

Date issued: 15 August 2024

Members of the Scottish Social Service Council are advised that a meeting of the Council is to take place at 10am on Thursday 22 August 2024 in Tay Room, Compass House, 11 Riverside Drive, Dundee DD1 4NY and by Teams meeting.

A private meeting in person with Natalie Don-Innes, Minister for Children, Young People and The Promise will follow the formal meeting.

Sandra Campbell
Convener

AGENDA

PUBLIC SESSION

	Item	Report no
1.	Welcome and apologies for absence	
2.	Declarations of interest	
3.	Minutes of previous meeting – 23 May 2024	
4.	Matters arising	
5.	Convener's report	28/2024
6.	Chief Executive's report	29/2024
7.	Appointment of Chair, Vice Chair and Members to Audit and Assurance Committee	30/2024
8.	Audit and Assurance Committee report to Council	31/2024
9.	Anonymous Complaint addressed to Council	32/2024
10.	SSSC Response to the NMC Independent Culture Review Report July 2024	33/2024
11.	Review of Registration Fees	34/2024
12.	People Strategy Annual report	35/2024
13.	People Management Policies – Grievance Policy	36/2024

14.	Records Management Policy	37/2024
15.	Council Action Record	
16.	Date of next meeting and calendar of business – The next scheduled meeting of the Council will be held on Thursday 29 October 2024 to approve the Annual Report and Accounts. The next meeting for usual business will be Thursday 21 November 2024.	

PRIVATE SESSION

17.	Private session minutes of previous meeting – 23 May 2024	
18.	Draft Annual Report and Accounts	38/2024
19.	Chief Executive's Appraisal	39/2024

Private session items explained

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

Agenda item	Reason for exclusion
17.	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) Any other matters which if publicly disclosed might reasonably prejudice the effective discharge of the SSSC's functions
18.	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
19.	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)

SCOTTISH SOCIAL SERVICES COUNCIL

Unconfirmed minutes of the public session of the Council meeting held on 23 May 2024 at 10.00am in Compass House, Dundee and by Teams meeting

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

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

Observers: there were 12 observers

1.	Welcome and apologies
1.1	The Convener welcomed everyone to the meeting.
1.2	Apologies were intimated on behalf of Theresa Allison and Doug Moodie.
2.	Declarations of interest
2.1	There were no declarations of interest for items on the public session agenda.
3.	Minutes of the previous meetings
	Minutes of 26 February 2024
3.1	The minutes of the meeting held on 26 February 2024 were approved as an accurate record.
	Minutes of 25 March 2024
3.2	The minutes of the meeting held on 25 March 2024 were approved as an accurate record.
4.	Matters arising
4.1	There were no matters arising from the previous minutes that were not included on the agenda for the meeting.

5.	Convener's report
5.1	Sandra Campbell gave a verbal update on her activities as Convener since the last quarterly meeting of the Council. She advised that her time had been largely used to progress recruitment for the vacant Council Member posts we will have this year. She is also working on recruitment to the Chief Executive post which is currently filled on an interim basis by Maree Allison. She advised briefly on the processes for each.
5.2	Sandra Campbell then advised that Sharon Ballingall had agreed to be appointed to the Future Proofing Programme Sponsor Group. This appointment will run until end of November 2024, when the work of the Group will be completed.
5.3	The Council 1. noted the updates 2. approved the appointment of Sharon Ballingall to the Future Proofing Programme Sponsor Group.
6.	Chief Executive's report
6.1	Maree Allison presented report 16/2024, the key points she brought out were the launch of the Future Proofing Programme (FPP), the progress of the National Care Service Bill (NCS) and the meetings of Chief Executives of Health and Social Care Regulators and Alliance of Social Work Regulators.
6.2	Maree Allison confirmed that the Minister and the Chief Executive of the Care Inspectorate had attended the ministerial launch of the revised Codes of Practice and this took place at an early years' service in Edinburgh. She also referred to the success of the online events for employers and workers which were held in the lead up to the launch of the FPP.
6.3	Maree Allison advised that the Interim Head of Finance would leave the post at the end of June and that the permanent post had now been filled with the successful candidate starting the week commencing 27 May 2024. Additionally, she advised that Laura Shepherd, the Director of Strategy and Performance, had successfully achieved her BA certificate from Chartered Institute of Management Accountants (CIMA). Members congratulated Laura Shepherd on this achievement.
6.4	Members congratulated all officers involved in the FPP adding that this was an example of good project management and cross departmental working.
6.5	Laura Lamb advised Members on some aspects of the NCS, including discussions with Scottish Government about accountability and matters of delegated authority. She confirmed that the National Social Work Agency (NSWA) will set up a shadow board in spring 2025 and further details are expected to be known in autumn this year. She advised that through her work in the various discussion groups she feeds into the

	digital health and social care strategy and can raise concerns about how changes will affect recipients of services.
6.6	The Council noted the information in the report and the verbal updates.
7.	Audit and Assurance Committee report to Council
7.1	Alan Baird presented report 17/2024, the Audit and Assurance Committee's quarterly report to Council which also included the Committee's Annual report to Council for approval. He highlighted the reduced budget deficit, the positive internal audit reports received throughout the year and the progress with the counter fraud work and revision of the counter fraud framework. Alan Baird commended officers for their diligence throughout the year which has led to the positive reports and positive relationship with auditors, Henderson Loggie, and especially the work with David Archibald.
7.2	Sandra Campbell confirmed that a deep dive discussion session on risk is included within the schedule of business for the development session on 27 June 2024.
7.3	The Council
	<ol style="list-style-type: none"> 1. accepted that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. In particular that <ol style="list-style-type: none"> a. operational performance as measured by strategic key performance indicators give confidence that the SSSC is delivering as forecasted to meet strategic objectives agreed with the Sponsor Department b. financial performance is consistent with forecasted spend and this does not present concern relating to year-end outturn of approved budget c. operational delivery and financial expenditure are consistent 2. approved the Committee's Annual Report to Council at Appendix 4 to the report 3. noted the Committee approved <ol style="list-style-type: none"> a. extensions to the time allowed for completion of three audit recommendations b. the draft external audit planning report for 2023/24 c. the revised Financial Regulations and Debt Management Policy d. the Draft Annual Governance Statement for inclusion in the Annual Report and Accounts for 2023/24.
	<i>There was a brief break for a digital issue to be resolved</i>
8.	Information Governance Annual Report
8.1	Anne Stewart presented report 18/2024 which provided information on how the SSSC had performed over the year on data protection, freedom of information and records management legislation. She

	advised Members on plans for improving records management, involving the review of the structure of digital record keeping.
8.2	On data security, Anne Stewart confirmed that we record data security breaches, security incidents and 'near misses.'
8.3	The Council
	1. endorsed the organisation's performance in information governance compliance in the 2023/24 financial year.
9.	Qualified Status of the workforce
9.1	Following previous discussions at Council regarding concerns about the qualified status of the workforce, Laura Lamb presented report 19/2024. The report provided some analysis of the data we hold on the qualified status of the workforce on the various parts of the Register. It also included an action plan setting out planned actions to increase numbers of qualified workers and details of agencies, other than ourselves, who would be required to take action on the plan. The report states that there are a number of workers not due to be qualified, under their registration conditions, as they only entered the register within the last five years. Laura Lamb confirmed that Council will receive reports every six months and will therefore be able to monitor the progress being made with the plan to increase numbers of qualified workers.
9.2	<p>Members raised a number of points, issues and questions</p> <ul style="list-style-type: none"> • Alan Baird reminded Members that the risks associated with this matter are the subject of a deep dive at the development session in June 2024. He added that we need to think about what we can do to make a sector change to avoid a crisis in social care; how do we get the commitment from the sector, which is evident in childcare but not in adult social care (ASC). • Maree Allison cautioned against comparing ASC data with childcare data as the childcare sector has been registered much longer. She agreed that there is an issue with staff turnover in the ASC sector. With increased data gathering we have better evidence to influence partners in the sector to assist in addressing qualifications and turnover, noting that funding for this is an issue. • Laura Lamb confirmed that turnover is slowing down, however it will take approximately three years before we see benefits from the FPP which we expect to impact on the turnover rate. • Edel Harris commented on the upcoming election noting that the NCS did not appear to be high on the priority list of the parties. • Rona King's concern is that while childcare seemed to be given priority, ASC was a much more complex area especially given the rise in the aging population. She asked what we, as a council, could do to influence the MSPs. Maree Allison agreed to look at this sector in particular. • Maree Allison advised that the matter of qualification of the workforce was discussed at the recent meeting of the UK regulators and confirmed that Scotland is farthest ahead in this area. • Sandra Campbell raised the issue of workers from outside the UK and whether restrictions were affecting student numbers as well as

	<p>worker numbers and their ability to remain in the country, ie if family members cannot also live here.</p> <ul style="list-style-type: none"> Members also discussed whether working environment was an issue and agreed that this should form part of the joint session with the Care Inspectorate Board. The position with Care Inspectorate Officers was noted and this should be resolved with the avenue to qualification which was added relieving the current problem in sourcing the required training.
9.3	The Council
	1. approved the areas of focus within the report
	2. approved the six-monthly reporting cycle to Council
	3. endorsed the actions the SSSC is taking to support the workforce to become qualified
	4. requested that, if possible, the action list include where accountability for actions sit and also includes additional contributors to the actions.
10.	Review of the principles and criteria applied to the assessment and approval of qualifications for registration
10.1	Laura Lamb presented report 20/2024 which provided Members with an overview of the proposed changes to the criteria applied to assessment and approval of qualifications for registration with the SSSC. This is in accordance with the functions set out in the Regulation of Care (Scotland) Act 2001 (ROCA) delegated to us.
10.2	Laura Lamb advised that in the main, changes related to the language used, and the structure of the principles to make these clearer and easier to read. There is one substantial change to comply with current practice. This change is to remove the wording 'meets registration requirements set out by a nationally recognised regulatory body.' Laura Lamb explained that we currently do not accept other bodies' qualification standards as they do not match our standards.
10.3	The Council
	1. approved the revised principles and criteria.
11.	Review of the requirements for social work training
11.1	Laura Lamb presented report 21/2024 which summarised proposals for changes to teaching and assessment of the qualifying programmes outlined in the Framework for Social Work Education. Many of the changes are minor and were proposed following discussions with partners such as the Higher Education Institutes (HEIs). The proposals are designed to bring consistency to the courses. She also emphasised the interim measure regarding link workers/workplace supervisors to support those practice educators who are not currently registered Social Workers. This measure would be in place between September 2025 and September 2027 to support the proposed changes.
11.2	Members asked questions and discussed whether there were sufficient placements for the increase in practice learning opportunities. Laura

	Lamb added that there are now greater numbers of students coming through the system. Sharon Ballingall spoke about the challenges in finding practice placements and agreed that the proposal would provide more clarity and consistency which would also lead to better support for workers.
11.3	Laura Lamb added that the Social Work Education Partnership (SWEP) carries out a monthly review of social work students and that we will monitor compliance with the proposed changes as they come into effect.
11.4	The Council
	1. approved the proposed changes to the Requirements for Social Work Training and the timescales for implementation.
12.	Complaints Performance – annual update for period 01/04/2023 to 31/03/2024
12.1	Laura Shepherd presented report 22/2024 which included the annual report on Complaints Performance 1 April 2023 – 31 March 2024. She summarised the main highlights in the report and confirmed that our complaints handling performance compared well against other public bodies.
12.2	Maree Allison advised that we anticipate that we will receive an increased number of complaints once the FPP launches. We have identified various topics that are likely to be the subject of complaints and we will be in a position to identify which complaints are related to FPP.
12.3	The Council
	1. noted the performance in responding to complaints in 2023/24
	2. approved the annual complaints performance report to be published on the website.
13.	Digital Strategy Annual report
13.1	Laura Shepherd presented report 23/2024 which provided a summary of digital development and activity in the SSSC in 2023/24. She highlighted that of the nine projects agreed by the digital programme board, eight are completed and one due to be completed in 2024/25.
13.2	She advised on the equipment refresh which had involved a company who specialises reuse and refurbishment. There was some discussion on whether we could measure this against the SSSC's carbon footprint. This refresh will only occur every four or five years and it was therefore not thought to be significant. Laura Shepherd also confirmed that the contract with the company states that it will undertake clearing data and information from the equipment.
13.3	Members also discussed the cyber security exercises carried out and Laura Shepherd confirmed that these are carried out frequently and this has added to the numbers of suspicious emails being referred to

	the digital team for its input. This indicates higher staff awareness of the possibility of cyber fraud.
13.4	The Council
	1. endorsed the progress made against the Digital Strategy.
14.	People Management Policies – Code of Conduct
14.1	Laura Lamb presented report 24/2024 with the revised Code of Conduct for employees attached. She summarised the main changes from the previous version and also the review process followed. This included consulting with the Short-life Working Group. Rona King complimented Calum Kennedy, the Head of Human Resources on his approach and process in reviewing this policy.
14.2	The Council
	1. approved the updated Code of Conduct (Employees).
15.	Fitness to Practise Committee updates
15.1	Hannah Coleman presented report 25/2024 which gave details of the recruitment exercise recently carried out to appoint new members to the Fitness to Practise Committee, following the expiry of a number of appointments. These appointments are for both lay members and social service members and are for a period of three years, with an option to extend for a further period not exceeding four years.
15.2	The report advised of the reappointment of five Legally Qualified Chairs (LQCs) to the Fitness to Practise Committee who had reached the end of their initial three-year term of appointment. The report also advised of the reappointment of three LQCs to the Quality Assurance Sub-committee.
15.3	Hannah Coleman informed Members on the role of the Quality Assurance Sub-committee. She included an explanation as to why it was not workable to have social service members appointed, as they would only be able to quality assure committees where a member on their same register part had sat.
15.4	In answer to a query about why Council Members had no further information on the appointees, Maree Allison advised that there required to be distance between Council Members and Fitness to Practice Members and therefore the Council would not receive any additional information on the candidates.
15.5	The Council
	1. approved the appointment of 10 lay members to the Fitness to Practice Committee
	2. approved the appointment of nine social service panel members to the Fitness to Practice Committee
	3. approved the appointment of five existing LQCs to the Fitness to Practice Committee

	4. approved the reappointment of three LQCs to the Quality Assurance Sub-committee
	5. endorsed the approach of the Quality Assurance Sub-committee.
16.	Council Action record
16.1	The Council reviewed the Council action record and noted that actions C23/25, C23/31, C23/32, C23/33, C23/34, C23/35, C23/36 and C23/39 were completed. Details will be held on file for future reference.
17.	Calendar of business and date of next meeting
17.1	Council noted the calendar of business for 2024/25 and also that the next scheduled meeting of the Council will be held on Thursday 22 August 2024 at 10am.
17.2	Sandra Campbell reminded Members that meetings should be attended in person where possible and advise her and the corporate governance coordinator if they are to be absent or attending online.

Council started: 10am
Council finished: 1.45pm

Signed _____
Sandra Campbell
Convener

Date_____

Title of report	Convener's Report
Summary/purpose of report	Update on the Convener's activities since the last Council meeting on 23 May 2024
Recommendations	The Council is asked to note the summary of recent key issues and activities from the viewpoint of the Convener.
Author	Sandra Campbell, Convener
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers.</p> <p>Risk 2: We fail to ensure that our workforce development function supports the workforce and employers to achieve the rights standards and qualifications to gain and maintain registration.</p> <p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce 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: Closed.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: Closed.</p>
Impact assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. This report covers the Convener's activities for the period from the last full Council meeting on 23 May 2024.

INTRODUCTION

2. This has been a particularly busy period, encompassing recruitment of three new Council Members and permanent appointment of a Chief Executive. From a personal point of view, however, the most significant news is that I made the difficult decision to give notice on my role as Convener, with effect from the end of September. I have very much enjoyed my five years in role, an eventful period encompassing Covid, the move to agile working, substantial innovations and turnover in the membership of the Council itself. With the support of a strong Senior Management Team and Council I feel that the SSSC is well-placed to rise to future challenges. The Minister has approved the appointment of Peter Murray as Interim Convener and therefore I feel confident that I will be leaving the SSSC in safe hands.

MEETINGS WITH THE SCOTTISH GOVERNMENT

3. Regular meetings have continued with Iona Colvin, the Chief Social Work Adviser, and I would like to thank Iona for her continued support throughout my tenure as Convener. I reported earlier this year of a meeting with the Minister for Children, Young People and Keeping the Promise. The Minister made a commitment to meet again at our virtual meeting in February. I am very pleased to say that the meeting today will be in person, which is very welcome.

RECRUITMENT OF CHIEF EXECUTIVE FOR SSSC

4. A very significant part of my endeavours over the last period was the planning of recruitment to the post of Chief Executive for the SSSC on a permanent basis. This was supported by Iona Colvin, David Garbutt, chair of NES (NHS Education for Scotland) and our colleagues from HR (Human Resources) in Shared Services and SSSC, along with an external agency, Livingston James. We were also assisted by a Stakeholder group of other external professionals, chaired by Peter Murray, Council Member. I was very pleased that the successful candidate proved to be Maree Allison, who has acted on an interim basis several times over the last two years, but Maree was of course appointed on merit through a competitive process and is well suited to take the organisation forward from now.

COUNCIL MEMBERS

5. Over this last period, I have also been heavily committed to the recruitment of three new Council Members, who I anticipate will take up their roles next month, although to date the formal announcement by the Scottish Government has yet to be confirmed. There was a large number of applications from individuals with personal experience of accessing support from care services and/or professional experience. The interview panel was chaired by Iona Colvin, and we were also supported by Ben Ferrugia, Chief Executive of Social Work Scotland. I am pleased to be able to say that the new Members will bring a range of new experience and skills to the Council.
6. Two of the new Members are taking the place of Alan Baird and Theresa Allison who complete their second terms at the end of August, having completed six years in their roles. Their professional experience and personal qualities have been invaluable to the Council and our organisation as a whole and I would like to thank them for their support, particularly during the challenges of the Covid years. They have both played roles with the Audit and Assurance Committee, Alan as Chair, and Theresa as Vice chair, ably steering this through some difficult scenarios for the SSSC. A separate report on this agenda will address appointments to the Chair and Vice chair roles.
7. The Minister has approved the interim appointment of Peter Murray, Council Member, as Convener whilst the longer-term appointment to the role is taken forward. I am very grateful to Peter for agreeing to take up this role, following approval by the Minister, which will provide continuity in the interim period. Peter's extensive experience in other chairing roles will be invaluable and I know he has the support of the Council as a whole.
8. I have also completed the annual appraisals of Council Members during this period and feel that we have a strong and effective Council which will be able to welcome new appointees, bringing a range of different experiences to the Council.

CONCLUSION

9. My role with the Care Inspectorate Board will also be taken up by Peter from the end of September and I will work with Peter to ensure that there is an appropriate transition. I will miss my visits to Dundee, a city I have lived in twice for significant periods and will of course continue to take an arms-length interest in future developments for the SSSC.

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

	<p>Risk 4: We fail to provide value to stakeholders and demonstrate our impact.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p> <p>Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.</p> <p>Risk 7: Closed.</p> <p>Risk 8: We fail to have the appropriate measures in place to protect against cyber security attacks.</p> <p>Risk 9: Closed.</p>
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

INTRODUCTION

1. As set out in the Executive Framework Document agreed by Scottish Government and the SSSC, the Chief Executive is accountable for the operational performance of the SSSC and responsible for organisational governance. This report provides an assessment of performance, highlights important information that has happened since the last full Council meeting on 23 May 2024, and looks forward to emerging issues.

KEY POINTS

2. The Future Proofing Programme successfully launched on 3 June. This implemented significant changes to our register, qualification and skills, including the launch of our new Continuous Professional Learning model. This is the culmination of the three year transformation programme which included the launch of the revised Code of Practice in May. The changes to the Register, introduction of annual declarations and new approach to payment of fees are working well and the feedback on the new Continuous Professional Learning model is positive. The Programme concludes at the end of November with a closure report to Council in February.
3. Together with NHS Education Scotland (NES) we wrote to Mr Dey, the Minister for Higher and Further Education to highlight the funding challenge for adult social care qualifications to influence prioritisation of SCQF level 6 funding in the letters of guidance issues to the Scottish Funding Council and Skills Development Scotland.
4. Members will be aware that we have a deficit budget with an agreed spending pressure from Scottish Government. We have been advised by our sponsor that we have received in-year additional grant in aid funding of £2.4m. This will reduce our reliance on the spending pressure. There is no certainty that this is recurring. We will update Audit and Assurance Committee in detail at the meeting in October.

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

5. The Nursing and Midwifery Council released the independent review into concerns about their culture and fitness to practise decisions. Our Acting Director of Regulation has been leading work reviewing the findings of the report in the context of our organisation and there is a separate report later on the agenda updating Members as to our assessment.
6. Our consultation on proposed amendments to our Decisions Guidance launched on 5 August. This document supports our decision makers to

make proportionate and consistent decisions in Fitness to Practise investigations and hearings. Our current guidance has not been substantially amended since introduced in 2016. We are looking to update it in line with developments in the law and society since that time. The proposed amendments include more detail being added in relation to equality, diversity and inclusion; reference to trauma informed processes; strengthening the language around the seriousness of particular conduct.

7. We have worked with NES and the Care Inspectorate (CI) to update the Safer Staffing Guidance for social care which was published and promoted in our August newsletter.

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

8. We contributed to the delivery of Cohort 3 of the Care Experience Improvement Model leaders programme (CEIM) in May. 12 participants (7 health, 5 social services) undertook a condensed learning programme on the CEIM model and supporting their use of quality improvement tools. Feedback from this group tells us new Leaders are engaging with teams and senior leaders, applying CEIM component parts and connecting with each other to share learning and offer peer support.
9. Working with Trauma Informed Practice team in Scottish Government, we delivered a survey for social workers and supervisors of social workers on their experiences of supervision and its support to trauma informed practice. Analysis will be complete by mid-August and report published end of September.
10. The new SVQ Integrated Award has been approved, the qualification materials will be developed by the awarding body SQA. SQA are currently seeking training providers to pilot the qualification by the end of the year.
11. The SSSC suite of Open Badges now includes new badges about meaningful connection developed in partnership with the Care Inspectorate's Meaningful Connection, Visiting and Anne's Law project team. There are also new badges covering podiatry, nutrition and dietetics

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

12. We have been supporting the CI in the delivery of their Care Home Improvement Programme and in May delivered a day of input on Leadership support.
13. We delivered a leadership development support to 12 Carr Gomm managers in Argyll and Bute.

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

14. In July, we published the updated Employers guide for overseas workers, refugees and asylum seekers, a collaboration with the Scottish Refugee council and the Centre for Workforce Supply in NES.
15. We published our second six-monthly survey report on Scotland's filled and vacant social worker and senior social worker posts in local authorities, which shows there were more social workers in post compared to the year before. The report also shows a large difference in the number of social worker vacancies reported by local authorities, ranging from 0% to 31.1.%. We are producing six-monthly reports to provide an accurate picture of social work vacancies at the request of the Scottish Government. Compared to June 2023, the data collected in the December 2023 survey shows a 1.6% increase in the whole time equivalent (WTE) of practising social workers. During that period the WTE of senior social workers increased faster than main grade WTE, particularly in children and justice teams. Between June and December 2023, the WTE of adult social workers decreased while all others increased. The data from December 2023 reported a decrease in WTE vacancies compared to the June figures (albeit from fewer reporting authorities) but still showed an increase from the December 2022 vacancy rate to 10.3%. Vacancy rates are higher for main grade posts than senior posts. Vacancy rates vary by team, however high rates in the children and adult teams suggests an increasing demand for social workers.
16. I was invited to speak at the Health Services Research UK Conference in Oxford on 8 July 2024 about our role in producing data alongside colleagues from Social Care Wales, Northern Ireland Social Care Council and the National Institute for Health and Care Research.

SUSTAINABLE ORGANISATION

17. We submitted a response to the Commission for Information on Public Body Expenditure and Efficiency requested by Ivan McKee, Minister for Public Health. This included benchmarking information and details of efficiencies we have realised.
18. Scottish Government are in the process of replacing the financial systems for public bodies in Scotland. SEAS will be replaced with FUSION in October 2024. There are currently a few issues with timings and information flow across the project and we have raised concerns about the proposed roll out.

19. We have launched the 2024 Registrant Survey which closes on 2 September 2024. This Survey gives an important insight into the registered workforce's views on registration, our work to support them, and our customer service.
20. We have updated our Complaint Procedure to align with the Scottish Public Sector Ombudsman (SPSO) guidance on child friendly complaints.
21. Work has started on our triennial Investors in People assessment which will be shared with Council later in the year.

HORIZON SCANNING

22. **Programme for Government:** The Scottish Government has indicated that the 2024-25 Programme for Government will be presented to the Scottish Parliament at the earliest possible opportunity following the UK General Election.
23. **National Care Service (Scotland) Bill:** The Health, Social Care and Sport Committee is currently considering the Scottish Government's proposed Stage 2 amendments. The main changes include the creation of a National Care Service (NCS) Board and the delivery of reformed integration authorities instead of Care Boards. The Committee intends to take evidence on the Stage 2 amendments over summer and autumn and we have been invited to give evidence on the 1 October. The Scottish Government continues to consider several related areas such as Anne's law and whether children's services or justice social work services should be included in the NCS.
24. **United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Act 2024:** The Act came into force on 16 July 2024. Section 18 sets out reporting duties on listed authorities such as the SSSC. This includes a requirement to publish a report on the actions taken to comply with the duty as soon as practicable after the end of each reporting period. The current reporting period ends in 2026.
25. **Post-School Education and Skills Reform: Consultation on legislation:** The Scottish Government is currently consulting on changes to the roles of the three funding bodies in the post-school system: Student Awards Agency Scotland, the Scottish Funding Council and Skills Development Scotland.
26. **The Promise:** Plan 24-30 setting out Scotland's plan to #keepthepromiseby2030 launched on 20 June 2024. The plan is centred around five foundations: People, Scaffolding, Voice, Family and Care. We contributed to the Plan and are leading on revising the Common Core

which is the framework of skills, knowledge and understanding, and values for the children's workforce.

