The data protection officer (DPO) follows up recommendations for an amber or red categorised incident.

## CONTROL CHARTS

This section gives a brief description of some of the terms used within the control charts, this will be expanded on within time.

Central line – this is the average performance and indicates the trend in performance. It 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.

| ID | 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><b>Cause:</b></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"> <li>Insufficient staff as a result of external factors we cannot controls such as the Scottish Abuse Inquiry, COVID-19, difficulty recruiting or errors in our resource model assumptions</li> <li>Ineffective quality assurance, decision-making frameworks or systems, reciprocal arrangements with third parties</li> <li>Legislation or third party policies preventing us from obtaining necessary information.</li> </ul> <p>Our processes and approach are bureaucratic<br/>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 legislation</p> <p>Legislative and process changes due to COVID-19 means that people are working unregistered or without their fitness to practise being assessed.</p> <p>The impact of COVID-19 means that other agencies are unable to provide us with the information we need to make fitness to practise decisions or we are unable to hold a fitness to practise hearing.</p> <p>.</p> <p><b>Consequence:</b></p> | Director of Regulation | 5          | 4           | 20 (High) | <p><b>Existing Mitigation and Controls</b></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, with ongoing development of those systems</p> <p>Resource modelling for calculating our staff base.</p> <p>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>Use of technology to hold online hearings.</p> <p>Liaison work with sector to embed revised thresholds</p> <p><b>Planned Mitigation and Controls</b></p> <p>Implement and embed fitness to practise help and support lines for workers and members of the public making a referral – March 2023 – Director of Regulation</p> <p>Work with representatives to improve the fitness to practise process – March 2023 – Director of Regulation</p> | 4             | 3           | 12 (Moderate) | ↔                          | N                              |                                 |



| ID | 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         |                            |                                |                                 |
|    |                          |               | <p>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>A worker leaves 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 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>Change to the structure of our register- long-term project for completion by 2024. – Owner – Director of Regulation</p> <p>Work with Police Scotland and Crown Office Procurator Fiscal Service on information sharing and decisions – ongoing with next meeting scheduled for Summer 2022 – Director of Regulation</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><b>Cause:</b></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>Our legislative framework is a structural barrier to flexible working across care.</p> <p>Individuals are not able to complete qualifications.</p> <p>Extension to qualification condition timescale due to COVID-19.</p> <p>Effects of COVID-19 may limit workforce capacity is spent responding to regulatory requirements.</p> <p>Failure to respond timeously to requests for data due to lack of correct skills/capacity</p> | Director of Development and Innovation | 4          | 4           | 16 (High) | <p><b>Existing controls</b></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 using will use the findings of the Workforce Skills</p> | 4             | 3           | 12 (Moderate) | ↔                          | N                              |                                 |

| ID | 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   |                            |                                |                                 |
|    |                          |               | <p><b>Consequence:</b></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.<br/>Reduced confidence of public protection.<br/>Existing qualifications and standards do not support new models of care.<br/>Workers are unable to adhere to the SSSC Codes of Practice.<br/>Risk to our reputation with external partners when we cannot provide the information or data requested</p> |                                   |            |             |           | <p>Report and the Register for the Future consultation analysis to develop <del>an</del> <u>Workforce Skills</u> action plan to address identified skills gaps and training/learning needs, including shortage of provision, setting out short, medium and long term priorities. ( <del>Head of Workforce/ Head of Learning &amp; Development – June 2022</del>)</p> <p>In partnership with NES and Scottish Government we are developing a national induction framework for adult social care to support sector and <u>meet the</u> SG commitment in PFG ( <del>Head of L&amp;D May 2022</del>) The first iteration was published in February 2022 in response to winter pressures</p> <p>Developing a new Graduate Apprenticeship Route into Social Work</p> <p>Developing a new integrated health and social care SVQ qualification</p> <p>Developing 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><b>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</b></p> |               |             |         |                            |                                |                                 |
| 3  | Regulatory or compliance | Averse (25)   | <p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p><b>Cause:</b></p> <p>Corporate governance arrangements are not effectively discharged at the right level.<br/>Insufficient project management.<br/>Unclear policies and procedures.</p>   | Director of Finance and Resources | 4          | 4           | 16 (High) | <p><b>Existing mitigation and controls</b></p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p>  | 3             | 3           | 9 (Low) | ↔                          | N                              |                                 |

| ID | 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   |                            |                                |                                 |
|    |   |                  | <p>Lack of management.<br/>Ineffective working relationships between Council members and Officers.<br/>Poor assurance mapping.<br/>Shared services governance and operational arrangements are ineffective eg lack of clarity over services to be delivered, performance standards not met, consequences of service failure not understood, resources not aligned, unclear on accountability/ responsibility for decision making<br/><u>Delays in external auditors carrying out their audit of the financial statements</u><u>Reduced capacity of external auditors to carry out planned work</u></p> <p><b>Consequence:</b></p> <p>Loss of credibility.<br/>Conflicts of interest.<br/>Fraud.<br/>Data breach/loss.<br/>Information and records management does not comply with legislative requirements.<br/>Reduced quality of challenge and oversight.<br/>Reduced public confidence.<br/>Qualified audit.<br/>Further section 22 action.<br/>Failure to deliver strategic objectives.<br/>Shared services not meeting SSSC requirements.<br/><u>Delays to external audit – threat to meeting Council and Committee timescales and statutory deadline</u></p> |                                      |            |             |               | <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p> <p>Positive internal audit response to Corporate Governance review with two minor recommendations.</p> <p>Shared services – Council agreed governance documents and EMT agreed operational documents. Positive internal audit reports. Regular review meetings with CEOs and senior managers from SSSC and CI.</p> <p>Assurance mapping carried out and agreed by the Audit and Assurance Committee.</p> <p><b>Planned actions</b><br/><u>Discussions with external auditors to make sure they meet our Committee and Council deadlines (Director of Finance and Resources – July/August 2022).</u></p> |               |             |         |                            |                                |                                 |
| 4  | Communication and profile: Proportionate regulation | Cautious (12-15) | <p>We fail to provide value to our stakeholders and demonstrate our impact.</p> <p><b>Cause:</b></p> <p>Impact of the Independent care review.<br/>Use of complex and formal language.<br/>People don't understand how we make decisions.<br/>Insufficient management of key relationships.<br/>Stakeholders do not have the capacity/resources to engage.<br/>We don't lead nationally on core SSSC functions.</p>  | Director of Strategy and Performance | 3          | 4           | 12 (Moderate) | <p><b>Existing mitigation and controls</b></p> <p>Regular review of business plan objectives quarterly due to COVID-19 activity. (Operational Management Team)</p> <p>Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC</p>  | 3             | 3           | 9 (Low) | ↔                          | N                              |                                 |

**Commented [LS1]:** @Lynn Murray I amended this cause, the delay will be the consequence but it is caused by them not having staff

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| ID | 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     |                            |                                |                                 |
|    |   |               | <p>Limited ability/resource to market the role of SSSC.</p> <p><del>Increased scrutiny due to decision making around COVID-19 at a national level.</del></p> <p>Unable to respond timeously to requests for internal data <del>due</del> due to lack of resource</p> <p>Effects of COVID-19 may limit workforce capacity is spent responding to stakeholder requirements</p> <p><b>Consequence:</b></p> <p>Reduced public confidence.<br/>Lack of stakeholder involvement/engagement in delivery of strategic outcomes not achieved.<br/>Stakeholder voice is not heard.<br/>Poor perception of registration.<br/>Under-utilisation of SSSC resources.<br/>Risk to reputation with our external partners who rely on SSSC data</p>                        |                                   |            |             |           | <p><b>Planned actions</b></p> <p>Put process in place to report on outcomes for budget and will monitor to inform allocation in future year budgets.<br/>(Director of Finance and Resources - March 2023)</p> <p>Analysis and research following equalities data collection to be published Q4 2022/23 (Dir of S&amp;P)</p> <p><del>Development of new strategic plan based on research and intelligence gathered, which reflects the views of our stakeholders April 2023 (Director of Strategy &amp; Performance)</del></p> <p><del>External research being undertaken to gather stakeholder view on the SSSC and priorities for the future as part of the new strategic plan process (Dir S&amp;P June 2022)</del></p> |               |             |           |                            |                                |                                 |
| 5  | People and culture:<br>Organisational development | Averse (25)   | <p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.</p> <p><b>Cause:</b></p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level.<br/>Lack of effective monitoring of workload and capacity.<br/>Effects of COVID-19 may limit workforce capacity to respond to regulatory requirements.<br/><del>Lack of an effective staff learning and development plan.</del><br/>Managers are unaware of their duties in relation to supporting staff.<br/>Lack of managed mandatory training programme.<br/><del>No consistent approach to development discussions.</del></p> | Director of Finance and Resources | 5          | 4           | 20 (High) | <p><b>Existing mitigation and controls</b></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>Programme Governance Group established to monitor progress of the rewards review and reports to Council.</p> <p>EMT meet weekly on rewards review, regular updates to OMT, regular communication with staff from CEO, Director of F&amp;R and Head of HR, HR supporting line managers and employees through process.</p>  | 4             | 4           | 16 (High) | ↔                          | N                              |                                 |

| ID | 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     |                            |                                |                                 |
|    |   |                  | <p>No consistent approach to leadership and management development.<br/> No mentoring programme for new staff.<br/> Outcomes of job evaluation.<br/> Impact of rewards review uncertainty<br/> Continued restrictions due to COVID-19.<br/> High number of vacant posts to support business as usual which impacts on other members of staff.<br/> Business critical posts not recruited to.<br/> Single points of failure in several areas.</p> <p>Implications of the NCS</p> <p><b>Consequence:</b></p> <p>High turnover of staff.<br/> Staff leave the organisation due to uncertainty<br/> Loss of Investors in People status.<br/> Inability to deliver our strategic objectives.<br/> Dismissal of staff due to poor performance.<br/> Unfair/constructive dismissal claim.<br/> Legal claim under Equalities Act.<br/> Reputational damage.<br/> Reduced ability to influence change and policy development.<br/> <del>COVID-19 restrictions impact on staff motivation and cause fatigue.</del><br/> Increase in staff suffering from stress related illness and increased absences.<br/> Organisation is exposed and may not be able to deliver objectives if key staff are absent – single point of failure<br/> <a href="#">Industrial action due to pay/ outcomes from rewards review</a></p> |                                   |            |             |           | <p>Development discussions take place with every employee at least twice a year.</p> <p><b>Planned actions</b></p> <p>Delivery of People Strategy action plan (Director of Finance and Resources – September 2024)</p> <p>Complete the rewards review – organisational design and second phase of job evaluation (Director of Finance and Resources in line with programme plan).<br/> 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.<br/> (Chief Executive – March 2023)</p> |               |             |           |                            |                                |                                 |
| 6  | Finance and value for money: Financial management | Cautious (12-15) | <p>The SSSC fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p><b>Cause:</b></p> <p>Inability to convince Scottish Government as main funding source of our strategic priorities.<br/> Single year funding settlements to support a three-year strategic plan.<br/> The SSSC does not have up to date, comprehensive, forward looking financial plans aligned to the strategic plan.<br/> Failure to meet financial targets.<br/> Fee income is not in line with projections.<br/> Grant in Aid (GiA) is reduced.</p>   | Director of Finance and Resources | 4          | 5           | 20 (High) | <p><b>Existing mitigation and controls</b></p> <p>Financial Strategy that considers current position plus the next six years is in place and reviewed annually (last reviewed in June 2019).<a href="#">review the strategy at the same time as the Strategic Plan.</a></p> <p>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational</p>   | 4             | 4           | 16 (High) | ↔                          | N                              |                                 |

| ID | 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 |                            |                                |                                 |
|    |              |               | <p>Late notification of Scottish Government budget allocations.<br/>Financial implications of the COVID-19 pandemic affecting public finances.<br/>Insufficient GiA to fund all permanent posts needed to deliver the strategic plan<br/>Effects of COVID-19 on national budget setting may limit our ability to allocate resources</p> <p><b>Consequence:</b></p> <p>Adverse impact on our ability to deliver our strategic objectives.<br/>Reputational damage.<br/>Reduced confidence in our protection arrangements.<br/>Reduced future funding.<br/>Reduced ability to influence change and policy development.<br/>Reliant on a number of temporary posts to deliver the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.</p> |       |            |             |       | <p>performance and risks at each of its meetings.</p> <p>2022/23 budget agreed at Council in March 2022.</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>Resource models reviewed and updated and regularly compared to the actual position.</p> <p><b>Planned actions</b></p> <p>EMT and OMT business and budget planning sessions arranged to prepare for 2023/24 and beyond (Director Strategy and Performance and Director of Finance and Resources – March 2023).</p> <p>We will review the financial strategy at the same time as developing the 2023-26 Strategic Plan (Director Strategy and Performance and Director of Finance and Resources – March 2023)</p> <p>Internal audit of resource model to be finalised and recommendations implemented (Director of Regulation and Director of Finance and Resources – February 2022)</p> <p>Indicative budgets for future years identify significant budget gaps. Work will continue in the planning and budgeting process to achieve a balanced budget. <a href="#">Scottish</a></p> |               |             |       |                            |                                |                                 |

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| ID | 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         |                            |                                |                                 |
|    |  |                    |   |                                      |            |             |                | <a href="#">Government Sponsor has identified significant budget challenges that are highly likely to impact on SSSC. Continue to work with SG to address issues.</a> (Chief Executive/ Director of Finance and Resources – March 2023)  |               |             |               |                            |                                |                                 |
| 7  | Operational and policy delivery: Business continuity and adaptation of service | Minimalist (16-20) | <p>Business Continuity Plans (BCP) are in place and tested.</p> <p><b>Cause:</b></p> <p>Revision of BCP was suspended pending completion of the digital transformation programme.</p> <p>Availability of resources to take forward the updating of business impact assessments and recovery plans.</p> <p>Untested plans.</p> <p>Plans not taking account of recent increased threats – cyber-attacks on public sector</p> <p><b>Consequence:</b></p> <p>Modified audit options.</p> <p>Loss of front-line services to registrants with no recovery plan.</p> <p>Mismanagement of major incident.</p> <p>Data and information loss and loss of access to core systems</p> | Chief Executive                      | 4          | 5           | 20 (High)      | <p><b>Existing mitigation and controls</b></p> <p>Due to COVID-19 our plans were updated, and a new process has been defined earlier than planned.</p> <p>Cyber security - monitoring of attacks on other organisations and review of mitigating actions to ensure SSSC systems are process are cyber compliant (Head of Digital)</p> <p><b>Planned actions</b></p> <p><del>Timetable for future testing of plans to be agreed. (Head of Performance and Improvement – May 2022)</del> Incident management testing underway (Head of P&amp;I – September 2022)</p> <p><del>New suite of</del> Updated suite of BCM documentation to be developed and then agreed at EMT (July-August 2022)</p> | 2             | 2           | 4 (Very low)  | ↔                          | N                              |                                 |
| 8  | 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><b>Cause:</b></p> <p>Insufficient funds allocated to manage core IT infrastructure.</p> <p>Insufficient development investment to upgrade security and systems.</p> <p>Lack of staff, skills and knowledge.</p> <p>Lack of IT policies.</p> <p>Insufficient horizon scanning of future threats.</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</p> <p>Relevant insurances in place.</p> <p><b>Planned actions</b></p> <p>Planned Digital Development Programme for 2022/23.</p>  | 3             | 4           | 12 (Moderate) |                            |                                |                                 |

| ID | 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 |                            |                                |                                 |
|    |              |               | <p>Lack of understanding and awareness by staff.<br/>Successful cyber attack.</p> <p><b>Consequence:</b></p> <p>Complete loss of use of core business systems.<br/>Loss of data and sensitive information.<br/>Major data breach.<br/>Financial fraud.<br/>Action by external stakeholders – ICO, SPSO, Audit Scotland.<br/>Financial penalties.</p> |       |            |             |       | <p><del>Revised business continuity and incident management testing plan.</del> Revised incidence management plan in development (Head of Digital Q2/Interim Head of Digital – august 2022 2022-23)</p> <p>Cyber security incident management testing underway (Interim Head of Digital – September 2022)</p> <p>Simulated cyber exercises- (Head of Digital Q1 2022-23)</p> |               |             |       |                            |                                |                                 |



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

**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<br>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.



## **SCOTTISH SOCIAL SERVICES COUNCIL**

### **Unconfirmed minutes of the Audit and Assurance Committee held on 02 August 2022 at 10.00 am by Teams meeting and in the office**

**Present:** Professor Alan Baird, Council Member, Chair  
Rona King, Council Member  
Peter Murray, Council Member (online)  
Russell Pettigrew, Council Member

**In Attendance:** Maree Allison, Acting Chief Executive  
Laura Lamb, Acting Director of Development and Innovation (online)  
Lynn Murray, Interim Director of Finance and Resources  
Laura Shepherd, Director of Strategy and Performance  
Christopher Weir, Acting Director of Regulation  
Anne Garness, Head of Legal and Corporate Governance  
Audrey Wallace, Corporate Governance Coordinator  
David Archibald, Internal Auditor, Henderson Loggie

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| <b>1.</b> | <b>Welcome</b>  |
| 1.1       | The Chair welcomed everyone to the meeting. Theresa Allison, Council Member and John Boyd, external auditor had intimated apologies for absence.  |
| 1.2       | Paul Edie joined the meeting as an observer and confirmed with the Chair that the draft of the annual report and accounts would not be considered at this meeting. Noting that this would be his final time of meeting with SSSC Members, he thanked all those in attendance for working with him over the period of his tenure as Chair of the Care Inspectorate. Alan Baird, on behalf of Members thanked Paul Edie for his input over the years. Paul Edie left the meeting. |
| <b>2.</b> | <b>Declaration of interest</b>  |
| 2.1       | David Archibald advised Committee that Henderson Loggie were appointed as auditors for Bon Accord Care whose board members included Members of the Committee.   |
| <b>3.</b> | <b>Minutes of the previous meeting</b>  |
| 3.1       | The minutes of the meeting held on 3 May 2022 were approved as an accurate record.  |
| <b>4.</b> | <b>Matters arising</b>  |
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| <b>4.1</b> | <b>External Auditors appointment</b>  |
| 4.1.1      | Lynn Murray advised the Committee that Audit Scotland had appointed Deloitte as external auditors for the SSSC, for three years effective from the audit of the 2022/23 annual report and accounts.   |
| <b>4.2</b> | <b>Annual report and accounts timeline</b>  |
| 4.2.1      | Lynn Murray advised Members of the discussions that she had with the external auditors in relation to the timeline for the completion of the annual report and accounts for 2021/22. The auditors had advised initially that, due to staffing resource issues, they would have to delay the audit, planned to start at the end of June, until September. Lynn Murray let them know that this was not acceptable as it would not allow us to meet the Audit and Assurance Committee meeting to discuss the Annual Report and Accounts (ARA) in September and Council meeting in October to approve the ARA. The audit partner agreed to review the dates again and revert with specific dates. She responded that they would commence work the week beginning 19 September and planned to complete the work by the end of October. Lynn Murray further advised that Scottish Government had confirmed that Audit Scotland must have the audited ARA with Parliament by 18 or 19 December at latest for them to be laid before Parliament by 31 December, to meet the statutory deadline. She informed Members that the proposals to bring the ARA to the scheduled meetings of this Committee and then to Council in November would not be achievable and a revised timeline for the process would be brought forward. |
| 4.2.2      | Committee discussed this situation during which David Archibald made Members aware that there is a UK wide staff resourcing issue in audit. Members were concerned that Audit Scotland and Scottish Government may not be aware that this delay was not caused by the SSSC but by the appointed external auditors. Members strongly expressed disappointment with this delay and were also concerned that SSSC would not have a confirmed audited position for 2021/22 and any areas of concern more than six months into the following financial year.   |
| 4.2.3      | Lynn Murray confirmed that she would present a paper to Council on 25 August proposing revised dates for Committee and Council meetings to discuss then approve the accounts and endorse the report.  |
| 4.2.4      | The Committee<br>1. instructed officers to write to Audit Scotland and Scottish Government to express the Committee's concern over the delay, which risks the SSSC breaching the requirements of the Executive Framework which has a statutory deadline to lay the ARA before Parliament by 31 December.  |

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|           | <p>2. instructed officers to establish a process whereby the accounts would be presented to Parliament by 18 December, or earlier as required</p> <p>3. agreed that Lynn Murray present a report on proposals and alternative meeting dates, for approval of the ARA, to the Council meeting on 25 August.</p>   |
| <b>5.</b> | <b>Assurance report as of 30 June 2022</b>   |
| 5.1       | Laura Shepherd introduced report 17/2022, the assurance report to 30 June 2022. The report provided performance, financial and risk information as at 30 June 2022.  |
| 5.2       | Lynn Murray spoke to the finance items in the report including the challenging budget situation faced by Scottish Government and the resulting impact for the budget of public bodies. She advised that the SSSC was likely to experience a more challenging budget position than it had in the past. A possible scenario could be that working capital that we forecast we will not use may be retrieved by the Government. The main risks outlined were the costs of the pay remit, the future proofing programme, office accommodation and the rewards review. Members noted that the risks associated with the rewards review were the subject of a separate report later in the meeting.  |
| 5.3       | Maree Allison advised that most of the £300k-£460k earmarked for the Future Proofing Programme would occur in the next year when much of the work was scheduled. If this sum could not be carried forward this would have serious implications for the programme and the future work that the organisation could carry out.  |
| 5.4       | Members discussed the cost of accommodation and renewal of the lease for Compass and Quadrant Houses. Maree Allison advised that although the SSSC had plans to give up the use of approximately 50% of the current accommodation through agile working provisions, there was no guarantee that this would reduce the rent payable to Scottish Government. The savings are estimated at approximately £400k per year. Should the government be unable to find another lessee, the SSSC may continue to be liable for the full rental of its current share of the office for at least five years but perhaps ten years. Maree Allison suggested there were other options to try to ensure that the SSSC was not liable for rental of property that was not required for office accommodation. She also advised that there was some pressure to have this resolved quickly including by the other tenants of the building, the Care Inspectorate and OSCR, as a new lease was due to commence in April 2023. |
| 5.5       | Members requested a robust report to Council on this including a recommendation that the Convener writes to Scottish Government outlining the implications for the SSSC and includes a summary of the measures that the SSSC is taking to maximise budget savings.   |

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| 5.6  | Discussion also took place on the implications for the future proofing work of the SSSC. Chris Weir confirmed that following the implementation of the revised staffing numbers in the fitness to practise department, the throughput of fitness to practise cases was much improved. To restrict recruitment and staffing levels to those previously in place would result in building a backlog of casework similar to that of 2019/2020.  |
| 5.7  | Members noted that a report on consultation on fees review would be presented to Council later in the month. Members acknowledged that given the current economic situation this was not the optimum time for reviewing the fee rates payable by the workforce. Maree Allison confirmed that in discussions with Scottish Government, it was agreed that work on this should continue to go ahead as planned. In the context of future funding, Lynn Murray reiterated the position with the working capital for 2022/23 in that, if there was no forecasted spend, then this funding could be clawed back by the Scottish Government. |
| 5.8  | Laura Shepherd took the Committee through the performance summary of the report highlighting any indicators which were not currently in the green range.   |
| 5.9  | The following points and issues were discussed:  |
| 5.10 | There were still several dormant user accounts within the workforce learning system. Once these were removed, the data gathered would more accurately reflect true user percentage, although at the moment the figures gave no cause for concern.  |
| 5.11 | Laura Lamb responded to a query about the percentage of the social care workforce who were qualified in comparison to other UK regulators. While the SSSC does not benchmark against other regulatory bodies this exercise could be carried out. However, regulators are at different stages in their maturity and numbers of workers they register, therefore benchmarking would have only limited use.   |
| 5.12 | With regard to the difference made by having a qualified workforce, Laura Lamb confirmed that this is demonstrated in the feedback from our stakeholder surveys. The results of this are reported in the annual report and the Workforce Skills Report we published in October 2021. Also evidenced is that employers felt the qualifications for registration improved practice and outcomes for people. A link to the report has previously been submitted to Council as part of the Chief Executive's report and this will be recirculated to Members.  |
| 5.13 | Laura Lamb advised Members that sufficient data was being ingathered to show that the workforce was reporting that they felt supported by development activities. Through the data gathered she was satisfied that the resources were reaching the right people. Regarding a further   |

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| 5.14      | performance indicator on whether workforce planning resources were effective, Laura Shepherd confirmed that by October 2022 there will be sufficient data gathered to be able to report on this.   |
| 5.15      | Laura Shepherd recommended that the indicator 3.8 be deleted. This measure is connected to our actions to support delivery of the National Health and Social Care Workforce Plan Part two commitments. This is no longer a relevant indicator as the plan no longer exists and has been superseded by a new workforce strategy. Our commitments and actions to support delivery of the original plan and the new strategy are reported to Council in the Chief Executive's report.   |
| 5.16      | Chris Weir advised that the Future Proofing Programme will be audited to assist in showing that the programme is on track as planned. The findings will be included in a report to Council in November.  |
| 5.17      | Laura Shepherd recommended that indicator 4.6 on specific HR data be removed as it had been relevant to a period in time. Lynn Murray and Laura Shepherd confirmed that we are considering including information in assurance reports from November 2022. This information will provide a better strategic overview on factors affecting the workforce that could impact on our ability to deliver the outcomes in the Strategic Plan.   |
| 5.18      | The Committee  |
|           | <ol style="list-style-type: none"> <li>1. endorsed the direction of travel for the strategic measures</li> <li>2. deferred consideration of increasing risk 5 until the Committee had considered report 23/2022 later in private part of the meeting. (During the later discussion, the Committee approved the increased position of risk 5 in the risk register)</li> <li>3. approved the removal of the following KPIs: <ul style="list-style-type: none"> <li>3.8 Development and Innovation: Deliver the SSSC's commitments under the National Health and Social Care Workforce Plan to schedule and evaluate satisfaction with the outputs.</li> <li>4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty.</li> </ul> Both indicators will be replaced by reporting on more relevant and available data. </li> </ol> |
| <b>6.</b> | <b>Internal Audit Report – Health and Safety</b>   |
| 6.1       | Anne Garness presented report 18/2022 which introduced the Health and Safety report prepared by internal auditors, Henderson Loggie. The report provided a satisfactory level of assurance and included two recommendations on monitoring the timetable for policy/guidance approval for 2022/23 and the presentation of an annual report on health and safety matters to Council.   |
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| 6.2       | David Archibald addressed the Committee on the findings and advised that the policy and the annual report were scheduled to be submitted to Council later in the month.   |
| 6.3       | Members generally felt reassured about the findings given the working situation during the pandemic over the last two years.  |
| 6.4       | Rona King acknowledged the positives but commented strongly about the lack of face-to-face training given to Council Members on health and safety. It was noted that although on the development plan since 2019, this had not yet taken place. Anne Garness and Rona King discussed the training requirement. It was agreed that a development session facilitated by a health and safety expert be organised to take Members through the requirements of the Health and Safety Executive (HSE) for board members.   |
| 6.5       | The Committee   |
|           | 1. endorsed the audit report on Health and Safety   |
|           | 2. agreed that a development session for Members facilitated by a health and safety expert be scheduled to take place, with a proposed date in October 2022, if possible.   |
| <b>7.</b> | <b>Management Audit Progress</b>  |
| 7.1       | Anne Garness presented report 19/2022, the Management Audit Progress report which provided a summary of the progress made by management in implementing internal and external audit recommendations since the last Committee meeting in May. She advised that due to the departure of the Head of Digital Services, the combined audit of Digital Transformation and IT Strategy was only currently taking place and the report was rescheduled to come to Committee in November. Anne Garness further highlighted that officers had commissioned two interim audits on the Future Proofing Programme and the Rewards Review Project. Some of the time required for these would be offset by the reduced time required for the two IT audits which had been combined. |
| 7.2       | Lynn Murray explained the time taken to action the delivery of the recommendation on the Workforce Planning, Mandatory Training audit. She confirmed that the new learning management system was on track to go live at the end of August, as there had been delays to the procurement process caused by the third party supplier. She confirmed that mandatory training is still taking place.   |
| 7.3       | The Committee   |
|           | 1. endorsed management's responses towards completion of internal and external audit recommendations  |
|           | 2. noted progress towards compliance with the annual internal audit plan  |

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|           | 3. noted that officers had instructed two interim audits on Future Proofing Programme and Rewards Review Project.  |
| <b>8.</b> | <b>Fraud Bribery and Corruption Assurance report</b>   |
| 8.1       | Lynn Murray presented report 20/2022 which provided the Committee with a summary of the progress on our counter fraud, bribery and corruption workstream. It also noted that a replacement representative as the Counter Fraud Champion would be needed to replace Russell Pettigrew, at the end of his tenure as Council Member at the end of the month.  |
| 8.2       | Alan Baird advised that he had approached Theresa Allison to step into the position of Counter Fraud Champion on an interim basis and she had agreed to do so.   |
| 8.3       | Audit Scotland's 2021/22 report on Fraud and Irregularity was appended to the report for information.  |
| 8.4       | The Committee  |
|           | <ol style="list-style-type: none"> <li>1. noted there were no incidences of fraud, bribery or corruption detected in the quarter from 1 April to 30 June 2022</li> <li>2. recommended to Council that Theresa Allison be appointed as an interim Counter Fraud Champion once Russell Pettigrew's tenure as a Council Member ends at the end of August</li> <li>3. noted the publication from Audit Scotland on Fraud and Irregularity 2021/22 and progress on counter fraud work.</li> </ol>   |
| <b>9.</b> | <b>Benefits Realisation report</b>   |
| 9.1       | Laura Shepherd presented report 21/2022, which presented a summary of benefits realised and progress made towards realising benefits from projects run across the organisation. The benefits on any project are reported in full to the relevant project board and to Sponsor. This summary report covers the period October 2021 to March 2022.   |
| 9.2       | It was noted that two digital projects had closed in the period but benefits not yet realised from these. There was one benefit realised during this period of reporting, which was relative to the processing of registration applications through the 'Green Channel.' Chris Weir clarified that this was an online system which could be used where the application was straight-forward and/or applicant had no need to discuss any matters with a staff member. Laura Shepherd added that this project also fits into the digital strategy. |
| 9.3       | The Committee  |
|           | <ol style="list-style-type: none"> <li>1. endorsed the report and noted the progress made to realise benefits and mature the benefits realisation Management (BRM).</li> </ol>   |

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| <b>10.</b> | <b>Procurement update and performance report</b>   |
| 10.1       | Lynn Murray presented report 22/2022, to which was appended the SSSC's Annual Procurement Report for 2021/22. She confirmed that this was a positive annual procurement report.  |
| 10.2       | Alan Baird concurred that procurement has consistently been a positive area for SSSC and asked for the Committee's thanks to be passed on to the procurement team members for their continued work in producing these good results.  |
| 10.3       | The Committee:<br>1. endorsed the Annual Procurement Report 2021/22 which will be published on the intranet and website.   |
| <b>11.</b> | <b>Horizon Scanning</b>  |
| 11.1       | Peter Murray advised that he is involved in an upcoming meeting of Independent Joint Boards (IJBs) with one of the groups taking forward the National Care Service (NCS) programme. He also advised of a consultation which was open until 2 September on the NCS.   |
| <b>12.</b> | <b>Audit and Assurance Committee Action Record</b>   |
| 12.1       | The Committee reviewed the Audit and Assurance Committee action record and agreed that three actions which were completed, A1, A3 and A6 be archived from the record and kept on file for future reference if required.  |
| <b>13.</b> | <b>Calendar of business and date of next meeting</b>   |
| 13.1       | It was noted that the calendar of business did not include the date of meeting when the internal audit report on procurement would be scheduled. Rona King noted that there were discrepancies in the policy timetable attached to the calendar and it was agreed that this would be carefully reviewed for accuracy or error. |
| 13.2       | It was noted that, following the discussion earlier regarding the Annual Report and Accounts, the next scheduled meeting of the Committee is 1 November 2022.  |
|            | <b>End of Tenure – Russell Pettigrew</b>   |
|            | Alan Baird led Members and officers in thanking Russell Pettigrew on his contribution to the work of the Committee in his three-year tenure, which would come to an end at the end of August 2022.   |

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| <b>14.</b> | <b>Private session</b>  |
| 14.1       | Item 14 was discussed as a confidential item and minutes were taken separately. |

Committee started: 10am  
Committee finished: 12:40pm

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Alan Baird  
Chair of the Audit and Assurance Committee

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Audit and Assurance Committee report to Council  |
| <b>Public</b>                    | Public   |
| <b>Summary/purpose of report</b> | To make recommendations from the Audit and Assurance Committee   |
| <b>Recommendations</b>           | <p>The Committee recommends that:</p> <ol style="list-style-type: none"> <li>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"> <li>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</li> <li>b. financial performance is consistent with forecasted spend and presents no cause for concern relating to year-end outturn of approved budget</li> <li>c. operational delivery and financial expenditure are consistent</li> </ol> </li> <li>2. the Council takes sufficient assurances from the internal audit report, the management audit report and internal and external audit action tracker</li> <li>3. the Council approves the appointment of Theresa Allison as Counter Fraud Champion on an interim basis</li> <li>4. the Council notes: <ol style="list-style-type: none"> <li>a. the appointment of the external auditors from April 2023</li> <li>b. the concern of the Committee over the delay in external auditors carrying out their audit of the annual accounts and the pressure this puts on staff to adhere to the terms of the Executive Framework in presenting our annual accounts to Parliament</li> </ol> </li> </ol> |

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|                               | <ul style="list-style-type: none"> <li>c. the concern of the Committee about the future funding and budget situation and risks</li> <li>d. that data is now gathered on projects run across the organisation</li> <li>e. the positive report on procurement.</li> </ul>  |
| <b>Author</b>                 | Alan Baird, Chair, Audit and Assurance Committee   |
| <b>Responsible Officer</b>    | Maree Allison, Acting Chief Executive  |
| <b>Link to Strategic Plan</b> | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>  | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.   |
| <b>Impact assessments</b>     | <ul style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ul>   |
| <b>Documents attached</b>     | <p>Appendix 1: Assurance report as of 30 June 2022 including the Strategic Risk Register</p> <p>Appendix 2: Draft minutes of meeting of the Audit and Assurance Committee of 2 August 2022</p> <p>Appendix 3: <a href="#">Link to draft minutes of the private session of the Audit and Assurance Committee of 02 August 2022</a></p>  |
| <b>Background papers</b>      | None   |

## **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 of 2 August 2022.

## **EXTERNAL AUDITORS**

3. The Committee was advised that Scottish Government has appointed Deloitte as the external auditors who would take over the role from 1 April 2023, when the contract with Grant Thornton expires.

## **ANNUAL REPORT AND ACCOUNTS**

4. The Committee instructed Lynn Murray to write to Scottish Government and Audit Scotland expressing its concern over the position the SSSC has found itself in where the external auditors are unable to carry out the audit of the annual accounts for 2021/22 within the planned timescale. This was due to staff shortages in the company. Lynn Murray advised the Committee of the adjustments being made to the process for preparing and approving the accounts and also of the risks in not being able to present the accounts to Audit Scotland for laying before Parliament within the timescale set down in the Executive Framework.

## **ASSURANCE REPORT**

5. The Committee reviewed the assurance report as of 30 June 2022 relating to the activities of the SSSC. Appendix 1 is the assurance report considered by the Committee and Appendix 2 is the draft minutes of the meeting, to satisfy Council that the Committee has discharged its responsibilities.

### **Budget**

6. The Committee was advised of concerns over current budget pressures. The main areas of risks discussed were the costs of:
  - pay remit
  - Future Proofing Programme
  - office accommodation
  - rewards review.

7. Any use of working capital must be planned and forecasted to avoid the risk of this being clawed back by Scottish Government.
8. Committee instructed that a robust report be presented to Council on the issues associated with the accommodation costs and the government's stance on rent payable to it even if the SSSC occupy a smaller portion of the office building.
9. Members expressed concern about the impact that any reduction in funding, by way of working capital not being carried forward, would have on the Future Proofing Programme and therefore the future work of the organisation.
10. Members were uncomfortable that the future funding and budget position were less than favourable, noted that a report on review of fees will be submitted to Council and instructed that a report on accommodation also be submitted.

#### **Performance summary**

11. After noting that data on revised indicators will be provided, in future reports, the Committee agreed that the following Key Performance Indicators will be removed from the assurance report:
  - 3.8 Development and Innovation: Deliver the SSSC's commitments under the National Health and Social Care Workforce Plan to schedule and evaluate satisfaction with the outputs.
  - 4.6 HR: Percentage of people in post for less than six months and percentage of budgeted posts that are empty.

#### **INTERNAL AUDIT**

12. Members were presented with the following:

##### **Internal Audit Report – Health and Safety**

13. The report provided a satisfactory standard of assurance with two recommendations regarding monitoring of timetable for policy/guidance approval and annual reporting to Council. Committee agreed that officers will schedule a development session on Health and Safety responsibilities of board members, hopefully to take place in October 2022.
14. The Committee also noted that officers had commissioned two interim audits on the Future Proofing Programme and the Rewards Review.

##### **Management Audit Report**

15. Committee was presented with an updated extract from the internal/external audit tracker. Lynn Murray gave assurance that mandatory training was taking place and the delay in implementation of



the auditor's recommendations was due to the process of procuring the new Learning Management System which would track and record the training.

16. Subject to recommendations being actioned and scheduling of Members training, the Committee took assurances from the audit reports and management's responses.

### **FRAUD BRIBERY AND CORRUPTION ASSURANCE REPORT**

17. Committee was presented with a report from management confirming that no instances of fraud were detected in quarter one of this year.
18. Committee approved Theresa Allison as interim replacement Counter Fraud Champion until a more permanent replacement for the position is appointed following Russell Pettigrew coming to the end of his term of appointment to the Council on 31 August 2022.
19. The report provided the Members with assurance on the fraud, bribery and corruption workstream.

### **BENEFITS REALISATION REPORT**

20. Committee was presented with a biannual report on benefits realised from projects run across the organisation. The appendix provided information on the benefit realised during this reporting period October 2021 to March 2022. The Committee noted that benefits had not yet been realised from two digital projects. It also noted that detailed reporting is made to the relevant project boards and to sponsor.
21. Committee took assurance from this summary report that data is being ingathered to provide evidence that projects undertaken provide measurable benefits.

### **PROCUREMENT UPDATE AND PERFORMANCE REPORT**

22. Committee was presented with the Annual Procurement report for 2021/22 and took assurance that that year on year this was a consistently positive area of work.

### **REWARDS REVIEW**

23. This report was discussed in the private session of the meeting. The report was noted and Committee agreed, instead, that the matter be discussed at the meeting of the Council in August. Committee however agreed to increase the position of risk 5 in the strategic risk register.

## **CONSULTATION**

24. No specific stakeholder engagement was necessary in the preparation of this report.

## **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 ASSESSMENTS**

### **Equalities**

28. An EIA was not necessary as this report relates to internal governance matters. It is not therefore a new proposal and has no impact on people with protected characteristics.

## **CONCLUSION**

29. This report gives 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. The report makes recommendations to the Council on matters requiring Council approval.

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Draft Annual Report and Accounts Review  |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | This report provides Council Members with an opportunity to review the draft 2021/22 Annual Report and Accounts (ARA) in advance of the formal endorsement/approval process later in the year. Due to delays with external audit, we also propose revised dates for the ARA timeline.  |
| <b>Recommendations</b>           | <p>The Council is asked to:</p> <ol style="list-style-type: none"> <li>1. review the draft unaudited 2021/22 Annual Report and Accounts (appendix 1) and provide feedback to officers</li> <li>2. agree the revised dates proposed for the Audit and Assurance Committee to endorse or reject the audited Annual Report and Accounts and for Council to endorse or reject the audited Annual Report and approve the audited Accounts</li> <li>3. note the publication of the Whistleblowing report which forms part of the Annual Report.</li> </ol> |
| <b>Author</b>                    | Nicky Anderson, Head of Finance  |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director of Finance and Resources   |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy</p>  |

|                              |   |
|------------------------------|---|
|                              | <p>makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b> | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.  |
| <b>Impact assessments</b>    | <p>An Equalities Impact Assessment (EIA) was not required.</p> <p>A Data Protection Impact Assessment (DPIA) was not required.</p> <p>A Sustainability Impact Assessment (SIA) was not required.</p>  |
| <b>Documents attached</b>    | Appendix 1: Draft 2021/22 Annual Report and Accounts  |
| <b>Background papers</b>     | <a href="#">Link to Council report 06/2022</a>  |

## **EXECUTIVE SUMMARY**

1. We ask Council Members to provide initial feedback on the draft unaudited Annual Report and Accounts (ARA) for 2021/22, note the publication of the Whistleblowing Report which forms part of the ARA and agree to revised dates for the Audit and Assurance Committee and Council due to delays with the external audit.

## **DRAFT ANNUAL REPORT AND ACCOUNTS FOR 2021/22**

2. We have prepared the draft ARA for 2021/22 (Appendix 1) in accordance with the Accounts Direction issued by Scottish Ministers as well as the Government's Financial Reporting Manual (FReM) which follows International Financial Reporting Standards, International Financial Reporting Interpretation Committee (IFRIC) interpretations and the Companies Act 2006.
3. We prepared the draft ARA for submission to our external auditors by the deadline of 24 June 2022 as they planned to start the audit the following week. However, two weeks prior to this our external audit partner from Grant Thornton advised that they had to delay the audit until September due to staff resourcing issues. Lynn Murray, Interim Director of Finance and Resources, let the auditors know that this was not acceptable as we would not meet the Audit and Assurance Committee and Council deadlines (27 September and 28 October respectively) to discuss and approve the audited ARA.
4. The audit partner reviewed their planner again but was unable to bring forward the audit and advised that it would start in the week beginning 19 September and conclude by the end of October. The Audit and Assurance Committee expressed their strong disappointment with the delay as set out in the minute of the meeting. The Committee asked officers to propose revised dates at this Council meeting.
5. We have attached the draft unaudited ARA at Appendix 1 and ask Council Members to provide feedback, as is normal practice. We will include this feedback and any recommendations made by auditors in the final audited draft that we present to the Audit and Assurance Committee (see para 8 below).
6. At that meeting, we will ask the Audit and Assurance Committee to make recommendations to Council to either endorse or reject the draft Annual Report and approve the Accounts at its meeting on a date to be agreed (see para 9 below).

7. We must publish a prescribed person (whistleblowing) report annually which details whistleblowing referrals and the actions we took. In recent years, we have published the information within the ARA. The UK Government will request details of publication shortly and we ask Council to note we will publish this information in September.

## **PROPOSAL TO REVISE DATES**

8. Council approved the proposed timeline for preparation of the ARA for this year and future years (report 06/22 28 February 2022). Due to the delays noted above, we are unable to achieve the dates in this report and propose that the Audit and Assurance Committee meeting to discuss the ARA and make recommendations to Council to either endorse or reject the audited ARA takes place on 24 November 2022, as there was already a Council meeting planned for this date. This replaces the meeting scheduled for 27 September.
9. We propose that the Council meeting to endorse or reject the Annual Report and approve the audited Accounts takes place on 13 December 2022. This replaces the meeting scheduled for 28 October.
10. These timescales will allow Audit Scotland to lay the ARA before Parliament by 31 December 2022 in line with our statutory obligations set out in the Executive Framework agreed with Scottish Government.

## **CONSULTATION**

11. Council is asked to review the draft unaudited ARA in advance of the formal governance review by the Audit and Assurance Committee on 24 November 2022 (proposed date). The Executive Management Team has been consulted on the content of the document.

## **RISKS**

12. We have agreed a risk appetite of averse for risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
13. We are at risk of not meeting the statutory deadline to lay the ARA before Parliament by 31 December 2022 if there are further delays to the external audit work and/or delays to the dates we are proposing.

## **IMPLICATIONS**

### **Resources**

14. There are no financial, legal or staffing implications arising from this report. However, the delay of the external audit means pressure on Finance staff as this coincides with work starting on the budget for the next three years. It also places added pressure on all staff involved in the ARA process across the organisation.

### **Compliance**

15. Within our overall governance framework specific arrangements are in place as part of the system of internal financial control. This system is intended to ensure that reasonable assurance can be given that assets are safeguarded, transactions are authorised and properly recorded, and material errors or irregularities are either prevented or would be detected within a timely period. The governance process is designed to give Council and Audit and Assurance Committee Members opportunity to scrutinise the ARA in advance of formal approval as well as gain assurance over our systems of financial control.

## **IMPACT ASSESSMENTS**

16. We did not develop an Equalities Impact Assessment (EIA) as the ARA summarises the work that is delivered across the organisation, which will have had EIAs carried out, as required.

## **CONCLUSION**

17. Council is asked to review and provide feedback on the draft unaudited 2021/22 ARA in advance of the formal process for the audited ARA and note the publication of the Whistleblowing Report that forms part of the Annual Report. Due to the delays in carrying out the external audit, Council is also asked to agree revised dates for the Audit and Assurance Committee and Council meetings to progress this business.



# **Scottish Social Services Council**

## **DRAFT 2021/22 Annual Report and Accounts**



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**DRAFT** Annual Report and Accounts of the  
Scottish Social Services Council

This report is laid before the Scottish  
Parliament by the Scottish Ministers under  
Schedule 2, Section 10(1) of the Regulation  
of Care (Scotland) Act 2001 and Section  
22(5) of the Public Finance and  
Accountability (Scotland) Act 2000.

1 April 2021 to 31 March 2022

SI number SG/



## Chief Executive's foreword

**Welcome to our 2021/22 Annual Report and Accounts. It has been an extraordinary year during which everyone working in social care and our staff have continued to deliver the dedicated, valuable work that is the foundation of social services in Scotland. Throughout the year we continued to adapt to new and better ways of working following the global pandemic.**

As you read this report you will see the year has been one of progress during which we have embedded our use of digital technologies and different, innovative ways of working. We have started several significant change projects that will deliver improvements for the social work, social care and early years workforce, social service employers and our staff and stakeholders, in the years ahead.

In December, we launched our Future Proofing Programme, a three-year programme that aims to make sure our regulatory system is clear, transparent and raises the standards of practice in the sector. A key part of the programme is to review and build a sustainable Register for the Future which will be easier to understand for all. We had record involvement from the sector with the consultation sharing their thoughts, feedback and ideas with us which will be of great value as we develop the Register.

We updated and improved some of our processes and introduced new services to benefit the sector and those who work in it. For example, we introduced an automated process for straightforward registration renewals, and we developed a support line for people going through the fitness to practise process.

Partnership working is fundamental to our role. We deliver our work by involving people across a broad spectrum, from those who have lived experience of using services to partners like the Scottish Government, the Scottish Refugee Council NHS Education for Scotland (NES) and the Care Inspectorate. We supported the social service workforce at all levels to deliver high standards of practice. We worked with the Scottish Government and NES to develop of leadership activities and delivered online sessions key topics and practice areas. We developed the newly qualified social worker (NQSW) supported year model and are supporting the roll out of the supported first year of practice for NQSWs.

This year has brought out the best in our staff and the social work, social care and early years workforce despite the continued challenges we all faced. The support for our citizens and communities is impressive and I thank you all for your exceptional commitment, hard work and resilience throughout 2021.

Lorraine Gray  
Chief Executive.

## **SECTION A: Performance report**



## Performance overview

### Our organisation

The Scottish Social Services Council (SSSC) is the regulator for the social work, social care and early years workforce in Scotland. We deliver our vision:

**Our work means the people of Scotland can count on social work, social service and early years services being provided by a trusted, skilled and confident workforce through regulation, registration and development of their skills.**

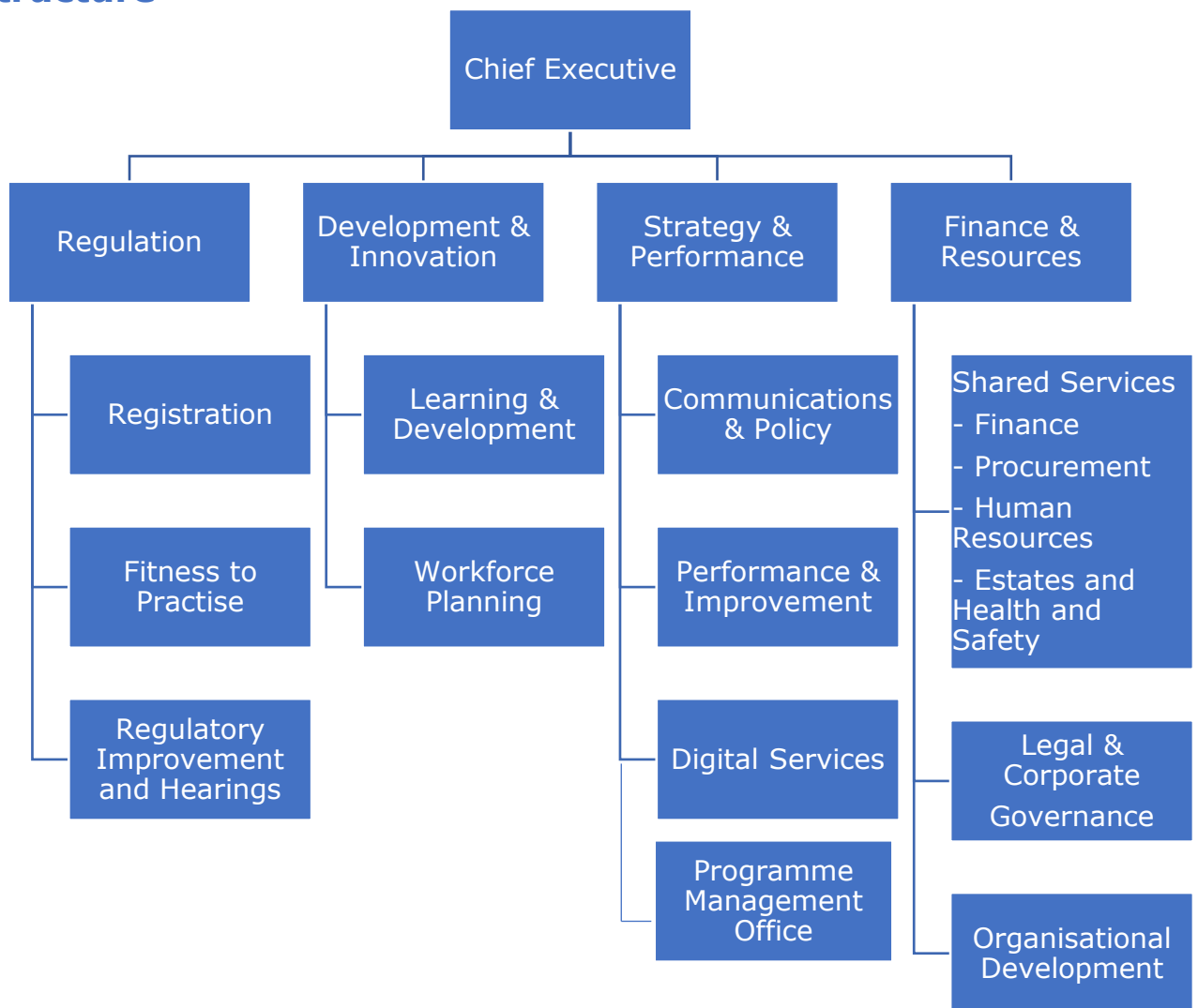
We are a non-departmental public body, sponsored by the Office of the Chief Social Work Adviser at the Directorate for Children and Families and set up under the Regulation of Care (Scotland) Act 2001. We are governed by a Council of 10 Members, including a Convener, who are appointed by Scottish Ministers. The Council delegates some responsibilities to the Audit and Assurance Committee.

Our Chief Executive and directors make up our Executive Management Team (EMT). The heads of each department make up our Operational Management Team (OMT).

We have 314 full-time equivalent employees working across four directorates. We share services with the Care Inspectorate including Finance, Human Resources, Procurement, Estates and Health and Safety.



## Structure



## Our work

The social service sector employs approximately 209,700 workers which represents almost 8% of all employment in Scotland, or 1 in 13 workers. This is the highest figure since we began publishing this data in 2008.

The workforce includes social service workers, social workers, social work students and early learning and childcare workers. They work across a range of services, in residential and day centres, community facilities and in people's homes.

We protect the public by registering social workers, social care and early years workers, setting standards for their practice, conduct, training and education and by supporting their professional development. Where people fall below the standards of practice and conduct we can investigate and take action.

We:

- publish the national codes of practice for people working in social work, social care and early years services and their employers
- register people working in social work, social care and early years and make sure they adhere to our codes of practice
- promote and regulate their learning and development
- are the national lead for workforce development and planning for the social work, social care and early years workforce in Scotland
- are the official and national statistics provider of social service workforce data in Scotland
- are the Sector Skills Council for social services in Scotland.



Our work contributes to the Scottish Government's purpose and national outcomes:

|                             |   |
|-----------------------------|---|
| Scottish Government purpose | To focus on creating a more successful country with opportunities for all of Scotland to flourish through increased wellbeing, and sustainable and inclusive economic growth.   |
| National Outcomes           | <p>We live in communities that are inclusive, empowered, resilient and safe.</p> <p>We grow up loved, safe and respected so that we realise our full potential.</p> <p>We are well educated, skilled and able to contribute to society.</p> <p>We respect, protect and fulfil human rights and live free from discrimination.</p>   |
| SSSC vision                 | Our work means the people of Scotland can count on social work, social care and early years services being provided by a trusted, skilled and confident workforce.  |
| SSSC strategic outcomes     | <p>People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.</p> <p>Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |



## Our business model

|  |   |  |  |
|--|---|--|--|
| <b>Our key partners and stakeholders</b> <p>           Scottish Government sponsor – Office of the Chief Social Work Adviser and Scottish Government policy teams<br/>           Social service employers' representative groups<br/>           People with lived experience<br/>           Learning providers and awarding bodies<br/>           NHS Education Scotland<br/>           Skills Development Scotland<br/>           Care Inspectorate<br/>           Other regulators within and out with social services and across the UK<br/>           Skills for Care and Development<br/>           Social Work Scotland<br/>           Convention of Scottish Local Authorities         </p> | <b>Key activities</b> <p>           Maintain a register of eligible workers.<br/>           Publish the codes of practice for people working in social services and their employers.<br/>           Investigate concerns about the fitness to practise of registrants and applicants.<br/>           Sector skills council.<br/>           Support the professional development of workers.<br/>           National lead for workforce development and planning for social services in Scotland.<br/>           Engage stakeholders through our Involving People Plan.<br/>           Official and national statistics provider of social services workforce data in Scotland.<br/>           Collaboration with Scottish Government policy teams.         </p> | <b>Value proposition</b> <p>           Our work means the people of Scotland can count on social work, social care and early years services being provided by a trusted, skilled and confident workforce.         </p> <p>           We protect the public by registering social workers, social care and early years workers, setting standards for their practice, conduct, training and education and by supporting their professional development.         </p> <p>           Where people fall below the standards of practice and conduct we can investigate and take action.         </p> | <b>Who we reach</b> <p>           Members of the public<br/>           People who use services and their carers<br/>           Social service user and carer representative groups<br/>           Advocacy and campaigning groups         </p> |
|  | <b>Key resources</b> <p>           Staff<br/>           IT systems and hardware<br/>           Office and hearing rooms<br/>           Knowledge and experience         </p>  |  | <b>Our customers</b> <p>           Scotland's social work, social service and early years workforce         </p>   |



|   |  |  |  |
|---|--|--|--|
|   |  |  | Workers applying for registration<br>Registered workers<br>Employers of registered workforce |
| <b>Funding</b>  |  |  |  |
| Our budgeted expenditure is funded by grant in aid from Scottish Government and fees paid by those on the Register. Our budgeted funding for 2021/22 was £16.0m from grant in aid (outturn £16.2m) and £5.7m from fees paid by registrants (outturn £6.0m) and other income of £0.3m (outturn £0.6m). |  |  |  |



## Managing our risks

Our Council is accountable for overseeing risk management. The Council has delegated responsibility for managing our strategic risk to the Audit and Assurance Committee, who ensure we have effective risk management processes in place. To manage risk, we:

- review our risk policy annually
- agree a risk appetite statement annually
- review and update the strategic risk register quarterly
- review directorate risk registers monthly.

In 2021/22 we identified the following strategic risks that could have prevented us from achieving our outcomes.

1. We fail to ensure that our system of regulation meets the needs of people who use services and workers.
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.
3. We fail to meet corporate governance, external scrutiny and legal obligations.
4. We fail to plan and resource our activities to deliver our digital strategy.
5. We fail to provide value to our stakeholders and demonstrate our impact.
6. We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient staff resources to achieve our strategic outcomes.
7. We fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.
8. Business Continuity Plans (BCP) are in place and tested.
9. We are unable to operate effectively and efficiently due to effects of the global pandemic caused by COVID-19.

At each step in our risk management process we identify, review, record and assess risks to identify ways to mitigate their impacts. Risk management is embedded throughout the organisation with the OMT initiating the monthly risk management cycle by completing directorate risk registers for our EMT to review and escalate as appropriate. Our processes allow us to escalate and de-escalate risks when required.



## Reviewing our strategic risks

We proactively identify risks around business continuity procedures, our ability to carry out planned business activities and our budget. We also monitor changes to the policy landscape, for example the recent National Care review as well as the ongoing implementation of the Independent Review of Adult Social Care and The Promise. These continue to provide opportunities for change and improvement in how we carry out our planned activities.

In February 2022 we reviewed our strategic risk register and identified a number of emerging risks and ongoing areas from last year. We will continue to monitor these over 2022/23 alongside emerging risks as we identify them. Some risks from 2021/22 have now been removed from the register. Our revised strategic risks and examples of key mitigating actions for 2022/23 are shown below.

Table 1: Descriptions of strategic risk and mitigating actions

| <b>Description of risk</b>  | <b>Key mitigating actions</b>  |
|---|--|
| We fail to ensure that our system of regulation meets the needs of people who use services and workers.   | Develop changes to the structure of the Register.  |
| We fail to ensure that our workforce development function supports the workforce to achieve the right standards and qualifications to gain and maintain registration. | Develop new qualifications and career pathways to support delivery of new models of care.<br><br>Development of workforce skills action plan to address identified skills gaps and learning needs, including shortage of provision.<br><br>Development of a national induction resource to support the adult social care sector. |
| We fail to meet corporate governance, external scrutiny and legal obligations.  | Implement regular assurance mapping reviews.   |
| We fail to provide value to our stakeholders and demonstrate our impact.  | Develop SSSC equalities data and consider publication of this to support policy changes.<br><br>Use the stakeholder and registrant research and survey information carried out in 2021/22 to inform our next strategic plan.   |



| <b>Description of risk</b>  | <b>Key mitigating actions</b>   |
|---|---|
| We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce or have insufficient resources to achieve our strategic outcomes. | Deliver our People Strategy action plan.  |
| We fail to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.   | <p>Annual review of financial strategy will take place alongside development of the next strategic plan.</p> <p>Quarterly assurance meetings to consider current financial position, organisational performance and risk.</p> <p>Regular review of resource models.</p> |
| Business Continuity Plans (BCP) are in place and tested.  | Development of suite of business continuity management resources.   |
| We fail to have the appropriate measures in place to protect against cyber security attacks.  | Revised business continuity and incident management testing plan. Continue to maintain our cyber essential accreditation.   |

## Engaging with our customers and stakeholders

We carry out regular engagement with customers to help us identify their needs and areas where we can improve.

We held two surveys for people on our Register in 2021/22. We also surveyed groups of stakeholders and took part in Ipsos MORI's annual survey of Members of the Scottish Parliament.

While the surveys had specific aims, as in previous years we identified consistent themes. Across both surveys for people who are registered we received 12,766 responses. The responses indicate continued positive feeling towards the SSSC and the benefit that being registered brings, as well as very positive feedback on the customer service we provide.

A consistent theme across the responses was the difficulty that workers have in finding enough time to access and use our learning resources during working hours, and alongside that, a consensus that live or recorded online training and learning sessions would be preferable.

We also noted some emerging issues that were highlighted by more than one part of the Register. We will use this information to plan development of future resources and engagement with the sector.

- Work commitments prevent attendance at events.
- Respondents would like more clarity on the role of the SSSC/information on what the SSSC does.
- Respondents want to see us promote better pay and benefits in the sector.

To make sure we build a sustainable Register that is easier to understand by workers, employers and the public and is fit for the future we launched the consultation for the first phase of our Register for the Future programme. This resulted in the highest engagement we have had for a consultation with over 6500 responses from registered workers, employers, representative groups and people with experience of using social work, social care and early years services. This work will continue into our next strategic plan.

To improve our understanding of the value of being registered and to develop our relationships with the sector, we held our 'meet the SSSC' events for registered workers online for the first time. We ran various workshops with 120 attendees resulting in very positive feedback: 94% of respondents told us they were more positive about regulation and registration and 62% said their knowledge about these areas had improved because of the events.

## Our strategic outcomes

2021/22 marked the second year of our [2020-2023 Strategic Plan](#). This Annual Report and Accounts provides a high-level assessment of our work during 2021/22 to deliver our strategic plan outcomes.

We have four strategic outcomes.

1. People who use services are protected by ensuring the regulated workforce is fit to practise.
2. The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.
3. Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.
4. The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.

To show our progress in fulfilling these outcomes, over the remaining period of our strategic plan we will measure:

- the percentage of people using services who experience high quality care from a qualified and registered workforce
- the percentage of the workforce who believe that the work of the SSSC improves their practice
- the percentage of those who use our resources that report positively on the effectiveness of workforce planning activities
- the feedback we receive that our work promotes the value of the social care workforce through engagement activity.

## Performance analysis

### Our year at a glance

- At its peak around 165,811 individuals were on the Register.
- 6,275 SSSC Open and Health and Social Care Standards badges awarded\*.
- 17,042 active users of MyLearning app.
- 3,428 fitness to practise concerns received.
- 3,815 concerns closed or resolved.
- 51,146 applications registered.
- 201 hearings held, of which 197 were online and four were a hybrid of online and in-person meetings.

\* Open Badges are digital certificates recognising learning and achievements that are tied to assessment and evidence.





## Financial performance

Our budget is funded by a mixture of grant in aid, specific grants from the Scottish Government and fees paid by registrants. (Grant in aid means the Scottish Government provides funding but without imposing day-to-day control over how we spend it). In managing our finances, we are not allowed to use overdraft facilities or to borrow.

Under section 57 of the Regulation of Care (Scotland) Act 2001, the SSSC can set reasonable fees through changes to our registration rules. This requires Scottish Ministers consent. The last increase in fee rates was effective from 1 September 2017.

Our budgeted income and funding for 2021/22 was as follows:

|                                 | <b>2021/22<br/>Budgeted<br/>income<br/>£000</b> | <b>2021/22<br/>Budgeted<br/>funding<br/>£000</b> | <b>2021/22<br/>Total income<br/>and funding<br/>£000</b> |
|---------------------------------|---|--|--|
| Grant in aid                    |   | 16,035   | 16,035   |
| Specific grants                 |   | 900  | 900  |
| Registration fees               | 5,644   |  | 5,644  |
| Other income                    | 290   |  | 290  |
| <b>Total income and funding</b> | <b>5,934</b>                                    | <b>16,935</b>                                    | <b>22,869</b>  |

Our expenditure budget was set with the aim of using all available income and funding to maximise the benefits the SSSC provides to people who use care, social work services, carers and SSSC registrants.

We set the 2021/22 expenditure budget at £25.072m. This is £2.203m more than the 2021/22 available funding of £22.869m. our Scottish Government Sponsor agreed that we could retain additional 2020/21 grant in aid of £2.203m in our general reserve to fund practice learning fees, digital and other development during 2021/22. We did not fully use this in 2021/22 due to ongoing delays relating to the COVID-19 pandemic.

There was no capital expenditure during the 2021/22 financial year. The following table shows our revenue budget position.

|   | 2021/22<br>Budget<br>£000 | 2021/22<br>Actual<br>£000 | 2021/22<br>Variance<br>£000 |
|---|---------------------------|---------------------------|-----------------------------|
| Revenue expenditure                       | 25,072                    | 24,357                    | (715)                       |
| Fee income                                | (5,644)                   | (5,951)                   | (307)                       |
| Other income                              | (290)                     | (555)                     | (265)                       |
| <b>Net expenditure</b>                    | <b>19,138</b>             | <b>17,851</b>             | <b>(1,287)</b>              |
| Grant in aid (revenue)                    | (16,035)                  | (16,217)                  | (182)                       |
| Specific grant funded projects            | (900)                     | (1,209)                   | (309)                       |
| <b>Total funding</b>                      | <b>(16,935)</b>           | <b>(17,426)</b>           | <b>(491)</b>                |
| <b>Deficit/(surplus) for the year</b>     | <b>2,203</b>              | <b>425</b>                | <b>(1,778)</b>              |
| <b>Transfer to/(from) General Reserve</b> | <b>(2,203)</b>            | <b>(425)</b>              | <b>1,778</b>                |

Our actual deficit for 2021/22 was £0.425m ie £1.778m less than the budgeted deficit position of £2.203m. The Scottish Government has agreed we can carry this forward for use during 2022/23.

Budget variances were as follows:

|   | 2021/22<br>£000 |
|---|-----------------|
| <b>COVID-19 related expenditure variances</b>               |                 |
| Practice learning fees                                      | (493)           |
| Postgraduate bursaries                                      | (259)           |
| Digital development   | (166)           |
| Workforce development activity                              | 350             |
| <b>Total COVID-19 related revenue expenditure variances</b> | <b>(568)</b>    |
| Other revenue expenditure variances                         | (321)           |
| Voluntary Sector Development Fund (VSDF)                    | 174             |
| <b>Total revenue expenditure variances</b>                  | <b>(147)</b>    |
| Additional registration income                              | (307)           |
| Modern apprenticeship and other income                      | (265)           |
| Additional VSDF income                                      | (197)           |
| Grant in aid funding  | (182)           |
| Workforce development grant income                          | (112)           |
| <b>Total budget variance</b>                                | <b>(1,778)</b>  |

Underspends totalling £0.568m arose due to the Covid-19 pandemic. Practice learning opportunities for social work students were suspended in 2020/21 and this impacted on the 2021/22 financial year giving an underspend of £0.493m in 2021/22. It is expected that this funding will be required in 2022/23 as practice learning fee rates will increase. COVID-19 also impacted on postgraduate bursaries (£259k underspend).

Workforce development activity was also delayed due to COVID-19. We carried forward £327k grant in our general reserve from 2020/21 towards this activity in 2021/22. Digital developments were also delayed during the year (£166k underspend).

We received additional grants, grant in aid and VSDF income during the year totalling £491k and we received more income than budgeted for registration fees (£307k) and modern apprenticeship fees (£265k).

The Sponsor has agreed we can carry forward our underspend to 2022/23 in our general reserve balance to complete the delayed work impacted by COVID-19 and fund an increase in practice learning fee rates from August 2022. This means our general reserve will not reduce as much as anticipated when we set the 2021/22 budget. The closing balance of £2.389m (note 11) is 9.5% of gross expenditure. The SSSC's target range for the revenue element of the general reserve is 2.0% (£0.501m) to 2.5% (£0.627m) of our gross expenditure budget.

## **Reconciliation to Statement of Comprehensive Net Expenditure**

We prepare our annual accounts in accordance with the Accounts Direction issued by Scottish Ministers. The Accounts Direction (reproduced at appendix 1) requires compliance with the Government Financial Reporting Manual (FReM). Our funding and budgeting position is different from the accounting financial position as shown in the Statement of Comprehensive Net Expenditure (SCNE) for three reasons.

- (i) For budgeting purposes, we consider grants and grant in aid to be income. The accounting position must present grants and grant in aid as sources of funds and they are credited to the general reserve on the Statement of Financial Position (SOFI).
- (ii) Post-employment benefits (pensions) must be accounted for using International Accounting Standard 19 'Employee Benefits'. IAS 19 requires accounting entries for pensions to be based on actuarial pension expense calculations. Our funding position is based on the cash pension contributions we make as an employer to the pension scheme.
- (iii) Grant in aid used for the purchase of non-current assets is credited to the general reserve and the balance is reduced by the amount of depreciation charged each year. The 2021/22 depreciation charge is £1k.

The table below reconciles the deficit shown on the Statement of Comprehensive Net Expenditure (SCNE) to the planned deficit for funding and budgeting purposes. This deficit is funded from the general reserve.

|   | Ref/note   | 2021/22<br>£000 |
|---|------------|-----------------|
| Deficit per the SCNE                          | SCNE       | 15,929          |
| Funding from grants and grant in aid          | 12a        | (17,426)        |
| Reverse IAS 19 pension accounting adjustments | 5b table 2 | 1,923           |
| To fund depreciation of assets                | 6a         | (1)             |
| <b>Surplus on funding and budgeting basis</b> |            | <b>425</b>      |

### Supplier payment policy

The SSSC is committed to the Confederation of British Industry Prompt Payment Code for the payment of bills for goods and services we receive. It is our policy to make payments in accordance with the Scottish Government's instructions on prompt payment and a target of payment within 10 days. In 2021/22 we paid 99.60% (2020/21: 99.14%) of invoices within 10 days.

### Going concern

The SSSC has no reason to believe the Scottish Government and Scottish Ministers have any intention to withdraw or reduce support to the organisation. In addition, the Sponsor has confirmed grant in aid figures for 2022/23. It is therefore considered appropriate to prepare the accounts on a going concern basis.

The Statement of Financial Position at 31 March 2022 shows net liabilities of £7.279m (2020/21: £8.776m). The net liabilities are mainly the result of actuarial assumptions adopted for the application of accounting standard IAS 19.

IAS 19 requires the liabilities and assets of the pension scheme to be valued. The pension liability represents the best estimate of the current value of pension benefits that the SSSC will have to fund. The liability relates to benefits earned by existing or previous SSSC employees up to 31 March 2022.

The SSSC participates in a pension fund which is the subject of an actuarial valuation every three years. This actuarial valuation is different from the valuation required by the accounting standard IAS 19. The actuarial valuation determines employer contribution rates that are designed to bring fund assets and liabilities into balance for the fund as a whole over the longer term.

The liability will therefore be reduced through the payment of employee and employer contributions each year. Any future increases in employer contributions will require to be reflected through the grant in aid agreed with our Scottish Government Sponsor .

## Delivering our strategic plan

### Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.

To support the sector we worked with employers to embed revised thresholds for fitness to practise investigations. The aim of this is to reduce unnecessary referrals. We also introduced an automated process for registration renewals which were straightforward and did not need to be reviewed by staff.

We developed a support line for those going through the fitness to practise process and worked with volunteers from the sector to help us improve our communications. We also set up a representative's forum to help us understand and resolve issues around the fitness to practise process. We will evaluate the impact of these changes in the next financial year.

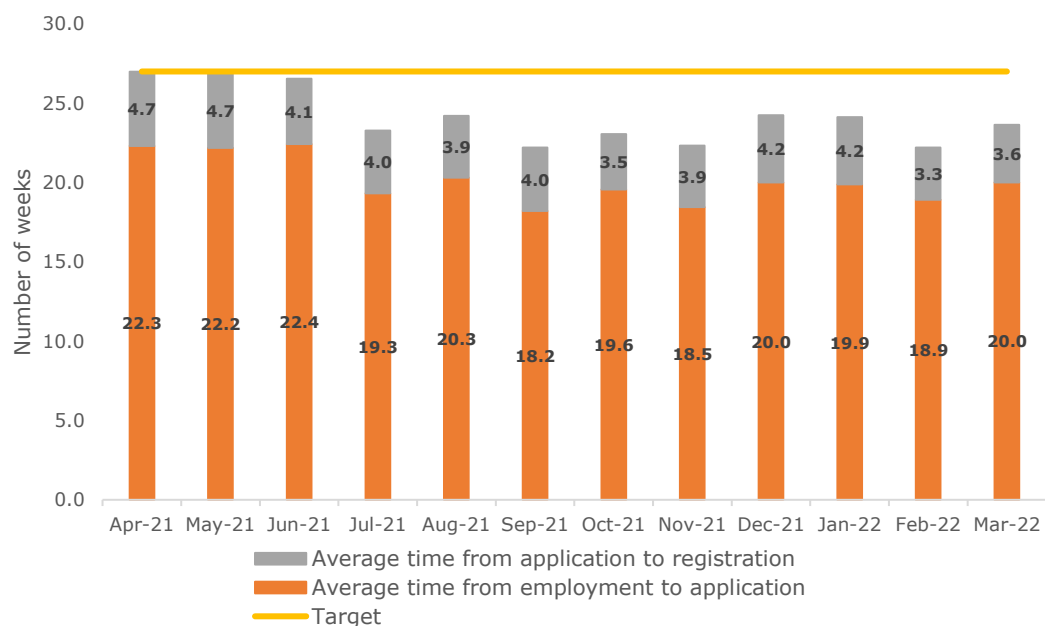
The Coronavirus Act 2020 introduced a temporary social work register to support services during the pandemic. Of the 307 registered, 134 moved to the permanent register when the temporary register closed in March 2022.

We set up a recruitment portal for the early years workforce to support the rollout of the expansion of early years services. We contacted previously registered workers to ask if they were interested in returning to the sector, and if so, to add their details to MySSSC. Employers can access this information and directly contact prospective candidates.

We held most hearings fully online to ensure public protection was maintained during the pandemic. When we started to hold hearings online in March 2020, an average of 30% of workers attended. This increased to an average of 43% by the end of 2021/22.

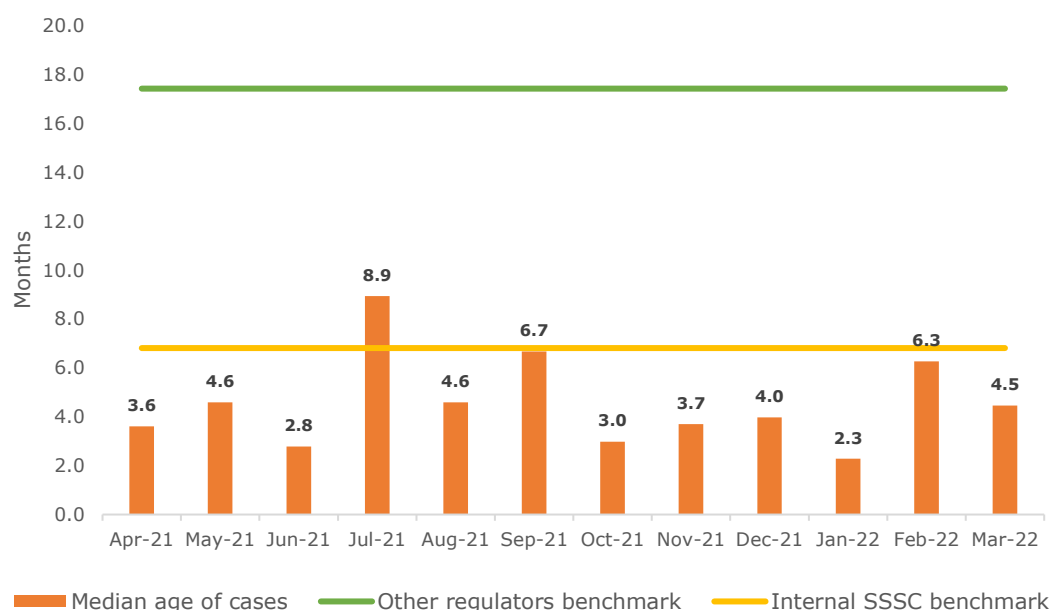
## Strategic performance indicator results

Figure 1: Reduce the average time taken from a person starting their employment to being registered with the SSSC.



Our target for this indicator is 27 weeks. We have met this target and have reduced the average time taken for both employment to application and also application to registration. In March 2020 we extended the sixth month grace period to obtain registration to 12 months. The legislation reverted to six months in March 2022 and we will be working with the sector to reduce this further over the next year.

Figure 2: The median time taken to process a fitness to practise case is maintained at less time than organisations we benchmark against.

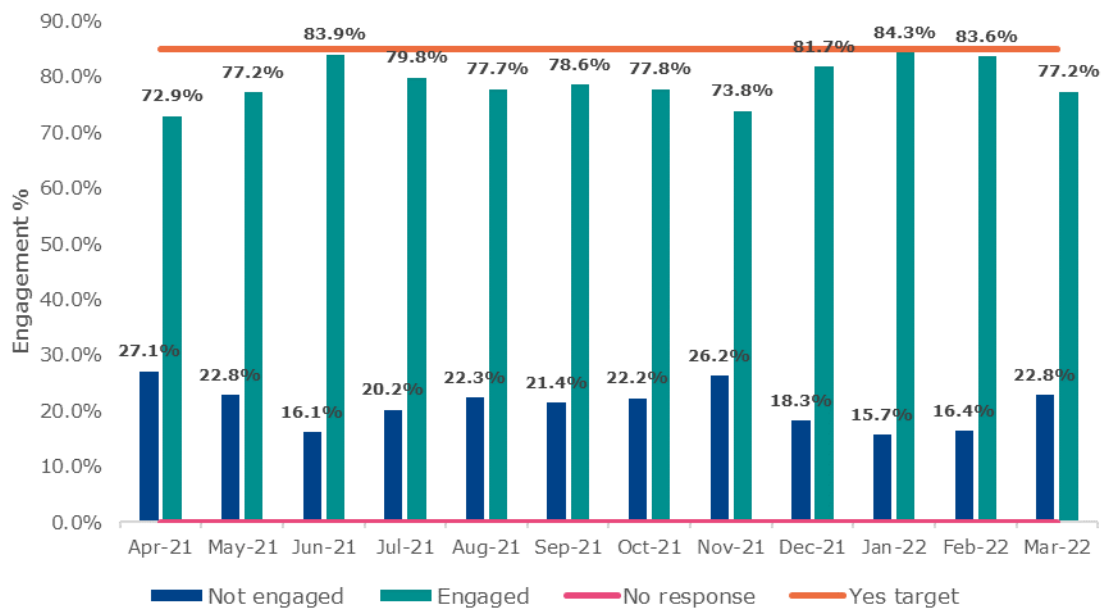


Our external benchmark is 17.4 months. We set ourselves a more meaningful target of 6.8 months based on past performance. We achieved performance



below this internal target for most of 2021/22 and reduced the overall caseload by 375 cases over the course of the year.

Figure 3: Increase the percentage of the workforce who are engaged when they are involved with the fitness to practise process.



Engagement levels fluctuated throughout the year, however these remained consistently high. Overall, we achieved an average engagement rate of 78.9% across the year. Our target is 85%.

## Outcome 2: The SSSC supports and enhances the development of the regulated workforce to deliver high standards of practice and drive improvement.

In 2021/22 the ongoing effects of the pandemic on the sector have meant that in some areas there has been a significant impact on our partners to engage with and contribute to collaborative projects resulting in delays. Despite these challenges we have delivered on the majority of objectives linked to this outcome.

We supported leadership activities including the development of the 'Developing Senior Systems Leadership' programme. The Scottish Government and NHS Education for Scotland are leading this programme. Our main role is to support the inquiry and development process and make sure the voice and needs of social care and social work leaders are included.

We held non-technical cyber security awareness sessions for social service workers and managers to raise awareness of online safety and introduce our new cyber security open badges. The events were also helpful in raising awareness of what we are doing to support the social service sector.

To support continuous professional learning (CPL) we have published new information on nationally recognised learning resources that we endorse. This information is available online and highlights resources we've worked on with national partners to support professional development of each part of the sector.

We worked with colleagues in public health and within the social service sector to make sure that the development of national infection prevention and control (IPC) guidance was person-centred, relevant and meaningful for staff working in social care settings.

We supported the review of HNC qualifications and held a series of engagement events to set out our proposals for a new health and social care integrated award. We are establishing a working group to assist in mapping the technical requirements of the award.

We worked closely with the Care Inspectorate and NHS Education Scotland (NES) to develop a strategy to support quality improvement (QI) learning in the social service workforce and in line with the establishment of an improvement programme for adult social care. We continue to work with partners to increase the capability and capacity of the workforce in respect of QI and our learning network grew over the year with over 280 new members.

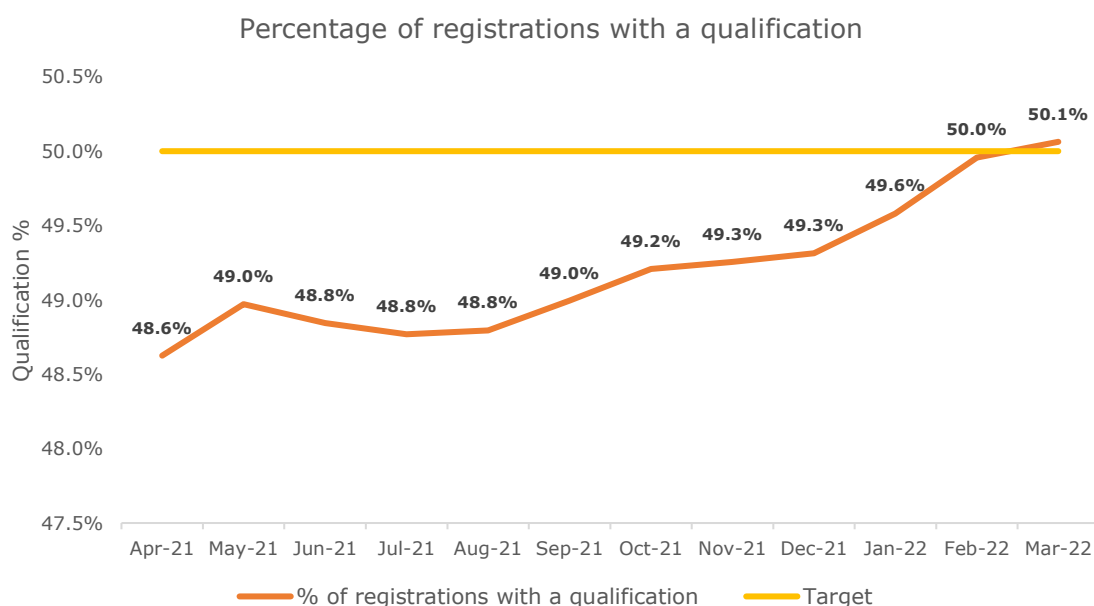


We developed the newly qualified social worker (NQSW) supported year model and related online resources for workers, and we are supporting the 10 early implementation sites to roll out the supported first year of practice for NQSWs.



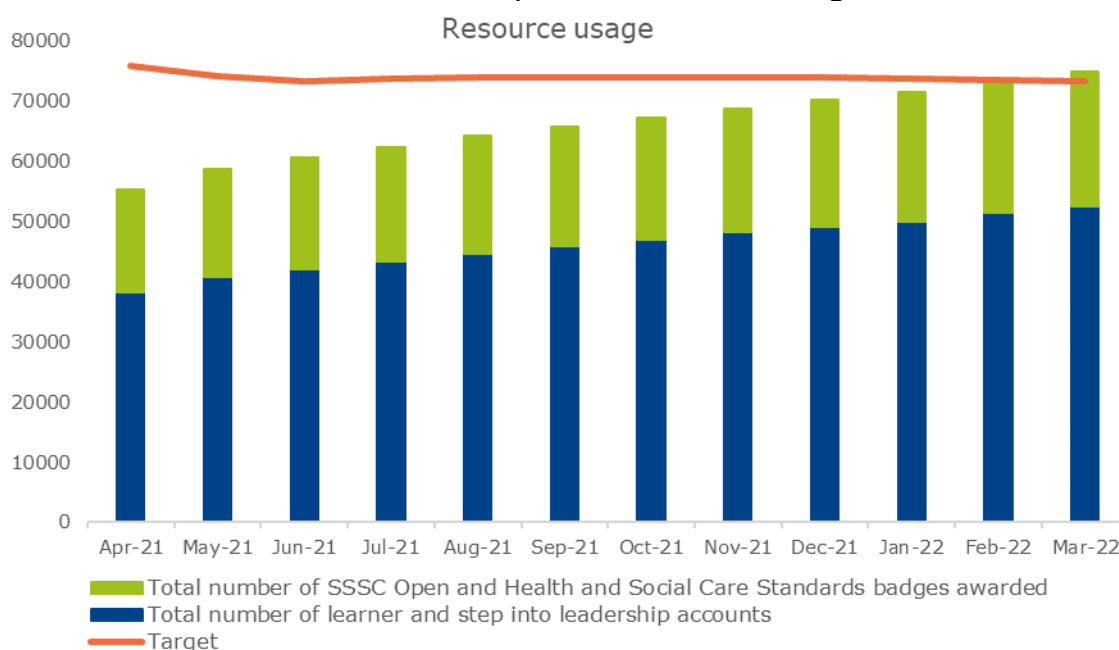
## Strategic performance indicator results

Figure 4: Increase the percentage of the registered workforce with the correct qualification.



We have a target of 50% for this indicator and we reached our target for the first time in February 2022. This followed sustained increases throughout much of 2021/22.

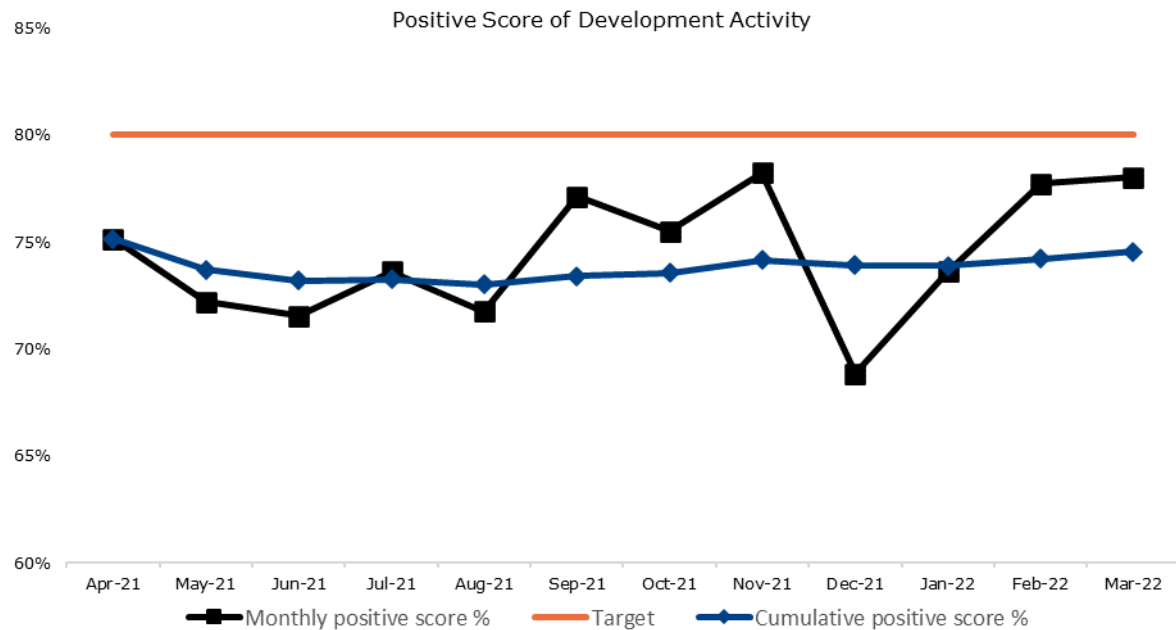
Figure 5: Increase the percentage of the workforce using our learning resources to achieve continuous professional learning.



We have achieved this aim. User accounts have increased consistently each month in 2021/22 and while open badges awarded has reduced, we

believe this is due to staff returning to full time employment as COVID-19 continued which left less time for them to focus on CPL.

Figure 6: Percentage of those reporting positively that our development activity is delivering the support required by the workforce.



We have set an ambitious target of 80% of people reporting positively that our development activity is supporting the workforce. The monthly positive score fluctuated from month to month. We can link this to the variations in responses we receive to our surveys and feedback questionnaires. Our cumulative positive score shows that we are maintaining a stable positive score for this indicator and are close to reaching our target.

### Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.

In 2021/22 we published a range of reports and data sets to support workforce planning including our local authority social worker tool. This tool allows users to look at data on social worker headcount and working time equivalent (WTE) per head of relevant population for different types of social workers across local authorities over the last 10 years. We also published the Workforce Skills Report in October 2021. This identifies gaps between the demand for training and the availability of training for the workforce.