27. **Scottish Child Abuse Inquiry:** The public hearings in relation to phase 8 Investigations (The abuse of children in residential accommodation for young offenders and children, and young persons in need of care and protection) are ongoing and we have had preliminary meetings with the Inquiry in preparation for the next phase which is starting next year.

CONSULTATION

28. 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.

RISKS

29. There are no risks identified.

RESOURCING

30. There are no resourcing issues.

COMPLIANCE

31. There are no compliance issues.

IMPACT ASSESSMENT

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

CONCLUSION

33. This is my first report to Council since my appointment as permanent Chief Executive. I am very grateful to the Convener, Members and staff for their support over the last sixteen months and I am looking forward to working with Peter Murray as he takes up his role as Interim Convener.

Title of Report	Appointment of Chair, Vice Chair and Members to Audit and Assurance Committee
Public	Public
Summary/purpose of report	For approval of appointments to Audit and Assurance Committee
Recommendations	<p>The Council is asked to approve the appointment of Lindsay MacDonald as Chair and Rona King as Vice chair of the Audit and Assurance Committee as of 1 October 2024.</p> <p>The Council is asked to note that the Convener will appoint three Members to the Audit and Assurance Committee to fill the vacant posts.</p>
Author	Anne Stewart, Head of Legal and Corporate Governance
Responsible Officer	Sandra Campbell, Convener
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.

Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	Report (41/2023)

EXECUTIVE SUMMARY

1. The Executive Framework between the Scottish Government and the SSSC requires us to have an Audit Committee chaired by a non-executive Member. The SSSC Code of Governance details the function of the Audit and Assurance Committee to include advising on strategic processes for risk, internal control environment, governance, anti-fraud, financial probity and audit.
2. Council approved the appointment of Peter Murray and Lindsay MacDonald as Chair and Vice chair (Report 41/2023) as of 1 September 2024. As Peter Murray has now been appointed as Interim Convener as detailed in Report 28/2024 before this Council as of 1 October 2024, he can no longer hold the position of Chair and Council should appoint a replacement. Section 71 of the SSSC Code of Corporate ("the Code") states that the Council appoints the Committee Chair.
3. The Code also sets the quorum requirements for the Committee and this report asks Council to note that the Convener will appoint Members to fulfil the membership requirements of the Committee.

APPOINTMENT OF CHAIR AND VICE CHAIR

4. Lindsay MacDonald was appointed Vice chair in November 2023 to take up the role in September 2024 when Theresa Allison leaves. The Convener proposes that he is appointed to the role of Chair, having shadowed the Vice chair role since November 2023, as of 1 October 2024.
5. The Convener proposes that Rona King is appointed as Vice chair as of 1 October 2024. She has been a member of the SSSC since September 2019 and Audit and Assurance Committee since 29 October 2019.

APPOINTMENT OF COMMITTEE MEMBERS

6. We have three vacancies on the Committee with the departure of Alan Baird and Theresa Allison from 31 August 2024 and Peter Murray from 30 September 2024. The Convener will appoint replacements and inform Council in due course.

CONSULTATION

7. This is an internal governance matter and we did not carry out any consultation.

RISKS

8. We have an averse risk appetite towards governance matters. There are no risks arising from this report.

IMPLICATIONS

Resourcing

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

Compliance

10. The recommendations in this report comply with governance requirements.

IMPACT ASSESSMENT

11. An Impact Assessment is not necessary as this report relates to internal governance matters.

CONCLUSION

12. This report asks Council to appoint a Chair and Vice chair and note that the Convener will appoint Members to the Audit and Assurance Committee.

Title of report	Audit and Assurance Committee report to Council
Public	Public
Summary/purpose of report	To make recommendations from the Audit and Assurance Committee
Recommendations	<p>The Committee recommends that:</p> <ol style="list-style-type: none"> 1. the Council accepts that the assurance report presents a true and fair view of the SSSCs performance towards achievement of strategic objectives, financial management and risk identification and management. 2. the Council notes that Committee <ol style="list-style-type: none"> a. approved the revised Assurance Report template b. noted the internal audit reports and approved the management response to the recommendations in the auditors Consultancy Review of the Rewards Review c. approved the Counter Fraud Policy.
Author	Alan Baird, Chair, Audit and Assurance Committee
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>

Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact Assessments	An Impact Assessment (IA) was not required.
Documents attached	Apx 1 - Assurance report at 30 June 2024 Apx 2 - Risk Register Apx 3 - Assurance Map
Background papers	Draft minutes of meeting on 30 July 2024

INTRODUCTION

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

ASSURANCE REPORT

3. The Committee reviewed the assurance report as of 30 June 2024 relating to the activities of the SSSC. Appendix 1 to this report is the assurance report considered by the Committee. The Committee approved the revised report template. One slight amendment to table 1.1 was agreed, that a 'year to date, column be added.

Finance

4. Committee noted a saving of £287k on staffing costs, partially due to posts budgeted from June but not filled until around three to four months later. This is due to recruitment timing, workload and processes.
5. Committee also discussed the draw down and was advised that it is sitting at £3.1 million currently, the monthly average being £1.5 million.
6. Committee also discussed the general reserve figure sitting around 3.2%. Reserves above the 2.5% maximum target will be put towards reducing reliance on the spending pressure. The reserves and spending pressure will be discussed with Scottish Government.

Strategic Performance Indicators

7. Committee noted that some of the figures would not yet show the benefits from the launch of the Future Proofing Programme (FPP) and these would filter through into results in the next few months. Some examples to figures expected to change were
 - Time to register workers will improve, currently sitting at red RAG status, partly due to the pause in accepting registrations over the transition period
 - Number of open Fitness to Practise cases should return to green RAG status and measures will be put in place should the status remain at amber for three consecutive months.
 - Data was not yet available on workers feeling supported by the learning measures offered.

- More accurate data on unqualified workers will become available, including numbers of workers granted, and currently into, extensions to the qualification period.
8. Members accepted the figures and assurance provided that the launch of the FPP would result in more accurate figures being provided in future and would therefore assist in forward decision making.

HR data

9. Committee noted that staff long-term absence figures are continuing to improve and that there is no identifiable trend in these.

Risk Register

10. Committee noted that the Executive Management Team had provided more robust wording, especially of mitigation and controls, in the Risk Register.

Assurance Map

11. Members noted the Assurance Map.

AUDIT REPORTS

12. The Committee was presented with the following audit reports from Henderson Loggie:
13. Future Proofing Programme Phase 2
Draft Future Proofing Programme System Controls
Internal Audit Progress report
Consultancy Review on Rewards Review.
14. The Future Proofing Programme Phase 2 report provided a good level of assurance with no recommended actions. There were no weaknesses identified in this review.
15. The Future Proofing System Controls report was a draft report. It was commissioned to review the system for payments through D365 and through the telephone system as well as the processes for processing and recording refunds. Committee noted that while the telephone system was installed, it had not been tested and therefore the audit fieldwork and report could not be concluded. A further report will be submitted. There was one recommended action within the draft report regarding the processes for refunds.
16. The follow-up review for the 2024/25 audit provided information on the planned fieldwork for the audit work agreed in the 2024/25 audit plan.

17. The Committee reviewed the internal/external audit tracker.
18. The Committee considered the Consultancy Review on the Rewards Review along with a report from the Chief Executive on the management response and proposed actions. The reports were well received by Members who had been provided with the opportunity to meet with the auditor to discuss their views on the rewards review project, particularly the governance surrounding the decision-making process. The reports detailed the auditors' conclusions, actions already taken by management, and the recommendations from the auditor which were accepted by management. These are:

Conclusions

- a. The decision in July 2019 to conduct an evaluation of all job roles in the organisation was a decision which carried significant strategic risk due to the potential financial impact and impact on staff.
- b. There was insufficient consultation with Council, management and the trade union in advance of the July 2019 decision, and insufficient work at the outset to develop a shared understanding of what issues were present, if any, to necessitate such a significant piece of work.
- c. Council was not appropriately involved in key decisions until August 2020 due to a view that it was an operational matter and within executive authority.
- d. There was disagreement within the executive team as to progress and management of the project, which was not appropriately recorded.
- e. Governance and project management weaknesses were evident in the initial stages of the project and slow to be remedied, including a lack of planning, feasibility studies, governance, benefit identification, budgetary and risk management and information sharing.
- f. Communication was handled sensitively however slippage in the project was not effectively communicated.

Steps Taken

- a. Improvements in risk management arrangements.
- b. The development of a Programme Management Office and improvements to project and programme management.
- c. Establishment of a panel comprising Directors, Head of HR and Unison to evaluate new roles as a pragmatic solution.
- d. Agreement to include within the annual corporate governance review timetable an annual session on the Standards Authority guidance on operational/strategic decisions.

Recommendations

- e. It is important that any differences of opinion within Executive Management Team (EMT) on key decisions are recorded in the notes of EMT meetings, to provide a clear record of any dissenting voices, whether this alters the final decision taken or not.

- f. In future, feedback should be considered in the award of future procurement contracts to reappoint consultants who are being commissioned to carry out sensitive staff-facing work.
- 19. Committee agreed that the auditor had carried out a full impartial review of the project, which was stopped last November. The Committee accepted that lessons have been learned and that steps already taken, and implementation of those recommended by the auditor will address any outstanding issues which arose as part of the rewards review. The Committee will have oversight of implementation of the recommendations.
- 20. The Committee took assurances from the auditor's reports and management's responses that the issues which affected the rewards review project would not be repeated and the Committee approved management's response to the recommendations. The Committee will have oversight of management's implementation of the recommendations.

BENEFITS REALISATION - JANUARY TO JUNE 2024

- 21. The Committee reviewed the benefits realisation report for the period January to June 2024. It was noted that one product was, unusually, reversed as the workarounds required for redaction of documents, after it was rolled out into general usage, were counterproductive. The reversal will result in a saving on licence costs and the product previously used will again be utilised.
- 22. Committee noted that nine benefits had been realised since the last report, in January 2024.

COUNTER FRAUD POLICY

- 23. Committee approved the new Counter Fraud Policy. This was required after the contract with Counter Fraud Services (CFS) expired. Committee took assurance that the SSSC now had its own bespoke policy, following the principles of the agreement with CFS, but tailored to suit the specific needs for the organisation.
- 24. Committee was given assurance from the Head of Digital Services that favourable and improving results are being seen following the programme of cyber security exercises and activities which take place.

HORIZON SCANNING

- 25. Committee noted that
 - The worldwide Microsoft outage had no noticeable effect on the organisation's systems.

- Officers were in contact with Scottish Government to provide it with requested benchmarking information.
1. A paper on an anonymous complaint and the Nursing and Midwifery Council report will be presented to this meeting of Council.
 2. The Children (Care and Justice) (Scotland) Bill may impact on the work of the SSSC and its progress will be closely monitored.

CONSULTATION

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

RISKS

27. 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

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

Compliance

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

IMPACT ASSESSMENT (IA)

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

CONCLUSION

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

Title of report	Assurance Report as of 30 June 2024
Summary/purpose of report	<p>To provide performance, financial and risk information which:</p> <ul style="list-style-type: none"> assesses delivery of our strategy through the analysis of strategic performance indicators highlights areas of concern identifies corrective action required. <p>The report identifies variance to expected performance and any impact or risk this may have on the strategic objective to which the KPI relates. Actuals are measured against an initial forecast with the KPI owner providing an explanation for variance. If there are negative variances the KPI owner details corrective actions.</p>
Recommendations	<p>The Audit and Assurance Committee is asked to:</p> <ol style="list-style-type: none"> approve the revised Assurance Report template endorse the direction of travel for the strategic measures approve the risk register position.
Author	Laura Shepherd, Director of Strategy and Performance
Responsible Officer	Maree Allison, Chief Executive
Link to Risk Register Risks as of 1 April 2024	<p>The information in this report links to:</p> <p>Outcome 1: Trusted - People who use services are protected by a regulated workforce that is fit to practise.</p> <p>Outcome 2: Skilled - Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident - Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued - The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Impact Assessment	An Impact Assessment (IA) was not required.
Link to the Strategic Risk Register	Strategic Risk 4: We fail to provide value to our stakeholders and demonstrate our impact.
Documents attached	<p>Apx 1: Full 2024/25 Strategic Risk Register.</p> <p>Apx 2: Assurance Map.</p>

ASSURANCE REPORT AS OF 30 JUNE 2024

AAC Meeting Version

July 2024

Agenda item: 05, Report no: TBC

Action: For Decision

EXECUTIVE SUMMARY

JUNE 2024 SPI & ORGANISATIONAL PERFORMANCE SUMMARY

SPI	SPI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
Finance	Available reserves (%)	1-4		2 to 2.5	3.2	+3.0	↓	Red	Review and manage through year with any reserves above target applied to reduce the Spending Pressure. There is a plan identified below to reduce reserve.
2.1 Reg	Reduce the time taken to being registered (weeks)	1	1	<18	23.7	-11.7	↑	Red	Legislative change introduced by the Future Proofing Programme will reduce time to apply and improve performance over the year.
2.2 Reg	SSSC will maintain the number of open fitness to practise cases at an acceptable level	1	1	1850	1870	+27	↓	Amber	Year-end position based on current performance trends. Strong potential to be green.
	95% of our open cases will be less than three-years-old	1	1	95.0	95.6	-0.2	↓	Green	
2.3 WE&S	Increase the percentage of the workforce using learning resources to achieve CPL (%)	2	2	28.0	31.9	+1.4	↑	Green	
2.4 WE&S	Percentage of those reporting positively that our development activity is delivering the support required by the workforce (%)	2	2	80.0	66.7	0.0	→	Green	Low volume of responses expected until data available via the annual declaration is in the correct format.
	Cumulative performance (%)	2	2	80.0	63.6	+3.6	↑	Green	
3.1 Organisational Information	Programme Management Office	1-4	-	-	-	-	-	-	
4.1 HR	The overall percentage of staff who are absent from work (%)	1-4	6	<3.6	3.6	-	→	-	
4.2 HR	The overall staff turnover percentage (%)	1-4	6	<16.2	12.9	-1.3	↑	-	

JUNE 2024 KOI PERFORMANCE SUMMARY

KOI	KOI Description	Outcome	Risk	Ambition	Current	V (+/-)	Movement	Proj. YE	Actions & Comments
5.1	Delivery of key milestones across our joint initiatives and programme of work against national strategies	2, 3, 4		-	-			N/A	
5.2 KOI Reg	Registrant workforce numbers			N/A	177.9k	-1.2k	-	N/A	As the annual declaration process improves the accuracy of those entitled to be on the register we expect this figure to change and likely reduce.
5.3 KOI S&P	The percentage of the workforce feeling valued for the work they do	4		N/A	-	-	-	N/A	
5.4 KOI S&P	The percentage of the workforce with the correct qualification (%)	1,2,3,4		N/A	52.4	+0.1	↑	N/A	Could be influenced by current FPP prep work, expect changes over the next quarter to this figure.

1. CORPORATE FINANCIAL POSITION

1.1 Results

Scottish Social Services Council	Projection					
Income Statement	Actual	Committed	Forecast remaining	Projection	Budget	Prior Year
Grant in Aid						
Staff Costs	3,780	78	12,569	16,428	16,714	15,313
Non Staff Costs	921	695	2,025	3,641	3,741	3,353
Grant in Aid & Other Income	(3,100)	0	(14,175)	(17,275)	(17,275)	(17,818)
Net Grant in Aid Expenditure (Income)	1,601	773	419	2,793	3,181	848
Payments						
Post graduate bursaries	548	63	2,261	2,872	2,655	2,438
Practice learning fees	0	0	4,102	4,102	3,852	3,601
Funding						
Post graduate bursaries	0	0	(2,655)	(2,655)	(2,655)	(2,655)
Practice learning fees	0	0	(3,852)	(3,852)	(3,852)	(3,852)
Grant in Aid Disbursements	548	63	(144)	467	0	(467)
Payments						
Voluntary Sector Development Fund	0	0	735	735	0	942
Other grants	0	0	257	257	15	1,099
Funding						
Voluntary Sector Development Fund	0	0	(600)	(600)	0	(739)
Other grants	0	0	0	0	0	(1,003)
Other Grants/Disbursements	0	0	392	392	15	301

The Results above show the projection for the year to 31 March 2025 based on reviews to the end of June 2024. The projection is the addition of actual income and expenditure to 30 June 2024, purchase orders committed but not spent and forecast of remaining income and expenditure to 31 March 2025.

Summary: At this point in the year, our projected results are consistent with our budget, except Staff costs where savings of £287k have happened in the first three months of 2024/25. Non-Staff costs are reduced by £100k as that funding has been moved to ring-fenced

general reserve for digital equipment replacement which is noted at 1.5. We expect that savings will be used to reduce our use of Spending Pressure funding as detailed at 1.5.

Staff Costs represent over 80% of expenditure excluding disbursement payments

In the first three months to 30 June, payroll costs show a £287k saving on budget (7.1%) and the projection reflects the savings so far this year. Panel Member allowances (£617k) and other staff costs (£306k) make up the other staff costs and are projected in line with budget.

Non Staff Costs represent the remaining 20% of expenditure.

This covers accommodation (£192k), administration and travel (£1.2m), Digital costs (£1.5m), supplies and services (£452k) and projects (£356k). In comparison to the previous year, accommodation costs are lower due to reduced space (£270k) and transfer of lease costs to administration due to IFRS 16 (£175k). Within supplies and services £100k budgeted for digital equipment has been ring fenced within general reserves (1.5). The same amount was set aside last year and so £200k is now held for future spending on digital equipment. The main element within projects is explained in FFP below.

Income combines the GIA Income and other sources of income generated internally.

Funding and income illustrate the different elements of income.

Expenditure on staff and non-staff Costs is covered by £17.3m of basic GIA funding and other internally generated income plus Spending Pressure of £3.2m. During May/June 2024 we have drawn down £3.1m from the Scottish Government.

GIA Disbursements cover Post Graduate Bursaries (PGB) and Practice Learning Fees (PLF). In 2024/25 there is funding of £2,655k for PGB and £3,852k for PLF of which £1,500k is an additional funding element. These disbursements follow the timing of the academic year and therefore projections reflect the budget.

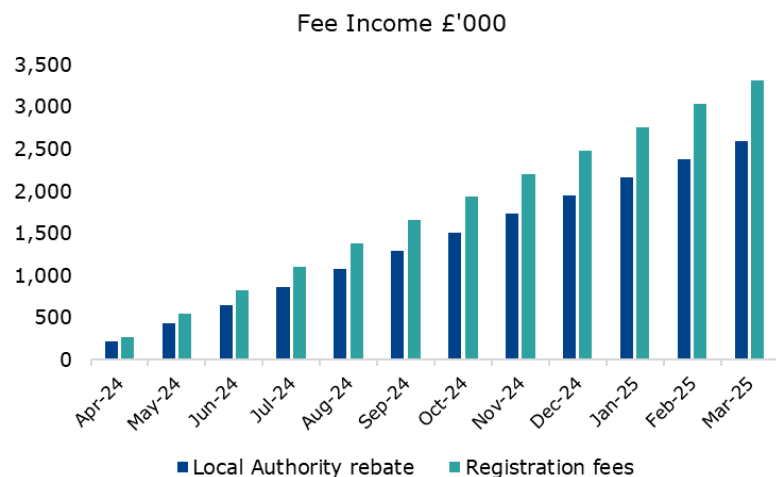
Other Disbursements cover the Voluntary Sector Development Fund (VSDF) and other grants. The main component of other grants is the Workforce Development Grant (WDG). These areas were not budgeted, and we expect to have a better understanding of these disbursements during the second quarter.

The **Future Proofing Project (FPP)** was funded last year by both an allocation from the general reserve (£749k - see 1.5) and Scottish Government funding (£343k). This budget of £1,092k for 2023/24 resulted in an actual spend of £890k for the year and an underspend to be carried forward to 2024/25 of £203k. The project went live on 03 June and the budget to conclude in November 2024 is £303k. Our budget for 2024/25 budget, and specifically within Projects, includes £190k to bridge between the underspend last year and the £303k required until November. There is a £90k contingency to support any post implementation spend until March 2025.

1.2 Areas of exceptions and risk

Category	Exception/risk	Value	Comments
Legal issues	The employment tribunal judgement affecting panel members requires us to pay pension contributions and additional backdated holiday pay. Other legal challenges may require potential payments.	£300k	<p>This amount has been ring fenced with the reserve figure - see 1.5</p> <p>We expect to have the matters resolved and certainty as to spend by October Audit and Assurance Committee.</p>
Fee Income and Fee Write-Offs	We expect a reduction in fee income due to FPP changes and an equivalent reduction in fee write-offs. The fee write-offs budget was set at £238k for 2024/25.	Neutral impact	<p>Fee income in the budget is based on estimated fees invoiced. Pre-FPP a proportion of invoices were written off as the individual had left the sector and was not entitled to remain on the register. FPP has changed the approach to managing fees and invoices are no longer sent. Fees are paid as part of the annual update process by those still working in the sector. We expect that write-offs will therefore substantially reduce. This should be offset by an equivalent reduction in fee income. This will not affect our total end of year position.</p>

1.3 Registration fee income



Our projection for 2024/25 continues to align to the budget – registration fees is projected to be £3,310k for the full year and Local Authority rebate is expected to be £2,593k. This figure will be updated later in the year to reflect the changes to fee income due to the FPP programme detailed at 1.2.

1.4 Funding and income

Funding and income	Budget £000	Scottish Government £000	Other £000	Drawdown /received £000	Projection 31 Mar 25 £000
Grant in aid	11,028	11,028		3,100	11,028
Local Authority fees	2,593	2,593			2,593
Registration fees	3,310		3,310		3,310
Other income	344		344		344
	17,275	13,621	3,654	3,100	17,275
GIA - disbursements					
Practice Learning Fess	2,352	2,352			2,352
Additional Practice					
Learning funding	1,500	1,500			1,500
Post Graduate Bursaries	2,655	2,655			2,655
	6,507	6,507	0	0	6,507
Other disbursements					
Voluntary Sector					
Development Fund			600		600
Workforce Development					
Grant and others					
	0	0	600	0	600
Spending pressure	3,196	3,196			3,196
Total funding and income	26,978	23,324	4,254	3,100	27,578

Total funding is budgeted at £27m with £3.1m being drawn down during May/ June 2024. The Grant in Aid figure from the Scottish Government of £11m is supplemented by Fee income noted at 1.3 and other income to support the main activities of SSSC. GIA Disbursements will be claimed as paid. At this stage Other Disbursements are being finalised. We are currently projecting drawing down the full spending pressure, but as detailed at 1.5 we expect to use savings to reduce that draw down. We expect to be firmer in our projections on this by October Audit and Assurance Committee.

1.5 General reserve and available reserve

Scottish Social Services Council		Reserve	
Change in Taxpayers Equity	Grant in Aid	GIA Disbursements	Other Disbursements
Balance at 31st March 2024	1,465	467	392
Carried Forward to 2024/25			
Post graduate bursaries		217	
Practice learning fees		250	
Voluntary Sector Development Fund			135
Other grants			257
Ring fenced			
IT Equipment	100		
Carried forward & Ring fenced	100	467	392
Available Genereal Reserve	1,365	0	0
Balance at 1st April 2024	1,465	467	392
Expenditure	-20,068	-6,974	-992
Funding from Government & other income	17,275	6,507	
Funding from Others Disbursements			600
Spending Presure	3,196		
Balance at 31st March 2025	1,868	0	0
Carried Forward to 2025/26			
Post graduate bursaries			
Practice learning fees			
Voluntary Sector Development Fund			
Other grants			
Ring fenced			
Potential external issues (refer to 1.2)	300		
Scope to reduce Spending Pressure	500		
IT Equipment (refer to Non Staff Costs in	200		
Carried forward & Ring fenced	1,000	0	0
Available General Reserve	868	0	0

The reserve is split into three categories.:

Grant In Aid – shows the main activities of SSSC. Funding from Government and other income to cover staff and non-staff costs and supported where necessary by Spending Pressure.

GIA Disbursements – payments made for Post Graduate Bursaries and Practice Fee Learning which are recompensed by the Government.

Other Disbursements – other payments including Workforce Development Grant and Voluntary Sector Development Fund which are recompensed by other bodies.

The projected income and expenditure for 2024/25 is supported by an agreed spending pressure of £3,196k. It is assumed the disbursements carried forward into 2024/25 will be disbursed in the year. The ring-fenced total for digital equipment is now £200k and £300k for legal issues is set aside as explained in 1.2. There is scope to reduce spending pressure, and this is currently estimated at £500k.

This means that the SPI Finance Available reserves % is 3.2%. Our aim will be to manage spending pressure reduction considering how available reserve is positioned within Ambition.

Approved Budgeted Expenditure		26,977
(Staff Costs, Non-Staff Costs & disbursement payments)		
Available Reserve (%)	3.2%	868
Lower Range	2.0%	540
Upper Range	2.5%	674

2. STRATEGIC PERFORMANCE INDICATORS

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

Assessment & Analysis

Time taken from employment to registration was 23.7 weeks in June 2024. Overall application to registration was 2.2 weeks, a decrease of 1.9 weeks from the previous month.