Other public bodies used our data to inform national workforce planning recommendations and reports, for example Audit Scotland's Social Care Briefing. The Office of National Statistics has also cited our reports within a section of their website which provides a database of reports from all four UK nations to help improve accessibility, harmonisation and coherence of workforce data nationally.

We improved MySSSC to allow employer counter signatories to enter career opportunities which colleges can access and share with participants. We launched this in late 2021/22 and there are currently around 80 individual entries listed. Each entry could represent multiple local opportunities with one employer.

To support the development and enhancement of qualifications within the sector, we launched a careers toolkit which includes guidance for modern apprenticeships.

We have established a national Social Service Workforce Data and Planning Group which helps to oversee and direct the work of our Workforce Intelligence team to inform national planning. Membership of the group includes representatives from Scottish Government, COSLA and representative groups.

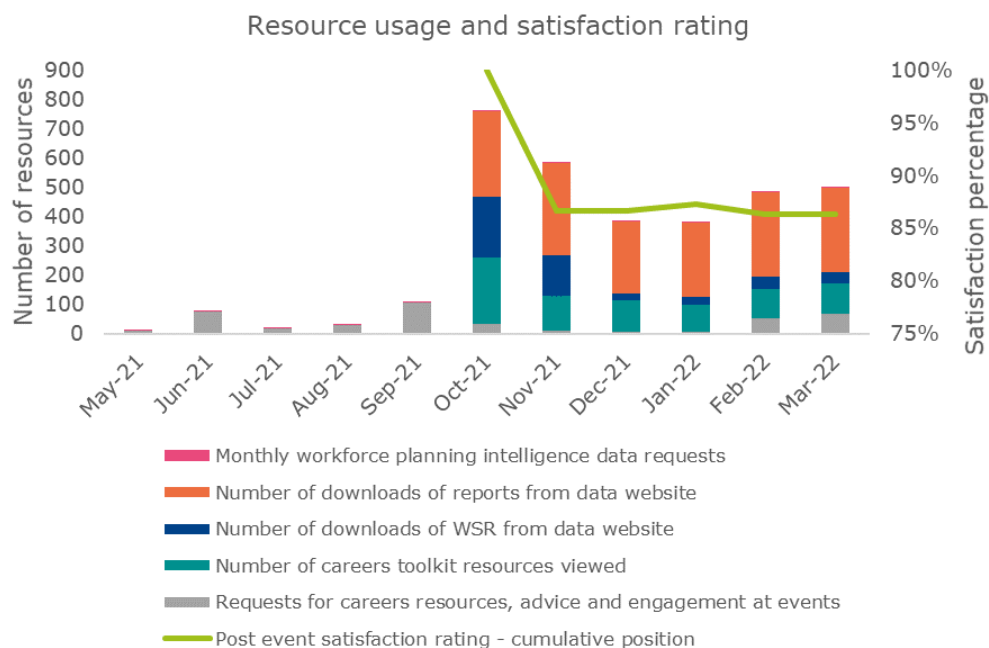
We have supported careers and employability initiatives in several ways throughout 2021/22. This includes work with colleges and the College Development Network to support development of a new online 'Introduction to a Career in Social Care' course, where our staff provided support for improving career and recruitment outcomes for both participants and social care employers, and support through our Employability in Social Services group. The group shares current and emerging employability practices which help people to work towards a new career in social services. We have committed to continued joint work



in 2022/23 to improve the consistency and availability of employment support for those wishing to explore a career in social services.

## Strategic performance indicator results

Figure 7: Percentage of those reporting positive awareness of workforce planning resources and report that resources are effective



We introduced this indicator part way through 2021/22 and this is reflected in the data from October 2021 onwards. We define 'positive awareness' as active use of the resources – for example, someone proactively seeking information from us or downloading our resources. This indicator will develop over time as we record more information. Our current cumulative satisfaction score is 86%.

## Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.

In June 2021 we introduced this outcome to build on the positive awareness of the role and value of the social work, social care and early years workforce that became evident during the pandemic.

Our Inspiring Care Stories campaign was recognised as a finalist in the Chartered Institute of Public Relations Pride Awards 2021, in the categories for 'Best Covid Response' and 'Best Public Sector Campaign'. This achievement highlighted the work of the SSSC in promoting the value of the sector to a wider audience.

The Scottish Refugee Council (SRC) invited us to contribute to a presentation for people who were looking to start a career in Scotland. We are continuing this work in 2022/23 in partnership with SRC and colleges to highlight career opportunities to people with experience of holding refugee status or claiming asylum in the UK.

We provided specialist advice and expertise to the Scottish Government as part of the advisory group for the 'There's more to care than caring' campaign for careers in adult social care. This included advice on the marketing materials and website, as well as including SSSC resources throughout. An example of this is 'A Question of Care', our resource to help people identify whether they are suited to a career in social care.

We have contributed to the living wage and effective voice workstreams of the 'Fair Work in Social Care' agenda. Within the living wage work stream we have supported the delivery of the £10.50 minimum wage for all adult social care staff in commissioned services from 1 April 2022. Within the effective voice (EV) work stream we have advised on the development of the nine EV standards, supported engagement workshops and surveys with workforce groups and contributed to the planning of the EV pilot and recruitment of a full time, fixed term appointment to support the first phase of implementation of the standards.

## Strategic performance indicator results

The work of the SSSC promotes the value of the social care workforce.

The measures for this indicator involve surveying registrants across the year as well as some of our key stakeholders. The measures are that we:

- receive feedback that our work promotes the value of the social care workforce through engagement activity
- can demonstrate the impact of this workforce being qualified and registered, professional and regulated.

We held our annual registrant survey in June 2021 and asked workers to help us better understand how well we promote the sector. Registrants who responded were positive, with 69% agreeing that we promote the positive value of social work, social care and early years services. We recognise that we can do more to promote the sector. Since the survey we have launched campaigns focusing on the work we do to promote careers in care and the work we do to help registrants develop their careers and support their continuing learning and development.

## Supporting delivery of our strategic outcomes

### Developing our people

We completed our **evolve** programme in 2021/22. We incorporated some ongoing work into our People Strategy 2021-2024. The strategy launched in September 2021 and sets out what we will do to develop the following key areas:

- effective leaders and managers
- recruit and develop excellent people
- a healthy and inclusive organisation
- informed, involved and engaged employees
- investing in young people
- an agile and innovative workforce.

In 2021/22 we achieved a gold award in Investors in People (IiP). Our overall scores are above the average IiP benchmark and the average industry benchmark and we are ranked in the top 20 Gold We invest in people employers. This achievement reflects the commitment of staff to making the SSSC a better place to work, and the IiP assessor has encouraged us to seek the platinum award. We will start work towards achieving this in 2022/23.

### Complaints

Our complaints handling procedure complies with the Scottish Public Services Ombudsman (SPSO) guidance. We record all complaints and monitor areas of improvement and opportunities for shared learning. We report our complaints performance annually to Council and publish this and quarterly updates on our website.

We introduced a revised complaints handling procedure in April 2021. This is in line with revisions to SPSO guidance.

Our average response time for stage one complaints is two working days, which is within the five-day timescale. The average for stage two responses is 24 working days, which is above the 20-day timescale.



Table 2: Complaints performance 2017/18 to 2021/22

| <b>Complaints</b>                                 |                |                |                |                |                |
|---|----------------|----------------|----------------|----------------|----------------|
| <b>Indicator</b>                                  | <b>2021/22</b> | <b>2020/21</b> | <b>2019/20</b> | <b>2018/19</b> | <b>2017/18</b> |
| Stage 1 complaints received                       | 402            | 90             | 186            | 222            | 292            |
| Percent stage 1 responded to in five working days | 94%            | 92%            | 95%            | 93%            | 93%            |
| Stage 2 complaints received                       | 16             | 8              | 15             | 15             | 24             |
| Percent stage 2 responded to in 20 working days   | 81%            | 89%            | 71%            | 91%            | 96%            |
| Percent upheld (all complaints)                   | 5%             | 18%            | 23%            | Not recorded   | Not recorded   |
| Percent partially upheld (all complaints)         | 4%             | 25%            | 17%            | Not recorded   | Not recorded   |
| Percent resolved (all complaints)*                | 62%            | Not recorded   | Not recorded   | Not recorded   | Not recorded   |

\*resolved is a new outcome option which was introduced in the SPSO's new model in April 2021

## Information governance

In 2021/22 we responded to 108 requests for information from third parties, including other regulatory bodies or Police Scotland. We also responded to 44 subject access requests and 32 requests under the Freedom of Information (Sc) Act 2022. These are similar to levels of requests received in 2020/21.

## Whistleblowing

The SSSC has a dual role in responding to whistleblowing as an employer and as a prescribed person in the sector.

A social service worker can whistleblow to someone in their own organisation or to a third party known as a 'prescribed person'. The SSSC is a prescribed person listed in Prescribed Persons (Reports on Disclosures of Information) Regulations 2017. As a prescribed person, we are

required to publish annually the details of referrals that qualify as whistleblowing and the actions we took.

In 2021/22 we received seven whistleblowing referrals. In six of these cases, we opened a fitness to practise case. By opening a case we investigate whether the fitness to practise of the worker is impaired or not.

In one referral we did not open a case as we assessed it as having no real prospect of finding current impairment.

For the six cases we opened:

- three cases are ongoing
- three cases have concluded
- One case resulted in no action taken as we found the worker's fitness to practise was not currently impaired.
- One case resulted in a worker receiving a warning.
- One case resulted in a worker being removed from the Register.

We also have two open whistleblowing referrals which we opened before 2021/22. One is still under investigation, while the other is at the decision stage. We have concluded all cases referred prior to 2020/21.

We encourage staff to raise serious concerns about wrongdoing or alleged impropriety. Our Whistleblowing Policy informs staff on when and how to raise these concerns. The policy is consistent with, and makes explicit reference to, the Public Interest Disclosure Act 1998.

There were no internal whistleblowing referrals in 2021/22.

### **Counter fraud, bribery and corruption**

Our Counter Fraud, Bribery and Corruption Framework, along with other controlled documents including Human Resources (HR) policies, codes of conduct, financial and contract procedure rules, whistleblowing and complaints policy ensure legislative compliance and prevention, detection and investigation of fraud, bribery and corruption. We update the Audit and Assurance Committee at every meeting on any instances of fraud in the preceding quarter and update on the annual position. We did not detect any instances of fraud or corruption in 2021/22.



In 2021/22 we continued our contractual arrangements with NHS Counter Fraud Services (CFS) to support our counter fraud arrangements and updated the Audit and Assurance Committee on the work we carried out to assess and reduce the risk of fraud and the training CFS provided to staff. We will update the intranet and carry out further training to increase general awareness amongst staff.

## **Equality**

We are committed to promoting equality, diversity and inclusion. This commitment is underpinned by statutory duties placed upon us by the Regulation of Care (Scotland) Act 2001 and the Equality Act 2010.

In April 2021 we published our new equality mainstreaming and outcomes report. The report sets out our equality outcomes for the next four years.

We identified a gap in the collection of robust equalities data for those working in the sector and made changes to our MySSSC portal to allow all registered workers to update their equalities information with us. We will publish a summary of this information in 2022/23.

We also continue to implement the actions in our Care Experience and Children's Rights plans. For example, we are reviewing the Codes of Practice as part of wider work on modernising our Register. We are also taking steps to formalise and improve the way that we involve people in our wider work.

## **Social and environmental impacts**

The ongoing impact of COVID-19 in 2021/22 meant that most staff have continued to work remotely. Our facilities continue to be available for staff to use as we move into an agile working approach, mixing remote with in-person work. These changes mean that our contribution to reducing emissions continues to be positive.

We manage our carbon emissions in partnership with the Care Inspectorate as part of our shared services provision.

Our 2018–2023 Carbon Management Plan sets out how we will deliver our Climate Change (Scotland) Act 2009 duties. Through this plan we aim to reduce our carbon emissions by 25% by 2023 (from a 2015/16 baseline).

Table 3: SSSC carbon footprint

|   | 2021/22                                  | 2020/21 | 2019/20 | 2018/19 |
|---|--|---------|---------|---------|
| Total CO2 produced (tonnes CO2 equivalent)  | 78.2                                     | 78.0    | 184.6   | 204.1   |
| Total CO2 produced (tonnes CO2 equivalent). |  |         |         |         |
| Travel                                      | <b>TBC</b> – provided by Estates/Finance | 1.9     | 56.5    | 73.9    |
| Gas and electricity                         | 77.86                                    | 78.0    | 126.06  | 128.6   |
| Water                                       | 0.16                                     | 0.2     | 0.7     | 0.7     |
| Waste and recycling                         | 0.15                                     | 0.2     | 0.9     | 0.9     |

**SECTION B: Governance statement**

## Governance statement

### Introduction

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the SSSC's policies, aims and objectives. I am also responsible for safeguarding the public funds and assets assigned to the SSSC, in accordance with the responsibilities set out in the [Memorandum to Accountable Officers for Other Public Bodies](#).

This annual governance statement explains the SSSC's governance and risk management framework.

### The governance framework

The SSSC is a non-departmental public body. We work within a broad [framework](#) agreed with the Scottish Government. The SSSC renewed its framework with the Scottish Government in February 2022. The Council is the governing body responsible for ensuring that the SSSC fulfils its aims and objectives, for promoting the efficient and effective use of staff and other resources and for identifying and managing risk.

The Council comprises the Convener and nine non-executive Members. The Scottish Ministers make the appointments which are normally for a three-year term with the possibility of a further term, subject to evidence of effective performance and satisfying the skills, knowledge and experience required on the Council at time of re-appointment. Members come from a variety of areas including health, charities, education, social work and social service sector and users of services as well as the Chair of the Care Inspectorate Board.

We maintain a register of interests of the Council Members which is available from our website [Register of Members' Interests](#).

The SSSC Code of Corporate [Governance](#) sets out the full details of the Council's role, the responsibilities of each Committee and key roles in the organisation. The Council reviews its effectiveness every year and the Code is subject to ongoing revisions as necessary and reviewed in detail every three years.

### Council Members and attendance

Council Members must comply with the SSSC's Code of Conduct for Members as well as the guidance set out in appointment letters and in On Board – A Guide for Board Members of Statutory Boards.

The Council approved a new SSSC Code of Conduct for Members in February 2022 in line with the new Model Code of Conduct for Members of Non-Devolved Public Bodies. The Head of Legal and Corporate Governance provided training to Members on the new Code. We have also updated our Register of Interests declaration form this year in line with the new Model Code.

The Convener appraises the Members on an annual basis. The SSSC Sponsor Department appraises the Convener on an annual basis. We hold our Council meetings in public and the minutes of each meeting are available on our website [www.sssc.uk.com](http://www.sssc.uk.com).

We held all our Council meetings in 2021/22 via Teams with public access available online. In addition, eight development sessions have taken place over the year. The following table details SSSC Committee membership and Council Member attendance.

|                                      | <b>Council</b>  | <b>Audit and Assurance Committee</b> |
|--------------------------------------|-----------------|--------------------------------------|
| <b>Number of meetings:</b>           |                 |                                      |
| <b>Council Member</b>                | <b>Attended</b> | <b>Attended</b>                      |
| Sandra Campbell (Convener)           | 6               | 1                                    |
| Theresa Allison*                     | 4               | 5                                    |
| Professor Alan Baird*                | 6               | 5                                    |
| Paul Edie (Chair, Care Inspectorate) | 5               | 0                                    |
| Julie Grace                          | 6               | 0                                    |
| Lynne Huckerby                       | 5               | 0                                    |
| Rona King*                           | 4               | 5                                    |
| Linda Lennie                         | 5               | 2                                    |
| Peter Murray*                        | 6               | 5                                    |
| Russell Pettigrew*                   | 6               | 5                                    |

\* Denotes member of the Audit and Assurance Committee

## Audit and Assurance Committee

The Audit and Assurance Committee makes recommendations to the Council and Accountable Officer on risk, control and corporate governance including the mechanisms for measuring performance towards achieving strategic goals. We submit an assurance report to each committee meeting which provides performance, financial and risk information. This allows Members to assess delivery of our strategy, highlights areas of concern and identifies required corrective action. The Committee also receives reports from internal and external audit and the auditors can contact the Chair directly about any concerns they have during their audit work. The Committee submitted a draft Annual Report summarising the work of the Committee over the year 2021/22 and giving its opinion on the assurance that this work provides to Council for approval in May 2022.

In 2021/22 the Audit and Assurance Committee approved a template Assurance Map. They will approve the map on an annual basis. The map will set out the key aspects of our internal control framework and help us ensure

we have assurances to meet all the requirements placed on the SSSC. The Committee will consider the finalised plan in May 2022.

## Accountable Officer

The Accountable Officer is personally responsible to Scottish Ministers, who are ultimately accountable to the Scottish Parliament, for securing propriety and regularity in the management of public funds and for the day-to-day operations and management of the SSSC.

The detailed responsibilities of the Accountable Officer for a public body are set out in a Memorandum from the Principal Accountable Officer of the Scottish Administration which is issued to the Chief Executive on appointment and updated where required.

## Executive Management Team (EMT)

The EMT supports the Chief Executive in her Accountable Officer role through the formal Scheme of Delegation. The EMT comprises the Director of Regulation, the Director of Development and Innovation, Director of Strategy and Performance and Interim Director of Finance and Resources. The Interim Director of Finance and Resources also has responsibility for overseeing the operation of shared services with the Care Inspectorate. The Director of Development and Innovation took up a secondment post with Scottish Government in January 2021 and the SSSC appointed the Head of Learning and Development and the Head of Workforce Development as joint acting Director of Development and Innovation for the period of secondment. In September 2021, the Head of Learning and Development became the sole acting Director of Development and Innovation.

Each of the directors has responsibility for the development and maintenance of the governance environment within their own areas of control.

## External audit appointment

The Auditor General appoints our independent auditors under the Public Finance and Accountability (Scotland) Act 2000. Audit Scotland appointed Grant Thornton UK LLP as our independent external auditors for a five-year period from 1 April 2016. Scottish Government extended the contract to 31 March 2022 due to the impact of COVID-19.

## Internal audit

The SSSC has contracted out its internal audit function to Henderson Loggie for a three-year period to 31 March 2023. Internal audit forms an integral part of our internal control and governance arrangements. The internal audit service operates in accordance with Public Sector Internal Audit Standards and undertakes an annual programme of work approved by the Audit and Assurance Committee. This annual programme is based on a formal risk assessment process which we update on an on-going basis to reflect evolving



risks and changes. The Audit and Assurance Committee reviews and approves the three-year Strategic Internal Audit Plan on an annual basis. We have an effective and productive relationship with our internal auditors.

Each year our internal auditors provide the Audit and Assurance Committee with assurance on the whole system of internal control. In assessing the level of assurance to be given for 2021/22, our internal auditors take into account:

- all reviews undertaken as part of the 2021/22 internal audit plan
- any scope limitations imposed by management
- matters arising from previous reviews and the extent of follow-up action taken, including in year audits
- expectations of senior management, the Council and other stakeholders
- the extent to which internal controls address the SSSC's risk management/control framework
- the effect of any significant changes in the SSSC's objectives or systems
- the proportion of the SSSC's internal audit coverage achieved to date.

The internal auditor's overall opinion for 2021/22 was: 'the SSSC has adequate and effective arrangements for risk management, control and governance. Proper arrangements are in place to promote and secure Value for Money.'

## Risk management

The SSSC has a [Risk Policy](#). The main priorities of this policy are to identify, evaluate and control risks which threaten our ability to deliver our objectives. The policy provides direction on a consistent, organised and systematic approach to identifying risks, the control measures that are already in place, the residual risk, the risk appetite and action that is necessary to further mitigate against risks.

We identify and maintain risks on a Strategic Risk Register and address them in the preparation of the Strategic Plan. The Strategic Plan shows clear links between risks identified on the Risk Register and our strategic objectives. As a result, the risks identified become embedded in managers' work plans for the year. We also have a [Risk Appetite Statement](#) to underpin our approach to risk management and control. Council reviews the Strategic Risk Register and risk appetite statement on an annual basis. We also have a [Risk Management Procedure](#) which sets out how we will implement and monitor risk across the organisation.

Work is continuing to embed risk management throughout the organisation by developing operational risk registers and understanding the links between strategic and operational risk. We reviewed the risk management framework during 2020/21.

## System of internal financial control

Within our overall governance framework specific arrangements are in place as part of the system of internal financial control. These arrangements make sure

that we have reasonable assurances that we safeguard assets, authorise transactions and these are properly recorded, and material errors or irregularities are either prevented or would be detected within a timely period.

The SSSC's system of internal financial control is based on a framework of financial regulations, regular management information, administrative procedures (including segregation of duties), management supervision and a system of delegation and accountability. Development and maintenance of the system is the responsibility of managers within the SSSC. The system includes:

- Financial Regulations and Standing Orders
- comprehensive budgeting systems
- regular reviews of periodic and annual financial reports which indicate financial performance against forecast
- a comprehensive set of control reconciliations performed regularly
- regular compliance testing
- setting targets to measure financial and other performance
- clearly defined capital expenditure guidelines
- scheme of delegation.

## Corporate governance

Our strategy is set out in a three-year strategic plan supported by annual business plans. We report on our financial position, strategic performance and key risks in our assurance report which is scrutinised every quarter by the Audit and Assurance Committee and recommendations made to the Council from the Committee on the assurances that the Council can take.

We review the effectiveness of those arrangements on an annual basis with the last review taking place in January 2022.

We reviewed our corporate governance framework in 2021/22 including the Financial Regulations, Code of Corporate Governance and Scheme of Delegation. We agreed a new Executive Framework with the Scottish Government.

Individual policies and procedures that contribute towards the overall governance framework are also subject to periodic review. For this review we take account of:

- the views of Audit and Assurance Committee on the assurance arrangements
- the opinions of internal and external audit on the quality of the systems of governance, management and risk control
- 'Certificates of Assurance' supplied by EMT members to the Accountable Officer following a review of the governance arrangements within their specific areas of responsibility
- feedback from managers and staff on our performance, use of resources, responses to risks and the extent to which we have met in-year budgets and other performance targets.

## Quality assurance

We continue to use the European Foundation for Quality Management (EFQM) model to drive improvement within SSSC. We are members of EFQM Scotland, who provide us with advice, training and networking opportunities. We have an ongoing programme of self-evaluation which began in 2021/22 and will continue throughout 2022/23.

## Shared services

In collaboration with the Care Inspectorate we reviewed and strengthened our joint shared services strategy and revised the governance arrangements, management agreement and service specifications. Our internal auditors reviewed the new arrangements and gave them an overall satisfactory level of assurance. The internal auditors will carry out a full internal audit of shared services in 2022/23.

## Information governance

We have information governance policies and procedures in place to make sure we handle data responsibly and comply with data protection and freedom of information laws. We self-reported one incident to the ICO during 2021/22. The ICO has concluded their investigation and taken no further action.

We reviewed our Data Protection and Records Management policies in 2021. Our internal auditors reviewed our data protection controls in March 2022 and gave them a good level of assurance.

## Response to COVID-19

In line with Scottish Government guidance, the directors' annual review asked them about arrangements put in place in response to COVID-19. The directors were able to provide the necessary assurances. We have provided information regularly to Council Members.

## Areas identified by the directors' review

As part of the directors' annual review and the Certificate of Assurance process we identified the areas below for further development or attention.

- Develop the Business Continuity Management arrangements including Business Continuity Policy, incident management plans and testing.
- Carry out additional fraud training and raise awareness among staff.
- Training for Information Asset Owners and review of Information Asset Registers.
- Develop workforce plans in departments.
- Review risk management training.
- Continue to improve on our approach to equality and diversity.

## Significant issues

There are no significant issues to report.

## Certification

Our governance framework has been in place for the year ended 31 March 2022 and up to the date of signing of the Accounts. It is my opinion that we can place reasonable assurance on the adequacy and effectiveness of the SSSC's systems of governance. Although we have identified areas for further improvement the annual review has provided sufficient evidence that the SSSC's governance arrangements have operated effectively and that the SSSC complies with all relevant guidance and generally accepted best practice in all significant respects.

# Remuneration and staff report

## Remuneration report

### UNAUDITED INFORMATION

#### Introduction

This report provides information on the remuneration of SSSC Council Members and senior managers in 2021/22. Senior managers are members of the Executive Management Team (EMT).

The EMT is the Chief Executive, the Director of Finance and Resources, the Director of Strategy and Performance, the Director of Regulation and the Director of Development and Innovation. The Director of Development and Innovation is currently seconded to Scottish Government (full year 2021/22) and his duties are being carried out by the Acting Director of Development and Innovation (Learning and Development). The Director of Finance and Resources post is filled on an interim basis from 1 June 2020 to 30 September 2022.

The remuneration report contains both audited information and information which is not specifically subject to audit.

#### Remuneration policy

#### Members

The remuneration of Council Members is determined by Scottish Ministers. There is no performance element to Members' remuneration.

#### Executive Management Team

#### Chief Executive

The Chief Executive's remuneration is determined by the Senior Salaries Review Body. Performance is assessed through an annual appraisal performed by the Convener and this appraisal is submitted to the Scottish Government to allow the Chief Executive's remuneration to be agreed.

#### Senior managers

Our directors are on a salary scale of £66.2k to £74.8k with the exception of the Interim Director of Finance and Resources, who is on a salary scale of £76.2k to £83.7k.

Incremental progression to the maximum of the scale is determined by performance. Performance is assessed by development discussions and progression is subject to agreement by the Chief Executive. The SSSC's pay strategy must be approved by the Scottish Government. Subject to that approval, a pay award package is negotiated with the trade union. When the pay award package has been agreed, it is applied to the remuneration of senior managers and the main body of SSSC staff.

### **Notice periods - Members**

Council Members are appointed for a period determined by Scottish Ministers. Council Members are eligible to be re-appointed following the end of a period of Council membership. Either party may terminate early by giving notice.

Normally there is no payment available in the event of early termination of the contract. However, where special circumstances exist, Scottish Ministers may determine that compensation for early termination is appropriate and instruct the SSSC to make a payment. The value of the payment would also be determined by Scottish Ministers.

Details of the service contracts for Council Members serving during the year are detailed below:

| <b>Council Member</b>     | <b>Current term</b> | <b>Date of initial appointment</b> | <b>Date of re-appointment</b> | <b>Date appointment terminates</b> |
|---------------------------|---------------------|------------------------------------|-------------------------------|------------------------------------|
| Sandra Campbell, Convener | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |
| Theresa Allison           | 2 <sup>nd</sup>     | 01 Sept 2018                       | 1 Sept 2021                   | 31 Aug 2024                        |
| Professor Alan Baird      | 2 <sup>nd</sup>     | 01 Sept 2018                       | 1 Sept 2021                   | 31 Aug 2024                        |
| Paul Edie*                | 5 <sup>th</sup>     | 15 April 2013                      | 1 Sept 2021                   | 31 Aug 2022                        |
| Julie Grace               | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |
| Lynne Huckerby            | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |
| Rona King                 | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |
| Linda Lennie              | 2 <sup>nd</sup>     | 01 Nov 2017                        | 01 Nov 2020                   | 31 Oct 2023                        |
| Peter Murray              | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |
| Russell Pettigrew         | 1 <sup>st</sup>     | 01 Sept 2019                       | -                             | 31 Aug 2022                        |

\* Paul Edie is the Chair of the Care Inspectorate. There is a reciprocal arrangement where the Convener of the SSSC is a Board Member of the Care Inspectorate and the Chair of the Care Inspectorate is a Council Member. Paul Edie is in his fifth term of office due to a series of short appointments.

## **Chief Executive**

Lorraine Gray was appointed Chief Executive on 20 August 2018. Termination of the contract requires a notice period of six months by either party.

There are no compensation payments specified in the Chief Executive's contract in the event of early termination.

## **Senior managers**

The SSSC has four permanent director posts.

- Director of Regulation
- Director of Development and Innovation (currently on secondment)
- Director of Strategy and Performance
- Director of Finance and Resources.

All directors have permanent contracts, except the Interim Director of Finance and Resources, whose temporary contract is scheduled to expire on 30 September 2022. The outward secondment of the Director of Development and Innovation is covered by a temporary arrangement where his duties are allocated to the Acting Director of Development and Innovation. This temporary arrangement is expected to continue until 4 January 2023 (the end of the Director of Development and Innovation's secondment period).

Termination of the Director's contracts require a notice period of three months by either party. Termination of the Interim Director of Finance and Resources temporary contract requires a notice period of one week by either party.

There are no compensation payments specified in the Director's contracts in the event of early termination.

## Discretionary benefits policy

The Chief Executive and senior managers do not have any contractual rights to early termination compensation payments, but the SSSC operates a discretionary benefits policy that is applicable to all staff (excluding Council Members).

This policy allows additional years of pensionable service to be awarded to those members of the pension scheme who have more than five years pensionable service. The award of additional pensionable service is limited to a maximum of six and two thirds years in a redundancy situation and 10 years if early termination is in the interests of the efficiency of the service. Alternatively, pension scheme members with more than two years pensionable service may be paid compensation of up to 104 weeks' pay.

The number of years added or the amount of compensation paid, if any, is determined on the basis of individual circumstances and the employee's age and length of service. All awards of additional service and compensation for early termination are subject to a three year pay-back period and must be approved by the Council.

## AUDITED INFORMATION

### Remuneration – SSSC Council Members

| Salary<br>2020/21<br>£000          | Salary<br>2021/22<br>£000 |
|------------------------------------|---------------------------|
| 20 – 25 Sandra Campbell – Convener | 15 – 20                   |
| 5 – 10 Theresa Allison             | 0 – 5                     |
| 0 – 5 Professor Alan Baird         | 0 – 5                     |
| 0 – 5 Julie Grace                  | 0 – 5                     |
| 0 – 5 Lynne Huckerby               | 0 – 5                     |
| 0 – 5 Rona King                    | 0 – 5                     |
| 0 – 5 Linda Lennie                 | 0 – 5                     |
| 0 – 5 Peter Murray                 | 0 – 5                     |
| 0 – 5 Russell Pettigrew            | 0 – 5                     |

Paul Edie, Chair of the Care Inspectorate Board is a member of the Council but receives no remuneration from the SSSC. There is a reciprocal arrangement in place whereby the Convener of the SSSC is a member of the Board of the Care Inspectorate and receives no remuneration from the Care Inspectorate.

Council Members are not eligible to join the pension scheme available to SSSC employees.



## Remuneration – Executive Management Team

The salaries and pension entitlements of the Chief Executive and senior managers are as follows:

|   | Single total figure of remuneration |                 |                                    |                |                   |                 |                 |                 |
|---|-------------------------------------|-----------------|------------------------------------|----------------|-------------------|-----------------|-----------------|-----------------|
|   | Salary                              |                 | Benefits in kind (to nearest £100) |                | Pension benefits* |                 | Total           |                 |
|   | 2021/22<br>£000                     | 2020/21<br>£000 | 2021/22<br>£00                     | 2020/21<br>£00 | 2021/22<br>£000   | 2020/21<br>£000 | 2021/22<br>£000 | 2020/21<br>£000 |
| <b>Lorraine Gray</b><br>Chief Executive   | 90 - 95                             | 85 - 90         | 0                                  | 0              | 22                | 27              | 110 - 115       | 115 - 120       |
| <b>Maree Allison</b><br>Director of Regulation  | 70 - 75                             | 70 - 75         | 0                                  | 0              | 17                | 15              | 90 - 95         | 85 - 90         |
| <b>Phillip Gillespie</b><br>Director of Development & Innovation (seconded out from 5 Jan 2021)                                       | 70 - 75                             | 65 - 70         | 0                                  | 0              | 82                | 29              | 150 - 155       | 95 - 100        |
| <b>Laura Shepherd</b><br>Director of Strategy & Performance   | 65 - 70                             | 65 - 70         | 0                                  | 0              | 20                | 26              | 85 - 90         | 90 - 95         |
| <b>Lynn Murray **</b><br>Interim Director of Finance and Resources (from 1 June 2020)   | 75 - 80                             | 60 - 65         | 0                                  | 0              | 24                | 20              | 100 - 105       | 80 - 85         |
| <b>Laura Lamb ***</b><br>Acting Director of Development and Improvement (Learning and Development) (from 1 Feb 2021)                  | 60 - 65                             | 55 - 60         | 0                                  | 0              | 33                | n/a             | 90 - 95         | 55 - 60         |
| <b>Cheryl Glen ****</b><br>Acting Director of Development and Improvement (Workforce Planning) (from 1 Feb 2021 to 12 September 2021) | 40 - 45                             | 50 - 55         | 0                                  | 0              | n/a               | n/a             | 40 - 45         | 50 - 55         |

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

\*\* Lynn Murray's figures for 2020/21 are part year as she commenced employment with the SSSC on 1 June 2020.

\*\*\*The Acting Director of Development and Improvement (Learning and Development) provided full time cover for the Director of Development and Innovation from December 2021, when the Acting Director of Development and Improvement

(Workforce Planning) left.

\*\*\* There are no pension benefit figures for Cheryl Glenn as she served on EMT for only part of the year in both 2020/21 and 2021/22.

Phillip Gillespie, the substantive Director of Development and Improvement was seconded to the Scottish Government (from 5 January 2021).

## **Salary**

Salary includes gross salary; overtime; recruitment and retention allowances and any other allowance to the extent that it is subject to UK taxation. This report is based on accrued payments made by the SSSC as recorded in the Annual Accounts.

## **Benefits in kind**

The monetary value of benefits in kind covers any benefits provided by the SSSC and treated by HM Revenue and Customs as a taxable emolument. No benefits in kind were paid during 2021/22 or 2020/21.

## **Fair pay disclosure (audited)**

We are required to disclose the relationship between the remuneration of the highest paid director in the SSSC and the lower quartile, median and upper quartile remuneration of our workforce.

Total remuneration includes salary, overtime, other taxable allowances and benefits in kind. It does not include severance payments, employer pension contributions or the cash equivalent transfer value of pensions.

The median pay ratio for 2021/22 is consistent with the pay reward and progression policies for the SSSC's employees as a whole.

|  | 2021/22             | 2020/21           |
|--|---------------------|-------------------|
| Remuneration banding of highest paid director                            | £90,000 - £95,000   | £90,000 - £95,000 |
| Percentage change from previous financial year for highest paid director | 0.00%               | 5.71%             |
| Average percentage change from previous financial year for employees     | 4.90%               | 6.01%             |
| Lower quartile remuneration  | £23,592             | £22,915           |
| Lower quartile ratio   | 3.92%               | 4.04%             |
| Median remuneration  | £35,025             | £33,041           |
| Median ratio   | 2.64%               | 2.80%             |
| Upper quartile remuneration  | £42,954             | £42,361           |
| Upper quartile ratio   | 2.15%               | 2.18%             |
| Remuneration range   | £19,515 - £118,334* | £18,795 - £90,290 |

There was one agency staff member (\*) who earned more than the highest paid director in the year. The agency appointment was only for part of the year, but for the purposes of disclosure, payments have been grossed up to provide an annual value. The agency staff member is a highly skilled digital specialist, who demand higher salaries due to the scarcity of the resource.

### Local Government Pension Scheme (LGPS)

Details of the LGPS and the SSSC's status as an admitted body to Tayside Superannuation Fund are contained in note 5 of the Annual Accounts. The Chief Executive and Directors are all members of the LGPS.

|  | As at 31 March 2022            |                       |   |  | Cash Equivalent Transfer Values (CETVs) |                          |                    |
|--|--------------------------------|-----------------------|---|--|---|--------------------------|--------------------|
|  | Accrued pension at age 65 £000 | Related lump sum £000 | Real increase in pension at age 65 £000 | Real increase in related lump sum at age 65 £000 | As at 31 March 2022 £000                | As at 31 March 2021 £000 | Real increase £000 |
| <b>Lorraine Gray</b><br>Chief Executive  | 35 - 40                        | 0 - 5                 | (2.5) - 0                               | (2.5) - 0  | 358                                     | 308                      | 41                 |
| <b>Maree Allison</b><br>Director of Regulation   | 40 - 45                        | -                     | (2.5) - 0                               | -  | 188                                     | 160                      | 23                 |
| <b>Phillip Gillespie</b><br>Director of Development & Innovation<br>(seconded out from 5 Jan 2021) | 40 - 45                        | 25 - 30               | 5 - 10                                  | 2.5 - 5  | 362                                     | 274                      | 80                 |

|   |         |       |           |         |     |     |     |
|---|---------|-------|-----------|---------|-----|-----|-----|
| <b>Laura Shepherd</b><br>Director of Strategy and Performance   | 45 – 50 | -     | (2.5) – 0 | -       | 131 | 108 | 19  |
| <b>Lynn Murray</b><br>Interim Director of Finance and Resources (from 1 June 2020)  | 15 – 20 | -     | 0 – 2.5   | -       | 38  | 16  | 22  |
| <b>Laura Lamb</b><br>Acting Director of Development and Improvement (From 1 Feb 2021)   | 40 – 45 | 0 – 5 | 2.5 – 5   | 0 – 2.5 | 152 | 121 | 28  |
| <b>Cheryl Glen *</b><br>Acting Director of Development and Improvement (Workforce Planning) (from 1 Feb 2021 to 12 Sept 2021) | n/a     | n/a   | n/a       | n/a     | n/a | n/a | n/a |

\* Cheryl Glen left SSSC employment on 17 December 2021 and therefore there are no projected pension figures available.

## Cash Equivalent Transfer Values

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capitalised value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

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

## Real increase in CETV

This reflects the increase in CETV that is funded by the employer. It does not include the increase in accrued pension due to inflation, contributions paid by the employee

(including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

**Payment of compensation for loss of office**

No Council Members, senior managers or other employees received any payment or other compensation for loss of office.

## Staff report

### AUDITED INFORMATION

#### Staff numbers, permanent and other

The tables below provide analysis of permanent and non-permanent staff engaged to work for the SSSC during 2021/22 and related costs. Staff numbers are expressed as average full-time equivalents (FTE) employed in the year.

|                                    | 2021/22                        |               |              |
|------------------------------------|--------------------------------|---------------|--------------|
|                                    | Permanently<br>employed<br>FTE | Others<br>FTE | Total<br>FTE |
| Senior managers                    | 4                              | 1             | 5            |
| Other employees                    | 269                            | 28            | 297          |
| Agency workers                     | 0                              | 2             | 2            |
| Secondments inward                 | 0                              | 2             | 2            |
| Total staff engaged                | 273                            | 33            | 306          |
| Secondments outward                | (3)                            | 0             | (3)          |
| Net staff engaged on SSSC activity | <b>270</b>                     | <b>33</b>     | <b>303</b>   |

|  | 2021/22                         |                |               |
|--|---------------------------------|----------------|---------------|
|  | Permanently<br>employed<br>£000 | Others<br>£000 | Total<br>£000 |
| Senior manager salaries                | 371                             | 104            | 475           |
| Other employee salaries                | 9,125                           | 704            | 9,829         |
| Social security costs                  | 990                             | 80             | 1,070         |
| Pension service costs                  | 4,871                           | 131            | 5,002         |
| Total cost directly employed staff     | 15,357                          | 1,019          | 16,376        |
| Council members (i)                    | 0                               | 36             | 36            |
| Fitness to Practise Panel Members (ii) | 0                               | 522            | 522           |
| External Assessors (ii)                | 0                               | 4              | 4             |
| Agency workers                         | 0                               | 199            | 199           |
| Secondments inward                     | 0                               | 103            | 103           |
| Total cost of people engaged           | 15,357                          | 1,883          | 17,240        |
| Severance costs                        | 0                               | 0              | 0             |
| Other staff costs                      | 205                             | 0              | 205           |
| <b>Staff costs (SCNE)</b>              | <b>15,562</b>                   | <b>1,883</b>   | <b>17,445</b> |
| Secondments outward                    | (250)                           | 0              | (250)         |
| <b>Net staff costs</b>                 | <b>15,312</b>                   | <b>1,883</b>   | <b>17,195</b> |

There was a Convener and 9 Council Members during the year. Council Members are office holders and are not included in the staff numbers.

Other staff costs include the cost of Fitness to Practise Panel Members who take part in hearings and make decisions about workers' fitness to practise. We engaged 67 panel members in 2021/22 for an average of 17 days. External Assessors review overseas qualifications for registration purposes. We engaged three external assessors during 2021/22.

## 2020/21 comparative information

|                                    | 2020/21                        |               |              |
|------------------------------------|--------------------------------|---------------|--------------|
|                                    | Permanently<br>employed<br>FTE | Others<br>FTE | Total<br>FTE |
| Senior managers                    | 4                              | 1             | 5            |
| Other employees                    | 254                            | 27            | 281          |
| Agency workers                     | 0                              | 2             | 2            |
| Secondments inward                 | 0                              | 1             | 1            |
| Total staff engaged                | 258                            | 31            | 289          |
| Secondments outward                | (1)                            | 0             | (1)          |
| Net staff engaged on SSSC activity | <b>257</b>                     | <b>31</b>     | <b>288</b>   |

|  | 2020/21                         |                |               |
|--|---------------------------------|----------------|---------------|
|  | Permanently<br>employed<br>£000 | Others<br>£000 | Total<br>£000 |
| Senior manager salaries                | 298                             | 64             | 362           |
| Other employee salaries                | 8,383                           | 789            | 9,172         |
| Social security costs                  | 900                             | 83             | 983           |
| Pension service costs                  | 2,725                           | 142            | 2,867         |
| Total cost directly employed staff     | 12,306                          | 1,078          | 13,384        |
| Council members (i)                    | 0                               | 49             | 49            |
| Fitness to Practise Panel Members (ii) | 0                               | 692            | 692           |
| External Assessors (ii)                | 0                               | 4              | 4             |
| Agency workers                         | 0                               | 86             | 86            |
| Secondments inward                     | 0                               | 45             | 45            |
| Total cost of people engaged           | 12,306                          | 1,954          | 14,260        |
| Severance costs                        | 0                               | 8              | 8             |
| Other staff costs                      | 128                             | 0              | 128           |
| <b>Staff costs (SCNE)</b>              | <b>12,434</b>                   | <b>1,962</b>   | <b>14,396</b> |
| Secondments outward                    | (98)                            | 0              | (98)          |
| <b>Net staff costs</b>                 | <b>12,336</b>                   | <b>1,962</b>   | <b>14,298</b> |

There was a Convener and 9 Council Members during the year. Council Members are office holders and are not included in the staff numbers.

Other staff costs include the cost of Fitness to Practise Panel Members who take part in hearings and make decisions about workers' fitness to practise. We engaged 64 panel members in 2020/21 for an average of 22.5 days. External Assessors review overseas qualifications for registration purposes. We engaged four external assessors during 2020/21.

Details of the pension arrangements for the SSSC are contained in note 5 of the accounts. It should be noted that the pension service costs in the table above include adjustments for International Accounting Standard 19 (IAS19) 'Employee Benefits' pension valuations. The difference between the employer contributions actually paid and the pension cost figure adjusted for IAS19 is detailed in note 3b of the accounts.

### **Exit packages – (voluntary early severance/voluntary early retirement scheme/settlement agreements)**

No staff members left the SSSC with a voluntary severance package during the 2021/22 financial year. (Two staff members left in 2020/21).

Exit costs include:

- compensation for reduced notice
- redundancy payments
- employer costs of providing early unreduced access to pension (strain on fund).

The table below shows the number of departures and associated costs:

| Exit package<br>cost band | 2021/22                 |                    | 2020/21                 |                    |
|---------------------------|-------------------------|--------------------|-------------------------|--------------------|
|                           | Number of<br>departures | Total cost<br>£000 | Number of<br>departures | Total cost<br>£000 |
| Up to £25,000             | 0                       | 0                  | 2                       | 8                  |

No settlement agreements were paid during 2021/22 or 2020/21.

Exit costs are accounted for in full when the decision to grant compensation cannot be withdrawn. Redundancy and other departure costs have been paid in accordance with the SSSC's Retirement and Redundancy Policy and the Local Government Pension Scheme Regulations for Scotland. Where the SSSC has agreed early retirements, the strain on fund costs are met by the SSSC and not the Local Government Pension Scheme.



## UNAUDITED INFORMATION

### Staff composition by gender

The table below provides a gender breakdown of directly employed staff at 31 March 2022. Staff numbers are provided on a head count basis.

| Role                      | Permanent |            | Other staff |           | Total     |            |
|---------------------------|-----------|------------|-------------|-----------|-----------|------------|
|                           | male      | female     | male        | female    | male      | female     |
| Executive Management Team | 1         | 5          | 0           | 1         | 1         | 6          |
| Other staff               | 77        | 227        | 8           | 12        | 85        | 239        |
| <b>Total</b>              | <b>78</b> | <b>232</b> | <b>8</b>    | <b>13</b> | <b>86</b> | <b>245</b> |

### Sickness absence

We lost 3.5% of working time to sickness absence during 2021/22 which is an increase on last year's figure of 2.7%. XpertHR cite the public sector average as 3.6% (2021).

|   | 2021/22<br>% | 2020/21<br>% | 2019/20<br>% |
|---|--------------|--------------|--------------|
| Percentage of working time lost to sickness absence | 3.5          | 2.7          | 5.1          |

### Staff turnover data

The SSSC's voluntary staff turnover was 4.4% in 2021/22. This is similar to 4.3% in 2020/21. XpertHR (2021) median rate for voluntary turnover for all employers was 10.3%.

### Policies in relation to disabled people

The SSSC is committed to mainstreaming all three strands of the general equality duty throughout our organisation - eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010. We seek to make sure that the duty is implemented as part of our human resources policy and practice. For example, we make adjustments for people with disabilities, regularly review our human resources policies, and deliver training and workshops to raise awareness of issues affecting people with protected characteristics. We also have an equality working group. There are plans to provide further training for staff on how to undertake equality impact assessments.

The SSSC operates a Guaranteed Job Interview Scheme as part of our selection process. The scheme guarantees candidates who consider themselves to have a disability, to be shortlisted for posts they meet the essential criteria for.

The SSSC's Maximising Attendance Policy provides guidance and advice on how to support an employee who becomes disabled while employed by the SSSC.

### **Expenditure on consultancy**

|  | <b>2021/22</b> | <b>2020/21</b> |
|--|----------------|----------------|
|  | <b>£000</b>    | <b>£000</b>    |
| Research to inform strategy development                            | 32             | 0              |
| Scoping rewards review, analysis of reward practices and structure | 31             | 0              |
| Evaluation advance placement skills education modules              | 22             | 4              |
| Research on Impact of COVID-19 on Newly Qualified Social Workers   | 15             | 15             |
| Job evaluation   | 14             | 0              |
| Newly qualified social workers research study                      | 8              | 17             |
| Tax services   | 4              | 1              |
| Development of assurance mapping                                   | 1              | 0              |
| Scoping a pay and grading review                                   | 0              | 9              |
| Shared services future strategy - implementation assistance        | 0              | 5              |
| <b>Total consultancy</b>   | <b>127</b>     | <b>51</b>      |

## **FACILITY TIME STATEMENT**

### **The Value of Facility Time**

Facility Time generates benefits for employees, managers and the wider community from effective joint working between union representatives and employers.

A number of studies have shown that union workplaces tend to be safer and that trade unions help to promote skills and training in workplace. The Scottish Government recognises this through our support for trade union learning and equality initiatives, including: include Scottish Union Learning, Close the Gap, Fair Work Convention, Partnership Working in the NHS and revised governance arrangements for Higher Education.

The NatCen study<sup>1</sup> highlighted four main benefits from the use of facility time: Provision of a ready-made structure for meaningful consultation and negotiation saves money and reassures members that their views are valued in decision-making. Facilitation of partnership working with trade unions improves workplace relations and the reputation of an employer as 'a good place to work'. Earlier intervention in relation to complaints, grievances and disciplinary action prevents escalation into more serious problems and saves organisations (and taxpayers) money by reducing the impact on staff time and possible legal costs. Better communication during restructuring and redundancy processes improves understanding of decisions, minimises negative impacts and reduces the number of working days lost through industrial action.

The Fair Work Convention<sup>2</sup> highlights these points through its 'Effective voice' principle. As they state: "It is clear from international evidence that employees and workers want a voice, not only to resolve problems and conflicts (which is important) but also to engage and participate constructively in organisations."

On organisational change, they say: "There are many examples in Scotland and elsewhere of how collective voice through trade unions working with employers has addressed a wide range of organisational challenges and contributed to organisational improvements."

It is the view of the Scottish Social Services Council that facility time data legally required by the Trade Union (Facility Time Publication Requirements) Regulations 2017, should be set in the context of the vast benefits that facility time bring to the workforce and to the employer, as set out above. This is supported by the Scottish Government, the STUC and our affiliated trade unions.

**Lorraine Gray**  
Chief Executive

**Fiona Birkin**  
Branch Secretary, UNISON src branch  
Joint Chair (Staffside) SSSC Partnership Forum

1 <http://www.natcen.ac.uk/our-research/research/the-value-of-trade-union-facility-time/>

2 <http://www.fairworkconvention.scot/>

## Trade Union facility time

The Trade Union (Facility Time Publication Requirements) Regulations 2017 came into force on 1 April 2017. The regulations require public sector employers to publish specific information related to facility time provided to trade union officials. The information for 2020/21 follows.

**Table 1**

### Relevant union officials

The table below details number of employees who were relevant union officials during 2021/22.

| Number of employees who were relevant union officials during the relevant period | Full-time equivalent employee number |
|--|--------------------------------------|
| 4  | 3.5*                                 |

\* In December 2021 four union officials reduced to two

**Table 2**

### Percentage of time spent on facility time

The table below provides details of the facility time spent by employees who were relevant union officials during 2021/22.

| Percentage of time | Number of employees |
|--------------------|---------------------|
| 0%                 | 0                   |
| 1-50%              | 4                   |
| 51%-99%            | 0                   |
| 100%               | 0                   |

\* In December 2021 four union officials reduced to two

**Table 3**

### Percentage of pay bill spent on facility time

The tables below give details of the percentage of time spent on facility time as a percentage of our pay bill.

|   |             |
|---|-------------|
| Total cost of facility time                     | £4,534      |
| Total pay bill                                  | £16,375,873 |
| Facility time as a percentage of total pay bill | 0.028%      |

**Table 4**

**Paid trade union activities**

The table below provides hours spent by employees who were relevant union officials during the 2021/22 financial year as a percentage of total paid facility time hours.

|  |       |
|--|-------|
| Time spent on paid trade union activities as a percentage of total paid facility time hours. | 27.4% |
|--|-------|

# Parliamentary accountability report

## Losses and special payments

There were no reportable losses or special payments in the year to 31 March 2022 (nil for the year to 31 March 2021).

## Fees and charges

The SSSC charges fees to individual social service workers applying to join the Register. Once registered an annual continuation of registration fee is charged and following a set number of years (currently either three, or five-years dependent on the part of Register) a renewal of registration fee is charged.

Under section 57 of the Regulation of Care (Scotland) Act 2001, the SSSC can set reasonable fees through changes to our registration rules. This requires the consent of Scottish Ministers. We carried out a review of fees and consultation with stakeholders during 2016/17 and a fee increase applied from 1 September 2017. We are planning a fee consultation during 2022/23.

Our budget is funded mainly by a mixture of grant in aid from the Scottish Government, specific grants (mainly from the Scottish Government) and fees paid by registrants. The 2021/22 budget was based on funding of 64% from grant in aid, 23% from fees charged to applicants and registrants, 9% from our general reserve and 4% from specific grants (2020/21: 67% grant in aid, 26% fees and 7% specific grants).

Income collected from fees charged to applicants to register and registrants is shown in the table below:

|                   | 2021/22        |                |                  | 2020/21        |                |                  |
|-------------------|----------------|----------------|------------------|----------------|----------------|------------------|
|                   | Budget<br>£000 | Actual<br>£000 | Variance<br>£000 | Budget<br>£000 | Actual<br>£000 | Variance<br>£000 |
| Registration fees | 5,644          | 5,951          | (307)            | 5,965          | 5,675          | 290              |

Lorraine Gray  
Chief Executive and Accountable Officer  
xx December 2022

# Independent Auditor's Report (to follow)

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

### Report on the audit of the financial statements

#### Opinion on financial statements

We have audited the financial statements in the annual report and accounts of Scottish Social Services Council for the year ended 31 March 2020 under the Regulation of Care (Scotland) Act 2001. The financial statements comprise the Statement of Comprehensive Net Expenditure, the Statement of Financial Position, the Statement of Cash Flows, the Statement of Changes in Taxpayers' Equity and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the 2019/20 Government Financial Reporting Manual (the 2019/20 FReM).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with the Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers of the state of the body's affairs as at 31 March 2020 and of its net expenditure for the year then ended;
- have been properly prepared in accordance with IFRS as adopted by the European Union, as interpreted and adapted by the 2019/20 FReM; and
- have been prepared in accordance with the requirements of the Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers.

#### Basis for opinion

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

## **Conclusions relating to going concern basis of accounting**

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the body has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about its ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

## **Risks of material misstatement**

We have reported in a separate Annual Audit Report, which is available from the [Audit Scotland website](#), the most significant assessed risks of material misstatement that we identified and our conclusions thereon.

## **Responsibilities of the Accountable Officer for the financial statements**

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

In preparing the financial statements, the Accountable Officer is responsible for using the going concern basis of accounting unless deemed inappropriate.

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

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

The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of



those individuals involved. We therefore design and perform audit procedures which respond to the assessed risks of material misstatement due to fraud.

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

## **Other information in the annual report and accounts**

The Accountable Officer is responsible for the other information in the annual report and accounts. The other information comprises the information other than the financial statements, the audited part of the Remuneration and Staff Report, and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on matters prescribed by the Auditor General for Scotland to the extent explicitly stated later in this report.

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

## **Report on regularity of expenditure and income**

### **Opinion on regularity**

In our opinion in all material respects:

- the expenditure and income in the financial statements was incurred or applied in accordance with any applicable enactments and guidance issued by the Scottish Ministers, the Budget (Scotland) Act covering the financial year and section 4 to 7 of the Public Finance and Accountability (Scotland) Act 2000; and
- the sums paid out of the Scottish Consolidated Fund for the purpose of meeting the expenditure shown in the financial statements were applied in accordance with section 65 of the Scotland Act 1998.

### **Responsibilities for regularity**

The Accountable Officer is responsible for ensuring the regularity of expenditure and income. We are responsible for expressing an opinion on the regularity of expenditure and income in accordance with the Public Finance and Accountability (Scotland) Act 2000.

## Report on other requirements

### Opinions on matters prescribed by the Auditor General for Scotland

In our opinion, the audited part of the Remuneration and Staff Report has been properly prepared in accordance with the Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers.

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

the information given in the Performance Report for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers; and

the information given in the Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Regulation of Care (Scotland) Act 2001 and directions made thereunder by the Scottish Ministers.

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

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

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration and Staff Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit.
- We have nothing to report in respect of these matters.

### Conclusions on wider scope responsibilities

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

## Use of our report

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

[Signature]

Date:

Joanne E Brown, Partner, (for and on behalf of Grant Thornton UK LLP),  
110 Queen Street, Glasgow, G1 3BX

# **DRAFT Annual Accounts**

**STATEMENT OF COMPREHENSIVE NET EXPENDITURE  
FOR THE YEAR ENDED 31 MARCH 2022**

|   | <b>Ref/<br/>note</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---|----------------------|-------------------------|-------------------------|
| <b>Income</b>   |                      |                         |                         |
| Registration fees   | 2a                   | (5,951)                 | (5,675)                 |
| Other operating income  | 2b                   | (555)                   | (339)                   |
|   |                      | <u>(6,506)</u>          | <u>(6,014)</u>          |
| <b>Expenditure</b>  |                      |                         |                         |
| Staff costs   | 3a                   | 17,445                  | 14,396                  |
| Operating expenditure   | 6a                   | 3,377                   | 4,191                   |
| Disbursements   | 6b                   | 6,810                   | 5,329                   |
|   |                      | <u>27,632</u>           | <u>23,916</u>           |
| <i>Net operating cost on ordinary activities before interest and (return)/cost on pension scheme assets and liabilities</i> |                      |                         |                         |
|   |                      | 21,126                  | 17,902                  |
| Bank charges  |                      | 34                      | 34                      |
| Net interest on defined pension (asset)/liability   | 5b                   | 215                     | 156                     |
| <i>Net operating cost on ordinary activities after interest and net interest on pension scheme net liabilities</i>          |                      |                         |                         |
|   |                      | 21,375                  | 18,092                  |
| Total actuarial re-measurements on defined pensions (asset)/liability   | 5b                   | (5,446)                 | 2,754                   |
| <b>Total comprehensive net expenditure before Government funding</b>  |                      | <u>15,929</u>           | <u>20,846</u>           |

All operations are continuing

The notes on pages 35 to 56 form an integral part of these accounts.

**STATEMENT OF FINANCIAL POSITION  
AS AT 31 MARCH 2022**

|  | <b>Ref/<br/>note</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|--|----------------------|-------------------------|-------------------------|
| <b>Non-current assets</b>              |                      |                         |                         |
| Property, plant and equipment          | 7                    | 14                      | 15                      |
| Prepayments - greater than one year    | 8                    | 4                       | 3                       |
| <b>Total non-current assets</b>        |                      | <u>18</u>               | <u>18</u>               |
| <b>Current assets</b>                  |                      |                         |                         |
| Trade and other receivables            | 8                    | 1,347                   | 1,968                   |
| Cash and cash equivalents              | 9                    | 7,303                   | 5,960                   |
| <b>Total current assets</b>            |                      | <u>8,650</u>            | <u>7,928</u>            |
| <b>Total assets</b>                    |                      | 8,668                   | 7,946                   |
| <b>Current liabilities</b>             |                      |                         |                         |
| Trade and other payables               | 10                   | (5,800)                 | (4,652)                 |
| <b>Total current liabilities</b>       |                      | <u>(5,800)</u>          | <u>(4,652)</u>          |
| <b>Assets plus current liabilities</b> |                      | 2,868                   | 3,294                   |
| <b>Non-current liabilities</b>         |                      |                         |                         |
| Pension (liabilities)/assets           | 5a                   | (9,681)                 | (11,604)                |
| Other provisions                       | 15                   | (466)                   | (466)                   |
| <b>Total non-current liabilities</b>   |                      | <u>(10,147)</u>         | <u>(12,070)</u>         |
| <b>Net (liabilities)/assets</b>        |                      | <u>(7,279)</u>          | <u>(8,776)</u>          |
| <b>Taxpayers' equity</b>               |                      |                         |                         |
| Pensions reserve                       | SCTE                 | (9,681)                 | (11,604)                |
| General reserve                        | 11                   | 2,402                   | 2,828                   |
|  |                      | <u>(7,279)</u>          | <u>(8,776)</u>          |

All operations are continuing

The notes on pages 35 to 56 form an integral part of these accounts

Lorraine Gray  
Chief Executive and Accountable Officer

The Accountable Officer authorised these financial statements for issue on xx  
December 2022

**STATEMENT OF CASH FLOWS  
FOR THE YEAR ENDED 31 MARCH 2022**

|   | <b>Ref/<br/>note</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---|----------------------|-------------------------|-------------------------|
| <b>Cash flows from operating activities</b>                               |                      |                         |                         |
| Net operating cost before Government funding                              | SCNE                 | (15,929)                | (20,846)                |
| Adjustments for non-cash items:   |                      |                         |                         |
| Pension adjustments and re-measurements                                   | 5b, table 2          | (1,923)                 | 4,227                   |
| Depreciation and amortisation   | 7                    | 1                       | 2                       |
| (Increase)/decrease in trade and other receivables                        | 8a                   | 620                     | (584)                   |
| Increase/(decrease) in trade and other payables                           | 10a                  | 1,148                   | (1,108)                 |
| Increase/(decrease) in provisions   | 15                   | 0                       | 466                     |
| <b>Net cash outflow from operating activities</b>                         |                      | <b>(16,083)</b>         | <b>(17,843)</b>         |
| <b>Cash flows from investing activities</b>                               |                      |                         |                         |
| Purchase of property, plant and equipment                                 | 7                    | 0                       | 0                       |
| <b>Net cash outflow from investing activities</b>                         |                      | <b>0</b>                | <b>0</b>                |
| <b>Cash flows from financing activities</b>                               |                      |                         |                         |
| Funding from Government   | 12a                  | 17,426                  | 17,847                  |
| <b>Net financing</b>  |                      | <b>17,426</b>           | <b>17,847</b>           |
| <b>Net increase/(decrease) in cash and cash equivalents in the period</b> | 9                    | <b>1,343</b>            | <b>4</b>                |
| Cash and cash equivalents at the beginning of the period                  | 9                    | 5,960                   | 5,956                   |
| <b>Cash and cash equivalents at the end of the period</b>                 | 9                    | <b>7,303</b>            | <b>5,960</b>            |
|   |                      | 1,343                   | 4                       |

The notes on pages 38 to 71 form an integral part of these accounts

**STATEMENT OF CHANGES IN TAXPAYERS' EQUITY  
FOR THE YEAR ENDED 31 MARCH 2022**

|  |            | <b>Pension<br/>reserve<br/>£000</b> | <b>General<br/>reserve<br/>£000</b> | <b>Total<br/>reserves<br/>£000</b> |
|--|------------|-------------------------------------|-------------------------------------|------------------------------------|
| <b>Balance at 31 March 2020</b>                        |            | <b>(7,377)</b>                      | <b>1,600</b>                        | <b>(5,777)</b>                     |
| <b>Changes in taxpayers' equity for 2020/21</b>        |            |                                     |                                     |                                    |
| Pensions adjustment and re-measurement                 | 5b table 2 | (4,227)                             | 4,227                               | 0                                  |
| Total comprehensive net expenditure                    | SCNE       | 0                                   | (20,846)                            | (20,846)                           |
| <b>Total recognised income and expense for 2020/21</b> |            | <b>(4,227)</b>                      | <b>(16,619)</b>                     | <b>(20,846)</b>                    |
| Funding from Government                                | 12a        | 0                                   | 17,847                              | 17,847                             |
| <b>Balance at 31 March 2021</b>                        |            | <b>(11,604)</b>                     | <b>2,828</b>                        | <b>(8,776)</b>                     |
| <b>Changes in taxpayers' equity for 2021/22</b>        |            |                                     |                                     |                                    |
| Pensions adjustment and re-measurement                 | 5b table 2 | 1,923                               | (1,923)                             | 0                                  |
| Total comprehensive net expenditure                    | SCNE       | 0                                   | (15,929)                            | (15,929)                           |
| <b>Total recognised income and expense for 2021/22</b> |            | <b>1,923</b>                        | <b>(17,852)</b>                     | <b>(15,929)</b>                    |
| Funding from Government                                | 12a        | 0                                   | 17,426                              | 17,426                             |
| <b>Balance at 31 March 2022</b>                        |            | <b>(9,681)</b>                      | <b>2,402</b>                        | <b>(7,279)</b>                     |

The notes on pages 38 to 71 form an integral part of these accounts

# Notes to the accounts

## 1 Statement of accounting policies

### 1.1 Basis of accounting

The accounts have been prepared in accordance with the Accounts Direction issued by the Scottish Ministers. The Accounts Direction (reproduced at appendix 1) requires compliance with the Government's Financial Reporting Manual (FReM) which follows International Financial Reporting Standards as adopted by the United Kingdom, International Financial Reporting Interpretation Committee (IFRIC) interpretations and the Companies Act 2006 to the extent that they are meaningful and appropriate to the public sector. The particular accounting policies adopted by the SSSC are described below. They have been applied consistently in dealing with items considered material in relation to the accounts.

The accounts are prepared using accounting policies and, where necessary, estimation techniques, which are selected as the most appropriate for the purpose of giving a true and fair view in accordance with the principles set out in International Accounting Standard 8: Accounting Policies, Changes in Accounting Estimates and Errors.

### 1.2 Accounting standards issued but not yet effective

In accordance with IAS 8, changes to IFRS that have been issued but not yet effective have been reviewed for impact on the financial statements in the period of initial application. There is one standard not yet effective that will have an impact on the SSSC's accounts which is IFRS 16 Leases. This standard requires all significant leases to be recognised in the Statement of Financial Position.

The effective date of IFRS 16 Leases in the public sector has been delayed until 1 April 2022. This is to recognise that bodies' preparations are being adversely affected by dealing with the COVID-19 crisis. The SSSC has leases relating to office space. These leases will require an adjustment to the Statement of Financial Position for the recognition of a right of use asset and a liability for future lease commitments. We have disclosed the SSSC's share of future minimum lease costs in Note 14 based on the SSSC's share of the Scottish Ministers lease.

### 1.3 Accounting convention

The accounts have been prepared under the historical cost convention except for pensions that have been measured at fair value as determined by the relevant accounting standard.



#### 1.4 **Going concern**

The accounts have been prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future. Further explanation of the adoption of the going concern basis is contained in the Financial Performance section (pages 11 to 14).

#### 1.5 **Property, plant and equipment**

##### 1.5.1 **Capitalisation**

The capitalisation threshold for individual assets is £10,000. This applies to all asset categories.

##### 1.5.2 **Valuation**

Property, plant and equipment assets are carried at cost, less accumulated depreciation and any recognised impairment value. The SSSC does not have any assets held under finance leases.

Depreciated historic cost has been used as a proxy for the current value. All property, plant and equipment have low values and short useful economic lives which realistically reflect the life of the asset, and a depreciation charge which provides a realistic reflection of consumption.

##### 1.5.3 **Depreciation**

Depreciation is provided on property, plant and equipment on a straight-line basis using the expected economic life of the asset. Leasehold improvements are depreciated at the lower of expected useful economic life and lease term. A full year's depreciation is charged in the year the asset is first brought in to use and no depreciation is charged in the year of disposal. The economic life of an asset is determined on an individual asset basis.

#### 1.6 **Intangible assets**

Acquired intangible assets are measured initially at cost and are amortised on a straight-line basis over their estimated useful lives. Acquired intangible assets tend to be software and the useful lives are typically four to six years and are determined on an individual basis.

#### 1.7 **Impairment of tangible and intangible assets**

All tangible and intangible non-current assets are reviewed for impairment when there are indications that the carrying value may not be recoverable. If such indication exists, the recoverable amount of the asset is estimated in order to determine the extent of the impairment loss, if any.

The recoverable amount is the higher of fair value, less costs to sell and value in use. If the recoverable amount of an asset is estimated to be less than its carrying amount, the carrying amount of the asset is reduced to its recoverable amount. An impairment loss is recognised as an expense immediately. Where

an impairment loss subsequently reverses this is recognised as income immediately.

**1.8 Government grants receivable**

Grants and grant in aid in respect of revenue and capital expenditure are treated as a source of financing and are credited to the general reserve.

**1.9 Disbursement grants and bursaries payable**

This expenditure is recognised in the Statement of Comprehensive Net Expenditure in the period in which the recipient carries out the specific activity, which forms the basis of entitlement to grant, or otherwise meets the grant entitlement criteria.

**1.10 Leases**

Leases are classified as finance leases whenever the terms of the lease transfer substantially all the risks and rewards of ownership to the lessee. All other leases are classified as operating leases. The SSSC currently only holds operating leases.

**The SSSC as a lessee**

Costs in respect of operating leases are charged to the operating cost statement on a straight-line basis over the term of the lease. The SSSC has shared service arrangements with the Care Inspectorate and charges in respect of Compass House are disclosed as lease payments. Charges from Scottish Ministers in respect of Quadrant House are also disclosed as lease payments. Costs for operating leases to the value of £0.809m have been recognised in the SCNE (note 14).

**1.11 Cash and cash equivalents**

Cash and cash equivalents in the Statement of Financial Position consist of cash at bank and cash in hand.

**1.12 Pensions**

The SSSC accounts for pensions under the IAS 19 'Employee Benefits' standard as adapted to the public sector.

The SSSC is an admitted body to the Local Government Pension Scheme (LGPS) and this is a defined benefit scheme. Obligations are measured at discounted present value whilst scheme assets are recorded at fair value. The operating and financing costs of such schemes are recognised separately in the Statement of Comprehensive Net Expenditure. Service costs are spread systematically over the expected service lives of employees. Financing costs and actuarial gains and losses are recognised in the period in which they arise.

The SSSC's funding rules require the general reserve balance to be charged with the amount payable by the SSSC to the pension scheme and not the amount calculated according to the application of IAS 19. Therefore, there are

appropriations to/from the pensions reserve shown in the Statement of Changes in Taxpayers' Equity to reverse the impact of the IAS 19 entries included in the Statement of Comprehensive Net Expenditure to ensure the general reserve balance is charged with the amount payable by the SSSC.

**1.13 Short term employee benefits**

The SSSC permits the carry forward of unused annual leave entitlement and accumulated flexible working hours scheme balances. Entitlement to annual leave and flexible working hours are recognised in the accounts at the time the employee renders the service and not when the annual leave and accumulated hours balances are actually used.

**1.14 Shared services**

The SSSC shares its headquarters and some services with the Care Inspectorate. The Care Inspectorate charges the SSSC for property, finance, procurement and human resource services provided, based on a Service Level Agreement (SLA). The SLA contains arrangements akin to an operating lease for accommodation.

**1.15 Value Added Tax (VAT)**

The SSSC can recover only a nominal value of VAT incurred on purchases, with irrecoverable VAT being charged to the Statement of Comprehensive Net Expenditure.

**1.16 Revenue and capital transactions**

Revenue and capital transactions are recognised in accordance with IFRS 15, so they are recorded in the accounts on an income and expenditure basis, meaning they are recognised as they are earned or incurred, not as money is received or paid. All specific and material sums payable to and due by the SSSC as at 31 March 2022 have been brought into account. Similarly, capital transactions are recognised as they are agreed or incurred, not as money received or paid.

**1.17 Financial instruments**

The SSSC does not hold any complex financial instruments. As the cash requirements of the SSSC are met through grant in aid provided by the Children and Families Directorate of the Scottish Government, financial instruments play a more limited role in creating and managing risk than would apply to a non-public sector body. Most financial instruments relate to contracts to buy non-financial items in line with our expected purchase and usage requirements and the SSSC is therefore exposed to little credit, liquidity or market risk.

Financial assets and financial liabilities are recognised on the Statement of Financial Position when the SSSC becomes a party to the contractual provisions of the instrument.

The SSSC's financial instruments comprise trade and other receivables, trade and other payables, and cash and liquid resources.

### **Trade receivables**

Trade receivables are non-interest bearing and are recognised at fair value, reduced by appropriate allowances for estimated irrecoverable amounts.

### **Trade payables**

Trade payables are non-interest bearing and are stated at fair value.

## **1.18 Changes in accounting policy**

There have been no changes in accounting policy during the year.

## **1.19 Operating segments**

Financial reporting to senior decision makers is at organisation wide level and therefore segmental reporting under IFRS 8 is not required.

## **1.20 Contingent assets and liabilities**

Contingent assets and liabilities are disclosed in accordance with IAS 37. There is one contingent liability at 31 March 2022 (note 16).

## **1.21 Assumptions made about the future and other major sources of estimation uncertainty**

The SSSC does not have any uncertainties that would have a material effect except for the provision for dilapidations (note 15).

## **2. Operating income**

### **2a Registration fee income**

|                   | <b>2021/22</b> | <b>2020/21</b> |
|-------------------|----------------|----------------|
|                   | <b>£000</b>    | <b>£000</b>    |
| Registration fees | <b>5,951</b>   | <b>5,675</b>   |

### **2b Other operating income**

|  | <b>2021/22</b> | <b>2020/21</b> |
|--|----------------|----------------|
|  | <b>£000</b>    | <b>£000</b>    |
| Modern apprenticeship fees                         | 280            | 197            |
| Recharges for seconded staff                       | 250            | 98             |
| Protection of Vulnerable Groups (PVG) fee recovery | 5              | 4              |
| Other income                                       | 20             | 40             |
|  | <b>555</b>     | <b>339</b>     |

### 3. **Staff numbers and costs**

- 3a An analysis of staff numbers and costs is disclosed in the Staff Report (staff numbers by permanent and other) on pages 18 to 19 of this report. A summary of cost is provided in the table below:

| <b>Staff cost summary</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---------------------------|-------------------------|-------------------------|
| Directly employed staff   | 16,376                  | 13,384                  |
| Other people engaged      | 864                     | 876                     |
| Other staff costs         | 205                     | 136                     |
| <b>Total staff costs</b>  | <b>17,445</b>           | <b>14,396</b>           |

### 3b **Analysis of impact of actuarial pension valuation adjustments (note 5)**

The table below provides details of the difference between the employer contributions we actually paid to the pension scheme administrator and the service cost disclosed in the Annual Report and Accounts. Our budget is based on employer contributions payable. Service cost is a figure derived from actuarial analysis in accordance with IAS19.

| <b>Analysis of impact of actuarial pension valuation adjustments - staff costs (note 5)</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---|-------------------------|-------------------------|
| <b>Actual payments</b>  |                         |                         |
| Employer pension contributions actually paid  | 1,693                   | 1,541                   |
| Unfunded pension payments actually paid   | 22                      | 22                      |
| Total pension related payments actually paid  | 1,715                   | 1,563                   |
| <b>Accounting entries (IAS 19 note 5)</b>   |                         |                         |
| Service costs included in staff costs (SCNE)  | 5,002                   | 2,867                   |
| Variance between actual costs and accounting basis  | <b>3,287</b>            | <b>1,304</b>            |

### 4. **Severance and settlement costs**

There were no exit packages or settlement agreements in 2021/22. (2020/21 £8k). Details of exit packages are disclosed on page 20 (exit packages) of this report.

### 5. **Post-employment benefits: pensions**

International Accounting Standard 19 (IAS 19) 'Employee Benefits' sets out the accounting treatment to be followed when accounting for the costs of providing a pension scheme.

### **Tayside Superannuation Fund**

The Tayside Superannuation Fund is a multi-employer scheme which includes local authorities and admitted bodies.

The fund is administered by Dundee City Council and the pension scheme is part of the Local Government Pension Scheme (LGPS). It is a defined benefit scheme, which means that the benefits to which members and their spouses are entitled are determined by pensionable pay and length of service.

Employer contributions are set every three years as a result of an actuarial valuation of the fund required by the Regulations. The most recent actuarial valuation of the fund was carried out as at 31 March 2020. This set the contribution rate at 17% for 2021/22 to 2023/24. The next valuation of the fund will be carried out based on scheme data as at 31 March 2023. There are no minimum funding requirements in the LGPS but the contributions are generally set to target a funding level of 100% using the actuarial valuation assumptions.

The contributions paid by the SSSC for the year to 31 March 2022 were £1,693k representing 17.0% of pensionable pay (2020/21: £1,541k representing 17.0% of pensionable pay). The employer's contribution rate for the year to 31 March 2022 will remain at 17%. Employee contribution rates were in the range 5.5% to 9.4% based on earnings bands.

Participating in a defined benefit pension scheme exposes the SSSC to the following risks.

- **Investment risk:** The fund may hold investment in asset classes, such as equities, which have volatile market values and while these assets are expected to provide real returns over the long-term, the short-term volatility can cause additional funding to be required if a deficit emerges.
- **Interest rate risk:** The fund's liabilities are assessed using market yields on high quality corporate bonds to discount future liability cashflows. As the fund holds assets such as equities the value of the assets and liabilities may not move in the same way.
- **Inflation risk:** All of the benefits under the fund are linked to inflation and so deficits may emerge to the extent that the assets are not linked to inflation.
- **Longevity risk:** In the event that the members live longer than assumed a deficit will emerge in the fund. This may be mitigated by a longevity insurance contract held by the fund. There are also other demographic risks.
- **Regulatory risk:** Regulatory uncertainties could result in benefit changes to past or future benefits which could result in additional costs.
- **Orphan risk:** As many unrelated employers participate in each fund, there is an orphan liability risk where employers leave the fund but with insufficient assets

to cover their pension obligations so that the difference may fall on the remaining employers in that fund.

All of the risks above may also benefit the employer, for example higher than expected investment returns or employers leaving the fund with excess assets which will eventually get inherited by the remaining employers.

There are currently uncertainties in relation to LGPS benefits due to the McCloud and Sargeant judgements. Remedial regulations are expected in 2022 and uncertainty over the benefit changes proposed for the LGPS will remain until these have been finalised.

The pension disclosure notes include the actuarial assessment of the impact on the SSSC's share of the fund.

#### 5a **Employee benefits – Statement of Financial Position**

|   | <b>As at 31<br/>March 2022<br/>£000</b> | <b>As at 31<br/>March 2021<br/>£000</b> |
|---|---|---|
| Present value of funded obligation                      | (67,231)                                | (64,455)                                |
| Fair value of scheme assets (bid value)                 | 57,934                                  | 53,257                                  |
| <b>Net liability</b>                                    | <b>(9,297)</b>                          | <b>(11,198)</b>                         |
| Present value of unfunded obligation                    | (384)                                   | (406)                                   |
| <b>Net liability in Statement of Financial Position</b> | <b>(9,681)</b>                          | <b>(11,604)</b>                         |

#### 5b **Statement of Comprehensive Net Expenditure costs for the year to 31 March 2022**

The amounts recognised in the Statement of Comprehensive Net Expenditure are as follows:

| <b>Table 1:</b>   | <b>Year to<br/>31 March 2022</b> |                | <b>Year to<br/>31 March 2021</b> |                 |
|---|----------------------------------|----------------|----------------------------------|-----------------|
|   | <b>£000</b>                      | <b>£000</b>    | <b>£000</b>                      | <b>£000</b>     |
| Service costs   |                                  | 5,002          |                                  | 2,867           |
| Administration expenses   |                                  | 21             |                                  | 13              |
| Net interest on defined liability/(asset)   |                                  | 215            |                                  | 156             |
| Difference between actual employer's contributions plus unfunded payments and actuarial assumptions | (0)                              |                | 21                               |                 |
| Return on assets less interest  | (1,896)                          |                | (10,915)                         |                 |
| Other actuarial (gains)/losses on assets  | 0                                |                | (5,012)                          |                 |
| Change in financial assumptions   | (3,707)                          |                | 17,223                           |                 |
| Change in demographic assumptions   | 0                                |                | (968)                            |                 |
| Experience loss/(gain) on defined benefit obligation  | 157                              |                | 2,405                            |                 |
| Total re-measurements   |                                  | (5,446)        |                                  | 2,754           |
| <b>Total</b>  |                                  | <b>(208)</b>   |                                  | <b>5,790</b>    |
| Actual return on scheme assets  |                                  | <b>(2,978)</b> |                                  | <b>(11,762)</b> |

The SSSC recognises the cost of retirement benefits in the reported operating cost when they are earned by employees, rather than when the benefits are eventually paid as pensions. However, the charge required to be made under the SSSC's funding rules is based on the cash payable in the year. This requires the real cost of post-employment/retirement benefits to be reversed out of the general reserve via the Statement of Changes in Taxpayers' Equity.

The following transactions have been applied to the Statement of Comprehensive Net Expenditure and the general reserve via the Statement of Changes in Taxpayers' Equity during the year.

| <b>Table 2:</b>                            |             | <b>2021/22</b> | <b>2020/21</b> |
|--|-------------|----------------|----------------|
| <b>Actuarial adjustments are made for:</b> | <b>note</b> | <b>£000</b>    | <b>£000</b>    |
| Staff costs                                | 3b          | 3,287          | 1,304          |
| Administration expenses                    | 5b table 1  | 21             | 13             |
| Net interest on defined liability/(asset)  | 5b table 1  | 215            | 156            |
| Total re-measurements                      | 5b table 1  | (5,446)        | 2,754          |
| <b>Total actuarial adjustments</b>         |             | <b>(1,923)</b> | <b>4,227</b>   |



## 5c **Benefit obligation reconciliation - year to 31 March 2022**

Changes in the present value of the defined benefit obligations are as follows:

|  | Year to<br>31 March 2022 |               | Year to<br>31 March 2021 |               |
|--|--------------------------|---------------|--------------------------|---------------|
|  | £000                     | £000          | £000                     | £000          |
| <b>Opening defined benefit obligation</b>            |                          | <b>64,861</b> |                          | <b>42,973</b> |
| Current service costs                                |                          | 5,002         |                          | 2,867         |
| Interest costs                                       |                          | 1,297         |                          | 1,003         |
| Estimated benefits paid net of transfers in          | (617)                    |               | (1,190)                  |               |
| Contributions by scheme participants                 | 644                      |               | 572                      |               |
| Unfunded pension payments                            | (22)                     |               | (24)                     |               |
| Total scheme transactions                            |                          | 5             |                          | (642)         |
| Change in financial assumptions                      | (3,707)                  |               | 17,223                   |               |
| Experience loss/(gain) on defined benefit obligation | 157                      |               | 2,405                    |               |
| Change in demographic assumptions                    | -                        |               | (968)                    |               |
| Total actuarial (gains)/losses                       |                          | (3,550)       |                          | 18,660        |
| <b>Closing defined benefit obligation</b>            |                          | <b>67,615</b> |                          | <b>64,861</b> |

## 5d **Fair value of fund assets reconciliation for the year to 31 March 2022**

Changes in the fair value of fund assets are as follows:

|   | Year to<br>31 March 2022 |               | Year to<br>31 March 2021 |               |
|---|--------------------------|---------------|--------------------------|---------------|
|   | £000                     | £000          | £000                     | £000          |
| <b>Opening fair value of fund assets</b>                  |                          | <b>53,257</b> |                          | <b>35,596</b> |
| Interest on assets  |                          | 1,082         |                          | 847           |
| Estimated benefits paid plus unfunded net of transfers in | (639)                    |               | (1,214)                  |               |
| Contributions by employer including unfunded              | 1,715                    |               | 1,542                    |               |
| Contributions by scheme participants                      | 644                      |               | 572                      |               |
| Total scheme transactions                                 |                          | 1,720         |                          | 900           |
| Return on assets less interest                            |                          | 1,896         |                          | 10,915        |
| Other actuarial gains/(losses)                            |                          | -             |                          | 5,012         |
| Administration expenses                                   |                          | (21)          |                          | (13)          |
| <b>Closing fair value of fund assets</b>                  |                          | <b>57,934</b> |                          | <b>53,257</b> |

5e **Projected pension expense for the year to 31 March 2023**

|                                       | Year to<br>31 March 2023<br>£000 |
|---------------------------------------|----------------------------------|
| <b>Projected pension expense</b>      |                                  |
| Service cost                          | 4,411                            |
| Net interest on the defined liability | 230                              |
| Administration expenses               | 22                               |
| <b>Total</b>                          | <b>4,663</b>                     |
| Employer contributions                | 1,693                            |

Note that these figures exclude the capitalised cost of any early retirements or augmentations which may occur after 31 March 2022.

5f **SSSC fund assets**

The table below provides details of the estimated asset allocation of the fund for the SSSC.

| Asset share – bid value | 31 March 2022 |             | 31 March 2021 |             |
|-------------------------|---------------|-------------|---------------|-------------|
|                         | £000          | %           | £000          | %           |
| Equities                | 41,025        | 71%         | 38,134        | 72%         |
| Gilts                   | 2,728         | 5%          | 2,106         | 4%          |
| Other bonds             | 6,916         | 12%         | 6,951         | 13%         |
| Property                | 6,318         | 11%         | 4,868         | 9%          |
| Cash                    | 889           | 1%          | 1,122         | 2%          |
| Alternatives            | 58            | 0%          | 76            | 0%          |
| <b>Total</b>            | <b>57,934</b> | <b>100%</b> | <b>53,257</b> | <b>100%</b> |

The SSSC's share of the assets of the fund is approximately 1.14%. The return on the fund (on a bid to value basis) for the year to 31 March is estimated to be 5.51%.

Tayside Superannuation Fund has relied on valuations provided by its advisors for its property holdings, which have been reported on the basis of 'material valuation uncertainty'. Given the unknown future impact that COVID-19 might have on the real estate market, the fund is keeping the valuation of its property portfolio under frequent review.

**Ukraine crisis – impact on approach**

As a result of this crisis, many equity markets across the globe have witnessed significant falls, but so far, the impact has been felt most prominently in equities with a close link to Russian markets, ie Russian equities themselves and in European tilted funds. Beyond equity markets, there has been volatility in government bond and credit markets. However, there has been no large directional move to date. The expected longer-term impact on gilt yields will largely depend on how these developments affect inflation (for example, through disruption to the supply of energy and commodities), and how central banks react to this. From an accounting perspective, the actuaries are comfortable that

their current methodology in deriving assumptions continues to be appropriate with the current uncertainties in the market.

## 5g **Financial assumptions as at 31 March 2022**

The financial assumptions used for IAS 19 calculations are below. These assumptions are set with reference to market conditions at 31 March 2022.

| <b>Assumptions at:</b> | <b>31 March<br/>2022<br/>% pa</b> | <b>31 March<br/>2021<br/>% pa</b> | <b>31 March<br/>2020<br/>% pa</b> |
|------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| Discount rates         | 2.60%                             | 2.00%                             | 2.35%                             |
| Pensions increases     | 3.20%                             | 2.80%                             | 1.85%                             |
| Salary increases       | 4.20%                             | 3.80%                             | 2.85%                             |

The standard approach taken to derive the appropriate discount rate is known as the Single Equivalent Discount Rate (SEDR) methodology. Sample cashflows at each duration year (from 2 to 30 years) are used to derive the single discount rate which results in the same liability value as that which would be determined using a full yield curve valuation (essentially each year's cashflows has a different discount rate). In carrying out this derivation the annualised Merrill Lynch AA rated corporate bond yield curve is used and assumes the curve is flat beyond the 30-year point. The estimated duration of the SSSC's past service liabilities is 18 years. This is consistent with the approach used at the last accounting date.

### **Retail Prices Index (RPI) assumption**

Similar to the approach used to derive the discount rate, the Retail Prices Index (RPI) assumption is set using a Single Equivalent Inflation Rate (SEIR) approach, using the estimated cashflows described above. The SEIR derived is that which gives the same net present value of the cashflows, discounted using the annualised Merrill Lynch AA rated corporate bond yield curve, as applying the BoE implied inflation curve. As above, the Merrill Lynch AA rated corporate bond spot curve is assumed to be flat beyond the 30-year point and the BoE implied inflation spot curve is assumed to be flat beyond the 40-year point. This is consistent with the approach used at the previous accounting date.

Following a recent review of the market, and in particular noting the muted market reaction to the likely alignment of RPI with CPIH (Consumer Prices Index with Housing) from 2030, the actuary's view is that gilt-implied inflation rates are currently distorted by supply and demand factors at medium and longer terms. They have therefore allowed for an Inflation Risk Premium (IRP) of 0.4% at medium and longer terms (from 10 years). This results in an overall IRP of between 0.0% p.a. and 0.3% p.a. depending on the term of the liabilities (for terms ranging from 2 years up to 30 years).

Consistent with the SEDR approach, assumptions are rounded to the nearest 0.05% and the assumptions are derived using the same estimated cashflows as noted above.

### Consumer Prices Index (CPI) assumption

As future pension increases are expected to be based on the Consumer Prices Index (CPI) rather than RPI, the actuary has made a further assumption about CPI which is that it will be 1.0% below RPI for each year prior to 2030 and will be in line with RPI thereafter. The actuary believes this is a reasonable estimate for the future differences in the indices, based on the different calculation methods, recent independent forecasts and the duration of the SSSC's liabilities. This is consistent with the approach used at the last accounting date.

Salary increases are assumed to be 1.0% above CPI. This is consistent with the approach at the previous accounting date. However, in line with the latest fund valuation as at 31 March 2020 any allowance for promotional salary increases has been removed.

### 5h Demographic/statistical assumptions

The CMI made a material change to CMI\_2020 in 2021 (compared to previous versions) due to the impact of abnormal mortality data in 2020. This change introduced a "2020 weight parameter" for the mortality data in 2020 so that the exceptional mortality experienced due to the coronavirus pandemic can be incorporated without having a disproportionate impact on results.

The post retirement mortality tables used were the S3PA\_H tables with a multiplier of 110%. These base tables are then projected using the CMI\_2020 Model, allowing for a long-term improvement of 1.25% per annum with a smoothing parameter of 7.5, an initial addition to improvements of 0.0% per annum and a 2020 weighting of 25%. This is consistent with the assumptions adopted last year.