RAG			RAG		
<18	18 to 22	>22	<18	18 to 22	>22
Target: 18 weeks			Target: 18 weeks		
Length of time to register - Overall performance			Length of time to register - Individuals who haven't been registered previously on the same register part		
Apr-24	26.4	47%	Apr-24	21.8	21.1%
May-24	35.4	97%	May-24	31.8	76.7%
Jun-24	23.7	32%	Jun-24	21.0	16.7%
Jul-24	26.7	48%	Jul-24	20.6	14.2%
Aug-24	24.6	37%	Aug-24	18.8	4.5%
Sep-24	25.7	43%	Sep-24	21.4	19.0%
Oct-24	27.4	52%	Oct-24	22.1	22.5%
Nov-24	25.8	43%	Nov-24	19.9	10.4%
Dec-24	26.1	45%	Dec-24	20.0	11.3%
Jan-25	26.0	45%	Jan-25	19.8	9.9%
Feb-25	29.3	63%	Feb-25	21.8	21.1%
Mar-25	28.2	57%	Mar-25	22.0	22.2%

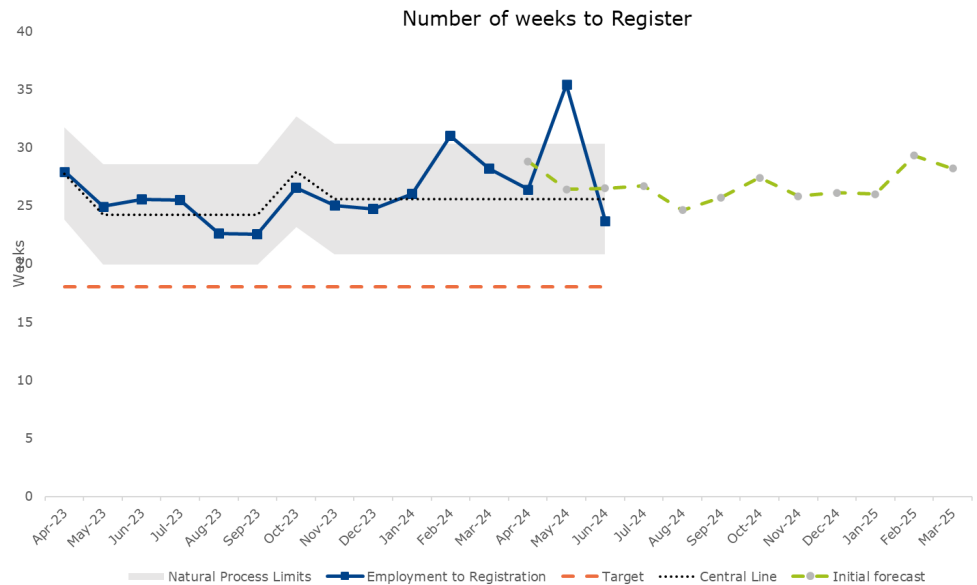
We have analysed the data and can see that the overall figure is influenced heavily by individuals who have been registered but needed to reapply for registration after being removed for failing to either pay a fee or renew.

We have included a new secondary measure looking at individuals who have registered for the first time or the first time on a new register level. This second measure will be further developed and improved to exclude certain scenarios in which the data should not be used in the calculation.

For these individuals the time taken from employment to registration was 21.0 weeks in June 2024.

From 03 June, new workers need to apply for registration within three months and gain registration within six months (Future proofing legislation). People in roles before 03 June still have six months to gain registration.

We are already seeing the impact of the Future Proofing Programme, FPP, with the length of time figures reducing, however we will need four to five months/data points to understand the trends associated with this impact. We have also seen that the numbers of registrations used for this calculation has dropped but again we need four to five data points to understand what the new normal is for this measure.



Below is a line graph that details the differences between individuals registering for the first time against those who have been registered previously.



Management Action.

The Future Proofing Programme was implemented on 03 June 2024 changing processes in how the Register is managed. It is a period of high workload pressure in the Registration Department. By October Audit and Assurance Committee we will have a clearer picture of the standard internal processing times for applications.

Communication with employers and individuals has been underway since early March to prepare them for the need to apply for registration within 3 months. We are planning a Get Registered Campaign to emphasise the new timescale.

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

Assessment & Analysis

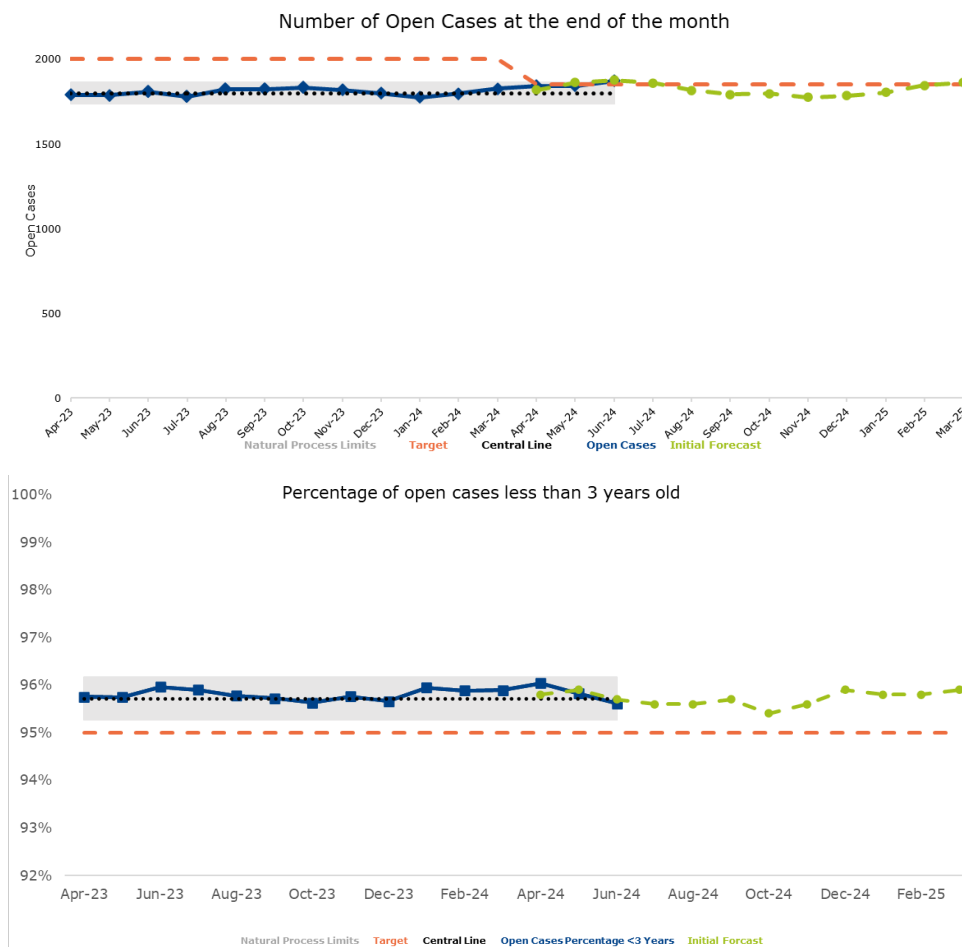
Prompt processing of Fitness to Practise (FtP) cases ensures concerns are addressed and the right people are registered. This analysis focuses on both number of cases open and how many of those are less than 3 years old.

RAG			RAG		
<0%	0% to 10%	>10%	>95%	90% to 95%	<90%
Target: 1850			Target: 95%		
Number of open fitness to practise cases at an acceptable level actual and reforecast			% of open cases less than 3 years old actual and reforecast		
Apr-24	1841	-0.5%	Apr-24	96.0%	1.1%
May-24	1843	-0.4%	May-24	95.8%	0.9%
Jun-24	1870	1.1%	Jun-24	95.6%	0.6%
Jul-24	1858	0.4%	Jul-24	95.6%	0.7%
Aug-24	1815	-1.9%	Aug-24	95.6%	0.7%
Sep-24	1792	-3.1%	Sep-24	95.7%	0.7%
Oct-24	1795	-3.0%	Oct-24	95.4%	0.4%
Nov-24	1775	-4.1%	Nov-24	95.6%	0.6%
Dec-24	1783	-3.6%	Dec-24	95.9%	1.0%
Jan-25	1804	-2.5%	Jan-25	95.8%	0.8%
Feb-25	1844	-0.3%	Feb-25	95.8%	0.9%
Mar-25	1861	0.6%	Mar-25	95.9%	1.0%

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

Throughout 2023/24 our performance was consistently under 1,850 open cases. Based on this we set ourselves a new target of 1,850 open cases, down from 2,000. This follows consistent performance in 2023/2024. We expect fluctuations in case numbers over the year however this target will provide a closer

focus on this measure. At the end of June 2024, the number of open cases was 1,870. An increase of 27 from the previous month and an increase of 63 from June 2023. Of these open cases, 95.6% (1,788 of 1,870) are less than 3 years old.



Management Action

No action required at present but if performance remains at amber over the next three months we will develop an action plan.

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

Assessment & Analysis

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

- the number of applications for badges in a month, minus the number which were returned and not resubmitted or revoked
- number of leadership capability 360 feedback tool accounts
- number of learner accounts minus the number identified as dormant accounts
- number of MyLearning App users in the prior 30 days
- number of registrants who have answered yes on their annual declaration on if they used our learning resources, when available.

RAG		
>33%	28% to 33%	<28%
Target: 33%		
Apr-24	29.6%	-10.2%
May-24	30.5%	-7.4%
Jun-24	31.9%	-3.4%
Jul-24	29.9%	-9.4%
Aug-24	31.6%	-4.3%
Sep-24	32.0%	-2.9%
Oct-24	31.9%	-3.5%
Nov-24	32.3%	-2.2%
Dec-24	31.8%	-3.5%
Jan-25	32.4%	-1.7%
Feb-25	33.3%	0.8%
Mar-25	33.6%	1.8%

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

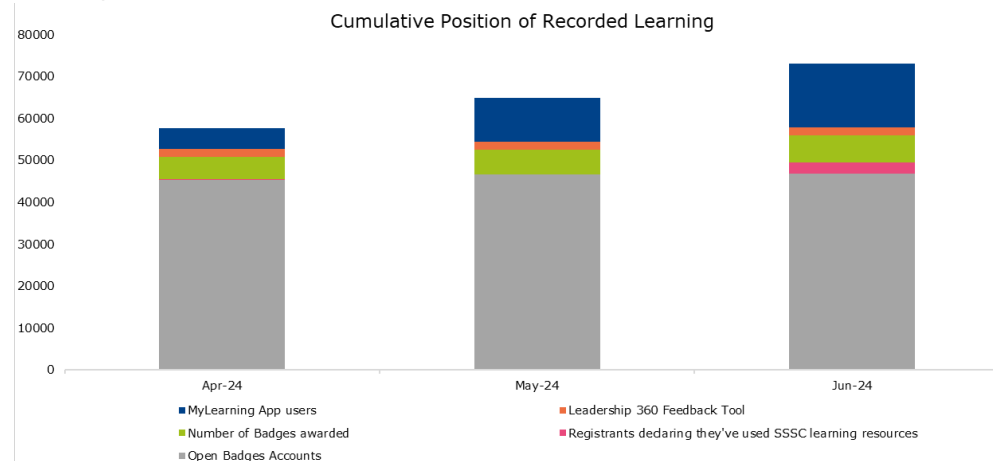
A new target of 33% has been agreed. The previous financial years performance led to a target of 28% being suggested however, due to improvement work planned and the introduction of annual declarations as a data source the target has been increased.

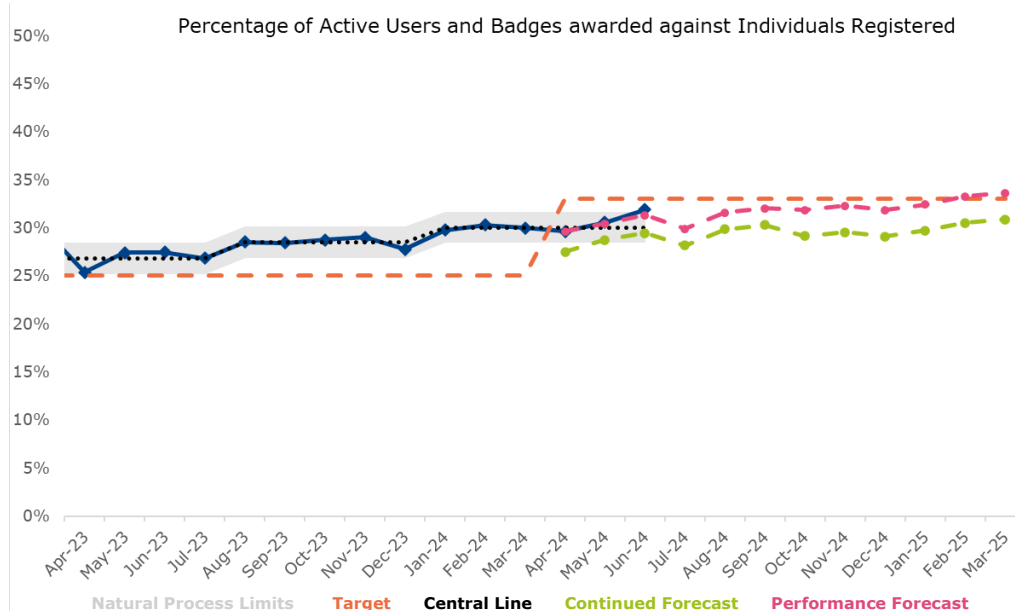
Performance has increased from 30.5% to 31.9%.

There were 546 badges awarded in June 2024, a decrease of one compared to last month but increase of 135 from June 2023.

We currently have 46,720 active SSSC Open Badges user accounts and saw 4,817 users of the MyLearning app in the prior 30 days.

We also have now included a new part to the measure, the number of registrants who have answered yes on their annual declaration on if they used our learning resources. For June this was 2,647 individuals.





The graph of percentage of active users and badges awarded against individuals registered now includes two forecast lines, the green line shows the forecast if no improvement activity happened and we maintained performance from previous years. The pink line shows potential uplift in performance due to improvement activity.

Management Action

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

Assessment & Analysis

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

- the annual declaration from users, how many used CPL and how they rated the resources used when available.
- 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-24	54.5%	-31.8%
May-24	66.7%	-16.7%
Jun-24	66.7%	-16.7%
Jul-24	77.8%	-2.8%
Aug-24	81.8%	2.3%
Sep-24	82.7%	3.4%
Oct-24	84.3%	5.3%
Nov-24	80.8%	1.0%
Dec-24	77.5%	-3.1%
Jan-25	80.8%	1.0%
Feb-25	82.8%	3.5%
Mar-25	82.7%	3.4%

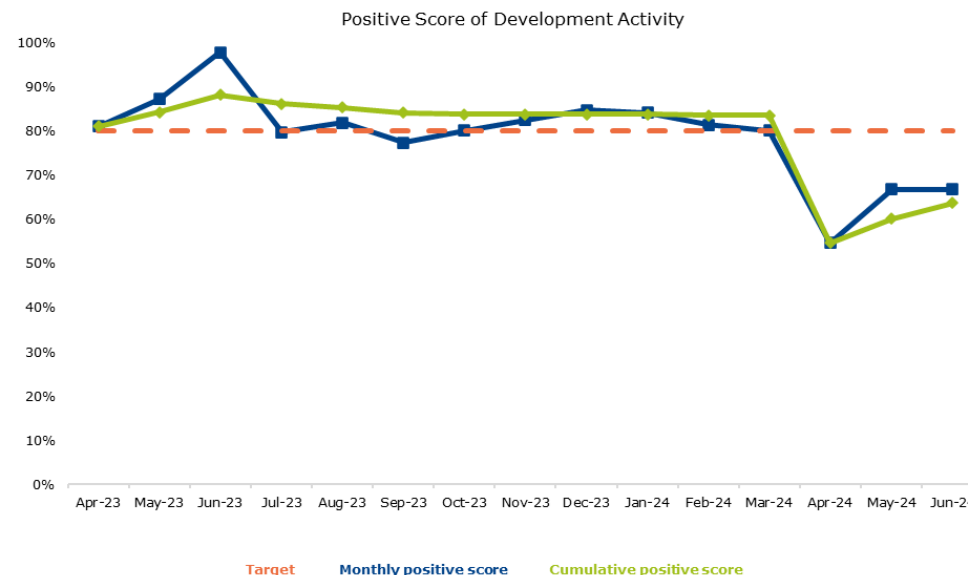
RAG		
>80%	70% to 80%	<70%
Target: 80%		

Cumulative Performance actual and Reforecast		
Apr-24	54.5%	-31.8%
May-24	60.0%	-25.0%
Jun-24	63.6%	-20.5%
Jul-24	78.6%	-1.8%
Aug-24	79.7%	-0.3%
Sep-24	80.5%	0.7%
Oct-24	81.3%	1.6%
Nov-24	81.2%	1.5%
Dec-24	80.7%	0.8%
Jan-25	80.7%	0.9%
Feb-25	80.9%	1.2%
Mar-25	81.1%	1.4%

From the above resources we received 24 responses, compared to last month's nine. Prior to the introduction of work related to FPP we would receive approximately 252 responses on average per month. Once the annual declaration information is in the correct format this will boost the amount of responses we will

have for this measure. We anticipate response volumes to increase significantly giving us a more comprehensive view of the opinions of those using our CPL resources.

Cumulative performance reflects the cumulative performance for the current financial year.



Management Action

3. ORGANISATION INFORMATION

3.1 Programme Management Office

Overall Summary: Programmes

Programme	Budget RAG	Risk/ Issues RAG	Stakeholder Buy In RAG	Timescale RAG	Overall RAG	Approval and Monitoring	Key Deliverables	Comment
Digital Programme	Green	Amber	Green	Green	Green	All digital projects approved and monitored at by Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO	SSSC Learning Zone Redevelopment Phase 2 Project: Total deliverables: 4 Due: 0 Completed: 0 Delayed: 0 SSSC Corporate Website Development Project: Total deliverables:4 Due: 1 Completed: 1 Delayed: 0	Risks and issues: No significant strategic risks or issues.
Future proofing digital changes 2024/25	Green	Green	Green	Green	Green	Project approved and monitored at Digital Development Sponsor Group and Digital Development Programme Board. Updates with PMO.	Total deliverables: 1 Due: 1 Completed: 1 Delayed: 0	Risks and issues: No significant strategic risks or issues.
Future-Proofing Programme	Green	Amber	Green	Green	Green	Programme approved and monitored by the Future-Proofing Programme Board. Updates with PMO.	Total deliverables: 9 Due: 5 Completed: 5 Delayed: 0	Risks and issues: No significant strategic risks or issues.
JSST programme	Green	Amber	Amber	Green	Amber	Both project workstreams will be monitored and approved by JSST Workstreams Project Board and Sponsor Group.	Total deliverables: 12 Due: 0 Completed: 0 Delayed: 0	Risks and issues: There are still several areas to be agreed before work can commence

NOS review programme	Amber	Green	Green	Green	Green	Programme approved and monitored by the NOS Review programme board. Updates with PMO.	Total deliverables: 4 Due: 0 Completed: 0 Delayed: 0	Risks and issues: No significant strategic risks or issues.
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4. HUMAN RESOURCES PERFORMANCE

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

Assessment & Analysis

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

RAG		
<3.6%	3.6% to 4.6%	>4.6%
Target: 3.6%		
Apr-24	4.0%	11.1%
May-24	3.6%	0.0%
Jun-24	3.6%	0.0%
Jul-24		
Aug-24		
Sep-24		
Oct-24		
Nov-24		
Dec-24		
Jan-25		
Feb-25		
Mar-25		

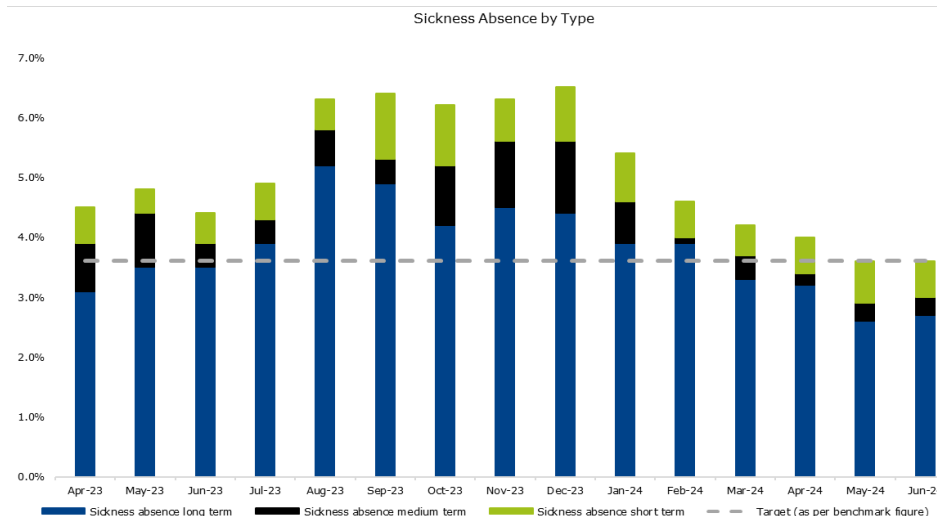
Definitions: Short-term absence is up to a week. Medium-term absence is between 8 and 27 calendar days. Long-term absence is a period of four weeks or more. There has been a reduction in absence levels.

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

In June 2024 SSSC lost 207 days to sickness (3.6% of capacity).

We break this down in the table below:

Directorate	Department	Days	Sick %
EMT & Support	EMT & Support	0	0.0%
Regulation	FtP	87	4.5%
Regulation	RIH	21	6.1%
Regulation	Registration	49	3.7%
Regulation	LCG	19	10.6%
WE&S	E&S	1	0.2%
WE&S	WP&P	5	1.6%
WE&S	HR	0	0.0%
WE&S	OD	0	0.0%
S&P	Comms & Policy	10	3.8%
S&P	P&I	2	0.7%
S&P	Digital Services	13	5.1%
S&P	Finance	0	0.0%



Management Action

No specific actions required.

4.2 HR: The overall staff turnover percentage.

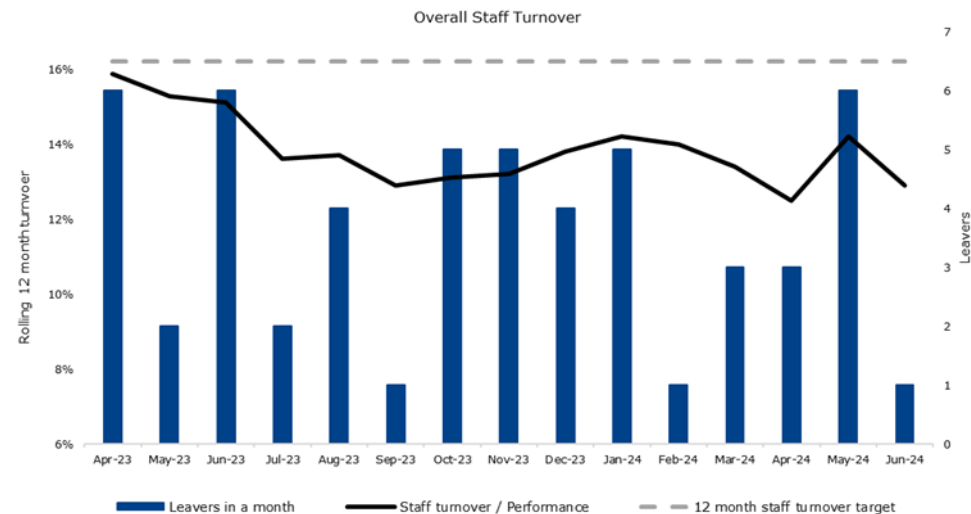
Assessment & Analysis

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

RAG		
<16.2%	16.2% to 17.2%	>17.2%
Target: 16.2%		
Apr-24	12.5%	-22.8%
May-24	14.2%	-12.3%
Jun-24	12.9%	-20.4%
Jul-24		
Aug-24		
Sep-24		
Oct-24		
Nov-24		
Dec-24		
Jan-25		
Feb-25		
Mar-25		

In June we had one leaver in Education and Standards, the overall rolling turnover was approximately 12.9%.