The assumed life expectations from age 65 are shown below:

| Life expectancy from age 65 (years) |         | 31 March 2022 | 31 March 2021 | 31 March 2020<br>(consistent with 2020 valuation and before CMI_2020 update) |
|-------------------------------------|---------|---------------|---------------|--|
| Retiring today                      | Males   | 18.9          | 18.9          | 19.2   |
|                                     | Females | 22.3          | 22.2          | 22.5   |
| Retiring in 20 years                | Males   | 20.3          | 20.2          | 20.7   |
|                                     | Females | 23.9          | 23.8          | 24.0   |

## 5i Sensitivity analysis

The following table sets out the impact of a change of a +/- 0.1% change to key assumptions and a +/- one year age rating adjustment to the mortality assumption.

|   | £000           | £000        | £000           |
|---|----------------|-------------|----------------|
| <b>Adjustment to discount rate</b>                              | <b>+0.1%</b>   | <b>0.0%</b> | <b>-0.1%</b>   |
| Present value of total obligation                               | 66,037         | 67,615      | 69,231         |
| Projected service cost  | 4,245          | 4,411       | 4,583          |
| <b>Adjustment to long term salary increase</b>                  | <b>+0.1%</b>   | <b>0.0%</b> | <b>-0.1%</b>   |
| Present value of total obligation                               | 67,776         | 67,615      | 67,455         |
| Projected service cost  | 4,414          | 4,411       | 4,409          |
| <b>Adjustment to pension increases and deferred revaluation</b> | <b>+0.1%</b>   | <b>0.0%</b> | <b>-0.1%</b>   |
| Present value of total obligation                               | 69,059         | 67,615      | 66,205         |
| Projected service cost  | 4,581          | 4,411       | 4,246          |
| <b>Adjustment to life expectancy assumptions</b>                | <b>+1 year</b> | <b>None</b> | <b>-1 year</b> |
| Present value of total obligation                               | 70,560         | 67,615      | 64,795         |
| Projected service cost  | 4,614          | 4,411       | 4,216          |

## 5j Remeasurements in other comprehensive income

The following table sets out the remeasurement of the net assets /(defined liability).

|   | As at 31<br>March 2022<br>£000 | As at 31<br>March 2021<br>£000 |
|---|--------------------------------|--------------------------------|
| Return on fund assets in excess of interest     | 1,896                          | 10,915                         |
| Other actuarial gains/(losses) on assets        | -                              | 5,012                          |
| Change in financial assumptions                 | 3,707                          | (17,223)                       |
| Change in demographic assumptions               | -                              | 968                            |
| Experience loss on defined benefit obligation   | (157)                          | (2,405)                        |
| Remeasurement of net assets/(defined liability) | <b>5,446</b>                   | <b>(2,733)</b>                 |

6a **Operating expenditure**

|                                       | 2021/22      | 2020/21      |
|---------------------------------------|--------------|--------------|
| <b>Operating expenditure</b>          | <b>£000</b>  | <b>£000</b>  |
| Supplies and services                 | 1,453        | 1,569        |
| Administration costs                  | 1,139        | 1,390        |
| Property costs                        | 752          | 739          |
| Provision for dilapidations           | 0            | 466          |
| Transport costs                       | 7            | 9            |
| Pension administration costs (IAS 19) | 21           | 13           |
| Depreciation of assets                | 1            | 2            |
| Changes in debt impairment allowance  | 4            | 3            |
|                                       | <b>3,377</b> | <b>4,191</b> |

The above total includes £22.6k (2020/21 £20.3k) for external auditor's remuneration paid to Audit Scotland. Grant Thornton UK LLP (appointed auditors) did not receive any fees in relation to non-audit work.

6b **Analysis of disbursements**

|  | 2021/22      | 2020/21      |
|--|--------------|--------------|
| <b>Disbursements</b>                                 | <b>£000</b>  | <b>£000</b>  |
| <b>Postgraduate bursaries:</b>                       |              |              |
| Tuition fees paid to universities                    | 988          | 1,000        |
| Bursaries paid to students                           | 1,622        | 1,570        |
| <b>Total bursary disbursement</b>                    | <b>2,610</b> | <b>2,570</b> |
| <b>Other disbursements:</b>                          |              |              |
| Practice learning fees                               | 2,776        | 1,434        |
| Voluntary Sector Development Fund - training support | 1,074        | 1,148        |
| Workforce planning and development                   | 350          | 177          |
| <b>Total disbursements</b>                           | <b>6,810</b> | <b>5,329</b> |

## 7 Property, plant and equipment

|                           | Furniture & fittings<br>£000 |
|---------------------------|------------------------------|
| <b>Cost or valuation:</b> |                              |
| At 1 April 2021           | 27                           |
| Additions                 | 0                            |
| Disposal/de-recognition   | 0                            |
| <b>At 31 March 2022</b>   | <b>27</b>                    |
| <b>Depreciation:</b>      |                              |
| At 1 April 2021           | 12                           |
| Charged in year           | 1                            |
| Disposal/de-recognition   | 0                            |
| <b>At 31 March 2022</b>   | <b>13</b>                    |
| <b>Net book value:</b>    |                              |
| <b>At 31 March 2022</b>   | <b>14</b>                    |
| At 31 March 2021          | 15                           |

|                           | Furniture & fittings<br>£000 |
|---------------------------|------------------------------|
| <b>Cost or valuation:</b> |                              |
| At 1 April 2020           | 154                          |
| Additions                 | 0                            |
| Disposal/de-recognition   | (127)                        |
| <b>At 31 March 2021</b>   | <b>27</b>                    |
| <b>Depreciation:</b>      |                              |
| At 1 April 2020           | 137                          |
| Charged in year           | 2                            |
| Disposal/de-recognition   | (127)                        |
| <b>At 31 March 2021</b>   | <b>12</b>                    |
| <b>Net book value:</b>    |                              |
| <b>At 31 March 2021</b>   | <b>15</b>                    |
| At 31 March 2020          | 17                           |

All assets are owned.

## 8 Trade and other receivables

### 8a Summary of trade and other receivables

| Summary of trade and other receivables              | 2021/22 |              | 2020/21 |              |
|---|---------|--------------|---------|--------------|
|   | £000    | £000         | £000    | £000         |
| <b>Amounts falling due within one year</b>          |         |              |         |              |
| Prepayments and accrued income                      |         | 865          |         | 1,478        |
| Trade receivables                                   | 440     |              | 465     |              |
| Other receivables                                   | 42      |              | 25      |              |
| Total trade and other receivables                   |         | 482          |         | 490          |
|   |         | <b>1,347</b> |         | <b>1,968</b> |
| <b>Amounts falling due after more than one year</b> |         |              |         |              |
| Prepayments   |         | 4            |         | 3            |
| <b>Total trade and other receivables</b>            |         | <b>1,351</b> |         | <b>1,971</b> |

Trade and other receivables are non-interest bearing. Credit terms are generally 30 days. Trade and other receivables are recorded at fair value, reduced by appropriate allowances for estimated irrecoverable amounts.

Prepayments for 2020/21 include a sum of £531k paid to universities to fund practice learning opportunities for social work students. Due to the COVID-19 pandemic, practice placements were suspended. With agreement from our Scottish Government Sponsor this funding was used by the universities during 2021/22 to fund resumed placements.

### 8b Provision for impairment of receivables

| Provision for impairment of receivables | 2021/22     | 2020/21     |
|---|-------------|-------------|
|   | £000        | £000        |
| As at 1 April                           | (38)        | (35)        |
| Charge for the year                     | (464)       | (467)       |
| Unused amounts reversed                 | 7           | 2           |
| Uncollectable amounts written off       | 453         | 462         |
| As at 31 March                          | <b>(42)</b> | <b>(38)</b> |

As at 31 March 2022, trade and other receivables of £42k (2020/21: £38k) were past due and impaired. The amount of the provision is £42k (2020/21: £38k). The ageing analysis of these receivables is as follows:



| <b>Aged analysis of past due and impaired receivables</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---|-------------------------|-------------------------|
| Up to 3 months past due                                   | 11                      | 6                       |
| 3 to 6 months past due                                    | 5                       | 10                      |
| 6 to 12 months past due                                   | 6                       | 7                       |
| Over 12 months past due                                   | 20                      | 15                      |
|   | <b>42</b>               | <b>38</b>               |

As at 31 March 2022, trade and other receivables of £468k (2020/21: £490k) were due but not impaired. The ageing analysis of these receivables is as follows:

| <b>Aged analysis of unimpaired receivables due</b> | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|--|-------------------------|-------------------------|
| Not yet due  | 357                     | 338                     |
| Up to 3 months past due                            | 84                      | 80                      |
| 3 to 6 months past due                             | 5                       | 21                      |
| 6 to 12 months past due                            | 9                       | 23                      |
| Over 12 months past due                            | 13                      | 28                      |
|  | <b>468</b>              | <b>490</b>              |

#### 8c Analysis of trade and other receivables

| <b>Analysis of trade and other receivables</b>      | <b>2021/22<br/>£000</b> | <b>2020/21<br/>£000</b> |
|---|-------------------------|-------------------------|
| <b>Amounts falling due within one year</b>          |                         |                         |
| Bodies external to Government                       | 1,176                   | 1,819                   |
| Other Government bodies                             | 169                     | 141                     |
| Local authorities                                   | 2                       | 5                       |
| NHS Bodies  | 0                       | 3                       |
|   | <b>1,347</b>            | <b>1,968</b>            |
| <b>Amounts falling due after more than one year</b> |                         |                         |
| Bodies external to Government                       | 2                       | 3                       |
| Other Government bodies                             | 2                       | 0                       |
|   | <b>4</b>                | <b>3</b>                |
| <b>Total trade and other receivables</b>            | <b>1,351</b>            | <b>1,971</b>            |

## 9 Cash and cash equivalents

|   | 2021/22<br>£000 | 2020/21<br>£000 |
|---|-----------------|-----------------|
| Balance as at 1 April                               | 5,960           | 5,956           |
| Net change in cash and cash equivalent balances     | 1,343           | 4               |
| Balance as at 31 March                              | <b>7,303</b>    | <b>5,960</b>    |
| The following balances as at 31 March were held at: |                 |                 |
| Government banking service                          | 7,244           | 5,752           |
| Commercial banks and cash in hand                   | 59              | 208             |
| Balance as at 31 March                              | <b>7,303</b>    | <b>5,960</b>    |

## 10 Trade and other payables

### 10a Summary of trade and other payables

|  | 2021/22<br>£000 | 2020/21<br>£000 |
|--|-----------------|-----------------|
| <b>Summary of trade and other payables</b> |                 |                 |
| <b>Amounts falling due within one year</b> |                 |                 |
| Trade payables                             | 405             | 248             |
| Accruals and deferred income               | 4,916           | 3,950           |
| Other payables                             | 204             | 190             |
| Other taxation and social security         | 275             | 253             |
| VAT  | 0               | 11              |
| <b>Total trade and other payables</b>      | <b>5,800</b>    | <b>4,652</b>    |

### 10b Analysis of trade and other payables

|   | 2021/22<br>£000 | 2020/21<br>£000 |
|---|-----------------|-----------------|
| <b>Analysis of trade and other payables</b> |                 |                 |
| <b>Amounts falling due within one year</b>  |                 |                 |
| Bodies external to Government               | 3,625           | 4,035           |
| Higher education institutes (HEIs)          | 1,402           | 78              |
| Other Government bodies                     | 492             | 307             |
| Local authorities                           | 275             | 232             |
| NHS bodies                                  | 6               | 0               |
| <b>Total trade and other payables</b>       | <b>5,800</b>    | <b>4,652</b>    |

## 11 Sources of financing

| 2020/21       |   | Ref/<br>note | 2021/22         |                 | Total<br>£000 |
|---------------|---|--------------|-----------------|-----------------|---------------|
| Total<br>£000 | General Reserve                         |              | Revenue<br>£000 | Capital<br>£000 |               |
| 1,600         | Opening balance                         |              | 2,813           | 15              | 2,828         |
| (20,846)      | (deficit) for the year                  | SCNE         | (15,927)        | (2)             | (15,929)      |
| 4,227         | Pension adjustments and re-measurements | 5b           | (1,923)         | 0               | (1,923)       |
| 17,847        | Grants and grant in aid                 | 13a          | 17,426          | 0               | 17,426        |
| <b>2,828</b>  | Closing balance                         |              | <b>2,389</b>    | <b>13</b>       | <b>2,402</b>  |

## 12 Government funding

### 12a Grants and grant in aid

|                                      | 2021/22<br>£000 | 2020/21<br>£000 |
|--------------------------------------|-----------------|-----------------|
| <b>Grants and grant in aid</b>       |                 |                 |
| Grant in aid                         | 16,217          | 16,035          |
| Voluntary Sector Development Fund    | 1,097           | 1,117           |
| Workforce development grant          | 112             | 486             |
| Recruitment marketing campaign       | 0               | 120             |
| Cyber resilience                     | 0               | 56              |
| Self-directed support grant          | 0               | 33              |
| <b>Total funding from Government</b> | <b>17,426</b>   | <b>17,847</b>   |

All grant conditions have been met. The amounts in the table reflect grants drawn down, net of any repayments. Therefore, as at 31 March 2022 no grants are due for repayment.

### 12b Grant in aid analysis

|  | 2021/22<br>£000 | 2020/21<br>£000 |
|--|-----------------|-----------------|
| <b>Grant in aid analysis</b>                   |                 |                 |
| Approved grant in aid from Scottish Government | 16,035          | 15,724          |
| Additional grant in aid paid during the year   | 182             | 311             |
| <b>Total approved grant in aid</b>             | <b>16,217</b>   | <b>16,035</b>   |
| Grant drawdown during the year                 | 16,217          | 16,035          |
|  | <b>0</b>        | <b>0</b>        |

## 13 Capital commitments

There were no capital commitments as at 31 March 2022.

## 14 Commitments under leases

### 14a Operating leases

Commitments under operating leases to pay rentals during the year following the year of these accounts are given in the table below, analysed according to the period in which the lease expires.

|  | 2021/22    | 2020/21      |
|--|------------|--------------|
| Obligations under operating leases comprise: | £000       | £000         |
| <b>Buildings:</b>                            |            |              |
| within 1 year                                | 809        | 792          |
| within 2 to 5 years                          | 42         | 833          |
| beyond 5 years                               | 0          | 0            |
|  | <b>851</b> | <b>1,625</b> |

### 14b Finance leases

There are no obligations or commitments under finance leases.

## 15 Other provisions

Other provisions comprise property dilapidations in respect of lease obligations.

|                                 | 2021/22    |
|---------------------------------|------------|
|                                 | £000       |
| Balance at 1 April 2021         | 466        |
| Provided in year                | 0          |
| <b>Balance at 31 March 2022</b> | <b>466</b> |

## 16 Contingent liabilities

There is one contingent liability at 31 March 2022. This contingent liability was disclosed in the 2020/21 Annual Accounts and the situation has not changed.

An Employment Appeal Tribunal decision may have an impact on financial liabilities regarding Fitness to Practise Panel Members if they are considered to have worker rather than self employed status. We expect that this will be concluded within the next 12 months.

## 17 Related party transactions

The SSSC is a Non-Departmental Public Body (NDPB) sponsored by the Scottish Government Office of the Chief Social Work Adviser of the Children and Families Directorate. The SSSC has shared service arrangements with the Care Inspectorate in 2021/22 totalling £734k (2020/21 £676k). Both Scottish Government and the Care Inspectorate are regarded as related parties with which the SSSC has had various material transactions during the year.

A Register of Interests is maintained and updated annually. No Council Members, key managerial staff or other related parties have undertaken material transactions with the SSSC during the year.

18 **Post Statement of Financial Position events**

There were no events after the Statement of Financial Position date relating to the 2021/22 financial year.

### SCOTTISH SOCIAL SERVICES COUNCIL

**Scottish Government Logo** –(to be inserted in printed version)

### DIRECTION BY THE SCOTTISH MINISTERS

1. The Scottish Ministers, in pursuance of paragraph 9(1) of Schedule 2 to the Regulation of Care (Scotland) Act 2001, hereby give the following direction.
2. The statement of accounts for the financial year ended 31 March 2006, and subsequent years, shall comply with the accounting principles and disclosure requirements of the edition of the Government Financial Reporting Manual (FReM) which is in force for the year for which the statement of accounts are prepared.
3. The accounts shall be prepared so as to give a true and fair view of the income and expenditure and cash flows for the financial year, and of the state of affairs as at the end of the financial year.
4. This direction shall be reproduced as an appendix to the statement of accounts. The direction given on 25 November 2001 is hereby revoked.



Signed by the authority of the Scottish Ministers

Dated: 16 January 2006



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If you would like this document in another format,  
please contact the SSSC on 0345 60 30 891

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Business Continuity Policy   |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | To introduce a new Business Continuity Policy for the SSSC   |
| <b>Recommendations</b>           | The Council is asked to approve the Business Continuity Policy.  |
| <b>Author</b>                    | Ian Stewart, Head of Performance and Improvement   |
| <b>Responsible Officer</b>       | Laura Shepherd, Director of Strategy and Performance   |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>     | <p>Risk 3: We fail to meet corporate governance, external scrutiny, and legal obligations.</p> <p>Risk 7: Business Continuity Plans (BCP) are in place and tested.</p>   |
| <b>Impact assessments</b>        | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>   |



|                           |  |
|---------------------------|--|
| <b>Documents attached</b> | Appendix 1: Draft Business Continuity Policy |
| <b>Background papers</b>  | None   |

## **INTRODUCTION**

1. This policy details the SSSC's approved business continuity planning arrangements. It covers the principles, accountabilities and responsibilities and the structure of the business continuity management system (BCMS).
2. We have an existing BCMS in place, developed by Shared Services in 2012.
3. We operated successfully through a business continuity situation during the worldwide pandemic, COVID-19. In March 2020, at the outset of the pandemic the SSSC updated key parts of the BCMS, including the business impact analysis and ICT incident response plans. These form part of the new suite of documentation that will follow the implementation of this policy.

## **NEXT STEPS**

4. An incident management plan and testing exercise plan will be developed following the approval of this policy. This will ensure a full range of BCMS requirements are in place.
5. We will commission external support to run a test business continuity exercise, assess and amend the plans if necessary.
6. Shared Services are responsible for management of our HR, Finance, Procurement and Health and Safety functions. Shared Services will continue to be responsible for continuity arrangements associated with these areas and the building.

## **CONSULTATION**

7. We consulted with the Executive Management Team and the Operational Management Team as part of the development of this policy.

## **IMPLICATIONS**

### **Resourcing**

8. We can commission an external company to support with testing, however the cost of this is not yet known.

### **Compliance**

9. There are no compliance issues identified.

## **RISKS**

10. Our risk appetite towards governance matters is averse. This policy will reduce the risk of us being unable to fulfil our legal obligations and critical

processes during a disruptive incident. There are no risks arising from the development of this policy.

## **IMPACT ASSESSMENTS**

### **Equalities**

11. We do not require an Equalities Impact Assessment. The changes do not propose a course of action that will have an impact on people with protected characteristics.

### **12. CONCLUSION**

Council is asked to approve the Business Continuity Policy.

# **Business Continuity Policy**

May 2022

**Document governance and management**

|   |                                      |
|---|--------------------------------------|
| Document owner/author/lead                            | Director of Strategy and Performance |
| Version number  | V1                                   |
| Current version referred for approval to              | Council 25 August 2022               |
| Date of next review                                   | August 2025                          |
| Date of equality impact assessment (mandatory)        | Not required                         |
| Date of privacy impact assessment (if required)       | Not required                         |
| Date of environmental impact assessment (if required) | Not required                         |

**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 document |
|--------------|----------------|-----------------------|------------------------------------|
|              |                |                       |                                    |
|              |                |                       |                                    |
|              |                |                       |                                    |
|              |                |                       |                                    |

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# 1. Introduction

## 1.1 Introduction

This policy sets out the SSSC's arrangements for effective business continuity (BC) planning and management during non-routine incidents affecting the organisation's ability to maintain its operational performance.

It sets out the high-level accountabilities and responsibilities that are required to effectively manage and operate those arrangements and it defines our Business Continuity Management System (BCMS).

## 1.2 Context

BC is our capability to continue to deliver services at an acceptable and pre-defined level following a disruptive incident. It is something that:

- seriously affects our ability to deliver services
- requires additional resource and coordination to manage
- leads to financial or productivity loss, breach of statutory duty, reputational risk and failure to achieve strategic outcomes if not managed effectively.

Disruptive incidents come in many forms such as utility loss, road closures, industrial action, protest, civil unrest, cyber-attacks, pandemic or severe weather. We are not able to foresee all causes of disruption, but we know our business and can anticipate the consequence of incidents.

We cannot remove all risk of disruption, but good business continuity planning can minimise the impact of a disruptive incident by helping us respond quickly and effectively and recover more quickly.

## 1.3 Scope

All SSSC departments are included within the scope of this policy.

Shared Service with the Care Inspectorate have business continuity plans to ensure they maintain business continuity during a disruptive incident.

Services delivered to us under the shared services contract are out of scope. We expect them to have their own business continuity arrangements in place as part of contractual arrangements and where appropriate we will engage with them during an incident.

## 1.4 Guidance and legislation

There are no legislative requirements which need to be complied with but the following documentation supports our BC arrangements:

- British Standard for Business Continuity Management - BS25999

- Civil Contingencies Act 2004
- The Contingency Planning (Scotland) Regulations 2005
- ISO 22301:2019 Security and resilience. Business continuity management systems
- Business Continuity Institute (BCI) Good Practice Guidelines 2018 Edition
- Business continuity procedure
- Directorate Business Impact Analyses
- Risk management policy
- Risk management procedure
- Cyber Incident Response Plan

## 2. Principles

- The Chief Executive and directors are responsible for the delivery of a robust BCMS.
- Managers are responsible for implementation and maintenance of the BCMS. within their functional areas.
- Following of best practice BC planning principles as set out by the BCI.
- Making sure all staff are aware of this policy and associated procedures and provide suitable and regular BC awareness training and communications.
- Providing clarity on what to do in the event of an incident.
- Making sure robust command and control procedures are in place.
- Making sure effective mechanisms for escalation are in place.
- Making sure of the ability to determine key parties and resources required to develop and implement and effective response.
- Ensuring effective communication routes across all parties are in place.

## 3. Roles and responsibilities

### 3.1 Council

The Council is accountable for the oversight of the SSSC's BC planning arrangements. The responsibility for overseeing the management of the BCMS is delegated to the Executive Management Team.

### 3.3 Executive Management Team

The Executive Management Team (EMT) is the senior management team of the SSSC. The CEO has overall responsibility for ensuring the SSSC complies with this policy and is supported in their responsibility by the EMT and the Head of Performance and Improvement. This policy is reviewed on a three-yearly basis by the Head of Performance and Improvement on behalf of the Director of Strategy and Performance. In addition, the EMT is responsible for:

- approving this policy
- ensuring Directorates undertake the requirements set out in this policy
- delegating the ongoing maintenance of the BCMS to the Operational Management Team (OMT) and ensuring OMT understand their responsibilities in relation to it
- approving the output of any formal review of their directorate Business Impact Analysis (BIA) and Business Continuity Plan (BCP)



- taking responsibility for an Incident Management Response Team role, if required
- fully engaging and participating in any exercise designed to test our planning arrangements
- fully engaging and participating in any training designed to increase awareness of our planning arrangements
- convening our Incident Management Response Team and initiating or approving the invoking of any BCPs (Business Continuity Plans).

### **3.4 Operational Management Team**

The OMT consists of the Heads of Service within the SSSC and oversees the day-to-day operational management of the SSSC. They are responsible for:

- ensuring staff are aware of the policy and for promoting compliance with all aspects of the policy
- ongoing maintenance of the BCMS
- developing and reviewing and updating their directorate BIAs and BCPs on an annual basis or when required, if sooner
- giving due consideration to any new risk, process or change to service within their areas of responsibility, and how this may impact their directorate BIA and BCP and to update these accordingly
- taking responsibility for an Incident Management Response Team role, if required
- fully engaging and participating in any exercise designed to test our planning arrangements
- fully engaging and participating in any training designed to increase awareness of our planning arrangements
- cascading information to their teams
- escalating issues to the EMT.

### **3.5 Staff**

All staff are responsible for:

- general awareness of the policy and its content and ensuring individual compliance
- fully engaging with the formal review of their directorate BIA either on an annual basis or when required, if requested, and maintaining awareness of any BIA and BCP relevant to them
- fully engaging and participating in any exercise designed to test our planning arrangements
- fully engaging and participating in any training designed to increase awareness of our planning arrangements
- keeping emergency contact details up to date
- escalating issues to the OMT.

## **4. Business Continuity Management System**

#### 4.1 The SSSC's Business Continuity Management System (BCMS)

Our business continuity management system will bring together this policy with methods, procedures and processes to make sure we are able to carry out our critical processes and obligations during times of significant disruption.

It is a process-oriented approach that requires interaction between management, business and support processes that will fit with existing systems, processes and organisational structure.

There are various aspects to a BCMS that support the SSSC.

- Business Continuity Policy.
- Procedures – includes BIAs and BCP(s).
- BCMS process map.
- BCMS performance metrics.
- SSSC Incident Management Plan and Cyber Incident Response Plan.
- SSSC Incident Management Response Team.
- Validation exercise programme – to test our planning arrangements.
- Internal review programme.
- Audit.
- External benchmarking, such as Business Continuity Maturity Model (BCMM).
- Training – general awareness and role specific.
- Dedicated area on intranet for BC related information and a repository for all BC related documentation.

One of the most important parts of the BCMS is the business impact analysis (BIA) which identifies the essential processes that are critical for our organisation. On completing our BIAs, we can further develop business continuity strategies and plans to protect the SSSC against all common risks.

Performance and Improvement will oversee the operating and ongoing maintenance of the BCMS. We will monitor the effectiveness of our BCMS throughout the year and a formal review will be carried out every three years in line with this policy. A formal annual review of business impact analyses (BIA) will be carried out to make sure that they remain fit for purpose.



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

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|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Health and Safety Report   |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | To ask the Council to endorse the Health and Safety Annual Report for 2021/22 and ask for approval of the Corporate Health and Safety Policy.  |
| <b>Recommendations</b>           | The Council is asked to:<br>1. endorse the Health and Safety Annual Report 2021/22<br>2. approve the Corporate Health and Safety Policy.   |
| <b>Author</b>                    | Carole Kennedy, Estates, Health and Safety Manager   |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director, Finance and Resources   |
| <b>Link to Strategic Plan</b>    | The information in this report links to all our strategic outcomes:<br><br>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.<br><br>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.<br><br>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.<br><br>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives. |
| <b>Link to Risk Register</b>     | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.   |

|                           |  |
|---------------------------|--|
| <b>Impact assessments</b> | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol> |
| <b>Documents attached</b> | <p>Appendix 1: Health and Safety Annual Report 2021/22</p> <p>Appendix 2: Corporate Health and Safety Policy</p> <p>Appendix 3: Policy Review Timetable</p>  |
| <b>Background papers</b>  | None   |

## **EXECUTIVE SUMMARY**

1. We present the Council with the Annual Report on Health and Safety for 2021/22, a reviewed Corporate Health and Safety Policy and the policy review schedule for the coming year.
2. The Joint Health, Safety and Wellbeing Committee monitors health and safety performance of the SSSC and Care Inspectorate on a quarterly basis. The responsible director for each organisation takes it in turn to chair these meetings. The Committee approves, monitors and reviews annual action plans and prepares the annual report.

## **ANNUAL REPORT ON HEALTH AND SAFETY 2021/22**

3. This is the first time that we have presented an annual report on health and safety to Council for endorsement. The report at Appendix 1 summarises key metrics for 2021/22 and includes the main activities related to health and safety that we will carry out in 2022/23. There were no areas for concern.

## **HEALTH AND SAFETY POLICIES**

### **Corporate Health and Safety Policy**

4. The Corporate Health and Safety Policy is a requirement by law under the Health and Safety at Work Act 1974.
5. This is the only Health and Safety Policy that Council needs to approve as it demonstrates the organisation's commitment at the highest level and sets out responsibilities for occupational health and safety at all levels.
6. The Resources Committee approved the current policy on 26 September 2018 and Council noted the minutes of that meeting on 23 October 2018. We have reviewed and updated this policy to reflect current SSSC branding and management structure.
7. There are no material changes to the policy in terms of legal requirements or obligations. The Executive Management Team (EMT) endorsed the revised policy on 21 July 2022, after some minor amendments, and the policy is attached at Appendix 2. Council is asked to approve this revised policy.
8. We will arrange a session for Council Members this year to support them to understand their responsibilities in relation to health and safety.

### **Policy Review Timetable**

9. The Health and Safety Policy review timetable is attached at Appendix 3. We will review all policies this year, following the agreed approval process.

## **JOINT HEALTH, SAFETY AND WELLBEING COMMITTEE**

10. In 2021, we merged the SSSC Health and Safety Committee with the Care Inspectorate's Health, Safety and Wellbeing Committee to share best practice and achieve improvement performance and shared efficiencies. However, each organisation is considering whether we have realised these benefits and the Joint Committee will agree on 22 September 2022 to recommend to their respective EMTs whether to continue joint meetings or form separate Committees for each organisation.

## **CONSULTATION**

11. We have consulted with EMT on the Health and Safety report and with the Joint Committee through quarterly reporting.
12. We have consulted on the Corporate Health and Safety Policy with the Joint Committee, Operational Management Team, EMT, the Partnership Forum and the short-term working group for people management policies that includes two Council Members.
13. Many of the comments made in the consultation asked for clarification in the policy and were actioned. A Health and Safety Strategy was drafted but the Estates, Health and Safety Manager agreed that we are not required to put this in place, and it was removed. We moved the policy statement from the Chief Executive to the appendix rather than in the body of the policy so as we can easily separate it for use in other communications.

## **RISKS**

14. Health and safety is included in risk 3 in the strategic risk register: we fail to meet corporate governance, external scrutiny and legal obligations. We have an averse appetite to this risk and will look to exceed our legal obligations.
15. If we do not meet our legal obligations and fail in our duty of care to staff, we could face improvement notices or prohibition from the Health and Safety Executive (HSE), legal prosecution or civil challenge. We mitigate risks by following the Health and Safety Management System (HGS65), policy provision, completion of suitable and sufficient risk assessment and staff training.

## **IMPLICATIONS**

### **Resourcing**

16. There are no direct financial implications associated with this report. Financial implications do arise due to complying with health, safety and

wellbeing policy and guidance and these costs are funded within the Council approved annual budget.

### **Compliance**

17. The organisation must comply with the obligations under the Health and Safety at Work Act 1974, management of health and safety at work regulations, and other supporting regulations such as display screen equipment regulations and Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). This report provides assurance that the organisation has sufficiently met those obligations during this reporting period.
18. All policies and guidance are prepared in line with the relevant guidance and Approved Codes of Practice (ACoP) as published by the HSE.

## **IMPACT ASSESSMENTS**

### **Equalities**

19. An Equalities Impact Assessment discussion was undertaken on the Corporate Health and Safety Policy. It was concluded that there was no need to do a full Equalities Impact Assessment for this policy as there were no concerns across any of the nine protected characteristics. As this is an umbrella policy, we do not believe that the policy is subject to further, more in-depth Equality Impact Assessment. However, we will monitor the impact of implementing this policy and if we identify any issues, we will undertake further Equality Impact Assessment work.

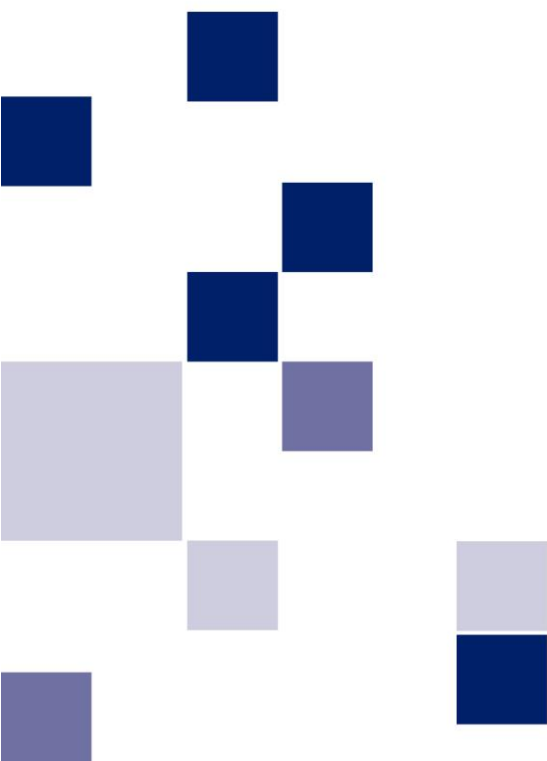
## **CONCLUSION**

20. This report asks Council to approve the Corporate Health and Safety policy and endorse the annual Health and Safety report, which shows satisfactory health and safety performance for 2021/22. There are no concerns about our compliance with statutory requirements.



# **Annual Health and Safety Report 2021 – 2022**

**August 2022**



## **BACKGROUND**

1. In 2017, the organisation commissioned a review of our health and safety arrangements. The SSSC entered a shared service arrangement with the Care Inspectorate, providing the Estates, Health and Safety Manager as the Competent Person required under the Health and Safety at Work Act 1974.
2. This review resulted in a 28-point action plan which we completed in 2020.
3. In June 2021, the Health, Safety and Wellbeing Committees of the SSSC and the Care Inspectorate were merged into a Joint Health, Safety and Wellbeing Committee, which meets quarterly with the responsible director for each organisation taking turns to chair the meeting.
4. We approved and reviewed the annual action plan for 2021/22 through the Joint Health, Safety and Wellbeing Committee.
5. The Joint Committee approved and reviewed an action plan for 2021/22 and monitored the health, safety and wellbeing performance of both organisations on a quarterly basis.

## **PERFORMANCE INFORMATION**

### **Health and Safety Achievements**

6. COVID restrictions were eased/removed during this year providing an opportunity for staff to have greater access to our office but working practices have and are changing with many staff continuing to work mainly at home. Health, safety and wellbeing activity and practice is having to adapt to this change in the working environment.
7. A summary of the 2021/22 health and safety achievements are as follows.
  - Formation of a Joint Health, Safety and Wellbeing Committee.
  - Development of an Agile Working risk assessment tool.
  - Agreement of the approval process for health and safety policies.
  - Development of a policy review schedule.
  - Effectively managing access to offices.
  - Provision of a framework to enable staff to work safely from home.

### **Measuring Performance**

8. The Health and Safety Performance figures are reported quarterly to the Health, Safety and Wellbeing Committee. They are summarised below.

## Incident reporting

9.

| <b>Incident Category</b>   | <b>Total in 2021/22</b> |
|----------------------------|-------------------------|
| Verbal Aggression          | 0                       |
| Machinery / Equipment      | 0                       |
| Trap/Crush                 | 0                       |
| Burns/Scalds               | 0                       |
| Vehicles/Cars/Road/Traffic | 0                       |
| Moving / Falling Object    | 0                       |
| Slips, Trips and Falls     | 0                       |
| Cuts                       | 0                       |
| Other                      | 1                       |
| Near Misses                | 0                       |
| <b>Total</b>               | <b>1</b>                |

10. The organisation has a very low risk profile and good health and safety provisions are in place. This is reflected in the low number of incidents, none of which were RIDDOR (Reporting of Incidents, Diseases and Dangerous Occurrences Regulations) reportable.

## Risk Assessments

11.

| <b>Risk Assessment Category</b> | <b>2021/22</b> |
|---------------------------------|----------------|
| Office                          | 1              |
| Fire Safety                     | 0              |
| Team                            | 0              |
| Specific                        | 11             |
| Stress / Mental Health          | 0              |
| New or Expectant Mothers        | 4              |
| DSE (e-learning and 1-2-1)      | 246            |
| OH Referrals                    | 4              |
| <b>Total</b>                    | <b>266</b>     |

12. Throughout COVID, the completion rate of relevant risk assessments remained high, indicating a good health and safety culture within the SSSC.

## First Aid Provision

13. Prior to COVID, SSSC had six dedicated first aiders but combined with the Care Inspectorate and OSCR who also occupy Compass and Quadrant Houses, there were 13 fully trained first aiders and two reserve volunteers.
14. The security officers in Compass and Quadrant Houses are all fully trained first aiders, providing cover for the reduced staff presence for the last two years and they will continue to do so.

15. We completed a First Aid Needs Assessment. The outcome was that there is no requirement for any additional office based, fully trained first aid at work staff. However, as this is a shared building with other Scottish Government bodies, we will continue to refresh the training of and actively recruit more volunteers to allow for a pool of first aiders across the buildings.

### **Fire Safety**

16. Fire and evacuation provision pre-COVID was good, with nine trained fire wardens and three on the reserve list. All fire wardens' training expired during the last two years. Currently office attendance remains low and there is no set pattern of daily attendance. In these circumstances the security officers are our Evacuation Controllers who are suitably trained to perform this role. We will review the need for trained fire wardens as office attendance patterns change.
17. We reviewed the evacuation procedures because of COVID and the new agile working arrangements. All staff completed a basic fire safety e-learning module and need to sign in and out of the building. The Evacuation Controllers (Security) use this register to make sure all staff and contractors have left the building.

### **Health and Safety Training**

18. We require new managers to attend bespoke training on Managing Health and Safety. We run this training on a quarterly basis where numbers allow.
19. The Health and Safety team reviewed mandatory training needs in consultation with the Organisational Development team.
20. E-Learning is the primary delivery method for initial health and safety essentials, including Basic Occupational Health and Safety, Basic Fire Safety, Display Screen Equipment (DSE) training, Manual Handling and Stress Awareness. The completion percentage of these courses is shown in the table below.

| <b>SSSC</b>  | <b>Number of staff completed</b> | <b>Current % of workforce completed (337)</b> | <b>% Change since April 2021</b> |
|--|----------------------------------|---|----------------------------------|
| DSE (Agile Working)  | 311                              | <b>92%</b>                                    | + 15%                            |
| Occupational Safety and Health Awareness (262 staff)             | 245                              | <b>94%</b>                                    | + 1%                             |
| Occupational Safety and Health Awareness (Line Manager) (74 LMs) | 65                               | <b>88%</b>                                    | + 49%                            |
| Fire awareness (FireRite)  | 319                              | <b>95%</b>                                    | + 10%                            |
| Stress awareness (FeelRite)                                      | 305                              | <b>91%</b>                                    | + 72%                            |
| Equality and Diversity   | 317                              | <b>94%</b>                                    | + 18%                            |

## **Health and Safety Plans**

21. Plans for 2022/23 include:

- review of the Corporate Health and Safety policy
- internal audit of health and safety
- continued provision of desks, chairs and other supports to enable staff to work safely at home
- development of a new Fire Safety policy
- review of the Health and Safety Risk Assessment policy
- development of a Zero Tolerance policy
- development of a Management of Road Risk policy
- review and replace the Laptop Guidance with Safe Use of Mobile Devices guidance
- review of Manual Handling guidance
- development of Severe Weather guidance
- develop Flu Vaccination guidance
- develop a Health and Safety Risk Assessment training course for managers
- replacement of the e-learning modules by content on the new Learning Management System (LMS) platform.
- delivery of a session to Council Members to support their understanding of their responsibilities in relation to health and safety and review any further training needs.



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# **Corporate Health and Safety Policy**

August 2022

**Document governance and management**

|   |   |
|---|---|
| Document owner/author/lead                            | Director of Finance and Resources                   |
| Version number  | 1   |
| Current version referred for approval to              | Council 25 August 2022                              |
| Date of next review                                   | August 2025   |
| Date of equality impact assessment (mandatory)        | EIA discussion January 2022 – Full EIA not required |
| Date of privacy impact assessment (if required)       |   |
| Date of environmental impact assessment (if required) |   |

**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 document |
|--------------|----------------|-----------------------|------------------------------------|
|              |                |                       |                                    |
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# 1. Introduction

This Corporate Health and Safety Policy represents a commitment by the Scottish Social Services Council (SSSC) to apply 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 management culture. We are committed to developing a positive attitude to health and safety at all levels and encourage active participation from management and staff.

The policy reflects the organisation's aim to go further than our legal obligations under the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999 where we reasonably can.

Managers will show and promote a positive attitude towards health, safety and wellbeing amongst all staff. Everyone working within the SSSC has this responsibility.

The policies and procedures supporting this policy detail the management responsibilities, arrangements and procedures to ensure successful implementation of this overarching policy.

This includes active consultation and participation of staff through the partnership forum and the health, safety and wellbeing committee. We will provide staff with adequate time and resources to contribute to the implementation, monitoring and review of this Corporate Health and Safety Policy and associated policies and procedures.

This policy is central to the management of health, safety and wellbeing within the SSSC. It requires the support and commitment of every member of staff to achieve the benefits of successful health and safety management.

Our health and safety policy statement from the Chief Executive is included at appendix 1.

## 2. Roles and responsibilities

### 2.1 Council

The Council of the Scottish Social Services Council is committed to setting up effective management systems for occupational health and safety. They will make sure that we establish effective policies, procedures and training, with appropriate review mechanisms in place to ensure the effective management of health and safety. The Council delegates the preparation, review and monitoring of all health and safety policies except the Corporate Health and Safety Policy to the Executive Management Team.

The Council will review and approve the health and safety policy every three years and receive an annual health and safety performance report.

### 2.2 Chief Executive

The Chief Executive has overall responsibility for ensuring compliance with legislative requirements. This includes, so far as is reasonably practicable, doing the following.

- Making sure we keep the Corporate Health and Safety Policy under review and it meets the needs of the organisation.
- Making sure we make enough finance and other resources available to implement this policy.
- Making sure staff are committed to health and safety and cooperate, through the senior management team and other communication forums within the SSSC.
- Deciding the organisational structure through which we implement this policy and delegating the responsibility for implementation of this policy.
- Making sure those with responsibilities for health and safety are given the right information, instruction and training to carry out their duties effectively.
- Appointing competent person(s) to help the SSSC in overseeing the application and provision of health and safety legislation.
- Making sure we set up and maintain health, safety and wellbeing management systems, which include the assessment of risks, effective planning, organisation, control, monitoring and review of the preventative and protective measures necessary to reduce and control the risks.
- Having the health and safety committee chaired by a member of the Executive Management Team (EMT).
- Including health and safety as a standing agenda item at all EMT meetings.

## 2.3 Executive Management Team

The EMT is, so far as is reasonably practicable, responsible for the health, safety and wellbeing at work of employees in their respective directorates. This includes identifying and determining local strategies and arrangements to support the Corporate Health and Safety Policy. They must also check the progress of the Health and Safety Action Plan within their directorates.

EMT's duties will include responsibility for the following within their directorate.

- Making sure we implement the Corporate Health and Safety Policy and supporting policies and procedures.
- Approval of all health and safety policies except for the Corporate Health and Safety Policy, which is approved by Council.
- Documenting the organisation and delegation of responsibilities arising from this policy.
- Ensuring adequate finance and other resources are made available to enable us to implement the policy.
- Implementing health and safety management systems, through assessment of risk and the effective implementation of preventative measures, needed to eliminate, reduce or control the risks.
- Making line managers aware that the responsibility for health, safety and wellbeing is shared, and that they are responsible for the health, safety and wellbeing of employees or others affected by the SSSC's activities.
- Making sure that the risks associated with the premises and activities under their control are identified with the aim of eliminating or controlling the risks.
- Including health and safety as a standing agenda item at every directorate management team meeting. Issues relating to health and safety must be discussed at least quarterly.

## 2.4 Operational Management Team

OMT's duties will include responsibility for the following within their department:

- Implementing health and safety management systems, through assessment of risk and the effective implementation of preventative measures, needed to eliminate, reduce or control the risks.
- Making line managers aware that the responsibility for health, safety and wellbeing is shared, and that they are responsible for the health, safety and wellbeing of employees or others affected by the SSSC's activities.
- Making sure that the risks associated with the premises and activities under their control are identified with the aim of eliminating or controlling the risks.

- Including health and safety as a standing agenda item at every departmental management team meeting. Issues relating to health and safety must be discussed at least quarterly.

## 2.5 Health, Safety and Wellbeing Committee

The Health, Safety and Wellbeing Committee is responsible for the review of this policy. We will review it at least every three years and make amendments as needed in consultation with OMT, EMT and the Partnership Forum. It also has responsibility for the development and delivery of an Action Plan.

## 2.6 Line managers' responsibilities

Line managers are responsible for ensuring the health, safety and wellbeing at work of employees within their respective teams.

Line managers' responsibilities include the following.

- Making sure they implement SSSC's Corporate Health and Safety Policy and supporting policies and procedures for their team.
- Making sure they adequately control the risks associated within the SSSC's working environments to minimise the risk of harm to staff and others by undertaking risk assessments and putting proper controls in place.
- Making sure that employees within their team follow the health and safety policies and procedures applicable to them.
- Supporting and working with other health and safety duty holders as needed.
- Checking that employees within their area of responsibility follow the policy and taking prompt action to report and correct anywhere it isn't.
- Making sure that employees within their team are aware of their responsibilities and promote reporting of accidents, incidents and near misses.
- Encouraging active participation from their team by consulting employees on health and safety matters and encouraging suggestions for improvements.

## 2.7 Employee responsibilities

All employees are expected to have read and cooperate in the implementation of this policy by doing the following.

- Carrying out their duties following the relevant policies and procedures and applying the controls contained within any risk assessment.
- Looking out for their own safety and that of others who may be affected by what they do, or don't do, while at work.
- Working with the SSSC, so far as is necessary, so as the organisation can follow the Corporate Health and Safety Policy and health and safety legislation.

- Using all work equipment provided by the SSSC properly in line with any statutory requirement or training and instruction they receive to enable them to use the equipment safely.
- Getting to know the emergency procedures relevant to their place of work.
- Bringing their line manager's attention to any situation they would reasonably consider is a serious and immediate danger to health and safety.
- Reporting any accidents or incidents and near misses within one working day to their line manager.
- Going to any training required by the SSSC in respect of health and safety.

## 2.8 The competent person

The SSSC will appoint a competent person within the meaning of Regulation 7 of the Management of Health and Safety at Work Regulations 1999.

The competent person is responsible for the provision of advice and guidance, to the SSSC, in undertaking the measures needed to comply with the requirements of relevant health and safety legislation.

The competent person will support the SSSC with its responsibility to check the implementation of this policy and take any action necessary to ensure the health and safety of employees and others who are affected by the SSSC's undertaking.

## 2.9 Trade Union safety representatives

The SSSC will allow any appointed safety representative from a recognised trade union time off with pay to fulfil their functions and to undergo health and safety training. Their functions include:

- standing up for staff about specific matters that will affect their health, safety and welfare
- involvement with risk assessment procedures
- investigating accidents, near misses, and other potential hazards and dangerous occurrences in the workplace
- investigating complaints made by an employee they represent about their health, safety or welfare in the workplace
- presenting investigation findings to management
- inspecting the workplace
- going to health and safety committee meetings as a representative of the staff.

## 3. Arrangements for health and safety – plan, do, check, act

This section of our policy sets out our approach to ensure suitable arrangements are in place to manage health and safety effectively. It is intended to align with the 'Plan, Do, Check, Act' management system framework, as recommended by the Health and Safety Executive in document HSG65 Managing for Health and Safety.

### 3.1 Plan

Our policy aims to achieve and support the highest standards in health and safety. We will allocate responsibilities at appropriate levels within the SSSC.

Our policies, procedures and guidance will set realistic, but challenging objectives for the organisation. These objectives will take account of where we are now, where we need to be and outline how we will reach our objectives in an annual health and safety action plan.

EMT, OMT and line managers must consider the potential health and safety impacts of their plans and any significant resources that they need to address health and safety issues in their functional area.

We will keep track of our progress during the year by setting out key performance indicators and reporting on performance to the health, safety and wellbeing committee and Council.

### 3.2 Do

We will identify a risk profile for the organisation and ensure we carry out suitable and sufficient risk assessments. At a corporate level, we will achieve this by identifying the high-level risks and recording them in our Risk Register. EMT, OMT and line managers are responsible for making sure we carry out risk assessments and implement controls in their area of responsibility.

Where needed, we will develop generic risk assessments to change for local circumstances.

#### 3.2.1 Organising for health and safety

We will allocate health and safety responsibility at appropriate levels within the organisation. We will appoint a competent person and seek the necessary skills to advise and support us on health and safety matters.

We will ensure that arrangements are in place for open discussion and communication that encourage the development of positive attitudes and behaviours.

#### 3.2.2 Consultation with employees

We will involve employees and their representatives in the consultation process through recognised trade union safety representatives and the Partnership Forum, and through

discussion and completion of team and specific risk assessments. The involvement of employees will help in the development of control measures that are both practical and have employee support.

Health and safety will be on the agenda of management and team meetings and we will encourage employees to raise their concerns on any health and safety issues affecting them or their teams, for example, at one-to-ones and team meetings.

We will also encourage employees to raise health and safety concerns with their line manager, safety representative, recognised trade union representatives and the estates, health and safety manager, estates, health and safety office and estates, health and safety assistant. Consultation on any new health and safety initiatives will involve those affected and their health and safety representatives.

### 3.2.3 Communication

Good communication is essential to make sure that everyone is aware of their responsibilities, knows the risks associated with their work and can contribute by raising their concerns. We will communicate through the following channels:

- health, safety and wellbeing committee
- the intranet
- healthy working lives group
- regular health and safety emails, bulletins and the staff newsletter.

EMT, OMT and line managers will make sure employees know where to find health and safety information and set up suitable communication channels within their team, paying particular attention to those members of staff spending periods out of the office, including those that have been on sick leave, maternity / paternity leave or secondment. We will make everyone aware of the staff with specific health and safety duties. This will include first aiders, fire and evacu-chair wardens, safety representatives and others with specific responsibilities.

### 3.2.4 Co-ordination and co-operation

Where we share premises or engage contractors we will make sure that appropriate arrangements are in place to enable co-ordination of health and safety matters. We will share information on fire safety, first aid and the control of contractors in our areas and include the evaluation of relevant health and safety documents as part of the procurement process. We will consider health and safety issues when letting or sharing arrangements for our office.

### 3.2.5 Health and safety standards

We will detail our health and safety standards for our activities in health and safety policies, procedures and risk assessments. Management and staff must follow these agreed standards to enable us to meet our legal obligations.

Where teams have specific risks, managers must ensure that they develop their own health and safety procedures, based on risk assessment, with the help of the estates, health and safety manager.



### 3.2.6 Competence and supervision

To ensure all employees are competent to meet their health and safety responsibilities we will provide adequate information, instruction and training. This will include induction training and more training if they are exposed to new risks or take on extra responsibility.

Managers must provide appropriate supervision and take into account the competency of the employees they line manage and identify training and development needs accordingly. The level of supervision will depend on the employee, for example, new employees or young workers may require a higher level of supervision until the manager is satisfied they are meeting their health and safety responsibilities.

Managers will make sure that they record details of employee induction, and of any other, instruction and information on health and safety.

### 3.2.7 Supporting arrangements

#### 3.2.7.1 Policies

- Alcohol and Drug Misuse Policy
- Smoking Policy
- Display Screen Equipment Policy
- Agile Working Policy
- Health and Wellbeing Policy
- Risk Assessment Policy
- Fire Safety Policy

#### 3.2.7.2 Procedures and Guidance

- Emergency Evacuation Procedure
- Guidance on how to complete the incident form
- Display Screen Equipment Guidance
- Manual Handling Guidance
- Loneworking Guidance
- Safe Driving Guidance
- Sever Weather Conditions Guidance
- Mental Health First Aid Guidance
- Guidance on First Aid Provision

#### 3.2.7.3 Risk Assessments

- Stress Risk Assessment
- Display Screen Equipment (DSE) - Workstation Assessment
- Specific Risk Assessment - Ill health
- Specific Risk Assessment - Young Person Under 18 years
- Specific Risk Assessment - Team Assessment
- Specific Risk Assessment - Expectant Mothers
- Specific Risk Assessment - Loneworking
- Manual Handling Risk Assessment
- Fire Risk Assessment
- Risk Assessment - Office

#### 3.2.7.4 Forms

- Incident Form
- DSE Opticians Form

## 3.3 Check

We will measure our performance to make sure that we are implementing our plans. We will check our performance in a number of ways, including:

- carrying out regular health and safety inspections for our areas and taking part in joint inspections of shared premises in line with Safety Representatives and Safety Committees Regulations 1977 (as amended) and Health and Safety (Consultation with Employees) Regulations 1996 (as amended)
- carrying out incident and accident investigations
- reviewing attendance rates for short and long term absences
- reviewing risk assessments and safety procedures
- having health and safety audits and reviews.

The frequency of inspections is based on a risk assessment. We will invite participation from recognised trade union safety representatives to inspections and reviews. Recognised trade union safety representatives can also undertake and carry out workplace inspections as needed if providing written notice to the employer.

## 3.4 Act

We will consider the information gathered from our reviews when determining future health and safety objectives and plans. We will review the Corporate Health and Safety Policy at least every three years, and more regularly if there are legislative changes, to incorporate any organisational changes or changes in legislation or working practices.

Heads of Service must ensure that they regularly review their risk assessments and arrangements for health and safety. We will review health and safety information at least annually to make sure that the names of those given health and safety responsibilities stay current.

Reporting on health and safety performance is necessary to enable us to keep our standards and identify any potential concerns. We will set performance targets to enable us to measure progress. The health, safety and wellbeing committee will compile an annual report for Council.

The report will give an overview of performance against our health and safety objectives and targets. It will highlight achievements and identify forthcoming issues or legislative changes that may have an impact on the organisation.

We will incorporate information from regular reports from departments into the annual report. We will give departments an opportunity to raise any issues they have identified for inclusion in the Health and Safety Action Plan.

## 4. Legislation

- Health and Safety at Work etc. Act 1974.
- Management of Health and Safety at Work Regulations 1999.
- Safety Representatives and Safety Committees Regulations 1977 (as amended).
- Health and Safety (Consultation with Employees) Regulations 1996 (as amended).

## 5. Further information

### 5.1 Learning and development

To support the fair and consistent application of this policy, we will identify the opportunities and implications for managers. We will do this by incorporating training on this policy within line management development programmes. We will consider the implications for employees and make sure that they receive suitable training. We will also provide refresher training.

## 5.2 Sources of support

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- help advice and support from recognised trade union representatives
- ACAS
- Health and safety
- Human resources.

## 5.3 Related Policies

Related policies and supporting arrangements are listed in 3.2.7.

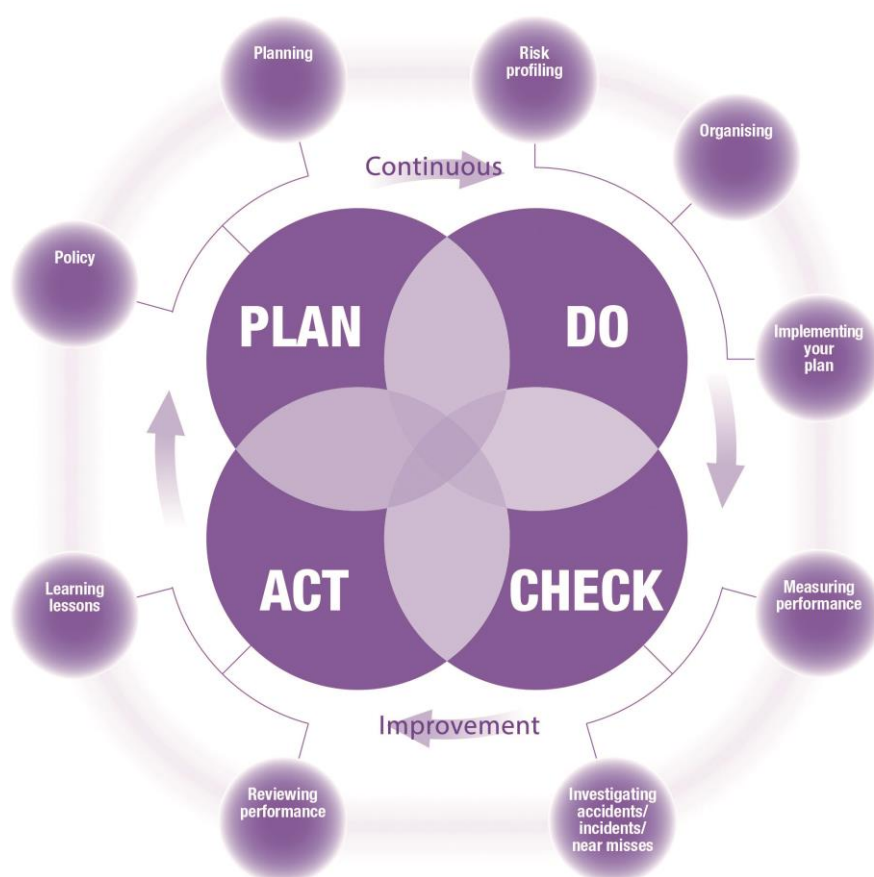
# Appendix 1

## Our health and safety policy statement

As an employer, the SSSC is committed to ensuring, so far as is reasonably practicable, the health, safety and wellbeing of all our employees. We also fully accept our responsibility for other persons who may be affected by our work activities. We will make sure that the requirements of the Health and Safety at Work etc. Act 1974, the Management of Health and Safety at Work Regulations 1999, approved codes of practice and other relevant legislation are met at all times.

We will make sure that all processes and systems of work consider health and safety. We will provide adequate resources, levels of supervision and appropriate information, instruction and training to allow staff to work safely.

We will follow the general principles of the Health and Safety Executive's document HSG65 Managing for health and safety. We will use the '**Plan, Do, Check, Act**' approach to make sure we effectively manage and monitor our health and safety performance.



To have effective health, safety and wellbeing policies, we need commitment to them from everyone in the organisation. We are all legally obliged to take reasonable care of our own health and safety, and for the safety of other people who may be affected by what we do, or fail to do, while at work.

Every employee must work with us to allow the SSSC to follow all statutory duties. We will provide arrangements for employees and their representatives to raise health and safety issues through our health and safety committee, partnership forum and line managers.

We will appoint competent people to assist us in meeting our statutory duties including, where appropriate, specialists from outside the organisation.

Specialist advice on health, safety and wellbeing matters is provided by our estates, health and safety manager.

This policy includes our management system and arrangements for managing health and safety. Detailed policies, guidance and arrangements will support this policy and we will set them out in separate documents.

We will regularly monitor this statement to make sure that we are achieving its objectives. The health and safety committee will review and revise this statement and policy every three years, or sooner if necessary, in the light of legislative or organisational changes, making amendments as needed in consultation with the partnership forum. The Director of Finance and Resources and the partnership forum are responsible for monitoring and implementing this policy.

Lorraine Gray  
Chief Executive  
Scottish Social Services Council

Date:



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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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**Timetable for Policy Approval 2022/23**

| <b>Policy</b>                            | <b>Org</b> | <b>H&amp;S Committee</b> | <b>OMT</b>      | <b>EMT</b>    | <b>Council</b> | <b>H&amp;S Committee</b> |
|--|------------|--------------------------|-----------------|---------------|----------------|--------------------------|
| Corporate Health and Safety Policy       | SSSC       | 10 Jan 22                | 13 July 22      | 21 July 22    | 25 August 22   | 22 September 22          |
| Lone Working Policy                      | SSSC       | 10 Jan 22                | 21 September 22 | 12 October 22 |                | TBA                      |
| Zero Tolerance Policy                    | SSSC       | 10 Jan 22                | 21 September 22 | 12 October 22 |                | TBA                      |
| Management of Road Risk Policy           | SSSC       | 10 Jan 22                | 21 September 22 | 12 October 22 |                | TBA                      |
| Health and Safety Risk Assessment Policy | SSSC       | 10 Jan 22                | 21 September 22 | 12 October 22 |                | TBA                      |
| Fire Safety Policy                       | SSSC       | 10 Jan 22                | 13 July 22      | 21 July 22    |                | 22 September 22          |

We will consult with the partnership forum via email if timescales don't allow for consultation at partnership forum meetings.



|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | People Management Policies   |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | To ask Council to approve the Family Friendly and Agile Working policies.  |
| <b>Recommendations</b>           | The Council is asked to approve: <ul style="list-style-type: none"> <li>the Family Friendly Policy</li> <li>the Agile Working Policy.</li> </ul>   |
| <b>Author</b>                    | Lucy Finn, Head of Human Resources   |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director, Finance and Resources   |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>     | <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 or have insufficient staff resources to achieve our strategic outcomes.</p>   |
| <b>Impact assessments</b>        | 1. An Equalities Impact Assessment (EIA) was developed.  |

|                           |   |
|---------------------------|---|
|                           | <p>2. A Data Protection Impact Assessment (DPIA) was not required.</p> <p>3. A Sustainability Impact Assessment (SIA) was not required.</p> |
| <b>Documents attached</b> | <p>Appendix 1: Family Friendly Policy</p> <p>Appendix 2: Agile Working Policy</p>   |
| <b>Background papers</b>  | <a href="#">Council Report 22/2022 with Appendix</a>  |

## **EXECUTIVE SUMMARY**

1. We ask Council to approve the Family Friendly and Agile Working policies.

### **Family Friendly Policy**

2. This policy updates and incorporates existing policies on maternity leave, adoption leave, parental leave and maternity support leave (now entitled paternity leave). The policy now incorporates provision for employees to take Shared Parental Leave. We are committed to creating an inclusive and supportive environment for parents and those with parental responsibilities.
3. This updated policy improves our current provision for family leave to better reflect sector terms for paid time off.

### **Agile Working Policy**

4. We have updated this policy to strengthen language to make requirements clearer for managers and other employees following feedback from the Council meeting on 26 May 2022.

### **Policy Timetable**

5. We have updated due dates for the people management policies in the Policy and Strategy Timetable, which forms Appendix 1 to the Council calendar of business 2022/23.

## **FAMILY FRIENDLY POLICY**

6. Employees have statutory rights to paid time off for certain life events such as giving birth, adopting a child or taking time off to support a child. Specific legislative provision exists for maternity leave, adoption leave, parental leave and paternity leave.
7. We have existing separate maternity, adoption, parental leave and maternity support leave policies. The Family Friendly Policy combines these into a single document and updates the language and style to reflect our Style Guide.
8. We provide an enhanced level of paid leave above the statutory minimum where employees meet certain criteria. This is a common practice in the private, public and third sectors.
9. We have benchmarked against other public sector bodies and found that our benefits for maternity and adoption leave are less than comparable organisations. We have therefore included the enhanced provisions in the revised policy as set out below.
10. We pay maternity and adoption pay at the same enhanced rate ie six weeks at 90% of salary, 12 weeks at 50% of salary plus statutory pay

(£156.66 per week), 21 weeks at statutory pay. This proposal would change this to six months full pay followed by 13 weeks at £156.66.

11. We pay paternity pay at the rate of full pay for the first week and at the statutory rate for the second week. This proposal would change this to two weeks at full pay.
12. We do not currently have a stated policy for paid time off for those employees who take shared parental leave. The Family Friendly Policy rectifies this by reflecting the equivalent provision offered for those taking maternity or adoption leave.
13. We have completed the remaining headings in this report for the Family Friendly Policy and the report to the Council meeting on 26 May 2022 contains information for the Agile Working Policy.

## **CONSULTATION**

14. We have externally benchmarked with other public bodies and non-departmental public bodies for the Family Friendly Policy. This identified that our paid leave provisions are less than comparable organisations. We have not identified any other significant differences.
15. We have conducted internal consultation with the Operational Management Team, Executive Management Team, Partnership Forum and short-term working group with Council Members to review people management policies. We have maintained a consultation log which shows that comments, suggestions and changes mainly related to clarification of wording and language to make the policy clearer. The short-term working group identified that Council is likely to weigh up the benefits to employees of enhanced financial provisions with the cost to the organisation given future funding constraints.

## **RISKS**

16. We have an averse risk appetite for risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. 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.
17. This policy improves our current terms to match the terms of comparable organisations. This will help to reduce the risk of employees moving to other organisations for better terms. The improved terms that we offer make us more attractive as an employer and will help us to recruit and retain employees to meet our resource requirements.

18. This policy informs managers and employees of their rights and obligations. There are legal, financial and reputational risks to the SSSC if we do not operate processes appropriately. These policies mitigate these risks by establishing clear principles, processes and guidance to manage these situations.

## **IMPLICATIONS**

### **Resourcing**

19. The introduction of enhanced provisions for Shared Parental Leave to match the equivalent provisions of maternity and adoption leave will increase the organisational cost per person for each person who takes that type of leave. In 2020 and 2021 no-one took this type of leave.
20. In 2020 thirteen people took maternity leave and in 2021 six people took this leave. One person took adoption leave for the same period. We do not know the number of people who will take this leave each year or their salary band. The projected cost per employee based on an average salary of £35,000 is £6,667. Based on an average of ten people taking maternity/ adoption or shared parental leave, the projected annual cost is £66,670. We would need to meet this cost within agreed budget.
21. The provision of advice, support and guidance to implement this policy will not materially change and we can meet it from within existing resource.

### **Compliance**

22. This policy considers the employment, health and safety and legal implications regarding family leave. This policy does not amend the contractual terms and conditions of employees.
23. The Family Friendly Policy complies with our legal obligations and ACAS guidance.

## **IMPACT ASSESSMENTS**

### **Equalities**

24. We have developed an EIA for the Family Friendly Policy. This policy does not discriminate against employees and we did not find any major implications after carrying out the assessment. The assessment identifies that the policy supports our commitments to promoting inclusion and diversity.

## **CONCLUSION**

25. The Family Friendly Policy will help us to meet our legal obligations to provide parental leave and to meet our Public Sector Equality Duties. This

policy is expected to help us to attract and retain staff. The potential financial implications of this policy are set out in the resources section.

26. We recommend that Council approves the Family Friendly Policy and the Agile Working Policy.

# **Family Friendly Policies**

August 2022

**Document governance and management**

|   |   |
|---|---|
| Document owner/author/lead                              | Interim Director of Finance and Resources |
| Version number  | 1.0                                       |
| Current version referred for approval to                | Council August 2022                       |
| Date of next review                                     | August 2025                               |
| Date of equality impact assessment (mandatory)          | May 2022                                  |
| Date of data protection impact assessment (if required) | Not required.                             |
| Date of sustainable impact assessment (if required)     | Not required.                             |



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# 1. Introduction

## Purpose

This policy sets out principles and practical guidance about the different types of family leave that are available for those who have or expect to have parental responsibilities. We are keen to make sure that we do the best for you and as such we offer generous family leave. We have specific provisions for carers under our [Carers Policy](#).

## Scope

This policy applies to all permanent and temporary employees. This policy does not apply to social service employers, workers, contractors or social work students.

## Legislation

This policy has also considered the following legislation:

- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- Maternity and Parental Leave etc Regulations 1999

## Data protection

We will process any personal data collected in relation to this policy 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 policy to make sure that we are fairly and consistently applying it and that we meet the stated principles and values. We will review this policy every three years (or earlier if legislation changes) and make appropriate amendments in consultation with the Partnership Forum. We will 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 – Equality Impact Assessment, Operational Management Team, Partnership Forum, Executive Management Team and Council.

# 2. Principles

## Guiding Principles

The following principles apply to this policy.

- We support you to be fully aware of your rights and responsibilities under this policy.
- We create an environment where you feel comfortable to use the provisions under this policy to take time off to support your children.
- We consider your requests for time off promptly and try to accommodate your request wherever possible.

- We conduct risk assessments and make appropriate adjustments to make sure that you can work safely.
- We are fair and consistent in making decisions always considering your personal circumstances.
- We adopt a flexible and supportive approach when you request time off or when you ask for more information on how this policy operates.

## 3. Values

In everything we do, we believe the people of Scotland have the right to be safe when accessing social care services. We do this by listening, learning and doing the right thing.

### **Work together**

We treat each other with kindness and respect and value the contribution every member of staff makes.

- We will make sure you have access to advice, support and guidance to help you understand this policy and the options available to you.
- We recognise the value of positive and constructive involvement and participation from the recognised trade union. Our commitment to partnership working is integral to the development and maintenance of harmonious employee relations.

### **Accept responsibility and accountability**

We recognise the trust placed in us to ensure the safety and wellbeing of people who use social services and that is our guiding mission.

- We will respect confidentiality regarding your request for leave and only share your information with those who have good reason to know.
- We will make sure that you are paid correctly and any changes are administered in a timely manner.

### **Recognition and respect for others**

We value the social service workforce and the life changing work they do. Our work increases recognition of, and further develops, their role. All our stakeholders contribute to our success and we recognise and respect their views.

- The terms of this policy have been designed to apply equally to same sex relationships.
- We will make sure that you understand your entitlements under this policy and that you feel able to exercise your rights.
- We will support and encourage you to take time off to attend antenatal and related classes.

## 4. Roles and responsibilities

### 4.1 Council

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

- associated extra costs that are outwith 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 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 we apply policies and procedures fairly and in keeping with the law.

## 4.2 Executive Management Team

The EMT is responsible for:

- overall responsibility for the implementation and review of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to the 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 us.

## 4.3 Operational Management Team

The OMT is responsible for:

- making sure their managers and employees are aware of and understand the processes within this policy and procedure
- making sure that we treat employees consistently and fairly, being mindful of the needs of the organisation as well as that of the individual
- reviewing and updating policies within their own specialist areas to support the implementation of this policy.

## 4.4 Line managers

Line managers are 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 employees
- considering our responsibilities under the Health and Safety at Work etc. Act 1974 and, where appropriate, putting in place risk assessments, mitigation and other measures to make work a safe activity
- considering our responsibilities under the Equality Act 2010 and, where appropriate, making 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.

## 4.5 Employees

Employees are responsible for:

- complying with our Code of Conduct for Employees. We expect the highest standards of integrity and conduct from all employees
- working in partnership with their manager to identify how they will carry out their role
- seeking advice and support from your manager where you have questions
- following your duties and obligations to work safely
- following the correct notification requirements and planning your leave.

## 4.6 Human resources (HR)

Human resources are 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 our 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 the policy and procedure
- making sure we follow the process in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy and procedure if required
- monitoring the use of the policy and processes and reporting any non-compliance to Heads of Department / Directors.

## 5. Policy

We are committed to supporting you throughout your working life. You may already have parental responsibilities or may take these on when working for us and wish to take extra time off to spend with your children. It is important to us that we support you to do so wherever we can. Many of the types of leave are paid at rates above the legal requirement as part of our commitment to promoting and encouraging a diverse workforce and a healthy work-life balance.

Throughout this policy we use the following terms.

- 'Expected week of childbirth' or 'expected week of placement' is the week in which a pregnant woman is expected to deliver as identified on her MATB1 form or the week in which an adopter is notified that a child is being placed with them.
- 'Qualifying week' is the 15<sup>th</sup> week before the expected week of childbirth.
- 'Compulsory leave' is the two weeks following childbirth that the mother must take as maternity leave.
- 'Ordinary leave' is the first 26 weeks of leave taken.
- 'Additional leave' is the following period of 26 weeks taken.
- 'Statutory adoption pay', 'statutory maternity pay', 'statutory shared parental leave pay' are references to the payments that we must pay to you by law.
- 'Occupational pay' is the enhanced rate of pay that we pay you where you meet the qualifying criteria.

Where you wish to take time off due to a surrogacy or fostering circumstance please contact a member of HR to discuss the equivalent arrangements.

## 6. Maternity leave

### 6.1 During pregnancy

When you become pregnant it is important that you tell us as soon as possible as we have a duty to look after your health and safety and to carry out a risk assessment. You can request that your pregnancy is kept confidential but we must carry out the risk assessment. If your risk assessment shows risks to your health and safety, we will discuss this with you and take measures to eliminate all risks. If you have any concerns about your health and safety, you must speak to your manager.

We need the following information from you in writing before the end of the Qualifying Week so you can have maternity leave and maternity pay:

- confirmation that you are pregnant
- the date of the week, starting on a Sunday, that your baby is due
- the date you want your maternity leave to begin
- the date when you will start claiming statutory maternity pay.

We need a form called a MATB1 from you as soon as possible. This is signed by your doctor or midwife and confirms the date of the week your baby is due. If we do not receive this in time, you may not receive the correct maternity pay.

## 6.2 Antenatal appointments (mother)

As a pregnant woman you are entitled to paid time off for antenatal appointments during working hours. We ask for as much notice as possible and we will want to see confirmation of your pregnancy and an appointment card for all but the initial appointment. Antenatal care includes medical examinations and parenting skill classes.

## 6.3 Antenatal appointments (partner)

If you have a qualifying relationship with a pregnant woman or the unborn child, you are entitled to paid time off to accompany her to a maximum of two antenatal appointments. This applies to each pregnancy. A qualifying relationship is one where you are:

- the baby's father
- the pregnant woman's spouse
- the pregnant woman's partner.

We expect you to give us as much notice as possible and you must only take a maximum of 6.5 hours off work for each appointment. This includes travelling and waiting time. To attend any subsequent appointments you will need to request time off as annual leave or use flexitime.

You must provide a signed statement showing the date and time of each appointment. It must also confirm that:

- you are eligible under the qualifying relationship criteria
- the time off is solely to accompany the woman to her appointment
- a doctor, midwife or nurse has advised that the woman needs the appointment.

## 6.4 Pregnancy related absences

- If you are ill during your pregnancy you are entitled to occupational or statutory sick pay in the same way as during any other sickness absence. Pregnancy related absences do not count towards trigger levels in the [Maximising Attendance Policy](#).
- If there is anything relating to your job that is making it difficult for you to attend work, then please speak to your line manager for advice. If you are absent from work due to a pregnancy related illness after the beginning of the fourth week before your expected week of childbirth then this absence will automatically trigger the start of your maternity leave.

## 6.5 Miscarriage and death of a child

We will support you by being flexible and empathetic if you miscarry or if your child dies following birth. Where this occurs after 24 weeks your entitlements to maternity leave and to maternity pay are still available. We will respond sensitively to time off for miscarriage before week 24 through our [Maximising Attendance Policy](#). Managers must contact HR for advice in this situation so that we can identify extra support.



## 6.6 Requesting maternity leave

You can decide when you want your maternity leave to begin as long as it's not earlier than 11 weeks before your expected week of childbirth. HR will write to you within 28 days of you telling us that you are pregnant (by submitting your MATB1) to tell you when your maternity leave will end.

You can change the start date for your maternity leave if we have the new date in writing at least 28 days before the earlier of your original start date or your new start date. HR will write to you within 28 days of you giving us the new date to inform you of your updated maternity leave end date.

You are entitled to 52 weeks' maternity leave. This consists of 26 weeks' 'ordinary' maternity leave and 26 weeks' 'additional' maternity leave — your rights are slightly different during the additional maternity leave, as set out in this policy. You are entitled to this time off regardless of how long you have worked for us or how many hours you work. Your maternity leave may start earlier than the date you wanted if you are off work because of your pregnancy at any time in the four weeks leading up to your expected week of childbirth. Maternity leave will also start early if your baby is born before your preferred start date.

If you and your spouse or partner are both eligible you may want to use the shared parental leave scheme so that you have more flexibility around your childcare in the first year after birth. The mother is not allowed to come back to work for the two weeks immediately after your baby is born. This period is called compulsory maternity leave.

## 6.7 Statutory maternity pay

You are entitled to statutory maternity pay if you have at least 26 weeks' service with us by the end of the Qualifying Week. Whether or not you then qualify depends on whether:

- your average weekly earnings are at or above the National Insurance Lower Earnings Limit
- you can give at least 28 days' notice that you intend taking maternity leave (or as much notice as you can)
- you are still pregnant or have already had your baby, 11 weeks before the expected week of childbirth.

We calculate average weekly earnings during the eight weeks that end with the Qualifying Week and calculate any pay rise that occurs before the end of your maternity leave.

You will receive statutory maternity pay for up to 39 weeks. This is paid at 90% of your average weekly earnings for the first six weeks and paid at the standard statutory maternity pay rate for the remaining 33 weeks. The standard rate is set by the government and we will tell you how much you will receive. We will pay statutory maternity pay at 90% of your average weekly earnings for all your maternity leave if your average weekly earnings fall below the standard rate.

If you do not provide the necessary evidence (eg MATB1) this will mean we cannot pay your maternity pay or the payment may be delayed. We will respond in writing to you within 28 days of receiving your MATB1 form. This response will state your entitlement and the last possible date that you must return to work.

## 6.8 Occupational maternity pay

If you have been continuously employed for at least a year by the end of the Qualifying Week you could receive occupational maternity pay. You must also meet the criteria specified in 6.7 above.

We pay occupational maternity pay as follows:

- 26 weeks at 100% of your average weekly pay
- 13 weeks at statutory maternity pay
- After 39 weeks, maternity leave is unpaid.

If the total of your occupational maternity pay and statutory pay is more than your normal pay then payment is adjusted to match your normal earnings. We only pay occupational maternity leave when you remain an employee of ours.

## 7. Shared parental leave

If you want more flexibility in the first year after your baby is born, you and your partner may want to consider shared parental leave instead of taking maternity and paternity leave. Provided that you are both eligible, shared parental leave allows you to split the available leave between you so that you are off work at the same time or consecutively.

There is a total of 52 weeks of shared parental leave available, less any weeks the mother has either been on maternity leave or receiving statutory maternity pay or maternity allowance if she is not entitled to maternity leave. Shared parental leave is additional to paternity leave.

You or your partner could take shared parental leave if at least one of the following apply:

- you are the mother and share the main childcare responsibility with the child's father or your partner
- you are the father and share the main childcare responsibility with the child's mother
- you are the mother's partner and share the main childcare responsibility with the mother in place of the father.

You must also satisfy all the following requirements:

- you have worked for us for at least 26 continuous weeks by the end of the Qualifying Week and are still employed by us before you take shared parental leave
- the other parent has worked at least 26 of the 66 weeks before the expected week of childbirth — as an employee or self-employed — and had weekly earnings averaging at least £30 during 13 of the weeks
- you and the other parent fulfil the notice and other requirements detailed below.

The child's mother cannot start shared parental leave until the end of the compulsory maternity leave period. This is two weeks after birth. The child's father or the mother's partner may consider using their two weeks' paternity leave before starting shared parental leave as once shared parental leave starts any paternity leave not already taken is lost.

## 7.1 Requesting shared parental leave

You must tell us in writing at least eight weeks before you intend your shared parental leave to begin that you want to opt into the shared parental leave scheme. We will need to know:

- your name and the other parent's name
- the start and end dates of the mother's maternity leave (or the statutory maternity pay or maternity allowance start and end dates if she is not eligible for maternity leave)
- how many weeks of shared parental leave is available — that is, 52 weeks less maternity leave, statutory maternity pay or maternity allowance already taken by the mother or planned
- how many weeks shared parental leave you will take and how many the other parent will take — you can change this by telling us in writing and you do not have to take your full allowance
- the total statutory shared parental pay available — that is, 39 weeks less the number of weeks of statutory maternity pay or maternity allowance already taken or planned
- how many weeks of the statutory shared parental pay available is allocated to you and how many to the other parent — you can change this by writing to us and you do not need to use all your allocation
- the pattern of leave you want to take, with start and end dates for each block of leave — although this is not binding, it will help us if you give us as much information as possible
- that you and the other parent are both eligible to claim shared parental leave and statutory shared parental pay — we will need signed declarations from both of you.

If you are the child's mother, you must give us at least eight weeks' notice in writing ending your maternity leave. This is called a curtailment notice. We need this curtailment notice at the same time as you supply the shared parental leave opt-in notice and you cannot take shared parental leave unless we have it. In the notice, you must tell us the date your maternity leave will end. This is at least two weeks after the baby is born.

If your partner is the one taking shared parental leave, we need a written declaration that their employer has received an opt-in notice and they have made all the necessary declarations. They can take shared parental leave from their employer before your maternity leave ends, but only if we have received your curtailment notice (ie a notification that they wish to end their maternity or adoption leave).

Curtailment notices are binding and are only revoked if your maternity leave has yet to finish and you meet one of these conditions:

- you find out that neither you nor the other parent is eligible for shared parental leave or statutory shared parental pay — in this case you can revoke the curtailment notice by writing to us any time up to eight weeks after it was given or
- the curtailment notice was issued before the birth and you are revoking it in writing during the six weeks after the birth or
- the child's other parent has died.

You cannot opt back into the shared parental leave scheme after you revoke a curtailment notice except if the notice was given to us before the birth and it is revoked in writing during the six weeks following the birth.

If the mother is still on maternity leave or claiming statutory maternity pay or maternity allowance, you as the partner are unable to start shared parental leave until she:

- has returned to work or
- has given a curtailment notice to her employer to finish her maternity leave or
- has given a curtailment notice to her employer to finish her statutory maternity pay or
- has given the benefits office a curtailment notice ending her maternity allowance.

We will ask you to provide the following:

- a copy of your child's birth certificate or a signed declaration of the date and place of birth if you have yet to get the certificate and
- contact details for the other parent's employer or a declaration that they do not have an employer.

## 7.2 Organising shared parental leave

Once you have opted into the shared parental leave scheme, you need to give us a 'period of leave' notice to book your time off. You can give us this at the same time as your opt-in notice or at any other time if it is at least eight weeks before the first period of shared parental leave begins.

On the 'period of leave' notice you can either give us specific dates or the number of days after the birth that you want shared parental leave to start and finish. You may prefer the second option if you plan taking paternity leave as soon as the baby is born and want shared parental leave to run on from it. You must take shared parental leave in blocks of at least one week at a time.

You are automatically entitled to take a single continuous block of shared parental leave, but we will consider any request for separate blocks of shared parental leave as detailed below.

You may lodge up to three 'period of leave' notices, which may allow you to take up to three separate shared parental leave blocks with periods at work in between. If you later vary or cancel one of the blocks, this will generally count as a further 'period of leave' notice.

To make it easier for us to consider allowing you to take shared parental leave in more than one block, please discuss your requirements with your manager as early as possible before you submit your formal 'period of leave' notice.

If you want separate blocks of shared parental leave, you must give us details of the pattern you want to follow in your 'period of leave' notice. Once we have received this, we will either agree immediately or we will start a discussion period with you which will last for two weeks. If we reach agreement, HR will confirm this in writing before the end of the two-week period. If we fail to agree, you can take all the shared parental leave you asked for in one continuous block, beginning on the start date you gave us in your notice. For example, if you asked for three four-week periods, we will combine them into one continuous 12-week leave period.

The other way we can approach this is if you agree to the following:

- choosing a new start date and telling us what it is within five days of the two-week discussion period ending. At least eight weeks after the start date of the first of the blocks you asked for; or
- withdrawing the notice and informing us within two days of the two-week discussion period ending. This is not counted as a 'period of leave' notice and you are free to submit a fresh one.

If you need to cancel a period of shared parental leave, you must put your request in writing at least eight weeks ahead of the relevant block start date.

If you want to change a start date, you must put your request in writing at least eight weeks before whichever is the earlier of the original and new start dates. Similarly, you can change the end date if you inform us at least eight weeks before whichever is the earlier of the original or new end dates.

If you want to combine blocks of shared parental leave into one continuous period, you will need to give us the new start or end date, whichever is relevant.

If you want to split a continuous period of shared parental leave into two or more periods separated by periods at work, you will need to tell us the new start or end date. We may not accommodate you but are prepared to approach your request as if you had asked for separate blocks of shared parental leave in the first place.

If you submit a notice to change or cancel a block of leave, we will count this as one of your three 'period of leave' notices. There are three exceptions to this rule, which are:

- if the change is because your baby was born earlier or later than the expected week of childbirth
- if you cancel a request for separate blocks of leave within two days the two-week discussion period ending
- we ask you to make the change.

## 7.3 During shared parental leave

If your baby is born before the beginning of the expected week of childbirth, we may allow you to start shared parental leave during the eight weeks following birth. To enable us to do so we need to apply the following rules:

- if your 'period of leave' notice gave us a set date within the eight weeks following the expected week of childbirth for your shared parental leave to start, you can move the date forward by the same number of days if you write to tell us as soon as possible
- if you want to take shared parental leave in the eight weeks following birth and your baby arrives early, you will need to give us your opt-in notice and 'period of leave' notice as soon as possible.

If you had a start date of a set number of days — rather than a set date — after the birth in your 'period of leave' notice, you do not need to do anything.

## 7.4 Statutory shared parental pay

If you have at least 26 weeks' continuous employment with us at the end of the Qualifying Week, you could claim statutory shared parental pay for up to 37 weeks (39 weeks where the mother dies in childbirth). We will pay this at the rate set annually by the government. You qualify if your average earnings are not less than the lower earnings limit set each tax year.

When you give us your 'period of leave' notice (or notices), you must notify us that you intend claiming statutory shared parental pay while you are on shared parental leave. You can also write to us at least eight weeks before the date you want us to start paying your statutory shared parental pay if you have not already told us in a 'period of leave' notice.

## 7.5 Occupational shared parental pay

You can claim occupational shared parental pay if you have been continuously employed for at least a year by the end of the Qualifying Week. You must also meet the criteria specified in 7.4 above.

We pay occupational shared parental pay in the same manner as occupational maternity leave. We average weekly earnings during the eight weeks that end with the Qualifying Week and calculate any pay rise that occurs before the end of your shared parental leave. We pay occupational shared parental pay as follows:

- 26 weeks at 100% of your average weekly pay (normally 24 weeks due to the compulsory maternity leave period)
- 13 weeks at statutory shared parental pay
- After 39 weeks, shared parental leave is unpaid.

# 8. Adoption leave

## 8.1 Adoption appointments

You are entitled to time off to attend an adoption appointment. This is an appointment arranged by an adoption agency, usually for you to get to know the child placed with you but sometimes for other reasons related to the adoption.

If more than one child is being placed with you at the same time, we treat this as one adoption and will not give you time off to attend additional appointments. Time off for this type of appointment is taken before any child is placed with you.

You may attend up to five appointments per adoption on paid time off if you are adopting on your own. Where you are jointly adopting a child you may attend up to five appointments on paid leave and the other adopter can attend up to two appointments on paid leave.

Where the child that you are adopting has experienced trauma you can request reasonable extra paid time off from your manager. Your manager will consult with HR regarding your request to make sure that we are consistent in our approach and application to granting paid time off.

You are entitled to take up to 6.5 hours for each appointment. This includes travelling and waiting time. We will need a signed statement with details of the time and date of the appointment as well as confirmation that:

- the adoption agency has arranged or requested the appointment
- you are either adopting the child on your own or jointly with someone else
- you are electing to take either paid or unpaid time off work if you are adopting jointly.

It is sometimes necessary to ask you to rearrange an appointment and we reserve the right to refuse a request for a particular day or time in exceptional circumstances. We will never do this without good reason.

## 8.2 Adoption leave

To qualify for adoption leave you must tell us in writing within 7 days of your being matched of:

- your intention to take adoption leave
- when you want the leave to start
- the child's expected placement date

You can decide when you want your adoption leave to begin as long as it's not earlier than 14 days before the date of placement. The automatic start of maternity leave if you are ill in the four weeks prior to the child arriving does not apply to adoption leave. We will write to you within 28 days of you telling us that you have been placed with a child to tell you when your adoption leave will end.

You can change the start date for your adoption leave if we have the new date in writing at least 28 days before the earlier of the original or revised date. We will write to you within 28 days of you giving us the new date to tell you when your adoption leave will now end.

You are entitled to 52 weeks' adoption leave. This consists of 26 weeks' 'ordinary' adoption leave and 26 weeks' 'additional' adoption leave — your rights are slightly different during the additional adoption leave, as set out in this policy. This is your right regardless of how long you have worked for us or how many hours you work.

If you and your spouse or partner are both eligible, you may want to use the shared parental leave scheme so that you have more flexibility around your childcare in the first year after placement. Please note, you cannot both take adoption leave.

## 8.3 Statutory adoption pay

You are entitled to statutory adoption pay if you have at least 26 weeks' service with us by the week that you were matched with a child. Whether or not you then qualify then depends on whether:

- your average weekly earnings are at or above the National Insurance Lower Earnings Limit
- you follow the notification requirements detailed under adoption leave
- provide proof of the adoption.