Directorate	Department	Leavers	Headcount	12-month turnover %
EMT & Support	EMT & Support	0	7	13.2%
Regulation	FtP	0	101	10.9%
Regulation	RIH	0	19	5.5%
Regulation	Registration	0	74	7.7%
Regulation	LCG	0	9	22.0%
WE&S	E&S	1	29	20.7%
WE&S	WP&P	0	16	11.4%
S&P	Comms & Policy	0	14	0.0%
S&P	P&I	0	14	26.4%
S&P	Digital Services	0	13	7.2%
WE&S	HR	0	3	0.0%
S&P	Finance	0	8	48.3%
WE&S	OD	0	3	38.7%



Management Action

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

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

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	Current FTE	Threat
EMT and Support	EMT and Support	13.2%	0.0	0	7	6.7	Green
Regulation	Total	10.7%	11.3	13	203	188.2	Green
	Fitness to Practise	10.9%	1.0	3	101	95.9	Green
	Registration	7.7%	6.5	8	74	66.5	Amber
	Regulatory Improvement and Hearings	5.5%	4.0	2	19	17.1	Amber
	Legal and Corporate Governance	22.0%	0.0	0	9	8.7	Green
Strategy and Performance	Total	13.6%	4.0	6	49	47.4	Green
	Communications and Policy	0.0%	1.0	0	14	13.0	Amber
	Digital Services	7.2%	0.0	1	13	13.0	Green
	Finance	48.3%	1.0	3	8	7.6	Green
	Performance and Improvement	26.4%	3.0	2	14	13.8	Green
Workforce, Education and Standards	Total	15.0%	1.0	3	50	41.8	Green
	Education and Standards	20.7%	0.0	1	28	25.0	Green
	Workforce Policy and Planning	11.4%	1.0	2	16	15.8	Green
	Human Resources	0.0%	3.0	0	3	2.7	Amber
	Organisational Development	38.7%	0.0	0	3	2.7	Green
Total		12.9%	16.3	22	309	284.1	Green

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

Directorate	Department	Turnover	Empty Posts	Seconded out (headcount)	Current Headcount	*Current FTE	Threat
Shared Services	Total		1	0	0	15.0	Green
	Estates, Health and Safety		1			3.0	Amber
	Finance transactions		0			6.0	Green
	Payroll		0			4.0	Green
	Procurement		0			2.0	Green

*Total Current FTE include CI employed staff

5. KEY OPERATIONAL INDICATORS

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

Joint initiative or Programme	Named actions and timescales for delivery	KOI Performance	Our achievements	Management action	Link to strategy
FPP	Launch of revised register, changes to qualifications, revised Codes of Practice: Quarter 1	100% of actions on track to deliver on time.	Launched Codes of Practice 01/05/24, ministerial launch 07/05/24.	Communications activity in support of go-live on 03/06/24 is ongoing. System shutdown 5pm 28/05/24 to 10am 03/06/24.	Trusted Skilled Valued
NOS Review	NOS review. To be completed by December 2025 This is detailed in the strategic framework for Scotland's Early Learning and Childcare, School Aged Childcare and Childminding Services Profession	90% of actions on track to deliver on time. Project on track to deliver on time.	NOS review project plan and programme governance structure in place. Stakeholder Advisory Group and NOS Development Group are being established to support the review. L&D Advisor has been appointed specifically to lead on the technical detail of the review.	Awaiting confirmation of funding from UK Standards and Frameworks Panel All UK partner engagement plans are ready for submission to SQA Accreditation for approval. Awaiting confirmation of approval of funding prior to submission.	Skilled
The Promise: Change Programme 1	Lead the refresh of the Common Core of skills, knowledge, understanding and values for the children's workforce in Scotland. Quarter 2	100% of actions on track to deliver on time.	Final revised common core with SG for sign off.	Preparing for Ministerial launch in Autumn 2024 once approved.	Skilled
Adult Social Care Skills Response Plan	Carried forward from 2023/4 Actions and timescales to be agreed by partners.	Delay in plan being established		Meeting with partners to be scheduled by lead agencies- SDS/NES by end of July to agree actions	Skilled Confident Valued

National Health and Social Care Workforce Strategy	<p>Work with SSSC and key partners to promote career opportunities in Social Care and deliver policies on upskilling and developing the workforce to attract new people to Social Care and address retention issues.</p> <p>Quarter 4.</p>	100% of actions on track to deliver on time.	<p>Commissioned by Joint Social Services Taskforce (JSST), to work with NES to develop:</p> <ul style="list-style-type: none"> a career pathways map for adult and C&YP social care workforce a portable national induction passport for adult social care workforce <p>Project plan and programme governance structure established.</p>	Scoping activity well underway and initial engagement has taken place with early indications of support for these projects.	Confident Valued
	<p>Carried forward from 2023/4 OSCWA leading work and timeline still to be agreed with SDS</p> <p>Scottish Government will work closely with SSSC and sector partners to develop a pilot Graduate Apprenticeship scheme, to improve career pathways for Social Care staff into Social Work.</p> <p>Quarter 4 TBC</p>	Delay in plan and timeline being agreed	Project plan being developed by OSCWA. SSSC to lead technical expert group to support development of GA and approval of award for registration	Timeline for GA development being agreed with SDS and OCSWA.	Confident
National Dementia Strategy delivery plan	<p>SSSC and partners to establish a short life working group to:</p> <ul style="list-style-type: none"> further develop our understanding of the dementia workforce and scope the learning 	Workforce Delivery Group still to meet to start planning		Engage in first meeting of workforce delivery group and agree how the SSSC will contribute to this work	Confident

	<p>needs of the current and future dementia workforce, recognising its diversity in health and social care and beyond, from those working in varied settings such as care homes, hospitals, community hubs and people's own homes to registered professional groups such as Allied Health Professionals, social workers and mental health professionals.</p> <ul style="list-style-type: none">• create a 'roadmap' of the existing rich sources of learning and skills programmes and resources that map against the Promoting Excellence Framework to establish the need				
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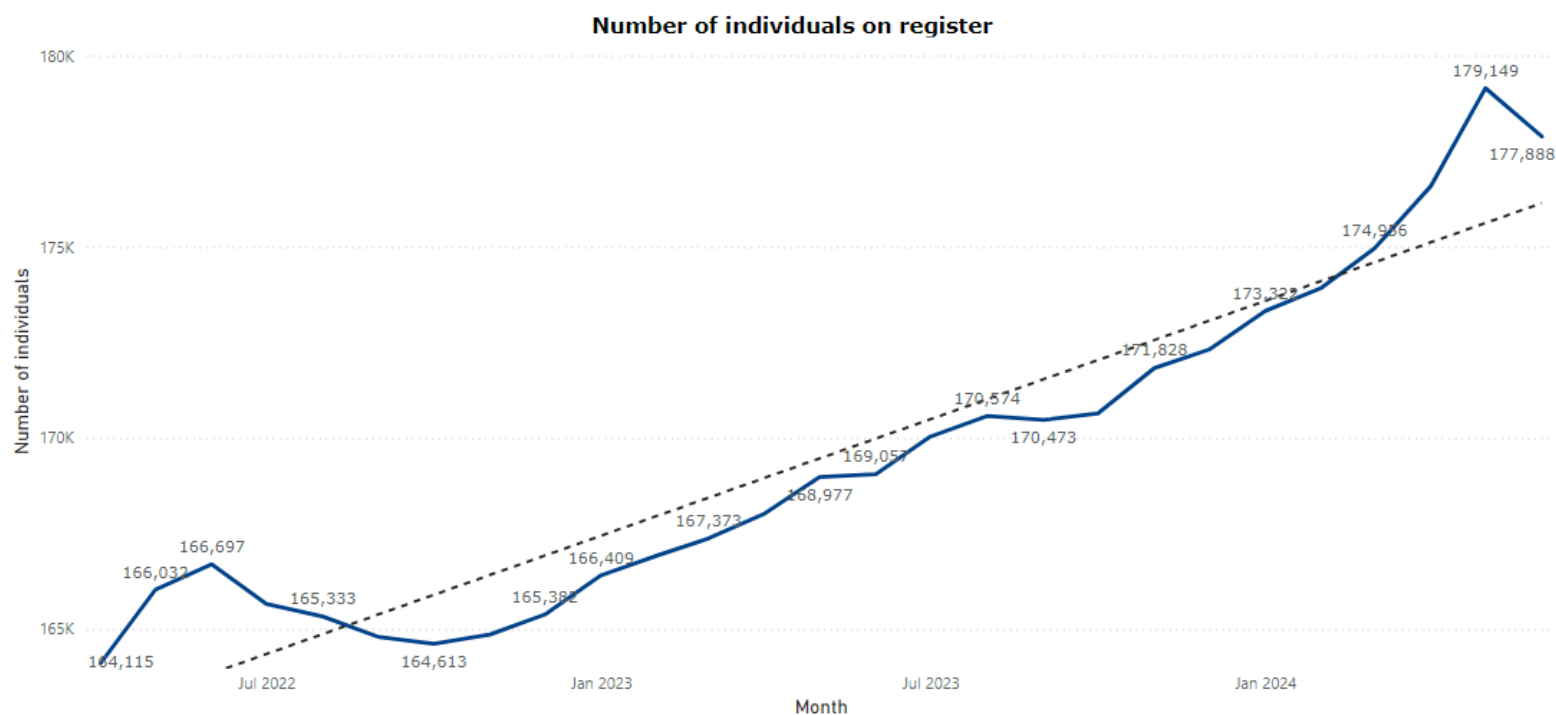
5.2 Regulation: Registrant workforce numbers

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

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

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

Overall the number of individuals on our register continues to increase and is trending upwards. In May 2021 there were approximately 162,394 people on the register, that figure currently stands at over 177,000. The recent steep increase and reduction is a result of the processing freeze in advance of the Future Proofing Programme. We expect there will be further fluctuations as the new annual update process provides a more accurate picture of the size of the workforce.

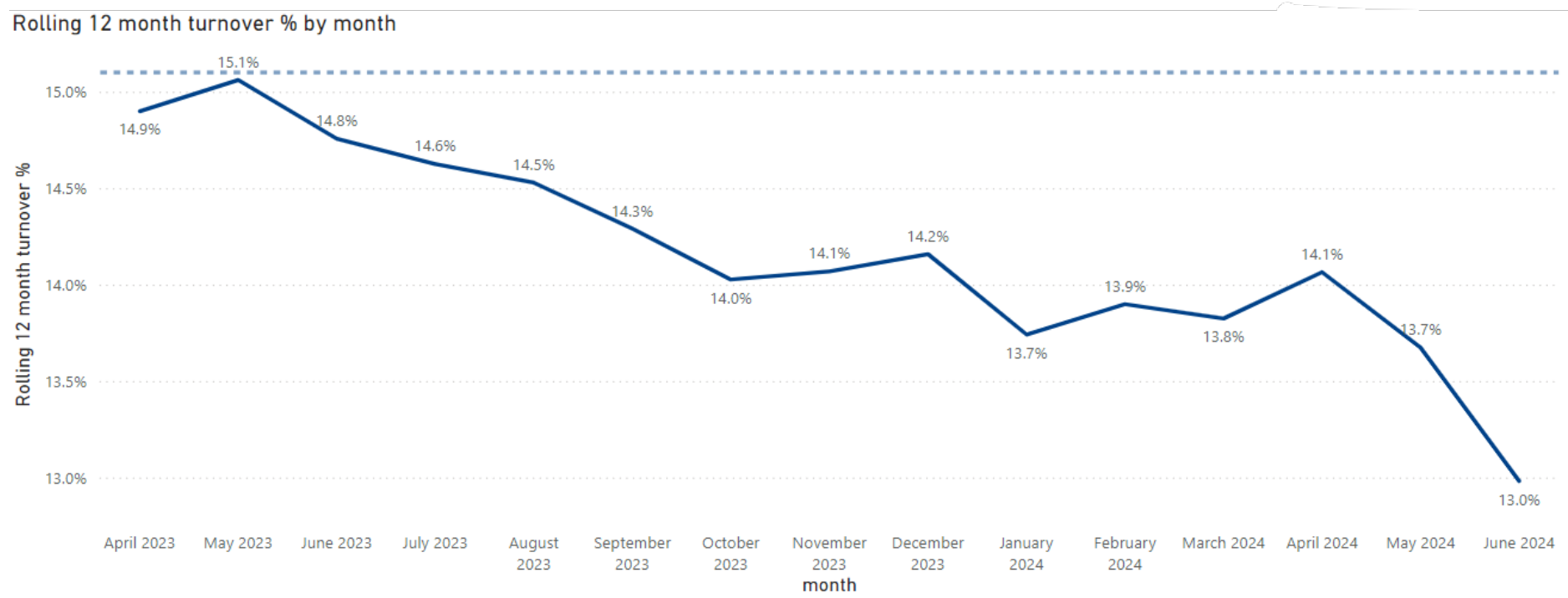


5.3 Strategy and Performance: The percentage of the workforce feeling valued for the work they do.

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

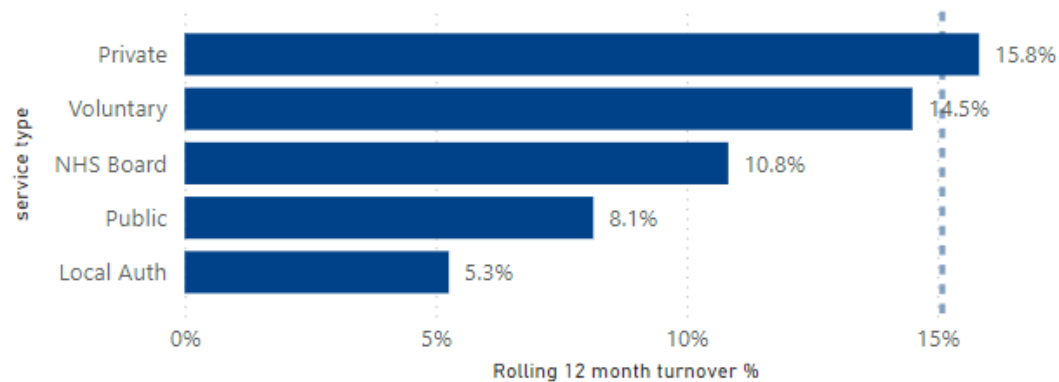
This measure considers turnover of staff in the sector. The below is the turnover for the last two financial years plus year to date for 2023, the business intelligence team have improved this calculation, it now only includes individuals who have left the register and currently haven't returned:

- 2022/2023 – 15.2% - turnover in all sectors was 16.4% in 2022
- 2023/2024 – 13.9% - turnover in all sectors was 15.1% in 2023
- 2024/2025 – 2.8% - current rolling 12-month position is 13.0%



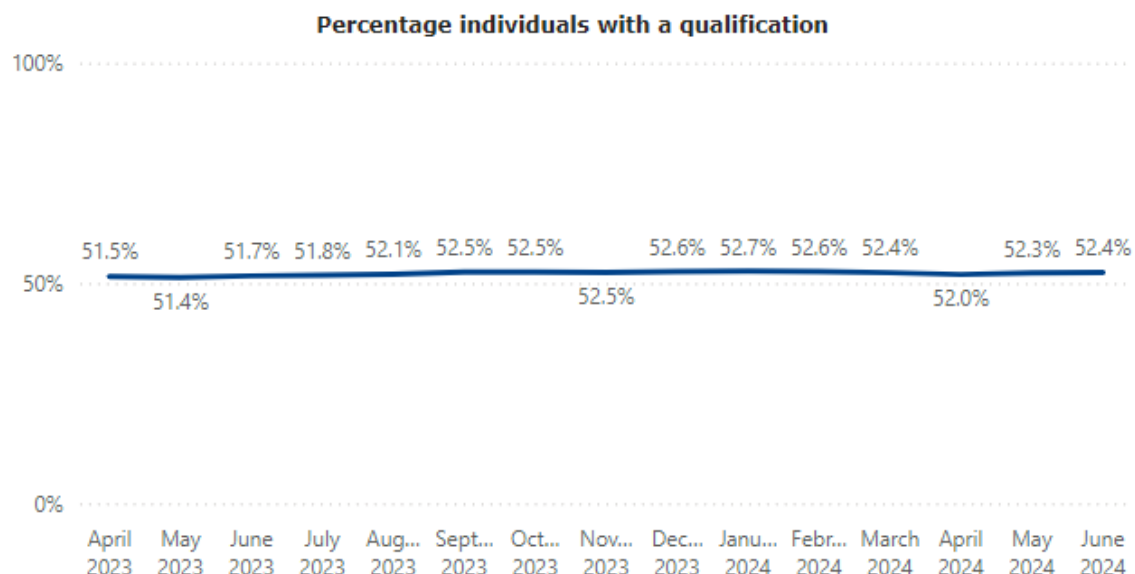
We can see that the highest turnover of staff leaving the sector and not returning is within private service types. This movement does not consider when an individual moves from one employer to another but leaving the register.

Rolling 12 month turnover % by service type



5.4 Workforce Education and Standards: The percentage of the registered workforce with the correct qualification.

Overall, the numbers of individuals with the correct qualification in June 2024 was 52.4% a slight increase from 52.3% in May 2024. We also looked at register part groupings to see which groupings had the largest numbers of individuals qualified. Below is a graph showing overall qualification percentage for individuals as well as two tables showing this for job groupings and registration part groups.



Job Grouping	Percentage Qualified
Managers	53.6% (0.1%)
Practitioners	74.3% (+0.1%)
Supervisors	45.1% (+0.1%)
Support Workers	39.9% (0.0%)
Primary Authorised Officer	54.3% (0.0%)
Secondary Authorised Officer	55.1% (0.0%)

Register Part Grouping	Percentage Qualified
Children and Young People Workforce	68.1% (+0.1%)
Day Care of Children Services	72.4% (+0.3%)
Residential Child Care Services	46.3% (0.2%)
Residential School Care Accommodation Service	42.5% (+0.1%)
Care Inspector	48.6% (0.0%)
Social Care Workforce	40.2% (+0.1%)
Adult Day Care Services	64.8% (-0.4%)
Care at Home Services	40.2% (+0.2%)
Care Home Service for Adults	38.4% (0.0%)
Housing Support Services	43.9% (+0.1%)
Care Inspector	47.2% (+0.1%)

Analysis of the “maximum” amount of people you would expect to be registered with/without a condition will continue with an expected value given by October Audit and Assurance Committee. We estimate this to be between 60-70% however we will look at the numbers of individuals currently on our register and consider the average length of time it takes for an individual to achieve a condition, turnover and any other relevant values.

6. Strategic Risk


June 2024 SSSC STRATEGIC RISK REGISTER						
Strategic Risk Description	Outcome	Gross	Residual	V(+/-)	Owner	Actions & Comments
We fail to ensure that our system of regulation meets the needs of people who use services and workers.	1	20	12	➡	DoR	
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	10	12	➡	DoWES	
We fail to meet corporate governance, external scrutiny and legal obligations.	1	10	9	➡	DoFR	
We fail to provide value to our stakeholders and demonstrate our impact.	1, 4	12	9	➡	DoSP	
We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.	1, 2, 3	20	12	➡	DoFR	
The SSSC fail to secure sufficient budget required to deliver the strategic plan.	1	20	10	➡	DoFR	
We fail to have the appropriate measures in place to protect against cyber security attacks.	1, 2, 3, 4	20	12	➡	DoSP	

CONTROL CHARTS

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

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

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

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

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

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website. Employer and registrant events and toolkit from March 2024 highlighting all key changes and what stakeholders need to know. Increased operational project review meetings with vendor and internal time to control delivery and timescale milestones.						
2	Regulatory or compliance	Averse (25)	<p>We fail to ensure that our workforce development function supports the workforce and employers to achieve the right standards and qualifications to gain and maintain registration.</p> <p>Cause:</p> <p>Failure to ensure the sector understand the changing qualification, -CPL and Return to Practice (RTP) requirements. Failure to engage and communicate the changes to the code of practice with the sector Our contribution to developing resources does not meet the needs of registrants and employers. Our standards (i.e <u>National Occupational Standards, CPL, Standards in Social Work Education, Codes of Practice, Qualification requirements</u>) don't meet the needs of employers <u>and/or the workforce to deliver high quality care and support.</u> <u>Failure to share supply and demand data and intelligence with key partners to ensure adequate levels of training and funding</u> <u>Limited funding for individuals and employers to support formal learning.</u> <u>Individuals are not able to complete qualifications.</u> <u>Failure to respond timeously to requests for data due to lack of correct skills/capacity</u></p> <p>Consequence:</p> <p>Workers are not <u>appropriately qualified and skilled and are registered or</u> removed from the register, leading to gaps in</p>	Director of Workforce, Education and Standards	4	4	16 (High)	<p>Existing controls</p> <p>The SSSC produces a quarterly workforce intelligence report on qualification conditions.</p> <p>Publish data on training provision across Scotland to meet identified demand.</p> <p>Working with Scottish Care and Coalition of Care and Support Providers in Scotland on the promotion and allocation of funding to employers.</p> <p><u>We are supporting a Joint Social Services Taskforce workstream aiming to produce information for employers and workers about funding for training and qualifications.</u></p> <p>Published career pathways resources to promote a career in social care which link to qualifications funding and registration.</p> <p><u>We are developing a career opportunities tool with NES to support career development in social care.</u></p> <p><u>We are are working with NES to revise the National Induction Framework for</u></p>	4	3	12 (Moderate)		N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			service delivery which affects the delivery of care to people using services. Reduced confidence of public protection. Existing qualifications and standards do not support new models of care. Workers are unable to adhere to the SSSC Codes of Practice. Risk to our reputation with external partners when we cannot provide the information or data requested Workers do not understand the new CPL and RTP requirements and fail to maintain their registration. Workers do not adhere to the new codes because they do not know about them or understand them					adult social care and develop an induction passport. We are supporting the development of a new Graduate Apprenticeship Route into Social Work. We are developing have developed a new integrated health and social care SVQ qualification. The formal consultation closes 31 January 2024. The award will be finalised for approval by SQA May 2024 We have developed an improvement plan based on the registrant and learning resources surveys and our data insights research to inform how we target and promote our resources to different registrant groups. The new model of CPL, flexibility of qualifications we accept for registration and return to practice standards for social workers for will be implemented on 3 June 2024 have been implemented. Working in partnership with Skills Development Scotland, SG and NES to develop a Skills Response Plan for Adult Social Care. Planning in progress Working with Sector Skills partners for on the NOS review, to be completed by end of 2025. Barriers to gaining qualifications i.e access to funding, raised at Ministerial Joint Social Services Taskforce Jan 2024 and priority actions with SG and key partners agreed to be completed within next 12 months. Detailed communications plan for FPP changes targeting						


xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								<p>groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from March 2024during 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Workforce Skills Report to be written and published in 2024/25.</p> <p>SSSC data triage and delivery group established between WES and P&I to prioritise and respond to data requests.</p> <p>Planned actions – It is to be noted not all these actions are at the sole discretion of the SSSC to implement.</p>						
3	Regulatory or compliance	Averse (25)	<p>We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Cause:</p> <p>Corporate governance arrangements are not effectively discharged at the right level. Insufficient project management. Unclear policies and procedures. Ineffective working relationships between Council Mmembers and Officers. Poor assurance mapping.</p> <p>FPP</p> <p>Failure to follow PMO methodology Failure to escalate project issues accordingly</p> <p>Consequence:</p> <p>Loss of credibility. Conflicts of interest. Fraud. Data breach/loss. Information and records management does not comply with legislative requirements.</p>	Director of Regulation	4	4	16 (High)	<p>Existing mitigation and controls</p> <p>Governance improvement plan completed to Audit and Assurance Committee's satisfaction.</p> <p>Effectiveness review of Council performance carried out annually.</p> <p>Audit and Assurance Committee review own effectiveness annually.</p>	3	3	9 (Low)		N	
								<p>Assurance mapping part of regular reporting to carried out and agreed by the Audit and Assurance Committee.</p> <p>Agreed internal audit plan up to 31 March 2025.</p> <p>Roll out of legislative compliance framework.</p> <p>Planned actions</p>						

Commented [AS1]: [@Hannah Coleman](#) should we expand on this or update/delete?

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			Reduced quality of challenge and oversight. Reduced public confidence. Qualified audit. . Failure to deliver strategic objectives. Shared services not meeting SSSC requirements. FPP The project is delayed, and we cannot support the delivery of the project milestones and meet legislative requirements. Workforce becomes confused about their responsibilities to register, CPL and RTP requirements.					Option of one year contract extension with Contract in place with Henderson Loggie to 31 March 2025 (Director of Regulation by 31 March 2024). Two external Scottish Government Assurance exercises undertaken for project controls and digital development. Both audits highlighted clear strengths in project management and no major weaknesses. Increased internal project control meetings and increased frequency of Future Proofing Sponsor as we near go live. Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website. Employer and registrant events and toolkit from March during 2024 highlighting all key changes and what stakeholders need to know.						
4	Communication and profile: Proportionate regulation	Cautious (12-15)	We fail to provide value to our stakeholders and demonstrate our impact. Cause: People don't understand how we make decisions. Insufficient management of key relationships. Stakeholders do not have the capacity/resources to engage. Limited resource to communicate the role of SSSC and our key programmes including the Future Proofing Programme. Unable to respond timeously to requests for internal data due to lack of resource. FPP	Director of Strategy and Performance	3	4	12 (Moderate)	Existing mitigation and controls Regular review of business plan objectives i n line with budget monitoring (Operational Management Team) Regular surveying of Registrants and Stakeholders to determine the perception of the work of the SSSC Process in place to monitor activity on outcomes and inform future year budgets. New strategic plan based on research and intelligence	3	3	9 (Low)	↔	N	

Commented [AS2]: @Hannah Coleman to be updated re FPP mitigation/controls

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			<p>Consequence:</p> <p>Reduced public confidence. Lack of stakeholder involvement/engagement in design and delivery of strategic outcomes. Unable to implement the Scottish Approach to Service Design Stakeholder voice is not heard. Poor perception of registration. Under-utilisation of SSSC resources. Risk to reputation with our external partners who rely on SSSC data. The value of registration is diminished. Conflict of interest with SG when consulting on fees. Insufficient communication and engagement of the Future Proofing Programme with low awareness of the changes affecting registrants and employers.</p>					<p>gathered, which reflects the views of our stakeholders (Director of Strategy & Performance)</p> <p>Stakeholder Advisory Group established for the Future Proofing Programme.</p> <p>Formal consultations have taken place in relation to the changes. We have established an external working established to work with relating to Registration changes.</p> <p>Implementation date changed from April to June 2024 to ensure sufficient time to communicate with the workers and employers.</p> <p>Detailed communications plan for FPP changes targeting groups of workers according to their needs with the right information. Separate communications for employers. Regularly updated FPP information on website.</p> <p>Employer and registrant events and toolkit from Marchduring 2024 highlighting all key changes and what stakeholders need to know.</p> <p>Data and intelligence delivery plan in place which demonstrates how we influence national policy and decision making.</p> <p>Planned actions</p> <p>Development of data and intelligence plan that will demonstrate how we input into national policy and decision making (March 2024)</p> <p>Ministerial launch of the codes of practice.</p>						

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								Increased capacity at FPP online events from 100 places to 250 places due to high up take with option to add more sessions to the programme pre and post go-live.						
5	People and culture: Organisational development	Averse (25)	<p>We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce</p> <p>Cause:</p> <p>Lack of a strategic workforce plan and ineffective workforce planning at directorate and team level. Lack of effective monitoring of workload and capacity. Managers are unaware of their duties in relation to supporting staff. No consistent approach to leadership and management development. Insufficient staff to support business as usual which impacts on other members of staff. Large number of fixed term contracts supporting delivery. Business critical posts not recruited to. Single points of failure in several areas. Implications of delays of the NCS and Independent review Implications of unsettled 2022/23 pay award Unsuccessful recruitment Poor project management of future grading structure</p> <p>Consequence:</p> <p>High turnover of staff - staff leave the organisation due to uncertainty Loss of Investors in People status. Unable to deliver our statutory functions Unable to deliver strategic plan Unable to deliver FPP Dismissal of staff due to poor performance. Unfair/constructive dismissal claim. Legal claim under Equalities Act. Reputational damage. Reduced ability to influence change and policy development. Increase in staff suffering from stress related illness and increased absences. Unable to effectively maintain business as usual and deliver strategic outcomes if fixed term contracts are ended. Industrial action due to pay claim/ outcomes from rewards review.</p>	Director of WES)	5	4	20 (High)	<p>Existing mitigation and controls</p> <p>People Strategy in place and directors are accountable for delivery of particular themes. People Strategy Board reviews progress and reports to Council.</p> <p>Development discussions take place with every employee at least twice a year.</p> <p>Regular open and honest communications with staff on people matters inviting questions and feedback e.g. Chief Executive webinars, EMT broadcasts, weekly bulletins, breaking news on intranet, meetings with the partnership forum, HR drop-in sessions, staff surveys, focus groups on particular issues, annual staff event.</p> <p>Internal Audit completed- no recommendations</p> <p>Planned actions</p> <p>Delivery of People Strategy action plan (Director of WES - deadline September 2024)</p> <p>Discuss with Scottish Government establishing a core budget at a level that we can employ sufficient permanent staff to continue to deliver the objectives in the strategic plan. (Chief Executive – March 2024)</p> <p>Discussion with Scottish Government and negotiation</p>	4	3	12 (Moderate)		N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
								<div>with UNISON re-pay claim 2023/4 (Chief Executive commenced March 2023)</div> <div>Interim IIP and IIYP assessments complete November 2023. Continue to be on track for GOLD IIP and we have achieved silver status for IIYP. Areas to consider will be embedded into people strategy.</div> <div>Internal Audit of SSSC workforce planning complete. Assessed as good with one recommendation</div> <div>Equal Pay Audit planned concluded November 2023. No concerns to be addressed.</div>						
6	Finance and value for money: Financial management	Cautious (12-15)	<div>The SSSC fail to secure sufficient budget resources required to deliver the strategic plan.</div> <div>Cause:</div> <ul style="list-style-type: none">Scottish Government do not increase permanent funding or consent to adequate fee levels, or they reduce our Workforce Development Grant preventing us from enable us to resourcing delivery of our core statutory functions and strategic priorities.Single year funding settlements to support a three-year strategic plan.Fee income is not in line with projections.Late notification of Scottish Government budget allocations.Removal of ability to hold reserves.Ineffective financial planning, not aligned to strategic and business plans.Already really efficient, no slack to make further savingsAny agreed increase in fees is offset by a reduction in grant in aid.No compulsory redundancy policy affects ability to realise savings from staffing efficienciesScottish Government struggle to fund spend-to-save initiatives	Acting CEO)	4	5	20 (High)	<div>Existing mitigation and controls</div> <div>Financial Strategy that considers current position plus the next three years is in place and reviewed annually (last formal review in March 2023) and audit of financial sustainability</div> <div>Audit and Assurance Committee consider an assurance report that integrates the financial position, organisational performance and risks at each of its meetings.</div> <div>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.</div> <div>Strategic Plan 2023-26 and Financial Strategy 2023-26 agreed by Council.</div> <div>Resource models reviewed and updated and regularly</div>	4	4	16 (High)	<div>↔</div>	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			Consequence: Compromising our ability to deliver our statutory functions / strategic plan, increasing other strategic risks Reliant on a number of temporary posts to deliver parts of the strategic plan which is contrary to Fair Work directives and unsustainable in the medium to long term.					compared to the actual position (Director of Regulation). Close communication with Scottish Government about budget and fee levels. EMT reviewing all recruitment decisions PMO monitoring of benefits realisation Planned actions Scottish Government (SG) has agreed to fund the deficit budget 2024/2025 budget submitted to Council in March. –Reduction in permanent staffing requirement in 2024/25 due to efficiencies created by Future Proofing- Director of Regulation) . Respond to request from Minister for Public Finance by 9 August 2024 – Chief Executive						
7	Operational and policy delivery: Business continuity and adaptation of service	Cautious (12-15)	We fail to have the appropriate measures in place to protect against cyber security attacks Cause: Insufficient funds allocated to manage core IT infrastructure. Insufficient development investment to upgrade security and systems. Lack of staff, skills and knowledge. Insufficient horizon scanning of future threats. Lack of understanding and awareness by staff. Successful cyber-attack. Consequence: Complete loss of use of core business systems. Loss of data and sensitive information.	Director of Strategy and Performance	4	5	20 (Very High)	Cyber essentials accreditation. Regular mandatory cyber security training. ICT security policies in place. Positive internal audit Relevant insurances in place. Regular cyber security incident management testing plan in place. Regular pen testing carried out twice yearly. Regular cycle of phishing exercises carried out for all staff and reported to Council yearly.	3	4	12 (Moderate)	↔	N	

xID	Risk heading	Risk appetite	Risk description	Owner	Gross risk			Mitigation/controls	Residual risk			Movement since last review	Residual exceeds appetite? Y/N	If Y, how long has it exceeded?
			Major data breach. Financial fraud. Action by external stakeholders – ICO, SPSO, Audit Scotland. Financial penalties.					Planned actions Planned Digital Development Programme for 2024/ <u>25</u>						

RISK SCORING MATRIX

Table 1 Impact scores

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Catastrophic
Impact on the safety of, staff or public (physical/psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days RIDDOR/agency reportable incident An event which impacts on a small number of stakeholders	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Mismanagement of cases with long-term effects and impacts of service users	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of stakeholders
Quality/complaints/audit	Peripheral element of treatment or service suboptimal Informal complaint/inquiry	Overall service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications if unresolved Reduced performance rating if unresolved	Service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major implications if findings are not acted on	Non-compliance with national standards with significant risk if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of service Gross failure of findings not acted on Inquest/ombudsman inquiry Gross failure to meet national standards
Human resources/ organisational development/staffing/ competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale No staff attending mandatory/ key training	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory training /key training on an ongoing basis
Statutory duty/ Governance/inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation Reduced performance rating if unresolved	Single breach in statutory duty Challenging external recommendations/ improvement notice	Enforcement action Multiple breaches in statutory duty Improvement notices Low performance rating Qualified audit	Multiple breaches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity/ reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business objectives/ projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including losses and claims	Loss or compensation of under £1,000	Loss of up to £25k of budget Loss or compensation less than £10,000	Loss of £25k+ to £100k of budget Loss or compensation between £10,000 and £50,000	Uncertain delivery of key objective/Loss of £100k+ to £500k of budget Loss or compensation between £50,000 and £1150,000 Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >£500k of budget Failure to meet specification/ slippage Loss of contract / payment by results Loss or compensation >£150,000
Service/business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Breaches of confidentiality involving person identifiable data (PID), including data loss	No significant reflection on any individuals or body. Media interest very unlikely	Damage to an individual's reputation. Possible media interest, e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service reputation/ low key local media coverage Damage to an organisation's reputation/ local media coverage	Damage to SSSC reputation/ National media coverage. 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 How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

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

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

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

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

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

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

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

Instructions for use

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

Scoring system in the trend column of the summary tables

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

SSSC

Assurance Map 2024-2025

STEP 1– Identify Sources of Assurance															
Issue	Issue Owner	Business Management (First Line) Identifying risks and mitigating actions. Implementing controls. Reporting on progress. Management Assurance.				Corporate Oversight (Second line) Designing policies. Setting direction. Ensuring compliance. Assurance oversight.						Independent assurance (Third line)			
		Strategies and Business plans	Performance management - KPIs	Financial management and reporting	Statement of assurance checklist	Governance Structures & Processes (e.g. Council/ Committee reports and mitigating actions).	Functional Compliance reviews (Finance & Information security)	Internal Quality Control Checks (such as PSA self-assessment)	Internal business change (stage/ gateway review) undertaken by PMO	Stakeholder surveys and Complaints	Corporate Risk Management / Assurance	External Project/programme reviews (e.g. Scottish Government Independent Assurance Review)	External Accreditation /Certification (such as IIP, EFQM, PCIP and Cyber Essentials Plus)	Strategic Partners Assurance Reports (such as Care Inspectorate and Shared Services)	Internal Audit reviews
Risk Management	DoSP														
Business Planning	CE & DoSP														
Project Management	DoSP														
Financial Management	Acting CE														
Fraud	DoReg														
Procurement	DoSP														
Human resources	Acting DoWES														
Equality, Diversity and Inclusion	DoSP														

STEP 1– Identify Sources of Assurance															
Issue	Issue Owner	Business Management (First Line) Identifying risks and mitigating actions. Implementing controls. Reporting on progress. Management Assurance.				Corporate Oversight (Second line) Designing policies. Setting direction. Ensuring compliance. Assurance oversight.						Independent assurance (Third line)			
		Strategies and Business plans	Performance management - KPIs	Financial management and reporting	Statement of assurance checklist	Governance Structures & Processes (e.g. Council/ Committee reports and mitigating actions).	Functional Compliance reviews (Finance & Information security)	Internal Quality Control Checks (such as PSA self-assessment)	Internal business change (stage/ gateway review) undertaken by PMO	Stakeholder surveys and Complaints	Corporate Risk Management / Assurance	External Project/programme reviews (e.g. Scottish Government Independent Assurance Review)	External Accreditation /Certification (such as IIP, EFQM, PCIP and Cyber Essentials Plus)	Strategic Partners Assurance Reports (such as Care Inspectorate and Shared Services)	Internal Audit reviews
Information Governance	DoReg														
Health & Safety	DoSP														
Legislative Compliance	DoReg& DoSP														
Business Continuity Planning	DoSP														
Cyber security	DoSP														
Shared Services	DoSP														

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

Business Planning	CE & DoSP	Strategic, Operational and Directorate Business Plans Procedure Performance Management Strategy People Strategy Strategic Outcomes Risk Register Business Plans and departmental objectives Operational Plan	Directorate Assurance Report Assurance Report (EMT) Budget setting and monitoring	Oversight and approval by A&A and Council (Assurance Report, Strategic Plan) Certificates of Assurance	Performance Reporting and KPIs 21/22	Committed to Excellence – EFQM accreditation	High	Yes	Business planning and budget setting process for 2025-28 is now underway. Identification of draft objectives will be followed by a determination of costings/budget required to complete these and for EMT to review, refine and approve.
Project Management	DoSP	PMO policies, processes, handbooks and templates Programme management training Project and programme risk and issue registers Benefits Realisation	Directorate Assurance Report Assurance Report (EMT) PMO oversight, auditing and reporting Project risk reporting Highlight reports	Oversight by A&A and Council (Assurance Report) Certificates of Assurance Project and Programme Boards and sponsor groups	Future Proofing: - Mini audit of Scottish Government external review action plan - 2022 - Finance systems audit – 2024 - Overall audit – 2024 Rewards Review: - Audit 2024	Future Proofing: - Scottish Government Independent Assurance Reviews – 2022, 2023, 2024 (x2) - Scottish Government Assurance Office Systems Review - 2023	High	Yes	

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

Equality, Diversity and Inclusion	DoSP	Equality, Diversity and Inclusion policy EQIAs Mandatory training Report template – Impact Assessments	People Strategy Board Equality, Diversity and Inclusion Group EDI Community of Practice group.	Certificates of Assurance Annual Report Equality Mainstreaming Report	Equality and diversity 20/21	Committed to Excellence – EFQM accreditation SPA standards Equality, Mainstreaming and Outcomes Report Equality Delivery Plan	High	Yes	New equality outcomes to be published by April 2025.
Information Governance	DoReg	Information Gov policies, processes & guidance Mandatory training Model Publication Scheme Data Champions Records Management Champions	Directorate Assurance Report Assurance report (EMT) Quality Assurance & oversight by Info Gov Team Information Governance Oversight Group (IAOs/OMT) bi annual meetings	Oversight by A & A and Council (Assurance report) Certificates of Assurance Annual report Info Gov annual report to Council Bi annual reports to Information Governance Oversight Group	Data protection 21/22	Committed to Excellence – EFQM accreditation SPA standards	High		
Health & Safety	DoSP	Corporate H&S Policy and related policies and procedures Mandatory training H&S risk assessments	SSSC H&S Committee Performance reporting	Certificates of Assurance Corporate Health and Safety Policy approved by Council Annual Report	Health & Safety 22/23		High		

Legislative Compliance	DoReg & DoSP	Legal services provide advice to all departments Horizon scanning by legal and policy teams Training Audit processes	Report to EMT Legal clinics held monthly	Certificates of Assurance Horizon scanning at A&A Committee	Compliance with legislation 24/25	Committed to Excellence – EFQM accreditation	Medium		Work continuing on action plan. Legislative compliance procedure and table of legislative requirements completed and rolled out to staff. Development of Legal Team knowledge hub.
Business Continuity Planning	DoSP	Business Impact Analyses Strategic Risk register Business planning strategy and plans Business continuity policy Business continuity procedure SSSC Incident Management Plan	Report to EMT S&P Risk Register	Oversight by A & A and Council Certificates of Assurance		Committed to Excellence – EFQM accreditation	High		BCMS developed and full suite of documentation now in place. Exercise/walkthrough of SSSC Incident Management Plan was carried out on 22 nd May 24. Improvement actions identified. A further exercise is to be planned for and scheduled in Q3. The SSSC Incident Management Plan and Business Continuity Planning Procedure are under scheduled formal review and will be submitted to EMT for approval in August 2024. Moved to GREEN in June 2024.

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

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

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

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

Title of Report	Anonymous complaint addressed to Council Members.
Public/Confidential	Public
Summary/purpose of report	To update Council that no Whistleblowing concerns were identified and to endorse the recommendations made.
Recommendations	The Council is asked to endorse the action taken to investigate the anonymous complaint and endorse the recommendations made.
Author	Calum Kennedy, Head of Human Resources
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	<p>Risk 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</p>

	<p>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 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p>
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	None

EXECUTIVE SUMMARY

1. An anonymous letter was received identifying concerns in operating practices. These have been assessed and found as not meeting the requirements for Whistleblowing. In substance, the concerns raised are inaccurate and factually flawed.
2. The recommendations (listed below) reflect opportunities for improvement and refinement of existing practices and can be completed within existing resources.

COMPLAINT

3. An anonymous letter addressed to each Council Member was received on 10 May 2024. The author of the letter identified as a former employee of the SSSC. Their letter raised a range of concerns regarding practices across the organisation mainly relating to staff employment matters, behaviour of managers, Fitness to Practice decisions and culture.
4. As the letter also raised concerns regarding the Interim Chief Executive, amongst others, it was determined that it was not appropriate to follow the normal complaints process but to operate a modified version. Our [Whistleblowing Policy](#) is available to all employees.
5. The Convener, having received advice from Rona King, Council Member and Whistleblowing Champion, issued instruction to Calum Kennedy, Head of Human Resources, to review the letter and to determine:
 - whether they fall under / have already been dealt with by another procedure
 - whether they meet the test for whistleblowing
 - any relevant factual information
 - any advice as to further action.
6. A search was conducted to identify relevant information, documents and any other material that would support the concerns raised. This included staff surveys, exit interviews, published Fitness to Practice data, the Anderson Strathern audit and Council reports.
7. A detailed report was issued to both the Convener and Whistleblowing Champion on 28 June 2024. It was agreed that the report was operational in nature and that any actions should sit with the Executive Management Team rather than Council. This paper summarises the key findings of the report.
8. The anonymous letter raises many concerns that the author says they have direct experience of or has had information shared with them. The author states that they have evidence to support their views but has chosen **not** to provide this evidence. Whether they have evidence is unknown. Evidence that supports their views has not been found.

9. The author has provided a partial description of the concerns they list. At times, their description is substantially incorrect and for other situations highly relevant information was not provided (possibly due to the author being unaware of it). Due to the identity of the author being unknown and uncontactable we cannot clarify their position or our position with them.
10. The author may have relevant evidence, information or context that we have not been able to source. Ultimately, they have chosen not to share this with the organisation at this time and decisions are made based on the available information. The evidence available does not support the author's position.

OUTCOME OF THE INVESTIGATION

11. **None** of the concerns raised meet the statutory definition of whistleblowing due to (variously):
 - an absence of evidence to support their position as worker
 - a lack of reasonableness regarding their belief
 - a lack of evidence that they are raising the concern in the public interest.

Further, almost all of the concerns raised fail to meet any of the statutorily defined situations either due to not being appropriate subjects or due to factual inaccuracy.

12. **None** of the concerns raised were found to be evidenced or otherwise substantiated.

ACTIONS

13. Whilst none of the concerns were found to be evidenced or otherwise substantiated we are not complacent and will take the following steps both to raise awareness of the relevant policies and to provide further assurance:
 - we will promote our Whistleblowing Policy, Dignity at Work Policy, Grievance Procedures and Whistleblowing Champion information to staff and managers
 - the next Investors in People survey will ensure there is focus on staff morale, workload and willingness to raise concerns
 - we will update procedures that consider concerns from staff, workers, regulated staff or others to include how to treat anonymous concerns
 - we will ensure direct discussion is had by managers/HR with any staff named in complaints to support them and any adverse impact this might have on the individual

- we will discuss with managers how complaints raised anonymously can impact on staff and how to support a continued positive culture throughout
- we will update the Code of Corporate Governance to strengthen and clarify the process to inform Council of issues which will impact on the strategic risks of the organisation
- the findings of the Anderson Strathern review of screening cases will be notified to Council and the findings of the report updated.

CONSULTATION

14. The Convener and Whistleblowing Champion have been consulted regarding the process to investigate the complaint. The findings of the investigation and the outcomes are highlighted within this report.
15. The parties referred to in the letter have been contacted both to seek information and to notify them that the letter exists. The anonymous complaint has had an adverse effect on those identified.

RISKS

16. We have an averse appetite towards regulatory and legal compliance. The recommendations within this report comply with the requirements.
17. By assessing the concerns raised against the available evidence we demonstrate that we have taken the concerns seriously. We have identified areas for refinement in our practice which once implemented will further reduce our risks.

IMPLICATIONS

18. There are no adverse implications arising from the report recommendation.

Resourcing

19. There are no additional staffing requirements.

Compliance

20. There are no compliance issues arising from this report.

IMPACT ASSESSMENT

21. There is no requirement to undertake an impact assessment for this report as it does not require a decision on a policy, procedure, strategy or activity.

CONCLUSION

22. The report does not identify any Whistleblowing concerns as being raised.
23. The report does not identify any of the concerns raised as being evidenced or otherwise substantiated.
24. Council is asked to endorse the recommendations listed under point 13.

Title of Report	SSSC Response to the NMC Independent Culture Review Report July 2024
Public/Confidential	Public
Summary/purpose of report	To draw Council's attention to our assessment of the SSSC's position relative to the issues raised in the report.
Recommendations	The Council is asked to endorse the planned management actions.
Author and Responsible Officer	Hannah Coleman, Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.
Link to Risk Register	Risk 1: We fail to ensure that our system of regulation meets the needs of people who use services and workers. Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations. Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.
Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	Nursing and Midwifery Council: Independent Culture Review July 2024

EXECUTIVE SUMMARY

1. The Nursing and Midwifery Council (NMC) published an Independent Culture Review (the Review) in July 2024. The review was commissioned by the NMC in January 2024 following disclosures made by whistleblowers in 2023. The disclosures suggested that there was a “deep seated toxic culture” resulting in skewed and failed fitness to practise (FTP) investigations. The NMC has previously been the subject of claims critical of its workplace culture.
2. The Review recommends a culture change and makes 36 recommendations to support the NMC to achieve this. The NMC has accepted the recommendations.
3. We have considered the three main areas of concern raised in the report:
 - a. FTP timescales
 - b. FTP decision making
 - c. Organisational culture.

FTP TIMESCALES

4. The Review notes that the NMC has a backlog of almost 6,000 cases and the timescales for concluding cases are lengthy.

Type of case closed	Median time to close case
Case examiner decisions	22 months
Hearing	35.5 months

5. The SSSC has no backlog of cases and our investigation timescales compare favourably with other regulators.

Type of case closed	Median time to close case
All cases (including screening)	0.7 months
Officer decision after full investigation	11 months
Hearing	24 months

FTP DECISION MAKING

6. The NMC report raises concerns about their decision making. It contains detail of cases that were closed inappropriately or where certain types of misconduct, such as sexual misconduct outside of work or racist behaviour, were not taken seriously. There is also criticism made of the experience of those going through the FTP Process.
7. An external legal firm carry out an annual audit of SSSC FTP cases. Previous audits have not identified any concerns. The first phase of this year's audit is complete and has not identified any concerns. A further stage of the audit of cases is ongoing. The audit is focussing on cases closed at screening stage.
8. The SSSC takes sexual misconduct outside of work seriously. Behaviour outside of work is included in our Decisions Guidance. Workers have received serious sanctions for sexual misconduct outside of work. Sexual misconduct is included in our Decision Guidance as behaviour where more serious action may be required. We are currently consulting on our updated Decisions Guidance which further strengthens the guidance relating to sexual misconduct.
9. The SSSC takes racist abuse seriously. Workers have received serious sanctions for expressing racist views. We are strengthening this in our updated Decisions Guidance which brings discrimination into the category of behaviours in which more serious sanctions are likely to be appropriate, particularly where the behaviour involves discrimination with reference to the protected characteristics as set out in the Equality Act 2010.
10. The SSSC has an independent support service available to workers going through the FTP process. This includes telephone support, counselling, and online resources. We have improved our communication and consistency of staff contact with workers whose fitness to practise is being investigated. Workers are provided with support from a hearings officer during their hearing. All of our hearings officers are trained in mental health first aid. We have worked hard to improve access to representation for workers and continue to work to expand this further. We hold regular meetings with our FTP representatives' group which provides a mechanism to identify further improvements required. We will continue to focus on further improvements in this area.

ORGANISATIONAL CULTURE

11. The Review concludes that there are at least two cultures in the NMC, one positive and one "dangerously toxic". It states that claims made by the whistleblower were corroborated by other staff. These included claims of

racism, staff being afraid to speak up and regulated workers being allowed to keep working in the face of serious allegations.

12. Our most recent staff survey/Investors in People review did not identify any issues with culture. There is nothing of concern noted in staff exit interviews and the Union has not identified any issues to us and are reporting that staff are generally happy. Turnover has been decreasing in the FTP department.
13. We recognise that we cannot be complacent. Our staff are our greatest asset and providing a positive workplace is critical. Our annual staff survey will take place at the end of the year, and we will ensure the questions asked of staff focus on the issues raised in the NMC report.
14. Our initial assessment has not identified organisational concerns similar to those experienced by the NMC. We have identified possible opportunities for learning and improvement. We will review these once we have the results of our staff survey and develop an action plan as required.

ANONYMOUS COMPLAINT

15. The SSSC received an anonymous complaint on 10 May 2024. This made allegations similar to some in the NMC report, including staff feeling unable to speak up due to fear and intimidation, delays in hearings taking place, cases being inappropriately closed at screening and issues with poor morale within Fitness to Practise. This complaint has been investigated and a separate report has been prepared detailing the outcome of the investigation, which is on today's agenda. The investigation found no evidence to substantiate any of the allegations within the complaint.

CONSULTATION

16. We have consulted Operational Management Team (OMT) members by inviting them to consider both our current position and possible improvements that may arise from the report and its recommendations. We will ensure our staff survey has a focus on the issues highlighted by the NMC.

RISKS

17. We have a cautious risk appetite to the management of regulatory quality and effective regulatory functions and towards the effective management of our regulatory function. Further, we have an averse appetite towards regulatory and legal compliance. The issues identified in the Review indicate a concern about fulfilment of the statutory public protection function. The recommendations within this report seek to cast a critical eye

over our own position and comply with the requirements of our risk appetite.

IMPLICATIONS

Resourcing

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

Compliance

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

IMPACT ASSESSMENT

20. An Impact Assessment was not required as the recommendations in this report do not require a decision on a policy, procedure, strategy or activity.

CONCLUSION

21. Our initial assessment of the SSSC's position gives us confidence that we are not experiencing similar concerns. Our fitness to practise function has experienced times of pressure and high staff turnover in the past. We are therefore alive to the risks that a poor culture combined with other issues can cause. Our planned management actions are:
- complete audit of case decisions
 - direct Investors in People to focus on the cultural issues identified in the Review when carrying out their assessment later this year
- the outcomes of which we will report back to Council.
22. Council is asked to endorse this approach.

Title of Report	Review of Registration Fees
Public/Confidential	Public
Summary/purpose of report	To update Members on progress towards consultation on reviewing registration fees and to propose amendments to the frequency and level of fees proposed in the consultation.
Recommendations	<p>The Council is asked to approve amending the consultation proposals to:</p> <ol style="list-style-type: none"> 1. Annual changes to fee levels for five years 2. Annual increases of <ul style="list-style-type: none"> • £2 for students • £3 for support workers • £4 for practitioner/supervisor • £8 for manager/social worker
Author and Responsible Officer	Maree Allison, Chief Executive
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 6: The SSSC fails to secure sufficient budget resources to fulfil the financial plans required to deliver the strategic plan.

Impact Assessment	An Impact Assessment (IA) was not required.
Documents attached	None
Background papers	Report (07/2024)

INTRODUCTION

1. At its February meeting Council approved consulting on reviewing registration fees with the consultation due to start at the end of the Summer after conclusion of the Future Proofing Programme.
2. In preparation for the consultation Scottish Government Legal Department have requested that the Rules contain fixed increases rather than percentages over a fixed period. This is to provide certainty and is a change from our intended approach.
3. We have therefore revised our proposed approach to level and frequency of fees, and this report sets out those proposals for approval.

FREQUENCY

4. The level of fee we are entitled to apply is set out in Registration Rules. Our intention was to propose drafting the Rules to provide for annual percentage changes until Council decided to review the situation and amend the Rules to fix or revise fee levels.
5. Our revised approach is to consult on annual changes for five years. After five years fee levels will remain static until Council makes a decision to consult and amend the Rules to revise fee levels.
6. Five years is a reasonable period to propose, allowing us to move to the intended approach of regular, small increases. Council will have the option of carrying out an early consultation and Rule revision to adjust the approach if an unexpected situation arises during the five years.