You will receive statutory adoption pay for up to 39 weeks. This is paid at 90% of your average weekly earnings for the first six weeks and paid at the standard statutory adoption



pay rate for the remaining 33 weeks. The standard rate is set by the government and we will tell you how much you will receive. We will pay statutory adoption pay at 90% of your average weekly earnings for all your adoption leave if your average weekly earnings fall below the standard rate.

## 8.4 Occupational adoption pay

You are entitled to occupational adoption pay if you have been continuously employed for at least a year by the week that you were matched with a child. Whether or not you then qualify then depends on whether you have given the correct notification.

We pay occupational adoption pay in the same manner as occupational maternity leave. We average weekly earnings during the eight weeks that end with the week that you were matched with a child and calculate any pay rise that occurs before the end of your adoption leave.

We pay occupational adoption pay as follows:

- 26 weeks at 100% of your average weekly pay
- 13 weeks at statutory adoption pay
- After 39 weeks, adoption leave is unpaid.

If you do not provide the necessary notification and evidence this will mean we cannot pay your adoption pay or we may delay paying this.

## 9. Collective provisions

### 9.1 Maintaining contact

We may need to contact you from time to time while you are on leave to discuss arrangements for when you return or to keep you up to date on what is happening at work. Your manager will talk this through with you before your leave starts so we know how much contact you want to maintain. You may prefer to have a nominated 'buddy' who is a colleague who becomes responsible for maintaining regular contact during your leave.

### 9.2 Keeping in touch days

Keeping in touch days are a way for you to attend work for up to 10 days without ending your maternity or adoption leave. Where you take shared parental leave you can use up to 20 days without ending your leave - these are in addition to the 10 days the mother is entitled to during her maternity leave.

Keeping in touch days are commonly used to keep up to date with key projects, attend training or other special events.

If you are offered a keeping in touch day or where you wish to use one, this is agreed between you and your manager. You receive your normal rate of pay for this day. We will offset your keeping in touch pay against any pay you receive for family leave. Your decision whether to work some or all of them will not affect your right to leave and pay.



## 9.3 Occupational pay

Where the total of your occupational pay and statutory pay is more than your normal pay then the payments are adjusted to match your normal earnings. Where you do not return to work following leave and have received occupational pay then you may need to repay this. HR will write to you to clarify where this applies.

We count any period of occupational maternity and paternity pay for the same child towards your occupational shared parental leave pay entitlement.

## 9.4 Terms and conditions

You will continue to receive benefits due to you under your employment contract while on leave. Except for terms relating to pay, all your normal terms and conditions will apply and you will continue to accrue annual leave entitlement. If you are due any annual leave before your leave begins, please try to take it.

When you return from leave you will have accrued more annual leave. Please discuss with your manager how and when is best to take this accrued leave on your return. You may wish to use the accrued annual leave to stagger your return to a full working week or to take the leave as single block. There are many options open to you and the sooner you discuss these with your manager the more likely it is that they can agree to this.

## 9.5 Pension

During your leave there are changes and options regarding your pension that you need to know about.

### **Contributions during paid leave**

We will continue to deduct pension contributions from your pay while on leave, whether on full pay, half pay or statutory pay. We will continue deductions from your salary at your usual tiered percentage rate. We will pay employer contributions based on assumed pensionable pay (the level of earnings you would have received if you were not on leave) but employee contributions are only based on your actual pay.

### **Pension during unpaid leave**

If you have a period of authorised leave on no pay you will not build up pension during that period. You can buy back the amount of pension you lost during that period by paying Additional Pension Contributions (APCs). You can do this regardless of whether you are in the main or 50/50 section of the pension scheme – further information is available from the [Tayside Pension Fund](#).

If you wish to buy back lost pension resulting from unpaid leave, the SSSC will meet two thirds of the cost provided you make an election to do so while you are an active member of the Scheme and within six months of returning to work after the period of absence (please note that the standard time frame in which to do this is 30 days and the extension to six months is a discretionary benefit provided by the SSSC). You are responsible for paying the other third of the cost. If you make an election after six months and while still an active member you can still buy back the amount of lost pension but at whole cost to you.

You must contact HR in the first instance to get confirmation of the pension section that you were in at the time of absence (50/50 or main) and the amount of lost pensionable pay. Once these details are confirmed, you can obtain a quote from the LGPS Scotland member site and give this completed quote to HR for processing. Full details on purchasing missed pension benefits are available on the [LGPS Scotland](#) member site.

## 9.6 Return to work

There is no need to let us know if you intend to return to work at the end of your full leave entitlement. If you want to return at an earlier date you must give your manager at least eight weeks written notice. If you do not give us eight weeks written notice we may delay your return to work by up to eight weeks or until the end of your leave if that's earlier.

You are entitled to take up the same job you had before going on leave where you return to work immediately after your ordinary leave ends. Where you return after taking additional leave, we can offer you a similar job if it is not reasonably practical for you to resume your previous role.

When you return after leave you will meet your manager to discuss what has happened during your absence and any practical arrangements to consider.

If your job is one that has been identified as posing a risk to your health and safety as a new mother or because you are breastfeeding, we will notify you and take measures to eliminate all risks. If you have any concerns about your health and safety, please speak to your manager.

You must tell us in writing as soon as possible if you decide not to return at all after leave and give notice as required under your employment contract

## 10. Parental leave

Parental leave is taken at any time until a child's 18th birthday and comprises 18 weeks' unpaid leave. If you are named on the child's birth certificate or adoption certificate or where you have parental responsibilities for a child (and are not a foster parent) you are entitled to take parental leave. Those eligible include the registered father and anyone else with formal parental responsibility for the child.

You must have worked for us for at least a year before you can take parental leave, already have — or expect to have — responsibility for a child and intend using the leave only to care for the child or otherwise spend time with them.

You can take up to four weeks of parental leave per child per year in blocks of a single week or more. You cannot take less than a week at a time unless the child is disabled.

You need to give your manager 21 days' notice that you intend taking parental leave. We will always try to accommodate your request but may have to rearrange your dates if your absence would disrupt our service delivery. If we need to postpone your leave, we will tell you why in writing within seven days of your request and provide you with new start and end dates.

We are unable to postpone parental leave if you have asked us for it to start immediately after a child's birth or adoption. We are also unable to postpone parental leave beyond six months or beyond the child's 18th birthday.

Your employment contract and all its terms and conditions remain in force throughout ordinary parental leave and your annual leave entitlement continues to accrue.

## 11. Paternity leave

Statutory paternity leave is two weeks and is taken after the birth or placement of an adopted child to care for the child and/or support the mother. You can take a single week's paternity leave or two consecutive weeks, but not separate weeks or as odd days.

You must take your paternity leave within 56 days of the child's birth or placement. Where the baby is born early, paternity leave is taken within 56 days of the date it was due.

You must have worked for us for at least 26 weeks either by the qualifying week or by the end of the week that you are matched with the child and are:

- the biological father and have the main responsibility with the mother for the child's upbringing or
- the mother's partner and expect to have the main responsibility with the mother for the child's upbringing or
- the biological father and have some responsibility for the child's upbringing or
- the adoptive parent or the partner of an adoptive parent of a child and you expect to have the main responsibility (with your partner) for the child's upbringing.

To request paternity leave you must fill in the paternity leave form and issue this to your manager by the Qualifying Week. You must include a copy of the MATB1 certificate from a registered medical practitioner or midwife stating the expected week of childbirth at least 28 days before the date you wish to begin the paternity leave.

If you wish to request paternity leave for an adopted child you must give your manager written notice using the paternity leave form within seven days of being told by the adoption agency that you have been matched with a child. We may ask for further evidence such as a matching certificate.

While you are on paternity leave, all the terms and conditions not relating to pay in your employment contract will apply. When you return, you have the right to the same job with the same terms and conditions as you had before your paternity leave began.

If you would like time off to attend antenatal classes please see 6.2 above.

### 11.1 Paternity pay

We pay paternity leave at your normal rate of pay. Tax and National Insurance contributions are deducted in the usual way. If your average weekly earnings are below the lower earnings limit for national insurance contributions you are not eligible for paternity pay in the second week.

Pension contributions continue during any period when you are receiving paternity pay.

## 12. Further information

### 12.1 Learning and development

To support the fair and consistent application of this policy, we will identify the opportunities and implications for managers. We will do this by incorporating training on this policy within line management development programmes. We will consider the implications for employees and make sure that they receive suitable training. We will also provide refresher training.

### 12.2 Sources of support

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- help advice and support from recognised trade union representatives
- ACAS
- Health and safety
- Human resources.

### 12.3 Related documents

This policy has strong links to other people management policies and guidance. We have listed these below.

- [Carers Policy](#)
- [Flexible Working Policy](#)
- [Health and Safety Policy](#)
- [Maximising Attendance Policy](#)
- [Special Leave Policy](#)



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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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# **Agile Working Policy**

May 2022

**Document governance and management**

|   |   |
|---|---|
| Document owner/author/lead                          | Interim Director of Finance and Resources |
| Version number                                      | 1.0                                       |
| Current version referred for approval to            | Council 25 August 2022                    |
| Date of next review                                 | August 2023                               |
| Date of equality impact assessment (mandatory)      | April 2022                                |
| Date of protection impact assessment (if required)  | Not required.                             |
| Date of sustainable impact assessment (if required) | Not required.                             |

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# 1. Introduction

## Purpose

We are adopting agile working to maximise the benefits for the SSSC to meet our business needs and to improve the service we provide to our customers.

We have developed modern ways of working that help you to do your job, while at the same time allowing you to balance work and life demands. We know that work performance is better where you have flexibility in your working arrangements and we want to help with this.

Agile working arrangements (also known as hybrid working, remote working, blended working or split-working arrangements or patterns) allow you to arrange your work time and work location in the most appropriate way for a given activity. This includes working in an office, at home or at another remote location.

This policy sets out SSSC principles and practical guidance for agile working. We know that agile working may not be for everyone but we are committed to making sure that we find a workable solution as often as possible to maximise the benefits for the SSSC and you.

## Scope

This policy applies to all permanent and temporary employees. This policy does not apply to social service employers, workers, contractors or social work students.

## Legislation

This policy has also considered the following legislation:

- Data Protection Act 2018
- Employment Rights Act 1996
- Equality Act 2010
- Health and Safety at Work etc. Act 1974
- UK General Data Protection Regulation
- Working Time Regulations 1998

## Data protection

We will process any personal data collected in relation to this policy 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 policy to make sure that we are fairly and consistently applying it and that we meet the stated principles and values. We will review this policy initially after one year (or earlier if legislation changes) and then on a three yearly basis. We will make appropriate amendments in consultation with the Partnership Forum. We will 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 – Equality Impact

Assessment, Operational Management Team, Partnership Forum, Executive Management Team and Council.

## 2. Principles

### Guiding Principles

The following principles apply to this policy.

- Our highest priority is to satisfy our customers by providing a public service. We will use agile working to improve on our high standards.
- We will trust our employees to act responsibly and to support each other as we adopt agile working as our operating model.
- We will operate with maximum flexibility and minimum constraints to maximise the benefits of agile working for our customers, our staff and ourselves.
- We recognise outcomes and performance are important to our customers and will focus on these in adopting agile working.
- We will embed a culture and working practices that encourage employees to use the new flexibility to have their best day at work every day wherever they are.
- Our leadership style, values and skills are explicitly supportive of agile working for all aspects of the business.

## 3. Values

In everything we do, we believe the people of Scotland have the right to be safe when accessing social care services. We do this by listening, learning and doing the right thing.

### Work together

We treat each other with kindness and respect and value the contribution every member of staff makes.

- We will work together to make sure that agile working is successful for you.
- We will recognise that different people have different requirements and preferences and will support you as much as possible to meet them.
- We recognise the value of positive and constructive involvement and participation from the recognised trade union. Our commitment to partnership working is integral to the development and maintenance of harmonious employee relations.

### Accept responsibility and accountability

We recognise the trust placed in us to ensure the safety and wellbeing of people who use social services and that is our guiding mission.

- We will assess the suitability of your work environment and provide you with training, equipment, resources and working practices to keep you safe.
- We respect confidentiality wherever we work and will only share information with those who require to have access to it.

## Recognition and respect for others

We value the social service workforce and the life changing work they do. Our work increases recognition of, and further develops, their role. All our stakeholders contribute to our success and we recognise and respect their views.

- We treat each other with kindness and respect and value the contribution you make.
- We will treat you fairly and consistently under this process and if you require specific support and assistance due to having a protected characteristic under the Equality Act 2010, we will accommodate you appropriately.

## 4. Roles and responsibilities

### 4.1 Council

Council have reserved people management policies which include any of the following:

- associated extra costs that are out with 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 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 we apply policies and procedures fairly and keeping to the law.

### 4.2 Executive Management Team

The EMT is responsible for:

- overall responsibility for the implementation and review of the policy and creating a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to the 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 us.

### 4.3 Operational Management Team

The OMT is responsible for:

- making sure their managers and employees are aware of and understand the processes within this policy and procedure
- embracing and realising the benefits of agile working to achieve business objectives
- making sure that we treat employees consistently and fairly, being mindful of the needs of the organisation as well as that of the employee

- reviewing and updating policies within their own specialist areas to support the implementation of this policy.

## 4.4 Line managers

Line managers are 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 employees
- considering our responsibilities under the Health and Safety at Work etc. Act 1974 and, where appropriate, putting in place risk assessments, mitigation and other measures to make work a safe activity
- considering our responsibilities under the Equality Act 2010 and, where appropriate, making reasonable adjustments for any employee who may have a disability or other protected characteristic
- considering any health impact and considering supports such as occupational health.

## 4.5 Employees

Employees are responsible for:

- complying with our Code of Conduct for Employees. We expect the highest standards of integrity and conduct from all employees
- working in partnership with their manager to identify how they will carry out their role in a more agile way
- asking questions and raising concerns directly with their team/line manager
- following their duties and obligations to work safely
- taking care to protect IT and data security
- making sure that their working environment allows them to deliver their objectives.

## 4.6 Human resources (HR)

Human resources are 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 process and procedure collaboratively to meet legal and business requirements
- developing template letters, forms and guidance
- offering advice on how to apply the policy and procedure
- making sure we follow the process in line with the policy and procedure
- reminding employees and managers of their responsibilities under the policy and procedure, if required
- monitoring the use of the policy and processes and reporting any non-compliance to Heads of Department/Directors.

## 5. Policy

Agile working presents many opportunities for you and for SSSC as an employer. We want to realise these benefits as fully as possible and this policy outlines the key provisions to make agile working a success.

Agile working gives you more choice over deciding how, when and where you work best in a way that balances your needs and those of our customers, our staff and ourselves. It's about giving you more choice about how you do the right work, in the right place, at the right time. Where, when and how you choose to work may depend on the task you are doing and the kind of role you have.

We know that agile working is not for everyone. It is our intention to make agile working the default working practice wherever we can. We will provide office accommodation where required.

## 6. Procedure

### 6.1 Working hours and keeping in touch

We want you to balance your home life around the needs of your role. We trust you to manage your own time and make sure you work your contracted hours. There are some important things to know.

- Although agile workers don't necessarily have to work regular office hours, you must plan and agree a work programme with your manager to make sure that appropriate contact and appropriate cover is always in place.
- You must make yourself available to others during reasonable working hours when your colleagues need you.
- If you choose to work earlier or later during unsociable hours within the scope of our flexi time scheme, please be courteous and respectful to your colleagues. You must not expect your colleagues to respond during unsociable hours.
- We know that working in this way can help you balance your home and work life. You must not use agile working as a way of masking illness or your need for emergency leave or dependents leave.
- Your manager can still require you with fair notice to attend the office for certain occasions or routine work where this is necessary to meet our requirements.

### 6.2 Wellbeing

We know that for many of you, agile working can boost your wellbeing and work life balance. You can help your wellbeing in the following ways:

- You must take regular breaks away from your screen and desk as this is important to help maintain good health.
- One way to help you stay well is through collaboration, connection and having a sense of belonging. We encourage you to think about what this means for you and to actively make time to connect with your colleagues.
- Consider establishing a consistent routine at the end of your workday as this is a great way to switch off.

- We expect you to take the time off if you are ill. You must not use agile working as a way of working when you are sick.

## 6.3 Equipment

It is important for us to know that wherever you are working from, you have the equipment that is suitable and sufficient for you to do your job well and that you feel safe, well and comfortable. We will provide you with the workstation and IT equipment that you need to do your job. You cannot claim expenses for any equipment that you buy yourself. The Support Desk can support you where you need specialist workstation and IT equipment.

You must read our [IT Security Policy](#) before using IT equipment when you are working out of the office environment.

### Display screen equipment

We issue those who work remotely with display screen equipment (typically a laptop, docking station, two monitors, keyboard and mouse). When you set yourself up to work remotely, you must do the assigned display screen equipment learning. The learning will take you through a workstation self-assessment to help you make sure that your place of work is suitable and sufficient for you. You must review this assessment when there is a substantial change or as specified in the [Display Screen Equipment Guidance](#).

### Desk and chair

Many of us will spend most of our working day using display screen equipment at a desk and chair. It is important that any desk, chair or similar equipment is suitable and sufficient for its intended purpose. Part of the display screen equipment learning will help you to identify whether your desk and chair are appropriate. Where they are not, Health and Safety will be notified and we will work with you to find safe solutions.

You will need to let your manager know if you lose any equipment or if it is damaged or stolen. You might also have to tell our Data Protection Officer where you have lost information or personal data. Details of how you report a potential data breach are available here: [Data Breach Response Procedure](#)

It is important that you report faults with your equipment to the Support Desk quickly so that they can support you to fix any issues. Details of how you report an issue are available here: [Support Desk](#).

## 6.4 Environment

We have designed our offices as safe, secure and comfortable spaces for you to work in. We have risk assessed them for a range of issues (eg fire safety, water safety, manual handling, lone working etc). We have put in place measures to mitigate these risks in the environments that we can control.

When you work remotely it is important that you make sure that your workspace is similarly suitable and safe on an ongoing basis. You must always consider whether the lighting, temperature, noise, ventilation, maintenance, cleanliness and available facilities are suitable. The work-station self-assessment will help you to assess suitability of your work area. Where we have a concern that your environment is not safe we will discuss our

concerns with you in the first instance. You will be required to work in another location that is safe until our concerns are satisfied.

## 6.5 Internet connection

You must have access to a secure and stable internet connection and Wi-Fi. We do not normally provide these to you and cannot provide technical support on equipment that is not ours. You must consider and plan for alternative arrangements if your connection(s) do not work.

## 6.6 Resources

You must discuss any extra equipment, software or services you need to help you do your job with your line manager and seek their approval before ordering. More information on how to order equipment and other supplies is available on the intranet.

## 6.7 Confidentiality

You will have access to confidential information and have discussions about confidential matters. It is important that you are alert to the risks of breaching confidentiality. It is very easy for others to overhear your conversations, see your screen or gain access to information that they must not have access to.

To read more about keeping any SSSC information safe and confidential you can access our [Data Protection Policy on the intranet](#).

## 6.8 Meetings

We will put in place facilities so that we can run all meetings we have in our office using an agile approach. This means those who are not in the office can contribute on the same basis as those who are there.

## 6.9 Reasonable adjustments

If you have a disability and would benefit from any reasonable adjustments whether in the office or in another location, please let us know. You must discuss any adjustments with your line manager in the first instance. They may need to discuss your circumstances with a member of HR or Health and Safety to seek specialist advice. We want to help and support everyone with reasonable adjustments. Where you have a disability, you have a legal right to reasonable adjustments under the Equality Act.

## 6.10 Costs and expenses

Your contractual normal location of work will not change so your entitlement to claim expenses will remain the same. For more information you can read the [Business Travel and Subsistence Policy](#). Any costs (eg refreshments, Wi-Fi, heating, lighting and electricity and commuting costs to and from your designated place of work) are a personal expense in line with HMRC guidelines. Where you meet people (who do not work for the SSSC) in external locations you can provide modest hospitality, you must refer to our guidance on hospitality in our [Financial Regulations](#). Where you are not meeting an external person you are required to pay for your own refreshments.

## 6.11 Mortgage, leases and insurance

You must check that there are no implications for your mortgage, lease or insurance that would prevent you from working at home.

## 6.12 Working outside the UK

We are supportive of colleagues working from outside the UK in emergency or other exceptional situations when it is necessary for specific roles or for short periods of time. Due to the potentially complex legal and tax implications, we are unable to support long term arrangements (ie working outside of the UK for longer than 30 days per year) or requests for permanent relocations outside the UK. Your line manager and the Head of Digital Services must both confirm that they are satisfied that you can work outside of the UK before you perform any work for us.

# 7. Further information

## 7.1 Learning and development

To support the fair and consistent application of this policy, we will identify the opportunities and implications for managers. We will do this by incorporating training on this policy within line management development programmes. We will consider the implications for you and make sure that you receive suitable training. We will also provide refresher training.

## 7.2 Sources of support

Further sources of support include:

- day to day support from line managers
- the employee assistance programme
- help advice and support from recognised trade union representatives
- ACAS
- Health and safety
- Human resources.

## 7.3 Related documents

This policy has strong links to other people management policies and guidance. We have listed these below.

- [Business Travel and Subsistence Policy](#)
- [Data Protection Policy](#)
- [Display Screen Equipment Guidance](#)
- [Financial Regulations](#)
- [Health and Safety Policy](#)
- [IT Security Policy](#)
- [Maximising Attendance Policy](#)
- [Overtime and Additional Hours Policy](#)
- [Safer workplaces guidance](#)



- [Special Leave Policy](#)



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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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|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | People Strategy delivery plan: progress update   |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | To provide an update to Council on the progress of our People Strategy delivery plan and planned activity for the next year  |
| <b>Recommendations</b>           | The Council is asked to endorse the People Strategy delivery plan:<br><br>1. progress made in year one<br>2. planned activity for year two.  |
| <b>Author</b>                    | Pamela Jamieson-Smith, Head of Organisational Development  |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director, Finance and Resources   |
| <b>Link to Strategic Plan</b>    | The information in this report links to all our strategic outcomes:<br><br>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.<br><br>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.<br><br>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.<br><br>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives. |
| <b>Link to Risk Register</b>     | 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.   |

|                           |  |
|---------------------------|--|
| <b>Impact assessments</b> | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol> |
| <b>Documents attached</b> | <p>Appendix 1: People Strategy delivery plan year 1: Progress Dashboard at 30 June 2022</p> <p>Appendix 2: People Strategy delivery plan year 2: September 2022-2023</p>   |
| <b>Background papers</b>  | <p><a href="#">People Strategy Delivery Plan September 2021-2024</a></p>   |

## **EXECUTIVE SUMMARY**

1. Council agreed that we would report on progress with the People Strategy every six months and this report covers progress in year one. This report also highlights key risks and issues which may influence the overall success of the strategy. Summary/dashboard views (Appendices 1 and 2) support the report to show progress made in year one and planned activity for year two.

## **BACKGROUND**

2. The People Strategy covers the three-year period from September 2021 to September 2024. Council approved our People Strategy delivery plan in August 2021 and asked that we provide six-monthly progress updates. Our last update was February 2022 and covered the period September to January 2022. This report covers the whole of the first year.
3. The themes of the strategy are:
  - Effective leaders and managers.
  - Recruit and develop excellent people.
  - A healthy and inclusive organisation.
  - Informed, involved, and engaged employees.
  - Investing in young people.
  - An agile and innovative workforce.

## **PROGRESS**

4. We established a People Strategy Board, with members of the Executive Management Team (EMT) and representatives from the Organisational Development (OD), HR, Digital, Communications and Health and Safety teams and the Partnership Forum, which monitors progress every eight weeks. Individual directors sponsor each theme and a Programme Governance Group comprising Council Members, the Chief Executive, representatives from the Partnership Forum and other senior officers governs the Rewards Review Project.
5. Appendix 1 shows that we have made good progress against the activities in the year one delivery plan. At 30 June 2022, of the 25 deliverables, 20 are completed or on track (all except two are ongoing commitments with no fixed end date).
6. Five deliverables are delayed. We will carry this work into our year two delivery plan (Appendix 2). These are:
  - Implement a Learning Management System. This experienced delays from our intermediary procurement partner. We will now implement this in August 2022.
  - Review of our organisational and role design and rewards structure - Council receives separate progress updates on this.

- Supporting staff to become trauma informed. We had resource challenges within the specialist team supporting this work however it is now underway.
  - Re-establish our young people mentoring scheme and make sure an HR member of staff has a dedicated remit to support young people. We have had resource challenges but will allocate staff in HR from August 2022.
7. We have several activities planned to stretch over the multiple years of the strategy, which are noted in our delivery plans.
  8. Our year two draft delivery plan (Appendix 2) reflects the commitments we set out when we initially launched the strategy whilst considering internal and external changes, our resources and our Investors in People (IIP) feedback. Our People Strategy Board agreed this in June 2022.
  9. Public Health Scotland confirmed in July 2022 that their Healthy Working Lives awards will no longer be issued. Instead, they will offer advisory services on healthy workplaces. We still aim for certification of our Health, Safety and Wellbeing work and will instead investigate the IIP “We Invest in Wellbeing” award in year two of the delivery plan.
  10. Further to our IIP gold certification, we have been shortlisted for the IIP Top Twenty Employers award, based on our assessment scores against other employers in our size category. As part of the awards process, we will submit further information in August and find out if we are further shortlisted or awarded a final position in late September.

## **BENEFITS AND PERFORMANCE**

11. Section 5 of the People Strategy sets out how we will measure our progress. Significantly this year, SSSC achieved gold status from IIP in February 2022 after several years with the silver accreditation (since 2015). This is testament to the value and focus we place on our people. Each department has development activities in place so as we can continue to build on what we do well and improve on other areas in working towards a platinum accreditation.
12. From August 2022, we will report on detailed operational performance measures at People Strategy Boards every six months and at monthly directorate assurance reviews, including:
  - feedback from our staff surveys and IIP outcomes
  - learning and development activity undertaken
  - feedback on learning and development activities
  - career progression/promotion data
  - feedback on our recruitment processes and new start experiences
  - accreditations and qualifications achieved
  - healthy working lives progress
  - diversity reporting
  - HR performance measures and metrics

- health and safety performance measures and metrics.
13. These measures will help inform a more strategic overview and narrative on the workforce's ability to deliver outcomes in the strategic plan and the factors influencing this, which we will include in assurance reporting to the Audit and Assurance Committee and Council later this year.

## **CONSULTATION**

14. We consult our internal People Strategy Board (membership in paragraph 4 above) on any initiatives within the strategy.
15. We engage Heads of Department through Operational Management Team (OMT) updates and involve them in projects and initiatives.
16. We inform the wider staff group of developments in internal news bulletins and intranet updates and they have the opportunity to participate in surveys, focus groups, and development initiatives on an ongoing and open basis.

## **RISKS**

17. Implementation of the strategy helps mitigate risk 5 on the strategic risk register: we fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce to achieve our strategic outcomes. We have an averse appetite for this risk.
18. The key risks relating to successful delivery of the strategy are staff resources and funding. We mitigate these to the best of our abilities through operational planning and the business and budget planning processes. However, there are significant key staff dependencies that could impact overall delivery.
19. The relevant programme governance boards will review individual project risks as they arise.

## **IMPLICATIONS**

### **Resourcing**

20. Staffing: to deliver the strategy effectively we need leadership and commitment from the EMT and OMT and time and resources from HR, OD and Internal Communications as well as input from staff, as required.
21. Financial: We have budgets in 2022/23 for corporate training (£126k), learning management system (£30k) and leadership and management development (£25k).

### **Compliance**

22. There are no compliance implications arising from the recommendations in this report.

### **IMPACT ASSESSMENTS**

23. An EIA is not necessary as this report relates to a strategy. We will carry out Equality, Data Protection and Sustainability Impact Assessments as necessary for the relevant projects that are part of the strategy.

### **CONCLUSION**

24. The People Strategy delivery plan sets out our vision and targets over three years. We have made significant progress in the first year and work will continue to focus on achieving the deliverables for year two.





## People Strategy Year 1 Delivery Plan: September 2021 -August 2022

| Strategic Theme                                     | Year 1 Deliverables   | Director Sponsor                     | Theme Lead Department   | Progress RAG | Start Date | Status   | Risk summary status (completion) |
|---|---|--------------------------------------|-------------------------|--------------|------------|--|----------------------------------|
| <b>Effective leaders and managers</b><br>           | Continue our leadership and management development programme and senior management development activities.  | Director of Finance & Resources      | OD                      | Completed    | 1/11/21    | Year 1 deliverables completed March 2022. Work will continue in year 2.    | Completed                        |
|   | Equip our managers and leaders with management information to support people planning, decision making and succession planning.                           |                                      | OD                      | Completed    | 1/11/21    | Year 1 deliverables completed April 2022. Work will continue in year 2.    | Completed                        |
|   | Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning Journey.   |                                      | OD                      | Completed    | 1/10/21    | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Continue to support professional leadership and management qualifications.  |                                      | OD                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Introduce 360 degree appraisal for senior leaders (OMT/EMT using LMS)   |                                      | OD                      | Delayed      | Year 2     | Work be carried into year 2.   | Low                              |
| <b>Recruit and develop excellent people</b><br>     | Continue to make improvements in our recruitment and selection processes focussing on candidate experience.   | Director of Finance & Resources      | HR                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Continue to develop our employer value proposition to attract the best talent.  |                                      | HR                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcome and priorities. |                                      | OD                      | Completed    | 1/9/21     | Year 1 deliverables completed March 2022. Work will continue in year 2.    | Completed                        |
|   | Begin a review of our organisational and role design and rewards structure.   |                                      | HR                      | Delayed      | 10/1/21    | Under review   | High                             |
| <b>A healthy and inclusive organisation</b><br>     | Promote our mental health first aider role. Review what this has achieved and how it can evolve.  | Director of Development & Innovation | HR                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Provide all staff training on the Equality Act 2010 and the implications for the organisation.  |                                      | OD                      | Completed    | 1/9/21     | Year 1 deliverables completed March 2022. Work will continue in year 2.    | Completed                        |
|   | Continue to support and monitor employee wellbeing through our occupational health offering and Healthy Working Lives campaigns.                          |                                      | HR                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Make sure wellbeing is at the forefront of one to ones and development discussions.   |                                      | OD                      | Completed    | 2/2/22     | Year 1 deliverables completed March 2022. Work will continue in year 2.    | Completed                        |
|   | Support our staff to become trauma informed using the national trauma training programme materials.   |                                      | OD                      | Delayed      | 5/5/22     | Work will be carried into year 2.  | Low                              |
| <b>Informed, involved and engaged employees</b><br> | Develop and internal communication strategy involving all staff in the design.  | Director of Strategy & Performance   | Internal Communications | Completed    | 1/6/21     | Completed. Internal Communications Strategy runs July 2021- March 2024.    | Completed                        |
|   | Develop our two way communication methods to suit new ways of working.  |                                      | Internal Communications | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue in year 2.   | Completed                        |
|   | Carry out an annual survey on our internal communication activities.  |                                      | Internal Communications | Completed    | 1/5/22     | Completed. Actions from year 1 survey will be taken into year 2.           | Completed                        |
|   | Continue to promote and embed our values in all of our work.  | Chief Executive                      | All                     | On Track     | 1/9/21     | This work is ongoing for the duration of the strategy.                     | Completed                        |
| <b>Investing in young people</b><br>                | Reestablish our young people mentoring scheme.  | Director of Strategy & Performance   | HR                      | Delayed      | 5/5/22     | Work will be carried into year 2.  | Medium                           |
|   | Introduce a young people's forum/network.   |                                      | HR                      | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue into year 2. | Low                              |
|   | Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.  |                                      | HR                      | Delayed      | 1/5/22     | Work will be carried into year 2.  | Medium                           |
|   | Learn from exit interviews from young employees to gather data on their reasons for leaving.  |                                      | HR                      | Completed    | 1/1/22     | Year 1 deliverables completed June 2022. Work will continue into year 2.   | Completed                        |
| <b>An agile and innovative workforce</b><br>        | Review and HR and Health & Safety policies to support agile working.  | Director of Regulation               | OD and HR               | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue into year 2. | Low                              |
|   | Continue to invest in our digital tools and support agile working, including a learning management system.  |                                      | OD and HR               | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue into year 2. | Low                              |
|   | Adapt our office space to support agile working.  |                                      | OD and HR               | Completed    | 1/9/21     | Year 1 deliverables completed August 2022. Work will continue into year 2. | Low                              |

### Notes and Guidance:

#### Process:

|                 |   |
|-----------------|---|
| Delayed         | Activity cannot proceed due to an issue that needs resolved.                              |
| Delayed         | Activity is in progress but won't be delivered by the expected due date.                  |
| On Track        | Activity is in progress and on track for completion by the expected due date.             |
| Completed       | Or activity is completed before expected due date.  |
| Not yet started | Activity has not yet started.   |
| Postponed       | Activity has been postponed.  |
| <b>Risk RAG</b> |   |
| High            | If left unresolved, this risk could impact the target completion date.                    |
| Medium          | Risk is not impacting planned timeline overall, but has impact on some areas of the work. |
| Low             | Minimal risk that is not impacting project timelines at all.                              |
| Completed       | Or activity is completed before expected due date.  |
| Not yet started | Activity has not yet started.   |
| Postponed       | Activity has been postponed.  |



People Strategy Year 2 Draft Delivery Plan: September 2022 - August 2023: Progress Dashboard

| Strategic Theme                                     | Year 2 Deliverables   | Director Sponsor                     | Theme Lead Department   | Progress RAG     | Start Date   | Target Completion Date or status                                   | Risk summary status (Completion risk) |
|---|---|--------------------------------------|-------------------------|------------------|--------------|--|---------------------------------------|
| <b>Effective leaders and managers</b><br>           | Explore the possibility of managers to have or work towards a leadership or management qualification.   | Director of Finance & Resources      | OD                      | On Track         | Year 1       | 1/1/23   | Low                                   |
|   | Assess the impact and development of our "Managing the SSSC Way" programme.   |                                      | OD                      | Not due to start | 1/12/22      | 1/3/23   | Low                                   |
|   | Equip our managers and leaders with management information to support people planning, decision making and succession planning.                           |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for duration of the duration of the strategy. | Low                                   |
|   | Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning journey.   |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for duration of the strategy.                 | Low                                   |
|   | Continue to support professional leadership and management qualifications.  |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for duration of the strategy.                 | Low                                   |
|   | Introduce 360 degree appraisal for senior leaders (OMT/ENT using LMS).  |                                      | OD                      | Not due to start | 1/10/22      | 1/3/23   | Low                                   |
|   |   |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for the duration of the strategy.             | Low                                   |
|   | Respond to emerging leadership and management development needs.  |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for the duration of the strategy.             | Low                                   |
| <b>Recruit and develop excellent people</b><br>     | Explore further options for external accreditations.  | Director of Finance & Resources      | HR & OD                 | Not due to start | 1/10/22      | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Enhance knowledge exchange and collaboration across the organisation (communities of practice).   |                                      | OD                      | Not due to start | 1/12/22      | 1/3/23   | Low                                   |
|   | Automate more of our people processes and continue to embrace technology.   |                                      | HR & OD                 | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Continued roll out of our organisational and role design and rewards structure.   |                                      | HR                      | Delayed          | Under review | Under review   | High                                  |
|   | Continue to make improvements in our recruitment and selection processes focussing on candidate experience.   |                                      | HR                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Continue to develop our employer value proposition to attract the best talent.  |                                      | HR                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcome and priorities. |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   |   |                                      | HR                      | Not due to start | 1/9/22       | 1/3/23   | Low                                   |
| <b>A healthy and inclusive organisation</b><br>     | Establish a matrix to review our recruitment reach and impact.  | Director of Development & Innovation | HR                      | Not due to start | 1/11/22      | 1/12/22  | Low                                   |
|   | Work towards the We Invest in Wellbeing award to replace Healthy Working Lives.   |                                      | OD                      | Not due to start | 1/9/22       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.   |                                      | HR                      | Not due to start | 1/9/22       | 1/12/22  | Low                                   |
|   | Create and support virtual employee networks.   |                                      | HR                      | Not due to start | 1/9/22       | 1/1/23   | Low                                   |
|   | Develop a manager policy and toolkit.   |                                      | OD                      | On Track         | Year 1       | 1/11/22  | Low                                   |
|   | Support our staff to become trauma informed using the national trauma training programme materials.   |                                      | HR                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Continue to support and monitor employee wellbeing through our occupational health offering and wellbeing campaigns.                                      |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   |   |                                      | HR                      | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
| <b>Informed, involved and engaged employees</b><br> | Build on the new communication approaches we have developed during the pandemic.  | Director of Strategy & Performance   | Internal Communications | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Make sure clear and well communicated updates are developed and shared in relation to staff surveys and Investors in People activities.                   |                                      | Internal Communications | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Review how we can improve our Corporate Social Responsibility within the context of our statutory public protection role.                                 |                                      | All                     | Not due to start | 1/10/22      | 1/6/23   | Low                                   |
|   | Develop online methods for staff to give instant feedback.  |                                      | Internal Communications | On Track         | Year 1       | Work will be ongoing for the duration of strategy.                 | Low                                   |
|   | Continue to promote and embed our values in all of our work.  |                                      | Chief Executive         | On Track         | 1/9/22       | Work will be ongoing for duration of the strategy.                 | Low                                   |
| <b>Investing in young people</b><br>                | Reestablish our young people mentoring scheme.  | Director of Strategy & Performance   | HR                      | On Track         | 1/9/22       | 1/12/22  | Low                                   |
|   | Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.  |                                      | HR                      | On Track         | 1/9/22       | Work will be ongoing for duration of the strategy.                 | Low                                   |
|   | Find opportunities to include more apprentices in our organisation.   |                                      | HR                      | Not due to start | 1/9/22       | 1/9/23   | Low                                   |
|   | Progress our Investors in Young People status.  |                                      | HR                      | Not due to start | 1/11/22      | 1/12/22  | Low                                   |
|   | Participate in school and further education link work including supporting work experience and placements.  |                                      | HR                      | Not due to start | 1/9/22       | Work will be ongoing for duration of the strategy.                 | Low                                   |
| <b>Be agile and innovative workforce</b><br>        | Include views of young people in our recruitment campaigns.   | Director of Regulation               | OD and HR               | Not due to start | 1/9/22       | Work will be ongoing for duration of the strategy.                 | Low                                   |
|   | Review and respond to the impact of agile working on employee wellbeing.  |                                      | OD and HR               | On Track         | Year 1       | Work will be ongoing for the duration of the strategy.             | Low                                   |
|   | Continually review our new ways of working to support our staff and organisational performance.   |                                      | OD and HR               | On Track         | Year 1       | Work will be ongoing for the duration of the strategy.             | Low                                   |
|   | Continue to embed our learning management system.   |                                      | OD                      | On Track         | Year 1       | Work will be ongoing for the duration of the strategy.             | Low                                   |
|   | Investigate how we can embed, promote and reward innovation.  |                                      | OD                      | Not due to start | 1/1/23       | 1/6/23   | Low                                   |

Notes and Guidance:

Progress:

|                  |   |
|------------------|---|
| Not started      | Activity cannot proceed due to an issue that needs resolution                             |
| Delayed          | Activity is in progress but won't be delivered by the expected due date                   |
| On track         | Activity is in progress and on track for completion by the expected due date              |
| Completed        | Activity has been completed   |
| Not due to start | Activity has not yet started  |
| Not started      | Activity has been postponed   |
| Risk RAG         |   |
| High             | If left unresolved, this risk could impact the target completion date.                    |
| Medium           | Risk is not impacting planned timeline overall, but has impact on some areas of the work. |
| Low              | Minimal risk that is not impacting project timelines at all.                              |
| Completed        | Or activity is completed before expected due date   |
| Not yet started  | Activity has not yet started  |
| Postponed        | Activity has been postponed   |

|                                       |  |
|---------------------------------------|--|
| <b>Title of report</b>                | Digital Development Update   |
| <b>Public/Confidential</b>            | Public   |
| <b>Summary/purpose of report</b>      | This report presents an update on our digital development work for the 2021/2022 Digital Programme.  |
| <b>Recommendations</b>                | The Council is asked to endorse the progress made to date.   |
| <b>Author and Responsible Officer</b> | Laura Shepherd, Director of Strategy and Performance   |
| <b>Link to Strategic Plan</b>         | The information in this report links to work towards the outcomes in the Strategic Plan 2020-2023.   |
| <b>Link to Risk Register</b>          | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.<br><br>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.     |
| <b>Impact assessments</b>             | 1. An Equalities Impact Assessment (EIA) was not required.<br><br>2. A Data Protection Impact Assessment (DPIA) was not required.<br><br>3. A Sustainability Impact Assessment (SIA) was not required. |
| <b>Documents attached</b>             | None   |
| <b>Background papers</b>              | None   |

## **INTRODUCTION**

1. This report presents a summary of our progress delivering our digital strategy from 2021/2022.

## **DIGITAL STRATEGY UPDATE**

2. Nine digital projects were agreed to be progressed as part of the 2021/2022 digital programme. Seven of the nine were concluded within the year and two have been carried forward into 2022/2023. Benefits realisation reports were submitted and approved by Digital Sponsor Group for these projects.
3. A further two projects had timescales carried forward from 2020/2021. These two projects are now closed.
4. The following projects were progressed under the themes of our digital strategy.
5. **User experience**
  - Green Channel applications
  - Conditions not met
  - D356 improvements
6. **User informed**
  - Intelligence and Insights Systems Project
  - Equalities data collection
  - Social Work Mental Health Officer data capture
7. **Technology architecture**
  - Mattersphere portal customisation training
  - Digital Assert streamlining
8. **Security Compliance**
  - Implementation of multi-factored authentication
9. **Digital workforce**
  - Implementation of a new Learning Management System

## **DIGITAL ACTIVITY**

10. We launched the new digital strategy in May 2021 and it is being implemented through the work carried out through Digital Programme Board.

11. Internal audit carried out a review of ICT systems access during 2021/2022 which resulted in assurance level of 'good' with no recommendations.

## **CYBER SECURITY UPDATE**

12. There continues to be a rising threat of cyber-crime within the UK and, within the last 12 months, there have been several high profile and serious cyber-attacks within Scottish public sector organisations. We actively monitor the external threat landscape and work closely with other organisations to determine if further controls are required.
13. Cyber security training and awareness continues to be an important component in the overall fight against cyber-crime and a new round of training has been delivered to all staff. We also regularly undertake simulated cyber-attacks via email to establish how effective training is. The evaluation of these simulated attacks between January 2020 and January 2021 has shown a reduction in the number of staff who clicked on links within the email.
14. We have continued to welcome external scrutiny and assurance and achieved Cyber Essentials Plus accreditation in March 2022.

## **RISKS**

15. There is a digital risk register which comprises both operational and project risks. This risk register is reviewed fortnightly and presented to the Digital Programme Board monthly.
16. The residual risk score is evaluated and altered based on changes in cause, consequence and controls. the monthly risk register report concentrates on new risks, risks that have increased and risks that remain high (risk assessment score of 12 or above).
17. During 2021/2022 there were two 'high' risks.
  - Cyber Security - Continues to remain high to reflect the significant cyber threat landscape nationally.
  - Accessibility - Ongoing work to ensure compliance with web content accessibility guidelines has not been completed.

## **IMPLICATIONS**

### **Resourcing**

18. Digital development has an allocated budget that is monitored as part of the overall SSSC budget.

### **Compliance**

19. There are no specific legal implications relating to the contents of this report.

## **IMPACT ASSESSMENTS**

### **Equalities**

20. An Equality Impact Assessment has not been carried out. This report does not present a new or updated policy, guidance, practice or procedure. The work detailed in this report will have assessments carried out as appropriate.

## **CONCLUSION**

21. Council Members, Executive Management Team and Operational Management Team continue to be core members of the Digital Programme Board and Digital Sponsor Group. Staff are regularly involved and engaged in project work. Our digital development aims to put users and a customer focus at the centre of our service planning and delivery.