LEVEL

7. We originally proposed consulting on an initial 12% increase with 5% annually thereafter:

	Current	Year 1	Year 2	Year 3	Year 4	Year 5	Total Increase	Total % increase
Social Worker Fee	£80	£90	£95	£99	£104	£109	£29	36%
Supervisor/ Practitioner Fee	£35	£39	£41	£43	£45	£48	£13	37%
Support Worker Fee	£25	£28	£29	£31	£32	£34	£9	36%
Student Fee	£15	£17	£18	£19	£20	£21	£6	40%

8. After five years this proposal would result in an additional £2.147m in fee income.

9. For information other professional regulator's fees are:

SOCIAL WORK REGULATORS (part-funded by fees)				
	Students	Support Workers	Practitioners/ Supervisors	Managers/ Social Workers
SSSC	£15	£25	£35	£80
NISCC (Northern Ireland Social Care Council)	£20	£30		£65
SCW (Social Care Wales)	£15	£30		£80
SWE (Social Work England)				£90

HEALTH REGULATORS (fully funded by fees)	
GChC (General Chiropractic Council)	£800
GDC (General Dental Council)	£690
GMC (General Medical Council)	£455
PSNI (Pharmaceutical Society of Northern Ireland)	£398
GOC (General Optical Council)	£360
GOsC (General Osteopathic Council)	£320
GPhC (General Pharmaceutical Council)	£276
NMC (Nursing Midwifery Council)	£120
HCPC (Health and Care Professions Council)	£117.74 (Consulting on increasing to £123.34)

10. Our revised proposal for consultation is an annual increase of:

- £2 for students
- £3 for support workers
- £4 for practitioners and supervisors
- £8 for managers and social workers.

	Current	Year 1	Year 2	Year 3	Year 4	Year 5	Total Increase	Total % increase
Social Worker Fee	£80	£88	£96	£104	£112	£120	£40	50%
Supervisor/ Practitioner Fee	£35	£39	£43	£47	£51	£55	£20	57%
Support Worker Fee	£25	£28	£31	£34	£37	£40	£15	60%
Student	£15	£17	£19	£21	£23	£25	£10	67%

11. After five years this proposal would result in an additional £3.341m in fee income with our highest fee set at that of the lowest fee for health professionals.

CONSULTATION

12. We have discussed the revised approach with our Scottish Government Sponsor who will discuss with the Minister.

RISKS

13. We have a cautious risk appetite for both financial management and decisions affecting how we will be perceived by our stakeholders.
14. Members considered the risks associated with consulting on reviewing fees at the meeting in February. The proposed amendment to the proposals engage the same risks:
 - There is a risk to people who use services and the workforce that any increase in fee levels is a barrier to people joining the sector or leads to an increase in people leaving the workforce. There is no evidence of such an impact when we raised fees in 2017 however the financial landscape has changed.
 - In 2022 Scottish Government decided to fund fees for those employed by local authorities as part of the financial settlement with local authorities. We receive additional grant in aid from Scottish Government in respect of these fees. This decision was outwith our control but will likely be a significant reputational issue raised in consultation responses.
 - There are risks to our financial sustainability if we do not take the opportunity to review fees (which have not been reviewed for seven years and the planned review has already been delayed by four years). Scottish Government do not expect us to use fee increases to fully address our financial sustainability.

IMPLICATIONS

Resourcing

15. There are no specific resourcing implications for carrying out the consultation.

Compliance

16. Our power to charge fees is contained in our founding legislation and the level is set within our Registration Rules. The legislation requires us to consult on Rule changes and obtain ministerial consent.
17. Any consultation must be genuine with the results of the consultation having the ability to influence the final decision. The fee levels consulted on represent the maximum level of any increase that Council could decide to impose.

IMPACT ASSESSMENT

18. We will undertake an impact assessment as part of the consultation.

CONCLUSION

19. We are proposing a revised approach in light of the requirements of Registration Rule changes and ask Council to approve the amended consultation proposals of annual fee changes for five years at the level set out in paragraph ten.

Title of Report	People Strategy Annual Report
Public/Confidential	Public
Summary/purpose of report	To update to Council on the progress of year three of the current People Strategy and, to introduce the proposed new People Strategy 2024-2027 for approval.
Recommendations	The Council is asked to approve the new People Strategy 2024-2027 and endorse the progress made in the final year of the 2021-2024 strategy.
Author	Pamela Jamieson-Smith, Head of Organisational Development.
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to all of our strategic outcomes:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.</p>
Link to Risk Register	Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.

Impact Assessment	An Impact Assessment (IA) was developed. No additional work or changes to approach required.
Documents attached	Appendix 1- Current strategy year 3 progress summary Appendix 2 – Proposed new People Strategy 2024-2027 Appendix 3 – Proposed new year 1 indicative delivery plan
Background papers	Impact assessment

EXECUTIVE SUMMARY

1. This report summarises our progress in delivering our People Strategy 2021-2024. It provides a summary of key developments from the third and final year of the current strategy and, introduces our new strategy for 2024-2027.
2. Council is asked to endorse the progress in year three of the current strategy and, approve the proposed new strategy and indicative delivery plan for year one of the new strategy (Appendices 1-3).

BACKGROUND TO CURRENT STRATEGY

3. The current People Strategy covers the three-year period from September 2021 to September 2024. Council approved our People Strategy Delivery Plan in August 2021 and we have updated annually on progress. The themes of the current 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 ON CURRENT STRATEGY - FINAL YEAR

4. Appendix 1 shows that we have made good progress against the planned activities for year three and, have successfully embedded the majority of key developments into our business-as-usual activity.
5. Where planned activities have not been progressed, other than the rewards review work, these have been incorporated into our new strategy.

Key developments delivered in-year:

6. We appointed a new supplier on a two-year arrangement to design and deliver our leadership and management development sessions alongside our HR team, addressing the topics we identified as current needs, namely:
 - Managing change
 - Managing remote teams
 - Performance Management
 - Effective Communication and Feedback
 - Insights Discovery (profiling and leadership).
 - Managing Attendance.

These were, and continue to be, open to all managers. We ran the first programme of sessions from November 2023-March 2024 and have a further programme planned from June 2024 until September 2024. All sessions were well attended and there is continued demand for future sessions with waiting lists being managed. Feedback and adjustments to content are taken and made on an ongoing basis.

7. We improved our Investors in Young People status following our assessment in November 2023 from the basic award to the silver award. The assessment report was shared with Council and staff earlier this year. We have incorporated the recommendations from that assessment into the new strategy.
8. We received positive feedback at an interim/staged Investors in People (IIP) review, also in November 2023, that stated we were on track to maintain our Gold IIP award at our full assessment later this year. We have incorporated the recommendations from the review into the new strategy.
9. We have invested in a range of role specific learning and development activities across all directorates to meet the development needs of our staff. These include professional qualifications, digital/technical skills development and specialist training for certain roles/professions. In addition, we have provided a range of equality and diversity and wellbeing courses, for example:
 - Unconscious Bias
 - Pre-retirement
 - Positive Mindset
 - Financial Wellbeing
 - Menopause Awareness
 - Navigating Change and Uncertainty
 - Building Personal Resilience
 - Neurodiversity, Disability and the Law.
10. In terms of staff development and internal career opportunities between June 2023 and June 2024 approximately 16 staff (approx. 5.3%) have been successful in moving into a higher graded post either on a temporary or permanent basis. In addition to this, approximately 20 members of staff have moved to a post within the same grade – i.e. for sideways progression or were successful in moving from a temporary to permanent contract.
11. Agile working continues to help us to address some historic recruitment challenges as we can now attract applicants from across the country for traditionally hard to hire roles, as well as allowing us to be a more open and inclusive employer. Approximately 35% of our current workforce is from out with the Dundee city postcode area.

DELAYS/CHALLENGES

12. A small number of planned activities in year three were delayed due to internal staffing resource challenges, as outlined in Appendix 1. These include employee networks, how we support menopause at work, how we further embed succession/people planning and, how we better support young people in terms of access to work. These have now been incorporated into our new strategy.
13. We considered a base line qualification for managers however it is recognised that with the profile of our internal workforce, there is no one single qualification that we want to limit ourselves to, rather, we continue to support a range of qualification requests to give staff flexibility. We will develop a core internal offering for leaders and managers as part of the next strategy.

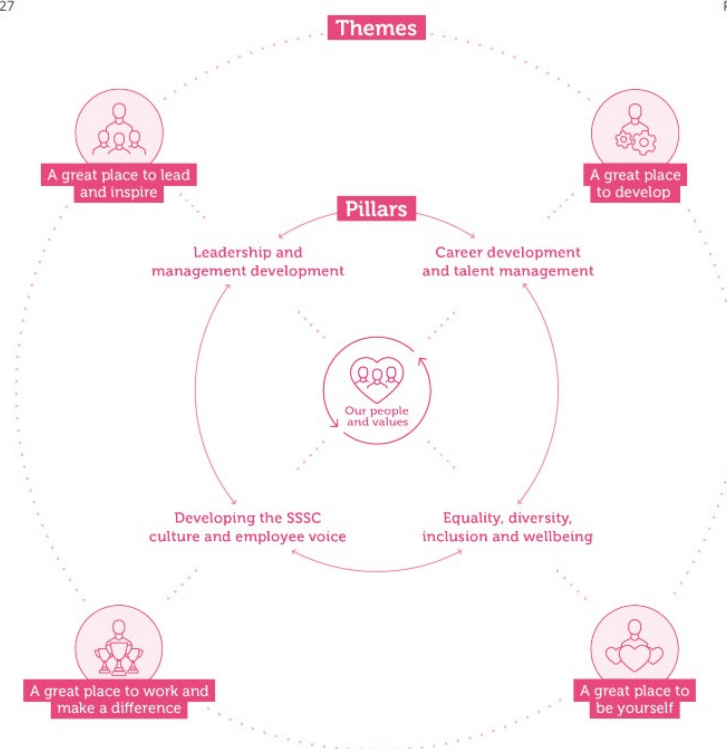
NEW STRATEGY DEVELOPMENT

14. The 2021-2024 People Strategy was our first People Strategy. It focused in part on establishing and embedding some key functional activities and approaches in the people space, driven by previous staff surveys, IIP outcomes and consultant recommendations. It touched on improvements in our culture and organisational development and allowed us to focus in on the six themes we needed to develop at the time.
15. In developing the proposed 2024-2027 strategy (Appendix 2), using the first strategy as our building block and underpinned by our values, we have focussed in more on the culture and experience of working at the SSSC. Setting out four new pillars and underpinning themes, the new strategy seeks to continually develop the SSSC as a great place to work where staff develop, feel supported and make a difference, whilst maintaining a lot of what are now core/business as usual functional activities around that. We have used imagery to show that this reflects the employee life cycle/experience with us and to demonstrate that each stage is connected:
 - **Pillar 1: A great place to lead and inspire**
Theme: Leadership and management development.
 - **Pillar 2: A great place to develop**
Theme: Career development and talent management.
 - **Pillar 3: A great place to be yourself**
Theme: Equality, diversity, inclusion and wellbeing.
 - **Pillar 4: A great place to work and make a difference**
Theme: Developing the SSSC culture and employee voice.

These are also depicted in the infographic extract below:

SSSC People Strategy 2024-2027

People Strategy themes and pillars



16. The proposed strategy was developed in collaboration with our staff and Unison. The themes and pillars will be sponsored and led by the Operational Management Team (OMT). The new strategy has been through various iterations at People Board and the OMT sponsor meetings this year whilst it has been in development and has been informed through scoping of similar strategies from other public bodies. We also took into consideration the recommendations we had from our IIP reviews and from staff surveys and any outstanding actions from the previous strategy.
17. Each pillar and theme is supported by a plan of deliverable activities. The indicative plan for year one is available at Appendix 3. These initiatives will allow us to strengthen our position and offerings under each theme. Progress on these will be monitored at People Board and updated annually to Council. Each subsequent year of the strategy will have similar plans, the content of which will depend on progress and other changes or movement in-year.
18. Trade union and staff consultation was carried out, further details in sections 19-22 below.

CONSULTATION

19. We have shared the draft policy from its early design stages and in its current draft form with People Board (which includes OMT) and Partnership Forum, (which includes Executive Management Team (EMT)) on an ongoing basis since February this year.
20. The proposed strategy was developed collaboratively. The themes and pillars have been agreed and sponsored by the OMT and approved by EMT in principle prior to Council approval. It has been through various iterations at People Board and sponsor meetings.
21. We have also let our wider staff group know about the proposed pillars and themes and invited comment.
22. Partnership Forum feedback was positive. Some ideas for content on some initiatives have been shared and will be considered in more detail as and when those initiatives progress.
23. If the strategy is approved by Council, there will be a launch campaign early autumn which will involve senior managers. We can potentially link this in with our all-staff event in October but this will depend on the overall format and agenda for the day.

RISKS

24. 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.
25. 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 and resource gaps that could impact overall delivery, particularly around temporary posts.
26. The People Board will review individual initiatives or project risks as they arise.

COMPLIANCE

27. There are no compliance implications arising from the recommendations in this report.

IMPACT ASSESSMENT

28. We developed an Impact Assessment for the new strategy which is a background paper to this report. We did not highlight any additional work or changes to approach required as a result of the assessment.

CONCLUSION

29. The 2021-2024 People Strategy has been on the whole successful, with only a small number of planned activities either being redirected or carried over. It set us up well to move into the 2024-2027 strategy. The proposed new strategy aims to be based more around culture and organisational development and with less emphasis on functional activities.
30. Council is asked to endorse the progress made of the current strategy and approve the proposed new strategy.



People Strategy Year 3 Indicative Delivery Plan: September 2023 - August 2024
Progress Summary as at June 2024

Strategic Theme	Year 3 Target Deliverables	Director Sponsor	Theme Lead Department	Current Status
Effective leaders and managers 	Explore the possibility of managers to have or work towards a leadership or management qualification.	Director of Finance & Resources	OD	Complete - different approach agreed in year which is in the new strategy.
	Assess the impact and development of our "Managing the SSSC Way" programme.		OD	Complete - now BAU
	Equip our managers and leaders with management information to support people planning, decision making and succession planning.		OD	Part complete: we have a base line approach now with feedback to work on and have planned in how to further embed this into the new strategy.
	Make sure all new and existing managers are assigned to their "Managing the SSSC Way" learning journey.		OD	Complete - now BAU
	Continue to support professional leadership and management qualifications.		OD	Complete - now BAU
	Introduce 360 degree appraisal tool for senior leaders (OMT/EMT using LMS).		OD	Complete - now BAU
			OD	
	Respond to emerging leadership and management development needs.		OD	Complete - now BAU
Recruit and develop excellent people 	Explore further options for external accreditations.	Director of Finance & Resources	HR & OD	Complete - now BAU
	Enhance knowledge exchange and collaboration across the organisation (communities of practice).		OD	Delayed -is included in new strategy.
	Automate more of our people processes and continue to embrace technology.		HR & OD	Complete - now BAU
	Continued roll out of our organisational and role design and rewards structure.		HR	Not progressed - reported seperately.
	Continue to make improvements in our recruitment and selction processes focussing on candidate experience.		HR	Complete - now BAU
	Continue to develop our employer value proposition to attract the best talent.		HR	Complete - now BAU
	Continue to focus our learning and development activities and investment on the things that support the delivery of our strategic outcome and priorities.		OD	Complete - now BAU
	Review our recruitment reach and impact.		HR	Complete - now BAU
A healthy and inclusive organisation 	Consider a wellbeing plan to replace Healthy Working Lives.	Director of Development & Innovation	HR	Completed - now BAU
	Identify how we can promote the SSSC as a diverse and inclusive workplace, internally and externally.		OD	Complete - now BAU
	Create and support virtual employee networks.		HR	Delayed -is included in new strategy.
	Develop a menopause policy and toolkit.		HR	Removed from plan: this is now incorporated in wider Wellbeing Policy and into the new strategy.
	Support our staff to become trauma informed using the national trauma training programme materials.		OD	Part complete; we have introduced a baseline resource for all staff and will carry development of a role based framework into BAU.
	Continue to support and monitor employee wellbeing through our occupational health offering and wellbeing campaigns.		HR	Complete - now BAU
Informed, involved and engaged employees 	Build on the new communication approaches we have developed during the pandemic.	Director of Strategy & Performance	Internal Communications	Complete - now BAU
	Make sure clear and well communicated updates are developed and shared in relation to staff surveys and Investors in People activities.		Internal Communications	Complete - now BAU
	Develop online methods for staff to give instant feedback.		Internal Communications	Complete - now BAU
	Continue to promote and embed our values in all of our work.	Chief Executive	All	Complete - now BAU
Investing in young people 	Reestablish our young people mentoring scheme.	Director of Strategy & Performance	HR	Delayed - is included in the new strategy.
	Make sure an HR member of staff has a dedicated remit for supporting young people working at SSSC.		HR	Removed from plan - this is now BAU shared responsiibty and is also in the new strategy.
	Find opportunities to include more apprentices in our organisation.		HR	Delayed - is included in the new strategy.
	Progress our Investors in Young People status.		HR	Complete - now BAU
	Participate in school and further education link work including supporting work experience and placements.		HR	Delayed - is included in the new strategy.
			HR	
	Include views of young people in our recruitment campaigns.		HR	Complete - now BAU
An agile and innovative workforce 	Review and respond to the impact of agile working on employee wellbeing.	Director of Regulation	OD and HR	Complete - now BAU
	Continually review our new ways of working to support our staff and organisational performance.		OD and HR	Complete - now BAU
			OD	Completed - now BAU
	Continue to embed our learning management system.		OD	
	Investigate how we can embed, promote and reward innovation.		OD	Delayed - is included in the new strategy.

People Strategy 2024-2027

September 2024



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Introduction

Since the start of our last People Strategy back in 2021, we have seen some significant and positive changes in how we work and what it means to work here. Coming out of the pandemic we adapted, adjusted and are now an extremely agile organisation, always learning from our new ways of working and keeping our values and culture alive in doing so.



In 2022 we achieved Gold Investors in People and in 2023 the Silver Investors in Young People awards which is really something to be proud of and we will strive to maintain these throughout our new strategy.

We have seen some leadership changes, not least with our previous Chief Executive retiring earlier in 2024. And more recently, we have made huge changes to registration and the SSSC Codes of Practice for Social Service Workers and Employers through our Future Proofing Programme. This has been a significant piece of work and an achievement and sets up the way we will work and support the sector for many years to come.

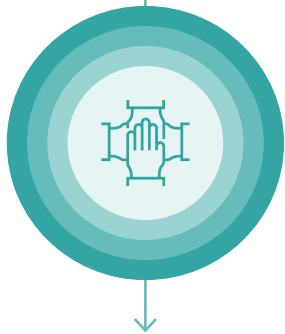
We continued to focus on employee development, investment and support and this new strategy aims to keep us on that path. We want our organisation to be a great place to work, a place that you are proud of and one in which you feel you can make a difference, develop and have a good sense of wellbeing.

This new strategy sets out that ambition and I look forward to seeing what we can achieve in the next three years.

Maree Allison,
Interim Chief Executive

Our values

We listen, learn and then do the right thing.



Work together

At the SSSC we treat each other with kindness and respect and value the contribution every member of staff makes.



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.



Recognise and respect others

We value the social service workforce and the life changing work they do. Our work increases recognition of their role and further develops that role. All our stakeholders contribute to our success and we recognise and respect their views.

Our strategic context

Our vision

Our vision, as the regulator of the social service workforce in Scotland, is that the people of Scotland can count on social work, social care and children and young people services being provided by a trusted, skilled, confident and valued workforce.

Our strategic outcomes

Our current Strategic Plan 2023-2026 sets out our strategic themes and outcomes:



Trusted

People who use services are protected by a regulated workforce that is fit to practise.



Skilled

Our work supports the workforce to deliver high standards of professional practice.



Confident

Our work enhances the confidence, competence and wellbeing of the workforce.



Valued

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

Our people vision

Our Strategic Plan also sets out our people vision: We will work together to make the SSSC a great place to work, where everyone is supported and provided with the tools, training and development, effective leadership and infrastructure to do their best work.

This People Strategy supports our people vision. It will ensure we remain a people focused, agile, innovative and collaborative organisation and that our people are skilled, professional and passionate about the work we do.

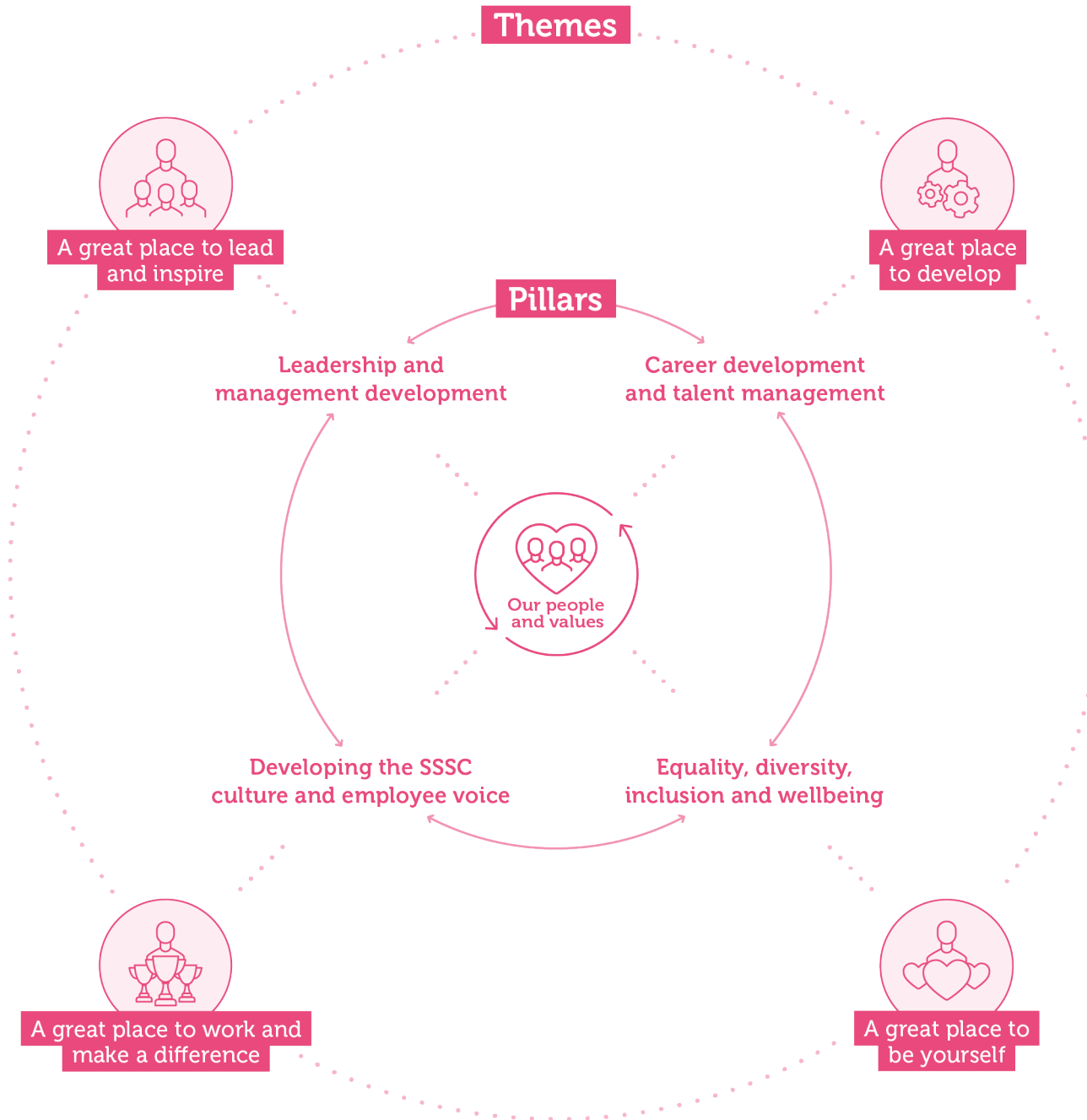


People Strategy themes and pillars

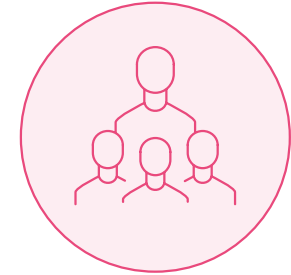
We have identified the themes and pillars for our new strategy to build on, further embed and support our long term vision for our people. They are underpinned and shaped by what we know from our staff surveys, Investors in People reviews, our strategic themes and outcomes, best practice and lessons learned. Each theme and pillar is supported by strategic and operational commitments that will support our continuous organisational and people development.

Our Operational and Executive Management Teams are true advocates of this Strategy and are committed to its success through internal sponsorship and in leading their teams and departments.





A great place to lead and inspire



Pillar

Leadership and management development

We want our current and future leaders and managers to be skilled, confident, inspiring and supportive. We want them to be able to lead effectively and to support and develop their teams to help us meet our strategic outcomes and operational objectives. To do this, we must recruit and develop leaders at all levels who share our ambition and values. We must ensure that our senior leadership team provides strong, clear and inspirational leadership and that they are engaged with our wider workforce.

We will:

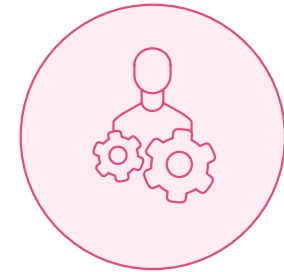
- support and develop visionary and inspirational leaders and managers
- have clearly defined and embedded behaviours for our leaders and managers
- explore mentoring approaches for our leaders and managers
- continually develop our current and future leaders, including our young people
- develop a core offering of leadership and management development resources and courses.

A great place to develop

Pillar

Career development and talent management

We want to be an attractive and inclusive place to work. An organisation where our people can have rewarding roles and careers that really make an impact and where there are genuine opportunities to develop. We need to be ready for workforce challenges and changes and have a skilled, confident workforce ourselves; to have the right people in the right place at the right time. Career development options and attracting and developing talent are key to this. We have great talent at the SSSC already. We need to nurture and develop that now and for the future.



We will:

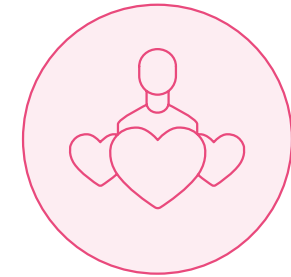
- ensure our learning and development investments support our current and future needs
- ensure the knowledge and skills that we need now and in the future are fully considered in our planning and decision making processes
- explore where we can support modern apprenticeships and other development opportunities for young people across the organisation
- promote our diverse career journeys and opportunities
- ensure our recruitment approaches do not create barriers to work, particularly for care experienced people.

A great place to be yourself

Pillar

Equality, diversity, inclusion and wellbeing

We are committed to equality, diversity and inclusion and wellbeing. We want our current and future workforce to fully be themselves and to create a diverse, happy and purposeful environment for all. A place that promotes and supports diversity, all aspects of wellbeing and allows us to do our best work. The public sector equality duty sets out obligations we must meet as an employer in this area. We want to go beyond that by being responsive to what our people tell us and by incorporating new ideas and good practices to continually improve in this area.



We will:

- support our people to better understand equality, diversity and inclusion at work
- support and develop a culture of feedback, openness and challenge
- respond to emerging national policies, legislation and initiatives in this area of our work
- enable employee networks or communities of practice that support our people to connect on topics that matter to them, including our young people.

A great place to work and make a difference



Pillar

Developing the SSSC culture and employee voice

We want to be recognised by our people as a great place to work and make a difference. We want to promote and celebrate the benefits of working at the SSSC, including our genuine commitment to agile and flexible working, our investment in the tools to do the job as well as our contractual terms conditions, pension and other staff benefits. We want to strengthen our employee engagement and employee voice and in doing so, continue to develop a culture of “One SSSC”, underpinned by our values. Our people should feel engaged and understand how they support our overall purpose and strategic objectives and feel valued for and proud of the work that they do, regardless of when or where they work.

We will:

- promote our employer benefits for our existing and future workforce.
- recognise and celebrate success through awards and certifications, internally and externally
- ensure a strong employee voice through conducting surveys, networks, knowledge sharing, Partnership Forum and any new tools or approaches, including reviewing our approach to staff surveys
- continue to build a “One Team” culture, ensuring organisational purpose is recognised and connected in our agile operating model and senior leader communications.

How will we monitor progress

We will use a range of measures to review our progress and success against each of the themes of this strategy, including:

- feedback from our staff surveys and Investors in People assessments
- feedback from learning and development activity
- career progression/promotion data
- feedback on our recruitment processes and new start and leaver experiences
- accreditations and qualifications achieved
- Health and Safety and HR performance measures and indicators.

We will report our progress through our internal monthly assurance cycle and quarterly People Board. We will also provide updates to our Council annually. Our leaders will sponsor initiatives within the strategy and champion it through their work and leadership.



We hope that everyone will benefit from this strategy in some way and that we can continue to make the SSSC a great place to work.





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If you would like this document in another format,
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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Indicative Delivery Plan/Summary of new initiatives. People Strategy Year 1 Sept 2024-2025							
Strategic Theme	Pillar	Aims	Senior Sponsors	New initiatives/actions to support aims	Starting status June 2024 (note: for all new initiatives the baseline is zero unless we have measurable data available)	Progress measure	Target completion date
A great place to lead and inspire	Leadership and Management Development	<ul style="list-style-type: none"> To have clearly defined and embedded expectations for our leaders and managers. To support and develop visionary and inspirational leaders and managers. To develop our current and future leaders, including our young people. 	Head of FFP, Head of LCO & Head of P&I, Head of WPP	1. Explore mentoring approaches for leaders and managers.	No approach internally.	Establishment of a mentoring initiative if there is demand.	Dec-24
				2. Review our leadership expectations across both management and leadership roles to ensure clear and relevant skills and knowledge needed for each level management are clear.	Current competency framework from 2017	A refreshed 2024/25 framework developed and launched and associated changes to supporting processes such as recruitment and selection, development discussions/360 feedback tool updated to reflect them.	Apr-25
				3. Develop a core offering of leadership and management development resources and courses for current and future managers and leaders.	No standard core offering or programme (currently themed approach).	Full core offering or programme established and delivered on recurring basis. This will include a refresh of our Managing the SSSC way approach.	Apr-25
A great place to develop	Career Development and Talent Management	<ul style="list-style-type: none"> To ensure our learning and development investments support our current and future needs. To ensure the knowledge and skills that we need now and in the future are fully considered in our planning and decision making processes. To explore where we can support modern apprenticeships and other development opportunities for young people across the organisation. To ensure our recruitment approaches do not create barriers to work, particularly for care experienced people. To promote and measure the impact of our diverse career journeys and opportunities for our current and future workforce. 	Head of Education and Standards, Head of Registration, Head of FFP	1. Develop a corporate approach to support how we work with education establishments to support students on placements or in their early careers.	No consistent corporate approach.	Implementation of a corporate approach.	Jan-25
				2. Develop resources and support managers to explain and promote access to our diverse range of career journeys, development opportunities and opportunities for cross organisational working.	No current resources.	Creation and promotion of resources. Dedicated space on intranet	Mar-25
				3. Review our approach to person specifications and recruitment policies and procedures to ensure they are inclusive and remove barriers to work.	Early stages of policy review starting with guaranteed interview for care experienced applicants.	Updated policies and procedures in place. Development sessions/ training for recruitment managers as part of implementation of revised policies.	Dec-24
				4. Improve how we measure the impact and value of internal secondments.	No current measure. Currently we only have quantitative reporting.	Creating and implementation of end of secondment surveys.	Nov-24
				5. Ensure we consider our people plans, including future skills needs, in our business planning and decision making process	Currently people planning and business planning process run separately.	Establishment of an integrated and aligned approach to people and business plans.	Sep-24
A great place to be yourself	Equality, Diversity , Inclusion and Wellbeing	<ul style="list-style-type: none"> To support our people to better understand equality, diversity and inclusion at work. To support and develop a culture of feedback, openness and challenge. To respond to emerging national policies, legislation and initiatives in this area of our work. To enable employee networks or communities of practice that support our people to connect on topics that matter to them. 	Head of Regulatory Improvement & Hearings, Head of HR, Head of OD	1. Support staff and managers to better understand and support equality, diversity, inclusion and wellbeing at work.	2023/24: 9 separate development sessions on a range of topics offered to all staff.	Maintain or increase our offering of EDI based development initiatives by August 2025.	Apr-25
				2. Further raise awareness of our whistleblowing policy and procedures and support a culture of speaking up.	2022 staf survey results of 86% positive rating on inclusion and wellbeing question.	Delivery of awareness sessions and increased or maintained staff survey score.	Nov-25
				3. Enable Employee networks, communities of practice and interest groups, including for our young people.	2 active networks (EDI Forum & PMO Community Of Practice)	Increase in number of active employee networks.	Mar-25
A great place to work and make a difference	Developing the SSSC Culture and Employee Voice	<ul style="list-style-type: none"> To be recognised by our people as a great place to work and make a difference. To promote and celebrate the benefits of working at the SSSC. To strengthen our employee engagement and employee voice and in doing so, continue to develop a culture of "One SSSC", underpinned by our values. 	Head of OD, Head of Digital, Head of Strategic Communications & Policy	1. Develop our consultation approach to ensure our people can contribute their views on any planned policy changes.	Current approach does not include wider staff group, only partnership forum.	Increase in number of wider staff consultations on policy updates.	Nov-24
				2. Promote and assess the value and impact our benefits by asking applicants and new starts for their views on them.	No measure	Establishment of recruitment and applicant feedback.	Mar-25
				3. Review our approach to staff surveys and other ways in which we can gather the views of our people.	Currently one large survey approx every two years.	Change in approach to surveys and new initiatives for gathering staff feedback	Jun-25
				4. Recognise and celebrate success through awards and certifications, internally (VIP awards) and externally (industry or professional awards)	Not currently measured or reported.	Establishment of a bi-annual reporting mechanism for awards and certifications to People Board.	Jun-25

Title of Report	People Management Policies – Grievance Policy
Public/Confidential	Public
Summary/purpose of report	To ask Council to approve the updated Grievance Policy.
Recommendations	The Council is asked to approve the updated Grievance Policy.
Author	Calum Kennedy, Head of Human Resources
Responsible Officer	Laura Lamb, Acting Director, Workforce Education and Standards
Link to Strategic Plan	<p>The information in this report links to:</p> <p>Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise.</p> <p>Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice.</p> <p>Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce.</p> <p>Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people’s lives.</p>
Link to Risk Register	<p>Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.</p> <p>Risk 5: We fail to develop and support SSSC staff appropriately to ensure we have a motivated and skilled workforce.</p>
Impact Assessment	<p>An Impact Assessment (IA) was developed.</p> <p>No impacts were identified.</p>

Documents attached	Appendix 1: Grievance Policy
Background papers	<u>Impact Assessment</u>

EXECUTIVE SUMMARY

1. We maintain a Grievance Policy for staff to raise concerns they have, for those to be properly considered and addressed where appropriate. The updated policy provides greater detail and guidance than the previous version. The Council is asked to approve the Grievance Policy.

INFORMATION

2. The policy has been updated to provide greater detail on our processes and expectations. It also mirrors, where possible, equivalent positions in the Disciplinary Policy for consistency and ease of administration.
3. We have included information previously detailed in the appendix into the body text of the policy to make it easier for the reader.
4. Where this policy is subsequently approved by Council, it will take effect from the first day of the following month. Grievances that are underway will be moved to this policy.
5. Manager and employee awareness sessions will be conducted to promote the existence of this policy. We will promote the Grievance Policy to staff through delivering awareness sessions.

CONSULTATION

6. We conducted consultation with UNISON and have reached in principle agreement regarding the Policy.
7. We benchmarked externally using ACAS, Audit Scotland, Edinburgh University, Scottish Government, Unison and SportScotland.
8. We consulted with Operational Management Team (OMT) and maintained a record of comments and changes. The suggested changes were implemented.
9. We have consulted with the Short-Life Working Group and have implemented their suggestions. They are supportive of the updated policy.

RISKS

10. We have an averse risk appetite for risk 3: we fail to meet corporate governance, external scrutiny and legal obligations.
11. 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.

12. The policy informs managers and employees of their rights and obligations. there are legal, cultural and reputational risks to the SSSC if we do not operate processes appropriately. The policy mitigates these risks by establishing clear principles, processes and guidance.

IMPLICATIONS

Resourcing

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

Compliance

14. The Grievance Policy complies with our legal requirements and is seen as good practice.

IMPACT ASSESSMENT

15. We have developed an impact assessment. There are no specific findings that require action.

CONCLUSION

16. The Council is asked to approve the updated Grievance Policy.

Grievance Policy

Month 2024

Document governance and management

Document owner/author/lead	Acting Director of Workforce, Education and Standards (L&D)
Version number	1
Current version referred for approval to	
Date of next review	DD MMM YYYY
Date of equality impact assessment (mandatory)	DD MMM YYYY
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

We consider it important that all employees have access to a policy to help deal with any grievances relating to their employment fairly and without unreasonable delay. We aim to investigate any formal grievance you raise, hold a meeting to discuss it with you, inform you in writing of the outcome, and give you a right of appeal if you are not satisfied. Grievances are concerns, problems or complaints that employees raise with us.

Purpose

The purpose of this policy is to set out how employees can raise a grievance and how we will investigate and deal with grievances.

Scope

This policy applies to all temporary and permanent Scottish Social Services Council employees, including the Chief Executive and Executive Management Team (EMT) members. This policy does not apply to current agency workers who should refer to their agency for details on how to raise a grievance. This policy does not apply to former employees or former agency workers.

Definitions

A **Companion** is a colleague, a workplace trade union representative who's certified by their union to act as a companion or an official employed by a trade union.

A **malicious complaint** is one that is made with the intention of causing harm by seeking to defame a colleague or manager, through knowingly providing false or misleading information or withholding information about an incident or issue.

A **vexatious complaint** is one that is made solely or mainly to harass, annoy or subdue another person, or something that is unreasonable, without foundation, frivolous, repetitive, deliberately burdensome or unwarranted.

Legislation, codes of practice, guidance

- ACAS Code of Practice on disciplinary and grievance procedures
- Employment Rights Act 1996
- Employment Relations Act 1999
- Data Protection Act 2018
- UK General Data Protection Regulation (2016/679 EU)

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 review this policy every three years (or earlier if legislation changes) and make appropriate amendments in consultation with the Partnership Forum. We outline minor amendments in the change log and update the version control. Where there are major changes, we will consult more widely and follow the consultation cycle.

2. Principles

In operating this policy the following principles are followed:

- Managers and employees must raise and deal with issues promptly and not unreasonably delay meetings, decisions or confirmation of those decisions.
- Employees will have an opportunity to have their say on the reason for their grievance, to put their case and will be listened to.
- Managers will make consistent decisions or explain why inconsistent decisions are made.
- We carry out any necessary investigations, to establish the facts of the case.
- All parties treat any information communicated to them in connection with an investigation or grievance matter as confidential. Involvement and awareness of the cases being dealt with under this policy will be restricted appropriately.
- Where matters of governance are evident, appropriate advice will be sought from Legal and Corporate Governance.
- Any decisions made must be proportionate to the issues at hand and will take into account any relevant circumstances.
- Employees can be accompanied at grievance meetings / hearings.
- Employees can appeal against a decision made at the Grievance Hearing.

When applying this policy we require our employees and our managers to treat each other with dignity and respect by acting in accordance with our values.

Recognition and respect for others

- We treat each other with kindness and respect and value the contribution every employee makes.
- At every stage of the process there will be no discrimination on the grounds of protected characteristics as listed in the Equality Act 2010. We provide support and assistance where we can.

Working together

- We recognise that others can hold different opinions regarding the same circumstances and each genuinely held view is valid.
- We recognise the value of positive and constructive involvement and participation from the trade union. The commitment to partnership working is confirmed in the Partnership Agreement and is integral to the development and maintenance of harmonious employee relations.
- Employees have the right to be accompanied at formal stages of the policy by a work colleague or a trade union representative. We will allow support at the informal stages where appropriate.

Accept responsibility and accountability

- Take steps to resolve grievances at every stage and take corrective action.
- Respecting confidentiality and only sharing information, as appropriate, with relevant people.
- Deal with issues kindly, sensitively and showing compassion

3. Roles and responsibilities

3.1 Council and committee

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

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

Council is responsible for:

- approving this policy
- 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 policies and procedures are applied fairly and in accordance with the law
- approving these policies:
 - [Agile Working Policy](#)
 - [Code of Conduct \(Employees\)](#)
 - [Dignity at Work Policy](#)
 - [Disciplinary Policy](#)
 - [Family Friendly Policy](#)
 - Grievance Policy
 - [Redeployment Policy](#)
 - [Retirement and Severance Policy](#)
 - [Whistleblowing Policy](#)
 - [Work Performance Policy](#)
 - [Workforce Change Policy](#)

3.2 Executive Management Team

The EMT are responsible for:

- the implementation of the policy and to create a culture in which employees can flourish through interesting and rewarding work
- delegating responsibilities related to the policy to Operational Management Team (OMT) and line managers
- making sure that managers and employees receive appropriate development, support and training to implement the policy appropriately.

3.3 Operational Management Team

The heads of department are responsible for:

- making sure their managers and employees are aware of the processes to be followed within this policy
- making sure that employees are treated consistently and fairly, being mindful of the needs of the organisation as well as that of the individual.

3.4 Line manager

The line manager is responsible for:

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

3.5 Employees

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

Employees, including when acting as a witness, must:

- promptly raise concerns they have to the relevant person
- co-operate fully and promptly with actions under this policy
- with the exception hate speech, recognise and respect that colleagues may hold views you disagree with
- to raise concerns in an appropriate time, place and manner
- treat one another with politeness and courtesy and follow this policy
- treat information in a confidential manner.

3.6 Human resources (HR)

HR are responsible for:

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

3.7 Union representatives

Union representatives are responsible for:

- offering advice and support to the employee at all stages of the process
- attending grievance meetings and hearings

- helping the employee to present their case or speak on their behalf, but they cannot answer questions addressed to the employee directly
- advising the employee of their rights
- raising concerns where the policy is not applied correctly and fairly
- making sure that the employee receives a fair hearing at the formal stages.

4. Policy

4.1 Grievance issues

You can raise a grievance regarding a wide variety of subjects and there is no definitive list of every possible subject. Grievances are concerns, problems or complaints that employees raise with their employers. The following is an indicative list of issues that can cause grievances:

- terms and conditions of employment
- health and safety
- work relations
- bullying and harassment
- new working practices
- working environment
- organisational change
- discrimination.

You should only raise a grievance if you have a concern that impacts on you or your workspace and are looking for a way to resolve it. You should normally have tried to sort out any issues informally. A Grievance Chair will be appointed to consider your grievance. If they determine that your grievance is vexatious or malicious, it will not be considered any further. You will be notified in writing of any decision not to progress your grievance.

The Grievance Policy cannot be used to appeal the outcomes of other procedures (eg flexible working, disciplinary etc).

We have a separate [Dignity at Work Policy](#) that may be useful if you have experienced bullying or harassment or wish to report an incident of bullying or harassment involving other people. Our [Dignity at Work Policy](#) is available on the intranet (see 4.11 below).

We operate a separate [Whistleblowing Policy](#) to enable employees to report illegal activities, wrongdoing or malpractice. However, where you are directly affected by the matter in question, or where you feel you have been victimised for an act of whistleblowing, you may raise the matter under this Grievance Policy. The [Whistleblowing Policy](#) is available on the intranet.

4.2 Informal resolution

Using the informal resolution process is recommended but it is not mandatory, however most grievances can be resolved quickly and informally through discussion with your line manager. If you feel unable to speak to your line manager because the complaint concerns them, then you should speak informally to the HR Department. It is important to be clear with them that you are seeking informal resolution as part of this policy.

Where you have attempted informal resolution and this has been unsuccessful you can request mediation from your head of department, director or the HR Department. Mediation is voluntary and all parties involved must be willing to participate prior to this being arranged. Mediation is often the best way to resolve matters.

If the informal process or mediation has been used but does not resolve the issue, you should follow the formal procedure below

4.3 Formal resolution

An employee can raise a formal grievance if:

- they feel raising it informally has not worked
- they do not want it dealt with informally.

If your grievance cannot be resolved informally you must put it in writing and submit it to the Human Resources, clearly indicating in unambiguous terms that it is a formal grievance. A template letter is available on the intranet. Complaints in writing that do not state they are a grievance will be presumed not to be grievances.

The written grievance must contain a brief description of the nature of your complaint, including any relevant facts, dates, names of individuals involved and desired resolution. We understand that when you raise a grievance you may have had concerns or problems for some time. At this stage it is important to focus on the **key** issues. You do not need to provide an exhaustive history of the situation or state every example. HR may ask you to clarify or provide further information so that we can properly understand your position if this is needed.

A Grievance Chair will be identified, usually by HR, to conduct any grievance meeting, instruct any investigation consider the outcome of the investigation and chair a Grievance Hearing if required. Where it is not possible, practical or would create an unacceptable conflict of interest for HR to do so, a member of the EMT will identify the Grievance Chair.

The Grievance Chair will normally meet with you to initially discuss your grievance to make sure that they understand the nature of your grievance, its basis, the desired outcome or any other relevant matter. The process for this is described under paragraph 4.6. Where the manager does not need to meet you prior to a grievance hearing, they will notify you of this.

If the Grievance Chair decides that an investigation is required involving interviews with individuals about whom a complaint is made, at this stage the Chair will determine the minimum level of information that can be shared with the interviewee, for example the name of the complainant and the relevant details of the complaint. The Grievance Chair must be cognisant of their duty to maintain confidentiality (eg health matters or other sensitive data or information).

All involved will be reminded of the requirement to maintain confidentiality throughout and beyond the conclusion of the process.

Please note that individual grievances cannot be raised on your behalf (other than by your trade union representative) nor do we accept "group grievances" or grievances signed by multiple employees. Where you have a grievance regarding the same or substantially similar matter as another, you must raise these individually.

Please note, where your trade union representative raises a grievance on your behalf you are responsible for their statements and the positions they present for you. Should you disagree with their description of your grievance or the position adopted you must say so promptly.

As our recognised trade union, only UNISON can raise a collective grievance (ie a grievance on behalf of multiple employees). Collective grievances follow the procedure set out in the Partnership Agreement.

You can withdraw your grievance at any time by writing to Human Resources stating clearly that you wish to withdraw it. The Grievance Chair or a member of Human Resources will determine how best to consider and address the issues raised. Where you withdraw your grievance you may still be required to participate in any related investigation process or other related meetings. You will not be notified of any outcome where it relates to other employees. You may be notified of any decisions we subsequently make regarding your withdrawn grievance. You may or may not be involved in any subsequent process.

4.4 Investigation

It may be necessary for us to carry out an investigation into your grievance. The amount of any investigation required will depend on the nature of the allegations and will vary from case to case. It may involve interviewing and taking statements from you and any witnesses, and/or reviewing relevant documents. The investigation may be carried out by your line manager, the HR Department or someone else appointed by us.

We will follow the investigation process described in Appendix 1 of [Disciplinary Policy](#). The investigating officer is responsible for identifying any information that should not be shared with the person raising the complaint (eg due to confidentiality reasons such as specific health issues of the person accused of wrongdoing).

You must co-operate fully and promptly in any investigation. This may include informing us of the names of any relevant witnesses, disclosing any relevant documents to us and attending interviews, as part of our investigation.

We may initiate an investigation before holding a grievance meeting where we consider this appropriate. In other cases we may hold a grievance meeting before deciding what investigation (if any) to carry out. In those cases we will hold a further grievance meeting with you after our investigation and before we reach a decision.

4.5 Companions

You can be accompanied by a trade union representative or a co-worker (known as a Companion) at any meetings under this policy. Please confirm to the manager of the meeting prior to any meeting who your Companion is and make sure that you have briefed them. Your Companion can, at your request, explain your key points and can respond on your behalf. You can also confer with them during the meetings. They must not answer questions put directly to you or try to prevent us asking questions or outlining our points.

4.6 Grievance meeting

We will arrange a grievance meeting, normally to take place within two weeks of receiving your written grievance (excluding any time seeking clarification from you). You and your Companion (if any) must make every effort to attend grievance meetings. If you or your Companion cannot attend at the time specified, you should inform us immediately and we will try, within reason, to agree an alternative time.

The purpose of a grievance meeting is to make sure that we understand your grievance, its basis, the desired outcome or any other relevant matter. We do not make grievance decisions at grievance meetings, only at Grievance Hearings. A minute of the meeting will be maintained and shared with you within 14 calendar days. After an initial grievance meeting we may carry out further investigations and hold further grievance meetings as we consider appropriate. Such meetings will be arranged without unreasonable delay.

Details of how we conduct meetings are specified in 4.9 below.

4.7 Grievance Hearing

The purpose of a Grievance Hearing is to review any investigation report, to hear and consider your grievance, your preferred outcomes and to determine what action should be taken regarding your grievance.

To make sure you are well prepared the Grievance Chair will set out the following in writing to you at least 14 calendar days prior to the hearing date:

- Date, time and location of the meeting
- A summary of the grievance
- Copy of the investigation report (redacted as appropriate) (where applicable)
- Copy of any supporting evidence or relevant policies
- That you have the right to be accompanied by a Companion
- That you can call relevant witnesses
- That you can present or refer to evidence
- Provide a copy of this policy.
- That you must provide details, where possible, of any witnesses you wish to call and / or evidence that you wish to present to HR and the Chair at least five calendar days before the hearing date.

The Grievance Chair, with support from HR, will discuss the following with you:

- Identity and role of those present
- Purpose and structure of the meeting
- Remind you of the role of the Companion
- Check that you have received the documentation provided
- A summary of the grievance
- A summary of the investigation findings (where applicable)
- Whether you wish to present any further evidence
- Whether there are witnesses to call
- What your desired outcome is
- The view of the Companion (where attending)
- When a decision will be made and details of any appeals process.

We do not normally expect witnesses to attend a Grievance Hearing, but they can be called where necessary. At the Grievance Hearing both management and the employee have the right to call witnesses. It is the employee's responsibility to arrange for any witnesses that they wish to call and to produce any documentary evidence that they intend to rely on. The employee must provide details, where possible, of both to HR and the Chair at least five calendar days before the hearing date.

A representative from HR will attend any Grievance Hearing. You may be accompanied by a Companion.

The Grievance Chair will either meet with you and inform you of their decision or they will notify you of their decision in writing. Possible outcomes include (but are not limited to):

- Apology
- A change in policy or practice
- A change in your terms and conditions
- Change in staffing or other resources
- Change in structure, line management or similar
- Investigation or other action
- Facilitation
- Mediation
- Reasonable adjustments
- Training or retraining.

We always seek to achieve a satisfactory resolution where possible. There may be some limited situations where there is no viable satisfactory resolution. Where this occurs, we will explain why we consider this is to be the case.

A record of the hearing and any decision will always be communicated to the employee usually within 14 calendar days of the hearing. The Grievance Chair will notify them, their head of department and (usually) their line manager of the outcome of the hearing. They will not usually notify anyone else of the decision but can do so where they consider there is a reason to do so.

Following the conclusion of the Grievance Hearing we will write to you, usually within two weeks of the Grievance Hearing to inform you of the outcome of your grievance and any further action that we intend to take to resolve the grievance. We will also remind you of your right of appeal.

The Grievance Chair and the employee will agree who, if anyone, should be notified of the outcome of your grievance, when and to what extent. In most cases this will be limited to the fact that the process has ended and that there is no impact on them.

Where agreement is not reached and the Grievance Chair has identified an obligation to share the information with others, they will specify this reason to the employee.

Following the conclusion of the Grievance Hearing (and any appeal) we expect **all** those involved to see beyond the grievance and work together in line with our values to restore good relationships.

4.8 Appeals

If the employee wishes to appeal a decision made at the Grievance Hearing they must submit their written grounds of appeal and their desired outcome to the Head of Human Resources within 14 calendar days of receipt of the written record of the decision. A member of the Executive Team would write to the Chief Executive. Grounds of appeal could include but are not limited to those listed below:

- New evidence has come to light since the hearing which may have an impact on the decision.
- An issue with the process and procedure followed.
- The decision was wrong, unfair or inappropriate in the circumstances
- If the outcome does not resolve the grievance.