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Annual Information Governance Report   |
| <b>Public/Confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | 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.  |
| <b>Recommendations</b>           | This report asks Council to endorse the organisation's performance in information governance compliance in the 2021/22 financial year.   |
| <b>Author</b>                    | Caroline Gowans, Information Governance Coordinator  |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director, Finance and Resources   |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>     | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.   |
| <b>Impact assessments</b>        | 1. An Equalities Impact Assessment (EIA) was not required.   |

|                           |   |
|---------------------------|---|
|                           | <p>2. A Data Protection Impact Assessment (DPIA) was not required.</p> <p>3. A Sustainability Impact Assessment (SIA) was not required.</p> |
| <b>Documents attached</b> | None  |
| <b>Background papers</b>  | None  |



## **EXECUTIVE SUMMARY**

1. This report summarises the performance of the SSSC in relation to information governance for the period 1 April 2021 to 31 March 2022. 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 submitted a PUR to the Keeper's Assessment Team in January 2022 and they assessed our performance against our records management plan and produced a report on 22 March 2022. The Assessment Team concluded that we continue to properly consider the various elements in our plan and that we continue to meet the requirements of the legislation.
5. We are carrying out a long-term project to ensure the organisation continues to comply with its records management obligations, and completion of the planned areas of work will improve records management practices across the organisation. The areas of this project include:
  - resolution of SharePoint issues
  - review of our information asset register
  - comprehensive review of our retention schedule
  - preparation of SharePoint folder structures and files to implement auto-deletion policies
  - application of auto-delete policies
  - development and promotion of local naming conventions.
6. 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 high completion rate of over 90% for records management training.

## **DATA PROTECTION**

### **Individual Rights Requests**

7. 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) and the right to rectification. The organisation must respond to these types of requests within one calendar month.
8. We responded to 91.1% of these requests within the statutory timescale in the reporting period. We do not have any concerns about our response rate. Late responses were isolated cases and were late for a variety of reasons, including a higher volume of requests than is normal during quarter 1, which placed acute pressure on the Information Governance team, repeated and complex requests, and we failed to meet the statutory timescale on one occasion due to an administrative error in forwarding the request to the Information Governance team.
9. We provide subject access statistics to the Audit and Assurance Committee through the assurance report on a quarterly basis.
10. 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 were no complaints raised with the ICO during the reporting period.

### **Third Party requests**

11. We responded to 108 third party and other regulatory bodies requests during the reporting period. Requests from regulatory bodies were primarily from Social Work England. The number of requests remain consistent with financial year 2020/21, where we responded to 120 requests.

### **Data security incidents**

12. 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.
13. We received 85 data security incidents reports in the reporting period. We risk assessed 94.1% of these incidents within 72 hours. The failure to risk assess all incidents within 72 hours was due to pressure on the Information Governance team's resources or that the breach was not reported to the Information Governance team sufficiently early to allow them to complete the assessment on time.

14. 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 18.
15. 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.
16. We reported one data security incident to the ICO in the reporting period. The incident concerned unauthorised disclosure of email addresses of participants of an online event to other participants. We took remedial action and the ICO took no further action.
17. We report incidents categorised as medium/amber and high/red to the Audit and Assurance Committee on a quarterly basis through the assurance report.

#### **Delivery of data protection training**

18. We appoint and train data champions for each team to provide bespoke training to all staff. We have a 100% completion rate for data protection training.

#### **Data security procedures**

19. We reviewed and updated the data security procedures for each team to include a new section on the data warehouse and visualisation tool and the approval process for future updates to the security procedures.

### **FREEDOM OF INFORMATION**

20. The organisation must respond to freedom of information requests within 20 working days. We responded to 100% of the 32 requests in the reporting period, within the statutory timescale.
21. The number of requests remain consistent with financial year 2020/21, where we responded to 40 requests.
22. We provide freedom of information request statistics to the Audit and Assurance Committee through the assurance report on a quarterly basis.
23. 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**

24. We have reviewed and are updating our publication scheme to reflect information that we make routinely available to the public.

## **POLICIES**

25. The Information Governance team reviewed and updated the following policies during the reporting period.

### **Records Management Policy**

26. We reviewed the policy and made minor changes to reflect the new policy template and the organisational restructure since 2014. Council approved the policy in August 2021.

### **Data Protection Policy**

27. We reviewed the policy and updated it to reflect the new policy template, references to legislation, extend our statement of intent, clarify our lawful basis for processing personal data, update the section on international transfers and include a section on roles and responsibilities. Council approved this policy in November 2021.

### **Secure Handling, Use, Storage, Retention and Destruction of Disclosure Information Policy**

28. We reviewed and updated the policy to reflect the new policy template, and new legislation and processes that apply to the secure handling of disclosure information. The Executive Management Team (EMT) approved this policy in October 2021.
29. We are currently working with departments which handle disclosure information to make sure that we have operational procedures in place which cover the retention requirements set out in this policy.

## **CONSULTATION**

30. We did not carry out any stakeholder engagement because this is a governance report about performance of the organisation. The Operational Management Team and EMT have endorsed the report.

## **RISKS**

31. We have an averse risk appetite towards legal compliance. 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.
32. 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**

- 33. The SSSC has achieved a high level of compliance with statutory timescales.
- 34. Council approved an additional role within the team during this reporting period to strengthen organisational compliance and reflect increased workloads.

### **Compliance**

- 35. 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.

## **IMPACT ASSESSMENTS**

### **Equalities**

- 36. An Equalities Impact Assessment was not required because this is a report about performance and therefore it does not propose a course of action that will have an impact on people with protected characteristics.

## **CONCLUSION**

- 37. This report asks Council to endorse the organisation's performance in information governance over the reporting period 1 April 2021 to 31 March 2022. There are no significant concerns about the organisation's compliance with the statutory requirements.

|                                  |  |
|----------------------------------|--|
| <b>Title of report</b>           | Annual Review 2021/22 - Shared Services – SSSC and the Care Inspectorate (CI)  |
| <b>Public/confidential</b>       | Public   |
| <b>Summary/purpose of report</b> | For Council to endorse the 2021/22 annual review of shared services.   |
| <b>Recommendations</b>           | The Council is asked to endorse the 2021/22 annual review of shared services.  |
| <b>Author</b>                    | Kenny Dick, Head of Shared Services  |
| <b>Responsible Officer</b>       | Lynn Murray, Interim Director of Finance and Resources   |
| <b>Link to Strategic Plan</b>    | <p>The information in this report links to all four outcomes:</p> <p>Outcome 1: People who use services are protected by ensuring the regulated workforce is fit to practise.</p> <p>Outcome 2: The SSSC supports and enhances the development of the registered workforce to deliver high standards of practice and drive improvement.</p> <p>Outcome 3: Our workforce planning activities support employers, commissioners and policy makers to deliver a sustainable, integrated and innovative workforce.</p> <p>Outcome 4: The social work, social care and early years workforce is recognised as professional and regulated and valued for the difference it makes to people's lives.</p> |
| <b>Link to Risk Register</b>     | Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.   |
| <b>Impact assessments</b>        | <ol style="list-style-type: none"> <li>1. An Equalities Impact Assessment (EIA) was not required.</li> <li>2. A Data Protection Impact Assessment (DPIA) was not required.</li> <li>3. A Sustainability Impact Assessment (SIA) was not required.</li> </ol>   |

|                           |  |
|---------------------------|--|
| <b>Documents attached</b> | <p>Appendix 1: SSSC Shared Service Performance 2021/22 – Scoring from Interim Director of Finance and Resources</p> <p>Appendix 2: Shared Services risk register at April 2022</p> |
| <b>Background papers</b>  | <a href="#">Link to Council Report 21/2021 with appendices</a>   |

## **EXECUTIVE SUMMARY**

1. We have carried out an annual review of shared services following revised arrangements from 1 April 2021. We have made good progress and will continue to update the improvement plan.

## **BACKGROUND**

2. SSSC has shared services with the Care Inspectorate from 2001 ie Finance, HR, Procurement, Estates and Health and Safety. Following recommendations in a CIPFA report in 2020 both organisations agreed to strengthen governance arrangements and the SSSC Council approved the following governance documents in May 2021 with the Care Inspectorate Board approving in June 2021:
  - shared services strategy
  - management agreement
  - performance measures
  - risk register.
3. The revised shared services arrangements were in place from 1 April 2021. Henderson Loggie, internal auditors for the SSSC and the Care Inspectorate carried out an audit of documentation in two phases. The phase 1 review on governance documents rated the overall level of assurance as satisfactory and we implemented all their recommendations in the final documents. The phase 2 review on operational documents rated the overall level of assurance as good and there were no further recommendations to implement.

## **ANNUAL REVIEW OF SHARED SERVICE ARRANGEMENTS**

### **Review Meetings**

4. The Shared Services Review Board comprises the Chief Executives of the SSSC and the CI, the Interim Director of Finance and Resources at SSSC, the Executive Director of Corporate and Customer Services at the CI and the Head of Shared Services. The Board met three times to discuss quarterly performance for 2021/22, although one meeting was not quorate. These meetings were positive with no significant issues raised. The quarter four meeting also served as an annual review and the group reflected that the governance and operational arrangements were working well and that there was evidence of improved performance over the period with the Head of Shared Services putting in place an improvement plan that considered feedback from internal customers.
5. The Shared Services Oversight Group (SSOG) has the same membership as the Review Board, excluding the Chief Executives. The Group met regularly throughout the year to monitor performance, risk and use of resources and worked to constructively resolve any issues that arose during the year.



6. The SSSC Convener and the Chair of the CI Board met with the Chief Executives of both organisations, the Interim Director of Finance and Resources at the SSSC and the Executive Director of Corporate and Customer Services at the CI on 17 May 2022. Directors made a short presentation on what has gone well and what we need to keep working at. The Convener and Chair considered that the shared service arrangement is making good progress.

### **Performance**

7. The Council agreed a range of performance measures at its meeting on 27 May 2021. The Interim Director of Finance and Resources at SSSC, with input from the Executive Management Team, and the Executive Director of Corporate and Customer Services at the CI evaluated performance of the shared service every quarter and the Head of Shared Services shared this information with shared services staff and acted in response to feedback.
8. The Head of Shared Services collated key performance information for the year to 31 March 2022 and reported to the Shared Services Review Board. We have included the results for SSSC, based on scoring by the Interim Director of Finance and Resources, at Appendix 1. Performance was good in most areas. We will use the performance monitoring work to inform service improvements.
9. The Head of Shared Services sent a customer feedback survey to key users in SSSC and the CI in June 2022. Based on returns from 19 SSSC staff, the average scores for specific shared services questions increased from 3.4 out of 5 in 2020 to 3.7 with only 5% (1 person) of those surveyed expressing dissatisfaction compared to 54% in 2020.
10. The SSOG monitored the risk register agreed by the SSSC Council and CI Board throughout the year. The risk register monitoring template at April 2022 is attached at Appendix 2 and a summary of movements is included at paragraph 14 in this report.

### **Update to documentation**

11. The management agreement covers a three-year period. Both organisations agreed to annually review and update the document, if necessary. Given that internal audit's phase 2 joint review of shared services was reported to the Audit and Assurance Committee on 2 November 2021, we will carry out the first review of the management agreement and operational documents and make any changes in advance of 1 April 2023, in consultation with colleagues in SSSC using shared services.

## **CONSULTATION**

12. We have consulted on the shared services arrangements with colleagues on the Operational Management Team and Executive Management Team throughout the year.

## **RISKS**

13. Although shared services support delivery of all our organisational functions with links to all risks, we have included shared services in risk 3 of the strategic risk register: we fail to meet corporate governance, external scrutiny and legal obligations. We have an averse appetite to this risk.
14. The risk register for shared services at April 2022 is included at Appendix 2. The SSOG monitored the risk register agreed by the SSSC Council and CI Board throughout the year. Risk 3 - Terms and Conditions Variances increased in risk score but remains at the target level of medium. The increase is due to the SSSC and CI taking a different approach to reviewing reward and the potential for the cost-of-living crisis to mean that the SSSC and CI agree different pay awards. Risk 6 - HR capacity has reduced from high risk to medium risk and is now within tolerance level. This is due to implementing the new HR structure and appointing staff to permanent contracts.

## **IMPLICATIONS**

### **Resourcing**

15. SSSC had a budget of £1.0366m for 2021/22 for staff in shared services, which is 53% of the total cost of shared services, and actual costs were £1.0367m (subject to audit). There is a greater proportion of costs for SSSC due to the number of staff in the Transactions Team processing a high volume of invoices for registration fees.
16. CI recharged SSSC £0.521m for rent, rates and various other services, which is £0.011m less than budgeted. SSSC is billed directly for Quadrant House.

### **Compliance**

17. There are no specific legal implications arising from this report.

## **IMPACT ASSESSMENTS**

### **Equalities**

18. As this is an internal governance matter, an Equalities Impact Assessment was not required.

## **CONCLUSION**

19. We ask Council to endorse the annual review of shared services, which shows that we have made good progress in the 2021/22 financial year.

### SSSC Shared Service Performance 2021/22 – Scoring from Interim Director of Finance and Resources

| Area            | Measures  | Target                            | SSSC Q1 Result | SSSC Q2 Result | SSSC Q3 Result | SSSC Q4 Result | SSSC Annual Result |
|-----------------|---|-----------------------------------|----------------|----------------|----------------|----------------|--------------------|
| Shared Services | <b>SRB01</b> Reports & papers are accurate in format agreed by the officer responsible for the report/ paper and submitted to EMT/ SLT; Committee; Board/Council within agreed timescales.  | 100%                              | 66.67%         | 76.47%         | 99.45%         | 94.12%         | 87.1%              |
|                 | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). The rationale should be set out for any score of less than four in order to clearly articulate the issues and the improvement actions required. | 5-point scale; score of 4 or more | 3              | 3              | 3              | 3              | 3                  |
|                 | <b>SRB03</b> Positive feedback resulting from gathering and recording perceptions via annual survey. (Targeted surveys may also be undertaken).   | 5-point scale; score of 4 or more | n/a            | n/a            | n/a            | n/a            |                    |

| Area       | Measures  | Target                            | SSSC Q1 Result | SSSC Q2 Result | SSSC Q3 Result | SSSC Q4 Result | SSSC Annual Result |
|------------|---|-----------------------------------|----------------|----------------|----------------|----------------|--------------------|
| Accounting | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly).   | 5-point scale; score of 4 or more | 4              | 4              | 5              | 4              | 4.25               |
|            | <b>SRB04</b> Shared Services provide Budget Managers with budget reports to timescales agreed by the Executive Director of Corporate and Customer Services in the CI and Director of Finance and Resources in the SSSC that are in a format that is understandable and allows them to discharge the duties of a budget holder. (Annual survey). | 80% positive responses            | n/a            | n/a            | n/a            | n/a            |                    |
|            | <b>SRB05</b> Agreed information provided to agreed timescales to allow draft Annual Report and Accounts to be submitted to the external auditors by the agreed deadline.  | Compliance                        | Yes            | n/a            | n/a            | n/a            | Yes                |
|            | <b>SRB06</b> we receive an unmodified audit opinion (for the areas of shared service responsibility) on our Annual Report and Accounts.   | Compliance                        | n/a            | Yes            | n/a            | n/a            | Yes                |
|            | <b>SRB07</b> Number of recommendations made by external auditors for shared services areas of responsibility in preparing the ARA.  | 0                                 | n/a            | 2              | n/a            | n/a            | 2                  |

| Area              | Measures  | Target                            | SSSC Q1 Result | SSSC Q2 Result | SSSC Q3 Result | SSSC Q4 Result | SSSC Annual Result |
|-------------------|---|-----------------------------------|----------------|----------------|----------------|----------------|--------------------|
| Procurement       | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more | 4              | 4              | 4              | 4              | 4                  |
|                   | <b>SRB08</b> Procurement & Commercial Improvement Programme (PCIP) (RAG rating).  | Green                             | n/a            | n/a            | n/a            | n/a            | n/a                |
| Property          | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more | 3              | 3              | 3              | 3              | 3                  |
|                   | <b>SRB09</b> We respond to Emergency, Medium and Low priority requests within agreed timescales.  | 100%                              | 100%           | 100%           | 100%           | 100%           | 100%               |
| Health and Safety | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more | 3              | 3              | 3              | 3              | 3                  |
|                   | <b>SRB10</b> We mitigate the number of HSE interventions through provision, monitoring and reporting of training and risk assessments.                  | 0                                 | 0              | 0              | 0              | 0              | 0                  |

| Area         | Measures  | Target                            | SSSC Q1 Result  | SSSC Q2 Result  | SSSC Q3 Result  | SSSC Q4 Result  | SSSC Annual Result  |
|--------------|---|-----------------------------------|---|---|---|---|---|
| Transactions | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more | 4   | 4   | 4   | 4   | 4   |
|              | <b>SRB11</b> %age of Suppliers paid within 10 working days.   | 95%                               | 99.8%   | 99.4%   | 99.9%   | 99.4%   | 99.6%   |
|              | <b>SRB12</b> %age of debt collected within 30 days.   | 80%                               | CI  | CI  | CI  | CI  | CI  |
|              | <b>SRB13</b> %age of annual and renewal fees collected by the fee due date.   | 80%                               | 71%<br>affected by decision not to collect fees 2020/21 | 73%<br>affected by decision not to collect fees 2020/21 | 74%<br>affected by decision not to collect fees 2020/21 | 74%<br>affected by decision not to collect fees 2020/21 | 71.7%<br>affected by decision not to collect fees 2020/21 |
|              | <b>SRB14</b> Credit notes due to processing error as a %age of all invoices issued per quarter.   | < 1%                              | 0%  | 0%  | 0%  | 0%  | 0%  |
|              | <b>SRB15</b> %age of payments collected by automated means (direct debit, online direct debits, bacs, or automated telephone).                          | 90%+                              | 99.7%   | 99.8%   | 98.3%   | 97.9%   | 97.9%   |

| Area | Measures   | Target                               | SSSC Q1 Result | SSSC Q2 Result | SSSC Q3 Result   | SSSC Q4 Result | SSSC Annual Result |
|------|--|--------------------------------------|----------------|----------------|--|----------------|--------------------|
| HR   | <b>SRB02</b> Director of Finance & Resources/<br>Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly).   | 5-point scale;<br>score of 4 or more | 3              | 3              | 3  | 3              | 3                  |
|      | <b>SRB16</b> Quality of HR Policies delivered to the Director of Finance & Resources / Executive Director of Customer & Corporate Services in accordance with best practice, complying with all relevant legislation/ regulations and any other standards required by SSSC and CI that are included in the service specifications. | 100%                                 | 100%           | 100%           | 100%   | 100%           | 100%               |
|      | <b>SRB17</b> Agreed schedule of HR metrics delivered in line with the timescales agreed with the Director of Finance & Resources/Executive Director of Customer & Corporate Services.  | 100%                                 | 67%            | 67%            | 100%<br>Recently agreed estab and absence reporting to be included from Q4 | 100%           | 83%                |

| Area      | Measures  | Target  | SSSC Q1 Result | SSSC Q2 Result | SSSC Q3 Result            | SSSC Q4 Result            | SSSC Annual Result        |
|-----------|---|---|----------------|----------------|---------------------------|---------------------------|---------------------------|
| Payroll   | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more                               | 3              | 3              | 3                         | 4                         | 3.25                      |
|           | <b>SRB18</b> % of staff paid accurately in quarter  | 98%   | 100%           | 100%           | 100%                      | 100%                      | 100%                      |
|           | <b>SRB19</b> % of payrolls within last 12 months paid on time.  | 100%  | 100%           | 100%           | 100%                      | 100%                      | 100%                      |
| Bursaries | <b>SRB20</b> Annual student satisfaction questionnaire.   | 80% positive responses in 2021/22 with year-on-year improvement | n/a            | n/a            | n/a                       | n/a                       | n/a                       |
|           | <b>SRB21</b> Bursary payments paid to students accurately and on time.  | 100%  | 100%           | 100%           | n/a<br>Transferred to D&I | n/a<br>Transferred to D&I | n/a<br>Transferred to D&I |
| Reception | <b>SRB02</b> Director of Finance & Resources/ Executive Director of Customer & Corporate Services is satisfied with service provided (rated quarterly). | 5-point scale; score of 4 or more                               | n/a            | n/a            | n/a                       | n/a                       | n/a                       |



## Directors' scoring guide

| Score    | Legend                   | Score Descriptor   |
|----------|--------------------------|--|
| <b>1</b> | <b>Very Dissatisfied</b> | Significant negative issue(s) / concern(s) or a number of smaller issues / concerns which aggregated become significant have been experienced. A significant number of customer complaints may have been received. Significant and/or urgent improvement required.                                 |
| <b>2</b> | <b>Dissatisfied</b>      | Negative issue(s) / concerns (s) being experienced that adversely impact on the effective delivery or the positive perception of the service. Customer complaints may have been received. Improvement required.  |
| <b>3</b> | <b>Neutral</b>           | There is a mixture of negative and positive issue(s) / concern(s) which taken together prevents a view which on balance cannot be stated as positive or negative. Negative issue(s) / concern(s) should be addressed.  |
| <b>4</b> | <b>Satisfied</b>         | Service is on the whole being delivered to expectations. Positive customer feedback may have been received.  |
| <b>5</b> | <b>Very Satisfied</b>    | Service has exceeded expectations. Significant pieces of work have been particularly well executed or a significant improvement in the efficiency or effectiveness of service delivery has been identified and implemented. A number of positive customer feedback returns may have been received. |

Shared Service Risk Register Monitoring

|      |  |                |            |           |           |                     |                 |                |                |               |          |   |   |   |              |
|------|--|----------------|------------|-----------|-----------|---------------------|-----------------|----------------|----------------|---------------|----------|---|---|---|--------------|
| Date | 26 April 2022  |                |            |           |           |                     |                 |                |                |               |          |   |   |   |              |
| Risk |  | Raw Likelihood | Raw Impact | Raw Score | Raw Grade | Residual Likelihood | Residual Impact | Residual Score | Residual Grade | Risk Velocity | Movement | Key Controls  | Further Actions   | Risk Appetite / Tolerance   | Risk Owner   |
| 1    | <p><b>Governance</b></p> <p><b>What is the Potential Situation?</b><br/>The new shared service governance arrangements are ineffective</p> <p><b>What could cause this to arise?</b><br/>There is a lack of clarity over the services to be delivered, the standard of service delivery required and the consequences of service failure. Resources are not aligned to service delivery or standards. There is insufficient or ineffective reporting on performance, cost and risk. There is a lack of clarity on accountability and responsibility for decision making.</p> <p><b>What would the consequences be?</b><br/>Failure to secure best value through ineffective deployment of resources and ineffective procurement, non-compliant statutory reporting, employee relations and health &amp; safety issues, customer dissatisfaction, strained SSSC/CI working relationship, failures in physical, cyber and information security, failure to deliver legal obligations and reputational damage</p>   | 4              | 4          | 16        | H         | 2                   | 3               | 6              | M              | Med           | ↔        | <p>In Place:</p> <ul style="list-style-type: none"><li>i. joint shared services strategy</li><li>ii. Management agreement</li><li>iii. Specifications of Service.</li><li>iv. Risk register and risk management process.</li><li>v. Performance measures and service standards</li><li>vi. Regular meetings of Review Board</li><li>vii. Regular meetings of shared service oversight group</li></ul> | <p>Further Actions:</p> <ul style="list-style-type: none"><li>i. Develop assurance maps for Service Review Board</li><li>ii. Annual report to governing bodies</li><li>iii. Internal audit assignment (No. 3)</li></ul> | <p>Appetite: Cautious<br/>Target: Medium<br/>Tolerance: Medium</p> <p>Residual risk in accordance with target and tolerance.</p> <div>Rating: <div>Green</div></div>      | Review Board |
|      |  |                |            |           |           |                     |                 |                |                |               |          |   |   |   |              |
| 2    | <p><b>Organisational Divergence</b></p> <p><b>What is the Potential Situation?</b><br/>The SSSC and CI exhibit a divergence of priorities / values / standards /culture leading to misalignment of resources and lack of commitment to shared goals resulting in failure of arrangements and breakdown of shared services</p> <p><b>What could cause this to arise?</b><br/>Differences in the political and financial environment within which each organisation operates leading to diverging priorities. Impact of organisation cultural and structural differences on the operation and perception of shared services leading to different levels of organisational commitment to successful shared services. A change of Board / Council members or executive management changes the appetite for shared services. Perception or reality that one organisation has more influence or is more favourably treated than the other. A significant difference in organisational perception of shared services demonstrably already exists.</p> <p><b>What would the consequences be?</b><br/>Shared services may not be responsive to changes in the operating environment of SSSC, CI or both. The delivery of SSSC / CI priorities may not be effectively supported. There may be a failure to agree on broad principles such as technology employed, data / intelligence structure and the implementation of policies and procedures leading to dissatisfaction with the service. Reputational damage as a result of the failure of shared services. Damage to the motivation and morale of staff working in shared services.</p> | 5              | 4          | 20        | VH        | 3                   | 3               | 9              | M              | Med           | ↔        | <p>In Place:</p> <ul style="list-style-type: none"><li>i. Management agreement</li><li>ii. Specifications of Service.</li><li>iii. Risk register and risk management process.</li><li>iv. Performance measures and service standards</li><li>v. Customer feedback mechanisms</li><li>vi. Shared Service Review Board</li><li>vii. Shared service oversight group</li></ul>                            | <p>Further Actions</p> <ul style="list-style-type: none"><li>i. Joint shared service planning and budgeting</li></ul>   | <p>Appetite: Receptive<br/>Target: Medium<br/>Tolerance: High</p> <p>Residual risk in accordance with target and below tolerance.</p> <div>Rating: <div>Green</div></div> | HoSS         |

| Risk |   | Raw Likelihood | Raw Impact | Raw Score | Raw Grade | Residual Likelihood | Residual Impact | Residual Score | Residual Grade | Risk Velocity | Movement    | Key Controls  | Further Actions  | Risk Appetite / Tolerance  | Risk Owner   |
|------|---|----------------|------------|-----------|-----------|---------------------|-----------------|----------------|----------------|---------------|-------------|---|--|--|--------------|
| 3    | <b>Terms and Conditions Variances</b><br><b>What is the Potential Situation?</b><br>Staff working in shared services are employed either by the CI or SSSC. Terms, conditions, pay and grading may differ between organisations and this may cause employee relations issues within shared services but also within the wider respective organisations where conditions are viewed as more favourable in one organisation compared to the other.<br><br><b>What could cause this to arise?</b><br>Pay and grading reviews, different approaches to pay awards and terms and conditions negotiations, differing access to training, development and non-financial employee benefits. SSSC potentially piloting a 4-day (32 hour week); CI are not. Cost of living crisis will place upward pressure on pay uplifts and CI and SSSC Sponsors may take different views on affordability<br><br><b>What would the consequences be?</b><br>Reduced performance, inter-organisation flexibility, potential employee relation issues and reputational damage. Damage to the motivation and morale of staff working in shared services. | 4              | 3          | 12        | M         | 4                   | 2               | 8              | M              | Med           | ↑<br>6 to 8 | In Place:<br>i. Similar pay scales (but different underlying grade evaluation)<br>ii. Shared service oversight group as a discussion and liaison forum            | Further Actions:<br>i. Both organisations undertaking a reward or pay and grading review             | Appetite: Receptive<br>Target: Medium<br>Tolerance: High<br><br>Residual risk in accordance with target and below tolerance.<br><br>Rating: <span>Green</span> | HoSS         |
| 4    | <b>Digital / ICT Platform</b><br><b>What is the Potential Situation?</b><br>Shared services are required to operate across the CI and SSSC digital / ICT platforms and networks. Differences in technology and difficulties in effectively collaborating across the two platforms / networks is detrimental to the efficiency and effectiveness of the services provided.<br><br><b>What could cause this to arise?</b><br>The proposed move to CI staff on CI platform and SSSC staff on SSSC platform may disrupt working arrangements and effective communication between shared service staff and create difficulty accessing the finance and payroll / HR system. Each organisation using different applications, different licensing, reporting and analytical software etc.<br><br><b>What would the consequences be?</b><br>Reduced efficiency and effectiveness of services, customer dissatisfaction, financial loss through fines for non-compliance, fraud or error. Damage to the motivation and morale of staff working in shared services.   | 4              | 4          | 16        | H         | 3                   | 3               | 9              | M              | High          | ↔           | In Place:<br>i. Shared service digital group<br>ii. All shared service staff on a single platform (CI)<br>iii. Respective SSSC and CI digital functions liaison   | Further Actions:<br>i. Finance system upgrade (probable move to cloud based)<br>ii. Further training | Appetite: Receptive<br>Target: Medium<br>Tolerance: High<br><br>Residual risk in accordance with target and below tolerance.<br><br>Rating: <span>Green</span> | HoSS         |
| 5    | <b>Structure Design</b><br><b>What is the Potential Situation?</b><br>The new staffing structure is not effective for the delivery of successful shared services.<br><br><b>What could cause this to arise?</b><br>Structure is largely based on the previous structure that was dependent on a single director working for CI and SSSC deciding priorities on the balance of need across SSSC and CI. The new structure has two directors representing priorities of their respective organisations making   | 4              | 4          | 16        | H         | 2                   | 2               | 4              | L              | High          | ↔           | In Place:<br>i. Management agreement<br>ii. Specifications of Service.<br>iii. Performance measures and service standards<br>iv. Regular meetings of Review Board | Further Actions:<br>i. Continued prioritisation and compromise where acceptable                      | Appetite: Cautious<br>Target: Low<br>Tolerance: Medium<br><br>Residual risk in accordance with target and below tolerance.                                     | Review Board |

|      |   |                |            |           |           |                     |                 |                |                |               |  |   |   |   |            |
|------|---|----------------|------------|-----------|-----------|---------------------|-----------------|----------------|----------------|---------------|--|---|---|---|------------|
|      | compromise and prioritisation in the use of resources more difficult. Failure to stop (as recommended by CIPFA report) the practice of organisational “ownership” of staff working in shared services.<br><br><b>What would the consequences be?</b><br>Reduced service capacity, commitments not delivered, duplication, staff capacity to deliver leading to bad feeling and frustration, customer dissatisfaction and reputational damage. Cessation in whole or in part of shared services.   |                |            |           |           |                     |                 |                |                |               | v. Shared service oversight group<br>vi. Revised HR team structure<br>vii. Time recording analysis | ii. 2022/23 Resource plan and associated development plan<br><br>iii. Improve time recording analysis | Rating: <div>Green</div>  |   |            |
|      |   |                |            |           |           |                     |                 |                |                |               |  |   |   |   |            |
| Risk |   |                |            |           |           |                     |                 |                |                |               |  |   |   |   |            |
|      |   | Raw Likelihood | Raw Impact | Raw Score | Raw Grade | Residual Likelihood | Residual Impact | Residual Score | Residual Grade | Risk Velocity | Movement   | Key Controls  | Further Actions   | Risk Appetite / Tolerance   | Risk Owner |
| 6    | <b>Capacity HR</b><br><b>What is the Potential Situation?</b><br>HR have several vacancies and may incur further capacity reduction making it difficult to deliver on all commitments and aspirations.<br><br><b>What could cause this to arise?</b><br>Operating for a significant amount of time with many posts filled on a temporary basis, low team morale, relatively buoyant external market for HR staff (lose existing & difficult to attract new), new HR staff will require an induction period and additional employee related issues due to pandemic.<br><br><b>What would the consequences be?</b><br>Reduced service capacity, commitments not delivered, increased fraud / error risk, customer dissatisfaction, non compliance, impact on staff health and wellbeing and morale as they may work excessive hours, feel under pressure and/ or under-valued and reputational damage | 4              | 4          | 16        | H         | 3                   | 3               | 9              | M              | High          | <div>↓</div><br>12 to 9  | In Place:<br>i. New HR structure agreed and majority of appointments made                             | Further Actions:<br>i. Complete remaining appointments to the new structure<br>ii. Short term agency where required | Appetite: Cautious<br>Target: Low<br>Tolerance: Medium<br><br>Residual risk is above target but within tolerance.<br><br>Rating: <div>Amber</div> | HoSS       |

| <b>Task Name</b>  | <b>Meeting Action Generated</b> | <b>Progress</b> |
|---|---------------------------------|-----------------|
| C1 2022/23 HR Metrics   | Council 26 May 2022             | In progress     |
| C2 2022/23 Complaints Performance                               | Council 26 May 2022             | Not started     |
| C3 2022/23 Agile Working Policy                                 | Council 26 May 2022             | Completed       |
| C4 2022/23 Future Proofing Programme                            | Council 26 May 2022             | In progress     |
| C5 2022/23 Action Record  | Council 26 May 2022             | Completed       |
| C77 Arrange date for development session on Fitness to Practise | Council 26 August 2021          | In progress     |
| C 86 People Management Policies                                 | Council 25 November 2021        | Not started     |
| C 92 Hybrid meetings  | Council 28 February 2022        | In progress     |

| Assigned To                               | Due Date   |
|---|------------|
| Interim Director of Finance and Resources | 31/10/2022 |

|                                      |            |
|--------------------------------------|------------|
| Director of Strategy and Performance | 09/08/2022 |
|--------------------------------------|------------|

|   |            |
|---|------------|
| Interim Director of Finance and Resources | 09/08/2022 |
|---|------------|

|   |            |
|---|------------|
| Acting Chief Executive; Corporate Governance Co-ordinator | 24/11/2022 |
|---|------------|

|                                   |            |
|-----------------------------------|------------|
| Corporate Governance Co-ordinator | 18/08/2022 |
|-----------------------------------|------------|

|   |            |
|---|------------|
| Acting Chief Executive; Corporate Governance Co-ordinator | 31/10/2022 |
|---|------------|

|   |  |
|---|--|
| Interim Director of Finance and Resources |  |
|---|--|

|                                   |            |
|-----------------------------------|------------|
| Corporate Governance Co-ordinator | 31/08/2022 |
|-----------------------------------|------------|

## **Description**

## **Checklist Items**

Item 07.3: Consider the possibility of including additional HR metrics into the assurance report and report back to August Council meeting.

18.08.2022: Will be reviewed for November assurance report.

Item 09.2: Look at benchmarking against other public bodies, including the number of complaints received.

18.08.2022: No information gathered at this time.

Item 10.7.3: Members to forward comments before 6 June 2022 for LM to consider and present a revised policy to Council in August 2022.

Item 11.7.3: Arrange a further development session on the Future Proofing Programme.

If possible we can try to fit this into the October development session, so that it takes place before November Council.

Item 12: Update Action Record.

Item 7.2: AW and MA to discuss proposed date for Members development session and AW to arrange thereafter.

11.11.21 To be discussed with Members at away day in January 2022.

Item 9.1: Discuss with the Programme Governance Group the creation of a separate policy to deal with redundancy and severance matters not covered in the Redundancy and Severance policy.

18.08.2022: Governance Group meeting not yet held.

Item 6.5: Make arrangements for hybrid meetings to commence from May 2022 cycle, including log of who attends in person and online.

Had meetings and discussion with IT to prep for 26 May meeting.

27.05.2022 update: First Council hybrid meeting held via webinar function and 85" screen. Those attending remotely experienced feedback when talking. 'In the room' was good; recording not great sound and it has picked up the feedback experienced by online presenters.

Following comments recently received, further feedback will be requested following the August meeting with a view to making improvements for in-person and online participants.

Fitness to Practise session scheduled for 13 October 2022.

**Council Calendar of Business 2022/23**

| Report/meeting dates   | 25 Aug<br>2022 | Oct<br>2022 | 24 Nov<br>2022 | 27 Feb<br>2023 | 27 March<br>2023 | 25 May<br>2023 |
|--|----------------|-------------|----------------|----------------|------------------|----------------|
| <b>Quarterly reports</b>   |                |             |                |                |                  |                |
| Convener's Report  | ✓              |             | ✓              | ✓              |                  | ✓              |
| Chief Executive's Report   | ✓              |             | ✓              | ✓              |                  | ✓              |
| Audit and Assurance Committee Report (inc assurance report and minutes)  | ✓              |             | ✓              | ✓              |                  | ✓              |
| Action Record  | ✓              |             | ✓              | ✓              |                  | ✓              |
| Rewards Review Programme   | ✓              |             | ✓              | ✓              |                  | ✓              |
| <b>Annual reports</b>  |                |             |                |                |                  |                |
| Audit and Assurance Committee Annual Report ( <i>part of Annual Report and Accounts process</i> )                |                |             |                |                |                  | ✓              |
| Risk Register and Risk Appetite Statement ( <i>included in quarterly A &amp; A committee report to Council</i> ) |                |             |                | ✓              |                  |                |
| People Strategy Annual Report ( <i>includes 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  | ✓              |             |                |                |                  |                |
| Effectiveness of Council Annual Report   |                |             |                | ✓              |                  |                |
| Corporate Governance Annual Report   |                |             |                | ✓              |                  |                |
| HR Interim Annual Report ( <i>see Feb meeting for annual report</i> )  |                |             |                | ✓              |                  |                |
| Annual Report and Accounts   |                | ✓           |                |                |                  |                |
| Draft Annual Report and Accounts   | ✓              |             |                |                |                  |                |
| Chief Executive Appraisal (Private Report)   |                |             |                |                |                  | ✓              |
| Draft Budget 2023/24   |                |             |                | ✓              |                  |                |
| Budget Setting 2023/24   |                |             |                |                | ✓                |                |
|  |                |             |                |                |                  |                |
| <b>Policies timetable – see appendix for any policies for Council</b>  |                |             |                |                |                  |                |
|  |                |             |                |                |                  |                |
| <b>All other items (<i>ad hoc or requested matters</i>)</b>  |                |             |                |                |                  |                |
| Consultation on Future Proofing Programme  |                |             |                |                |                  |                |
| Review of opt in hearings  |                |             | ✓              |                |                  |                |
| Future Proofing Programme  |                |             | ✓              |                |                  |                |
| People Strategy Delivery Plan  | ✓              |             |                |                |                  |                |
| 6-month update on agile working  |                |             | ✓              |                |                  |                |
| Accommodation  |                | ✓           |                |                |                  |                |
| Private meeting with Minister  |                |             |                | ✓              |                  |                |



### Appendix 1 Policy and Strategy Timetable

| Policy/Strategy etc name   | Department                     | Owner                                  | Hyperlink to Document   | Date of Next Review | Approval by |
|--|--------------------------------|--|---|---------------------|-------------|
| Agile Working Policy   | HR                             | Director of Finance and Resources      | Hyperlink to be added once policy approved                                    | 2025 August         | Council     |
| Business Continuity Policy   | Performance and Improvement    | Director of Strategy and Performance   | Hyperlink to be added once policy approved                                    | 2025 August         | Council     |
| Capability Policy and Procedure                                      | HR                             | Director of Finance and Resources      | <a href="#">Capability Policy and Procedure</a>                               | 2023 November       | Council     |
| Code of Conduct (Employees)  | HR                             | Director of Finance and Resources      | <a href="#">Code of Conduct (Employees)</a>                                   | 2024 May            | Council     |
| Code of Conduct for Members of SSSC                                  | Legal and Corporate Governance | Director of Finance and Resources      | <a href="#">Code of Conduct for Members of the SSSC</a>                       | 2025 February       | Council     |
| Code of Corporate Governance Policy                                  | Legal and Corporate Governance | Director of Finance and Resources      | <a href="#">Code of Corporate Governance</a>                                  | 2025 February       | Council     |
| * Codes of Practice for Social Service Workers and Employers         | Development and Innovation     | Director of Development and Innovation | <a href="#">Codes of Practice for Social Service Workers and Employers</a>    | 2024 April          | Council     |
| Communications Strategy  | Strategic Communications       | Director of Strategy and Performance   | <a href="#">Communications Strategy</a>                                       | 2024 May            | Council     |
| Corporate Health and Safety Policy                                   | Estates, Health and Safety     | Director of Finance and Resources      | <a href="#">Corporate Health and Safety Policy</a>                            | 2022 August         | Council     |
| Criteria and Principles for Assessing Qualifications Sector Guidance | Development and Innovation     | Director of Development and Innovation | <a href="#">Criteria and Principles for Assessing Qualifications Guidance</a> | 2023/24             | Council     |
| Data Protection Policy   | Legal and Corporate Governance | Director of Finance and Resources      | <a href="#">Data Protection Policy</a>  | 2024 November       | Council     |
| Digital Strategy   | Digital                        | Director of Strategy and Performance   | <a href="#">Digital Strategy 2021-2024</a>                                    | 2024 May            | Council     |
| **Dignity at Work Policy and Procedure                               | HR                             | Director of Finance and Resources      | <a href="#">Dignity at Work Policy</a>  | 2022 November       | Council     |
| Disciplinary Policy  | HR                             | Director of Finance and Resources      | <a href="#">Disciplinary Policy</a>   | 2024 February       | Council     |
| Equality, Diversity and Inclusion Policy                             | Performance and Improvement    | Director of Strategy and Performance   | <a href="#">Equality, Diversity and Inclusion Policy 2020</a>                 | 2023 August         | Council     |
| Family Friendly Policy   | HR                             | Director of Finance and Resources      | Hyperlink to be added once policy approved                                    | 2025 August         | Council     |
| Grievance Policy and Procedure                                       | HR                             | Director of Finance and Resources      | <a href="#">Grievance Policy</a>  | 2024 August         | Council     |

\* Currently under review with an anticipated review date of April 2024

\*\* Those policies, procedures or guidance were due for review for August Council but have been delayed to November Council due to HR capacity and the demands of the Rewards Review.

\*\*\* This policy to be incorporated into the Future Proofing Programme

|   |                                |                                      |   |                |                               |
|---|--------------------------------|--------------------------------------|---|----------------|-------------------------------|
| People Strategy   | HR                             | Director of Finance and Resources    | <a href="#">People Strategy</a>                               | 2024 August    | Council                       |
| Procurement Strategy  | Finance                        | Director of Finance and Resources    | <a href="#">Procurement Strategy 2020-2023</a>                | 2023 February  | Council                       |
| Records Management Policy                                       | Legal and Corporate Governance | Director of Finance and Resources    | <a href="#">Records Management Policy</a>                     | 2024 August    | Council                       |
| Redeployment Policy   | HR                             | Director of Finance and Resources    | <a href="#">Redeployment Policy</a>                           | 2024 August    | Council                       |
| Retirement and Redundancy/Retirement and Early Severance Policy | HR                             | Director of Finance and Resources    | <a href="#">Retirement and Severance Policy</a>               | 2024 November  | Council                       |
| Risk Appetite Statement   | Strategy and Performance       | Director of Strategy and Performance | <a href="#">Risk Appetite Statement</a>                       | 2023 February  | Council                       |
| Risk Policy   | Strategy and Performance       | Director of Strategy and Performance | <a href="#">Risk Policy</a>                                   | 2023 February  | Council                       |
| SSSC Decision Guidance Policy                                   | Fitness to Practise            | Director of Regulation               | <a href="#">Decisions Guidance</a>                            | As required    | Council                       |
| *** SSSC Fitness to Practise Public Information Policy          | Strategic Communications       | Director of Strategy and Performance | <a href="#">Fitness to Practise Public Information Policy</a> | 2021 September | Council                       |
| Thresholds Policy   | Fitness to Practise            | Director of Regulation               | <a href="#">Fitness to Practise Thresholds Policy</a>         | As required    | Council                       |
| Whistleblowing Policy   | HR                             | Director of Finance and Resources    | <a href="#">Whistleblowing Policy</a>                         | 2024 February  | Council                       |
| Workforce Change  | HR                             | Director of Finance and Resources    | <a href="#">Workforce Change Policy</a>                       | 2024 August    | Council                       |
| ** Youth Employment Strategy                                    | HR                             | Director of Finance and Resources    | <a href="#">Youth Employment Strategy</a>                     | 2022 November  | Council                       |
| Counter Fraud and Corruption Framework Policy                   | Finance                        | Director of Finance and Resources    | <a href="#">Counter Fraud and Corruption Framework</a>        | 2023 May       | Audit and Assurance Committee |
| Debt Management Policy  | Finance                        | Director of Finance and Resources    | <a href="#">Debt Management Policy</a>                        | 2023 February  | Audit and Assurance Committee |
| Financial Regulations Policy                                    | Finance                        | Director of Finance and Resources    | <a href="#">Financial Regulations Policy</a>                  | 2023 February  | Audit and Assurance Committee |

\* Currently under review with an anticipated review date of April 2024

\*\* Those policies, procedures or guidance were due for review for August Council but have been delayed to November Council due to HR capacity and the demands of the Rewards Review.

\*\*\* This policy to be incorporated into the Future Proofing Programme

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