The appeal cannot take place without clear relevant grounds of appeal being set out or a clear desired outcome. The Head of Human Resources will clarify these with the employee where they are insufficient for an Appeal Chair to consider.

Where an appeal is lodged this will not automatically delay the implementation of any action although these may be amended or revoked because of the appeal process.

A manager who has not been previously involved in the case will hear the appeal. This will normally be a senior manager or may be an Employment Appeals Panel where none are suitable. The Chair for the original decision will attend the Appeal Hearing to present the reasons for their decision.

The Appeal Hearing may be a complete re-hearing of the matter or it may be a review of the fairness of the original decision in the light of the procedure that was followed and any new information that may have come to light. This will be at our discretion depending on the circumstances of the case.

The employee will be given written notice of the date and time of the Appeal Hearing at least 14 calendar days in advance unless otherwise mutually agreed.

Where the employee does not confirm that they will attend the appeal we will make reasonable attempts to contact them by telephone and email. Having made these attempts and where we do not receive a satisfactory reason for their lack of confirmation the Appeal Chair will dismiss the appeal. Where satisfactory reasons are provided the appeal will continue.

An Appeal Hearing may be adjourned if we need to gather further information or consider matters discussed at the hearing. The employee will be given a reasonable opportunity to consider any new information obtained before the hearing is reconvened (this may include during the hearing where the new information or its impact is slight).

The potential outcomes of the Appeal Hearing are:

- the appeal is fully or partially upheld and the previous decision is overturned
- the appeal is fully or partially upheld and a new Grievance Hearing is instructed to be arranged
- the appeal is fully or partially upheld and a different outcome is substituted
- the appeal is not upheld and the original decision remains.

A record of the hearing and any decision will be communicated to the employee usually within 14 calendar days of the hearing. In all events, the decision of the Appeal Chair is final. There are no other rights of appeal.

4.9 Meetings

The sooner the employee lets us know if they think they may need additional time or support, the more likely it is that we can make any necessary arrangements or adjustments. During any meeting (or hearing) the employee may request a break or another adjustment and we will happily consider these as and when they occur.

We work in an agile manner and many of the meetings and discussions that we have will be conducted using Teams or similar video technology. It is essential for meaningful discussion to take place that when meeting on Teams that all parties have their cameras

and audio turned on throughout the discussion. Where this is not possible then meetings must take place in person.

We prefer to meet with employees directly to discuss matters. Where we cannot meet within a timescale that we consider reasonable we can make a decision in your absence. We will not do so without first warning you of this possibility.

4.10 Investigation and Grievance Chairs

We can bring in an external consultant or party to undertake the investigation, chair the grievance or appeal. This is determined by the Grievance Chair or a member of EMT, or where conflicts of interest arise, by a member of HR. In these instances we will make sure that our processes are followed and are conducted in line with ACAS codes of practice. If an external consultant or party is sought an internal contact will be appointed, usually a member of HR will liaise with them.

The officers should not have been directly or indirectly involved in the case, that is, they should not have been a witness to the alleged misconduct. In any event there should be no conflict of interest as this may jeopardise the perceived fairness of the investigation or the hearing. Where a conflict of interest becomes clear an alternative officer will be identified where possible.

In all cases, the ultimate decision maker will be a SSSC employee or Council member.

4.11 Special circumstances

Health or disability

Where the employee is unfit to attend work this does not necessarily mean that they are unfit to attend an investigatory meeting or hearing. We prefer to take a statement or to discuss matters with employees directly wherever possible. We will make decisions based on the information that we have, balancing this against their right to engage in the process fully and meaningfully.

Where you cannot participate in your grievance investigation, meeting or hearing due to your health we may pause proceedings regarding yourself until you are fit to do so. Where we consider we have sufficient information to investigate or take action we may do so.

We want to support employees as fully as possible and will consider reasonable adjustments for them. Where they have a disability under the Equality Act we have a legal obligation to make reasonable adjustments. Where an employee knows of a reasonable adjustment that would help please suggest this at the earliest opportunity to the Investigating Officer or Grievance Chair.

We offer the option of attending our Occupational Health Provider at no cost. We have obligations to resolve matters in a timely manner and we can choose to proceed to make a decision on the basis of the information we have.

Where the employee's health may be a contributing factor we will usually seek medical advice from our Occupational Health provider (unless the employee agrees it is not necessary or that any impact is minor).

Trauma

We recognise that employees may have had a previous negative experience regarding formal grievance processes either with us or another organisation that caused stress and anxiety. We adopt a supportive and collaborative approach when managing grievance and treat everyone with dignity and respect.

Counter grievances

Where a counter grievance is raised, the Grievance Chair will consider how best to manage the related procedures. We will set out our position to the parties involved and the reasons for doing so.

Multiple procedures

Where an employee has a concern about an issue that could be raised under multiple procedures (eg [Dignity at Work](#)), the employee will be expected to choose one process only to avoid duplication.

EMT Members

If a Grievance Hearing is required for a Chief Executive, the Grievance Chair will normally be the Convener. HR advice may be sought from an external source.

If a Grievance Hearing is required for another EMT member, the Grievance Chair will normally be the Chief Executive but in exceptional circumstances a Council Member or someone external to the organisation may be asked by the Convener to perform that role. HR advice may be sought from an external source.

In all cases, the decision maker will be a SSSC employee or Council member.

Trade union representatives or officials

Where a grievance is raised regarding an accredited representative of a trade union, we will notify the full-time official of the union prior to our taking action under this policy wherever possible.

Issues relating to the same grievance

Where we have considered the substance of a previous grievance we will not reconsider it other than at a Grievance Appeal Hearing. The Grievance Policy is not intended to discuss previously addressed issues whether under this policy or others.

Anonymous grievances

We do not accept anonymous grievances from employees.

Where an anonymous grievance is received from someone claiming to be an employee this will not be treated as a grievance. We will consider the evidence presented and whether this is sufficiently reliable and cogent to merit investigation under another procedure. We will maintain a record of any decisions made for future reference.

Where an employee raises a grievance and wishes to remain anonymous during the process this severely limits our ability to investigate or to address their concerns. We will consider your request but may not be able to maintain anonymity where it is granted either due to practical considerations, other legal or safety obligations.

Terms and conditions

Most terms and conditions of employment are agreed collectively. As such, we cannot accept grievance about what those terms and conditions are (as no manager can unilaterally change these). You can raise a grievance regarding whether or how these have been applied. If you wish to provide feedback or comment on what the terms and conditions are or what they should be you can do so by speaking to a member of HR.

Victimisation

Victimisation occurs when you are treated less favourably for raising a grievance or blowing the whistle. We think it is important that you feel supported to raise a grievance or blow the whistle and will support you where we can. As such, victimisation is prohibited and we treat seriously any complaint of victimisation.

5. Further information

5.1 Learning and development

To support the fair and consistent application of this policy, we will ensure full awareness and understanding of these issues for managers by incorporating training on this policy within line management development programmes and make sure that all managers have participated in such a programme.

5.2 Sources of support

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

5.3 Related documents

- Code of Conduct
- [Disciplinary Policy](#)
- [Dignity at Work Policy](#)
- [External support organisations - an A to Z \(sharepoint.com\)](#)
- [Partnership Agreement](#)
- [Whistleblowing 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.

Title of report	Records Management Policy
Public/Confidential	Public
Summary/purpose of report	For approval
Recommendations	The Council is asked to: 1. approve the reviewed records management policy attached at Appendix 1 to this report.
Author	Caroline Gowans Information Governance Coordinator
Responsible Officer	Hannah Coleman Acting Director of Regulation
Link to Strategic Plan	The information in this report links to: Outcome 1: Trusted People who use services are protected by a workforce that is fit to practise. Outcome 2: Skilled Our work supports the workforce to deliver high standards of professional practice. Outcome 3: Confident Our work enhances the confidence, competence and wellbeing of the workforce. Outcome 4: Valued The social work, social care and children and young people workforce is valued for the difference it makes to people's lives.
Link to Risk Register	Risk 3: We fail to meet corporate governance, external scrutiny and legal obligations.
Impact assessments	We have developed an Impact Assessment. There are no impacts to highlight or address.
Documents attached	Appendix 1: Records Management Policy
Background papers	Impact Assessment

EXECUTIVE SUMMARY

1. We have reviewed the SSSC's Records Management Policy and present it to Council for approval. The Policy provides a high-level statement of our compliance with records management legislation. It describes how we will manage authentic, reliable and usable records, capable of supporting business functions and activities for as long as they are required. Council approved the current policy in August 2021.

INFORMATION

2. The Public Records (Scotland) Act 2011 ("the Act") 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 to agree. The Keeper agreed the SSSC's records management plan in 2014.
3. Element 3 of a records management plan requires that an authority has an appropriate policy statement on records management. The policy statement should have senior management approval, include a statement of the named posts that hold corporate and operational responsibility for records management, and be regularly reviewed.
4. The SSSC's records management plan committed to keep our policy documents under review. The records management policy is due for review, and we will submit the reviewed policy to the Keeper if approved by Council.
5. Officers have reviewed the policy and made no significant changes. We have made minor changes to reflect the new policy template, include links to relevant policies, update responsibilities and terminology, and included additions to references to legislation.
6. We have identified that we must develop records management standards and we plan to develop these and progress other records management improvement activity throughout the current and next financial year.
7. For ease of reading, we have removed tracked changes and highlighted the sections containing changes.

CONSULTATION

8. Operational Management Team (OMT) and Executive Management Team (EMT) have reviewed the policy and made no amendments.

RISKS

9. We have an averse risk appetite towards legal compliance. We comply with the obligations under the Act with our records management plan and policy. The Keeper of Records for Scotland has powers to undertake records management reviews and issue action notices for improvement, to authorities who fail to meet their obligations under the Act.

IMPLICATIONS

Resourcing

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

Compliance

11. 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.
12. The SSSC's records management plan committed us to keep our policy documents under review.

IMPACT ASSESSMENT

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

CONCLUSION

14. This report asks Council to approve the Records Management Policy.

SSSC Records Management Policy

August 2024

Document governance and management

Document owner/author/lead	Acting Director of Regulation
Version number	4.0
Current version referred for approval to	Council
Date of next review	August 2027
Date of impact assessment (mandatory)	11 July 2024
Date of privacy impact assessment (if required)	N/A

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

Officer name	Date of change	Description of change	Confirm upload of revised document

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1. Introduction

- 1.1 As a result of its functions and activities, the Scottish Social Services Council (SSSC) creates and receives records which are a valuable resource and an important asset, and also support our legal, fiscal, business and administrative requirements. The systematic management of the SSSC's own records is essential to protect and preserve them as evidence of actions, support future activities and business decisions, and ensure accountability to present and future stakeholders.
- 1.2 The SSSC recognises the importance of maintaining a corporate memory of events and activities and is committed to providing sufficient staffing, and technical and organisational resources to make sure that requirements for dealing with records can be achieved and maintained.
- 1.3 The aim of this policy is to define a framework for managing the SSSC's records. It sets high level principles and responsibilities for records management within the SSSC.
- 1.4 The policy sets out the practices needed to control and manage the SSSC's own records in such a way that, where appropriate, we efficiently and effectively meet the requirements set out in paragraph 1.9 of the policy.
- 1.5 The specific objectives of the records management policy are:
 - to provide a statement declaring records management standards for the administration of the SSSC's records, throughout their life cycle, from planning and creation through to ultimate disposal
 - to make sure that records are managed efficiently and effectively and contribute to the SSSC's objectives as set out in its Strategic Plan
 - to instil good practice in records management across the SSSC
 - to manage the SSSC's records so that they can be used as an effective information source
 - to improve the speed and efficiency with which information can be retrieved
 - to develop and maintain systems of low cost storage, with appropriate location, with regular and appropriate disposal processes
 - to develop information retrieval systems which facilitate access to specific records, and the identification of their relationship with other records
 - to make sure that records vital to the overall operation of all parts and levels of the SSSC are identified and preserved
 - to make sure that records are managed throughout their lifecycle in the medium most appropriate for the task they perform
 - to make sure that all records are protected and kept secure in a

manner commensurate with their value and retention period

- to make sure records of permanent value are preserved, and to maintain and assure continued access to appropriate historical records
- to make sure that definitive records are the responsibility of those parts of the SSSC or persons designated as the **Information Asset Owner**
- to optimise the use of space for storage purposes
- to support both protection of privacy through data protection and freedom of information services throughout the SSSC
- to support the **delivery of SSSC's functions and strategic outcomes**.

Scope

- 1.6 This policy aims to fulfil the requirement for good management of the records which the SSSC creates and receives in the course of administering its own business. The records covered by this policy must meet the legal, operational and archival requirements of the SSSC. Records management is vital to the delivery of our services in an orderly, efficient and accountable manner to present and future stakeholders.
- 1.7 This Policy applies to records throughout their lifecycle, from planning and creation through to disposal. Parts of the policy, (specifically on retention and storage), apply to the records of the SSSC's predecessor organisation deposited with SSSC for historical purposes.
- 1.8 The policy covers:
- the requirements that must be met for the records themselves to be considered as a proper record of the SSSC activity
 - the scope of the systems and processes required to ensure the capture, integrity, security, retrievability and correct **disposal** of SSSC records
 - staff responsibilities
 - an implementation strategy across the organisation
 - provision for regular review of the records management policy and its implementation
 - all information created or received by SSSC employees in the course of their duties on behalf of the SSSC, preserved in the form of records.

Relevant legislation and regulations

- 1.9 This policy defines the areas where legislation, regulations, other standards and best practices have the greatest application in the creation of records connected to

business activities. In complying with the following acts, regulations and best practice standards, the SSSC will take into account the organisations' environmental and economic considerations.

- Public Records (Scotland) Act 2011
- Data Protection Act 2018
- The UK General Data Protection Regulation 2018
- Human Rights Act 1998
- Electronic Communications Act 2000
- Freedom of Information (Scotland) Act 2002
- Freedom of Information (Scotland) Act 2002 Code of Practice on Records Management 2011
- Model Action Plan for developing Records Management arrangements compliant with the Code of Practice on Records Management Under Section 61 of the Freedom of Information (Scotland) Act 2002
- Environmental Information (Scotland) Regulations 2004
- Equality Act 2010
- International Standard on Records Management, BS ISO 15489-1

1.10 In addition, certain records will be subject to other legislation covering their particular subject area. Individual functions within the SSSC should make sure that they are aware of the legislation governing their work and its bearing on their record keeping.

1.11 Operation of this policy will be compatible with the SSSC's internal policies and guidelines (current and planned):

- [Data Protection Policy](#)
- [Digital Security Policy](#)
- [Business Recovery and Continuity Plans](#)
- [Records Management Strategy and Plan under the Public Records \(Scotland\) Act 2011 and Progress Update Review Reports](#)
- [SSSC Rules](#)

Definitions

1.12 A **record** is information in any medium, created, received and maintained as evidence and information by an organisation or person, in pursuance of legal obligations or in the transaction of business.

1.13 Records can be in a variety of physical forms including:

- paper documents: any paper, book, photograph, microfilm, map, drawing, artefact, chart
- electronic records: held on servers (internal or hosted), magnetic tape, disk or other electronic storage medium, (including word **and excel files**, databases, **images** and emails)

that have been generated or received by the SSSC and have been, or may be, used by the SSSC as evidence of the information contained or transaction concerned.

1.14 Records have the following three main **purposes**:

- they are evidence of a transaction and its terms in the event of a dispute or an audit
- they can be used as reference material for the organisation of facts, background, prior actions and ideas to be used in decision making processes
- they enable compliance with legislative or professional requirements concerning the retention of records.

1.15 **Records management** is a series of integrated and embedded systems related to the core processes of the SSSC by which the SSSC seeks to control the creation, distribution, filing, retrieval, storage and disposal of those records created or received by the SSSC in the course of its business.

Ownership of Records

1.16 All records, irrespective of format, (ie both textual and electronic, including emails) created or received by SSSC employees in the course of their duties on behalf of the SSSC, are the property of the SSSC and subject to its overall control.

2. Principles

Principles of good records management

2.1 The guiding principle of records management is to make sure that information is available when and where it is needed, in an organised and efficient manner, and in a well maintained environment. To do this, the SSSC must ensure that records are:

Authentic

It must be possible to prove that records are what they purport to be and who created them, by keeping a record of their management through time. The record keeping system will operate so that the records derived from it are credible and authoritative. Where information is later added to an existing document within a record, the added information will be signed and dated. With

electronic records, changes and additions will be identifiable through audit trails.

Accurate

Records must accurately reflect the transactions that they document.

Accessible

Records must be readily available when needed.

Complete

Records must be sufficient in content, context and structure to reconstruct the relevant activities and transactions.

Comprehensive

Records must document the complete range of the SSSC's business.

Compliant

Records must comply with any record keeping requirements resulting from legislation, audit rules and other relevant regulations.

Effective

Records must be maintained for specific purposes and the information contained in them must meet those purposes. Records will be identified and linked to the business process to which they are related.

Secure

Records must be securely maintained to prevent unauthorised access, alteration, damage or removal. They must be stored in a secure environment, the degree of security reflecting the sensitivity and importance of the contents. Where records are migrated across changes in technology, the SSSC must ensure that the evidence preserved remains authentic and accurate.

3. Roles and responsibilities

3.1 Council

- 3.1.1 Council is responsible for approval of the SSSC's Records Management Policy, which enables the SSSC to comply with Records Management, Data Protection and Freedom of Information legislation.

3.2 Executive Management Team

- 3.2.1 The Executive Management Team is responsible for the approval of the SSSC's retention schedule.
- 3.2.2 The Executive Management Team will receive updates from the Head of Legal and Corporate Governance via the Bi Annual Information Governance Oversight Group Report.

3.3 Head of Legal and Corporate Governance

3.3.1 The SSSC's Head of Legal and Corporate Governance will have the lead management responsibility for records management within the SSSC and will report to the Executive Management Team via the Bi Annual Information Governance Oversight Group Report and the Annual Information Governance Report, and to Council via the Annual Information Governance Report.

3.3.2 The Head of Legal and Corporate Governance will:

- oversee policy for the creation, management and disposal of SSSC records
- make sure that we provide appropriate resources to maintain the records management function across the SSSC
- make sure staff have appropriate knowledge and skills for the task, by regular analysis of training needs and provision of training
- monitor compliance with this policy and the Records Management Strategy and Plan
- receive quarterly updates and annual reports from the Information Governance Coordinator.

3.4 Information Governance Coordinator

3.4.1 Day to day development and implementation of the Records Management Strategy and Plan is delegated to the Information Governance Coordinator.

3.4.2 The Information Governance Coordinator will:

- support SSSC managers and staff by issuing guidance and providing training as appropriate
- monitor proper functioning of records management systems and procedures
- make sure records management systems stay in line with developments in best practice
- administer the records management and registry systems
- liaise with National Records of Scotland as required.

3.5 Operational Management Team and Line managers

3.5.1 It is the responsibility of Operational managers and line managers to make sure that the appropriate security measures are observed for maintaining records

containing personal or other confidential information. When scheduled for destruction we must securely dispose of this material. Operational managers and line managers will:

- familiarise themselves with, and follow, the SSSC's records management procedures and practices and make sure that their staff do likewise
- make sure that, where necessary, staff have appropriate security clearance to do their jobs effectively
- identify staff training needs for records management relevant to their role and arrange for these to be addressed
- for their own areas, oversee the application of retention schedules and provide input into their development
- undertake management and statistical reporting
- make sure records are held in appropriately secure conditions, depending on their classification.

3.6 Staff

3.6.1 Everyone within the SSSC is responsible for making sure that the records they create or maintain comply with the requirements in this policy. Employees will:

- file items promptly and accurately and identify final versions of records
- make sure records can be accessed as needed and are stored in the appropriate location (physical or digital)
- protect security designated information and maintain the appropriate confidentiality of all matters contained in records
- follow closure and **disposal** procedures
- never attempt to access or amend documents or records outside their area of authority.

Collaborative Platforms and Records Management

3.6.2 Collaborative platforms, such as Teams posts, are not recordkeeping systems and should not be used as such. As soon as a post becomes something that needs to be formally recorded, for example a discussion leading to a business decision, then extra records must be created and stored in SharePoint, MatterSphere or Dynamics.

4. Records management processes

4.1 To achieve the above, the SSSC will implement **records management standards**, business processes and records management systems which:

- comply with standards and best practices taking into account the SSSC's organisational and economic considerations
- capture evidence of all activities required
- manage the content, context and structure of records securely and reliably
- facilitate the reuse of information contained within records
- enable efficient access to records, irrespective of their location
- provide a single interface to records relating to any particular business activity regardless of the records' media
- retain records for as long as we need them, and in the form required
- retain electronic records on media that permit reliable data migration and/or system modifications
- protect records from inappropriate access and usage
- ensure the security of records vital to the SSSC's main functions
- provide for future system amendments or redesign.

Each department is responsible for developing working procedures for the day-to-day management of their records.

This will be done for both paper and electronic records, by:

- maintaining an appropriate registration, classification and indexing scheme, for all records, including rules on version control
- designating secure record storage for physical and digital records
- maintaining retention schedules for all SSSC records, coupled with regular disposal of records by designated members of staff
- implementing effective back-up procedures and security of electronic records
- giving responsibility to individuals within the SSSC for the various activities necessary to maintain such systems
- providing appropriate training

- developing and implementing an approved Records Management Plan under the terms of the Public Records (Scotland) Act 2011.



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Task Name	Meeting Action Generated	Progress	Assigned To	Due Date	Description	Checklist Items
C24/03 Qualified status of workforce	Council 23 May 2024	In progress	Acting Director Workforce Education and Standards	Nov-24	Min 9.3.4 action list to be revised to include where possible: accountability for actions sit additional contributors to the actions. August update: will be included in report to Council in November	
C24/02 Publish Complaints performance and annual update	Council 23 May 2024	Completed	Director of Strategy and performance	Jun-24	Min 12.3 Complaints for 2023/24 to be published August update: published on website	
C24/01 issue appointment letters to FfP committee Members	Council 23 May 2024	In progress	Acting Director Regulation		Min 5.5 Issue appointment letters to all those approved by Council: 10 Lay Members, 9 social service member, 5 existing LQCs and reappointment of 3 members to QA sub committee August update: Majority done only a few still pending receipt of references or PVGs	
C23/38 consult on registration fees	Council 26 February 2024	In progress	EMT	Feb-25	Minute 11. Consultation would take place in early autumn and a report on the outcome would come to Council in November 2024, in order to allow systems changes in time for April 2025 August update: this will come to Council in February 2025. Consultation running end of September to end of December	
C23/37 ASC qualification timescales	Council 26 February 2024	In progress	Acting Director Workforce Education and Standards	Aug-24	Minute 10.10 - Laura Laine advised that she will bring back a report to Council in August 2024 with relative data which will be available following the launch of FPP and this will assist in early determination of the position within the ASC sector. LL to bring report to August Council - AW to add to CoB and Forward planner August update: Report will come to Council in November 2024	
C23/30 Development session on agile working	Council 23 November 2023	In progress	Head of Legal and Corporate Governance	2024	Minute 10.3: set up a development session for Members on agile working and performance and wider issues of agile working in the employment sector August update: scheduled for Away Days in Dec 2024	
C23/26 Shared Services	Council 24 August 2023	In progress	Director Strategy and Performance	Feb-24	Minute 20.5.2: Submit a further report on revised principles to the Council meeting in February 2024. 15.5.2024 agreement not yet concluded will report to August 2024 meeting August update: We are reviewing the Partnership Agreement as part of wider work on partnership working and will report to November Council	
C6 Joint development session with CI re the Promise	Council 25 August 2022	In progress	Corporate Governance Coordinator	tbd	Minute 9.2: A joint dev session with CI about the promise 9.11.22 AW in correspondence with CI counterpart about possible date: also to include discussion on the Independent Review 16.1.2023: CI Conv and CEx in discussion re options date of 18 Jan 2024 confirmed with CI. 18 Jan session cancelled/postponed due to bad weather 15.5.2024 in correspondence re identifying another date August update: possibly looking at end of this financial year/early next year. Nothing confirmed as yet	

Council Calendar of Business 2024/25

Report/meeting dates	22 August 2024	29 October 2024 (ARA)	21 Nov 2024	27 Feb 2025	24 March 2025 (Budget)	22 May 2025
Quarterly reports						
Convener's Report	✓		✓	✓		✓
Chief Executive's Report	✓		✓	✓		✓
Audit and Assurance Committee Report (<i>inc assurance report, risk register and link to minutes</i>)	✓		✓	✓		✓
Action Record	✓		✓	✓		✓
Annual reports						
Audit and Assurance Committee Annual Report (<i>part of Annual Report and Accounts process</i>)						✓
Risk Register and Risk Appetite Statement				✓		
People Strategy Annual Report (<i>include staff survey results, HR annual report and agile working updates</i>)	✓					
Complaints Annual Report						✓
Digital Development Annual Report						✓
Information Governance Annual Report						✓
Partnership Agreement Annual Report			✓			
Shared Services Annual Report			✓			
Annual Health and Safety report				✓		
Annual Report and Accounts		✓	✓			
Draft Annual Report and Accounts	✓					
Chief Executive Appraisal (Private Report)	✓					✓
Draft Budget 2025/26				✓		

Report/meeting dates	22 August 2024	29 October 2024 (ARA)	21 Nov 2024	27 Feb 2025	24 March 2025 (Budget)	22 May 2025
Budget Setting 2025/26					✓	
Policies – see link below for dates that policies are planned to be presented to Council	✓		✓	✓	✓	✓
						✓
All other items (<i>ad hoc or requested matters</i>)						✓
Appointment of Chair, Vice Chair...etc	✓					
SSSC Response to NMC....etc	✓					
Registration Fees review	✓			✓		✓
Future Proofing Programme (<i>various matters as necessary</i>)						
ASC qualification timescales			✓			✓
FtP Committee update			✓			
Digital Strategy			✓			✓
Anonymous Complaint	✓					✓
Records Management policy	✓					

Council Policy Timetable

[Policy timetable](#)